

## Our Strategy Missions



## Mission 1

### Strengthening our communities

Help people, families and communities feel more confident in managing their own health.

- **Scale up and accelerate delivery of person-centred neighbourhood models** including community-led health and wellbeing (Live Well) and tackling poverty as a driver for poor health
- **Develop collaborative and integrated working** including Best Start, Aging Well, housing and health, violence prevention and consolidated programmes for those experiencing multiple disadvantage
- **Develop a sustainable environment for all** including delivery of the NHS Green Plan

## Mission 1 Case Study

### Live Well is a movement for community-led health and wellbeing.

Only by working alongside people and communities to create healthier happier lives will we see sustainable improvements in the health of our population. This involves a shift in power and resource - through community wealth building, real co-production and investment towards those who experience inequalities.

Live Well is our co-designed programme to support this across GM, as a key component of the person-centred neighbourhood model. Every day, people help each other and take part in activities that keep them moving, creative, and sociable – improving their physical health and mental wellbeing. Many people, particularly those experiencing inequalities, do not have the same chances to access these opportunities - this is where social prescribing can help.

Social prescribing is a way for local organisations, services and professionals to refer people to a worker who acts as a 'link' between the health and care system or wider public services and the community. There are now over 250 Social Prescribing Link Workers in GM working alongside GPs and other community organisations. Over 45,000 people a year directly access this.

A range of test and learn sites will be exploring how communities can play a leading role in creating Fairer Health for All and learning about what works to shift local and systemic barriers so we can:

- develop participatory budgets for commissioning and delivery of community-led prevention
- build capacity and skills to create an asset-based approach
- utilise intelligence to better understand the value of our community-led activity

