

Greater Manchester Joint Health Scrutiny Committee

Date: 14 October 2025

Subject: 10 Year Health Plan and Greater Manchester Strategy – Next Steps for
NHS Greater Manchester

Report of: Paul Lynch – Director of Strategy – NHS Greater Manchester

Purpose of Report

To update Joint Health Scrutiny on how NHS Greater Manchester is developing its plans to respond to the 10 Year Health Plan and Greater Manchester Strategy (GMS)

The Committee is asked to note that there is a separate paper on today's agenda that covers the development of NHS Greater Manchester's Operating Model in response to the national ICB reforms.

Recommendations:

Joint Health Scrutiny Committee is requested to:

1. Review and comment on the updates provided
2. Advise on how they wish to receive future updates on the work areas in this paper

Contact Officer:

Paul Lynch – Director of Strategy – NHS Greater Manchester

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1. Introduction

- 1.1 Two major strategies have recently been published which set the context for Health and Care in Greater Manchester for the next decade:
- The 10 Year Health Plan
 - The Greater Manchester Strategy (GMS) 2025-2035
- 1.2 In parallel to this, NHS Greater Manchester has been preparing its response to the national Integrated Care Board reforms – announced in the spring. This response is covered in detail in a separate paper today for Joint Health Scrutiny.
- 1.3 This paper covers how NHS Greater Manchester is gearing up to deliver the 10 Year Health Plan and its role in the Greater Manchester Strategy. This will build on the work done for both the Integrated Care Partnership Strategy (2023) and Sustainability Plan (2024) – both of which have been presented to this Committee.
- 1.4 We have set out the next steps for NHS Greater Manchester in these areas:
- The 10 Year Health Plan
 - The Greater Manchester Strategy
 - Live Well
 - Neighbourhood Health
 - Prevention Demonstrator
 - Strategic Commissioning Plan

2. The 10 Year Health Plan

- 2.1 The 10 Year Plan for Health was published by the Government on 3rd July 2025. It sets out how the Government will seek to reinvent the NHS through three radical shifts:
- Hospital to community
 - Analogue to digital
 - Sickness to prevention
- 2.2 A large part of the 10 Year Plan is devoted to Neighbourhood Health. We welcome the focus on neighbourhood working – and we have a strong foundation to build on in GM as part of Live Well. Two localities – Rochdale and Stockport – were successful in obtaining places on the National Neighbourhood Health Implementation

Programme and we will make sure that the learning from this is shared across all 10 localities.

- 2.3 There are some new commitments in the 10 Year Plan where need to agree our approach on in GM – for instance, new neighbourhood contracts, and new provider organisational forms. We will be guided by to what extent the new policy can support existing arrangements in GM and our direction of travel.
- 2.4 Similarly, we will need to ensure that we meet the challenge of the potential abolition of Healthwatch by ensuring that we have the right mechanisms to listen and respond to the voice of residents and patients – the role of the VCFSE will be crucial to this.
- 2.5 The 10 Year Plan puts great emphasis on digital and innovation. GM is well placed to capitalise on this as a driver of economic growth and improved population health – for example through the Life Sciences Sector Plan.
- 2.6 We will describe how Greater Manchester will deliver on the commitments in the new 10 Year Plan through our Strategic Commissioning Plan and operational plans for 2026/27.

3. The Greater Manchester Strategy 2025-2035

- 3.1 The Greater Manchester Strategy (GMS) 2025-2035: sets out a bold, collective vision for a thriving city region where everyone can live a good life. It emphasises:
 - Prevention and early help as a foundation for public service reform.
 - Community power and participation as drivers of change.
 - Innovation and collaboration as enablers of transformation.
 - Tackling inequality and advancing equity, ensuring everyone regardless of background or circumstance, can access opportunities and live a good life.
 - Kickstarting another decade of growth by supporting existing and attracting new investment.
- 3.2 The health and care system in Greater Manchester will play a pivotal role in delivery of the GMS – and action across the themes in the GMS – safe warm homes, transport, good quality jobs – will improve population health
- 3.3 The role of health and care in delivering the GMS is being set out in more detail in the GMS Delivery Plan.
- 3.4 Live Well is a core delivery mechanism for the ambitions within the GMS with an emphasis on neighbourhood delivery and locality leadership, enabled by GM support.

4. Live Well

- 4.1 Live Well is the main mechanism for embedding prevention, integration, and community empowerment across GM's neighbourhoods. NHS GM is a core partner in Live Well.
- 4.2 All 10 localities have developed local implementation plans for Live Well. These are supported by a £10 million joint investment fund from GMCA and NHS GM – localities have been asked to assign at least 50% of this to the local VCFSE. This sits alongside an additional £10 million investment through the DWP 'Economic Inactivity' Trailblazer.
- 4.3 Recognising the vital role that Primary Care will play in Live Well, a comprehensive programme of engagement took place with all disciplines over the summer.
- 4.4 The engagement highlighted Primary Care as the trusted 'front door' for health and social issues. Practitioners agreed that a high proportion of the non-medical issues faced by those they see are exacerbated by other factors including housing, welfare, loneliness.
- 4.5 The recommendations from the engagement process will be presented to an upcoming Integrated Care Partnership Board meeting.
- 4.6 The Greater Manchester Live Well Board, which will drive the progress of Live Well across the city region, is due to be established shortly. It will be jointly chaired by GMCA and NHS GM.

5. Neighbourhood Health

- 5.1 Greater Manchester's Neighbourhood Model is one of the four components of Live Well – shown below.

Greater Manchester's Live Well Vision

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

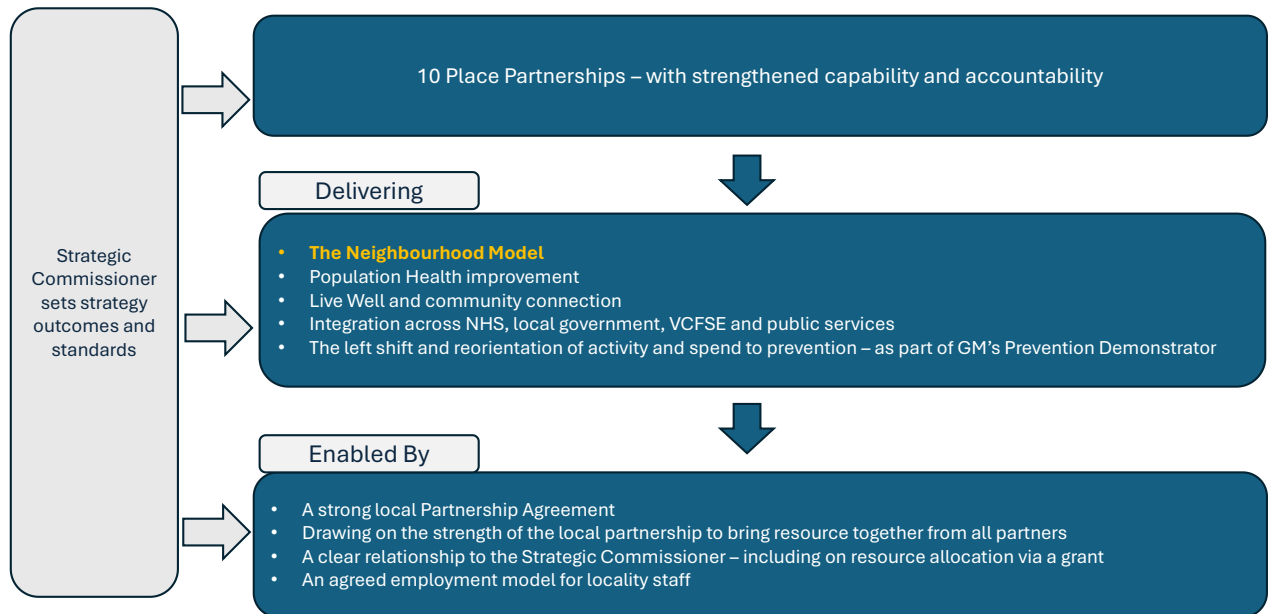
3 An optimum integrated neighbourhood model, working towards shared outcomes alongside people and communities

Underpinned by

4 A culture of prevention

- 5.2 Neighbourhood Health Plans are a new NHS England/Department for Health and Social Care (DHSC) requirement for 2026/27. They are to be developed on a local authority area footprint: the 10 localities for GM.
- 5.3 We will develop these plans in the context of Live Well in Greater Manchester – making sure that our neighbourhood working extends beyond health – for example, into wider public services and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.
- 5.4 To support this requirement, the NHS has established a new Neighbourhood Health Implementation Programme. All 10 localities in Greater Manchester applied for this in August. Rochdale and Stockport were successful. We will continue to work collectively across all 10 places – drawing in the learning from this national programme.
- 5.5 We will enable delivery of neighbourhood working through greater strategic alignment between GMCA and NHS GM to create the right conditions for localities. Equally, the strengthened role of our 10 place partnerships will support the implementation of the neighbourhood model – this is shown below:

ICB Reform – Place Partnerships Enabling Neighbourhood Delivery and Live Well



6. The Prevention Demonstrator

- 6.1 NHS GM worked alongside GMCA to secure Greater Manchester's status as the first Prevention Demonstrator. This was confirmed in the 10 Year Health Plan.
- 6.2 The wording in the 10 Year Plan gives us significant flexibility on the design and delivery of the Prevention Demonstrator and the opportunity to forge a distinctive path in the delivery of the 10 Year Plan in the context of the new GMS:

Where devolution and a focus on population health outcomes are most advanced, we will work with strategic authorities as prevention demonstrators, starting with the Mayor of Greater Manchester, whose thinking in this area is most advanced. These will be a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention – supported by mayoral 'total place' powers, and advances in genomics and data. We will support these areas with increased autonomy, including supporting areas through exploring opportunities to pool budgets and reprofile public service spending towards prevention.

Across NHS GM and GMCA, we are developing next steps to put the Prevention Demonstrator into effect. These include:

- Finalise and agree approach for the Prevention Demonstrator Evaluation Framework

- Scope and develop a range of options and methods for reprofiling public service spend towards prevention
- Agree and establish the mechanism for sharing data, improving capability in the use of data (building on existing data sharing arrangements for health and care)
- A multi-agency team from across the GM system (including representation/capability drawn from government/HMT) - this should be funded from across partners in the GM system.
- A joint GM-UKG steering group (starting with DHSC and drawing in range of other departments as Task & Finish agreements finalised e.g. DfE)
- A GM Advisory Board to provide key strategic perspectives and help translate ambition into focused programme of work.

7. Strategic Commissioning Plan

- 7.1 The NHS Planning Guidance for 2026/27 was released in August. Significantly, this shifts the NHS planning horizon to five years – a step that GM has long argued for.
- 7.2 Each ICB in the country is required to develop a set of five year and one-year plans. Our approach in Greater Manchester is illustrated below:

GM Strategy and Plan Alignment. Proposed Update for 2026/27 for New National Guidance



- 7.3 The requirement for a Five-Year Strategic Commissioning Plan gives Greater Manchester the opportunity to update some of our current plans – including the Integrated Care Partnership (ICP) Strategy and the Sustainability Plan.
- 7.4 The Strategic Commissioning Plan must describe how, building up year on year over the five-year period, GM will deliver on the Three Shifts articulated in the 10 Year Health Plan. This will include:
- Key deliverables against the Three Shifts backed up by metrics
 - A medium-term investment strategy including how we transition from a predominantly acute model of care to a preventative, neighbourhood one
 - Establish new financial and contractual mechanisms to incentivise prevention and shift the proportion of spend leftwards
- 7.5 Set out plans for how digital, tech and innovation can enable transformation of care models.

8. Recommendation

Joint Health Scrutiny is requested to:

1. Review and comment on the updates provided
2. Advise on how they wish to receive future updates on the work areas in this paper