

NHS reform key messages

Updated 03 July 2025

Background to NHS Reform



Greater Manchester

Integrated Care Boards

- On 1 April 2025, [NHS England wrote to ICB and provider leaders](#) outlining how we will work together in 2025/26 to deliver our core priorities, laying the foundations for reform in preparation to deliver the ambitions of the 10 Year Health Plan
- Delivering the [10 Year Health](#) Plan will require a leaner and simpler way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom. Our focus is to deliver the three strategic shifts:
 - **Treatment to prevention** – stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before medical intervention is needed
 - **Hospital to community** – reducing reliance on acute care by building more joined up, person-centred care closer to home in local neighbourhoods
 - **Analogue to digital** – Using technology and data to make healthcare smarter, faster, and more tailored to each person's needs
- NHS England has worked with ICB leaders across the country (including some of our own) to co-produce a [draft Model ICB Blueprint](#) that clarifies the role and purpose of ICBs, our core functions and what needs to be in place to ensure success:
 - **ICBs will continue to play a vital leadership role**, focused on understanding population health needs, planning for the long term, reducing health inequalities and ensuring access to consistently high quality and efficient care
 - **Our functions will be more focused**, with some responsibilities moving to providers or regional/national teams over time. We will need to streamline in places and do some things differently, more efficiently and/or at scale
 - **Not all changes can be done this year** as some need legislation and some functional changes/transfers will need time to be done safely
 - **There will be a national support offer**, including advice on voluntary redundancy/mutually agreed resignation schemes (MARS), guidance on redeployment, training and help with career transitions if necessary. The detail of this is still TBC

NHS GM – where we are today



Fewer people are waiting a long time for hospital treatment



Faster test turnaround times



Most improved in the region for A&E core standards



People with cancer diagnosed faster and earlier



Significant reduction in Out of Area Placements (OAP) for mental health



GP consultations increased year on year



Ambulance response times consistently above national average



Hospital@Home saved more than 200,000 bed days

NHS GM – where we ended 2024/25



Exceeded savings targets: delivered £497.3 million in savings, surpassing our target by an additional £7 million



We were able to access our full cash limit (total amount of funding allocated by NHS England)



NHS GM running costs were under our budget allocation

Our approach to reform in NHS Greater Manchester

- We are committed to delivering an operating model for NHS GM in line with the model ICB blueprint, build on strong partnerships, local needs and a shared ambition for population health improvement
- **GM will retain footprint aligned with GMCA** (supported by the ICP) and are not merging with any other ICBs
- GM is ahead nationally, already using an integrated place model, and we have reaffirmed **our commitment to 10 places** aligned with local authorities
- Our vision for Greater Manchester still applies as does our commitment to our 6 missions as outlined in the [ICP strategy](#)
- We continue to be committed to our [Sustainability Plan](#) and the three shifts (outlined in 'Background')
- We need to **reduce operating costs by at least 39%** (equating to approximately 600 staff)
- Around 90% of our operating cost are staff costs, therefore there will be a **significant reduction in headcount**
- NHS GM will be **accountable for the £8.5bn of health spend** across Greater Manchester
- We will aim to **influence the wider public sector spend** across Greater Manchester by working in partnership with colleagues from across a range of services

Our approach (continued)

- We will deliver a completely new structure by the end of March 2026 and deliver a full year of savings in 2026/27. Our reformed ICB model for Greater Manchester will:
 - set NHS GM as the **strategic commissioner** for health for over 3 million residents
 - set **outcomes, strategy, and resource allocation** for our providers - most importantly our 9 provider trusts and primary care – once
 - oversee results and convene the system
- To oversee our progress, a Task and Finish Group, chaired by NHS GM's chair, Sir Richard Leese is now established with membership from senior leaders representing providers, Place and staff alongside our chief officers
- We continue to engage with stakeholders from across the ICP, including the voluntary, community, faith and social enterprise (VCFSE) sector, provider trusts and primary care

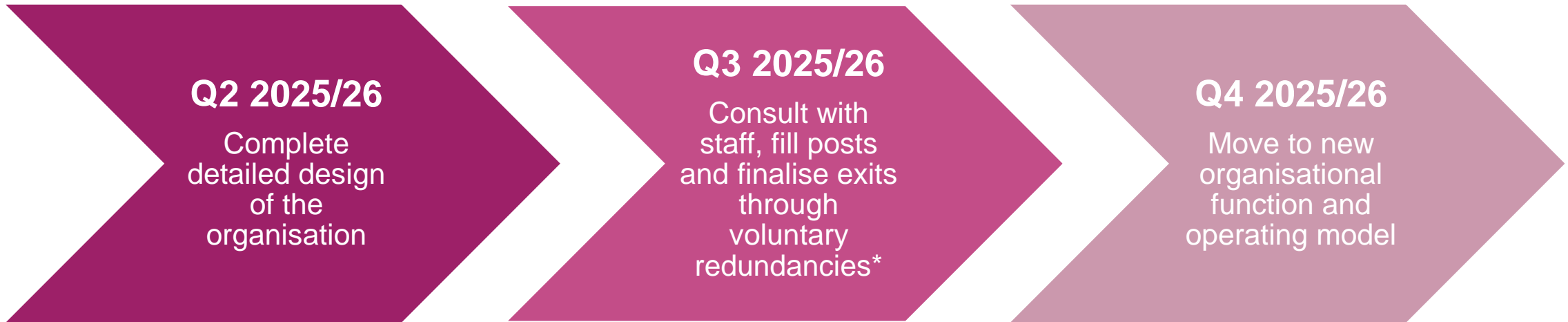
Supporting our colleagues

- Over the next 12-18 months, approximately 5,000 people will be displaced or move employment across our public services in Greater Manchester
- We will connect individuals to good work, upskill transferable portfolios into areas where there are opportunities in need of skilled workers, and role model an equitable and compassionate approach to looking after our people
- We will stand up a **Workforce Transition Hub** that adopts the best approaches to support our NHS colleagues through this troubling time – and to ready our system for future crisis moments in our economy

Our commitments throughout reform

- Place-based approach and strong commitment to Live Well
- Neighbourhood health services are key
- Our operating model will align with the particular needs of our population, and make the most of strong partnerships
- We embrace a new opportunity for clarity of role, reduced duplication, and deepening of partnership working
- We will:
 - deliver a safe, good quality and financially sustainable health and care system which aims to improve the health of the population
 - enhance our approach to strategic commissioning and oversight
 - strengthen our locality models
 - move our transactional services to be delivered through wider partnerships
- We will also minimise the economic impact of the loss of NHS GM staff by working in partnership across public service in Greater Manchester

Next steps



We will deliver a completely new structure by the end of March 2026 and deliver a full year of savings in 2026/27.

*At time of writing, detail of the national support scheme and its funding are still to be confirmed

To receive our NHS Reforms updates, please contact the
Internal and Stakeholder team
gmhscp.gm-stakeholders@nhs.net