

Neighbourhood development: Leading in Place



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Festival of Leadership

22/10/2026

Building Healthier Neighbourhoods



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NSA Gynaecology
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“The balance of health and social care is still skewed too much towards the use of acute hospital beds. More diagnosis and treatment should take place in primary care.”

Derek Wanless 2002

10 Year Health Plan: three shifts

July 2025

1 Hospital to community

Care close to or in people's homes, supporting independence for as long as possible. Use hospitals only when clinically necessary.

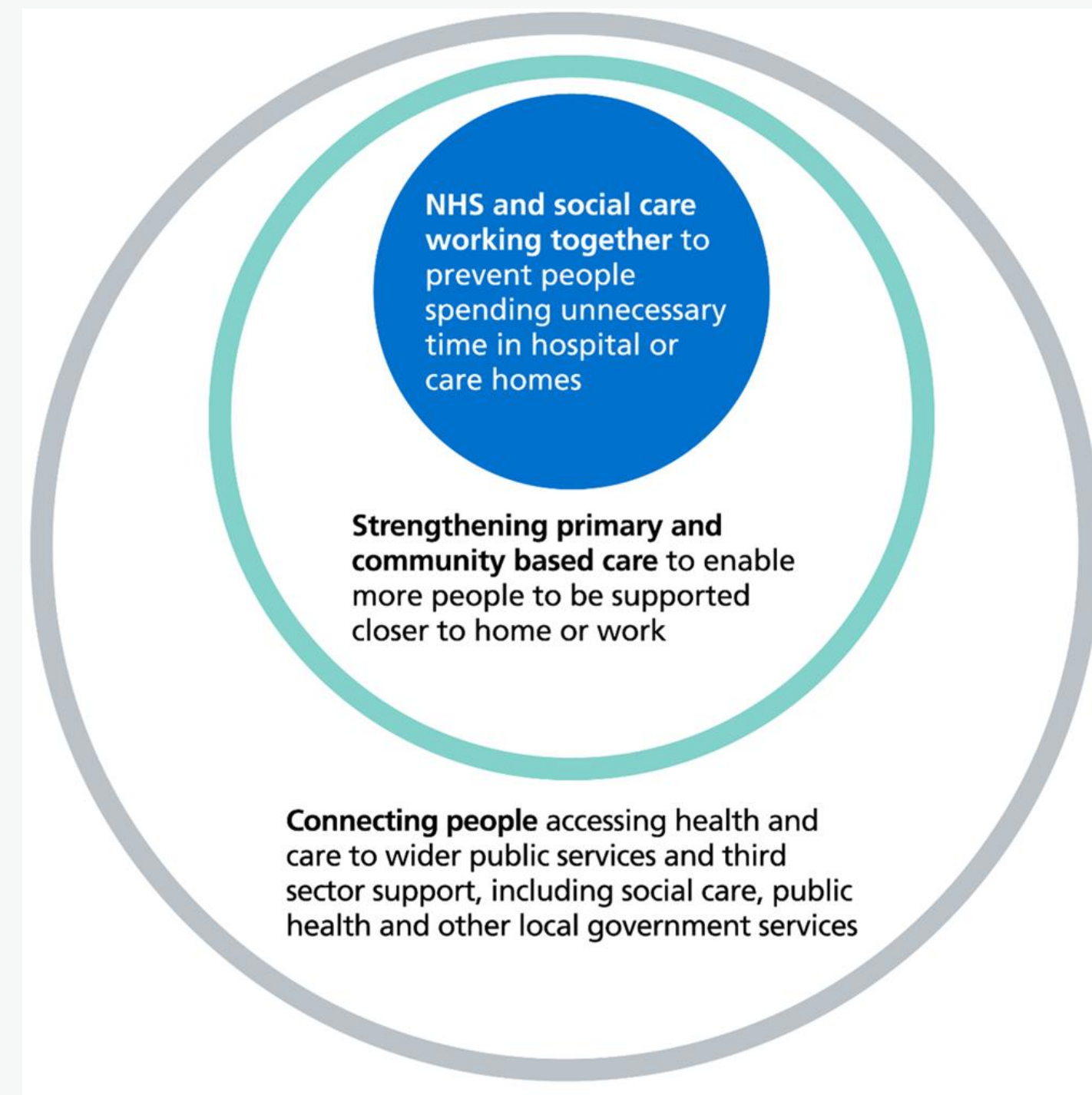
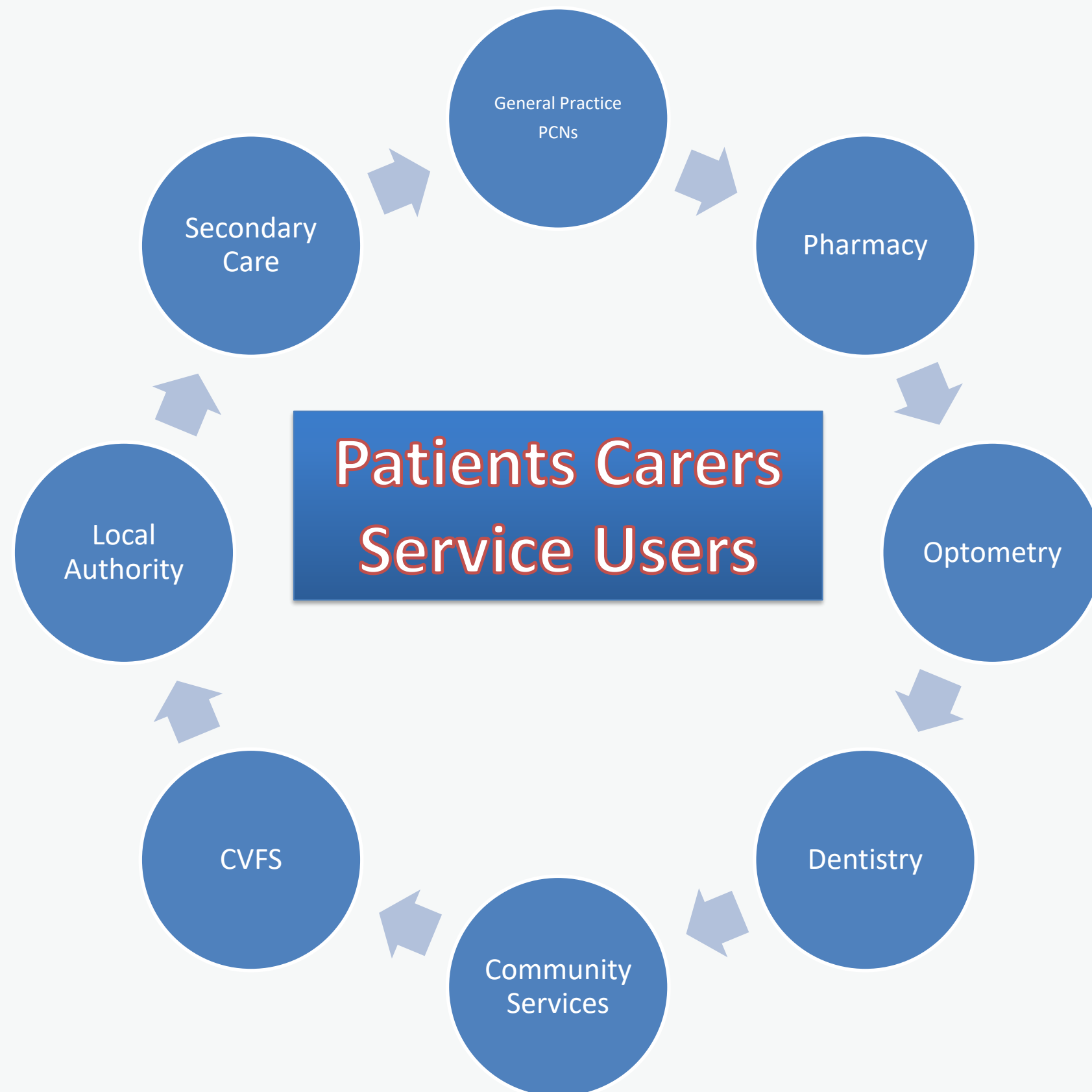
2 Treatment to prevention

Improve health literacy and intervene early to reduce deterioration and avoidable worsening of ill health.

3 Analogue to digital

Use digital infrastructure and solutions more widely to improve care.







Neighbourhood health reinforces a new way of working for the NHS, local government, social care and their partners, where integrated working is the norm and not the exception.

Building healthier neighbourhoods

Prevention and locally led solutions, built on trust and shared power

Trust and collective action



Prevention shaped locally

Shift power and resources towards prevention, using local assets and community priorities.

Partnerships that share learning

Connect health, local government, leisure and community organisations. Share practical learning.

Equity and anti-racism at the centre

Ask whose voices shape priorities, who controls resources and who faces barriers.

One action from every leader

Commit to one change that strengthens neighbourhood working and collective action.

Audience consideration.....

Whose voices are missing?

Who shapes local priorities? How will you involve those less often heard?

Who faces barriers?

How will you address inequity in neighbourhood working?

Who controls the resources?

How can you share power and shift resources towards prevention?

What action will you take?

Name one change you will make to improve neighbourhood working.

Anti-racism is a golden thread throughout neighbourhood working.

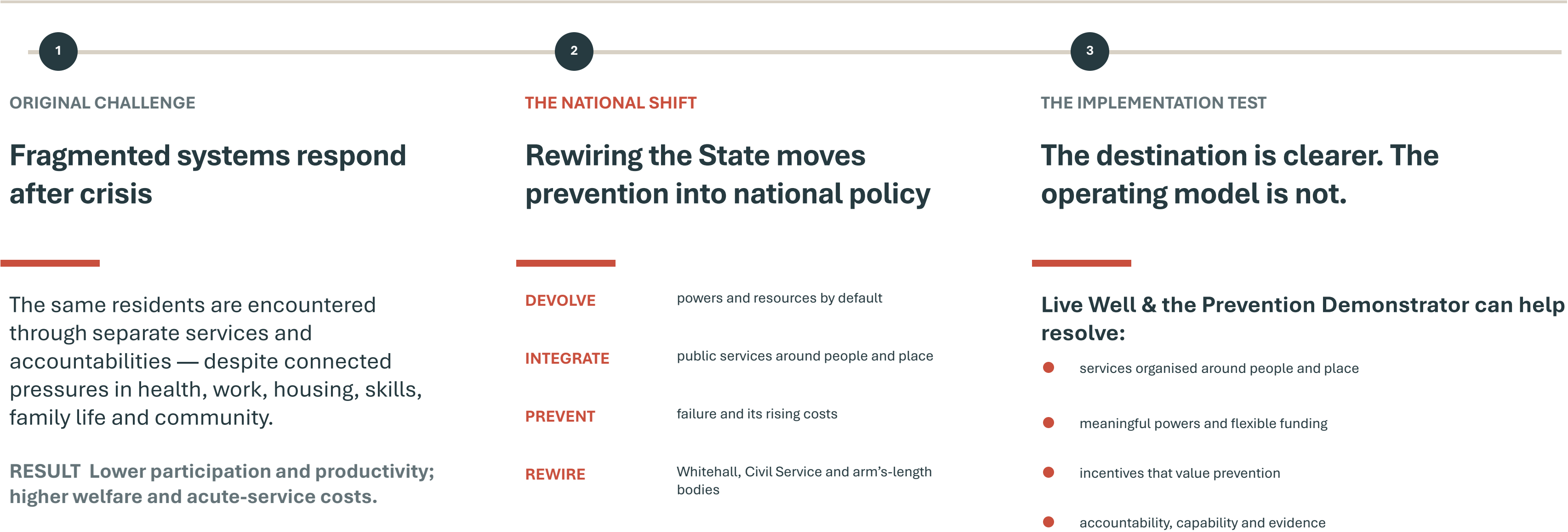
Neighbourhoods and Prevention

NHS NW Leadership Academy Festival of Leadership

October 2026

A Changed National Context – Rewiring the State

The national context is moving decisively towards prevention and devolution. The challenge is now to translate that direction into an implementable settlement



The direction has not changed. The opportunity has expanded.

Turn national ambition into institutions, funding and delivery models that improve lives, increase participation and productivity, reduce avoidable demand — and make welfare reform humane and effective.

Change begins in the everyday lives of families

Families are the place where public service reform is experienced in daily life — through relationships, stability, confidence, care, opportunity and hope.

■ INDIVIDUAL-PROBLEM MODEL

Respond after each problem surfaces

- HOUSING** treated separately
- HEALTH** addressed after escalation
- DEBT** managed in isolation
- EMPLOYMENT** supported without family context

Services may improve; the family's trajectory often does not.

■ FAMILY-FOCUSED BREAKTHROUGH

Strengthen the conditions for families to thrive

- | | |
|--|--|
| STABILITY
safe home + reliable care | WELLBEING
physical + mental health |
| CONNECTION
trusted networks + early help | AGENCY
confidence + routes into work |

One coordinated response builds the capability to participate.

Reduce the need for welfare in the first place.

Earlier help → stronger family capacity → greater participation → less long-term dependency and lower pressure on welfare and public services.

Key 'Components' of Live Well

Live Well unites the full range of public services and support into a fully integrated system. Live Well will serve as the front door for prevention and the primary vehicle for turning good growth into good outcomes.

Achieving the Greater Manchester Live Well ambition will focus on four key components:

1 Live Well Centres, Spaces and Offers, connecting brilliant everyday support across public services and community & voluntary groups

Supported by

2 A vibrant, resilient and connected VCFSE sector, resourced to respond to what matters to people

Embedded within

3 An optimum integrated neighbourhood model, working towards shared outcomes alongside people and communities

Underpinned by

4 A culture of prevention



An emerging model for prevention

Prevention is the coordinated action of communities, public services and wider partners to strengthen agency and resilience, act early on emerging risks, prevent escalation and restore stability, improving life outcomes while reducing avoidable demand and cost.

Community capacity

(Build the conditions)

Good Growth – Housing First – Community Strengths

- strengthen agency, relationships, social connection and resident influence;
- support community and VCFSE-led provision;
- create the conditions for earlier help-seeking and resilience



Early Preventative capacity

(Early identification and action)

Neighbourhood networks - Live Well Centres - Live Well Offers

- use data and frontline insight to identify emerging risk;
- engage proactively before crisis or statutory thresholds;
- coordinate holistic support around people and families



Protective Prevention capacity

(Intensive, relational support)

Neighbourhood Teams

Live Well Offers (Esp. Enhanced Offer)

- provide sustained relational support for complex or escalating needs;
- work across the whole person or household;
- prevent further crisis and restore stability, agency and independence.



WITH ONLY COMMUNITY CAPACITY:

Communities can build resilience, belonging and support, but without caring public services many people will not receive the help they need when challenges emerge. Needs may go unmet and problems can escalate.



WITH ALL THREE CAPACITIES:

People benefit from strong communities, timely support and caring public services that work together to prevent escalation and improve outcomes.



WITH ONLY PREVENTATIVE CAPACITY:

Needs can be identified and supported earlier, but without strong communities and effective protection, resilience is weaker and risks can still escalate.



WITH ALL THREE CAPACITIES:

Early support is more effective because people are connected to communities and protected when risks increase.



WITH ONLY PROTECTIVE CAPACITY:

Crisis and harm may be managed, but without strong communities and early help, demand remains high and problems often recur. Escalation and crisis are harder to prevent.



WITH ALL THREE CAPACITIES:

Risks are reduced, crises are prevented, and recovery is more sustainable with community and early support in place.

Whole System Public Service Reform

The GMS is a system wide commitment to prevention and learns from a decade of shared work to rethink the way public services are delivered—building a system that provides early help and heads off problems before they reach a crisis point. **Together, Live Well and the Prevention Demonstrator provide the integrated approach to public service reform central to delivering this vision.**

Live Well

- **GM's delivery model for Public Service Reform**
- Unite the full range of public services, the VCFSE sector and community assets in neighbourhoods, creating a single, integrated, place-based approach that offers people earlier help through trusted local relationships
- Radical, whole-system shift
- **Long-term reform model**

Prevention Demonstrator

- Challenge and opportunity from UKG to **accelerate and strengthen public service reform through Live Well**
- Test, evidence, and scale the system changes required to achieve the radical, whole-system shift
- Medium-term programme to produce a **national blueprint by 2035**

What is the Prevention Demonstrator?

The Prevention Demonstrator will be a GM and cross-Government accelerator, with a focus on

- (i) Accelerating the **Live Well Delivery Model**
- (ii) **Blueprinting** the Public Service Delivery Model for the UK
- (iii) Developing the **Evaluation Framework** which will demonstrate the impact of prevention,
- (iv) Establishing the **integrated/devolved funding model** to support Live Well delivery and prevent rising service costs, including through negotiating the outcomes which will be need to be delivered through the extended Integrated Settlement, and
- (v) Establishing the **mechanism for data sharing**, improving capability and innovation in the use of data.

From GM learning to a National Blueprint for prevention led public-service reform

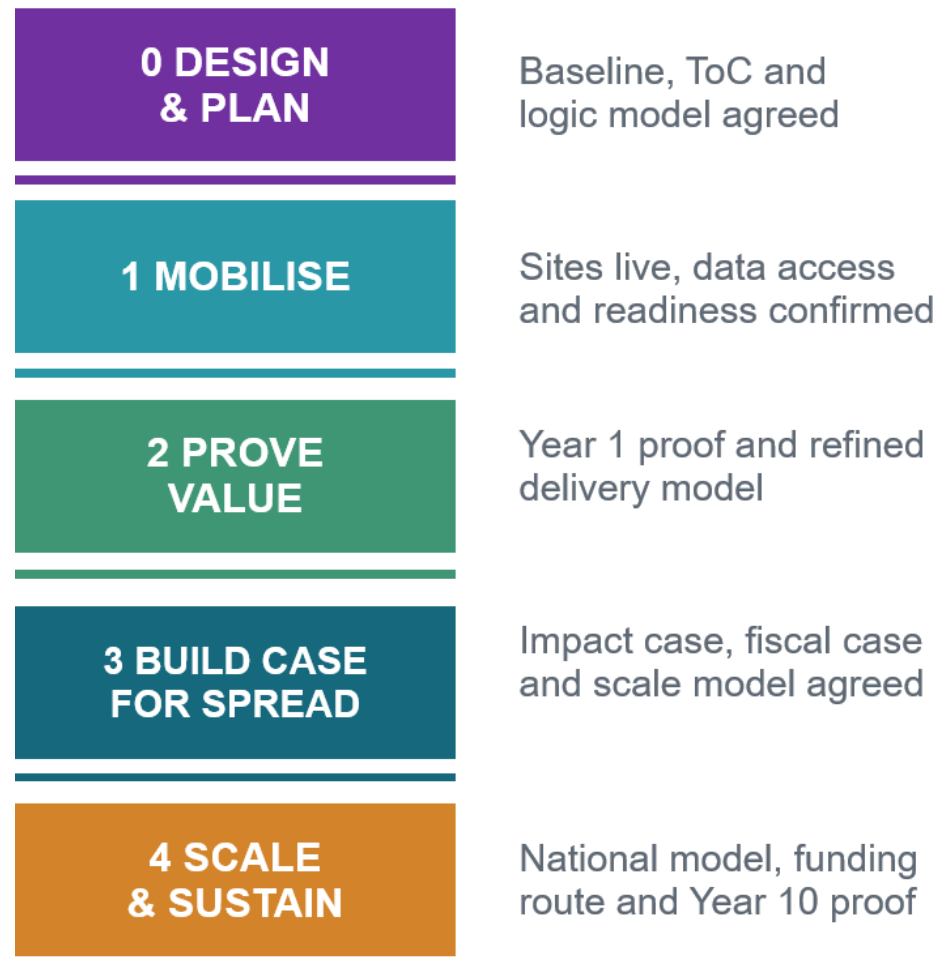
GMCA

We are mobilising and learning — we must now make specific improvements and establish the mechanisms to sustain and grow impact

01 BUILD

Complete and mobilise the integrated Live Well prevention model.

Key output



02 OPTIMISE

Use evidence, data and financial frameworks to improve impact and sustainability.



03 SHARE

Translate learning into national policy, devolution and wider application.

- Existing delivery provides practical foundations in areas such as proactive care, NEET prevention, employment support, early help and multiple disadvantage.
- The immediate objective is to identify, test and adapt in response to credible signs.
- The annual report will define the model, establish the baseline and set out the programme of evidence and reform.
- Over time, the Demonstrator will produce an evidenced blueprint that can inform national policy, spending decisions and wider adoption.

Challenge and support from the National Advisory Group.

The group should help challenge the model, test the evidence, resolve difficult questions of funding and accountability, connect the work into national decisions and help champion reforms required for wider application.

EVIDENCE IS BUILDING. IMPACT IS EMERGING. THE NEXT STEP IS ADDITIONALITY.

PROOF OF DELIVERY: CVD PROACTIVE CARE (BeCCoR)



MODELLED OUTCOMES (UPSTREAM EVIDENCE)



Evidence strongest upstream; demand and fiscal impacts are promising but still developing.

EARLY IMPACT: MULTIPLE DISADVANTAGE

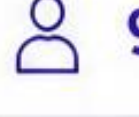



£1.42 fiscal return per £1 invested

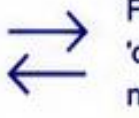

£8.20 public value per £1 invested

Evidence is promising but continues to be evaluated for full attribution.

EARLY PROGRESS: YOUNG PEOPLE (NEET)


90%+ of participants engaged with keyworker support


GM model with direct accountability to 10 local authorities


Flexible duration and 'distance travelled' measurement


15–20% of prime-provider management cost potentially redirected to frontline support


GM NEET rate now below the England average for the first time in 5 years

Longer-term impact on NEET rates is not yet established.

SYSTEM LEARNING: EMPLOYMENT SUPPORT


Improved employment outcomes for people facing multiple barriers to work.


Increased confidence, motivation


Successful engagement of groups often underserved by mainstream programmes, particularly young people and those with health-related barriers


Strong fiscal returns through the Working Well model


Better outcomes through integration of employment, skills, health and community support.

WHAT WE ARE NOW TRYING TO PROVE: ADDITIONALITY

1 
Live Well Additionality – to what extent does trusted neighbourhood support and place based delivery improve engagement, equity and effectiveness?

2 
Innovation & Spread – how do we accelerate reform through innovation to rapidly prove value and secure impact through spread as a learning system.

3 
Scale and Sustain – defining and addressing the implications for system leadership and accountability, funding and fiscal frameworks, and delivery and commissioning.

ENABLERS FOR SCALE AND SUSTAINABILITY



DATA & AI

Unlock the value of GM's data assets with trusted, ethical use.



ECONOMICS OF PREVENTION

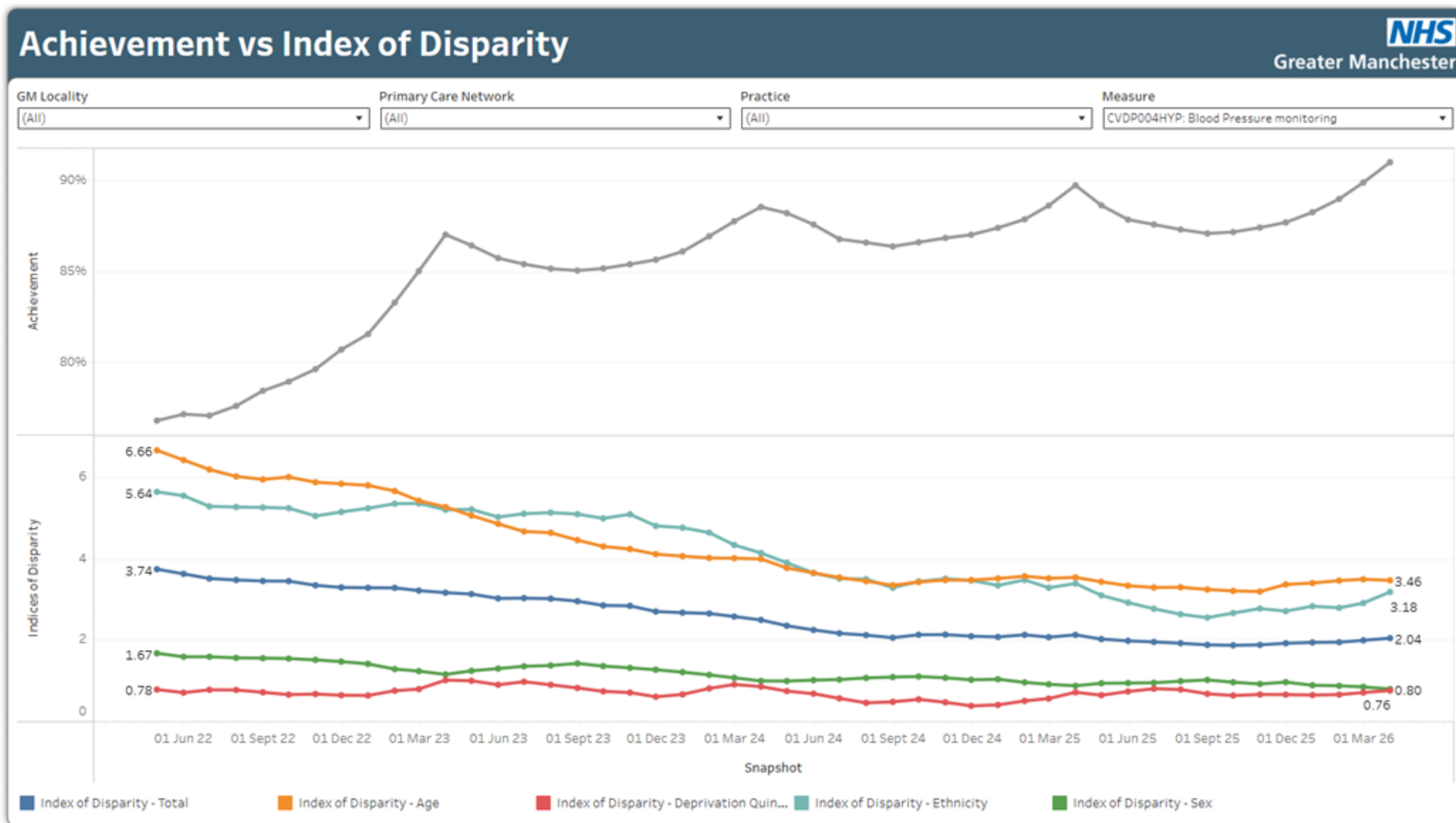
Redesign funding flows, capture benefits and reinvest upstream.



EVALUATION & LEARNING

Rigorous evaluation with universities to prove what works and for whom.

Measuring impacts *and* inequalities - eg



This demonstrates:

- 1. Improvements in BP checks** for patients with known Hypertension in GM.
- 2. Within this, a narrowing of health inequalities** as measured by a reduction in index of disparity for age, deprivation, ethnicity and sex

Working differently

Examples of the kinds of projects and practice that have had good results in relevant areas have been collated in our toolkit to support general practice and neighbourhood delivery for 2026/27

Community-led prevention and outreach - Delivering support closer to everyday life

Many Live Well neighbourhoods use:

- Community venues and trusted spaces
- Outreach and drop-in models
- Joint clinical and non-clinical activity

These approaches work best when:

- Public services and VCFSE partners plan and deliver together
- Clinical input is available where needed
- Community organisations are supported, not overwhelmed

This helps reach people who may not engage with traditional appointment-based care.

Next steps into action:

Watch [this video from Oldham Family Practice](#) about their partnership with the local Voluntary Sector.

There is more detail about their work in the examples section, slide 39, along with a myriad of other examples, tools and resources.



Case Study: Improving CVD Prevention Through Communication (1/2)

Dr Aseem Mishra, Clinical Lead for CVD Prevention in Greater Manchester, is leading a collaborative effort to redesign clinical pathways by focusing on patient motivation, empathy and positive communication and looking at the underlying social and behavioural determinants of people's heart health.

Innovative Approaches

- **Applying behavioural psychology** to patient communication, such as using text messages with emojis and affirming language, which significantly increased return readings for home blood pressure monitoring.
- **Starting patients on two medications concurrently** to achieve blood pressure control quicker, noting that patients stay motivated when they see results.
- **Using poetry and rap** to articulate messages about health inequalities to capture the attention of both clinicians and the public.
- **Employing community fieldworkers** to collect qualitative insights and co-produce health literature, ensuring engagement is rooted in local values.
- **Partnering with the voluntary sector** to hold monthly events in community spaces with cooking lessons, flu jabs and blood pressure monitoring.
- **Developing a visual map to describe data**, combining the impact of treatment with a composite score of multiple conditions taken from patient records, so health issues more visible by postcode.

The image shows two posters. The left poster is titled 'HEALTHY HEARTS' and features a couple smiling. It lists 'FREE COMMUNITY BLOOD PRESSURE CHECKS' and 'OUR OFFER TO YOU' which includes a free blood pressure check, health & lifestyle information, cultural consultation, community focus, and convenient learning. The right poster is titled 'Improving heart health of the Caribbean community' and features a heart shape made of fruit. It lists 'What We Offer' which includes health information and health assessment, free blood pressure checks, cultural consultation, a better understanding of your health, health, tailored to your cultural heritage, community focus, locally-led heart problems and those common in our Black communities and how we can manage them together, convenient learning, and engage in informative sessions and ask questions in local venues accessible to you. Both posters provide contact information for community workers.

together
we are
**GREATER
MANCHESTER**

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Live Well everyday support in every neighbourhood

HEALTH AND CARE WORKING TOGETHER IN OUR NEIGHBOURHOODS

Using population insight and Live Well to
organise support around people, not
institutions

**Mike Barker | Deputy Chief Executive, Oldham Council and
Place Director**



The resident should experience one system

Integration is not what appears on our structure chart.

It is whether a person gets the right help, early enough, without repeatedly telling their story or being passed between services.

PRIMARY CARE

COMMUNITY HEALTH

ADULT SOCIAL CARE

MENTAL HEALTH

LIVE WELL & VCFSE

The organising principle is the person and the place, not the referral route.

Why neighbourhoods matter now

RISING DEMAND

More people living with multiple conditions and complex care needs

PERSISTENT INEQUALITIES

Outcomes and access remain uneven between communities

WORKFORCE PRESSURE

Scarce capacity is absorbed by duplication and fragmented pathways

FINANCIAL CONSTRAINT

Future need cannot be met through more reactive provision

We cannot meet 21st-century need through 20th-century service models.

The Oldham neighbourhood operating model

OLDHAM COUNCIL



Population health management • shared intelligence • integrated leadership • community assets

Population insight and Live Well are two halves of the model

POPULATION HEALTH MANAGEMENT HELPS US SEE

Combines health, care and wider determinants data

Identifies cohorts, risk and unmet need

Creates a shared starting point for action

LIVE WELL HELPS US ACT

Connects services to trusted community routes

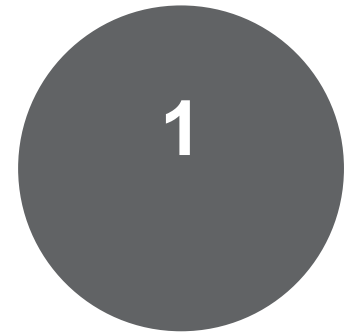
Strengthens prevention and everyday support

Mobilises community spaces, assets and leadership

Insight without action changes little. Action without insight risks missing those with greatest need.

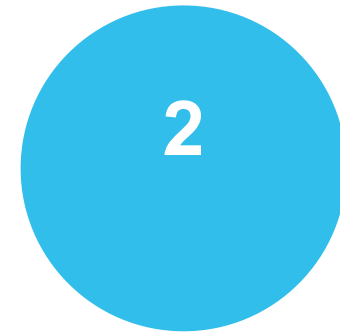
From population health management to coordinated action

OLDHAM COUNCIL



UNDERSTAND

One view of population
need



SEGMENT

Cohorts, risk and unmet
need



REACH

Clinical and trusted
community routes



RESPOND

One clinical, care and
community plan



LEARN

Outcomes, experience
and equity

The neighbourhood team turns insight into action.

An illustrative resident journey

A resident is living with diabetes, anxiety, reduced mobility and insecure housing.

TRADITIONAL MODEL

Separate contacts and assessments
Repeated explanation of circumstances
Clinical symptoms treated in isolation
Housing and anxiety addressed late

NEIGHBOURHOOD MODEL

PHM identifies rising risk and unmet need
A trusted contact begins one conversation
Health, mental health and care coordinate
Housing and Live Well form part of one plan

Illustrative example, not an account of an identifiable resident.

Mental health must be part of the everyday neighbourhood offer

Too often mental health appears only when need becomes acute.

A neighbourhood model creates earlier, connected routes to support through:

PRIMARY CARE

Recognition and
continuity

**COMMUNITY
MENTAL HEALTH**

Specialist advice and
treatment

SOCIAL CARE

Independence and
practical support

LIVE WELL & VCFSE

Connection, activity and
peer support

Connected routes to the right help, without blurring clinical responsibility.

The real leadership challenge is not structural

POWER

Local teams and communities influencing priorities and solutions

INFORMATION

A shared view of people, populations and performance

RESOURCES

Clinical, care and prevention capacity aligned around common priorities

ACCOUNTABILITY

Shared outcomes with clear statutory responsibility

Collaboration will remain fragile if authority, information and money stay locked in organisational silos.

How we will know the model is working

EARLIER HELP

Risk and unmet need
identified sooner

More prevention and early
intervention

ONE EXPERIENCE

Fewer repeated stories
and hand-offs

Clear coordination of
support

BETTER OUTCOMES

Improved health,
wellbeing and
independence

Less avoidable
deterioration

STRONGER SYSTEM

Better use of workforce
and community assets

Resource moving
upstream

The measure is whether lives and system behaviour change.

My ambition for Oldham

In five years, residents should experience one neighbourhood team, not a collection of organisations.

EARLIER SUPPORT

We see need sooner and act before crisis

STRONGER COMMUNITIES

Live Well and community assets are core

BETTER OUTCOMES

Healthier, happier and more independent lives

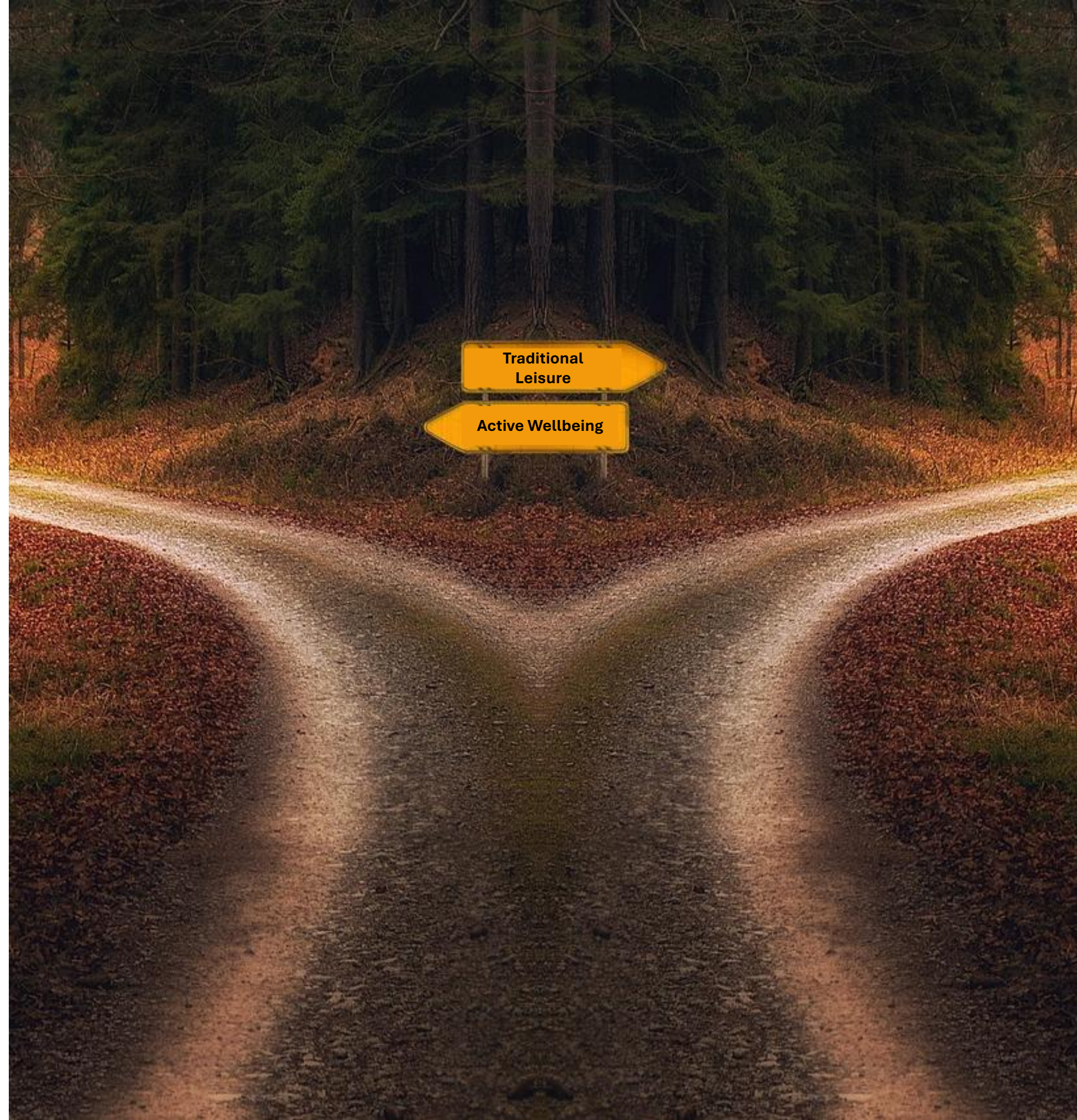
What boundary can you remove, relationship strengthen or resource shift?

Integration of health into neighbourhoods (leisure and community settings)



A Leisure Estate at a Crossroads

- West View LC and Fulwood LC are over 40 years old and increasingly inefficient.
- Current facilities no longer align with Preston's ambitions for health, inclusion and economic growth.
- Participation patterns, customer expectations and operating costs have shifted significantly.
- Leisure asset review commissioned



Working with health and leisure partners

- Most deprived neighbourhoods cluster around the city centre and West View LC.
- These areas experience poorer health outcomes and lower physical activity than national averages.
- Following the leisure asset consultation process, a colocation group formed with health partners to explore a potential left shift of services from the hospital
- Short term prospectus developed



Short term prospectus

- Health partners identified services that could be potential tests for change.
- RAG rated system for services that are possible for test (green), possible with facility adaptations (amber) and not possible (red).
- Physiotherapy pilot commenced

Service / Team	Location possibility	Needs	Potential timescales
MSK	Off site Test of change	Classes: both Gyms suitable One to ones: room improvement work at Fulwood but would require renovation at West View One to one space will need: plinths, sink, IPC materials, privacy screens, equipment e.g theraband	
Hydrotherapy	Off site Test of change		
Pain	Off site	Would require job plan review for PMP days at business centre	
Spine	Off site		
Occupational Health	Off site		
Pelvic health & Breast	Off site but not immediate for one to ones Classes could be considered prior	Would fall under the renovation work at West View to allow private one to one rooms Locks Sink Equipment Bladder scanners IPC How fast could this move Would need head of estates to support this	
Minor injuries & TTC	TTC could be offsite	Job plan review & service review would support this	
Elective ortho	Currently split IP and OP but could be all MSK OP off site	? Could be taken by MSK for the patients who require face to face FU, in line with best practice changes e.g. hips and knees	
Orthotics	On site as currently split	Lack of workforce Responsive nature Walk ins Would require service review	
Burns & Plastics	On site as currently split	No OT Not on B6 PT rotation Walk ins Would require service review	
Cosmetic camouflage	On site as currently split	OT covers IP work also Would fall under service review for B&P	
Hands	On site due to walk ins & TLDC	Could be planned/ringfenced walk in appointments Move away from one stop in relocated Water baths & storage of materials etc Would require service review	
Paediatrics	Currently split IP and OP Could be off site	Workforce limitation Would require service review	

Physiotherapy pilot



Shifting physiotherapy services from hospital to WV leisure centre



Clinicians introduced to the concept at an early stage



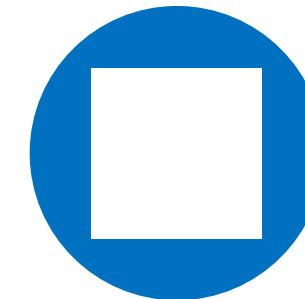
Evaluation embedded into pilot (pre and post) for patients and clinicians



Reponses showed an increase of patients preferred physio services at the leisure centres post pilot



Clinicians reported challenges with wifi access, equipment and travel time.



Free and accessible parking was reported as positive by clinicians

An Ageing, Inflexible Estate



Both centres have tired, life-expired buildings and layouts from an earlier era.



Limited energy efficiency at a time of rising utility costs.



Large footprints and inefficient circulation increase operating costs.



Design constraints limit modern programming, accessibility and co-location.



Benchmarking confirms the existing leisure estate is optimising what can be achieved – the buildings are now the barrier.

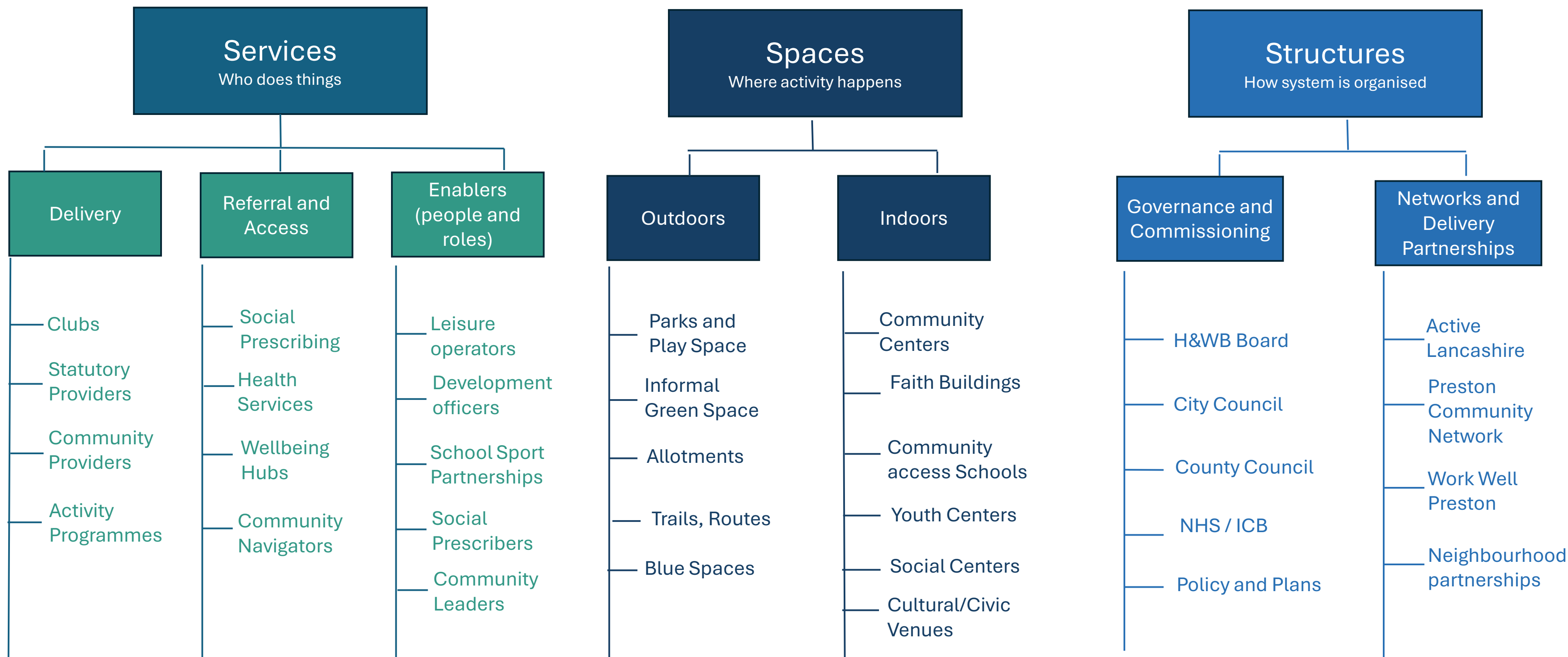
From Ageing Estate to Modern System

- Shift from an ageing, financially stretched estate to a modern, integrated system.
- Provide facilities and programmes that match Preston's ambitions for health, inclusion and growth.
- Use leisure as a core part of a wider health, activity and wellbeing ecosystem.
- Build on a strong partnership with health partners and the VCSE sector to maximise impact for communities.
- RIBA 1 permissions granted



Community Asset Review

A structured approach to identifying services, spaces and system enablers



Understanding of:

- Location of community assets.
- Asset ability, capacity and readiness to host physical activity initiatives.
- Facility needs to be able to host preventative health services
- Funding ringfenced to support any relevant facility development
- Conversations about community assets remain on the colocation agenda



Future opportunities - prevention



Continued physiotherapy integration testing



Frailty and falls prevention (body balance and community appointment days)



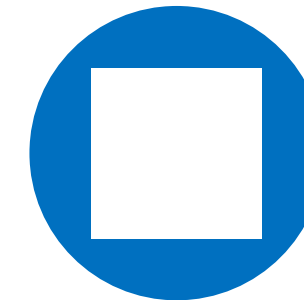
Pre-op. Reducing the need for surgery



Healthwise. Working with social prescribers and GPs



Integration of health services into community assets



Long term development of a health and wellbeing hub for the city

Orwell room - Multi faith room
Pier room - Quiet space

First set of workshops | 1:00 - 2:00pm

- A) Leading analogue cultures to digital cultures - **Belfield Suite**
- B) Neighbourhood development: Leading in Place - **Main Auditorium**
- C) Connecting OD practitioners - **Douglas Suite**
- D) Leading in a political environment: Beyond Westminster - **Warriors Suite**

Second set of workshops | 2:15 - 3:15pm

- A) Leading analogue cultures to digital culture - **Belfield Suite**
- B) Neighbourhood development: Leading in Place - **Main Auditorium**
- D) Leading in a political environment: Beyond Westminster - **Warriors Suite**



Close to the Festival of Leadership 2026



**Prof. Chris
Cutts**

*Regional Chief People
Officer,
NHS England North West*

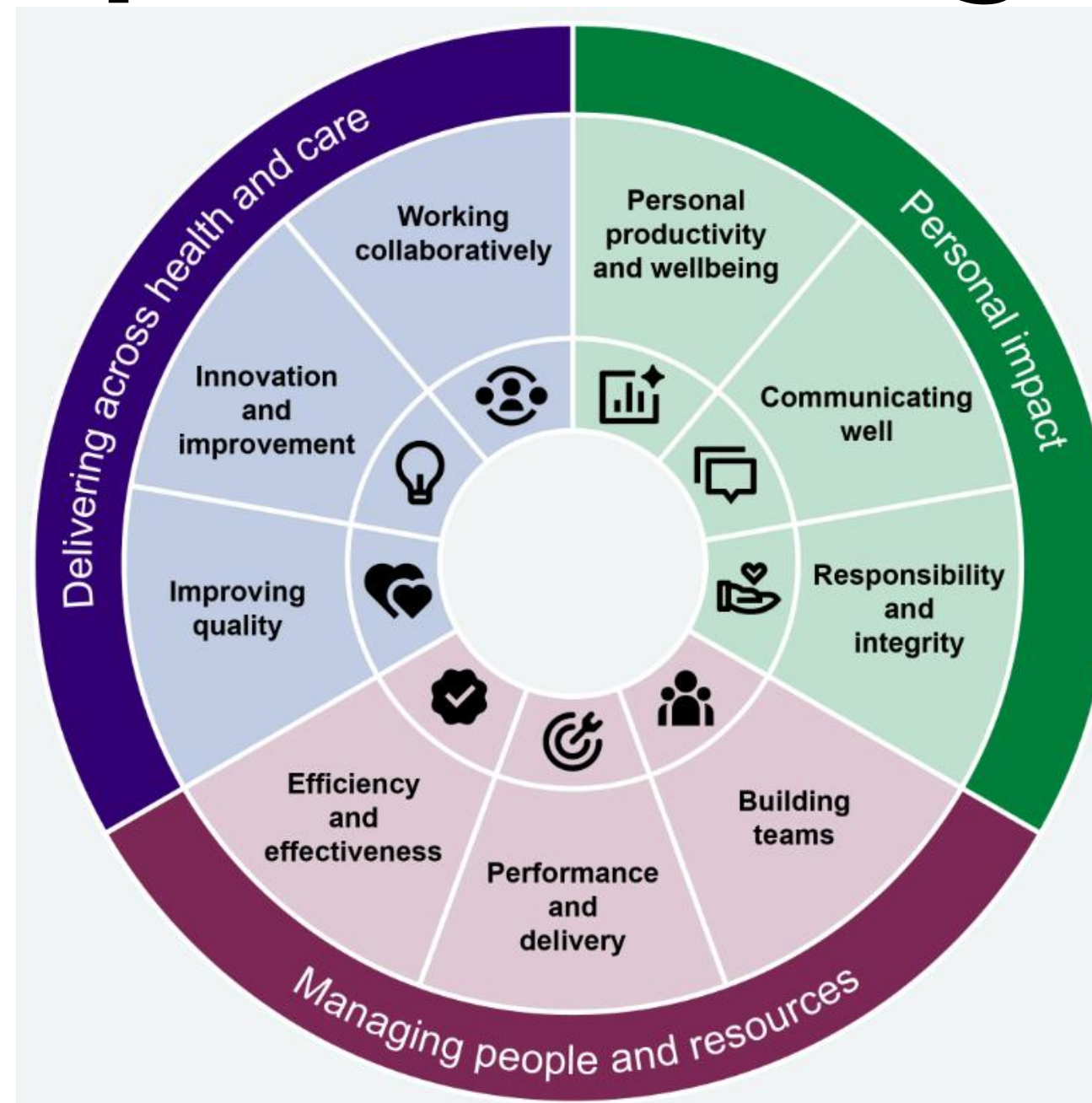


**Dr. Frances
Dodd**

*Head of the NHS North
West Leadership Academy*



NHS Leadership and Management Framework



Thank you

nw.leadershipacademy.nhs.uk

