Health Inequalities in Bury: Two Years On

Introduction

Two years ago, we published 'Health Inequalities in Bury'[1]. That paper set out what we know about health inequalities in Bury and what the Council, the NHS, and their partners are doing to reduce them.

This document gives an update on what we have done since then and what has changed.

Recap: what are health inequalities?

Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people dying years before their time and spending more of their lives ill.

Health inequalities exist between many different groups: between poor and affluent, between sexes, and between communities of different ethnicity and faith. The starkest health inequalities affect people with learning disabilities, people with severe mental illness, people in contact with the criminal justice system, homeless people, and sex workers.

Health inequalities are caused by differences in access to the basic building blocks of health. These are the things people need to be healthy, such as good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and high-quality healthcare.

Health inequalities are not inevitable. They can be reduced by improving access to the building blocks of health. For example, there is strong evidence that even small increases in income can improve mental and physical health by enabling access to better housing, better food, and by reducing stress.[2]

Our approach to tackling health inequalities

Bury's **LET'S Do It strategy** is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Other aims address many of the building blocks of health, such as improving educational outcomes or economic growth that benefits everyone.

Bury's **Health and Wellbeing Board** acts as a standing commission on health inequalities in the borough. It uses the **Greater Manchester Population Health Framework** to organise its work. This groups activity into four areas:

- The wider determinants of health (referred to here as the building blocks of health);
- Health behaviours;
- The places and communities we live in; and
- An integrated health and care system.

[1] Bury Council (2023). Health Inequalities in Bury.
[2] Senior, Caan, & Gamsu (2020). Welfare and well-being: towards mental health-promoting welfare systems.

The overlaps between these areas are as important as the areas themselves. For example, the relationship between healthcare providers like GP practices and the places and communities they serve is vital.

This is why we are working on a **neighbourhood model**. This is designed to bring public services together with local partners such as voluntary, community, and faith organisations so that services are more joined up and more able to deal with the causes of people's problems as well as their short-term urgent needs.

Health inequalities data

Inequalities in life expectancy between Bury and England

Figure 1 below shows life expectancy at birth[3] for Bury and England for male and female residents.

Life expectancy in Bury has been consistently lower than for England, and lower in males than in females. This likely reflects Bury having higher levels of deprivation and poverty than England, as well as that areas in the north of England tend to have worse health than those in the south[4].

The gap in life expectancy at birth between Bury and England narrowed between 2015-17 and 2017-19 and then widened. The decline from the 2018-20 period onwards likely reflects the COVID-19 pandemic, which disproportionately killed people from deprived areas and ethnic minority communities.

The gap is mainly caused by more people dying in middle and older age. The contribution of higher death rates in middle age (40-59 years) is particularly pronounced in men, with less of a contribution from higher death rates at ages over 80.

Because the most recent data are for 2020-21, COVID-19 is an important cause. However, this is likely to have shrunk considerably since then as death rates from COVID-19 have fallen.

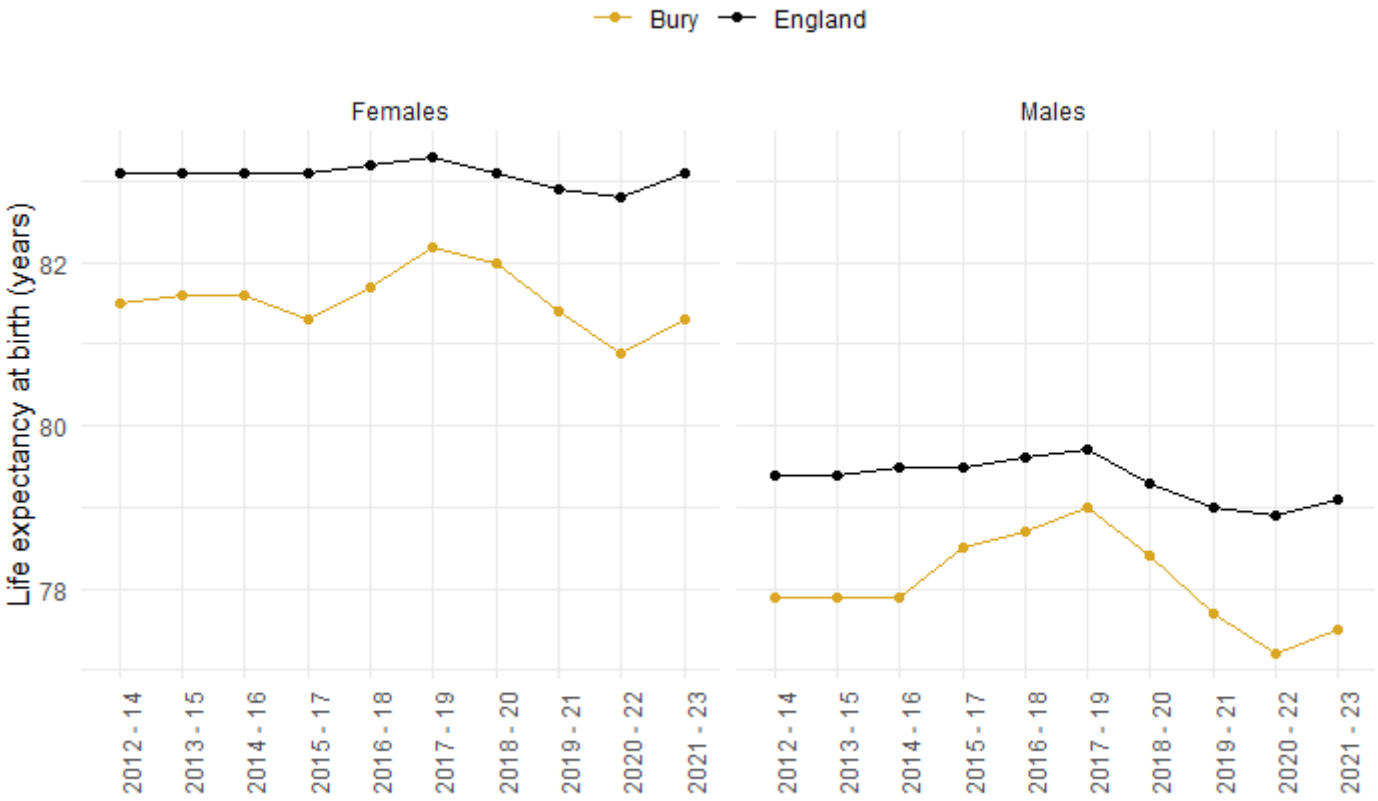
Other important contributors are lung cancer and other cancers (particularly for women), liver disease and digestive diseases, mental illnesses, and external causes (which includes accidents).

[3] Life expectancy at birth is the number of years a new born child can expect to live if death rates at each age stay the same. However, death rates tend to improve over time, so life expectancy at birth tends to underestimate of average lifespans. Each data point reflects deaths happening within a three year time window.

[4] Baker (2019) Health inequalities: Income deprivation and north/south divides. House of Commons Library.

Figure 1: Life expectancy at birth (years)

Bury and England, 2012-14 to 2021-23



Source: Office for Health Improvement and Disparities Health Inequalities Dashboard
https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

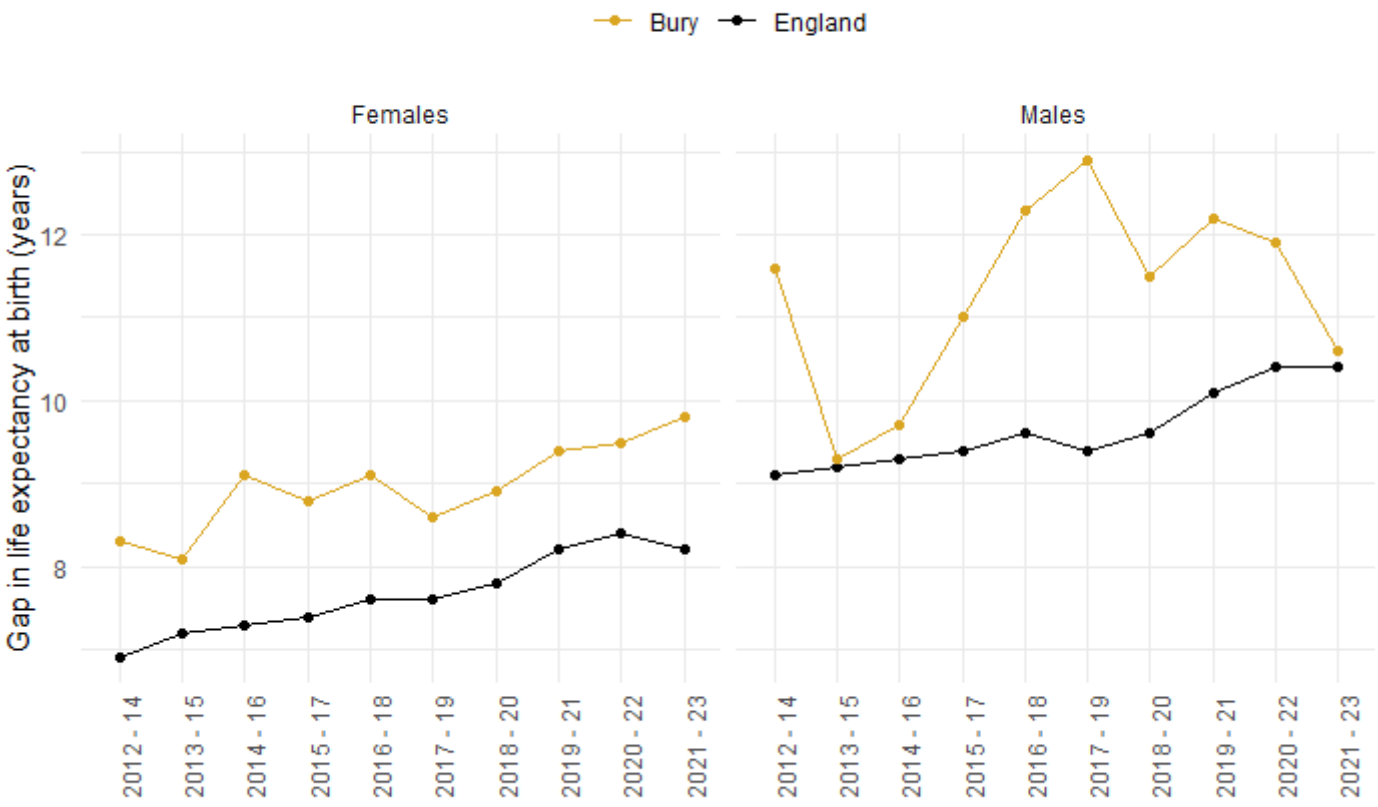
Inequalities in life expectancy at birth within Bury

Figure 2 shows inequalities within Bury and England. This is the gap between life expectancy at birth for people living in the 10% most deprived areas and those living in the 10% least deprived areas.

This gap in life expectancy is wider in Bury than it is for England. The difference is consistent over time for females but has varied more for men, although this may be caused by chance year-to-year changes in numbers of deaths. Most recently the gap widened slightly for women but closed for men.

Figure 2: Gap in life expectancy at birth (years)

Bury and England, 2012-14 to 2021-23



Source: Office for Health Improvement and Disparities Health Inequalities Dashboard
https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

Figure 3 shows the contribution to this gap of deaths at different ages. Death rates at almost all ages are higher in the most deprived parts of Bury than the least deprived. But the gap is mainly caused by higher death rates in middle age (especially for men) and older age, mainly among residents aged 60-79.

Figure 3: Age group contribtion to gap in life expectancy

Inequalities within Bury, 2020 - 21

Source: Office for Health Improvement and Disparities Health Inequalities Dashboard
https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

Figure 4 shows the contribution of different causes of death to the gap in life expectancy between the most and least deprived areas in Bury.

Because the most recent data cover 2020-21 COVID-19 is a big cause of the gap. This is likely to have shrunk since, as death rates from COVID-19 have decreased.

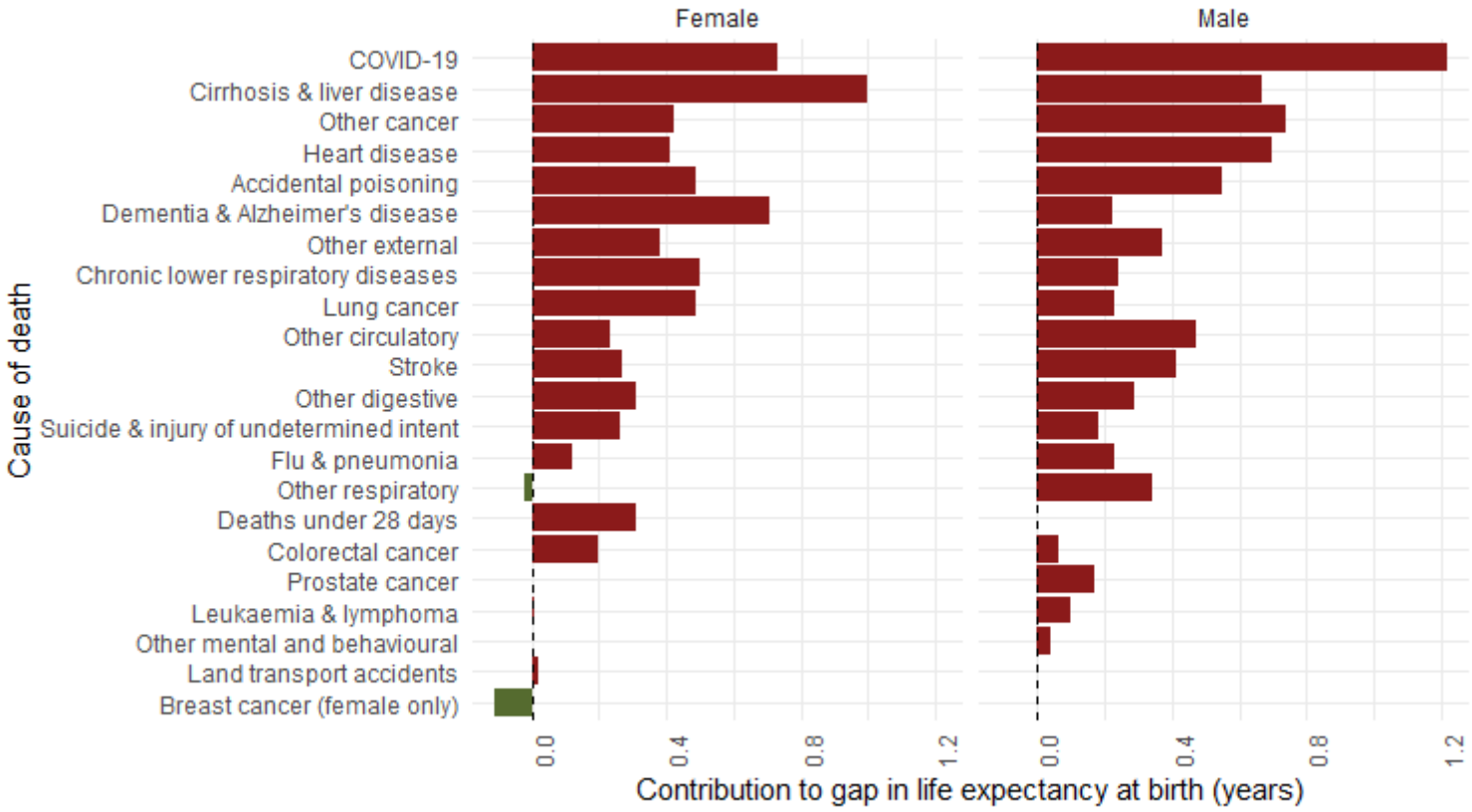
Other important causes of the gap in life expectancy within Bury include:

- Liver diseases,
- Lung and other cancer,
- Heart disease,
- Accidental poisoning (including overdoses),
- Dementia
- Other external causes, such as accidents
- Respiratory diseases, like chronic obstructive pulmonary disease (COPD).

These diseases are typically caused by smoking, alcohol and drug use, poor diet, and lack of exercise. These are caused in turn by poverty, deprivation, and lack of access to the basic building blocks of health like good housing, a decent income, and good jobs.

Figure 4: cause of death contribtion to gap in life expectancy

Inequalities within Bury, 2020 - 21



Source: OHID Health Inequalities Dashboard
https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

What we have done?

This section gives some examples of work that Bury Council has done with its partners to reduce health inequalities over the last year. They are grouped under the different areas of the Greater Manchester Population Health Framework.

Improving access to the building blocks of health

Reducing poverty and responding to the cost-of-living crisis

Money is the most important building block of health because without money many of the other building blocks, such as good housing and healthy foods are harder to get. Poverty also causes mental ill health[5], one of the most common causes of disability. This means the cost-of-living crisis is a major threat to public health and will affect those already on low incomes most.

Bury Council and its partners created a wide-ranging strategy to reduce poverty and tackle the cost-of-living crisis. This strategy addresses a range of different aspects of poverty, such as food insecurity, fuel and housing poverty, education, employment, debt, digital exclusion, health and wellbeing, stigma and access to support.

This strategy led to:

- 31,795 households received financial support through the Household Support Fund between April and December 2023. Over 3,000 people accessed the Beacon Service, with 80% reducing GP visits and 90% reporting positive life changes.
- 13,360 council tax rebates were issued in 2022. 1,020 residents contacted the cost-of-living helpline in the first quarter of 2023. Childcare funding uptake increased by 60% in 2023/24. Council tax support reached 12,433 residents in 2024. 36 voluntary and community groups received cost-of-living resilience payments.
- Over 4,000 residents benefited from Real Living Wage and Good Employment Charter programmes in 2023. 176 learners from Bury Adult Learning Service secured work, self-employment or voluntary roles, with 126 actively seeking work post-completion.
- 9,040 food parcels were distributed and 868 households received food aid between April 2022 and April 2023. Healthy Start food voucher uptake rose from 65% in 2021 to 80% in 2024.
- 13,518 households received Free School Meals during school holidays (April–December 2023). Healthy Start uptake increased from 65% in 2021 to 80% by February 2024. 9,040 food parcels were distributed and 868 households received food aid between April 2022 and April 2023.
- 38 households received support via the Homeless Prevention Grant and 220 through discretionary housing payments in 2023. 400 Winter Wellbeing Packs were distributed in winter 2023. 747 households were helped with energy and water bills.

[5] Wickham, Barr & Taylor-Robinson (2016) Impact of moving into poverty on maternal and child mental health: longitudinal analysis of the Millennium Cohort Study.

462 residents were identified for support via the Ascendant system. 240 homes in Chesham were upgraded through the Social Housing Decarbonisation Fund, reducing their fuel bills.

Improving access to pension credit

Pension credit is an important tool for preventing poverty in older people. But low uptake has been a long-standing national issue, including in Bury.

Bury Council's Revenues & Benefits Team, with support from the Public Health and Staying Well teams, ran a pension credit support campaign between October and December 2024. This included drop-ins at various locations throughout the borough which aimed to help older residents with pension credit and welfare support, to maximise up-take.

Venues were identified using local data on the proportion of older people experiencing poverty. The campaign led to over 400 residents supported with applications, calculations, advice and being transferred to the Department for Work and Pensions to progress their claims.

Targeted Household Support Payments, totalling £250k over the winter period, were distributed to low-income pension age council tax payers not in receipt of Pension Credit.

Creating a new Live Well model

The model of neighbourhood working is at the heart of our approach to improving services and living standards across Bury. This is being expanded to include improving access to work through the Greater Manchester Live Well model. The model recognises the two-way relationship between health and work: poor health makes it harder to get or keep a job, while unemployment makes it harder to stay healthy.

By incorporating Job Centres into the Live Well model our aim is to provide physical spaces for public services and charity groups to work together to help people to stay healthy and to find or stay in work.

The model aims to help people with problems affecting their health and work. This includes many of the building blocks of health, such as education and skills, or appropriate housing.

To support this, we are developing a prevention framework. This is intended to help those delivering public services in neighbourhoods find ways to move beyond addressing people's immediate needs to helping them with the root causes of their problems.

Healthy behaviours

Reducing inequalities in smoking-related illness

Although smoking rates are falling, smoking remains the single biggest cause of death in Bury. Bury has higher death rates and more hospital admissions caused by lung cancer and other smoking-related diseases than average for England[6].

[6] Office for Health Improvement and Disparities (2025) Fingertips.

Smoking is also a major cause of health inequalities: around one in ten people living in Bury smoke[7] but a higher proportion of people smoke in groups such as LGBTQ+ individuals, routine and manual workers, people with severe mental illness (SMI), and social housing tenants. As around half of lifelong smokers will be killed by smoking-related diseases, reducing smoking rates across all groups will reduce health inequalities.

To address these issues, Bury Council's public health team has enhanced its stop smoking services by introducing the National Swap to Stop campaign. This helps people smoking tobacco swap to e-cigarettes which are less harmful. We have worked with partners such as Bury Live Well, Adullum Homes, Achieve, and Pennine Care to expand the program's reach.

The Swap to Stop campaign is delivered at the neighbourhood level, offering communities help to quit smoking by reducing barriers such as cost, logistics, and education through drop-in sessions in community settings rather than traditional offices. Resources provided by the Office for Health Improvement and Disparities also support targeted interventions for groups with higher smoking rates, such as co-locating stop smoking services with services for people with severe mental illness or being treated for substance misuse.

We are also supporting the government's ambition to create a Smokefree Generation by working to phase out tobacco sales, enforce the ban on disposable vapes, and expand stop smoking efforts.

Improving diet by creating the Bury Food Strategy

Bury Food Partnership launched the first Bury Food Strategy, Eat, Live, Love Food in 2021. This was awarded the Sustainable Food Places Bronze award in 2022. This was followed by a silver award in 2024, one of only four awarded at that time.

These awards are given to local authorities who can demonstrate the six areas of the Sustainable Food Places Framework. These are:

1. **Good Governance and Strategy:** to create more inclusive and collaborative food decision-making by working closely with local authorities to deliver robust and representative food policies, strategies and action plans.

2. **Good Food Movement:** to expand public awareness of food, empowering local food citizenship and building the momentum of local good food movements.

3. **Healthy Food for All:** working to ensure that all can access healthy and nutritious food in a dignified and equitable way.

4. **Sustainable Food Economy:** building prosperous local food economies by supporting local food businesses to grow and develop.

5. **Catering and Procurement:** innovating how caterers procure food, making local supply chains more resilient and sustainable.

6. **Food for the Planet:** tackling climate change by supporting local sustainable food production, protecting the environment and minimizing food waste.

[7] Action on Smoking and Health (2025) ASH ready reckoner.

Specific actions have included:

- **Food parcels and supporting free school meals** (as mentioned above under anti-poverty strategy).

- **The Golden Apple Award**, which encourages early years settings like nurseries to adopt voluntary healthier food and drink guidelines to promote good nutrition, oral health and hygiene. This includes reducing snacks and drinks containing free sugars, promoting fruit and vegetables, and drinking milk or water.

- **Healthier Catering Awards** to recognise local businesses who offer healthier, locally-sourced menu options and reduce salt consumption.

- **Tackling food insecurity** by supporting food banks and pantries, increasing uptake of Healthy Start Vouchers from 62% in 2023 to 80% in 2024

Healthy places and communities

Developing an alcohol licensing matrix

Bury has worse alcohol-related illness than average for England and liver disease – often linked to excess alcohol – is also an important cause of the gap in life expectancy between rich and poor in Bury. There is evidence that consumption of alcohol increases when the number of places selling alcohol goes up[8] and stronger licensing policies can reduce alcohol-related harm[9].

In response, Bury's Public Health Team worked with various licensing stakeholders including Greater Manchester Police, Trading Standards, Greater Manchester Fire and Rescue Service, Highways, and local councillors and Bury's Performance Support Unit to create an alcohol harm matrix.

This matrix captures a range of indicators such as alcohol related hospital admissions, crime, and numbers of people locally in treatment for alcohol misuse. The tool helps the licensing committee make informed decisions about new alcohol sales applications that might contribute to alcohol-related harms. This tool is based on similar tools developed in Tameside and Leeds.

The tool includes a licensing application landing page, which prompts new applicants to input their postcode and check the indicators, potentially reducing applications in areas where the harm is greatest. This tool has led to successful objections to new licenses to sell alcohol where the greatest harm, while not preventing licenses being awarded where there is less evidence of harm. This data-led, tailored approach helps to balance public health interests with business and economic interests.

[8] Fone et al (2016) Change in alcohol outlet density and alcohol-related harm to population health (CHALICE): a comprehensive record-linked database study in Wales.
[9] De Vocht et al (2015) Measurable effects of local alcohol licensing policies on population health in England.

An integrated health and care system.

Improving care for people with coronary heart disease

Coronary heart disease is the second most common cause of death in Bury and one of the biggest causes of the gap in life expectancy between the most and least deprived[10]. There are a range of treatments that GP practices can offer that reduce the risks of someone with coronary heart disease having a heart attack or stroke.

The public health team worked with NHS commissioners and general practice to reduce deaths from coronary heart disease and reduce inequalities by improving diagnosis rates across deprived and ethnic minority communities and be ensuring that effective interventions reach everyone who can benefit.

In its first year, this work led to increases in the number of people with coronary heart disease who have had complete reviews, from 38% to 72%. GP practices that improved most tended to be those with lowest performance at the start.

These improvements have been sustained, with improvements in recording of blood pressure and use of cholesterol lowering medications.

Improving uptake of MMR vaccines

Vaccines are among the most effective public health interventions[11]. But uptake of vaccines is lower than it could be and has fallen over the last decade. This increases the risk of outbreaks. Inequalities in vaccine coverage cause inequalities in vaccine-preventable illness, and increase the risk of outbreaks among communities where coverage is lower.

Responding to an initial cluster of measles cases in 2023, the council worked with NHS Greater Manchester, the Bury GP Federation and local general practices to run MMR catch up programmes in 2023 and 2024. This built on our experience of helping to deliver the COVID-19 vaccine programme. These led to over 1,200 people being immunised against measles, mumps, and rubella, as well as almost 400 other vaccinations against other diseases.

Uptake of 1st and 2nd doses of the MMR vaccine among people aged 0-19 increased more in Bury than Greater Manchester overall between May 2024 and March 2025. GP practices with the lowest uptake at the start of the programme saw the biggest increases. 35% of those vaccinated live in the 10% most deprived areas nationally and 79% were from non-White ethnic backgrounds, suggesting the programme was successful in reducing inequalities in vaccine uptake in Bury. It also showed that low vaccine uptake is often caused by difficulties accessing vaccines rather than people choosing not to vaccinate themselves or their children.

[10] Office for Health Improvement and Disparities (2025) Fingertips.
[11] Masters et al (2017) Return on investment of public health interventions: a systematic review.

Improving sexual health services for sex workers

Sex workers can experience extreme health inequalities affecting physical and mental health[12]. This includes increased risks of sexually transmitted infections, physical violence, and mental illness. This is made worse by the stigma that sex workers face which can stop them accessing health care[13].

In 2023, Manchester Action on Street Health (MASH) was commissioned by public health teams in Oldham, Rochdale and Bury councils to pilot a sexual health outreach service to support women who sex work. This is the first time that MASH has worked with our local sexual health provider HCRG to offer wraparound sexual health care.

Sex work in Bury appears to happen mainly in indoor settings. MASH has worked with three such settings as part of this project. During the initial engagement with the venues, over 100 women said they would be interested in being screened for sexually transmitted infections.

Many of these sex workers said they would not visit sexual health services, and those that have used sexual health services didn't disclose that they were sex workers, so may not have been offered appropriate test. 35 STI screenings were carried out in the first three months. Of these more than one in five had some sexually transmitted infection, a much higher rate than in the wider population. These women were referred directly into sexual health services for treatment. MASH has supplied condoms and supported women to have the contraceptive implant and be prescribed the oral pill. Several women have contacted the service regarding access to emergency contraception.

The service has also been well received by key stakeholders, who have engaged with MASH to embed good practice. The funding was extended in 2025, and MASH have now employed a sexual health nurse to work in the saunas in Bury.

Assessing healthcare needs

It is important that our efforts to reduce inequalities are informed by the best available data and evidence.

Since 2023 we have completely refreshed the Council's Joint Strategic Needs Assessment[14] (JSNA). This brings together available data on the health of people living in Bury, including on how health and access to the building blocks of health varies across the borough. We are currently updating the JSNA to make sure it reflects the most recent available data.

The JSNA includes a range of interactive tools that can be used to explore how health indicators vary between Bury's 19 electoral wards and 5 neighbourhoods. These tools help the teams working in each of our neighbourhoods understand the specific challenges people face in their area.

The JSNA also hosts detailed health needs assessments. These cover specific services (such as sexual health or community pharmacy) or populations (such as veterans, or

[12] Jeal & Salisbury (2002) A health needs assessment of street-based prostitutes: cross-sectional survey.
[13] Potter et al (2022) Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers.
[14] https://theburydirectory.co.uk/jsna

children with SEND). They are intended to help Council, NHS, and other commissioners and providers of services