Greater Manchester
Integrated Care Partnership Board

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Subject: NHS Greater Manchester: From Reform to Delivery

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PURPOSE OF REPORT:

This paper provides the Integrated Care Partnership (ICP) Board with a strategic update at a pivotal point for NHS Greater Manchester (NHS GM) and the wider Greater Manchester system.

As NHS GM approaches the conclusion of a significant period of organisational reform, the paper sets out how the system is now moving from reform to delivery. It describes the strong foundations now in place for the next phase, including improved system performance, the development of the strategic commissioning approach, and the strengthening of place-based delivery through Live Well and neighbourhood health.

The paper also highlights the material risks to delivery, including reduced organisational capacity, system-wide resource pressures and wider national uncertainty, and sets out why deeper integration of health, care and wider public services through devolution, the mayoral combined authority and the Integrated Care Partnership provides the best opportunity to respond to these challenges.

RECOMMENDATIONS:

The ICP Board is invited to note the content of this report, including the progress made through organisational reform, the strong foundations now in place for the next phase of delivery, and the risks and opportunities that will shape implementation across Greater Manchester.

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1. Strategic Context: From Organisational Reform to System Delivery

Over the past year, NHS Greater Manchester has undertaken a substantial programme of organisational reform. While this work has been undertaken in response to national direction set out in the Model ICB Blueprint, our approach in Greater Manchester has been to treat reform first and foremost as a response to a strategic imperative: positioning NHS GM to deliver the ambitions of the 10 Year Health Plan and the Greater Manchester Strategy, and to play our full part in Live Well and Public Service Reform.

National requirements to reduce ICB running costs (including the target cost envelope per head of population) have been a key constraint and have shaped the scale and pace of change. However, in Greater Manchester we have been clear that reform is not an end in itself, nor simply a cost reduction exercise: it is about creating a clearer, more effective operating model that strengthens our role as a strategic commissioner and enables delivery through place and partnership.

Critically, the new operating model has been co-created with colleagues and partners. It has been shaped through design work and wide engagement with NHS GM teams and system stakeholders, with feedback used to strengthen and refine the model before finalisation. This engagement reinforced broad support for the direction of travel, including alignment to the 10 Year Plan and the intent to strengthen place partnerships, while also highlighting the importance of being clear on priorities, delivery mechanisms and how we will work in practice across the system.

Following the approval of the new NHS GM operating model, collective consultation was launched in November 2025 to commence the process of organisational change required to move to new staffing structures and new ways of working. Two windows of voluntary redundancy have been utilised as a key mechanism to mitigate from compulsory redundancy, with over 300 colleagues leaving the organisation via this voluntary route. We are now approaching the end of this organisational change process; by the end of May, the vast majority (approximately two thirds) of remaining colleagues will have slotted into a new role within the staffing structure. The remaining colleagues (approximately a third) are now required to undertake ring fenced interview for a role or are seeking suitable alternative employment, and NHS GM remains fully committed to mitigating compulsory redundancy wherever possible.

With the organisational change process nearing completion and the new operating model therefore able to be in place from July 2026, NHS GM is entering a new phase of stabilisation and delivery.

This moment represents a critical transition: moving from designing and implementing reform to realising its benefits. It creates the opportunity for NHS GM and system partners to focus capacity and leadership on delivery of shared strategic priorities rather than on organisational change itself. NHS GM has also developed a two-year Organisational Design and Development Plan to support this next phase, recognising that the benefits of the new operating model will only be realised if colleagues are supported to adapt, reconnect and thrive in the new organisation. The plan is intended to build understanding of NHS GM's purpose as a strategic commissioner and system convener, strengthen team foundations and matrix ways of working, support organisational-wide onboarding to the operating model, and invest in leadership, wellbeing, inclusion and capability over time. In doing so, it provides a practical framework for moving beyond structural change alone to embedding the behaviours, relationships, confidence and shared culture needed for the new model to work effectively in practice.

2. System Performance in 2025/26: A Strong Platform for the Next Phase

The organisational reform undertaken during 2025/26 was significant and demanding for the NHS GM and has had an impact on the wider health and care system. Despite this, we have continued to improve performance against nationally set standards and have strengthened our relative position compared to other systems.

This improvement during a year of reform is an important part of the strategic story for 2026/27. It demonstrates that collectively we have maintained focus on delivery while changing how we operate, and it provides a strong footing for even greater improvement as NHS Greater Manchester and partners move decisively from reform to delivery.

Performance overview 2025/26

The Greater Manchester system has continued to improve. This is shown in our year-end performance figures. Performance against national standards has risen overall. There has also been an improvement in our position when compared to other systems across the country.

These standards are nationally set and increase year on year with this expected progression continuing over the next three years.

The table shows year-end performance against national standards (end of year performance – actual). The GM system has achieved many key standards expected of us. Despite this progress, some standards still fall short of expectations.

The table shows that GM has shown improvement in all but one indicator over the last twelve months (Variance – movement). The table shows that there has been a positive movement in our benchmark position when compared to other systems (ICB Benchmarking – movement). Of note our diagnostics and cancer performance has moved into first quartile performance. Historically challenged targets, such as 18-week, 52-week elective targets and the four-hour A&E target have moved out of the 4th quartile.

This progress is reflected across hospital, mental health, community and primary care services. The standards all represent health outcomes and experience of care for our population.

Whilst there is positive progress, it is important to note that some standards do not meet expectations. We will continue to focus on these areas while improving performance more broadly this year.

Area	KPI	End of Year Performance			Variance (latest **published** data vs same period in previous year)			ICB Benchmarking (latest **published** data vs same period in previous year)		
		ICB / GM Providers / NWAS	Actual	Plan	Previous year	Variance	Movement	Previous year	Latest	Movement
Urgent and Emergency Care (UEC)	CAT 2 ambulance response times	NWAS	00:20:58	<00:30:00	00:21:43	-00:00:45	↓			
	A&E % of patients managed within 4 hours	ICB	73.4%		70.2%	3.2%	↑	32/42	28/42	↑
	A&E (type 1) % waits over 12 hours		8.8%		9.5%	-0.7%	↓	16/42	18/42	↓
Elective	% of incomplete RTT pathways of 52 weeks or more		1.4%	0.9%	3.5%	-2.1%	↓	38/42	30/42	↑
	Number of incomplete RTT pathways of 52 weeks or more		5,763	3,425	15,147	-9,384	↓			
	% of incomplete RTT pathways of 18 weeks or less		63.8%	60.8%	55.0%	8.8%	↑	38/42	30/42	↑
	% of pathways waiting no longer than 18 weeks for a first appointment		68.4%	68.1%	58.0%	10.4%	↑			
	Total number of incomplete RTT pathways		402,771	377,212	432,101	-29,330	↓			
	% of incomplete RTT pathways of 65 weeks or more		0.007%		0.041%	-0.034%	↓	6/42	7/42	↓
Diagnostics	% waiting 6+ weeks		10.2%		10.5%	-0.3%	↓	7/42	4/42	↑
Cancer	% of patients receiving communication of diagnosis within 28 days		82.1%	80.2%	80.2%	1.9%	↑	18/42	12/42	↑
	% of patient with cancer receiving treatment within 62 days		78.2%	75.3%	71.5%	6.7%	↑	22/42	8/42	↑
Mental Health	Access to CYP mental health services		***55770	55,000	55,405	365	↑	02/42	02/42	↔
	Average Length of Stay in Adult Acute, Older Adult Acute and Psychiatric Intensive Care beds		***64.9	57	71	-6.1	↓	37/42	36/42	↑
Learning Disabilities	Inpatient care for children and young people with a learning disability and/or autism		*	9	*	*	↓			
	Inpatient care for Adults with Learning Disabilites (who may also be autistic)		**45	46	55	-10	↓			
	Inpatient care for Autistic Adults (with no learning disability)		**55	39	50	5	↑			
Primary Care	Appointments in General Practice		1,522,569	1,449,589	1,436,233	86,336	↑			
Prevention	% of patients with hypertension treated according to NICE guidance		***70.2%		67.7%	2.5%	↑		13/42	
	% of patients with GP recorded CVD, who have their cholesterol levels manage to NICE guidelines		***52.3%		49.9%	2.4%	↑		15/42	

* Numbers not specified due to the risk of data disclosure in a small data set, no published data source for this metric.

** This published data is rounded to the nearest 5. For Adults with Learning Disabilities.

*** Q3 25/26 latest available data for Prevention metrics and Feb 26 for Mental Health metrics

Diagram 1: Performance detail

3. Strategic Commissioning: Translating the GM Strategy and Live Well into Delivery

Greater Manchester's long-term direction is set by the GM Strategy, with growth, prevention and reform at its core. Live Well is the delivery model for Public Service Reform in Greater Manchester, bringing together health, care, wider public services, communities and the VCSE sector to provide more integrated, preventative support rooted in neighbourhoods and places. For NHS GM, the new operating model facilitates our shift to operating as a stronger strategic commissioning organisation, using commissioning to translate shared GM ambitions into clearer priorities, investment decisions, delivery expectations and measurable outcomes.

NHS Greater Manchester's five-year Strategic Commissioning Plan is therefore central to the next phase of delivery. Informed by the GM Clinical Strategy, the plan will provide the framework through which NHS GM sets strategic direction for the system and aligns commissioning around a small number of system-wide outcomes: improved health outcomes, improved patient experience, improved effectiveness and improved efficiency. In practice, this means the plan will bring together our commissioning intentions for prevention, neighbourhood health, primary and community-based care, provider collaboration, clinical service transformation, digital and innovation, and the use of estates and capital to support new models of care. It will also set the basis for reducing unwarranted variation, improving value and shifting resources over time towards prevention, primary care, community services and the VCSE sector in line with Greater Manchester's wider ambitions.

Delivery of the Strategic Commissioning Plan will depend on a clear relationship between GM-level strategy and place-based implementation. NHS GM's role as a strategic commissioner is to set the overall direction, define outcomes and trajectories, establish the framework for learning, improvement and accountability, and create the conditions for delivery through places and neighbourhoods rather than attempting to hold delivery centrally. This includes using GM-level enablers such as digital, data, estates, capital, public health and new contractual and financial models to support neighbourhood working; developing milestones and success measures for each strategic programme over the next five years; incorporating the outputs of engagement on neighbourhood health; and working with partners so that Place Health and Care Partnership Agreements, Place Outcomes Frameworks, neighbourhood plans and local delivery arrangements all line up with the Strategic Commissioning Plan. In this way, the plan is key to NHS GM's focus and delivery as a strategic commissioning organisation because it provides the mechanism through which system ambition is converted into coordinated action, local implementation and measurable impact.

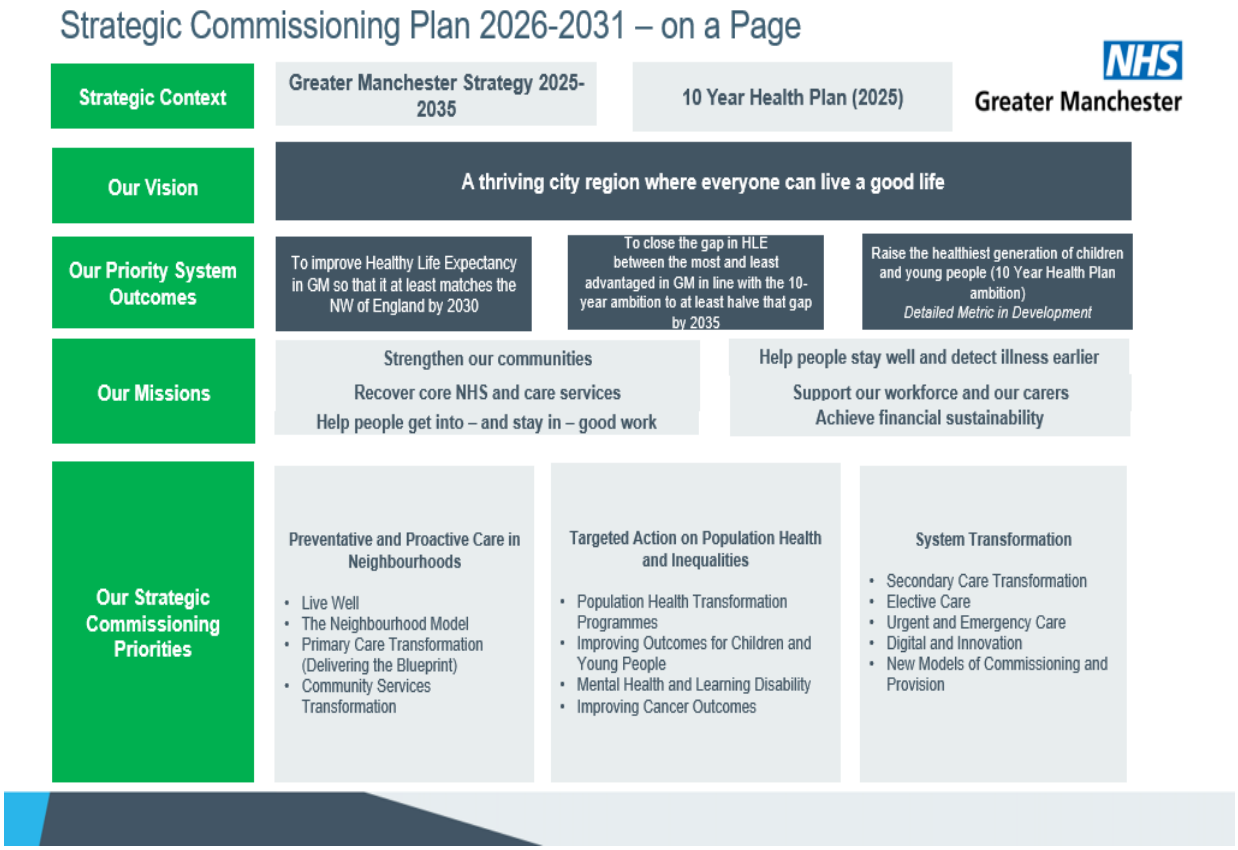

Diagram 2: Strategic Commissioning Plan on a page

4. Live Well, Neighbourhood Health and Place Partnership Development: Turning the Operating Model into Local Delivery

Live Well represents a fundamental shift in how services work together in Greater Manchester — moving from siloed delivery to integrated, neighbourhood-based, preventative support grounded in trust, collaboration and local knowledge. Neighbourhood health is a core component of Live Well and, given the maturity of neighbourhood working in Greater Manchester, the system is ahead of the national position, with neighbourhood plans already developed across all ten localities and now being strengthened in response to the national NHS Neighbourhood Health Framework.

A key feature of NHS Greater Manchester's new operating model is the deliberate strengthening of Place Partnerships as the mechanism through which

this ambition is translated into delivery. This is not an additional layer alongside reform; it is one of the principal ways in which the new operating model is specifically designed to enable local delivery of Live Well, the neighbourhood health model and wider population health improvement. In this way, GM-level strategy, commissioning and enabling functions can create the conditions for delivery, while places and neighbourhoods provide the leadership, partnerships and practical action needed to improve outcomes for local people.

This reflects Greater Manchester's commitment to locally led integration. Our place-based approach has been retained and strengthened through reform because it provides the strongest route to connecting strategic commissioning with neighbourhood delivery, prevention, partnership working and population health improvement. Place Partnerships are therefore central to how NHS GM, local government, VCSE partners and wider system leaders will work together to deliver shared ambitions in practice.

Significant progress has been made through the Place Mobilisation Group, established in November 2025 and chaired through a collaborative system approach, to develop the interdependent components required to support mature Place Health and Care Partnerships. This work has involved significant collaboration with system partners, with Deputy Place Leads as core members and wider engagement across NHS organisations, local authorities and other partners to ensure the model is co-designed, practical and grounded in local delivery.

The Place Mobilisation Group has progressed four core areas of work:

- Partnership Agreement, including the Place Outcomes Framework and governance arrangements;
- Place Funding Model;
- Place Staffing Model; and
- NHS Greater Manchester staff transfers / employment model for place-based teams.

Each of these work areas is now nearing conclusion. Through the recent place document sprint, this work has been brought together into a coherent and aligned suite of documents which will underpin how Place Health and Care Partnerships will operate in future. Collectively, this suite provides the framework through which strategic commissioning, place-based delivery, governance, funding,

teams and outcomes are connected in a more consistent and implementation-ready way.

The suite of documents includes:

- a Place Partnership Agreement, setting out shared intent, principles and mutual accountability across partners;
- a Place Outcomes Framework, defining the outcomes for which place partnerships are collectively accountable;
- a Financial Framework, covering flows, delegation, transition and the approach to place-based funding;
- a Place Team Framework, describing the role, purpose and operation of place-based teams; and
- a Governance Framework, setting out how place partnerships will make safe, transparent and accountable decisions and how these arrangements connect to NHS GM's wider governance and constitutional arrangements.

Together, these arrangements will formalise the working relationship between GM-level strategic commissioning and locally led place partnerships. They will provide greater clarity on outcomes, governance, financial stewardship, team roles and partnership expectations, while also reducing ambiguity and supporting consistent implementation across all ten localities. Most importantly, they will ensure that Place Partnerships are equipped to act as the key vehicle for delivering Live Well, neighbourhood health and population health improvement through the new operating model.

During 2026/27, this creates a stronger platform for system priorities including embedding Live Well consistently across all ten localities, strengthening neighbourhood health as a core part of Live Well delivery, supporting population health improvement through locally led partnership action, and evidencing impact through neighbourhood plans, place outcomes and the wider Prevention Demonstrator.

5. Conclusion: Strong Foundations for Delivery, but Material Risks to Navigate

Greater Manchester now enters the next phase with a strong foundation for delivery. Over the past year, NHS GM has undertaken substantial organisational reform while continuing to improve system performance, strengthening its relative position nationally and creating a clearer operating model for strategic commissioning. At the same time, Greater Manchester's long-standing commitment to place-based working, neighbourhood health and partnership-led reform means the system is not starting from scratch: it is building from an established history of integration and from relationships that are already more mature than in many parts of the country.

This provides a credible basis for the next delivery phase. The conclusion of organisational change, the progress made in strengthening Place Partnerships, the development of the Strategic Commissioning Plan, and the continued improvement in performance together mean that Greater Manchester is well placed to move from reform to delivery with greater clarity of purpose and a stronger focus on outcomes.

However, this next phase must be approached realistically. There are material risks to delivery. Internally within NHS GM, the organisation is moving forward with reduced capacity following significant workforce change, and colleagues are operating in the context of understandable change fatigue after a prolonged period of reform. Across the Greater Manchester system, partners face similar capacity and resource pressures, limiting the headroom available for transformation alongside daily operational delivery. Beyond Greater Manchester, the wider national political and policy context remains uncertain and may continue to shape both expectations and constraints for the system.

In this context, Greater Manchester's best opportunity lies not in trying to overcome these pressures through NHS action alone, but in deepening the integration of health, care and wider public services through the mayoral combined authority and the Integrated Care Partnership. Devolution, including the Integrated Settlement and the new Deputy Mayor for Health role, creates an important opportunity to hold shared outcomes across public services, maintain democratic accountability, and ensure that prevention, wellbeing and tackling

inequalities are treated as core business in how services are organised and delivered rather than as discretionary add-ons.

The developing relationship in which the Deputy Mayor role will also chair NHS GM strengthens this opportunity further. It creates the conditions for even closer alignment between NHS priorities, Live Well, public service reform and the wider strategic ambitions of Greater Manchester. Used well, this can help Greater Manchester respond to constrained capacity not by fragmenting effort, but by aligning leadership, commissioning, delivery and accountability more effectively across organisational boundaries. It also reinforces the role of the ICP as the key forum through which political leadership and system leadership can come together to sustain shared purpose, collective prioritisation and disciplined delivery.

The central conclusion of this paper is therefore that Greater Manchester has strong foundations for the next phase, but success is not guaranteed. Delivery will depend on maintaining focus, being disciplined about priorities, and using the unique strengths of devolution and partnership to navigate a period of continued constraint. Greater Manchester's long history of integration means it is better placed than many systems to do this. The task for the next phase is to translate that history, and the opportunities created by the new leadership arrangements, into practical delivery that improves outcomes for residents.

6. Recommendations

The ICP Board is invited to note the content of this report, including the progress made through organisational reform, the strong foundations now in place for the next phase of delivery, and the risks and opportunities that will shape implementation across Greater Manchester.