

The Greater Manchester Strategy and 10 Year Health Plan: Our Next Steps

Greater Manchester Integrated
Care Partnership Board

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The Greater Manchester Strategy and 10 Year Health Plan: Our Next Steps - Contents

1. Strategic Context – the Next Decade – GMS and 10 Year Health Plan. 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
2. The new Greater Manchester Strategy
3. The 10 Year Health Plan
4. Significance of the 10 Year Plan in GM
5. Update on Live Well implementation – including role of Primary Care and VCFSE
6. The Neighbourhood Model – including national programme
7. ICB Reform – role of Place Partnerships in delivering Live Well and Neighbourhood model
8. Update on Economic Inactivity Trailblazer
9. Moving Prevention Demonstrator into delivery
10. Next Steps – clear set of actions for the next phase of the work.

Strategic Context – the Next Decade



- **The Greater Manchester Strategy 2025-2035:** the collective vision for the next decade 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 – and action across the themes in the GMS – safe warm homes, transport, good quality jobs – will improve population health
- 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
- **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.** This will be exemplified through how we work together across GMCA, NHS and VCFSE



The Strategic Context: The New GMS

The new Greater Manchester Strategy sets out a bold, collective vision for a thriving city region where everyone can live a good life. It emphasises:

- **Prevention and early help** as a foundation for public service reform.
- **Community power and participation** as drivers of change.
- **Innovation and collaboration** as enablers of transformation.
- **Tackling inequality and advancing equity**, ensuring everyone regardless of background or circumstance, can access opportunities and live a good life.
- **Kickstarting another decade of growth** by supporting existing and attracting new investment.

Live Well is a core delivery mechanism for the ambitions within the GMS with an **emphasis on neighbourhood delivery and locality leadership, enabled by GM support.**



The Strategic Context: 10 Year Health Plan

The 10 Year Plan for Health was published by the Government on 3rd July 2025. The Plan is part of the government's health mission to build a health service fit for the future. It sets out how the government will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

To support the scale of change implied in these shifts, the Plan emphasises system changes to be implemented:

- a new operating model
- greater transparency on care quality
- a new workforce model
- a reshaped innovation strategy
- a different approach to NHS finances

10 Year Health Plan – GM Commitments

- **Case Study:** Live Well Greater Manchester (p59)
- **Reference to the Get Britain Working White paper** (p68) and the role of health and growth Accelerators, ICBs will be required to establish specific outcome targets on contribution to reducing economic inactivity and unemployment, working with local government partners
- **Greater Manchester confirmed as the prevention demonstrator** (p83) a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention
- **Eli Lilly trial in Greater Manchester** and links to economic inactivity and weight loss (p124)

The Significance of the 10 Year Health Plan for GM

- We welcome the focus on neighbourhood working – and we have a strong foundation to build on in GM as part of Live Well. All 10 localities in GM have made applications to the new, national neighbourhood implementation programme.
- There are some new commitments in the 10 Year Plan where need to agree our approach on in GM – for instance, new neighbourhood contracts, and new provider organisational forms. We will be guided by to what extent the new policy can support existing arrangements in GM and our direction of travel.
- Similarly, we will need to ensure that we meet the challenge of the potential abolition of Healthwatch by ensuring that we have the right mechanisms to listen and respond to the voice of residents and patients – the role of the VCFSE will be crucial to this.
- 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.

The Significance of the 10 Year Health Plan for GM – Prevention Demonstrator

- GM made the case to Government for recognition as a Prevention Demonstrator in the 10 Year Plan. This is now confirmed – and the wording gives us significant flexibility on the design and delivery of the Prevention Demonstrator and the opportunity to **forge a distinctive path in the delivery of the 10 Year Plan in the context of the new GMS**

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.

Delivering Live Well

Live Well Progress in the Last 12 Months

- Live Well is the main mechanism for embedding prevention, integration, and community empowerment across GM's neighbourhoods.
- The approach will target impacts through the Economic Inactivity Trailblazer supporting the 4,000-person cohort through **employment pathways**; reductions in **avoidable hospitalisation** and increase in **social prescribing**; improvements in residents' **trust, satisfaction**, and perceived **wellbeing**; and aligned **GMS pledge indicators** and **Prevention Demonstrator** goals.
- All 10 localities are creating **local implementation plans, supported by a £10 million joint investment fund from GMCA and NHS GM**, alongside an additional £10 million aligned through the DWP 'Economic Inactivity' Trailblazer. **Each plan will set out the expected impact, governance arrangements and timeframes.**
- These **local implementation plans** will support a growing network of **Live Well Centres, community-led spaces and joined up support offers**. Localities are asked to commit a minimum of 50% of the joint investment funding to the VCFSE to provide essential capacity for scaled social prescribing and support the VCFSE contribution to employment pathways and those most marginalized . **This reflects the pivotal role that the VCSFE plays** across supporting economic inclusion, tackling entrenched inequality and reducing avoidable hospitalisation (especially for high intensity users where social support is an essential supplement to proactive medical care).
- Workforce development is expanding through a new **system leadership offer**, and **evaluation frameworks are being co-designed to measure impact** and guide future investments.
- In the past 12 months Live Well has also **convened over 2,000 stakeholders in high-profile community-based events**, growing a bottom-up movement to reduce inequality and further enhance collaboration between communities and the local public services that serve them.

Creation of GM Joint
Delivery Unit

£10m Local
Implementation
Support Fund

Network of Locality
Leads Established

Co-design of
Optimum Nhood
Model

Primary Care
Engagement

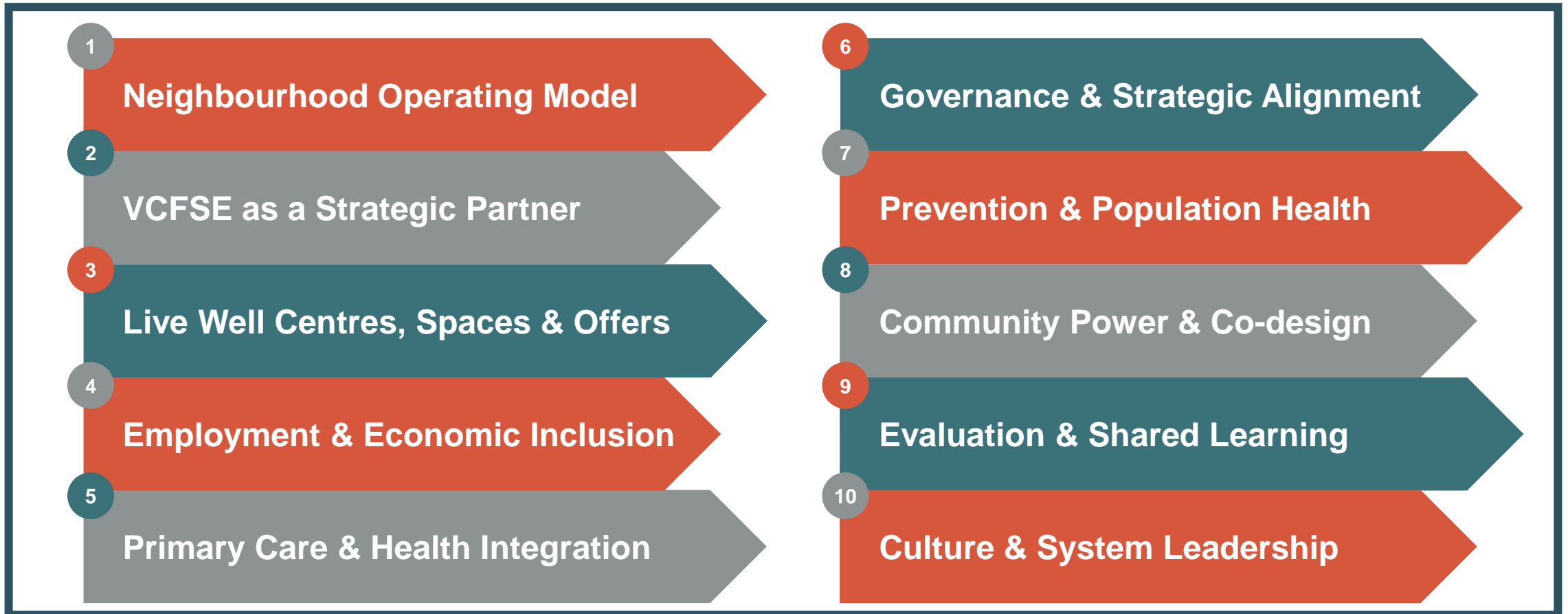
Priority support
themes – Housing,
Employment, MH,
Financial Resilience

System Leadership
capacity building

Govt Engagement
and Prevention
Demonstrator

Delivery Building Blocks as Reflected by Localities

During May-June '25 colleagues from GMCA and NHS GM met with Live Well leads in each locality to understand the local vision, progress in Neighbourhood working, current developments and achievements to-date. The following themes were identified as key, forming the delivery building blocks for roll-out going forward, with a **recognition of the need for ongoing investment**.



Metrics for tracking Live Well Roll Out

Live Well will be deeply embedded in neighbourhoods, with a strong emphasis on prevention, community-led approaches, and system integration. The following categories of metrics have emerged as important for tracking progress as Live Well rolls out:

Infrastructure and Reach

- Number of Live Well Centres and Spaces established in each locality.
- Coverage of Offers: Tracking availability of support like digital inclusion, financial resilience, employment support, and housing support assistance.
- Referral Pathways: Integration with GP practices and primary care for real-time referrals.

Engagement and Participation

- Appointments and Uptake: Volume of Live Well appointments and service usage.
- Community-led Spaces: Growth and sustainability of community-led initiatives.
- VCFSE Sector Involvement: Proportion of funding and activity led by voluntary, community, faith, and social enterprise organisations

Impact and Outcomes

- Economic Inactivity Trailblazer: Progress in supporting the 4,000-person cohort through employment pathways
- Reduction in avoidable hospitalisation and increase in social prescribing
- Resident Perception Measures: Drawn from surveys like the GM Residents' Survey, tracking trust, satisfaction, and perceived wellbeing
- Aligned GMS pledge indicators and Prevention Demonstrator goals

Evaluation and Learning

- Shared Learning Frameworks: Use of common indicators and evaluation models across localities.
- Local Implementation Plans: Completion and quality of locality-level plans including metrics, themes for learning and direction of spend.
- Feedback Loops: Mechanisms for capturing and acting on feedback from residents and partners

System Change and Integration

- Governance and Alignment: Effectiveness of multi-tiered governance structures at GM, locality, and neighbourhood levels.
- Workforce Development: Adoption of relational ways of working and cross-sector leadership capacity.
- Prevention Demonstrator: Evidence of shifting investment and practice toward preventative models

VCFSE sector role in LiveWell

Deepen, spread and grow

Year 1 - 50% of Locality Live Well Implementation funding, sign-off through locality Live Well governance – and underpinned by locality investment plans

Current status – design stage with VCFSE and system partners convened by Local Infrastructure Organisations to reach and invest.

Early indications of priorities

- Enhancing the Live Well Offer – identifying equity gaps and increasing system connectivity, opportunities and prevention activities for those most marginalised.
- Establish referral systems and connectivity to VCFSE prevention in neighbourhood model
- Innovating in care delivery models to tackle inequality in access and experience
- Expanding engagement and lived experience to shape Locality Live Well delivery models
- Growing community power through increasing community organising, social action and community accountability in governance
- Strengthening the community-led spaces as part of the Live Well priority neighbourhood(s).

NCLF Strategic Bid first stage submitted (£10-£15m) for April 26 onwards to

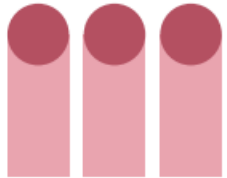
- Grow 100s of spaces in underinvested communities - where infrastructure is weakest and inequality runs deepest.
- Build a connected, city-region-wide network of thriving, trusted, community-led infrastructure
- Evidence the impact of social infrastructure and build regional and national evidence base.

Live Well Communities Fund year 1

- Developing a Live Well Communities Fund to attract more resources for grassroots groups in Greater Manchester and ensure that that funding has the biggest possible positive impact on health inequalities.
- In Year 1 we have deployed £1.3m through innovative grantmaking in every locality, and via a fund for dispersed communities. We are building our partnership for Year 2.

Volunteer time in Greater Manchester is conservatively valued at

£692 million
per annum



Primary Care as key to LiveWell



The engagement: Between March - June 2025 Primary Care Board and NHS GM engaged across all Primary Care disciplines (General Practice, Community Pharmacy, Dentistry, Optometry) to help co-design the GM LiveWell model, and to get clear what could optimise Primary Care's contribution to LiveWell. Over 300 people took part across all localities through existing fora, a survey, online workshops and groups.



Key insights:

- Primary Care is the trusted 'front door' for health and social issues
- Practitioners agree that a high proportion of the non-medical issues faced by those they see are exacerbated by other factors – housing, welfare, loneliness etc
- They often support on these issues but don't always have reliable routes / access to additional specialist help
- Innovative local models exist where Primary Care works holistically with the VCFSE - these are fragmented and fragile
- A Live Well offer would be integrated with, and complementary to Primary Care support – rather something to pass people to
- There was confusion around the identity of LiveWell vs other initiatives.



What Primary Care needs in order to fully contribute:

- To be involved from the outset in local design with inclusive governance & clear roles in neighbourhood LiveWell delivery
- Sustained funding routes for all elements of LiveWell, including responsibilities of Primary Care
- Clear local pathways & referral routes with feedback loops
- Digital & data integration across EMIS, VCFSE & partners
- Workforce development – common practice frameworks, health coaching, navigation, social prescribing skills
- Use existing estates & community spaces to deliver LiveWell
- Clear communication across the system & for the public



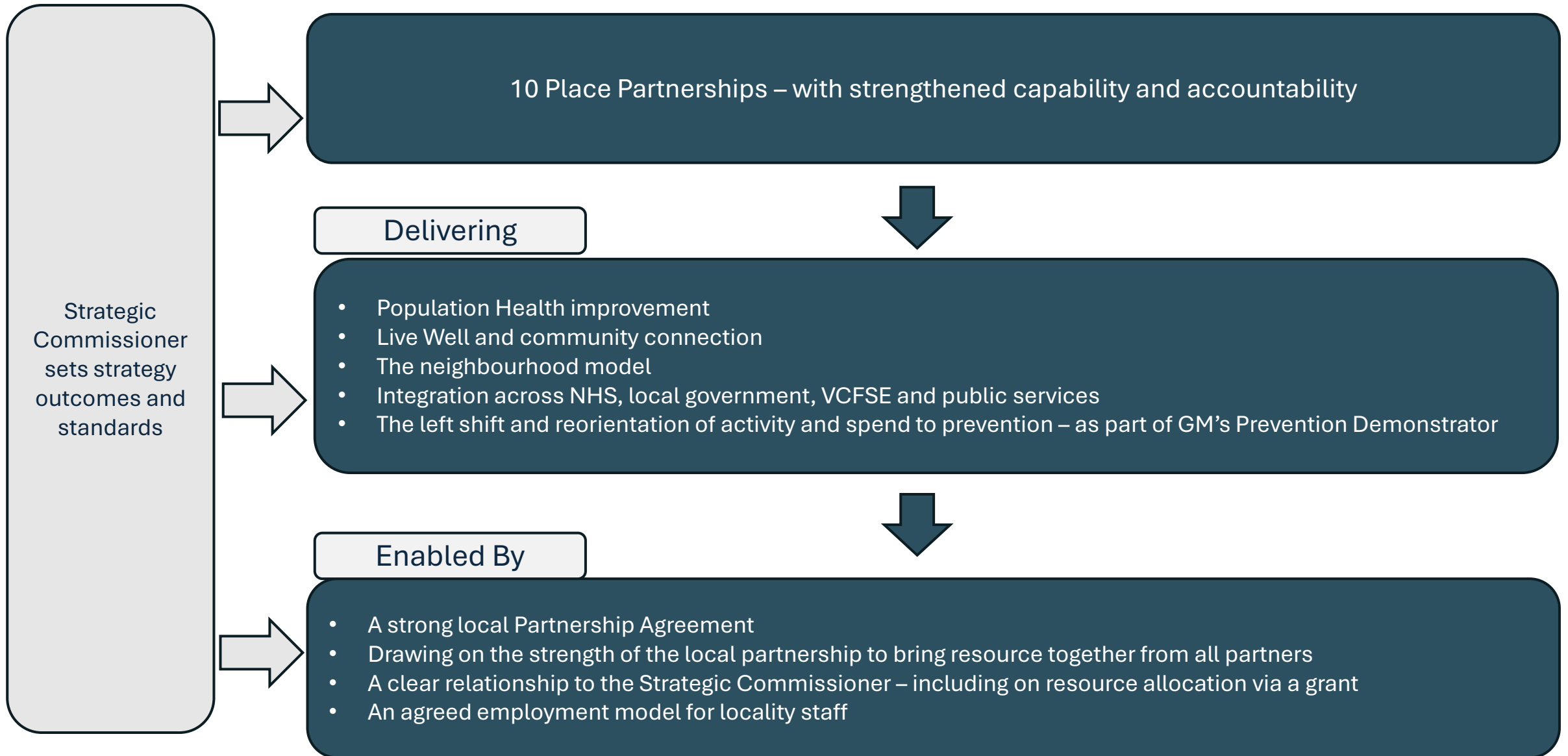
Next steps:

- Develop a GM-wide action plan from the engagement feedback - *already initiated: work on contracting incentives; LiveWell workforce network. To Integrated Care Partnership Board meeting in October.*
- Embed Primary Care Leadership in governance – *already initiated: PCB led work to ensure inclusion of Primary Care leaders in locality design, plus GM establishment of a Programme Board*
- Align with VCFSE engagement for integrated service delivery – *VCFSE and Primary Care leadership Roundtable already held*

The Neighbourhood Model

- The Neighbourhood Model is one of the four components of Live Well. Accelerating the implementation of neighbourhood working is a core aim of the new Place Partnerships as part of the ICB reforms. This will include consistent outcomes across localities set by the ICB as strategic commissioner and underpinned by place partnership agreements
- Primary care and VCFSE are core to Live Well and the Neighbourhood Model: to support economic inclusion, tackle entrenched inequality and address avoidable hospitalisation (especially for high intensity users where social support is an essential supplement to proactive medical care)
- At GM level, we are establishing a central point of alignment, coordination, learning and continuous improvement: the Neighbourhood Coordination Group. This will include all localities and be chaired by Alison McKenzie-Folan. It will start meeting in September. In addition, we will need to adapt other existing GM forums so that their agendas are increasingly focused on neighbourhood working
- 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.

Place Health and Care Partnerships – as part of ICB Reform



Putting the Prevention Demonstrator into Action

The Economic Inactivity Trailblazer – Live Well and the Prevention Demonstrator

- The Economic Inactivity Trailblazer enables the shift in the GM employment and skills system to a Live Well model and approach.
- The £10m fund is being used across 2 test areas that both fills gaps in current delivery to support our residents furthest away from the labour market whilst shaping the system for the future s described in the Live Well Journey to Employment. As a ‘trailblazer’ it is about testing, learning and then adopting what works:
- . We will need to put our work on Economic Inactivity **at the heart of Live Well and our Neighbourhood Delivery** acting as a proof of concept ahead of the Prevention Demonstrator



A whole system approach to Employment Support: Moving away from disconnected programmes and towards an integration approach as part of our national Prevention Demonstrator and Live Well approach.



Who: Residents facing significant barriers to work and furthest away from the labour market

Outcome: People engaged and feeling inspired to look for work



Who: Residents ready to look for work or better skills to progress into work

Outcome: People entering work or achieving new skills / qualifications



Who: Residents at risk of falling out of work or looking to progress / develop

Outcome: People sustaining their job and / or progressing in work

Economic Inactivity Trailblazer:

4500 residents engaged, 200 supported into work

Total residents engaged in 25/26 approx.

68,000

Total residents supported into work approx.

1,500

2 Commissioning Models:

Locality led grants to LA's, VCFSE, Anchor institutions (e.g. FE Colleges)

Pan – GM contracts for specialist and cross-locality support

Scaling up the Prevention Demonstrator

Scaling up the Prevention Demonstrator requires rapid scaling up of action within GM and across Government

Oversight & Delivery

Setting up the delivery architecture and capacity across GM and Government – and agreeing oversight arrangements

Flexible Funding: Expanding the Integrated Settlement (IS)

Establishing the flexible funding model to support Live Well delivery and prevent rising service costs – and reprofiling public service spend to prevention

Data sharing & Integration

- Immediate action on data sharing with DWP to support the Economic Inactivity Trailblazer in 25/26.
- Removal of barriers to further data sharing and integration.

Evaluation framework

Agreeing an evaluation for the Prevention Demonstrator that captures benefits of the model as a whole.

Accelerating Delivery

We must seize this opportunity and make rapid progress. These are our immediate priority actions:

| Theme | Action |
|---|---|
| Data – the ability to share information between organisations to support residents – priority is DWP data | Meeting with Minister of State for Employment - to make case for support to remove barriers to data sharing Data to be included as a priority area to resolve with officials through Task and Finish Group |
| Prevention Demonstrator – delivery | Agree delivery and oversight arrangements with Government – including evaluation and data sharing |
| Live Well – delivery | Finalise locality implementation plans – impact and outcomes. Implement 3 Next Steps on Live Well Delivery |
| Neighbourhood Model | Draw together themes from 10 locality national neighbourhood implementation plans and take through GM governance |
| Metrics and Outcomes | Agree suite of metrics across Live Well, Neighbourhoods and Prevention Demonstrator – drawing on GMS Delivery Plan |
| System Coordination and Governance | Live Well Board and supporting governance to commence in September Neighbourhood Coordination Group to commence in September |