MINUTES OF THE MEETING OF THE
GMCA OVERVIEW & SCRUTINY HELD WEDNESDAY 24 SEPTEMBER 2025 AT TRANSPORT FOR GREATER MANCHESTER, 2 PICCADILLY PLACE, MANCHESTER, M1 3BG

PRESENT:

Councillor John Walsh	Bolton Council (Chair)
Councillor Peter Wright	Bolton Council
Councillor Imran Rizvi	Bury Council
Councillor Basil Curley	Manchester City Council
Councillor John Leech	Manchester City Council
Councillor Mandie Shilton Godwin	Manchester City Council
Councillor Colin McLaren	Oldham Council
Councillor Ken Rustidge	Oldham Council
Councillor Terry Smith	Rochdale Council
Councillor Dylan Williams	Rochdale Council
Councillor Maria Brabiner	Salford City Council
Councillor Tony Davies	Salford City Council
Councillor Helen Hibbert	Stockport Council
Councillor Sangita Patel	Tameside Council
Councillor David Sweeton	Tameside Council
Councillor Jill Axford	Trafford Council
Councillor Shaun Ennis	Trafford Council
Councillor Nathan Evans	Trafford Council
Councillor Mary Callaghan	Wigan Council

ALSO PRESENT:

Andy Burnham	Mayor of Greater Manchester

OFFICERS IN ATTENDANCE:

Karen Chambers	Senior Governance and Scrutiny Officer, GMCA
Gillian Duckworth	Group Solicitor and Monitoring Officer, GMCA, GMFRS & TfGM
Jane Forrest	Director, Public Service Reform, GMCA
Caroline Simpson	Group Chief Executive, GMCA, GMFRS & TfGM

O&SC 22/25 APOLOGIES

Apologies for absence were received from Councillor Will Jones (Trafford), Councillor Lewis Nelson (Salford), and Councillor Joanne Marshall (Wigan).

O&SC 23/25 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

To ensure all members had the opportunity to contribute, the Chair advised that questions should be limited to one or two per agenda item, with additional questions to be taken at the end of the meeting if time permitted.

The Chair welcomed new members to the Committee, including Councillor Nathan Evans (Trafford) and, in her absence, Councillor Joanne Marshall (Wigan).

RESOLVED /-

That the Chair's announcements be noted.

O&SC 24/25 DECLARATIONS OF INTEREST

RESOLVED /-

No declarations were received in relation to any item on the agenda.

O&SC 25/25 MINUTES OF THE MEETING HELD 20 AUGUST 2025

RESOLVED /-

That the minutes of the GMCA Overview and Scrutiny Committee held on 20 August 2025 be approved as a correct and accurate record.

O&SC 26/25 UPDATE ON LIVE WELL (INCLUDING PREVENTION DEMONSTRATOR & NHS 10-YEAR PLAN)

The GM Mayor introduced the report, which outlined progress made over the past year on the 'Live Well GM' initiative. Notably, the report also highlighted several interconnected areas of work that were central to Greater Manchester's long-term ambitions, as set out in the Greater Manchester Strategy, and which would shape public service delivery across the region over the next decade.

The GM Mayor highlighted that this was a significant milestone for Greater Manchester (GM), he added that that the city-region had put itself forward to the current Government as a demonstrator for prevention and added that this ambition had been formally recognised in the 10-Year Health Plan. Drawing on personal experience as a former UK Health Secretary, the GM Mayor reflected on longstanding challenges in delivering true prevention across public services, citing systemic silos within Whitehall that had historically hindered joined-up approaches.

He referenced Professor Sir Michael Marmot's 2010 report *Fair Society, Healthy Lives*, noting its conclusion that meaningful change in health outcomes could not be achieved by the Department of Health alone. The GM Mayor emphasised that GM's devolution over the past decade had created the conditions to build a bottom-up prevention model, enabling more integrated support for residents.

He also acknowledged the limitations of top-down systems such as those within Department for Work and Pensions (DWP), which often fail to engage effectively with communities. In contrast, grassroots organisations, such as Loaves and Fishes, played a vital role in reaching people and supporting them in ways that traditional systems could not. The GM Mayor described Live Well as a key vehicle for developing a prevention-led public service model, rooted in community strengths and local delivery.

The GM Mayor reflected on 10 years of devolution in GM and highlighted the strong economic growth (averaging 3.1%) and the narrowing North-South divide. He emphasised the need to ensure all residents benefited from those opportunities, marking a shift from building the economy to connecting communities to it, aiming to improve lives and uplift local areas. He added that the Group Chief Executive had considered the infrastructure within the local authorities to support the evolving narrative around the GM economy. This was closely tied to the investment pipeline, to ensure that economic growth reached each of the GM boroughs.

The GM Mayor acknowledged that further action was needed to improve housing and employment opportunities for residents. The Live Well initiative was recognised as a key connector to these opportunities. He noted the broader context, including the importance of early years support, school readiness, and family support, with Live Well identified as a crucial component within this wider agenda.

The GM Mayor described Live Well as a whole-system, whole-society approach to delivering person-centred support across communities. It was emphasised that such support should be as accessible and immediate as a medical prescription, with GPs able to refer individuals directly at the point of need. The importance of grassroots delivery, involving volunteers and community members, was also highlighted.

It was noted that for Live Well to succeed, public services must be both supported and positioned at the forefront of delivery. A new funding relationship was proposed to ensure sustainability for community organisations, enabling them to expand their

work without being left financially vulnerable. The model was described as integrated and neighbourhood-focused, aiming to bring services together around individuals and families.

The GM Mayor noted that significant progress had been made over the past 12 months, as outlined in the report. Members were informed that a joint funding arrangement had been agreed between GMCA and NHS GM, with each contributing £5m to support the Live Well programme. This investment was directed into local authorities to develop Live Well infrastructure, centres, and capacity. Key developments included workforce training, expansion of social prescribing, and investment in IT systems to enable effective referrals from statutory services into Live Well spaces. He added that the £10m investment from GMCA and NHS GM had been matched by a further £10m from the DWP, creating a £20m fund to support the development of Live Well infrastructure. A key policy objective was that 50% of this funding would be allocated to the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector.

Members were informed by the GM Mayor of a recent visit to Stockport, where the level of engagement from primary care in GM was commended. It was noted that health services were increasingly aligning with the work of local councils, demonstrating a new level of collaboration. The potential for improved referral pathways between primary care and the Live Well infrastructure was highlighted as a key opportunity. A vision was shared in which, during the daily rush for GP appointments, patients could be offered same-day access to a Live Well coordinator, ensuring timely support and reducing pressure on clinical services. The importance of having a well-organised and responsive system was emphasised.

The GM Mayor noted that a key challenge within the Live Well programme was the Economic Inactivity Trailblazer, supported by funding from the DWP. The DWP had asked GM to identify and support 4,500 individuals who had previously disengaged from existing employment services. This cohort was seen as a test case to demonstrate the effectiveness of the Live Well model. Members were informed that success in supporting this group could unlock wider opportunities for the

programme. It was also reported that a clear message had been given to Government: if GM succeeds in helping more people into work, a proportion of the resulting savings should be reinvested into the region's integrated budget, rather than solely returning to the Treasury. It was further noted that the integrated settlement represented a major shift in approach, with the potential to generate a continuous return of revenue from savings achieved through Live Well. This would allow funding to be recycled back into districts and infrastructure, reinforcing the sustainability of the model. However, concerns were raised regarding ongoing challenges in data sharing with the DWP. The GM Mayor acknowledged that cultural barriers remained, preventing full exchange of data and limiting visibility of the cohort of 4,500 individuals being supported. Resolving these issues was essential to fully realise the potential of Live Well and to strengthen evidence-based delivery.

The GM Mayor noted that the Prevention Demonstrator was closely linked to wider priorities including Housing First, Bee Network, and MBacc. He highlighted that one of the strongest determinants of lifelong health was young people leaving education with a sense of purpose, an ambition the MBacc aimed to support. The Prevention Demonstrator aimed to bring together those priorities to tackle isolation, improve connectivity, and promote wellbeing. Live Well was identified as the central and most critical component of that integrated approach.

The GM Mayor advised Members on the current position regarding health system reform and its implications for the Live Well programme. It was noted that while the NHS 10-Year Plan promoted a whole-system shift towards prevention, structural changes, such as proposed reductions in Integrated Care Board (ICB) staffing, the dismantling of Integrated Care Partnerships (ICP), and the decommissioning of Healthwatch, might undermine that ambition. Concerns were raised about whether the health infrastructure remained fit to support a whole-system, whole-society approach. The GM Mayor advised that discussions were ongoing with Government and partners, including Sheffield City Region, to explore revised governance arrangements. Proposals included closer alignment between the ICB and the Combined Authority, with potential for joint appointments to strengthen

accountability and integration. The risk of the NHS operating in isolation was highlighted as a significant concern for the future success of Live Well.

The GM Mayor expressed strong confidence in the leadership of the GMCA Public Reform Director and team, as well as in the commitment of local authority teams and the strength of the VCFSE sector across GM. It was noted that collective alignment and collaboration across boroughs was creating significant momentum behind the Live Well programme. If delivered successfully, Live Well had the potential to be one of the most transformative initiatives undertaken in GM.

Members asked how the Committee would be assured that all 10 GM local authorities were actively engaged in the integration work led by the Group Chief Executive and were delivering on the aspirations set out within the Live Well programme. The Group Chief Executive advised of the importance of a distributed leadership model across the 10 GM local authorities, with Alison Mckenzie-Folan (Wigan) acting as lead Chief Executive for Live Well. This approach was recognised as essential for delivering complex, whole-system programmes equitably across all districts. It was acknowledged that while delivery would vary locally due to differing infrastructure and priorities, the overarching objectives and whole-system framework remained consistent. Members were informed that measurable milestones aligned to the Greater Manchester Strategy would be included in the forthcoming delivery plan, which would be brought back to the Committee for review. The plan would enable ongoing monitoring of progress across all 7 strategic priorities, including Live Well. The system-wide working arrangements were described as robust and accountable, supporting consistent delivery and shared ownership across the 10 local authorities.

Members asked how the Committee would be assured that the commitment to allocate 50% of Live Well funding to the VCFSE sector was being applied equitably across all 10 local authorities and sought clarity on the mechanisms for monitoring and scrutiny to ensure fair and consistent treatment of the sector throughout GM. The GM Mayor advised that the allocation of the distribution of the £10m Live Well funding was based on population and included criteria such as the establishment of

at least one Live Well centre and a commitment to allocate 50% of funding to the VCFSE sector. It was emphasised that this principle must be maintained as the programme progressed, with the aim of establishing a sustainable core funding model for the VCFSE sector across GM. He highlighted the importance of moving beyond short-term support and ensuring consistent, long-term investment in community organisations to enable them to continue delivering vital services.

Members asked how the Live Well programme would ensure that funding reached grassroots organisations deeply embedded in their communities and delivering long-standing, impactful projects. It was noted that many such groups operated with minimal financial support, despite their experience, commitment, and strong local trust. Members emphasised the importance of recognising and resourcing these organisations fairly, to enable them to continue their work sustainably and without unnecessary oversight. The GM Mayor highlighted the importance of establishing a clear and structured Live Well network, recognising that not all voluntary organisations would wish to participate in the same way. It was noted that some organisations may prefer to operate independently, while others would be more actively involved in delivering core services. He emphasised the need for clarity around the core offer of the network, which included services such as housing support, debt advice, and other forms of community-based assistance. The idea was to build a collective model where named and trusted organisations were embedded within the network, receiving referrals and supporting individuals in their areas of expertise. The approach was seen as a way to ensure that funding was directed appropriately, with trusted partners being properly supported to deliver their part of the offer. Reference was made to initiatives like Friendly Fridays, which, despite operating on relatively small budgets, provided meaningful support and engagement. The GM Mayor also stressed the need for the public sector to rethink its approach to funding, noting that small investments in community-led projects could have a disproportionately positive impact compared to traditional consultancy spending.

Members asked about access to mental health provision and further detail on how this was being addressed. Specifically, they enquired whether Live Well centres

and local projects would play a central role in delivering mental health support. They also asked how access to these services could be simplified to ensure that individuals could more easily receive the help they needed. The GM Mayor acknowledged that the current approach to mental health services in GM was not yet fully effective, and further work was needed to improve the system, and he invited reflections from the Committee on this issue. He raised concerns about long waiting times for clinical mental health services, particularly for children and young people, and he noted that services were not currently meeting the level of need. The Live Well model was highlighted as a crucial component of the wider mental health support system, providing low-level, preventative support that could help individuals while they wait for more formal interventions, potentially preventing their situation from deteriorating further. It was further noted that mental health services in GM needed to shift towards a more preventative mindset, as current provision tended to operate in a crisis-response mode, often resulting in costly out-of-area placements. That reactive approach had been exacerbated by long-term underfunding. Through the Live Well programme, there was an opportunity to work collaboratively with mental health services to move towards a more proactive and better-funded model. The importance of accountability through the ICB was also emphasised as a key mechanism to support that transition.

Members noted that the Live Well programme was very broad in scope, and suggested the report should begin with a clearer, more focused summary of its ambition. This would help readers quickly understand its purpose and support the development of measurable outcomes. The GM Mayor acknowledged the broad scope of the Live Well programme but emphasised that community-based work of that nature was already well established across GM.

Members asked about the identification and tracking of the cohort of 4,500 individuals referenced in the Live Well programme and who was responsible for identifying those individuals, the methods used, and how their progress would be monitored over time. Members also reflected on previous initiatives such as school readiness, which had clear and measurable outcomes and suggested that similar metrics and tracking mechanisms should be developed for Live Well, even if only a

few key indicators were selected. This would allow the programme to demonstrate tangible impact, such as preventing escalation of risk or harm, for example, intervening early to divert a young person from more serious criminal or substance misuse pathways. The GM Mayor noted that identifying the cohort of 4,500 individuals remained unresolved. The current approach relied on local authorities to identify residents, but challenges persist due to limited data sharing from national bodies such as the DWP. It was suggested that a more collaborative approach, linking DWP, council, and GMP data, could enable a shift from generic statistics to individualised support, similar to the successful school readiness model. He emphasised the need to move away from a one-size-fits-all approach and advocated for tailored interventions based on personal circumstances, such as addressing personal debt, which was a significant barrier to mental health and employment. The development of a debt taskforce alongside Live Well was noted as a positive step, and the importance of real partnership working and accountability with national agencies was highlighted. Jane Forrest (Director, Public Reform) acknowledged that further work was needed to improve access to and use of data to support residents effectively. Building on previous prevention work and partnerships with Government departments, efforts were underway to develop a joint evaluation framework. This would help demonstrate how the Live Well and prevention models were reducing demand on acute services by linking individual outcomes, such as improved mental health, reduced debt, and sustained employment, to system-level metrics. A more systematic and joined-up approach to data was needed to connect grassroots interventions with measurable impact, both locally and nationally, including with Treasury.

Members expressed concerns that traditional medical models were not fully effective and suggested that the Live Well programme should consider incorporating alternative and complementary health approaches, such as osteopathy and homeopathy, alongside more conventional services. They emphasised the importance of recognising and integrating community-based and holistic methods of supporting health and wellbeing. Members asked about the accessibility and reach of the Live Well service, seeking clarity on how many people it could realistically support. They also raised a question about how the service

compares to traditional GP provision, and whether its development might impact the role and standing of GPs within the community. The GM Mayor highlighted that while elements of the Live Well model were already active in communities, there was a need to structure and formalise the approach, particularly in relation to general practice. He emphasised the potential for Live Well to alleviate pressure on GPs and the NHS, noting that a significant proportion of GP appointment requests stemmed from social rather than medical needs. he suggested that enabling direct referrals from GP practices to community organisations could provide more appropriate support and improve outcomes for individuals. This approach would empower GP reception staff and enhance the standing of general practice by connecting patients to services that address underlying issues, such as debt or isolation, which could not be resolved through medical prescriptions alone. The importance of individualised support and the need for measurable impact, including reductions in prescribing budgets, was also noted.

Members raised concerns about the lack of funding for council public health officers, noting this as a related issue impacting the delivery of preventative services. Ther GM Mayor noted the importance of engaging Directors of Public Health (DPHs) in the Live Well programme. He confirmed that a meeting with DPHs across Greater Manchester was scheduled later that day. It was confirmed that the Live Well Board had been established, and draft terms of reference had been prepared and were currently out for engagement. The first meeting was expected to take place towards the end of October. The Board would be representative of the wider system, including portfolio chief executives, health partners, the voluntary sector, resident voices, Greater Manchester Police, and Greater Manchester Fire and Rescue Service. Once finalised, the terms of reference would be shared with members and an update be brought to a future meeting.

Members expressed surprise that GPs would not be seeking a more expansive role within the Live Well model, given the complex factors influencing patient needs. They also raised concerns about the potential demand on Live Well services, noting the risk of the system becoming overloaded due to the high level of need in communities. The GM Mayor highlighted the strong culture of community support

and neighbourliness across the city region, noting that such informal networks were already active and valuable. He emphasised that the Live Well programme should aim to build on this existing strength, by providing structure and infrastructure to support it, while ensuring that volunteers were recognised and not taken for granted. He added that the programme was not intended to replace community-led efforts, but rather to formalise and strengthen them. Jane Forrest added that in addition to the Live Well Board, a Locality Strategic Implementation Group had been established. Each of the 10 local authorities had identified a senior responsible officer for Live Well to sit on the group. Alongside them, each of the 10 local infrastructure organisations had nominated a trusted representative, forming a joint team to drive implementation collaboratively across the system. Jane explained that in relation to the role of primary care in the Live Well programme, extensive engagement with GPs had taken place to understand how they could contribute. The aim was to build on the trusted relationships GPs have with their communities, while ensuring the system remained sustainable and not overloaded. Work was underway to integrate Live Well with primary care, and a full report on this engagement was expected by the end of October. Jane advised that this too would be shared with the Committee at a future meeting.

Members questioned how the partnership with the VCFSE sector would ensure consistent and effective service delivery, given the scale of the investment and the expectation from residents. Concerns were raised about potential inconsistencies due to the fragmented nature of voluntary sector provision, and Members asked how these issues would be addressed. The GM Mayor stressed the importance of equitable service delivery and emphasised the need to define a core Live Well offer, basic services that should be available in every community. It was noted that this offer should be consistent but realistic, and that identifying local delivery partners would be key. Where gaps exist, the GM Mayor highlighted the need for capacity building or extending the reach of existing partners to ensure all communities received a comparable level of service.

Members raised concerns about the pressures faced by staff and volunteers, including poor terms and conditions and limited support and stressed the need to

ensure fairness for voluntary sector workers, proper support for managing volunteers, and a consistent minimum level of service for residents. The GM Mayor acknowledged that voluntary staff faced uncertainty due to short-term funding and contracts, often feeling undervalued despite their vital contributions. He acknowledged that this issue stemmed from how the statutory sector had historically funded and engaged with the voluntary sector and advised that a more equitable and sustainable approach was needed.

Members asked how GM could support better collaboration within the VCFSE sector. They noted that some groups may not currently be engaged or may be hesitant to work together due to concerns about overlapping roles. Members asked how GM planned to bring these groups together and encourage more joined-up working. The GM Mayor reflected on previous experience working on homelessness and highlighted the importance of developing a strong network of organisations to address complex issues. It was noted that no single organisation held all the answers, and that a collaborative, network-based approach was essential to truly meet people's needs. He recalled challenging the traditional commissioning culture, which often awarded contracts to single providers, and instead advocated for a system where services were shared across a network, allowing individuals to access support from multiple sources.

Members suggested the possibility of a shared booking platform for available spaces, noting that access to space was vital for community groups. They welcomed the idea and recognised the hard work of these groups but urged that any system should be fair and guarantee that all groups would have an equal opportunity to book and use available spaces.

Members stated that, based on long-standing experience in the voluntary sector, many officers and elected members lacked understanding of how the sector operated. Concerns were raised about the lack of meaningful engagement, limited support, and the burden placed on voluntary groups to fund professional services for tasks like lease negotiations. Members stressed the need for better education, stronger partnerships, and quicker action to build trust and ensure the sector was

treated as an equal partner. The GM Mayor reflected on the way funding was distributed, noting that while Government imposed competitive bidding processes on councils, councils often replicate this by requiring voluntary and community organisations to compete for funding. This was seen as creating a culture of competition rather than collaboration, where some organisations are unfairly judged or excluded. He questioned whether that approach truly valued the sector's contribution and called for a shift away from short-term contracts and constant bidding rounds and suggested that GM should explore more sustainable ways of working with the sector to get the best value and outcomes.

Members asked about the impact of NHS England reforms on the Live Well programme, expressing concern over reported staff reductions and the potential loss of key local roles. They highlighted the positive impact of Live Well initiatives in their wards, including mental health support, parenting classes, and active travel schemes. Members sought reassurance on whether GM had the capacity to continue delivering this work effectively. The GM Mayor agreed that ongoing NHS reforms could pose a risk to the Live Well programme if the resulting arrangements were not aligned with local needs. He advised that discussions were taking place with the ICB to explore ways of retaining key staff that were essential to delivering the programme's aims. The Group Chief Executive noted that GM already had one of the most integrated systems in England and whilst that provided a strong foundation, it was acknowledged that the current environment remained uncertain for ICB staff nationally and locally. A 50% reduction of staff target issued last year translated to a 39% reduction in GM, prompting significant organisational redesign work. However, that process was currently paused due to a lack of central funding for redundancies. She added that this pause presented an opportunity to further develop GM's integration model, including proposals to build on the Live Well approach. The ICB was supportive of this neighbourhood-based model, though there were risks to full implementation. Nonetheless, there was also significant potential if the GM model received the necessary backing.

Members stated that they were concerned about the DWP's unwillingness to share the information of the cohort of 4,500 individuals, despite referring those same

individuals to external agencies. It was suggested that DWP may be setting up the programme to fail by passing on individuals who have already been through multiple interventions without success. Members questioned whether the focus should instead be on those who were newly unemployed and actively seeking support, rather than individuals who may not wish to engage. The GM Mayor stated that the DWP had cited data protection concerns about sharing data and suggested that a more effective model would involve both DWP and local authorities sharing data openly to jointly identify and support those most in need, particularly individuals eager to return to work.

Members shared concerns that while Live Well centres and staff may offer helpful early support, particularly for mental health, there was a risk that they could become overwhelmed. It was noted that some individuals might be directed to these services simply to ease pressure elsewhere, potentially placing an unfair burden on Live Well teams. Members asked whether this risk had been considered and how it would be managed. The GM Mayor advised that access to the Live Well service would be through a referral system rather than open access. He suggested that referrals from relevant services would ensure appropriate use, though some informal support alongside this would also be beneficial. Jane Forrest advised that while demand on the system remained high and inequalities persisted, the Live Well model was being built on 7 years of public service reform. That included an integrated neighbourhood approach, bringing together health, care, education, policing, and other services. The aim was to ensure a consistent, joined-up offer across all neighbourhoods in GM, supported by Live Well centres and voluntary sector partners. Jane emphasised the importance of aligning services with community needs and ensuring residents had a voice in shaping local support.

Members welcomed the reference to Sir Michael Marmot's work in the GM Mayors opening remark, particularly his recent report on health inequalities in GM. They noted that while the report itself did not explicitly reference Marmot's findings, it appeared to be underpinned by many of the same principles, especially around the social determinants of health. Members felt this work should be more directly acknowledged in future reports, given its relevance to the communities represented,

particularly working-class areas across GM. Members also emphasised the importance of patient engagement and the need to focus on outcomes, ensuring that improvements in access, such as GP appointments and mental health support, translated into better quality of life and productivity for residents. Members also highlighted that elected Members were a valuable resource for engaging with communities and should be more actively involved. The GM Mayor acknowledged the suggestion regarding the potential for councillors, and possibly MPs, to refer individuals to the Live Well service, provided appropriate safeguards were in place. It was noted that such a referral pathway could be particularly valuable, with Members highlighting the important role councillors can play in connecting residents to support. Officers agreed to take this suggestion forward for further consideration.

Members asked about the development of Young Futures Hubs and emphasised the importance of early intervention through schools, particularly in light of current resource pressures. They highlighted the need for fitness and nutrition teams to work closely with young people, noting that early support was essential to preventing long-term health and social issues. Members stressed that schools were a key setting for this work and should be central to future planning. Members added that while there were strong organisations in GM working with young people, there was a need for more specialist resource organisations. These should actively involve young people in developing action plans to identify their needs and the support required. Members felt that engaging young people through targeted, specialist groups would be key to achieving successful outcomes. The GM Mayor welcomed the question on young people and schools, noting that this had not featured as prominently in the discussion as it might have. He highlighted that schools were increasingly overwhelmed by complex social issues and, like GPs, often struggled to access the support needed. He observed that previous Government policies had weakened the connection between schools and local authorities and suggested that the Live Well model could help rebuild those relationships. It was felt that Live Well had the potential to ease pressure on public services while improving support for young people. He also noted that existing initiatives, such as Our Pass and the MBacc, already reflected a Live Well approach, and that these should be built upon.

Members asked whether Live Well centres would offer services such as alternative therapies. Concerns were raised about residents potentially struggling to access GP services, and Members stressed the importance of avoiding a situation similar to the current challenges in NHS dentistry. The GM Mayor acknowledged concerns about the potential impact of NHS workforce pressures on general practice and the risk of GP shortages and comparisons to challenges already seen in dentistry. He advised that the aim of the proposed changes was to make the role of GPs more sustainable, particularly in light of increasing demand and the risk of burnout following the pandemic. It was noted that without wider system reform, there was a danger the NHS could become overwhelmed as other services face cuts. The current approach sought to address and rebalance that pressure. The GM Mayor advised that he was open to the inclusion of alternative therapies within the Live Well model, provided they were appropriate for individuals and communities. It was noted that a broad range of approaches to support wellbeing and reduce stress should be considered, and that services should not be overly prescriptive. He acknowledged the value of offering flexible support options that reflect what people found effective.

Members asked whether the programme would lead to local job creation. The GM Mayor responded that while the current pilot was a step forward, significant funding was still tied up in large national contracts with corporate providers that often fail to meet local needs. He stressed the importance of further devolution to redirect that funding into community-based services and job creation within local and voluntary organisations. That shift, he argued, would deliver better outcomes and greater value for money.

Members highlighted the low healthy life expectancy for men in Oldham and welcomed the focus on working with schools to improve long-term health outcomes. They noted the important role children could play in influencing family behaviours and emphasised that success should be measured by whether people in GM live longer, healthier lives. Members also expressed support for greater devolution to better address local needs.

Members highlighted the positive impact of collaborative working in Wigan, particularly between councillors, voluntary groups, and services like Epic Hope and The Brick. They emphasised the value of community-based mental health support, early intervention for young people, and improved access to GP appointments. Concerns were raised about the risk to those services if future funding was reduced. The GM Mayor acknowledged the importance of long-term, sustainable funding for community-based services and referenced ongoing work with organisations such as Compassion in Action, which now receives direct GP referrals, as an example of effective local partnership. He emphasised that while Wigan had made significant progress inspired by the Wigan Deal, maintaining trust with communities and voluntary organisations required consistent support and a commitment not to withdraw funding once progress had been made.

Members raised concerns that some young people were being left behind by the education system, particularly those from working-class backgrounds. They stressed the need for every child to have equal access to education, regardless of academic ability, and warned that without action, inequalities would deepen across future generations. The GM Mayor agreed, he expressed concern about the ease with which schools could exclude or suspend pupils, particularly those who may then be placed in pupil referral units. He highlighted the growing number of young people not in education, employment, or training, and called for greater parity between academic and technical education. He also raised concerns about the narrowing school curriculum and the declining sense of belonging among pupils, especially by Year 10 and stressed the need for a more inclusive and comprehensive education system that recognised diverse talents and prevented long-term social and economic exclusion.

Members asked whether Live Well services would include support for people affected by drug and alcohol addiction, noting that these issues were a significant barrier to employment for many and that current provision appeared limited. The GM Mayor acknowledged that the approach draws on earlier learning from homelessness work across GM and highlighted good practice in local areas,

particularly praising Manchester City Council's use of the Care Act to assess individuals with multiple disadvantages, rather than relying solely on housing legislation. That approach, which considers deeper care needs such as brain health, was seen as a strong example of the Live Well model in action. The GM Mayor emphasised the importance of sustaining this work through long-term funding and building trust with communities and partner organisations. The GM Mayor acknowledged that funding challenges remained but stressed that leaving people in ongoing crisis was both costly and harmful. He cited evidence showing that rough sleeping could cost public services significantly more than early intervention. The aim was to integrate public services with community and voluntary partners to use resources more effectively and deliver better outcomes for residents.

RESOLVED /-

1. That the comments of the Overview & Scrutiny Committee on the development of Live Well to date in the context of the interrelated activity and dependencies set out are noted.

2. That an update on the Live well Board including the final Terms of Reference be shared with the Committee at a future meeting.

3. That a report on the integration of Live Well with primary care be presented to the Committee at a future meeting.

4. That Officers explore the potential for councillors, and possibly MPs, to refer individuals to the Live Well service and report back to the Committee on the feasibility of this approach at a future meeting.

O&SC 27/25 **OVERVIEW & SCRUTINY WORK PROGRAMME & FORWARD PLAN OF KEY DECISIONS**

The Chair thanked Members who had volunteered to join the Task and Finish Group referred to at the previous meeting. A nomination was proposed, with Councillor McLaren indicating his willingness to serve as Chair of the group. The Chair confirmed support for this nomination.

Councillor Nathan Evans requested a deep dive into the Clean Air Zone, including its costs, contractual obligations, and impact on boroughs, due to ongoing public speculation. He also raised concerns about the recent bankruptcy and reformation of the GM Chamber of Commerce, particularly in relation to funds owed to GMCA.

Councillor John Leech advised that following the disbanding of the Joint Clean Air Committee, scrutiny of the Clean Air Zone costs should now fall to this Committee, as the only remaining body with oversight responsibilities.

The Chair advised that officers would explore these requests and an update would be brought to the next meeting.

RESOLVED /-

1. That the proposed Overview & Scrutiny Work Programme for be noted.

2. That Members use the Forward Plan of Key Decisions to identify any potential areas for further scrutiny.

3. That the requests for items to be added to the work programme be noted.

O&SC 28/25 FUTURE MEETING DATES

RESOLVED /-

That the following dates for the rest of the municipal year be noted:

- Wednesday 29 October 2025
- Wednesday 26 November 2025
- Wednesday 10 December 2025
- Wednesday 28 January 2026
- Wednesday 11 February 2026
- Wednesday 25 February 2026
- Wednesday 25 March 2026