

# Prevention, Health and Good Growth: Realising Our Prevention Ambitions

The role of a 'Prevention Demonstrator' as part of GM Live Well

**GM LIVE WELL**  
local. supportive. personalised.



# Where are we now



## At the last Integrated Care Partnership Board we:

- Updated on our work as an Integrated Care Partnership, working within a Mayoral Combined Authority to boost economic growth and improve health through a focus on people, prevention and place, particularly in the context of further devolution.
- Discussed how the development of GM Live Well, our existing work in neighbourhoods and wider transformation activity (around the wider determinants of health) have the potential to significantly move our long-held ambitions forward but that this needed to come together across the system to deliver at scale.



## Since then:

- Continued to work with government to make the case to expand the current Integrated Settlement to enable locally driven public service reform that provides greater flexibility and innovation in how our systems of support can pivot to prevention.
- Started to refresh the Greater Manchester Strategy with the intention of an underpinning Growth and Prevention Plan to deliver our priorities.
- Identified a significant opportunity for GM to become a national 'Prevention Demonstrator' to further support the case for devolution and reform to improve outcomes for people.
- Set out early thinking around 'Prevention Demonstrator' at the GM Reform Delivery Executive.

# Purpose of Today



## Today we aim to:

- Set out how we bring existing plans and delivery together around prevention and discuss a **specific opportunity** to make an 'offer' to UKG for GM to deliver a 'Prevention Demonstrator' on the back of conversations with Secretary of State for Health and Social Care and UKG.
- Grasp the opportunity to realise our long-held **ambitions around preventative public service delivery** and our appetite to further integrate health (particularly prevention and Primary Care) with other public services.
- Set out the purpose of the 'Prevention Demonstrator' and our proposed 'prevention pipeline; - i.e **to establish GM as national trailblazer area** to understand what it will take to reduce demand across the system, turn around the NHS and make the case for further devolution, including around prevention and public service reform.
- Describe how the prevention demonstrator can support delivery of the Government's priorities for the NHS – for example, the commitment to a 'neighbourhood health service' and taking pressure off A&E and primary care + shifting the balance of spending to focus on prevention
- Highlight the need to bring relevant resources together to further develop the 'business case' (at pace) to government to make this a reality.
- Use this opportunity to support the development and delivery of the Growth and Prevention Plan that will enhance existing neighbourhoods approaches across GM.



# Building upon previous work with Central Government

Engagement with Government on Integrated Settlement and Devolution White Paper

Existing Integrated Settlement

Further Devolution to local areas around Reform & Prevention to support ambitions

Good Sustainable Growth

A Live Well model for Residents

Local Growth  
Transport  
Housing and Regen  
Retrofit  
Adult Skills

Employment Support

Multiple Disadvantage and Priority Cohorts  
(Enhanced Live Well offer)

Prevention & Health

Live Well GM  
Prevention  
Demonstrator

# Building Upon Existing Approach

## 'Total Place 2.0' approach to public service delivery



A mission-led, reform-driven, technology-enabled approach to funding public services



Reforming delivery around existing demand



Keeping public spend to sustainable levels



Integrated delivery across silos and organisations



A preventative approach to public service delivery

Co-located, Multi-agency Teams

Agreed Outcomes Measures

Pooled Budgets & Resources

Reprofiled Funding towards Prevention

Digitally Enabled

Workforce

Shared Accountability

# Working Across the Range of Prevention



## Primary Prevention

Investments and activity which prevent issues occurring in the first place.

## Secondary Prevention

Investments and activity with focus on early detection and response. Managing early indications of social or health issues before they can develop

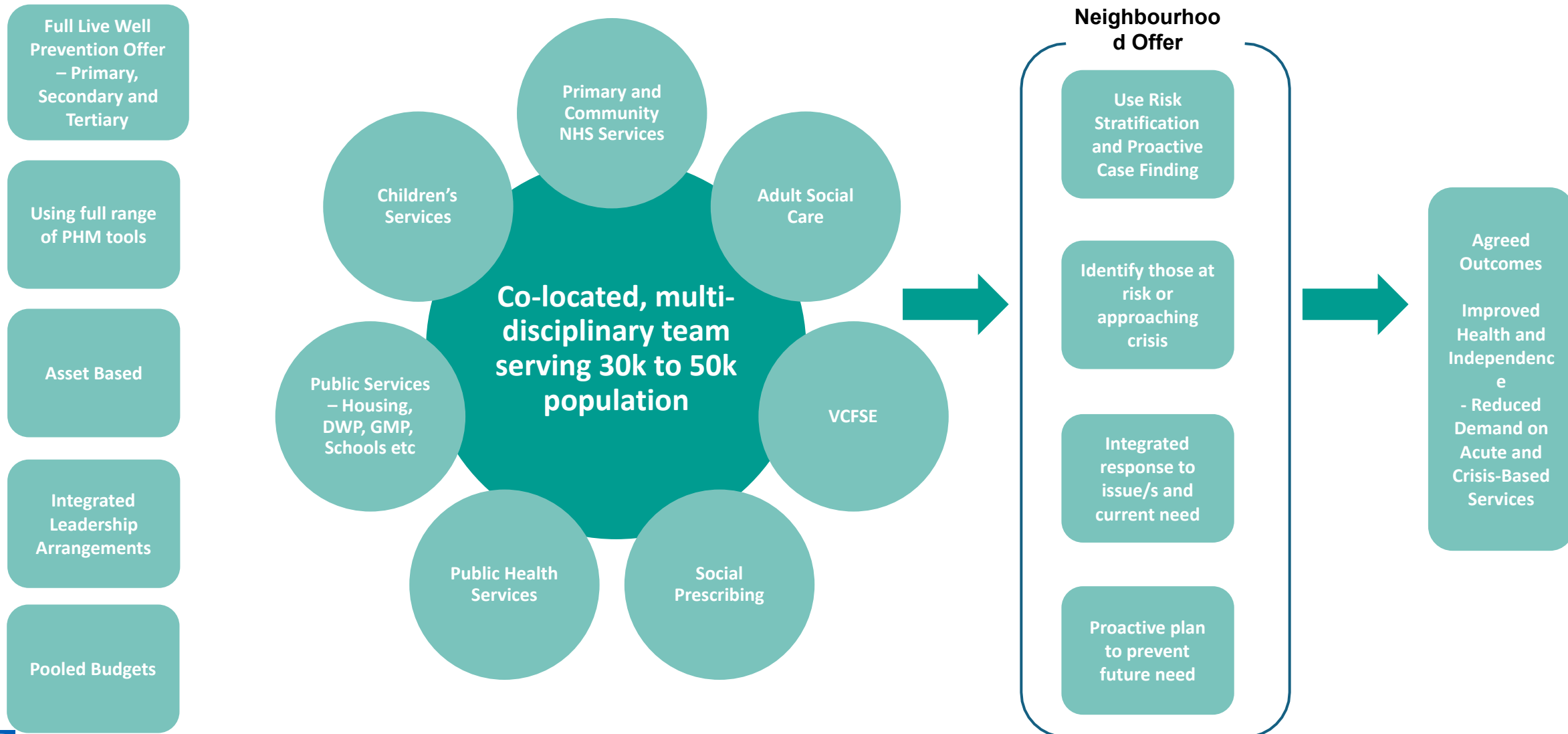
## Tertiary Prevention

Managing existing issues to prevent further escalation/complication

## All underpinned by a Population Management Approach\*

Local areas need to be enabled to coordinate action and investment across the range of preventative activity. This means that devolution and prevention plans needs to include the ability to work across a blend of interconnected areas – We also need a collective view and description of prevention across the system

# Prevention and the Neighbourhood Model



## Features of the Neighbourhood Model – Based on Existing Locality Examples

- Co-location of teams and partner agencies. Shared resources, skills and strengths.
- Services wrapped around schools and GP. Integrated public service teams – for example social care, care, therapy, community health and district nurses – new roles such as community coordinators.
- Daily huddles and MDTs, including wider public services such as police and community resilience teams.
- Interventions including employment support, housing standards and support, social prescribing, population health management of long-term conditions – such as diabetes and CVD addressing modifiable risk factors
- Making it easier to respond to the needs of a community, helping prevent people from being admitted to hospital or needing crisis-based care through Live Well approach.
- A more strategic approach to investment to support the model – for example scaled up investment in housing with care.



# Integrated Approach to Prevention – ‘Prevention Demonstrator’ Opportunity



- To fix the foundations of our public services, we need go much further with the integration of health services with local government, wider public services, and other local support along with industry partnerships. We need to invest collectively in prevention at a ‘total place’ level to improve outcomes and reduce demand and costs – **enabled by deeper devolution**
- To meet these challenges, NHS GM and GMCA are working with Government to develop a **Prevention Demonstrator**
- The Prevention Demonstrator can serve as the vehicle for implementing our Live Well GM ambitions **bringing together existing Live Well work and VCSFE strengths and provision with targeted prevention activity across all public services** (Delivered through Live Well Centres and Spaces)
- Currently some parts of the system aim to prevent ill health, some prevent crime and antisocial behaviour, some prevent escalation of social issues, poor educational outcomes or economic inactivity. **The Prevention Demonstrator is based on the recognition that people often need all of these** – meaning a collective view of prevention and how the system operates to reflect that
- The Demonstrator will be based on the fundamentals of the GM system: our neighbourhood model; Live Well; a blend of primary, secondary and tertiary prevention; and the capability we have through the single GM Health and Care Record and our Population Health Management approach



## Prevention Demonstrator – Starting Assumptions

- We **start from the neighbourhood** with a single, integrated team providing a local, person-centred, preventative system of care and support – joining up health with the full range of local support.
- **GM Live Well provides the framework** for accelerating existing prevention approaches so that the full neighbourhood model is consistently available to everyone in GM. It will bring about a radical shift in how we collaborate with people and communities to reduce health, social and economic inequalities.
- Our proposals **will need to show how we shift resources towards neighbourhood provision** which integrates primary care, community care, social care, mental health, employment support and voluntary services to offer coordinated support, reducing our reliance on acute, emergency and high-cost services
- We will work with Government to agree **prevention outcomes supported by a reprofiling of funding** away from dealing with the cost of late intervention to more sustainable upstream and proactive support.
- In doing this we will aim to **ensure the stability of health, care and voluntary services** whilst reducing the need for hospital admissions and with the goal of increasing the number of people who are living healthy lives and are economically active.

# What are the unique opportunities to deliver in GM – Hands on all the levers



## 1 Functional Public Service Region, MCA and ICB shared footprint

GM is the most established and integrated devolved area in the country with a track record of delivery. We have an **established single functional economic area alongside a single functional public service area** – there are significant and unique opportunities to use GM to deliver a range of government challenges and ambitions and use GM as a test bed for the rest of the country.

## 2 Innovation Ecosystem

Health innovation is one of the **GM city region's 'frontier sectors'** owing to its strengths in integrated health and care, academia, digital and life sciences. Unlocking these strengths to address the drivers of population health and deliver economic growth are key priorities.

## 3 Globally Unique Digital and Data Capabilities

GM partners have developed **best in class digital assets** notably the GM Care Record, the Advanced Data Science Platform (ADSP), the GM Secure Data Environment (SDE) and Electronic Patient Records (EPRs). Together these enable us to go deeper and further towards our ambitions of developing and deploying proven innovation to local people and measuring benefits in real time

## 4 Integrated Delivery Model

GM is the largest city region with an ICS and MCA acting together. This means we can **join up our support to people across all public services and civic society** with a focus on creating the conditions for good lives; getting to the root cause of issues; and reducing our reliance on expensive, crisis-based response. We start from the neighbourhood with a single, integrated team providing a local, person-centred, preventative system of care and support

## 5 Ability to Pool Resources and Share Accountability

For the past decade, GM has been developing **shared leadership and delivery arrangements at place level** and at a city region level supported by the **necessarily political accountability for significant devolution of the public purse**. Our localities have significant pooled budgets and shared accountability arrangements spanning health and care – we need to develop this further, including other public services, through the prevention demonstrator.

## 6 Track record in driving population health improvement

We have the right infrastructure to move quickly to implementation – as shown by the Tirzepatide trial in GM, supporting people with weight loss, diabetes prevention and reducing obesity related complications + the success of our work and health programmes. We already have an established multi-year prevention plan up and running – with a year 1 focus on CVD and Diabetes



Greater Manchester



# The 'Size of the Prize'

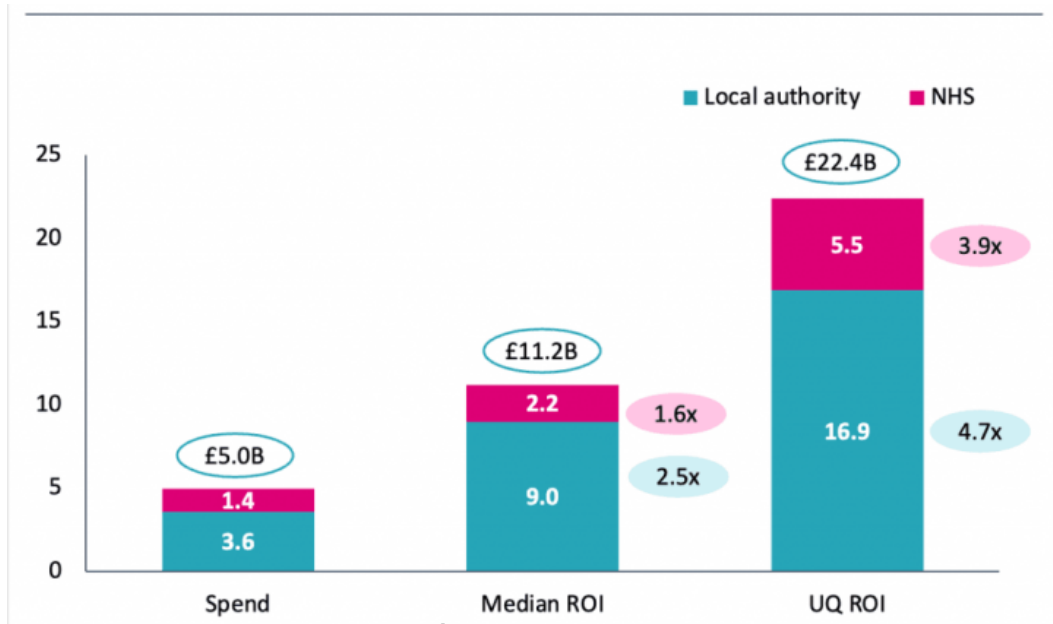


- We know the potential impact of prevention is significant *if* we have the right flexibilities to both collectively bring together AND reprofile public spend and resources in the system
- The **evidence base and strategic case for prevention is well known** locally, nationally and internationally yet in order to capitalise on the '**prevention dividend**' we still need to go further **whole-system reform of public services** and a Total Place approach to public finances.

## Example of Return on Investment (RoI) in the system – based on CF Report (Median RoI for PH interventions)\*

A typical median return for an NHS intervention of 1.6 and for a local government intervention of 2.5.

A conservative estimate suggests £11bn more savings per year could be achieved from the £5bn currently spent on the public health grant by local authorities and on health inequalities by the NHS via Integrated Care Boards



\* [Paving a new pathway to prevention - CF](#)

- Our local research supports this and we already have a range of local innovation with savings attached.
- To achieve this at scale requires the Total Place approach we aspire to with supporting financial reforms and fuller integrated public service delivery
- We need to carry out further in-depth working setting out outcomes we aim to prevent as part of the demonstrator (and 10-year prevention plans)

# Prevention Demonstrator will support GM Live Well Outcomes



## Live Well Outcomes

1. **More adults in good work**, less in crisis, less inactive and less with poor health.
2. **Fewer children living in poverty**, families being supported to be safe, happy, healthy and successful.
3. **Safer and Stronger, thriving communities** supported by a resilient VCFSE sector.
4. **People living as healthy and happy as they can** meaning reduced demand on the NHS and Local Authorities.
5. **Reduced pressure on public sector finances** through greater efficiency across services, meaning more capacity to tackle the root causes of inequality.
6. **A shift to prevention** in delivery of local services – through primary care, social care, mental health and others.

## Example Metrics (to be developed further)

- Increase in GM employment rate and reduced % population economically inactivity, in particular where this is due to health conditions amongst those aged 50+
- Reduced A&E admission and readmission by local population including reductions in violence, alcohol and drug-related admissions.
- Improved housing standards and supported housing provision (link to Housing First metrics)
- Close national performances rates for GLD to improve School Readiness
- Reduced number of children living in relative low-income households after housing costs

# Building the Case to Government & Implementation



To take this forward with Government support we need set out our proposition and agree potential outcomes with UKG as part of a '**prevention pipeline**'

This sharpened proposal will need to:

1. Clearly respond to the immediate '**burning platform**' in the system (A&E etc)
2. Recognise the need to tie this into prevention activity with the wider determinants of health
3. Start with our key leverage points in the system around moving people closer to **employment** & responding to demand at **GP surgeries** and in Primary Care
4. Set out how we move to impact interconnected **demand in LA services and Social Care** (children's, adults, Temporary Accommodation etc)
5. Identify starting **geographies alongside priority cohorts** (including those cohorts cross-cutting services/silos – i.e. multiple disadvantage & housing support – homelessness, substance misuse, DA, Mental Health, CJ contact)

**We need to be clear that this is only achievable with devolved funding and the right flexibilities to work across the public service system and public purse at a place level**

# Setting out the outcomes as 'Prevention Pipeline'



1

LIVE WELL, HOUSING FIRST (SUPPORT) & MBACC

HEALTH

WORK

LA SERVICES

Reduce Demand on A&E

Reduce Pressure on GPs

GM Obesity Programmes

More Adults in Good Work

Less Adults in Crisis

NEET Reduction & Prevention

Reduce pressure on social care

More investment upstream

Greater capacity to tackle inequality

Optimum Neighbourhood Model – Public Services & VCFSE

**IMPORTANT**  
Noting beneficiaries are likely to fall in different parts of the system to where preventative work is happening. Collective investment which is able to move around the system is Key

Fewer experiencing multiple disadvantage:

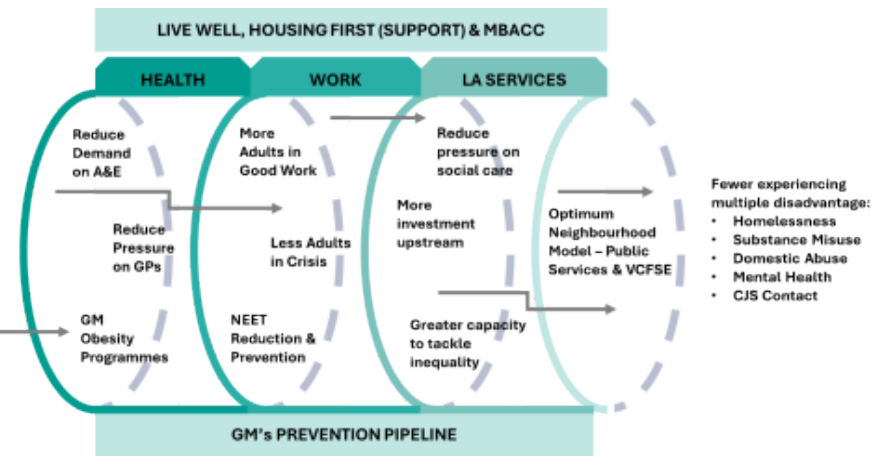
- Homelessness
- Substance Misuse
- Domestic Abuse
- Mental Health
- CJS Contact

GM's PREVENTION PIPELINE

# Building the Case to Government to Support Delivery



2



## Phase 1



Cohort that intersects GP/Primary Care/A&E demand and economic inactivity (with identified support needs?)

## Phase 2



Range of preventative activity in a place  
Wider health and social care demand and pressures in public services (Social Care, prevention of crime & violence etc)

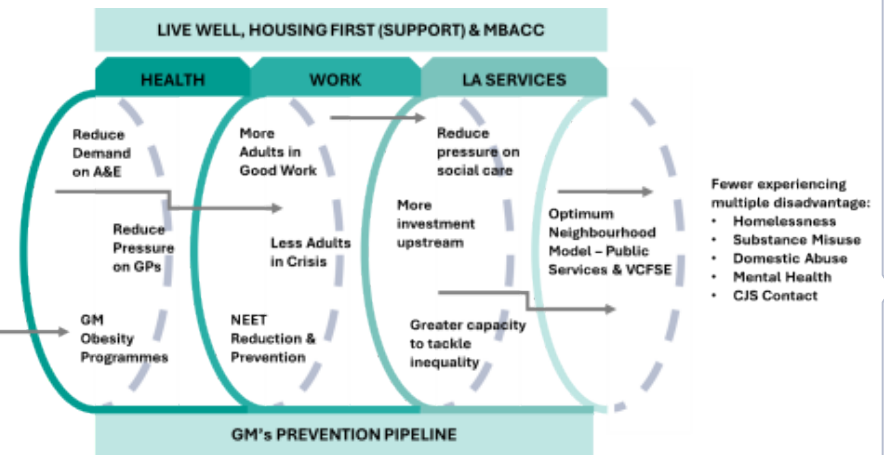
## We will need....

- The right digital & data capability
- Devolved funding
- Flexibility to pool resources
- Estate
- VCFSE resilience
- Shared outcomes

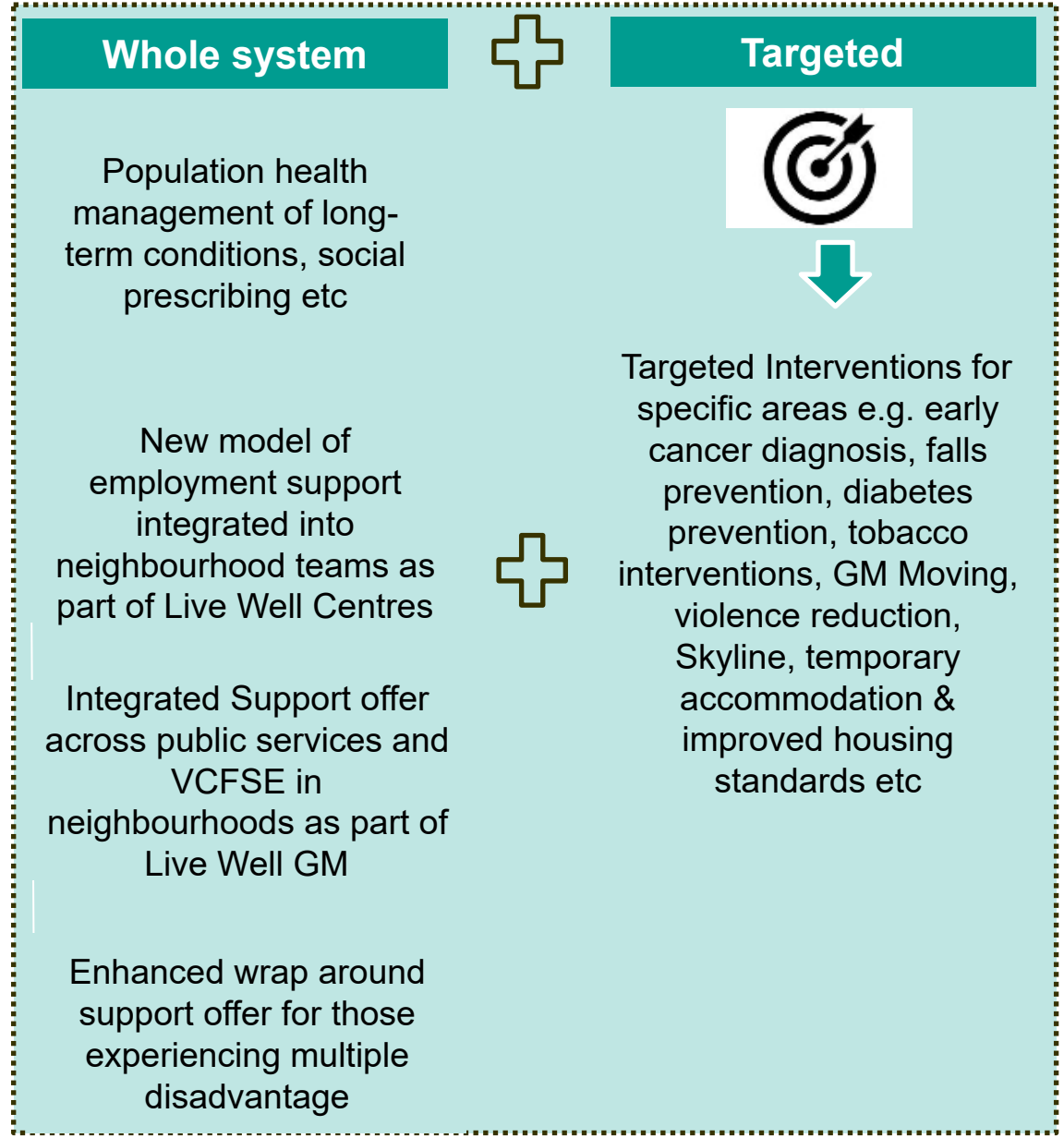


# Setting out interventions to achieve outcomes

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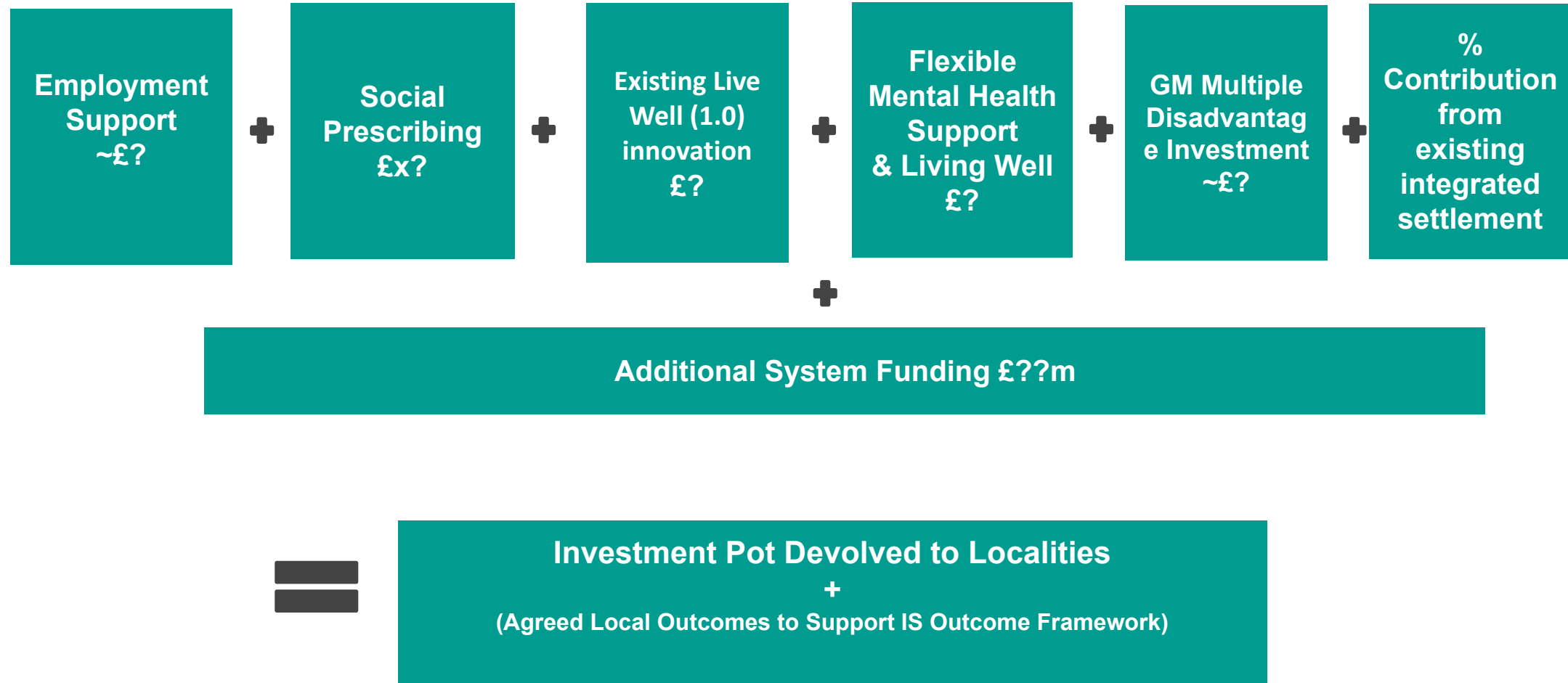


- Fewer experiencing multiple disadvantage:
- Homelessness
  - Substance Misuse
  - Domestic Abuse
  - Mental Health
  - CJS Contact



# Starting to Build the Investment Pot

A phased approach to bring together funding for Local Areas to focus on prevention and reduce worklessness & ill health



# Prevention Demonstrator – Next Steps



- Continue to develop the proposition (at pace) with the support of the ICP (working with GM partners and with Government )
- Continue to build Prevention Demonstrator proposition for inclusion in Devolution White Paper (as part of our existing devolution offer for local areas to have greater flexibilities and resource devolved around Public Service Reform, Employment Support, multiple disadvantage, Prevention & Health – building on integrated settlement arrangement)
- Further engagement with Leaders and Chief Executives on long-term GM plans for Growth and Prevention (including associated outcomes) working towards 10-year prevention plans