Greater Manchester
Integrated Care Partnership Board Strategy Meeting

Date: 12th December 2025

Subject: GM Live Well and Primary Care

Report of: Primary Care Provider Board – Dr Tracey Vell, Luvjit Kandula and Helen Ibbott
NHS GM – Dr Claire Lake, Dr Jaweeda Idoo and Zoe Porter

PURPOSE OF REPORT: To update the ICP Board with the results of a significant engagement exercise across primary care on Live Well, and the actions now being taken to move into delivery. This includes work being taken jointly across the system through Live Well, and the specific leadership role of Primary Care Provider Board and its work in championing all primary care providers, and establishing strategic partnerships to deliver Greater Manchester's priorities, and address key challenges.

RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

1. Note the Live Well engagement work undertaken so far, support the actions set out and highlight any areas that need to be strengthened
2. Note the actions Primary Care Provider Board is taking to support GM ambitions, and the 'offers' to and 'asks' of the system

Contact officer(s)

Name: **Zoe Porter**
Telephone: **n/a**
E-Mail: **zoe.porter1@nhs.net**

Name: **Helen Ibbott**
Telephone: **n/a**
E-Mail: **helen.ibbott@nhs.net**

Introduction

This paper summarises specific work to progress Live Well across primary care (Part 1), plus how Primary Care Provider Board is strengthening its offer to support this, and other GM wide priorities (Part 2).

In this paper, the term 'Primary Care providers' refers to all 4 Primary Care provider disciplines of Community Pharmacy, Dentistry, General Practice and Ophthalmology unless otherwise stated.

Part 1 – Live Well Live Well is Greater Manchester's commitment to great everyday support, in every neighbourhood. Primary care providers are critical partners in this work, 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. In Summer 2025 GM Primary Care Board (PCB) worked with NHS GM to engage across Primary Care (all 4 disciplines - pharmacy, dentistry, general practice, and optometry) to ensure they were fully engaged in the design and implementation of Live Well across Greater Manchester. As a result of this there is now a programme of work taking forward participant's recommendations.

Of particular note, but subject to agreement of the financial business case by the ICB, a General Practice (GP) incentive scheme has been designed for implementation in 26/27 that would support all General Practices across Greater Manchester to actively engage with Live Well and support patients through a Live

Well approach. Whilst this is focused on General Practice, there is a clearly articulated intent in the work to extend the approach to all Primary Care provider disciplines and PCB team is working with ICB colleagues to understand how this ambition can be realised to ensure parity across Primary Care providers and acknowledge the role that all the disciplines already play and will continue to play in the delivery of Neighbourhood health and Live Well.

Part 2 - Primary Care Board Leadership - Adaptive cross-system leadership is a key enabler of Live Well. In the second half of this paper we set out the role of Greater Manchester Primary Care Board as the unified voice and leadership body for all four primary care provider disciplines (pharmacy, dentistry, general practice, and optometry). We emphasise that the Board has the infrastructure, partnerships, and capability to influence strategy, lead transformation, and deliver integrated care across GM, while asking for reform to enable Primary Care providers to continue to deliver neighbourhood health and Live Well and fully realise its potential in addressing system financial and performance challenges, reducing inequalities and improving population health - achieving NHS and GM ambitions.

Part 1: Primary care and Live Well

1.1 Outline of Live Well primary care engagement:

During March – July, 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. The engagement sought to understand, from frontline staff, their colleagues, and senior leaders:

- What Live Well might mean to them, and what the benefits could be from their perspective
- What is possible, and how the core elements of Live Well would need to be shaped to enable this
- What would make it easier for them to contribute and play a full role, including what would need to change for this to be possible.

The full detailed report is available **here**. All four primary care disciplines (General Practice, Optometry, Community Pharmacy and Dentistry) were keen to engage with and shape their role in the Live Well model and were clear that they are already fully embedded working with partners in our neighbourhood and Place models: such as Community Pharmacy's role in providing wider health and wellbeing advice; dental access schemes for vulnerable cohorts; blood pressure testing in opticians and a variety of General Practice partnerships with VCFSE organisations and others; and holistic, person centred models of practice. In summary, reflections were:

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

Primary care leaders and practitioners see themselves as playing a key role in delivering Live Well by identifying needs, signposting or referring to appropriate services, supporting prevention and holistic health, collaborating with other sectors, and empowering patients. However, they stressed that this should be done within realistic resource limits, respecting core delivery responsibilities and pressures and in partnership with other organisations.

1.2 Priorities for action:

Colleagues identified the following areas for development, in order for primary care across all 4 disciplines to play its full role in contributing to the realisation of the Live Well model:

1. **Governance:** To ensure Primary Care Providers are represented in GM and Place-based leadership and the governance of Neighbourhood and Live Well implementation to inform the design and delivery of new models of care.
2. **Contractual frameworks and funding models**: To take opportunities to shift contractual and financial frameworks to support and incentivise 'left-shift', Live Well working, consolidating social prescribing and focussed care models and enabling integrated neighbourhood working.
3. **Digital/ Data:** To develop digital and data capabilities to support primary care to be a fully integrated partner in the delivery of Live Well.
4. **Workforce:** To invest in the potential of our workforce to be part of delivering a consistent holistic offer in every community, through strengths based person-centred practice.
5. **Communications:** To help primary care practitioners understand Live Well and their role in it, and primary care is supported to communicate effectively to patients.
6. **Evaluation:** To understand and share impact and learning from implementation of Live Well.

Since the engagement exercise localities have each been allocated their share of £10m and have set out outline plans including where the first flagship Live Well centres will be. From an engagement exercise conducted when Live Well was largely an ambition, it is now becoming something primary care partners can engage with in reality, at least in terms of planning and co-design in their area.

1.3 Scaling a Live Well offer with primary care – starting with General Practice

We are progressing actions across all 6 of the priority areas named above, helping make the enabling changes primary care colleagues told us would be necessary to make Live Well offers a reality for them and the patients they know would get most benefit. We are ensuring that where these actions are already identified in a key work programme (such Primary Care Blueprint delivery) these continue with momentum and are working to align and embed new actions so these can also be progressed.

Of particular focus has been the design of a GP incentive scheme which, subject to agreement, we hope to bring in for 26/27 across every GP Practice in Greater Manchester. As part of a review of General Practice local incentives (known as BeCCoR), we have designed a GM-wide scheme, which, if agreed, would:

- Support General Practice to identify people who would benefit most from a 'Live Well' intervention – those whose health is not being well managed, where that might be because they do not engage, and/or they might have additional challenges in their lives
- Enable Practices to have time to build relationships with Neighbourhood/Live Well partners, and to agree approaches to better supporting their patients
- Recompense General Practice for their part in addressing the needs of the people they have identified through a Live Well approach – e.g. being part of MDTs, outreach into community venues, additional support for particular inclusion groups, income maximisation activities etc.

This scheme, if agreed, will see General Practice engaging with Live Well at scale across GM, whilst also enabling local flexibility. It will directly support cohorts being identified as part of the Prevention Demonstrator. This scheme aims to complement the anticipated national neighbourhood health and General Practice contractual changes and will put us at the forefront of this aspect of neighbourhood health nationally – as recognised by Royal College of General Practice.

While this scheme is for General practice, it starts to show what might be possible across wider Primary Care. We are exploring potential parallel approaches for Community Pharmacy, Optometry and Dentistry. Colleagues in these sectors are keen to have the flexibility and support to play their full part in the design and delivery of Live Well, building on a wealth of expertise and experience in successfully delivering programmes and pilots in this space. The engagement report highlights a number of examples of how this is already happening in practice.

Primary care providers are willing and are able to play a key role in the delivery of the GM ambitions from support to address system financial and access challenges to

enabling the delivery of a population health management approach working with partners in places to address key health issues and wider determinants.

Part 2: Primary Care Provider Board – delivering the Greater Manchester strategy

2.1 The role of Primary Care Board:

GM Primary Care Provider Board celebrated its 10-year Anniversary this year. It was established as a voting member of the devolved GM Health and Care System and this mandate has remained throughout the iterations of our system governance over the last decade.

Primary Care Board brings together and provides a collective voice for providers in the four primary care disciplines of community pharmacy, dentistry, general practice and optometry. It offers a connection point into primary care for system partners and continues to deliver many transformation and quality improvement programmes.

The GM Primary Care Board has the infrastructure and ability to assume a range of accountabilities and responsibilities (as appropriate) across the system and the GM Primary Care Provider Board, working at locality and GM level, stands ready to play a full role in the design and delivery of GM and Place ambitions representing the 1800 primary care providers across GM.

Closely associated to the Primary Care Provider Boards are strong at scale primary care service provider federations as companies limited by guarantee and Community Interest Companies. All of the provider companies can hold contracts centrally and deliver anywhere from a single practice to a Neighbourhood to Locality/multi neighbourhood and at GM.

- Primary Eyecare Services (PES) is a not-for-profit Primary Eyecare provider. It operates in lockstep with the GM Optometry Provider Board.

- Greater Manchester Primary Care (GMPC) CIC is a Community Interest Company made up of locality operating vehicles (alliances/federations or equivalent). It operates in lockstep with the GM GP Provider Board.

  Community Pharmacy Greater Manchester - CPGM Healthcare Limited (CHL) is not-for-profit organisation empowering healthcare providers to deliver quality health services and achieve improved health outcomes. It hosts the GM Community Pharmacy Provider Board.

Primary care can and will continue to be a key leader and system partner as we move through the implementation of the GM Strategy and NHS 10-Year Plan. Primary Care Board will continue to represent the perspectives of primary care into GM delivery and engage with all primary care providers through our at-scale provision, and will continue to demonstrate the impact on finance, performance and quality that primary care providers deliver in GM at GM, locality and neighbourhood level.

Primary Care Board's vision is: '*Primary care providers working collaboratively and in partnership at neighbourhood, place and system level to improve health and wellbeing throughout our communities.*'

Primary Care Board has 2 main objectives: to advocate for and support the continued sustainability of Primary Care providers in GM, as well as ensure the voice of Primary Care is influencing and driving locality, GM and national ambitions.

Primary Care Board will continue to work jointly with system partners at GM and in our 10 Places to deliver our key strategic priorities and address key challenges, creating optimal conditions to leverage our key strengths and capability to deliver improved population health and patient outcomes; however, we require certain conditions to really show all of our capabilities and will rely on reform through the GM Strategy and 10-year plan to create the right environment.

2.2 Our offer and our ask

OUR OFFER

- We can lead and support delivery of system ambitions and challenges.
- We get the basics right
- Primary care track record of delivery of GM and national ambitions
- Primary care assets operating at practice, neighbourhood, Place and GM
- Work with VCFSE partners to improve population health, reduce inequalities and improve access
- We have strong system relationships and are building strategic and tactical delivery and provider partnerships, nationally, at GM and Place.

OUR ASK

- Ensure primary care provider leaders (4 disciplines) are fully involved in the design and delivery of plans (GM and Place) and resourced to do this
- GM delivers our ambitions of 'left shift' with function and resource transfer to Community and community-based services as a result of national, GM and Place reform
- Primary Care leadership in GM Neighbourhood and Live Well models;
- Commit to invest in GM Primary Care Board Blueprint delivery and address workforce, estates, IT challenges and technology opportunities
- Parity and proportionate treatment of providers in GM
- Commit and deliver a sustainable and longer-term financial planning and contract approach for primary care
- Recognition of the potential impact of the emerging provider partnerships across primary care, VCFSE and Acute Trusts in GM.

Primary Care Board is actively working to establish cross-provider sector collaborative approaches with the Trust Provider Collaborative, VCFSE (VCFSE Leadership Group) and ICB transformation teams, , such as pathway redesign in Community Gynaecology, diagnostics, neighbourhood health, the Prevention Demonstrator and developing the research capability of primary care.

The formal partnerships between Primary Care Board, VCFSE and Trust Provider Collaborative may be embryonic in nature, but it is built on strong and historical alignment between primary care and VCFSE in our Places and with secondary care on the design of pathways; they have the potential to positively impact frontline staff, patients, residents and future service sustainability.

2.3 PCB and VCFSE

In 2025 quarterly Roundtables of VCFSE Leadership Group and the Primary Care Board have commenced, and we have signed an MOU supporting our current and future collaboration. Through the Primary Care Board, VSNW, The Alternative Provider Collaborative and the Local Infrastructure Organisations (LIOs), we can collaborate at scale (GM and Locality), but we are also able to collaborate down to frontline service delivery, as VCFSE and primary care providers are based within communities on our High Streets. Separately and together, we know what assets exist in communities and can support those assets to connect to the people they are aiming to serve and support.

'*The round tables we have held over recent months have illustrated the significant overlap between our respective priorities. We are clear that working closely together will be a pre-requisite for the successful neighbourhood led implementation of our GM Live Well model and the prevention demonstrator. We also recognise our duty to the people of GM to work collaboratively to realise the ambitions of the NHS 10 year plan including the delivery of a system wide, focussed approach to prevention*.'
(Warren Escadale – Chair of the GM VCFSE Leadership Group (for and on behalf of its members)

2.4 Primary Care Board and the Trust Provider Collaborative (TPC)

Primary Care Board is exploring opportunities for joint working with the Trust Provider Collaborative Delivery team, sharing our priorities for the next 18 months. Opportunities include joined up design and delivery of services and new care pathways, especially to deliver the 'left shift' ambition.

PCB, TPC and VCFSE leadership will also look to explore how all three can work together and the opportunity this provides to the GM system is an agreed approach to the prioritisation of areas that will deliver the ambitions of the GMS and the 10 Year Plan, whilst marshalling our collective community, clinical, professional and managerial knowledge to improve services and outcomes for staff and residents.

ICP Board is asked to note that the content of this paper aligns to the recent PCB paper: '*PCB – Delivering the Greater Manchester strategy*', the Primary Care Board feedback on the proposed GM ICB Operating Model and our draft Provider priorities for 26/27 developed in support of the draft GM ICB 5-year commissioning plan.