



Greater Manchester

NHS Greater Manchester Operating Model:

Making it work, from vision to reality

Part of Greater Manchester
Integrated Care Partnership



STAKEHOLDER UPDATE DRAFT V.1
October 2025

About this briefing

- This document is designed to be used as presentation slides for meetings. If you're reading it as a standalone briefing, please refer to the accompanying notes for further detail and context behind each slide.
- The full draft operating model is available on our website; <https://gmintegratedcare.org.uk/about/our-plans/>

Background to NHS Reform



Greater Manchester

- [NHS England has set out how we'll work together](#) in 2025/26 to prepare for long-term reform
- We need a simpler, more focused way of working, with clear roles, responsibilities and accountability to deliver the three strategic shifts of the 10 Year Health Plan:
 - **Treatment to prevention** – focus on keeping people well, not just treating illness
 - **Hospital to community** – move care closer to home through joined-up services
 - **Analogue to digital** – use technology and data to make healthcare smarter, faster, and more tailored

What this means for ICBs:

- ICBs will lead on understanding population needs, reducing inequalities and planning high-quality care
- Our functions will become more focused, with some responsibilities shifting to providers or national teams
- Not all changes will happen this year – some need legislation or time to implement safely

What isn't changing...

Our missions



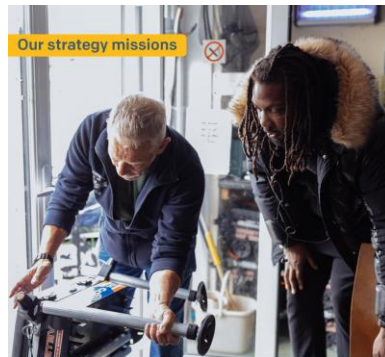
Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



Achieve financial sustainability

We will manage public money well to achieve our objectives

Our commitment to help people in GM will live longer, healthier lives, closing the gap between richer and poorer communities by tackling inequality and widening access to opportunities that shape wellbeing.

How NHS GM works together



Greater Manchester

System Convenor – to enable delivery of the ICP strategy

Improving Population Health Outcomes / Reducing Inequalities / Social & Economic Development / Statutory Accountabilities / Constitutional Standards / System Resilience

Strategic Commissioner

Needs Assessment & Outcomes-setting

- In-depth population analysis
- Analysis of resource utilisation (finance)
- Clinical-led evidence on opportunity
- Health economics (Public Health)

Strategy and Planning

- NHS GM / ICP / GMCA partnership priorities
- Assessment of national policy and local analysis (Planning)
- Setting system strategic ambition and place expectations.
- Setting clinical and professional commissioning policy for the system (Clinical)
- Setting financial policy rules (Finance)
- Strategic Resource Allocation (Finance)
- Operational Planning (Planning)
- Agree transformation priorities based on constitutional standards
- Strategic Digital leadership and development

Contracting & Evaluating Impact of System

- Manage Market Rules and Core NHS Contracts
- Assure delivery at place, provider, system groups
- Quality Improvement



Clear Accountability and Trust



Ten Integrated Place Partnerships

Local Insight-led Planning

Develop priorities and plans to address:

- Agreed strategic goals and outcomes
- Utilising value based analytical capability
- JSNA, in-depth population analysis & community insight (BI / Planning / Insight)

Integrated Delivery at Place

- Engage partners, clinicians and communities in designing solutions to deliver priorities.
- Integrated Neighbourhood Health - work with partners to create neighbourhood health model
- Drive benefits realisation (Planning)
- Demand Management
- Supporting the system wide Live Well model
- Population Health
- Co-design with communities
- Single view of allocation of place allocation

Aligning Partnership Incentives & Resource

- Coordinate the resources across pathways and partners to achieve shared outcomes.
- Support the development / strengthening of provider partnerships.

Enablers: portfolio/s to encompass all of these functions

Communications
& Engagement

Quality & Safety
(Experience)

Clinical & Professional
Leadership

Corporate & Clinical
Governance

Digital & DII

People & Culture

Finance

Programme
Management

EDI

Our approach to strategic commissioning

4. Evaluating impact

Enable providers to improve technical efficiency by convening system-wide solutions that save costs, avoid duplication and strengthen the quality and sustainability of services. Rigorously review how services are delivered, using community feedback and insights to guide future commissioning – taking action to decommission when needed

3. Delivering the strategy

Make better use of resources by investing in areas that have the biggest impact on people's health and help reduce health inequalities. Create and use outcome-based contracts that cut down on unnecessary processes, reward prevention, and promote fairer health outcomes, while empowering providers to drive effective delivery



1. Understanding local context

Understand population needs through in-depth analysis, building on JSNAs, working with people to understand their experiences, LAs, other commissioners and providers, to ensure services are equitable and responsive to all communities. Set ambitious, realistic health outcomes for the population which improve health and reduce inequalities.

2. Developing long-term population health strategy

Assess service quality, value for money and how well they meet community needs. Strengthen communities and partnerships to improve health outcomes and reduce inequalities. Commission evidence-based, high-quality services designed around population needs, targeting resources for greatest impact

What our ten Place Partnerships will do:

Improve population health, wellbeing & tackle inequalities	Integrate services	Deliver care	Deliver the 10-year plan	Coordinate finances	Drive partnerships
Maximise the Live Well approach by focusing on community needs, connecting with other public services and neighbourhood working	Join up NHS, local government, VCFSE and wider public services so they work better together at place and neighbourhood levels	Provide fair, easy-to-access, high-quality care that's tailored to people's needs	Move from reactive support to prevention, supporting people earlier, using digital tools and helping them stay independent	Manage all health and care budgets together to get the best results for local people	Build strong partnerships with shared goals, good leadership and a culture of collaboration

Working with our partners

Key to the 10 Year Health Plan are VCFSE, local government, primary care, NHS trusts and independent sector providers, who we'll work even more closely together with.

1

Treatment to prevention

Working with public health, primary care and VCFSE teams to embed Live Well, i.e. community-led prevention

2

Hospital to community

Working with our Trust Provider Collaborative (TPC) to shift resources from hospitals to community settings. NHS Trusts will be equal partners within Place partnerships, using their expertise and staff to deliver world-class neighbourhood health services

3

Analogue to digital

With leadership and insight from the ICB, partners across all sectors, and Health Innovation Manchester will work together to modernise services using digital tools, virtual care, shared records and AI to empower citizens and transform care delivery

NHS Trust Providers

Working with Trusts to redesign care

- Make hospital care more effective and affordable
- Focus on outcomes, not just activity
- Improve access, flow, and use of digital tools
- Redesign services across the whole system — together

Primary care providers

Working together to shape local services, share data, and invest in prevention — putting clinical leadership and community insight at the heart of change.

The finances and supporting the 'left shift'

- We need to change how money is managed to make care more local, more efficient and more focused on prevention
- Each Place will get funding to meet local health needs
- We'll work with providers to encourage redesign of services to save costs and improve care
- As acute provider costs go down, more money will go to community services, supporting the 'left shift'
- Transparency and visibility to all NHS spending – everyone will be able to see how the money is spent and track how it improves health and reduces inequalities

Over to you...

How do you think the model will improve partnership working across Greater Manchester?

What concerns do you have that the model might harm relationships or collaboration?

What could we do to reduce any negative impacts and maximise the positive ones?

When we implement the model, is there anything important we need to keep in mind?

