

Bury Health Inequalities Strategy (2026–2030)

1. Purpose and ambition

Health inequalities in Bury are unfair, avoidable differences in health outcomes that result in people dying younger and spending more of their lives in poor health. Our ambition is to systematically narrow the gap in life expectancy and healthy life expectancy between communities, particularly between our most and least deprived neighbourhoods.

Health inequalities are not only unfair in terms of life chances; they also create substantial economic costs—driving demand on public services, constraining the borough's growth, and result in lost individual contributions.

This strategy sets out how Bury Council, the NHS, and partners will work together to reduce health inequalities using the **Greater Manchester Population Health Model**, recognising that health is created not only by healthcare, but by the social, economic, and environmental conditions in which people are born, grow, live, work, and age.

2. Our approach: the GM Population Health Model

Bury has adopted the **Greater Manchester Population Health Framework** to organise and prioritise action on health inequalities. The framework groups activity into four inter-connected domains, with a strong focus on prevention, early intervention, and tackling the underlying causes of ill health:

1. **The wider determinants of health** (the building blocks of health)
2. **Health behaviours and lifestyles**
3. **The places and communities we live in**
4. **An integrated health and care system and wider public services**

Action across these domains will be targeted proportionately, focusing greatest effort where need is greatest, in line with the principle of proportionate universalism.

3. Strategic priorities

3.1 Tackling the wider determinants of health

We will focus on improving the conditions that matter most for long-term health outcomes, including income, employment, education, housing, and the environment. This includes:

- Supporting **inclusive economic growth** so that good work and fair pay benefit all communities.
- Improving **early years development, educational attainment, and skills**, particularly in more deprived areas.
- Ensuring access to **safe, warm, affordable homes** and reducing fuel poverty.

These priorities align with the Council's *LET'S Do It* strategy, which functions as a core health inequalities strategy for Bury.

An example is the development of the anti-poverty strategy and workplan to support those who have been impacted by the cost of living crisis.

3.2 Improving health behaviours

We will reduce avoidable illness and premature mortality by addressing the behaviours that disproportionately drive inequalities, including smoking, alcohol harm, obesity, physical inactivity, and poor mental wellbeing. We will:

- Embed prevention and early intervention across the life course (Start Well, Live Well, Age Well).
- Scale up evidence-based interventions, particularly in communities with the poorest health outcomes.
- Strengthen approaches such as social prescribing and wellness models that connect people to local assets and support healthier choices.

An example would be the development of a tobacco control strategy and a local tobacco alliance which helps to systematically address smoking and drive down both rates and inequalities.

3.3 Creating healthy places and communities

Place matters. We will design and sustain neighbourhoods that support health, connection, and resilience by:

- Developing **neighbourhood-based Live Well models** that integrate public services with voluntary, community, and faith organisations.

- Investing in **parks, leisure, culture, libraries, and community spaces** as core assets for population health.
- Supporting community-led solutions that build social capital and reduce isolation.
- Creating healthier food and physical environments that support good health by default.

This place-based approach recognises that strong, connected communities are fundamental to reducing health inequalities.

An example would be the work public health are doing with both licensing and planning to limit the numbers of fast-food restaurants and numbers of on and off license premises. This is being done through the development of supplementary planning documents and data driven decision tools.

3.4 An integrated health and care system and wider public services

Healthcare alone cannot close the health gap, but it plays a vital role. We will:

- Ensure that services are **accessible, equitable, and responsive** across all communities.
- Strengthen prevention, early diagnosis, and proactive care for conditions that drive inequality in Bury, such as cardiovascular disease, cancer, respiratory disease, liver disease, and mental ill health.
- Align primary care, community services, public health, and social care through neighbourhood and place-based working.

An example would be the

4. Governance and delivery

The **Health and Wellbeing Board** will continue to act as Bury's standing commission on health inequalities, providing system leadership, accountability, and oversight. Progress will be monitored using local intelligence, the JSNA, and agreed outcome measures, with regular reporting to partners and elected members.

Reducing health inequalities is a shared responsibility. This strategy will be delivered through Team Bury, NHS partners, the voluntary and community sector, and residents themselves.

5. Success measures

Success will be judged by:

- A narrowing gap in **life expectancy and healthy life expectancy** between communities.
- Improvements in outcomes for children and young people, working-age adults, and older people – measured through our population health outcomes framework.
- Reduced inequalities in the major causes of premature death and long-term illness.
- Stronger, more resilient communities with better access to the building blocks of health.

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