

## Greater Manchester Integrated Care Partnership Board

**Date:** 22<sup>nd</sup> August 2025

**Subject:** The Greater Manchester Strategy and 10 Year Health Plan: Our Next Steps – with a focus on the Live Well and the Prevention Demonstrator

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### PURPOSE OF REPORT:

This cover paper summarises the presentation slides that accompany this item.

It has been drafted to describe the work underway in relation to GM Live Well and the Prevention Demonstrator in the context of the new Greater Manchester Strategy (GMS) and the 10 Year Health Plan and sets out the next steps as we move into the delivery phase of this work.

### RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

- Note the update provided.

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## **1.0. Strategic Context – The Next Decade**

- 1.1. This summer saw the publication of two strategies which will influence the next 10 years of public service delivery across the Greater Manchester (GM) city region: the Greater Manchester Strategy and the NHS 10 Year Health Plan.
- 1.2. The Greater Manchester Strategy (GMS) 2025-2035 describes our collective vision for the next decade – which is to see a thriving city region where everyone can live a good life. The health and care system in Greater Manchester will play a pivotal role in delivery of the GMS. Actions taken across the thematic areas of the GMS – safe warm homes, transport, good quality jobs – will improve population health
- 1.3. The 10 Year Health Plan sets the national vision for health for the next ten years based on three shifts: hospital to community; analogue to digital; sickness to prevention
- 1.4. Amongst several direct references to Greater Manchester in the plan, GM were designated as the first Prevention Demonstrator for the country.
- 1.5. As the Prevention Demonstrator, we can lead the way on delivery of the health plan within a devolved city region and in the context of the GMS – setting the pace on the shift to prevention with Live Well as our delivery model.
- 1.6. This will be exemplified through Live Well and how we will work together across the Greater Manchester Combined Authority (GMCA), the NHS and the Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector.
- 1.7. The wording (below) on the Prevention Demonstrator in the 10 Year Plan gives us significant flexibility on the design and delivery and the opportunity to forge a distinctive path in the implementation of the 10 Year Health Plan within the context of the new GMS for the city region.

*Where devolution and a focus on population health outcomes are most advanced, we will work with strategic authorities as prevention demonstrators, starting with the Mayor of Greater Manchester, whose thinking in this area is most advanced. These will be a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention – supported by mayoral ‘total place’ powers, and advances in genomics and data. We will support these areas with increased autonomy, including supporting areas through exploring opportunities to pool budgets and reprofile public service spending towards prevention.*

- 1.8. The 10 Year Plan puts great emphasis on digital and innovation. GM is well placed to capitalise on this as a driver of economic growth and improved population health – for example through the Life Sciences Sector Plan.

## **2.0. Delivering Live Well**

- 2.1. Live Well is the main mechanism for embedding prevention, integration, and community empowerment across GM’s neighbourhoods.
- 2.2. With partners across GM, we have developed the “Live Well Hallmarks” – a collaboratively designed framework for Live Well centres, spaces, and offers, co-created with localities and community groups to ensure consistent, values-driven delivery.
- 2.3. Live Well is now nationally recognised as part of the Prevention Demonstrator, as referenced in the 10-year Plan for Health, and has attracted significant interest from various government departments.
- 2.4. A summary of LiveWell progress is provided in the accompanying slides. This includes the ongoing work to engage primary care in the approach. A substantive update on primary care’s engagement with Live Well is to be listed at a future ICP meeting.

- 2.5. The GM neighbourhood model is a core component of LiveWell. Accelerating the implementation of neighbourhood working is a core aim of the new Place Partnerships as part of the ICB reforms - the development of which will include consistent outcomes across localities set by the ICB as strategic commissioner and underpinned by place partnership agreements. A Neighbourhood Coordination Group will be established to act as a central point of alignment, coordination, learning and continuous improvement.
- 2.6. All 10 localities have submitted applications to the national Neighbourhood Health Implementation Programme. We will ask that all localities work together on this – even those who are not successful in the national programme. We will ensure the right mechanisms are in place to share learning and drive improvement across the 10.

### **3.0. Putting the Prevention Demonstrator into Action**

- 3.1. The Economic Inactivity Trailblazer approach will enable a shift in the GM employment and skills system to a Live Well model
- 3.2. As a trailblazer, the programme focuses on testing, learning and then adopting what works, two key tests are as follows. There is now a need to take this further to ensure that the Trailblazer embodies the Live Well approach acting as a proof of concept ahead of the Prevention Demonstrator.
- 3.3. We will need to put our work on Economic Inactivity at the heart of Live Well and our Neighbourhood Delivery. The trailblazer will aim to engage several groups of people:
- Residents facing significant barriers to work and further away from the labour market
  - Residents ready to look for work or better skills to progress into work
  - Residents at risk of falling out of work or are looking to progress and develop

As noted above, through the 10 Year Health Plan, Greater Manchester was recognised as the UK's first Prevention Demonstrator. We now need to move into the delivery phase building on the Economic Inactivity Trailblazer.

3.4. This will require a rapid scaling up of action within GM and across government.

Rapid work will be undertaken to establish:

- Delivery architecture and capacity across GM and Government – and agreeing oversight arrangements
- A flexible funding model to support Live Well delivery and prevent rising service costs – reprofiling public service spend to prevention
- Agreeing immediate action on data sharing with the Department for Work and Pensions to support the Economic Inactivity Trailblazer over the next year and removing barriers to this approach
- Agreeing an evaluation of the Prevention Demonstrator to capture the benefits of the model as a whole and defining applicable hallmarks of the approach which can be spread and scaled to other systems.