

PUBLIC HEALTH ANNUAL REPORT

**THE COMMERCIAL DETERMINANTS OF
HEALTH**

2024/25

**Jon Hobday,
Director of Public Health,
Bury Council**



FOREWARD



Jon Hobday
Director of Public Health

It is my privilege to present this year's Public Health Annual Report, which focuses on the Commercial Determinants of Health (CDOH). These are the systems, policies, and practices through which commercial actors (corporations, industries, and businesses) shape the health and wellbeing of our communities, both positively and negatively.

In Bury, we are committed to creating a fairer, healthier borough for everyone. But we must acknowledge that health is not just shaped by individual choices or access to services. It is also profoundly influenced by the environments in which we live, work, and shop: environments are increasingly shaped by commercial interests. From the availability and marketing of unhealthy food and alcohol, to the clustering of fast-food outlets, gambling venues and payday lenders in our most deprived areas, commercial factors can either support or undermine our efforts to improve public health.

This report challenges us to think differently. It calls on us to be bold in our leadership, to work across sectors, and to advocate for policies that put people before profit. It also highlights the importance of empowering communities to have a say in the commercial landscape around them, ensuring that local voices are heard when decisions are made about licensing, planning, and investment. This report also reflects on the progress made since last year's report, which focused on the cost of living crisis, celebrating successes and identifying areas for further development.

A handwritten signature in black ink, appearing to read "J Hobday".

Jon Hobday
Director of Public Health

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FOREWARD



Cllr Tamoor Tariq

Lead member for Health, Care and Public Sector Reform

I am pleased to present this year's Public Health Annual Report, which focuses on the commercial determinants of health. This report provides a timely and evidence-based analysis of these influences and sets out clear recommendations for how we, as a system, can respond. It calls for stronger collaboration across sectors, more accountable policy-making, and a commitment to ensuring that commercial interests align with public health priorities.

This is in line with our Bury Let's Do It! Strategy^[1] , which is our vision for Bury to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation. It also helps align us with our ambition to become a 'Marmot Place'^[2].

A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health; the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities. Within this, there is increasing recognition of the role of commercial determinants and how they influence health outcomes.



Cllr Tamoor Tariq
Lead member for Health, Care and Public Sector Reform

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Commercial entities significantly influence the health and wellbeing of Bury residents. While some industries contribute to economic growth and employment, others drive health inequalities through practices that promote unhealthy products, environmental harm, and exploitation of vulnerable populations.

This report focuses on four such industries- alcohol, gambling, fast food and tobacco. It explores:



The Role of Commercial Determinants: Their impact on chronic diseases, mental health, and health inequalities.



Local Context: How industries, advertising, and retail practices in Bury affect our communities.



Recommendations: Strategies for mitigating harmful practices and leveraging positive commercial contributions.

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INTRODUCTION TO COMMERCIAL DETERMINANTS OF HEALTH (CDOH)

The CDOH are defined as the various ways by which commercial actors (ranging from global multinational industries and corporations, through to local small and medium sized businesses) can influence and impact the health and wellbeing of populations. These commercial actors can, through their economic or political influence, shape the environments in which people live, learn, and work. They can have beneficial or detrimental impacts on health.

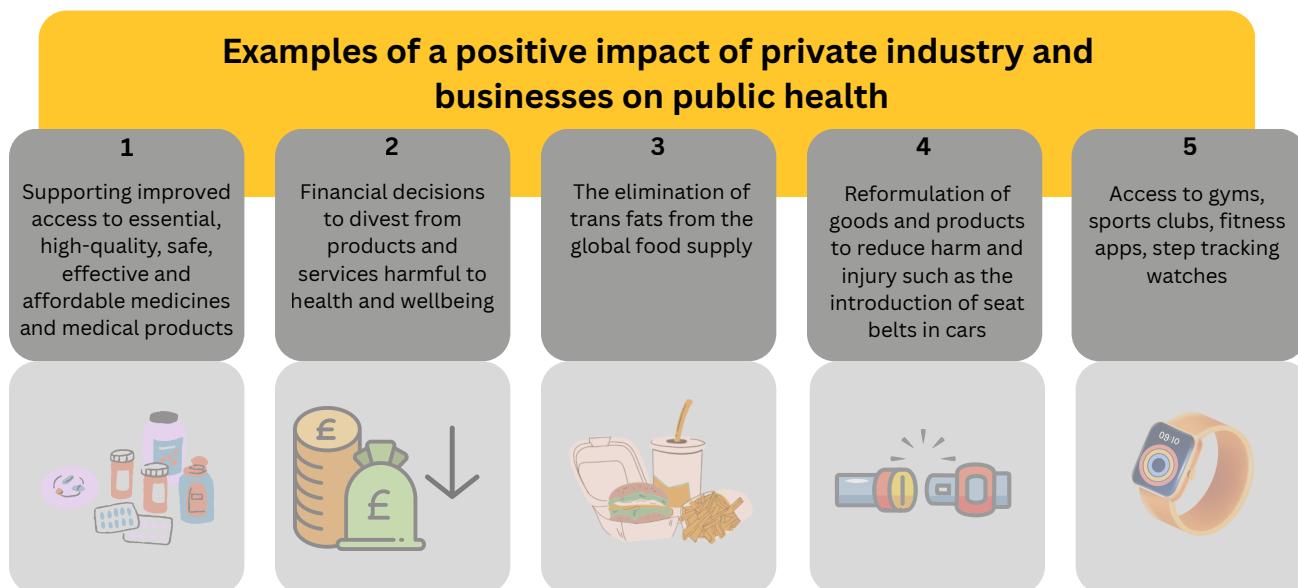


Figure 1.Examples of a Positive impact of private industry and businesses on public health^[3]

While some industries contribute to economic growth and employment, others drive health inequalities through practices that promote unhealthy products, environmental harm, and exploitation of vulnerable populations. Our exposure to unhealthy commodities and how these impact on our behaviours and 'choices' are heavily influenced by some corporate bodies.

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This report will focus on 4 of these industries- Alcohol, Gambling, Fast Food and Tobacco.

Chronic or Non-communicable diseases (NCD's) account for 73% of deaths in Bury^[4]. NCD's include obesity, cancers, respiratory illness and diabetes, as well as other health and social issues such as mental health disorders and suicide. Risk factors for NCD's include smoking, gambling, unhealthy food and alcohol -all produced by harmful commodity industries (or HCIs) or unhealthy commodity industries (UCIs).

They also make a significant contribution to disabilities and worsening health-related quality of life alongside driving inequality; not all these harmful products are consumed equally, and some groups are more vulnerable to the negative impacts. People living in areas of greater deprivation have a higher risk of dying from NCD's than those living in the least deprived areas^[5]. When someone uses more than one harmful product, the health risks are combined, and have a greater worsening impact on people's health.

There are other industries that also play an increasing role in shaping health and wellbeing through strategy, impact, political influence and knowledge and preference shaping- industries such as pharmaceuticals, infant formula, fossil fuels, however this report does not cover these (Visit [WHO](#) for further reading).

The CDOH framework^[6], illustrated in Figure 2 below, shows the drivers, channels and outcomes. The main drivers are Demand/Consumption- the way we use products/consumables, the power of large companies and their increasing market coverage, and continued internationalisation of trade and investment. Corporate influence is exerted through four channels:

- Marketing, which enhances the desirability and acceptability of unhealthy products and services.
- Lobbying, which can impede policy measures such as plain packaging and minimum drinking ages.
- Corporate social responsibility strategies, which can deflect attention and whitewash reputations.
- and extensive supply chains, which amplify company global influence.

The actions from the drivers and channels not only impact the environment and consumer, but also increase the risk factors from the sale of products that negatively impact on people's health and wellbeing. In addition, these UCIs also have substantial negative financial implications to our health and social care systems.

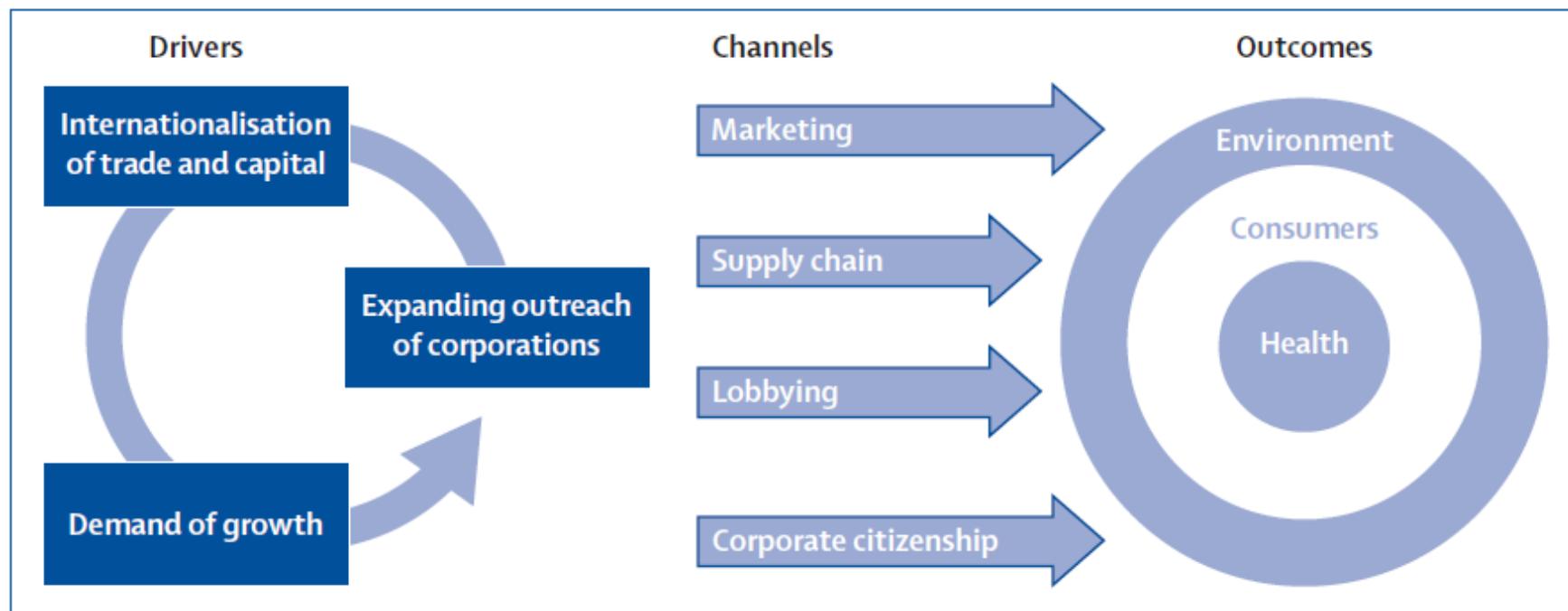


Figure 2- Commercial determinants of health framework: dynamics that constitute the commercial determinants of health^[7]

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There are several common tactics and sophisticated strategies used by UCIs globally to ensure that their products remain profitable.^[8]

Table 2- Methods employed by corporate organisations^[9]

	Definition
Intimidate and vilify critics	Use smear tactics, information, and lawsuits (or threats of) against industry critics, such as scientists, academics, health practitioners, advocates, and civil society groups
Attack and undermine legitimate science	Fund counter-studies, sponsor conferences, recruit corporate scientists, skew data, distort evidence, claim manipulation, exaggerate uncertainty, plant doubt, minimise the severity of the issue, insist the problem is very complex, and demand balance for both sides
Frame and reframe discussion and debate	Promote narratives of personal or individual responsibility, moderation, consumer freedoms, free markets, the nanny state, government intrusion, and businesses as part of the solution.
Camouflage actions	Leverage front groups and pseudo civil-society groups to act as a mouthpiece for the industry, create the appearance of independence, and avoid bad publicity.
Influence the political process	Lobby, make political donations, recruit former politicians, and participate in policy development to influence, block, weaken, and delay policy and regulatory outcomes
Develop corporate alternatives to policies	Create voluntary self-regulation, codes, and commitments to delay or pre-empt public health interventions.
Deploy corporate social responsibility and partnerships	Donate to community groups, sports, entertainment, and non-governmental organisations, and develop public-private partnerships with governments and credible organisations to foster corporate goodwill and distract and deflect from harmful products or behaviour
Regulation and policy avoidance and evasion	Impede the implementation of policies through legal challenges in national and international courts, alongside use of legal loopholes, tax avoidance, corporate restructuring, and violation of laws, treaties, and codes

Synthesised from the following sources: Wiist, Brownell and Warner, Freudenberg, Oreskes and Conway, and Moodie.

COMMON EXAMPLES OF THE METHODS USED BY UCI'S

3.1 Lobbying

Lobbying can be described as “practices to secure preferential treatment and/or prevent, shape, circumvent, delay or undermine public policies or legislative decisions in ways that further corporate interests”^[10]. There is evidence of industries having lobbied and/or made donations to political parties including from the gambling industry.^[11]

3.2 Shifting blame- Framing

Framing describes what we say about an issue or concept and how we say it, which in turn affects people's understanding, reactions, feelings, and actions. One key tactic employed by UCIs is to frame the narrative around the use or overuse of their unhealthy products emphasising personal responsibility and choice, and promote 'nanny state' narratives, (the perception that government policies are overprotective or excessively controlling, infringing on personal freedoms) without assuming any responsibility for the growing negative impact that unhealthy products have on our physical and mental health, or the social and health inequalities amongst communities, or the environment.

These framings also reduce faith in national and international regulatory agencies, undermine the public's trust in science and evidence, and promote industries' preferred solutions such as self-regulatory corporate social responsibility as alternatives to effective public policy^[12].

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3.3 Shaping norms

The targeting of children and young people is an established tactic for UCIs. Industry-sponsored education and awareness raising in schools is a common occurrence and has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption^[13] and gambling education discourse aligning with wider industry interests), while shifting responsibility for harm onto children, youth and their families^[14].

3.4 Aggressive marketing and Sponsorship

UCIs have continued to develop these tactics alongside technological advances, using the availability and accessibility of social media and internet and television advertisements to reach broader audiences, but specifically focus on certain groups and audiences, often particularly concentrated in areas of greater deprivation and/or among vulnerable groups. A 2018-2020 study of the geography of England's gambling outlets found that over 20% were concentrated in areas in the most deprived decile, (so these deprived areas had twice as many as would be expected if they were evenly spread across the country)^[15].

It is estimated that TV viewers alone are exposed to 41 adverts per day in the UK, when other forms of advertising are included, it will be much higher. Research has shown that the more people see adverts for unhealthy products, the more they use them^[16].

Gambling advertising and sponsorships widely and frequently reach consumers, with evidence from the gambling commission showing that 6 out of 10 people seeing gambling adverts or sponsorships at least once a week. Whereas sponsorships and traditional advertising have been seen by all age groups, online advertising is more likely to be seen by younger adults.

When an influencer or public figure is seen consuming or endorsing unhealthy products, such as foods and beverages high in salt, fats and sugars, this often has an immediate effect on their followers. The gambling industry is renowned for its widespread use of celebrity endorsements and advertisements. Research shows that young people perceive celebrity endorsement as having an influential impact on the appeal of gambling^[17].

Recognising that the most significant interventions will occur at national and global levels, this report aims to initiate a dialogue on local actions to mitigate negative impacts and enhance positive effects of certain industries on the health and wellbeing of our communities.

As discussed, we will focus on four of these industries- Alcohol, Gambling, Fast food and Tobacco.

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ALCOHOL



4.1 What is the challenge?

NHS guidance states that, to keep health risks from alcohol to a low level, men and women are advised not to drink more than 14 units a week on a regular basis.

The Global Burden of Disease shows that among 15- to 49-year-olds in England alcohol misuse is the 2nd biggest risk factor for death and years lived with disability^[18]. Alcohol is a causal factor in more than 60 medical conditions^[19], including:

- Mouth, throat, stomach, liver and breast cancers
- High blood pressure
- Cirrhosis of the liver
- Depression

Furthermore, alcohol misuse is estimated to cost the NHS about £3.5 billion per year, and society as a whole £21 billion annually.

Alcohol is also an important contributor to health inequalities: alcohol-related mortality increases with increases with the level of deprivation and is higher in men than women. In addition, one in five children live with someone who engages in increasing-risk drinking, and around 705,000 children live with a parent who is experiencing alcohol dependency^[20]. These children face greater risks, including poor school performance, mental health struggles, and a higher likelihood of alcohol use themselves later in life.

4.2 What is the impact in Bury?

In Bury, alcohol-related mortality is higher than the England average.^[21] The most recent estimated rate of alcohol dependent adults (aged 18 years and over) who were in potential need of specialist treatment in Bury between 2019 to 2020 was 14.45 (per 1,000 population) which was higher than the England average of 13.75^[22].

There are inequalities within Bury also; alcohol related admissions into hospital are much higher in Radcliffe (152.6 per 100) than the Bury average of 88.5 per 100^[23].

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4.3 What is being done in Bury?

Alcohol is available 24/7, and its widespread availability contributes to increased consumption and harm. The [Bury Alcohol Licensing Matrix](#) is a tool which enables new licensing applicants to check the proposed venue against a range of data metrics against which their license application will be judged. This includes health, crime and deprivation on a Lower Super Output Area (LSOA)^[24] footprint. This has been a joint project with the Bury Council's Public Health team, performance and intelligence team and the licensing team.

Datasets include Index of Multiple Deprivation (IMD), Greater Manchester Police (GMP) alcohol markers, A&E admissions, numbers of off and on licensed premises within the area, licenced gambling sites and service user data from Bury's Substance Misuse provider.

The matrix was co-designed with the local tactical licensing team, ensuring it aligns with the four licensing priorities (The prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm). Public health is a fifth licensing priority in Scotland, with England's Directors of Public Health continue advocating for its inclusion as a fifth licensing priority in England. The local tactical licensing group comprises of Greater Manchester Police (GMP), Greater Manchester Fire and Rescue Service (GMFRS), Licensing, Trading Standards, highways, and environmental health officers.

Publishing the alcohol matrix on Bury Joint Strategic Needs Assessment (JSNA), alongside a narrative and link for new licensing applicants on the licensing landing page, serves as an effective indirect deterrent. It also ensures Bury are transparent about the data we are using.



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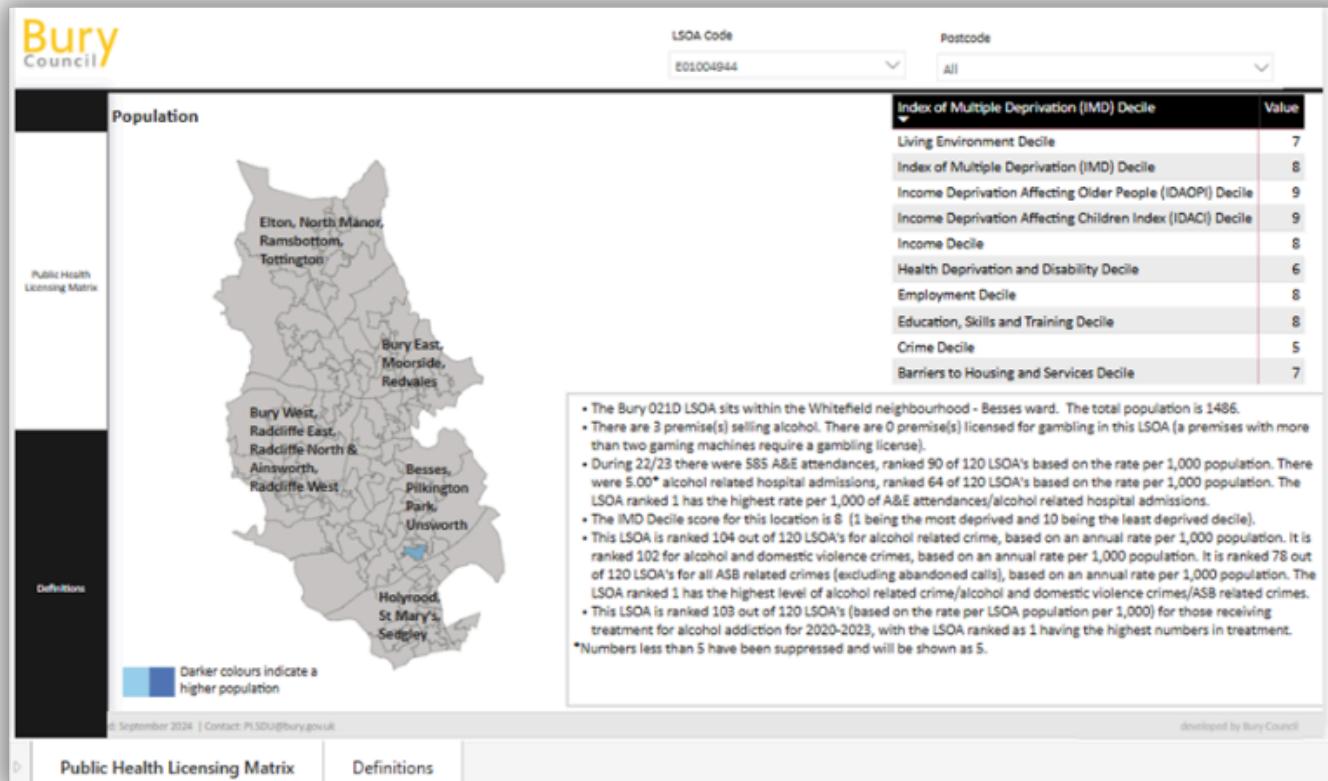


Figure 3- Bury Council licensing matrix (screen shot)

Case Study 1

There have been several successes to date opposing off and on licence applications, arguably the biggest win in preventing a large supermarket chain from selling alcohol 24 hrs a day 7 days a week, from petrol stations. Working in collaboration with Bury's tactical licensing team (GMP, Licencing, Trading Standards, etc), it was agreed with the supermarkets licensing solicitor that they would change their hours in line with this ask rather than risk going to the licencing committee and receiving a negative decision. This has acted as a barometer for success with smaller independent on and off-licence applications, and how we build representation as a collective approach rather than submitting representation individually.

4.4 What is being done regionally/nationally?

Regionally, an alcohol strategy has been developed with partners from across Greater Manchester. This was co-designed with the NHS, local authorities, GMP, probation services, community organisations, treatment providers, and people with lived experience. Together, a clear ambition has been created: to reduce alcohol harm and build a healthier, fairer future for everyone who calls Greater Manchester home.

The strategy, which will be launched in September 2025, includes an alcohol harms element which is based on the World Health Organisation (WHO) SAFER framework^[25]. This focuses attention on the best evidence-based approaches to reducing alcohol harm, adapted as A SAFER GM. This includes elements such as the ongoing debate around minimum unit pricing for alcohol (a policy already introduced in Scotland and Wales, and associated with a 13.4% reduction in deaths attributable to alcohol consumption in the former^[26]).

A SAFER GM

- A**mplify community engagement around living well and reframing relationships with alcohol
- S**trenthen restrictions on alcohol availability
- A**dvance and enforce drink driving counter measures and work with police, probation and other partners to prevent alcohol-related crime and anti-social behaviour
- F**acilitate access to screening, brief interventions and treatment
- E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- R**aise prices on alcohol through excise taxes and pricing policies
- G**ive every child the best start in life
- M**obilise a sustainable VCFSE and community-led approach to recovery, peer support and mutual aid as part of our GM Live Well ambitions

Figure 4-A SAFER GM framework

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4.5 What more can be done locally?

To reduce alcohol harm, we must take a multi-faceted approach that combines efforts from schools, families, communities, and bolsters local initiatives like Communities in Charge of Alcohol^[27] (CICA). CICA empowers communities to take the lead in tackling alcohol harm by raising awareness, offering support, and enabling people and neighbourhoods to design solutions that work best for them, building resilience and creating sustainable change. Alcohol Champions receive training to have informal conversations about alcohol and health within their communities.

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GAMBLING



5.1 What is the challenge?

Behavioural addiction refers to a compulsion to engage in inherently rewarding behaviours despite adverse consequences. Gambling shares impulsivity and compulsion elements with other addictions like substance misuse and eating disorders. Gambling disorder is classified as a mental health disorder in the DSM-IV^[28].

Harms associated with gambling include poor mental health, relationship breakdown, poor performance at work or school and financial difficulties. Harms may be experienced by the person who gambles or by family, friends and colleagues of someone who gambles ('affected others'). Gambling may not be the sole cause of these harms – in some cases gambling may be used as a coping mechanism – however we know that gambling addiction and harm can exacerbate existing vulnerabilities. While harms can happen very quickly, we know that recovery can take a long time, with some harms leaving an intergenerational legacy.

There are multiple drivers of harmful and problem gambling, including psychological triggers used in the design of gambling products, including disguising losses as wins, celebrating near misses and creating an illusion of control over a predetermined outcome^[29].

The UK gambling industry spends £1.5billion a year on advertising, much of which is designed to make gambling look like a fun, social, low risk activity. Advertising and marketing of gambling products, brands and opportunities can include targeted email campaigns. Research suggests that increased exposure to advertising and marketing leads to increased participation in gambling^[30]. Enticements to participate, such as free bets and in-play promotions, are key factors in inducing people to gamble more^[31].

Most (86%) of online betting profits come from just 5% of those gambling, usually from those already experiencing harm^[32]. Gambling-related harms have considerable cost to the government and society, likely to be between £1.05 to 1.77 billion^[33] annually.

Gambling disorders have been linked to several health outcomes, such as increased alcohol consumption, obesity, smoking, mental health problems, and suicide^[34]. Sadly, studies show that people suffering from gambling disorder are 15 times more likely to take their own lives^[35].

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5.2 What is the impact in Bury?

A 2022 Greater Manchester Gambling Harms needs assessment^[36] found that one in 15 Greater Manchester residents are experiencing the harmful impacts of gambling, when harms experienced by “affected others” are included. It is estimated that this translates to 13,000 people in Bury (6% of residents).

Evidence suggests that some sectors of the population are disproportionately impacted by gambling related harms. For instance, prevalence of gambling is higher among members of the armed forces community, with military veterans 10 times more likely to experience a gambling disorder or addiction^[37], however, routine mental health assessments after deployment do not routinely ask about gambling.

In Bury, tackling gambling harms is a growing priority, there is significant growth in the use of gambling products which have been identified by research as being more associated with harms^[38]. As with other public health challenges, early intervention, system collaboration, and evidence-based actions are key to protecting our residents, reducing harm, support those affected and reducing the burden on health, social care, and criminal justice systems.

5.3 What is being done in Bury?

Bury Public Health regularly promotes the Chapter One: Gambling-Related Harms training^[39], funded by the Greater Manchester Combined Authority (GMCA). This training has been developed using the latest international evidence on gambling harms and has been co-produced with people with lived experience.

The two-hour training is available both online and in person and is designed to support GM professionals by providing information, tools, and practical guidance in recognising gambling-related harms in service users. Most importantly, the training is completely free from gambling industry influence.

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Bury Public Health have created a Gambling Related Harms Support section on the Bury Directory Page^[40]. This includes guidelines for identification, assessment and management of gambling harms. It also includes referral details for the NHS Northern Gambling Service^[41] who also support the loved ones of people with a gambling addiction. It also includes the Beacon Counselling Trust^[42] which is a mild-moderate Mental Health Service provider and part of the work is providing free confidential treatment and support for anyone aged over 16 years who has been affected as a gambler, part of a family or a friend of a gambler, as part of the National Gambling Support Network. Currently, there is no dedicated local funding for gambling related harms in Bury, which means there is no locally commissioned service specifically focused on supporting individuals affected by gambling. However, residents can still access city-region and national support services mentioned above.

Bury Public Health also included Gambling markers as part of their revised Drug and Alcohol action plan, this helps with the awareness of Gambling Harms reach with a variety of stakeholders who make up the partnership.

5.4 What is being done regionally/nationally?

In November 2024, the Government announced the introduction of a statutory levy on gambling operators, which will provide, for the first time, a dedicated statutory investment for prevention work. In April 2025, the Gambling Commission became responsible for collecting and administering the new levy, under the strategic direction of the UK government. The Health and Social Care Select Committee are examining the current gambling landscape and the potential for harms caused by developments in gambling.

Beacon Counselling Trust, in partnership with Unite the Union, have developed a 'Workplace Charter to Reduce Gambling Harms'. The charter, which sets out seven key principles for employers to improve health and wellbeing in the workspace, aims to provide policies and support to place gambling-related harms alongside mental health and substance misuse as public health issues^[43].

Beacon Counselling Trust have also produced a 10 point plan to address gambling related harms. A system-wide approach is needed to address this public health issue (see Fig 5 overleaf).

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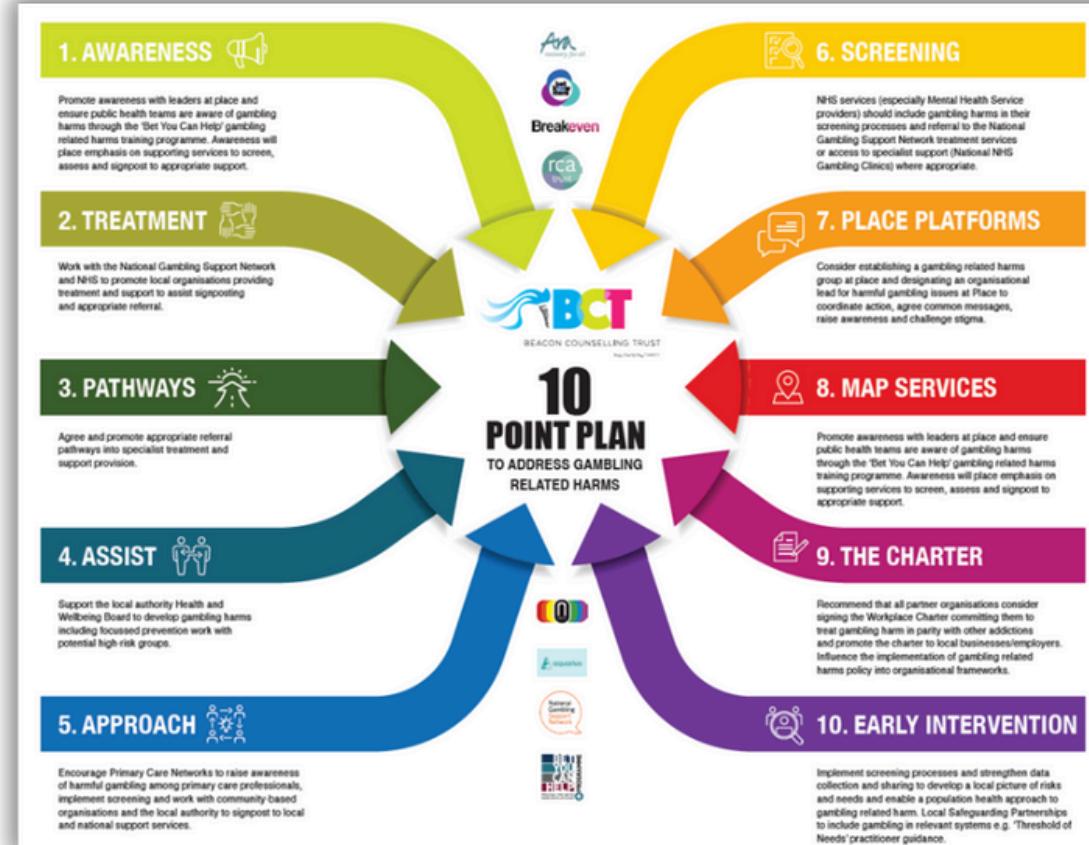


Figure 5- 10 point plan to address gambling related harms

5.5 What more can be done locally?

Regularly sharing local, regional, and national information and updates with Bury Community Safety Partnership, Bury's Drug and Alcohol Partnership, Bury Suicide Prevention group, and through council staff newsletters helps ensure that key stakeholders stay informed. This includes updates on gambling related harms, emerging trends, and available support services via the GMCA. By maintaining strong communication channels, we can promote early intervention, raise awareness, and strengthen our collective response to gambling related issues across the borough.

The local authority should also review and potentially cease any links they may have with the gambling industry.

The Office of Health Improvement and Disparities (OHID) North West will be launching a Gambling Harms Community of Practice for Public Health leads. The group aims to explore local challenges, showcase effective work, and enable colleagues to share best practice and develop common approaches to addressing gambling-related harms.

FAST FOOD



6.1 What is the challenge?

Poor diets and excess calorie intake lead to significant levels of cardiovascular disease, cancers, and muscular conditions and cost the NHS £6.1 billion every year^[44]. A diet containing lots of processed, salty, fatty, and sugary food and drinks commonly causes people to become overweight or obese and contributes to malnourishment, diabetes and other non-communicable diseases^[45].

The availability and convenience of foods strongly influences people's choices, areas with high densities of fast-food outlets generally have higher levels of obesity. Bury has the 10th highest fast-food outlet concentration in England per 100,000 of the population^[46] (taking the size of the population into account).

6.2 What is the impact in Bury?

The National Childhood Measurement Programme (NCMP) in 2024/2025 showed that 22.6% of children in reception class (aged 4-5 years) were overweight or living with obesity, and 38.8% of children in year 6 (aged 10-11 years) were overweight or living with obesity^[47].

65.3% of adults in Bury are estimated to be overweight (including obesity and using adjusted self-reported height and weight) which is higher than the England average^[48].

6.3 What is being done in Bury?

Bury Food Partnership launched the very first Bury Food Strategy – Eat, Live, Love Food (Jan 2021)^[49], following its endorsement by the Health & Wellbeing Board. From the outset the Partnership has adopted whole systems thinking and prides itself on being a positive space to connect, challenge, and help shape the way Bury sources and provides good food for all - people, climate, and nature. This is a five-year collaboration, working with partners interested in healthier and sustainable food.

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Bury's Food Strategy has become an integral part of the council's overarching Let's Strategy^[50], which influences work on poverty, climate action, and economic development. Embedding food in these mainstream agendas creates space to discuss it in places like regeneration and town-centre planning, where it becomes a lever for inclusion and sustainability rather than a stand-alone topic.

To guide and benchmark progress, Bury joined the Sustainable Food Places network, using its six-theme framework: governance, healthy food for all, catering and procurement, good food movement, sustainable economy, and food for the planet. In just three years, Bury progressed from bronze (2022) to silver status (2024), the first in Greater Manchester to do so.



Image 1-Bury's Sustainable Food Places Silver award.

Bury's food system transformation has gained national and international attention, with Bury Food Partnership presenting at Westminster and being invited to participate in the EU Cascade Cities Peer Learning Programme (2024) and will be hosting the EU CLEVERFOOD Programme later in 2025, embracing many learning insights, and applying these into our local policies.

In addition, Public Health continue to work with planning and regeneration leads around healthy high streets and shift some of the focus and momentum to healthy determinants of commerce.

Local successes have included positive conversations about council owned spaces, and reflection of how the universally applied Department of Health nutritional profiler^[51] is used for adverts showcased here.

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Image 2- Jacket Potatoes are now offered at Gigg as an alternative to traditional pies, burgers etc.

Case Study 2

Bury Public Health team have built a good relationship with Bury Football Club. Healthy food options have now been included on match days, non-alcoholic beverages on offer, stop smoking adverts around the ground and an ambition to become a smoke free stadium, there has also been a conscious attempt to reduce any fast food adverts around the pitch as Bury FC and public health strive for healthy stadia.

6.4 What is being done nationally and regionally?

The Office for Health Improvement and Disparities (OHID) leads the reduction and reformulation programme, working with all sectors of the food and drinks industry to reduce sugar, salt, and calories in foods and drinks consumed by children and adults.^[52]

- **Sugar Reduction Programme:** Launched in 2016, it aimed to reduce sugar by 20% in foods consumed by children by 2020. Guidelines were published in 2017. In 2018, juices and milk-based drinks were added, with targets to reduce sugar by 5% and 20% respectively by mid-2021.
- **Calorie Reduction Programme:** Challenged retailers and manufacturers to reduce calories by up to 10%, and the eating out, takeaway, and delivery sector to reduce calories by up to 20% by 2024. It focuses on everyday savoury foods and meals.
- **Salt Reduction Programme:** Aimed to reduce salt content in foods across more than 100 food groups. Targets have been set and revised since 2006, with new targets published in 2020 to be achieved by 2024.

Addressing CDOH has been identified as a key priority for the Greater Manchester Public Health Network (GMPHN) along with Housing and Health and Fairer Health for All. The GM CDOH Squad, which includes Bury Public Health staff, have a range of areas of focus that include High Fat Salt Sugar (HFSS) advertising and aim to use the governments October 2025 9pm television advert ban around low nutrient food / fast food, plus Transport for Greater Manchester (TfGM) blanket fast food ban on all travel networks.

The CDOH Squad are in the process of designing a set of minimum standards or principles for GM councils to work towards and using those advertising spaces they own or manage effectively.

Most of the local authority HFSS Advertising Restriction Policies include guidance for food and drink advertising that falls under OHID's Salt, Sugar and Calorie Reduction Programme, and require prominent product descriptors including additional requirements around children not being included in advertisements that fall into these categories.

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6.5 What more can be done locally?

Bury Public Health is working closely with Bury Strategic Planners on a Healthy Systems, Supplementary Planning Document (SPD) linked to Bury's local plan.^[53] This document will include a set of criteria around fast food take aways. The Local Plan is under review therefore Greater Manchester's Places for Everyone^[54] will be used as the governance structure in the interim. The aim is to propose this to Council Cabinet in late 2025.

Building on the success of Bury's Alcohol Matrix, Bury Public Health and the Performance team have agreed data sets that would help inform the planning committee around granting new fast food take away licences. The matrix also considers adult obesity data, number of schools in a given post code, IMD, plus markers from primary care which include adult obesity and adult diabetes type 2 prevalence.

Bury Public Health are also looking to shift the unhealthy food narrative and replace it with wider successes linked to food and health such as the Right to Grow^[55] and Healthy Markets.^[56]

Growing offers many benefits, from improved mental and physical wellbeing through activity in nature, increased access to fresh food, and the strengthening of community bonds. A lack of available land close to people's homes can be an obstacle to more people growing. To help address this issue, Incredible Edible Prestwich and District, Lancashire Wildlife Trust, Bury Council's Planning, Parks & Countryside, Grounds Maintenance, Public Health and the Bury Voluntary, Community and Faith Alliance are coming together to look at planning, licensing, and to create a map of established community growing sites and potential future growing spaces. Community growing advice and resources are available, and successful applicants will be issued with a Licence Agreement.

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TOBACCO

7.1 What is the challenge?

Smoking is the leading preventable cause of illness and premature death, killing around 74,600 people in England in 2019.^[57]



- Around 5.1 million adults aged 16 years and over (9.8%) currently use an e-cigarette daily or occasionally in Great Britain in 2023, based on the Opinions and Lifestyle Survey (OPN).
- E-cigarette use was highest among people aged 16 to 24 years in Great Britain, with 15.8% using e-cigarettes either daily or occasionally.

Smoking harms not only smokers but also the people around them. Smoking is much more common in deprived parts of England, which then concentrates the health harms.

Despite a continued decline in smoking prevalence, 11.9% of adults in England still smoke. This equates to over 6 million people in 2023.^[58] Prevalence is reducing more slowly in more deprived communities than in our more affluent communities, widening the resulting health inequalities further.

7.2 What is the impact in Bury?

10.8% of adults (age 18+) smoke in Bury^[59]. However, 21.1% of adults in routine and manual occupations (aged 18-64) smoked in 2023. This concerningly has increased from 17.1% in 2022. This is higher than the England average of 19.5%.^[60]

In 2023 in Bury, 14.6% of the most deprived decile were current smokers compared to 9.3% in the least deprived decile.^[61]

Additionally, smoking among adults with a long-term mental health condition has increased over the past three years, from 17.2% in 2020, to 18.3% in 2021, and reaching 20.6% in 2022/23.^[62]

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The under 75 mortality rate from respiratory disease considered preventable (smoking is the major cause of chronic obstructive pulmonary disease or COPD, one of the major respiratory diseases) is higher in Bury than the England average.^[63] Smoking related death rates are significantly higher in Bury than in England overall (Directly standardised rate per 100,000 is 240.3 in Bury v 202.2 in England).^[64]

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7.3 What is being done in Bury?

7.3.1 Local Tobacco Control Plan

Bury have recruited a tobacco control officer and re-launched the Tobacco Control Alliance. This multi-agency partnership will lead the refresh of Bury's Tobacco Control Plan and provide a coordinated system-wide approach to reduce smoking prevalence and achieve Smokefree Bury by 2030.

The Alliance brings together Trading Standards, Bury ICB, Early Break, GMP, Making Smoking History (GM colleagues), Council services, and other partners. Its work is structured around four core workstreams:

- Prevention,
- Supporting smokers to quit,
- Reducing health inequalities and
- Effective enforcement

7.3.2 Trading standards and enforcement

Tobacco control enforcement continues to be a vital component of reducing the availability of illicit tobacco and vaping products across Bury. During 2024/25, enforcement activity resulted in seizures with a total street value of £120,000, including:

- 39,660 illicit cigarettes (1,983 packs)
- 9.4 kg of illicit hand-rolling tobacco (188 packs)
- 7,425 illegal vapes, 4 kg of shisha, 28,000 pieces of hand-rolling tobacco packaging, and a hand-rolling
- Tobacco mixing machine.

7.3.3 Children and young People

Early Break Bury's young people substance misuse provider has also been commissioned to work with schools and young people around the harms associated with vaping. They have developed 3 sets of training- professionals' training followed by separate training for primary and secondary aged children. The messages in the training focus on harm from a health perspective as well as the legality of different types of vapes, i.e. which vapes are regulated in the UK and which ones are not. There are also strong messages around safety when purchasing vapes as well as harm reduction messages, risks of exploitation, experimentation with harmful and illegal substance such as THC liquid and traditional forms of cannabis. Some of the training has led to schools requesting interventions with their pupils and targeted group sessions.



7.3.4 Smoking Cessation

Smoking cessation is one of the most effective public health interventions.^[65] Until recently, the main tools for smoking cessation were behavioural support, nicotine replacement therapy, or oral bupropion or varenicline. However, e-cigarette use is becoming more popular and is currently considered one of the most effective quitting aids in England.

'Swap to Stop' digital advertising campaign is live across Bury neighbourhoods and town centre areas. Messaging is inclusive and accessible and promotes a new e-voucher offer alongside Bury Live Well stop smoking service and support.

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7.4 What is being done regionally/nationally?

The 2005 World Health Organisation (WHO) Framework Convention on Tobacco Control^[66] demonstrates what is possible when we choose to use our powers collectively in a positive way around the conflict of interest between the tobacco industry and health policy making. This has largely controlled tobacco advertising, promotion and sponsorship.

The UK Tobacco and Vapes Bill^[67] was introduced in the House of Commons on 5 November 2024. The key points are summarised below;

- Creating a smoke-free generation: Gradually ending the sale of tobacco products and breaking the cycle of addiction.
- Strengthening smoking bans: Reducing passive smoking harms in certain outdoor settings, especially for children and vulnerable people.
- Banning vape promotions to children: Preventing the branding, promotion, and advertising of vapes and nicotine products to children.
- Licensing scheme: Introducing a licensing scheme for the retail sale of tobacco, vapes, and nicotine products in England, Wales, and Northern Ireland, and expanding the retailer registration scheme in Scotland.
- Strengthening enforcement: Supporting the implementation of these measures through enhanced enforcement activities to stop harmful tobacco and vape products finding their way into neighbourhood shops and stopping underage sales.

Greater Manchester's Make Smoking History – Reignite your quitting journey aims to create a smoke-free city region by 2030 (<5% smoking prevalence). This approach features hard-hitting campaigns and community engagement creating smoke free spaces. It has a focus on inequalities and co-production with local communities.

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7.5 What more can be done locally?

Bury Public Health team are exploring healthy advertising methods e.g. billboard advertising for smoke free messaging at Bury Football Club & other local sporting clubs.

There is a commitment to invest in innovative approaches e.g. Allen Carr Easyway Seminars (this is a pilot). It will initially target routine & manual workers & residents living in more deprived areas (IMD 1 & 2 postcodes). The public health team will work with primary care colleagues to promote the Live Well smoke free support. They will explore funding a text messaging campaign aimed at registered patients aged 18+ confirmed as smoking in previous 5 years.

An extension of the 'swap to stop' offer in Bury is being explored. The programme offers free vape starter kits delivered through structured behavioural support delivered weekly for 4 weeks, then fortnightly up to 12 weeks with flexibility as needed. We are also looking into a potential new offer of e-vouchers for free vape starter kits, delivered following Very Brief Advice in targeted setting such as housing associations, community venues, and outreach events in Bury.

Early Break will expand the delivery of their Vaping Harms training. They should target pupil referral units, train staff working with looked after children and care leavers, and designated safeguarding leads in schools.

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8.1 Promote Healthier Environments

- Implement planning policies to restrict unhealthy food outlets near schools (as part of the work we are doing with supplementary planning document)
- Focus on decreased access and availability of harmful products at local level
- Adding children's social care markers to alcohol matrix.

8.2 Regulate Harmful Practices

- Collaborate with Greater Manchester authorities to address harmful advertising and sponsorship (e.g., alcohol, gambling).
- Enforce licensing regulations as much as we can to limit the density of high-risk establishments (using our licensing matrix).
- Review and potentially cease any links the local authority may have with the gambling industry.

8.3 Empower Communities and Businesses

- Support small businesses in adopting health-promoting practices (e.g., healthy food options, employee wellbeing programmes/alcohol support etc). The council business growth and investment team is working in partnership with the Business Growth Hub and the GM Good Employment Charter to enable the Bury business sector to prioritise workforce wellbeing.
- Continue to promote the health offer to businesses at various business and investment events, such as the Business to Business event and the Regen Expo.
- Work with the recent commissioned employment programmes WorkWell and in Work Progression focus on the connection between work and health and in particular supporting businesses to reduce sickness absence and assist with good health & wellbeing practice.

8.4 Advocate for Systemic Change

- Work with national bodies to advocate for tightening regulations on harmful products and marketing strategies.
- Advocate for fair taxation of unhealthy commodities e.g. minimum unit pricing, reinvesting revenue into public health initiatives.
- Use good governance and organisational conflict of interest policy development resources to implement policies on partnership with industry and using harmful product industry funding for interventions. E.g. use the ADPH Good governance Toolkit^[68] (framework for local authorities to develop a consistent approach to managing commercial relationships in line with their values and principles).
- Work with GM colleagues on the Cross-Risk Factor Alliance: A National Prevention Framework for Harmful Products. This is a system-level framework to tackle the biggest three preventable killers –taking a harmful products approach to unhealthy food and drink and alcohol, learning from our existing GM tobacco model. Based on the ‘Holding us back’^[69] framework.

8.5 Communication

- Develop champions and networks amongst local politicians and other partners beyond public health to drive action forward.
- Review use of language in public health promotion. Lifestyle ‘choices’ and behaviour v’s harmful products and industries, resourcing and supporting campaigns that raise awareness using hard-hitting facts and evidence and reinforce public health messaging (as opposed to campaigns that aim to change individual behaviour).
- Develop materials for framing CDOH with the public and press, including FAQs and responses to anticipated challenges. Use these to respond to industry arguments, as well as raising awareness of private sector tactics in communities.

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Addressing the CDOH requires bold action, cross-sector collaboration, and community engagement. While challenges remain, the successes of the past year demonstrate with focused local, regional and national work our collective capacity can contribute to meaningful change.

As we move forward, I call on businesses, policymakers, and residents to join us in creating a healthier, fairer Bury.



Jon Hobday

Director of Public Health

Bury Council

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10.1 Acronyms Used in the Report

ADPH	Association of Directors of Public Health
ADPH	Anti Social Behaviour
AUDIT-C	Alcohol Use Disorders Identification Test- Consumption
A&E	Accident and Emergency Dept
CDOH	Commercial Determinants of Health
CICA	Communities in Charge of Alcohol
COPD	Chronic Obstructive Pulmonary Disease
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th Edition
GMCA	Greater Manchester Combined Authority
GMFRS	Greater Manchester Fire and Rescue Service
GMP	Greater Manchester Police
GMPHN	Greater Manchester Public Health Network

HCIs	Harmful Commodity Industries
HFSS	High Fat Salt Sugar
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Layer Super Output Area
NCDs	Non communicable diseases
NCMP	National Childhood Measurement Programme
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
OPN	Opinions and Lifestyle Survey
SPD	Supplementary Planning Document
TFGM	Transport for Greater Manchester
THC	Tetrahydrocannabinol (primary psychoactive compound in cannabis)
UCIs	Unhealthy Commodity Industries
VCFA	Voluntary, Community and Faith Alliance (Bury)
WHO	World Health Organisation

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10.2 Reflections on Last Year's Report

The [2023 Public Health Annual Report](#) reflected on the health and wellbeing of Bury through the lens of the cost-of-living crisis.

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Recommendations

Anti-Poverty Strategy- continue to refine the Anti-Poverty Steering Group to guide strategic direction and engagement and to evaluate the impact of actions to date.

Update 2025

The evaluation of Bury's Anti-Poverty Strategy showed strong delivery across key areas including food support, housing assistance, financial resilience and adult learning. It also identified areas for improvement, particularly the need for clearer prioritisation, stronger outcome monitoring and more consistent coordination across partners. In response, the Anti-Poverty Steering Group is being refined to take a more strategic role by setting clearer direction, strengthening engagement with key stakeholders and overseeing the evaluation of actions taken to date. This will ensure the strategy remains focused, evidence-led and responsive to the needs of Bury's most vulnerable communities.

Recommendations

Update 2025

Digital wellbeing - deliver further wellbeing courses via libraries, Age UK and Bury Circle.

Bury Libraries offer a range of free digital support services to help residents stay connected, confident, and safe online:

Free Mobile Data, Calls & Texts

Through the National Databank scheme, in partnership with the Good Things Foundation, eligible residents can receive free SIM cards loaded with mobile data, minutes, and texts to help tackle data poverty.

Digital Buddy Sessions

Weekly one-to-one support sessions are available with trained volunteers and library staff. These sessions help residents with using computers, smartphones, tablets, laptops, and other digital devices.

Digital Skills Courses

In partnership with Bury Adult Learning Service, we offer free six-week courses for beginners and intermediate learners. These run throughout the year at various library locations.

Free Wi-Fi & Computer Access

All libraries provide free public Wi-Fi, access to computers, printing, and scanning-to-email services. Staff are on hand to assist with digital queries.

Partnered Digital Support Services

Libraries also host sessions from key partners including:

- National Careers Service
- Citizens Advice
- NHS (e.g. how to use the NHS App)
- Bury Council Revenues and Benefits Team
- Build a Business in GM Libraries (business support workshops)

Scam Awareness Talks

In October 2024, we partnered with Age UK to deliver a series of talks on scam awareness.

Topics included:

- How to spot and avoid scams
- Reporting scams
- Staying safe online
- Recovering after being scammed

Recommendations

Update 2025

ECO4 Flex-
capitalise on the
fourth wave of the
retrofitting scheme
until 31st March
2026.

For ECO4 scheme delivery in Year 1 (2023/24) the Private Sector Housing Team worked with a procured scheme delivery partner (0800 Repair) to proactively promote the scheme. This resulted in 80 homes retrofitted, with £420,460 investment attracted into the Borough. This ensured resident annual average energy bill savings of £567 and 372.5 Tonnes of CO2 saved.

In year 2 (2024/25) activity has ramped up, a Graduate Climate Action Officer has been recruited to promote the Local Energy Advice Demonstrator Project and associated Retrofit Referral Portal. This has resulted in a further 176 homes retrofitted via ECO4, an additional £936,000 of investment, average energy bill savings of £551 and 440 Tonnes of CO2 saved. A funding agreement has been signed with GMCA to ensure the Graduate post is funded for Quarter 1 of 2025/26.

Family Hubs-
Develop our Family
Hub model and
expand services
across Bury.

The development of Family Hubs in Bury is progressing well, with 70% of the delivery model focused on early years services for families with children aged 0-5. Over the past year, the Early Years offer has been refined and is now available in all five neighbourhoods through various venues like Family Hubs, Children's Centres, community buildings, libraries, and parks.

The first Family Hub in East Bury opened in October 2023, and a Family Hub delivery board was launched in January 2025 to oversee the rollout across Bury. Efforts are ongoing to identify spaces for Family Hubs in neighbourhoods, creating a 'one-stop shop' for family services. A digital platform for Children's Services is being developed, with a proof of concept underway and expected to roll out later this year. Additionally, a building on Chesham Fold has been acquired to provide doorstep services to families in the most deprived area of Bury, with the development currently out to tender and expected to open in summer 2025.

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Update 2025

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Food Strategy- Build on the momentum of our recent success and aim for the Silver Sustainable Food Places award.

Bury Food Partnership launched the Bury Food Strategy - Eat, Live, Love Food in 2021, quickly earning the prestigious Sustainable Food Places Bronze award in 2022. Building on this momentum, we applied for and won the SFP Silver award in 2024. This was a considerable step up in terms of requirement and eligibility and we became the first locality in Greater Manchester to achieve this. This national recognition celebrates our holistic approach to sustainable and healthy food. Achieving it demonstrates our ongoing achievement across the six key issues within the Sustainable Food Places framework^[70]. The assessment team praised our strong partnership and strategic backing, positioning Bury as a leader in Food Partnership development.



Recommendations

Update 2025

Healthy Start-
Become a national
leader in the uptake
of Healthy Start
vouchers.

Bury Food Partnership continues to expand work across all aspects of the food system, with the Bury Food Strategy. Within the broader body of work, the Partnership prioritised promoting Healthy Start and the community role of markets.

We presented our journey of making Bury Market our flagship local food space a Healthy Start destination at the Sustainable Food Places conference. This led to further connectivity with regional food partnerships, and the Soil Association visiting and sharing their experience in the Bury Changemakers: a place-based approach article^[71].

It was a privilege to showcase at Parliament in Westminster in 2023. Four partnerships were chosen (one from each nation). Bury being chosen demonstrates the high regard in which our work is held, as an example of connecting, supporting, and celebrating communities and businesses through food.

Bury presented our approach at the GM Healthy Start Task Force, which lead to Manchester, Tameside and Bolton councils requesting to join a market tour. This tour was also attended by Bradford Market team, Leeds Public Health, Leeds University and the London University Centre for Food Policy. Positive feedback from attendees validated the hard work and commitment the Partnership have given to this cause. The huge momentum generated from our small but important scheme has been immensely rewarding, observing a ripple effect as regional partnerships are replicating Healthy Start in markets within their own areas.

Recommendations

Let's Fix it-
Champion our
campaign to
advocate for a better
deal for Bury.

Update 2025

We're calling on government to boost council funding and complete the promised and long-awaited review of council funding. A combination of sharply increasing cost and demand pressures means Bury Council continues to be in a state of financial distress.

Because of this, the Council launched its Let's Fix It Together campaign - with over 1500 Bury residents signing our petition.

In March 2024 a letter was sent to the Chancellor of the Exchequer outlining the financial challenges faced by Bury^[22]. The letter also called on government to extend the Household Support Fund (HSF) that makes a vital difference to thousands of our vulnerable residents. This will sit alongside the efforts of the council and those of residents as we both do our bit to keep the borough and our communities flourishing.

But we know that budget pressures are not just having an impact on the council. We know that the rising cost of living is having a huge impact on our residents. Our cost of living support, using money from the HSF and our budget, is helping residents across the borough. We've also held events such as our cost of living showcase at the Mosses Centre to provide direct support.

The LET'S Fix It Campaign is important as we want to ensure that the council has a long future and can be there to support those who need it most, at times of crisis but also when people need on-going support from social care, education, housing teams and other operational services.

Recommendations

Update 2025

Networks-
Strengthen our community networks to make sure our support services reach everyone, with more roadshows to showcase the help available.

Winter Well Programme Overview:

Objective: Improve health and wellbeing outcomes for older adults during winter.

Focus Areas: Self-care, cost of living, heating and fuel, food and nutrition, mental wellbeing, physical health, and vaccinations.

Initiatives: Winter wellbeing packs for vulnerable residents, training for professionals, wellbeing drop-ins, and various communication channels (e.g., The Bury Directory, Council communications, digital screens, frontline services).

Partners: Bury Housing, Staying Well team, Live Well Service, VCFA, Bury Older People's Network (BOPN), Health Protection team, GM Fire & Rescue Service, Climate Action team, and Community Safety.

From September 2024, Bury Council Public Health collaborated with these partners to plan, create, pack, and distribute the Winter Well packs.

Pension Credit / Cost of Living Support Campaign Overview:

Issue: Low uptake of Pension Credit, worsened by the Winter Fuel Allowance decision in 2024.

Action: Bury Council's Revenues & Benefits Team, supported by Public Health and Staying Well Team, ran a campaign from October to December 2024.

Activities: Drop-ins at various locations to support older residents with pension credit and welfare support.

Outcomes:

- 500 promotional flyers distributed.
- 75 face-to-face drop-ins held.
- 4,018 outbound telephony contacts made.
- 876 text messages sent.
- 401 residents supported with applications, calculations, advice, and DWP transfers.
- £250k in targeted Household Support Payments for low-income pension age Council Tax payers not receiving Pension Credit.

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Recommendations

Update 2025

Skills and employment- work collaboratively with Ingeus to further develop the support and offer available through the neighbour-hub in the Millgate.

The Neighbourhub has remained a central point for health, employment, and skills support, bringing together key workers from all commissioned support services, Bury Council services, and partners from the third sector. The range of services offered to residents at the hub is expanding, with recent additions including representatives from mental health services and drug and alcohol support.

Workplace- integrate wrap around services and skills events into Job Centre Plus Fairs.

There have been several high-profile events in collaboration with Job Centre Plus, including job fairs and meet-the-provider events, which have resulted in job offers for residents. Access to employment support, with health and wellbeing being a key part of the offer to residents, has been a significant focus. We now have an established multidisciplinary team (MDT) to further facilitate the integration of these services.

10.3 Contributors to 2024-2025 PHAR (all Bury Council)

Shenna Paynter	Public Health Specialist (Healthcare Public Health and Sexual Health)
Lee Buggie	Public Health Specialist (Healthy Place)
Aimee Gibson	Public Health Practitioner (Drugs & Alcohol, Tobacco & Gambling)
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HEALTH**

2024/25