

Greater Manchester Combined Authority

Date: 26 September 2025

Subject: Prevention Demonstrator, Live Well and NHS 10 Year Plan/Integrated Care
Board Reforms

Report of: Andy Burnham, Mayor of Greater Manchester

Purpose of Report

The purpose of the report is to provide an update on three interrelated areas of activity which are central to our ambitions as set out in the Greater Manchester Strategy and which will influence the next 10 years of public service delivery across the Greater Manchester (GM); Live Well, The Prevention Demonstrator and developments in the health system (the NHS 10 Year Plan and ICB reforms)

Recommendations:

The GMCA is requested to note the contents of the report and any implications.

Contact Officers

Jane Forrest, Director Public Service Reform, GMCA

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Equalities Impact, Carbon and Sustainability Assessment:

Recommendation - Key points for decision-makers

The GMCA is requested to note the contents of the report and any implications.

Impacts Questionnaire

Impact Indicator	Result	Justification/Mitigation					
Equality and Inclusion	G						
Health	G						
Resilience and Adaptation	G						
Housing	G						
Economy	G						
Mobility and Connectivity	G						
Carbon, Nature and Environment							
Consumption and Production							
Contribution to achieving the GM Carbon Neutral 2038 target		No direct impact					
Further Assessment(s):		Equalities Impact Assessment					
G	Positive impacts overall, whether long or short term.	A	Mix of positive and negative impacts. Trade-offs to consider.	R	Mostly negative, with at least one positive aspect. Trade-offs to consider.	RR	Negative impacts overall.

Carbon Assessment

Overall Score		
Buildings	Result	Justification/Mitigation
New Build residential	N/A	
Residential building(s) renovation/maintenance	N/A	
New build non-residential (including public) buildings	N/A	
Transport		
Active travel and public transport	N/A	
Roads, Parking and Vehicle Access	N/A	
Access to amenities	N/A	
Vehicle procurement	N/A	
Land Use		
Land use	N/A	
No associated carbon impacts expected.	High standard in terms of practice and awareness on carbon.	Mostly best practice with a good level of awareness on carbon.
	Partially meets best practice/ awareness, significant room to improve.	Not best practice and/ or insufficient awareness of carbon impacts.

Risk Management

This is a general update on activity and progress in this area.

Legal Considerations

N/A

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

Number of attachments to the report: 0

Comments/recommendations from Overview & Scrutiny Committee

N/A – subject to future session on this subject at the Overview & Scrutiny Committee

Background Papers

N/A

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No (Update only)

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

1. Background

- 1.1 This paper provides an update on three interrelated areas of activity which are central to our ambitions as set out in the Greater Manchester Strategy and which will influence the next 10 years of public service delivery across the Greater Manchester (GM); Live Well, The Prevention Demonstrator and developments in the health system (the NHS 10 Year Plan and ICB reforms)
- 1.2 Over the past year, Live Well has evolved from a bold manifesto commitment into Greater Manchester's flagship programme for public service reform. It now serves as the primary vehicle for embedding prevention, integration, and community power across neighbourhoods in GM.
- 1.3 At the same time, we have been developing our pitch to central government to be the national Prevention Demonstrator for the UK. The Prevention Demonstrator will see us work closely with central government departments to provide the blueprint for a joined-up approach to preventing social harms and costs, wrapping public services around people in their community, linking up Government and 'cracking the nut' of one of the biggest public policy issues of our time.
- 1.4 Finally, intersecting with these ambitions the government has published the NHS 10 Year Plan and announced significant changes to ICBs in England. 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

2. Live Well

- 2.1 Live Well is the main mechanism for embedding prevention, integration, and community empowerment across GM's neighbourhoods. Live Well is multi-faceted and brings together all the elements of support and public service delivery needed to help residents live a good life through great everyday support for everyone (Employment support, physical and mental health, housing, debt and financial advice, enhanced offers for those experiencing multiple disadvantages and a full range of community led support).
- 2.2 Live Well is made up of 4 components
 - **Live Well Centres, Spaces and Offers** connecting brilliant everyday support across public services and community & voluntary groups

- **A vibrant, resilient and connected VCFSE sector**, resourced to respond to what matters to people
- **An optimum integrated neighbourhood model**, working towards shared outcomes alongside people and communities
- **A culture of prevention**

- 2.3 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.
- 2.4 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.
- 2.5 All 10 localities have submitted implementation plans, underpinned by a £10m joint investment fund from GMCA and NHS GM, with a further £10m aligned through the DWP Economic Inactivity Trailblazer.
- 2.6 Local Implementation Plans describe the range of activity and intentions across the whole of Greater Manchester for year 1. Examples of how this is translating into practice include:
- Evolved local Neighbourhoods and Prevention Programme into Live Well local with the work positioned as key to delivering the local place-based strategy
 - Rolling out ‘Welcome to Live Well’ training across the shared workforce and for community representatives
 - Capital spend to enhance first Live Well centre including consultation rooms, refitting welcome area and making enhancements to Early Advice and Information hub
 - Funding invested into local VCFSE to support the creation of a Neighbourhood Networking each neighbourhood to fund and grow community leadership and provide dedicated funding for micro-projects
 - Investment to expand existing Social Prescribing provision including improving access to local community support and recruiting new Community Connector roles

- Identification and review of all suitable VCFSE-operated spaces to become Live Well spaces
- Investment into a shared booking platform to enable Live Well centres, spaces and offers
- Infrastructure investment to enhance services and access e.g. Wifi, IT upgrades, volunteer support etc.
- Delivery of community leadership programme and Live Well neighbourhood participatory budgeting
- Prototyping and learning from developing Live Well centres, spaces and offers at ward level to unlock opportunities to spread/scale, enhance collaboration and improve outcomes for residents

2.7 These plans are being delivered to develop a growing network of Live Well Centres and community-led spaces, with a minimum of 50% of the joint investment funding directed to the VCFSE sector. This activity and delivery will also be part of well-established but further developing locality work around place-based approaches as part of an 'Optimum Neighbourhood Model' across all areas of Greater Manchester.

2.8 Additionally, to respond to the breadth of the Live Well ambition, dedicated work in various themes and aspects of the delivery model has also been progressing. This includes:

- Engagement with Primary Care system to understand and plan the role of primary care with Live Well delivery
- The development of a Mental Health and Wellbeing plan for Live Well GM
- The development of the 'Housing Offer' as well as dedicated work to understand the interface between Housing First GM and Live Well GM
- The development of an 'Enhanced Live Well Offer' for those experiencing 'multiple disadvantage' (building on the learning from Changing Futures, Cooccurring conditions and Focused Care')
- The development of a financial resilience and debt support offer
- The development of the employment support offer through the 'Economic Inactivity Trailblazer' and the Employment Support Handbook for Live Well

2.9 Through Live Well, anyone will be able to access practical help in their neighbourhood to build financial resilience, access good work, and secure the

essentials to maximise their quality of life. Integrated employment, health, money and food support delivered through Live Well will reduce economic inactivity, help stamp out food insecurity, narrow the employment gap, and contribute to reducing child poverty. In Year 1 the Economic Inactivity Trailblazer and wider employment support will be integrated into Live Well and financial resilience and debt support offers will be strengthened.

- 2.10 To support the cultural and leadership transformation necessary to deliver Live Well, a Leadership Collaborative has also been developed. This will provide a dedicated leadership and coaching offer to those directly involved in the local implementation of Live Well. Through this collaborative, real-world and practical challenges to spreading and scaling Live Well will form the basis of leadership development, fostering collaboration and forging new relationships.
- 2.11 The approach is rooted in building system-wide capability and confidence to lead change in complex environments. It aims to strengthen leadership across local public services and the VCFSE sector, ensuring leaders are equipped to work collaboratively, influence culture, and embed prevention at scale to achieve the ambition.
- 2.12 Strategic governance has now been developed to deliver the Live Well ambition which will both align activity across health, housing, employment, and community support and allow for decision-making across formal and informal spaces. The first Live Well Board will take place in October with further work planned to use the development of the Prevention Demonstrator to enhance and support the Live Well ambitions and unblock barriers to reform at a national level.

3. Prevention Demonstrator

- 3.1 The Prevention Demonstrator is our mechanism to get Government backing for the Live Well Model and demonstrate how the approach can prevent poor outcomes for our residents and prevent rising costs for local authorities, NHS and other services.
- 3.2 Realisation of the Prevention Demonstrator will enable us to systematise prevention and will see us work closely with central government departments to provide the blueprint for a joined-up approach to preventing social harms and costs, wrapping public services around people in their community, linking up

Government and ‘cracking the nut’ of one of the biggest public policy issues of our time.

- 3.3 The Prevention Demonstrator will enable Live Well and the reform of public services at a place level with an initial focus on preventing ill health, reducing economic inactivity and demand pressures on Local Authorities and other public services (e.g. social care, housing, hospital and GP demand).
- 3.4 The Prevention Demonstrator will be a GM and cross-Government accelerator and is the vehicle by which we will unblock barriers to our Live Well ambition with government. By doing this we will aim to reduce higher level, complex demand and fully enable the left-shift to prevention.
- 3.5 Greater Manchester has concluded its initial work with central government as part of the ‘Task and Finish’ group and now moves into a new phase of mobilisation, in partnership with central government.
- 3.6 Greater Manchester has now been designated as a national Prevention Demonstrator; the Government has made these commitments in both the 10-year Health Plan and through the Task & Finish Group on GM Devolution chaired by Treasury and MHCLG.
- 3.7 In addition to designating GM as Prevention Demonstrator, the Task & Finish process also agrees to a number of other supporting actions:
 - Expanding the Integrated Settlement to include a wider range of funding streams linked to prevention and reform as part of the ‘Health, Wellbeing and Reform’ area of competence (e.g. further employment support, Multiple Disadvantage and further work and to include relevant areas of preventive activity in relation to health and families in collaboration with GM LAs and local partners)
 - Incorporating the next phase of the Cabinet Office Test, Learn and Grow programme
 - Developing and agreeing an evaluation framework
- 3.8 Work around the Task and Finish Process has also been enhanced and built upon through our direct work with DHSC culminating in the announcement in the NHS 10-year plan. 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

- 3.9 Following the publication of the 10-year Health Plan, local authorities have also received an invitation to join a National Neighbourhood Health Implementation Programme. Discussions are underway on how that can be aligned with the Prevention Demonstrator
- 3.10 All of this culminates into a significant opportunity for the GM system, and we are now working to translate these announcements into a coherent, deliverable programme of work
- 3.11 This momentum and mobilisation activity will now be used to bring together the components of the Demonstrator work in GM into a focused programme, and for GM to join up across Departments to accelerate this reform agenda in Government. This will focus on
- Linking to the Live Well Delivery Model,
 - Developing the Evaluation Framework which will demonstrate the impact of prevention,
 - Establishing the flexible funding model to support Live Well delivery and prevent rising service costs, including through negotiating the Outcomes which will need to be delivered through the extended Integrated Settlement, and
 - Establishing the mechanism for data sharing, improving capability and innovation in the use of data.
- 3.12 In order to drive mobilisation, we are also working to set up the relevant governance. This will support the Reform Delivery Executive and link closely to Live Well Delivery through the Live Well Board but will also bring together a wider

range of stakeholders at a national level to advise on development as well as a joint forum with central government.

4. NHS 10-Year Plan/ICB Reforms

4.1 This work is all set in the context of the NHS 10-year plan and reforms to ICBs. 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:

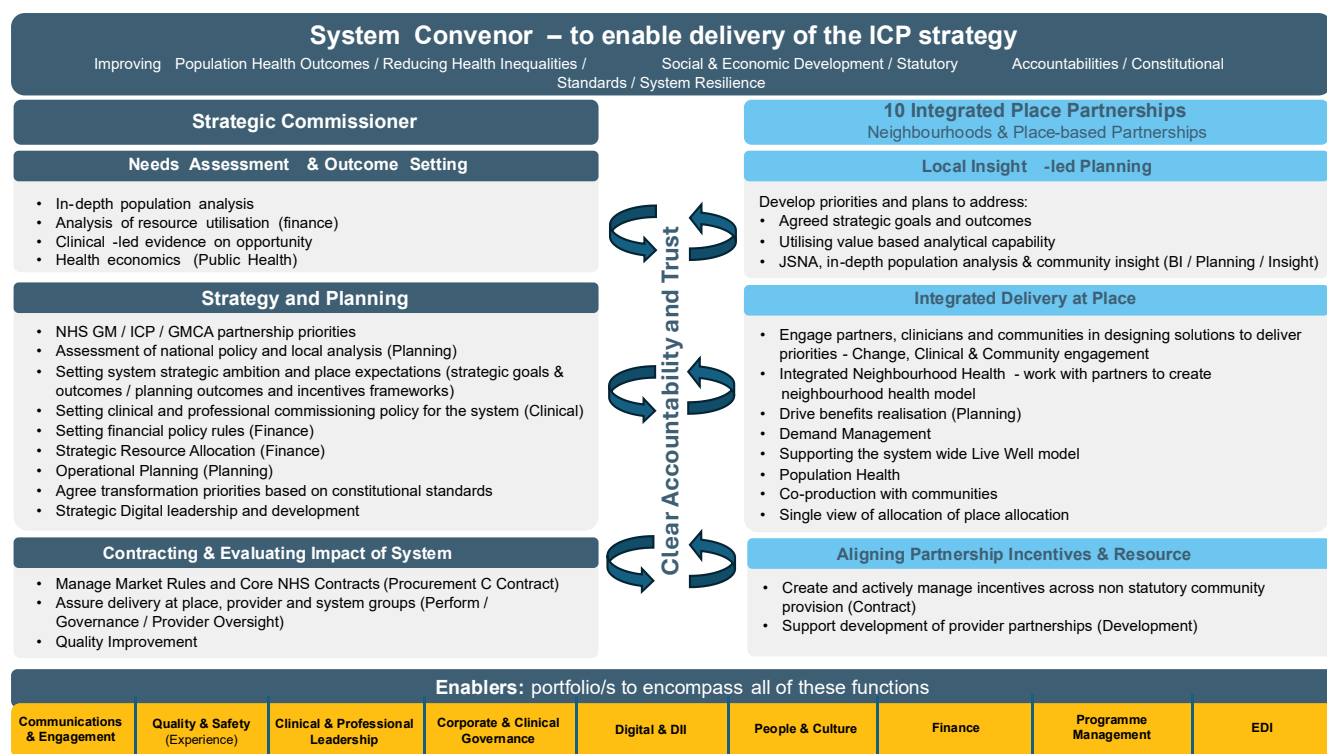
- **Hospital to community** (Bringing more service delivery closer to local communities, following recognition that current system is hospital centric. Convening professionals into patient-centred teams who are co-located)
- **Analogue to digital** (Ensuring rapid access for those in generally good health, free up physical access for those with complex needs and to ensure NHS financial sustainability. Patients to be able to access a single patient record)
- **Sickness to prevention** (Rollout of cross societal approaches to health prevention Ending obesity epidemic and restoring Healthy Start, Join up support from across work, health and skills systems to help people find and stay in work, Increased mental health support in schools and support to young people via Young Futures Hubs, Development of a new genomics population health service)

4.2 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

GM Model for Strategic Commissioning and Integrated Delivery

4.3 Supported through significant system engagement, the final version of the NHS Greater Manchester Model for Strategic Commissioning and Integrated Delivery is shown below.



NHS GM Model for Strategic Commissioning and Integrated Delivery

4.4 The model encapsulates the key components of the future NHS GM ICB organisation, with the strategic commissioning arm remit stipulated on the left-hand side of the diagram with the ten-place based working assumptions on the right-hand side. In addition, there are a number of key objectives highlighted at the top of the diagram to ensure we remain aligned with our NHS GM ICP strategy. Finally, at the bottom end of the model, there are a number of enablers that are cross-cutting and will remain essential to both the strategic commissioning and place-based delivery functions.

Reflections and Implications for GM ICB

4.5 The confirmation of Greater Manchester as the first prevention demonstrator is a significant opportunity. It connects the discussions between GM and across government in relation to devolution and the integrated settlement; Live Well and neighbourhood working; innovation and growth; health and economic inactivity; the NHS GM Sustainability Plan; and the relationship between prevention and proactive care and improvements in NHS performance. The discussions with

senior officials on providing focus and connecting teams on the Demonstrator are already underway.

- 4.6 Greater Manchester's movement for transformed neighbourhood delivery through Live Well is identified as a case study within the Plan. This is regarded nationally as an advanced model for neighbourhood health and the shift from treatment to prevention. The ICB's strategic intent is to strengthen place and neighbourhood working through the national reforms.
- 4.7 Further reference in this context is made to development of Neighbourhood Health Plans which will be drawn up by local government, NHS and partners under the leadership of the Health and Wellbeing boards which will also include public health and social care. It will be necessary for GM partners to reconcile the development of the neighbourhood health centres emphasised in the Ten Year Plan with the development of LiveWell centres, spaces and places. Similarly for young people's mental health and Young Futures Hubs.
- 4.8 The ICB will bring local neighbourhood health plans into a population health improvement plan for the footprint which will be used to inform commissioning. Greater Manchester's approach has always been to equate 'place' with upper tier local authority areas and this is consolidated through this expectation in the Plan.
- 4.9 There are a number of provider collaboration intentions in the plan which will need to be explored and aligned to shared intentions around integrated delivery, Live Well and neighbourhood and place-based working. In particular, there is an invitation for the best trusts to hold health budgets for populations as an Integrated Health Organisation and for GPs to lead single and multiple neighbourhood providers with new contracting options being made possible. It is important to note that ICBs, as strategic commissioners, would need to determine, which, if any, of these new organisational and contractual forms will be put in place in the systems they cover.
- 4.10 Abolition of Integrated Care Partnership and changes to the ICB make up – It is expected that this removes the statutory requirement to establish an ICP as a joint committee between ICBs and local authorities in their areas. It remains open to GM partners to establish appropriate arrangements to ensure connection between NHS GM, the Mayor and GMCA and elected members, and wider system level partners across the VCFSE, GM Housing Providers, Universities, Trade Unions etc. This would reflect the longer-term intent, signalled in the plan for greater

convergence between Strategic and Combined Authorities and ICBs which is already realised in GM, but remains rare (with only GM and S Yorkshire systems being fully coterminous).

- 4.11 The abolition of Healthwatch removes a key means of securing independent patient voice to inform and challenge the work of NHS bodies. NHS GM will need to consider appropriate means of inviting and capturing public experience of our care system to inform commissioning and delivery improvements
- 4.12 The NHS App as a single digital front door to care – it will be necessary to remain proactive in addressing the implications for those who are digitally excluded as recognised through work of Digital First Primary Care GM Digital Facilitators in recent years within the GM Digital Inclusion Taskforce.
- 4.13 GM partners will need to reconcile the minimum staff standards to the GM Good Employment Charter.
- 4.14 A refresh or extension of the existing NHS GM sustainability plan may be necessitated by the ask to develop 5-year financial sustainability plans

5. Key Recommendations

The GMCA is requested to note the contents of the report and any implications.