

Greater Manchester Joint Health Scrutiny Committee

Date: 9 December 2025

Subject: Fit for the Future outcome report

Report of: Claire Connor, Director of Communications & Engagement,
NHS Greater Manchester

Purpose of Report

The purpose of this report is to share the learning from NHS Greater Manchester's Fit for the Future public engagement programme. This sought out public views on the key strategic challenges facing Greater Manchester's health and healthcare system.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Note the contents of the three attached reports
2. Be mindful of the findings as described in this report when undertaking committee business, including both discussions and in decision making.

Contact Officers:

Claire Connor - claire.connor@nhs.net

Equalities Impact, Carbon and Sustainability Assessment:

n/a

Risk Management

n/a

Legal Considerations

NHS Greater Manchester, as with all Integrated Care Boards, has a legal duty under the Health and Care Act 2022 and the NHS Act 2006 to involve individuals, their carers, and representatives in the planning, development, and decision-making of health services.

Financial Consequences – Revenue - n/a

Financial Consequences – Capital - n/a

Number of attachments to the report:

1. Fit for the future: financial balance
2. Fit for the future: great services
3. Fit for the future: happy, healthy lives

Comments/recommendations from Overview & Scrutiny Committee n/a

Background Papers - None.

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

~~Yes~~ / No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency? No.

GM Transport Committee - n/a

Overview and Scrutiny Committee - n/a

1. Introduction/Background

Fit for the Future was an extensive programme of public engagement undertaken by NHS Greater Manchester between June 2024 and March 2025.

This focussed on the following key system challenges:

- Achieving financial balance
- Great services (i.e. providing sufficient, high quality and timely care), and
- Happy Healthy Lives (i.e. the shift from treatment towards prevention)

The intended outcomes of the work were:

- To raise public awareness of these important issues
- To improve the ICB's understanding of the public's views
- To bring in ideas and perspectives which will aid the ICB's work to address the challenges
- To help ensure the public feel they can make themselves heard and their voices matter

We explained that the insights gained would feed into future work to address the challenges and undertook to publish the findings of this work in due course, since published here:

<https://getinvolved.gmintegratedcare.org.uk/en-GB/projects/fff4>.

2. Activities

The programme began with communications to raise awareness of the above challenges, and to promote the opportunities to get involved. The involvement was done in sequential phases, one theme at a time, although the issues are interlinked so many overlapping issues came up in more than one phase.

This was multi-methodology work using a broad spectrum of comms and engagement approaches, including groups and meetings, public events, surveys and social media, newsletters etc.

Work took place with adults in all 10 Greater Manchester localities. We particularly made a point to reach out of communities who are ill-served, are marginalised or have poorer outcomes, as experience tells us we would be otherwise unlikely to hear their views and experiences.

Having undertaken detailed analysis of the many free text comments received, the results have been captured in three reports, one for each engagement phase (appendices 1, 2 and 3). Each sets out the key themes we heard and sets out conclusions and key points the ICB and partners may particularly wish to reflect on in terms of potential next steps.

Overall, we had conversations with 2,413 people. 549 people took part in surveys and 146,649 were reached through social media. These figures are broken down in the individual reports.

A limitation of addressing each challenge separately was that solving any one of them is relatively straightforward in isolation. For example, improving services would be much easier if finance wasn't an issue, and achieving financial balance would also be easier if we're not too worried about the quality and quantity of care.

Also, it was very clear that people found it far easier to share views about the care they and those around them had experienced, than they did about finance or prevention. The experience of care is far more in people's day to day lives – everyone seemingly has a story to tell about their recent visit to the GP or the time they ended up in hospital.

However, there is still a wealth of insight in the reports about 'what it feels like to be on the receiving end of us', people's expectations and priorities, and their ideas for getting the NHS back on track.

3. Headlines

The following were themes which came up repeatedly, often when asking quite different questions.

3.1 Small things matter a lot

In the main, people steered clear of radical prescriptions for fundamental change to the nature or payment model of the NHS. People were much more focused on incremental improvement than structural change. It came across that things which may seem quite small from the perspective of a strategic commissioner have a considerable impact on the experience of individuals – such as getting patient communications right.

Repeated minor mistakes being made in simple things like arranging appointments came up time and again. This sort of thing clearly matters a great deal to people.

3.2 Maintaining confidence

It was very clear that those who engaged with us broadly understood that the NHS as a whole is in a very difficult position and that Greater Manchester is not outlier in this. When we set out our specific challenges, these did not really come a surprise to anyone.

It was clear that the people we spoke to be felt the NHS was worth fighting for, and that its position is not irretrievable. However, it was also clear that there is considerable scepticism, and access issues many have experienced have affected confidence in the here and now.

3.3 Reducing Waste

People we spoke to were far more willing to engage on discussions about reducing waste than they were to talk about raising thresholds or stopping services altogether. To maintain public confidence, and to prepare the ground on future discussions on issues such as eligibility criteria and clinical thresholds, people need to first see action on waste.

3.4 Innovation and technology

There was a high degree of support for increasing innovation and technology in the NHS, as long as people felt their data is secure and no one is being digitally excluded. However, there were repeated concerns about introducing digital patient-facing systems which might reduce choice and responsiveness. A lot of people said they wanted more personalised care, and ways of accessing care.

3.5 Voice and power

People feeling that they didn't have a voice came up a lot. This mostly focussed on their own care rather than seeking to influence the direction of the wider system.

3.6 Shift to prevention

When we talked to people about the shift to prevention, people were overwhelmingly supportive of this idea in principle. We found that the more opportunity we had to explain concepts like the 'building blocks of health', the more supportive they were about directing resources from treatment to prevention. Generally however, many people tended to focus on the impact of healthcare provision on staying well, and not so much the lifestyle and environmental factors.

Feedback showed a desire amongst many people to engage with services in support of their staying well. This supports the Live Well agenda and suggests people would value information but also the opportunity to be heard.

There was far more support for immunisations and vaccinations than we had anticipated. That may have been in part due to the self-selecting nature of the cohort who participated in the engagement.

3.7 Care closer to home

As with previous work, there was a lot of support for care closer to home for routine care. People felt moving more services into the community could provide a better experience, however there was a suggestion from some that they would need reassuring that community safe were as skilled and able as those in hospitals.

3.8 Communications

Poor communication came up repeatedly, both communications from services to patients and communications between providers in making referrals, receiving test results and co-ordinating care.

Often people said they were not kept informed around waiting times for treatment or plans for their ongoing care. This meant they found themselves chasing multiple organisations to resolve problems.

There was a demand from many to be able to choose their preferred method of communication, such as text, letter or email.

3.9 Inequalities

Most people talked solely in terms of their own care and outcomes, not their care or outcomes relative to others. We don't say that in the reports though. However, we made a point of reaching out to people who we know are marginalised and/or ill served to hear their experiences.

Concern were expressed that some areas of Greater Manchester could end up with a better service than others.

Deaf people in particular raised concerns about equality of access with reports British Sign Language interpreters were not arranged with people asked to lip read instead. This situation does not appear to have improved.

Much more detail is contained in the three engagement reports. These are quite concise and well worth taking the time to read though.

4. Next steps

The 3 Fit for the Future reports were formally received by the Integrated Care Board on Wednesday 19 November 2025. They were then published online and stakeholders, including participants were notified. Work is ongoing to make presentations on the findings to the various parts of system governance so they can begin to develop responses relating to their various areas of expertise and responsibility.

4.1 Making use of the insight

Although the frame for the programme was the three key challenges facing the ICB, the three accompanying reports contain a much wider wealth of insight about the experiences and expectations of Greater Manchester residents with regards to their health and healthcare.

This insight can help inform the work of the ICB, both on delivering our 'business as usual' and on developing strategy for the future as a strategic commissioner. It will also be helpful to the wider Integrated Care Partnership, especially in understanding and addressing patient experience.

The reports also give an indication of the degree to which residents understand the challenges facing Greater Manchester's NHS, and their appetite for and concerns about change, as well as providing a wealth of ideas about how the challenges might be addressed.

4.2 Further work

The NHS GM Engagement Team is already developing plans for work which builds on FFF, focusing on deliberative and co-productive methodologies to drill down into some of the issues raised in much more depth, with smaller groups. We will be working with commissioners to help them understand the impact on their work and design any further engagement.