

# NHS GM Reform Programme Update

## ICP Board

12<sup>th</sup> December 2025

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# Operating Model

# As we change our organisational form, we retain our purpose, vision and six missions for our population



Greater Manchester



## We are a city region with a global reach.

Our collaborative approach has put Greater Manchester at the forefront of progress. We are home to renowned universities and research institutions. We have the largest tech cluster outside London and the largest life science cluster outside Cambridge. We have one of Europe's top visitor economies, are the beating heart of the UK's creative industries, a sporting capital, pioneers of public transport and trailblazers of English devolution.

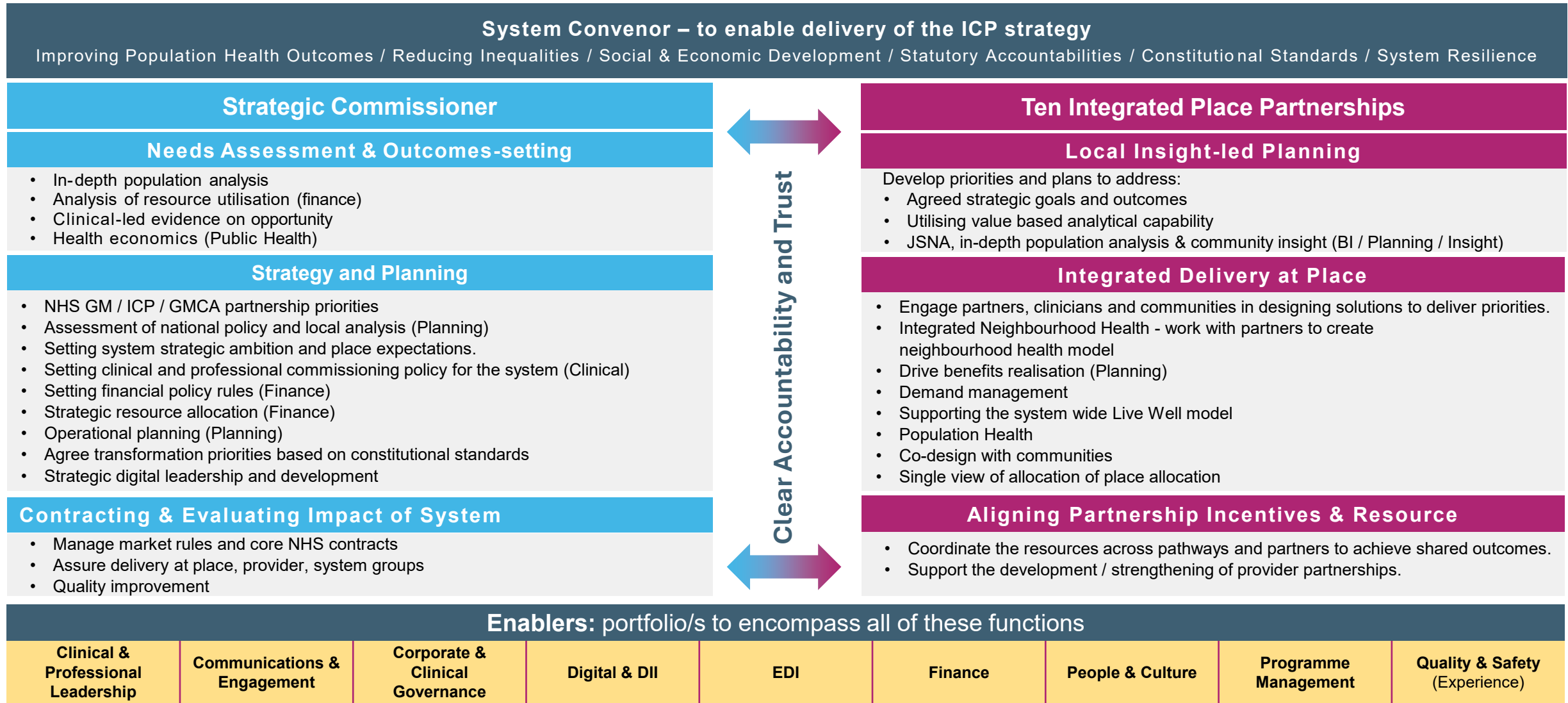
Our collective vision for the next decade is to see a thriving city region where everyone can live a good life. Health is part of a wider picture that determines quality of life. Outcomes are shaped by good work and skills, decent housing, safe and connected neighbourhoods, education, transport, culture, environment and a sense of belonging. Greater Manchester is only successful if every part of our city region and every person in our city region is successful.

NHS Greater Manchester intends to make its contribution, as a key public service partner, bringing its resources and capacity to bear to improve the physical and mental health of our three million residents - commissioning for health as well as health services. This includes leading the delivery of the three strategic shifts set out in the 10 Year Health Plan: moving from reactive care to prevention, from hospital-based services to community-led support, and from analogue systems to digitally enabled care.

# Integrated working between our Place Partnerships and Strategic Commissioning teams is at the heart of our new model



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# Feedback on the draft NHS GM Operating Model



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**We have concluded a month-long period of engagement – across internal & external stakeholders (staff and partners)**

## Key Themes from Partners:

- Broad support for the ambition within the model; the operating model acknowledges progress made under devolution and aims to build on local success.
- Support for the strong commitment and emphasis on tackling inequalities, focus on prevention and on patient/public involvement.
- Strong support for the intention to reduce duplication and bureaucracy but with mixed belief about how this would be made possible
- There was mixed feedback about our proposed changes to our teams within localities with the creation of Place Partnerships, with a consistent request for further detail and the opportunity to get involved
- Some partners felt the model is *“not that different to the existing operating model”*,
- Provider collaboratives feel left out or under-recognised within the model
- Concerns about safeguarding, SEND, and engagement delivery being compromised.

## Work underway to use this feedback:

- Our place partnership workstream will use the feedback to shape the next phase of work as we develop the outcomes framework for place partnerships and the partnership agreement itself
- Our operating model will be finalised with a stronger emphasis on our role to work with our full range of provider collaboratives
- Through our organisational restructure, the safe transition of statutory duties is being closely managed with further detail about new working arrangements being shared and tested with partners- see later slide.

# Organisational Change Programme

# Managing Organisational Change



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- **November 2025:** The government confirmed arrangements with HM Treasury to fund redundancies, allowing the national voluntary redundancy scheme to proceed. Employers were told they could apply the “model scheme” immediately
- **NHS GM commenced collective consultation** on 19th November and opened our first window of voluntary redundancy applications on 24th November
- **Chief Officer restructure** has concluded, and new roles will be formally implemented on 1st January 2026- detail of new portfolios on the next slide.
- We will open **consultation on whole organisational structures** in mid-January and will conclude the implementation of new structures before the end of March 2026.
- We continue to benefit from **collaboration with wider public sector partners on retaining talent in GM** and will run a second careers fair in the New Year, alongside bespoke support to individual staff.



# Our teams will work together – and with Partners – across the strategic commissioning cycle



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**Our new operating model will be implemented through portfolios that collaborate closely with Place Partnerships.**

The future ICB will comprise five portfolios and ten Place Partnership teams, each driving delivery through multi-disciplinary, matrix-style collaboration across NHS GM and its partners.

These portfolios will be structured around areas of professional expertise to foster deep knowledge and clear lines of accountability, while remaining adaptable to support the full commissioning cycle and key transformation priorities.

This chapter outlines the make-up of these portfolios and their anticipated responsibilities and accountabilities.

# Potential Transfer of Functions



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**NHS GM continues to work with NW regional and GM City Region Partners to explore opportunities for improving efficiency through collaboration on service delivery**

**Following are functions that are being scoped for potential transfer within GM:**

- Population Health to the Public Health Network

**Following functions are being scoped under the Regional 'Do Once' Programme:**

- Individual Funding Request (IFR)
- GP IT
- Emergency Preparedness Resilience & Response (EPRR)
- System Coordination Centre (SCC)
- Commissioning Support Unit (CSU)
- Office for Pan ICB Commissioning (OfPIC)

# Working with Partners

# Working with our commissioned provider partners to deliver the 10 Year Health Plan



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This operating model outlines how NHS Greater Manchester will work. NHS GM is part of the wider GM Integrated Care System, and how we work with our full range of provider partners is vital in delivering the 10 Year Health Plan.

1

## **Treatment to prevention**

Working with public health, primary care and VCFSE teams to embed a Live Well approach at place by aligning priorities, co-designing services, and investing in prevention-focused, community-led initiatives.

2

## **Hospital to community**

Working with our range of Provider Collaboratives to redirect resources from hospitals to primary care and community settings. Supporting primary care, community services as well as VCFSE and independent sector to expand neighbourhood health, improve GP access and enabling care in the community. Our focus on outcomes over outputs will enable this shift.

3

## **Analogue to digital**

With leadership and insight from NHS GM, partners across all sectors, and Health Innovation Manchester will work collaboratively to digitise services, empowering citizens, reimagine care, and drive system-wide transformation, including virtual care, integrated records, maximising the opportunities to utilise AI.

## **NHS Trust Providers**

Out of the £9b health budget, £5.5b is allocated to ten NHS Trusts, including mental health, cancer, ambulance and integrated hospital and community Trusts. Our NHS GM model focuses on accountability, lead provider contracting, incentivizing early interventions, and system-wide collaboration. We will work with the Trust Provider Collaborative to support reform, ensure system group impact, and explore Integrated Health Organisations within our system.

## **Primary Care Providers**







Primary care providers will be engaged as equal partners within Place Partnerships, contributing their expertise to the design and delivery of neighbourhood health models and the wider Live Well agenda. By aligning priorities, sharing data, and investing in prevention-focused, community-led initiatives, we will empower primary care to drive improvements in access, outcomes, and patient experience, ensuring that local insights and clinical leadership are at the heart of system-wide change.

# Place Partnerships in Motion: Collective Focus across Partners



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The strength of Place lies in its diversity, not a single team, but a shared system where all contribute to transformation...

Place Capability	Enables	Enabled By
 <b>System Leadership &amp; Alignment</b>	<ul style="list-style-type: none"> <li>- Translates shared purpose into joined-up action</li> <li>- Steers governance and integration</li> <li>- Builds relational trust and prioritises shared goals</li> </ul>	NHS GM, NHS Providers, Primary Care, Local Authority, VCSE leaders, Elected members, Neighbourhood leaders
 <b>Data, Intelligence &amp; Improvement</b>	<ul style="list-style-type: none"> <li>- Turns insight into action and tracks what matters</li> <li>- Builds population health dashboards with local context</li> <li>- Supports real-time learning and adaptation</li> </ul>	Public Health, BI teams, NHS & Council analysts, Academic partners, Community Connectors
 <b>Frontline Service Integration &amp; Transformation</b>	<ul style="list-style-type: none"> <li>- Delivers proactive, multidisciplinary, high quality and inclusive care</li> <li>- Adapts services around lived experience</li> <li>- Responds swiftly through locally rooted teams – utilising the Live Well principles</li> </ul>	Health & Care Providers, Social Care teams, VCSE organisations, Housing & community-based services, Neighbourhood leaders
 <b>Place Planning &amp; Resource Logic</b>	<ul style="list-style-type: none"> <li>- Aligns investment with life-course outcomes</li> <li>- Models delivery around long-term sustainability</li> <li>- Anchors programmes in shared value</li> </ul>	Transformation teams, Finance leads (NHS & Council), Programme managers, Neighbourhood leads shaping priorities
 <b>Engagement, Co-Design &amp; Public Voice</b>	<ul style="list-style-type: none"> <li>- Enables people to shape change directly</li> <li>- Centres design around what matters to residents</li> <li>- Builds ownership, trust and resonance</li> </ul>	Patient/Resident Voice, Engagement teams, VCSE navigators, Councillors, Comms leads, Neighbourhood forums, youth and lived experience leaders
 <b>Community Activation &amp; Wider Collaboration</b>	Promoting Live Well scheme through: <ul style="list-style-type: none"> <li>- Tackling wider determinants through a community-first mindset</li> <li>- Aligning education, safety, housing and business with wellbeing</li> <li>- Creating neighbourhoods that promote health</li> </ul>	Primary Care, Schools, Housing teams, Police, Local Businesses, Leisure & Sport partners, Universities, Neighbourhood leaders

# Changes to delivery of Statutory Functions



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**Some statutory functions will change their delivery model to ensure efficiency, consistency and fidelity to the operating model**

Function	Changes to delivery
Safeguarding	<p>Single team within the Chief Clinical Officers portfolio.</p> <p>Provides strong clinical leadership, scalable efficiency and consistency</p> <p>Cluster arrangements to maintain essential connection and integrated working within safeguarding boards</p>
All Age Continuing Care	<p>Strengthened, single leadership within the Chief Healthcare Commissioning Officers portfolio</p> <p>Ensures opportunities to influence highly volatile expenditure are maximised consistency across the whole of GM</p> <p>Clinical teams of assessors and practitioners continue to be deployed locally and integrate within the neighbourhood health and care model.</p>
SEND	<p>Single team within the Chief Healthcare Commissioning Officers portfolio to allow for integration with children's commissioners</p> <p>Dedicated Named Designated Clinical Officer for each locality with maintenance of close working relationships to ensure safe collective delivery of SEND statutory duties.</p>

# Proposal for Integrated GM Public Health Network

We will create an integrated GM Public Health Network (GMPHN) enabled by:

- A contract between NHS GM (commissioner) & GMPHN (provider).
- The deployment of NHS GM Population Health staff into the GMPHN, with full pay costs covered by GMPHN.

The integrated GMPHN will provide a range of functions, under the specialist distributed leadership of the GM Directors of Public Health.

GMPHN does not duplicate or replace activities that take place in each locality but instead focusses on the activities where a pan-GM approach is optimal, whilst also providing specialist public health advice to locality systems.

**NHS  
Greater  
Manchester**

**Strategic  
Commissioner  
for Health and  
Care Services  
and for  
Population  
Health  
Outcomes**

## 5 Year Outcome Based Contract

1. Pan-GM public health programmes aimed at improving health and tackling inequalities
2. Management of an integrated GMPHN team delivering activity against a shared work programme
3. Provision of specialist and technical public health input to NHS GM (GM & locality level)
4. Influence the wider, social and commercial determinants of health / building blocks of health through active participation in formal GM system governance to ensure that a credible, and influential public health voice
5. Support the delivery of Live Well / Neighbourhood Health, GM Prevention Demonstrator

Deployment of NHS GM Population Health function staff into an integrated GM Public Health Network team.

Full costs covered for deployed NHS GM employees

**GM Public  
Health  
Network**

**Provider of  
collaborative,  
locality-led,  
specialist  
Public Health  
System  
Leadership**

**Reduced Running Costs and  
Decreased Total Costs**

**Increased Collaboration,  
Effectiveness and Efficiency**

**Improved Health Outcomes and  
Reduced Health inequalities**