Greater Manchester

Integrated Care Partnership Board

Date: 7 November 2025

Subject: Accelerating Health and Care Transformation in Greater Manchester as part of Live Well

Report of: Caroline Simpson – Group Chief Executive, GMCA, GMFRS and TfGM; Mark Fisher – Chief Executive NHS GM

PURPOSE OF REPORT:

This report follows previous updates to the ICP Board on Greater Manchester's ambitions for health and care in the context of Live Well. It covers four main areas:

- An overview of our progress on Live Well
- An update on the actions taken to mobilise the Prevention Demonstrator
- A summary of the latest position on the updated Operating Model as part of the ICB reforms – including the role of Place Partnerships
- The steps being taken to strengthen system governance and leadership arrangements to support delivery

Colleagues are asked to note that issues relating to the future of Healthwatch are included in a separate agenda item for this Board.

RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

- Note the update provided
- Comment on any areas they would wish to see the ICP Board focus on specifically in upcoming meetings
- Support the direction of travel set out in the report

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1. INTRODUCTION

1.1. At its last meeting in August, the Integrated Care Partnership Board considered how the Greater Manchester system could forge a distinctive path as the UK's Prevention Demonstrator with Live Well as our delivery mechanism. This was in the context of the national ICB reform process and the two strategies that point the way for the next decade:

- The Greater Manchester Strategy 2025-2025
- The 10 Year Health Plan (July 2025)

1.2. This paper updates Board members on **four key areas** integral to the delivery of these two major strategies:

- An overview of our progress on Live Well
- An update on the actions taken to mobilise the Prevention Demonstrator
- A summary of the latest position on the updated Operating Model as part of the ICB reforms – including the role of Place Partnerships
- The steps being taken to strengthen system governance and leadership arrangements to support delivery

2. LIVE WELL

2.1. Live Well is the main mechanism for embedding prevention, integration, and community empowerment across GM's neighbourhoods. It provides a single, coherent framework to reconcile a complex landscape of initiatives (integrated neighbourhood teams, family hubs, multi-agency working, and community-led approaches) into one shared vision of place-based support and delivery.

2.2. Live Well is multi-faceted, bringing together all the elements of support, public service delivery and community power needed to help residents live a good life through great everyday support for everyone, including:

- Employment support
- Physical and mental health
- Housing
- Debt and financial advice
- Family support
- Enhanced offers for those experiencing 'multiple disadvantages'
- The full range of community-led support

2.3. By anchoring all of this in neighbourhoods, Live Well ensures that partners work collectively with and around people and places, not through separate lenses. This is how we are moving from the ambition to a reality by creating clarity, consistency, and a culture of prevention that avoids replacing old silos with new silos. Live Well is our whole system, whole society approach and is made up of four core components:

- Live Well Centres, Spaces and Offers - connecting everyday support across public services and community and 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 – where everyone works proactively to stop problems before they start, rather than reacting to crisis

2.4. Collectively, we have made significant progress this year in delivering Live Well across Greater Manchester:

- **All 10 localities have confirmed that they will establish at least one Live Well Centre** by the end of this financial year
- **£10m has been invested in localities jointly between GMCA and NHS GM**. Each locality has developed an implementation plan setting out the expected impact, governance arrangements and timeframes. Localities were asked to commit a minimum 50% of the funding to the VCFSE reflecting the pivotal role that sector plays in supporting economic inclusion, tackling entrenched inequality and reducing avoidable hospitalisation. Our analysis shows that the proportion across Greater Manchester for VCFSE investment is around 68%
- Greater Manchester's **Live Well Board is now established** and met for the first time on 24th October
- Significant progress made on **alignment of GM mental health programme** to Live Well
- Development work continuing **on housing and property checks** in Live Well
- Publication of a **Live Well Hallmarks framework**, co-designed with localities and communities
- **Data sharing pilot with DWP** is being progressed with Rochdale and Stockport
- Submission of 'Spaces of **Hope'/Live Well spaces bid to National Lotteries Community Fund** at the end of October.

2.5. We will continue to develop and implement Live Well. Examples of the next stage of planned activities include:

- Support the Live Well Board in considering approaches to medium-long term funding allocation to support ongoing implementation and development.
- Further explore opportunities and practical approaches on Job Centre Plus integration with Live Well centres and spaces
- Finalise and circulate the baseline map of accredited and regulated debt advice providers across GM to take forward adoption into Live Well
- GM Live Well Learning and Innovation hub with all 10 localities on December 2nd and development of support programme

Live Well and Primary Care

2.6. Primary Care is a critical partner in Live Well, serving as the frontline of healthcare for most and the front door for public services for many, supporting prevention, integrated care and holistic well-being.

2.7. This summer, GM Primary Care Board (PCB) worked with NHS GM to engage across Primary Care (all four disciplines) to ensure Primary Care was fully engaged in the design and implementation of Live Well across Greater Manchester.

2.8. Conversations took place in multiple forums and formats with over 300 GPs, Dentists, Opticians, Community Pharmacists, GP Practice Managers, Care Coordinators, Social Prescribing Link Workers, commissioners and locality teams.

2.9. The full report is at Appendix A. All four Primary Care disciplines were keen to engage with and shape their role in the Live Well model. They identified the following areas for development:

- To be involved from the outset in local design and delivery with meaningful and inclusive governance and clear roles in neighbourhood Live Well delivery
- Sustained funding routes for all elements of Live Well, including responsibilities of Primary Care
- Clear local pathways and referral routes with feedback loops
- Digital and data integration
- Workforce development – common practice frameworks, health coaching, navigation, social prescribing skills

2.10. A detailed programme plan is under development and some areas of work are already underway, including:

- Design incentives to support General Practice to play a full role in engaging with neighbourhood colleagues, and to enable approaches that contribute into Live Well offers, such as outreach to Live Well Centres, design of new pathways/referral routes into Live Well

offers, attendance at Multi-Disciplinary Teams, and skills training and support for practice staff. These are also being explored for the other Primary Care disciplines.

- Actions to enable local and GM Primary Care leaders to be directly connected into emerging Live Well governance and opportunities as Live Well develops.
- Development of clear communications material to help bring alive what Live Well could mean for Primary Care practitioners, as well as an agreed programme of updates and information exchange.
- Development of stronger strategic partnership with VCFSE sector, including development of a cross-sector MOU with primary care

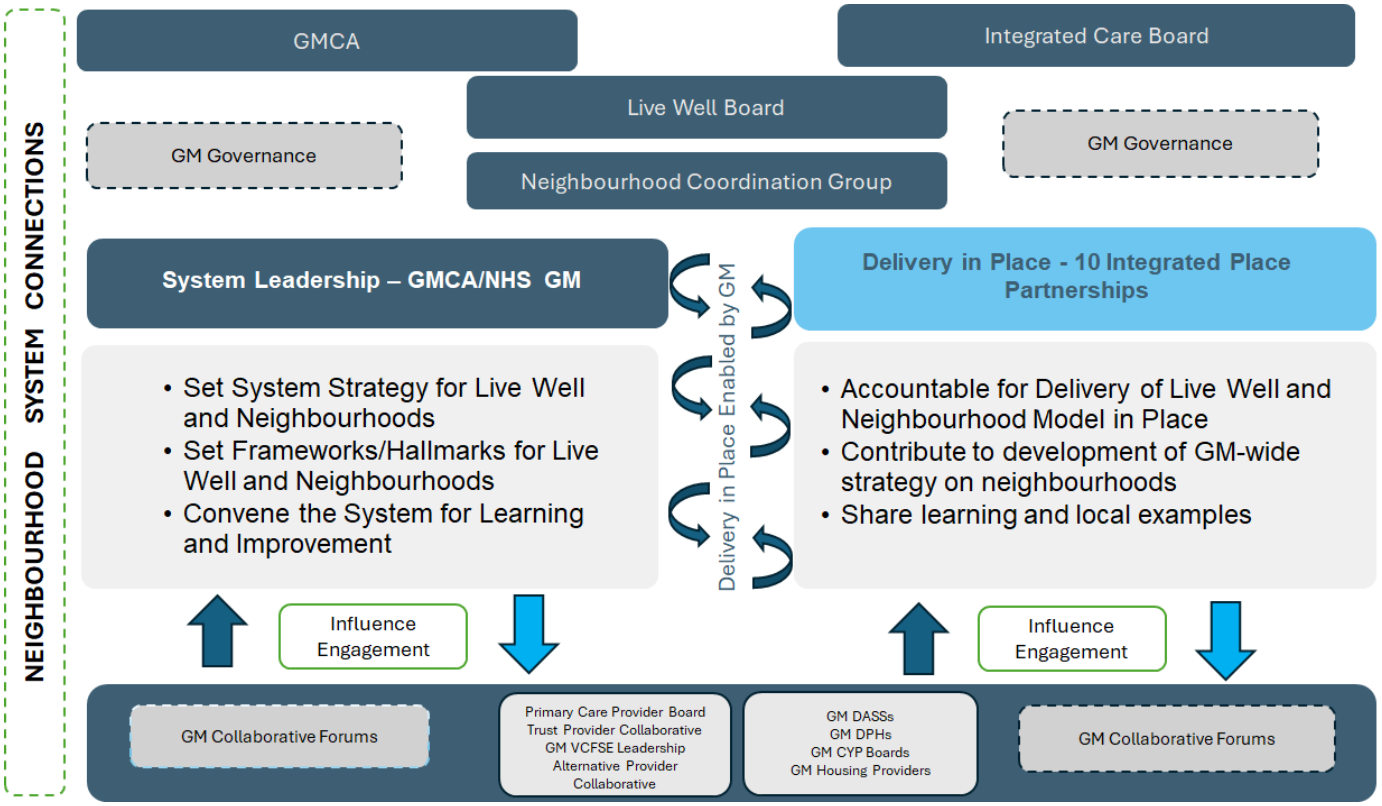
The Neighbourhood Model

2.11. Neighbourhood Health Plans are a new NHS England/Department for Health and Social Care (DHSC) requirement for 2026/27. They are to be developed on a local authority area footprint: the 10 localities for GM.

2.12. We will develop these plans in the context of Live Well in Greater Manchester – making sure that our neighbourhood working extends beyond health – for example, into wider public services and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The plans will build on existing locality priorities as described through locality plans for each place.

2.13. To support this requirement, the NHS has established a new Neighbourhood Health Implementation Programme. All 10 localities in Greater Manchester applied for this in August. Rochdale and Stockport were successful. We will continue to work collectively across all 10 places – drawing in the learning from this national programme.

2.14. We will enable delivery of neighbourhood working through greater strategic alignment between GMCA and NHS GM to create the right conditions for localities. Equally, the strengthened role of our 10 place partnerships will support the implementation of the neighbourhood model. This is illustrated below.



3. PREVENTION DEMONSTRATOR

3.1. 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).

3.2. It is our mechanism to get Government backing for a sustainable 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.

3.3. 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.

3.4. 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.

3.5. 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 preventative 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

Mobilisation of the Prevention Demonstrator

3.6. We are now moving into a mobilisation phase for the Prevention Demonstrator and whilst the Prevention Demonstrator will eventually need to work toward prevention being the default for delivery across the Greater Manchester Strategy ('Making sure people can Live Well') we will need to sequence activity over time.

3.7. The Prevention Demonstrator will have three types of success criteria:

- Robust Design and Method for a replicable Prevention Demonstrator Model
- Immediate Impacts on use cases AND wider impacts on use cases following expanded focus
- Influence on UKG and national partners leading to greater devolution and flexible funding and investment

3.8. We have now set up a 'virtual unit' for GM which brings together expertise and capability to drive mobilisation and delivery of the prevention demonstrator and which sits alongside Live Well Implementation and Resource. This core function is resourced collectively across GMCA, NHS GM and Health Innovation Manchester and will consist of a dedicated Director, existing Reform & Live Well resourcing, secondments from central government and a wider range of capabilities from across the system (e.g. research and evaluation, innovation capability and higher education contributions).

3.9. The focus for the next three months will be on:

- Aligning the local system - connecting the full range local delivery leads, experts by experience, and subject matter experts to confirm the focus and starting point of each area of work making up the Prevention Demonstrator Portfolio
- Developing a proven and robust method for spread and delivery
- Connecting local and national expertise – including a National Advisory Group to ensure maximum national influence and challenge and support to realise benefits.
- Setting out the scope, entry points and sequencing of activity from Year 1, 2-5 & 10+ years

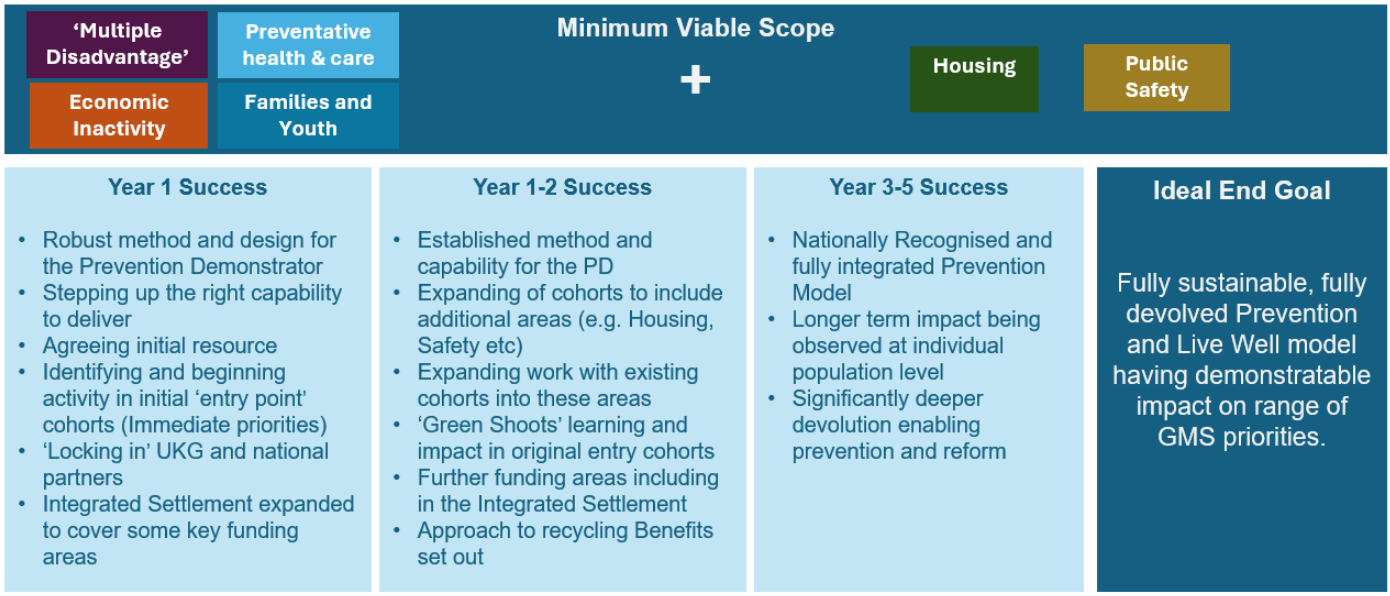
Scope and Sequencing

3.10. It is critical that the Prevention Demonstrator is able to hold firm to the longer of term goal of system change, reform and deeper devolution – we will need to avoid being pulled into small, fragmented initiatives but recognise that we will need to focus on immediate priorities and 'entry points' whilst working to gain greater freedoms and flex with UKG and create space for areas linked to GMS Priorities.

3.11. The minimum viable scope for the prevention demonstrator will focus on the key interrelated pressure areas in the system which are also of significant relevance to Central Government priorities:

- Economic Inactivity -Individuals who are economically inactive and unemployed
- Health Prevention - Individuals who have 'suboptimal care'
- Multiple Disadvantage - Multiple Complex Cohorts with a range of crosscutting issues
- Families and Youth – Young people who would benefit from Early Help to prevent poor outcomes

Whilst we will need to build out into other key areas (e.g. public safety and housing), we will initially identify a quantifiable and identifiable cohort from these key areas (e.g. 4,500 adults who are economically inactive, 10,000 people who currently have 'suboptimal care' and at risk of CVD or diabetes, 3000 adults experiencing multiple disadvantage and 5000 Children and Young People)



3.12. From these starting cohorts we will need to determine to what extent this can be delivered through Live Well infrastructure or whether additional activity is needed. The Prevention Demonstrator will seek to align existing funding unlocked through devolution and determine if any addition resource is needed. This will be supported by confirmation of the outcomes framework and real time learning as part of the evaluation framework.

3.13. Successful delivery of the Prevention Demonstrator and a fully sustainable Live Well model will also be heavily reliant on local health and care operating models and future ICB arrangements.

4. NHS ICB REFORMS – NHS GM OPERATING MODEL AND PLACE PARTNERSHIPS

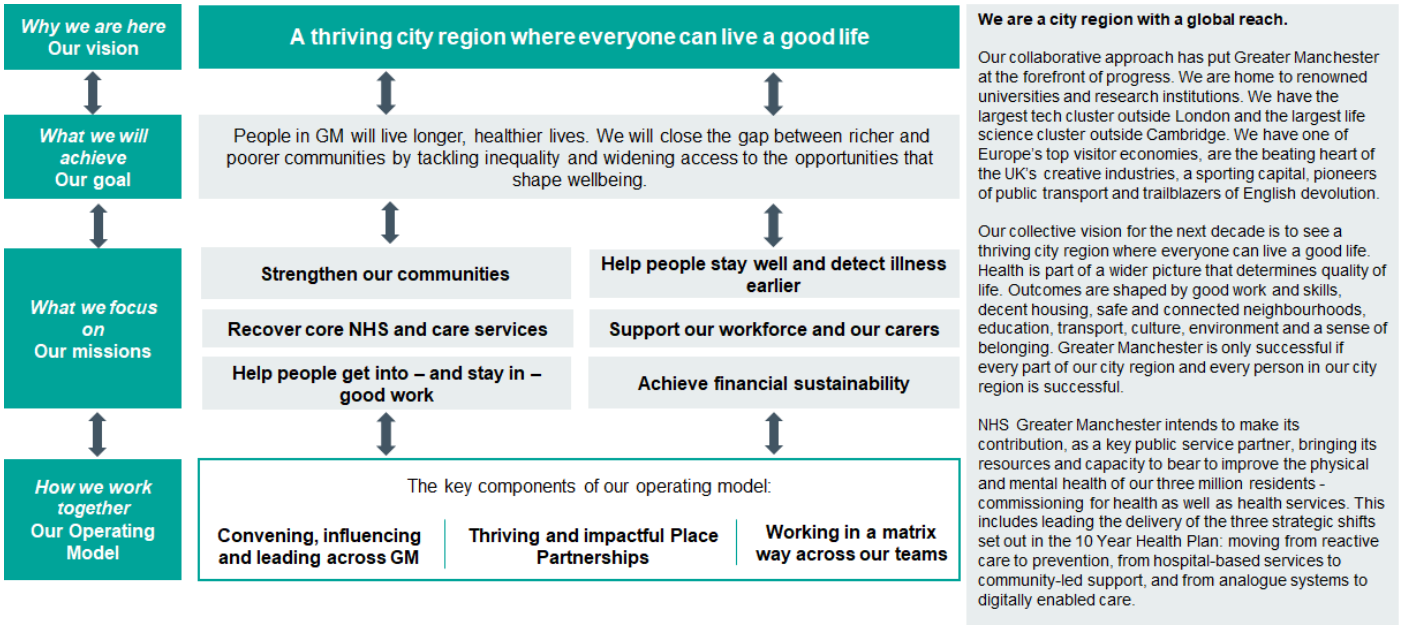
4.1. We have updated the Board at previous meetings on how the national and local picture has evolved since the announcement in March of both the abolition of NHS England and the significant reduction in ICB running costs. This was followed by the release of the ICB Blueprint setting out how ICBs should operate in future with a focus on strategic commissioning. Since March, we have awaited any announcements from Government on funding for voluntary redundancy for ICB staff. At the time of writing, no announcement has been made.

4.2. In responding to the national reforms, NHS GM remains committed to leading the way on the integration of health and care as part of a whole-system effort to improve lives. We have used this opportunity to work with partners to strengthen our operating model so that we can contribute more fully to the delivery of the 10-Year Health Plan and the Greater Manchester Strategy (GMS).

4.3. We have developed our operating model over the last few months culminating in the sharing of our proposals both with staff and partners in October and November.

4.4. As a strategic commissioner, NHS GM's primary role will be to think ahead, to make sure the right services are in place to improve population health, tackle inequalities and meet people's needs, now and in the future. This will work in partnership with place, which will provide the local intelligence and insight, as well as the expert local knowledge to integrate delivery in the way that is best for the local population.

4.5. A summary of our operating model is shown below:



4.6. The strengthened role of our 10 place partnerships is essential to the delivery of Greater Manchester's ambition on Live Well as set out in this paper. We have agreed eight principles to underpin the work of the place partnerships:

1. We have a clear view – consistent across GM – of the functions to be discharged through Place Partnerships.
2. The discipline of population health improvement must be the goal of all ten places and their strategies and plans must articulate how they will achieve this. This includes recognising cultural, social and economic factors and their impact on health.
3. Each Place Partnership will deliver core features of a neighbourhood health model (Live Well).
4. Each Place Partnership has a workforce united in improving health, wellbeing, and independence for all, and striving to be representative of the communities it serves.
5. Every Partnership has a clear line of sight to the total Place spend on health and care, understands what aspects of that are influenceable, and has clarity about what spend the Place Partnership is directly charged with control of.
6. Strengthened accountability for all ten Place Partnerships between partners.
7. Place Partnerships will measure success by ensuring equitable access, experience, and outcomes, not just outputs.
8. We will use the reform agenda to set a new course, re-balancing power and leveraging community strengths, with Place Partnerships at the forefront of involving citizens.

4.7. This includes how we, working across NHS GMCA and Heath Innovation Manchester support the implementation of a preventative, integrated, neighbourhood model of care and support as part of Live Well.

4.8. We will support and enable integration in all 10 places in Greater Manchester – working with localities to build on what is working well. For example, in Bury, partners work collaboratively to operate the local partnership. This is characterised by local leadership's role in ensuring that the place partnership for health and care operates in close alignment with the wider ambition for the borough.

4.9. For the health and care system this is put into operation through political and officer council leadership with senior NHS clinical leadership and managerial leadership and all other partners including VCFSE.

4.10. Alongside this, several other partnerships operate in close alignment to the locality board (which will become the board of the health and care place partnership). This includes:

- Community Safety Partnership – including GMP, probation, victims' groups, NHS, council
- Health and Well Being Board – as a standing commission on health inequalities
- Business Leadership Group – led by business
- Children's Strategic Partnership Group
- Public Service Reform Board – the overall focal point for neighbourhood working – including family hubs, Live Well, Integrated Neighbourhood Teams in health and care
- Safeguarding partnerships.
- Environmental Board

4.11. Partners in the locality work to these groups as a unified 'Team Bury' and each board reports to Team Bury. The Team Bury overarching senior leadership group includes the chairs of the boards above and is itself chaired by the leader of the council.

4.12. We recognise that there are many other examples of these integrated leadership arrangements across Greater Manchester. We will work with localities to confirm these as part of local plans for Live Well and neighbourhood working.

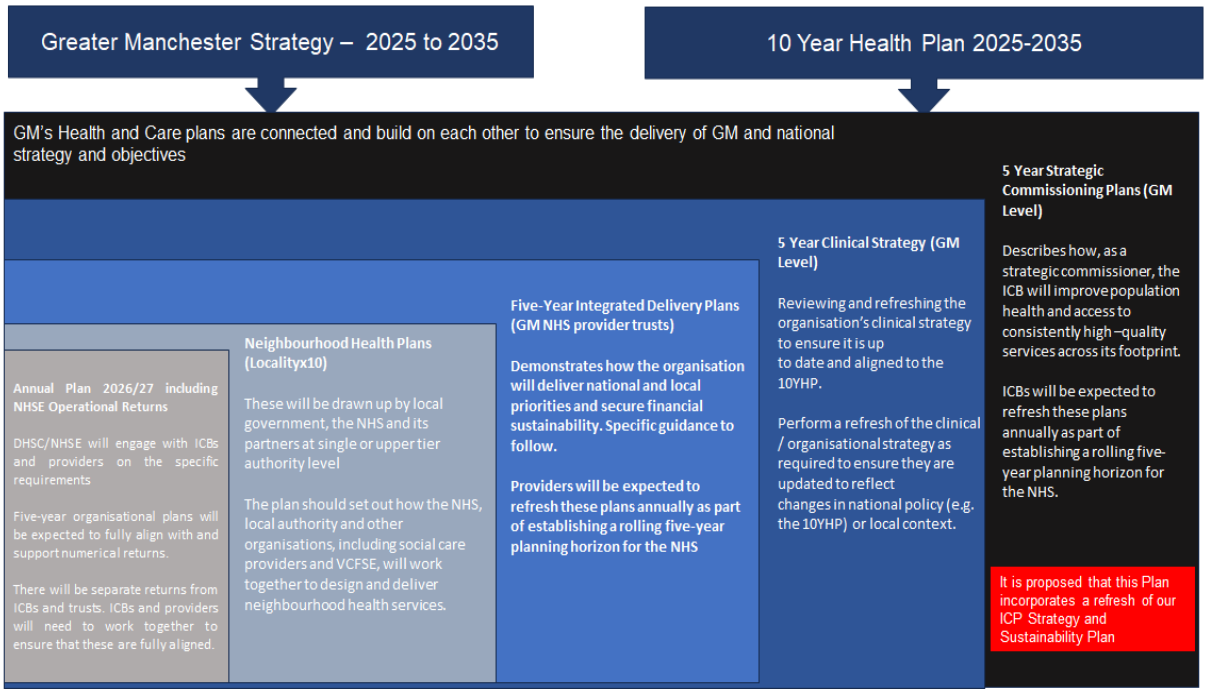
Plans for 2026/27 and the Medium Term

4.13. Following the release of the ICB Blueprint and 10 Year Health Plan, NHS England has issued planning guidance to ICBs. The central message from this is the intent for the NHS to move to a longer-term planning horizon – which we support in Greater Manchester.

4.14. Ahead of 2026/27, we will develop a number of interconnected plans to cover both the year ahead and the next five years. This will all be done firmly in the context of the Greater Manchester Strategy and 10 Year Health Plan. We will keep ICP members updated on the development of these plans.

4.15. We have illustrated below how this fits together:

GM Strategy and Plan Alignment for 2026/27 and Beyond



5. STRENGTHENING SYSTEM GOVERNANCE AND LEADERSHIP

5.1. The national reforms have presented an opportunity for Greater Manchester to propose a model that deepens integration between the Integrated Care Board and the GMCA. Consideration has been given to first steps to bring both organisations into closer alignment through working more closely together on chair selection and representation.

5.2. On Chair selection, a cover letter has been written in partnership with Mayor Oliver Coppard (South Yorkshire Mayoral Combined Authority) to Secretary of State for Health and Social Care, requesting support for Greater Manchester (via our Prevention Demonstrator status) and South Yorkshire to appoint Deputy Mayors/Commissioners for health as Chairs of their respective Integrated Care Boards. Post holders would be jointly recruited between the ICB and Combined Authorities and dually accountable to NHSE/DHSC and the Mayor's office.

5.3. This presents an opportunity to progress integration between ICBs and Mayoral Combined Authorities as signalled in the 10 Year Health Plan, further aligning the goals of the health system and wider public services in improving population health, reducing health inequalities and driving prevention.

5.4. A proposal has been developed and shared with NHS England, which describes this early approach and links the need to organise the system effectively in service of the prevention demonstrator ambitions. NHS England has responded positively to the proposal. We are currently awaiting feedback from NHS England regarding how these proposals would work in practice and the steps required to implement this.

5.5. Colleagues at the ICP Strategy Group and the Health Cabinet members have highlighted the need for strong governance to underpin the new chairing arrangements, particularly in light of the potential abolition of Integrated Care Partnerships and Healthwatch set out in the 10 Year Health Plan. Members have signalled that a new model of governance should:

- Describe a single structure covering the entirety of the Prevention Demonstrator, Live Well, neighbourhood model implementation and Place Partnerships. The structure should recognise a broader role of Health and Wellbeing Boards in the new governance, their importance to the neighbourhood model and how they will align with the Place Partnerships.
- Ensure that independent resident and patient voice is maintained throughout the NHS reforms
- Provide greater alignment across all 10 localities and with GMCA/ICB that incorporates Live Well and public service reform with health and care services as is currently done via the Integrated Care Partnership Board structure.
- The system will work together to agree a model based on this proposal before convening Greater Manchester MPs to brief them on what this means for how health, care and wider services will organise in the system in future.

6. NEXT STEPS AND RECOMMENDATIONS

6.1. This paper has set out how GMCA and NHS GM are working together with all partners to improve the health of our population and, in turn, deliver on the ambitions in the Greater Manchester Strategy.

6.2. We will continue to engage with all members on our progress – through this Board; the ICP Strategy Meeting and other forums.

6.3. The ICP Board is asked to:

- Note the update provided
- Comment on any areas they would wish to see the ICP Board focus on specifically in upcoming meetings
- Support the direction of travel set out in the report