

To: Sir Richard Leese, Chair
NHS Greater Manchester Integrated
Care Board

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31 July 2025

Dear Richard

Annual assessment of Greater Manchester Integrated Care Board's performance in 2024-25

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "*The Act*"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making my assessment I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment I have summarised those areas in which I believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. I have also included any areas in which I feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this.

I thank you and your team for all of your work over this financial year in what remain challenging times for the health and care sector, and I look forward to continuing to work with you in the year ahead.

Yours sincerely,

A handwritten signature in black ink that reads "Louise Shepherd". The signature is written in a cursive, flowing style.

Louise Shepherd CBE
Regional Director (North West)

cc: Mark Fisher, Chief Executive

Section 1: System leadership and management

The GM Integrated Care System (ICS) has been significantly challenged, requiring external support and direction within 2024/25. The system has responded well, with evidence that the ICB has improved delivery on the majority of its statutory requirements, demonstrating a clear focus on improving outcomes and reducing inequalities. This has included significant work in several areas including A&E 4 hour performance, admission avoidance, primary care and mental health.

Greater Manchester (GM) Integrated Care Board (ICB) has evidenced and demonstrated leadership of the GM system through the development of strategies and plans that focus on the delivery metrics set out in the 2024/25 NHS Oversight Framework (NOF). You have delivered through the GM Quality and Performance Committee, system Locality Assurance Meetings (LAMs) and Provider Oversight Meetings (POMs), where you have overseen progress, risks, assurance and improvement plans. These meetings have provided additional grip and control through strategy and planning over the last 12 months to significantly improve quality governance, performance and support planning for 2025/2026.

From a regional review of evidence, and from our engagement with the ICB and partners over the year, we have noted comprehensive partnership working with Local Authorities (LA's), place-based partnerships and provider collaboratives, which has enabled partnership working with acute, mental health and community providers.

In July 2024 a System Improvement Board (SIB) was put in place with GM ICB in response to a challenging financial position and concerns around governance and performance. In addition, undertakings were agreed with a recommended approach to delivering the required improvements based on a Single Improvement Plan for GM ICB. Following a six month review of the Board's progress against the improvement plan, 28 of the undertakings had been resolved, with the region confirming that the ICB has made positive progress against the requirements set out. For those undertakings not yet fully met, work continues in line with agreed timelines with monthly reports into the SIB meetings.

We have seen improvement in terms of services provided for the local population and acknowledge the mechanisms the ICB have in place to monitor, assure performance, quality and governance, which include contract review meetings, recovery groups, tiering discussions and performance meetings, where open transparent and dynamic conversations take place. Alongside national, regional and ICB colleagues a SIB remains in place to address concerns with Greater Manchester Mental Health NHS Foundation Trust (GMMH), and the ICBs partnership in this approach is noted.

The progress highlighted above demonstrates how the ICB has led system improvement, both in terms of providing visible leadership, structured governance and working with system

partners to improve outcomes by facilitating integration of services and transformation from learning. The ICB's collaborative working with GM Combined Authority (GMCA) also demonstrated how areas of improved health care are prioritised in GM and is evidenced throughout plans, which strengthens the governance arrangements and supports development at board level.

From a clinical advice perspective, we note that the ICB board is made up from diverse individuals including a wealth of clinical experts, with a range of backgrounds and perspectives to ensure all the best decisions are made for its communities, to ensure that the ICB commissions effective, high-quality care.

Section 2: Improving population health and healthcare

We acknowledge the progress the ICB has achieved to improve inclusion of population healthcare which is evidenced through a number of initiatives focused on understanding people's experiences.

GM ICB has established a collaborative forum with all the higher education institutions in GM focusing on collective resources to improve population health. The ICB has a wide-ranging programme to mitigate the impact of poverty on health outcomes, access and experience. This is recognised as an exemplar by external partners, (Kings Fund and Joseph Rowntree Foundation). In the second quarter of 2025/26 the ICB will become the first ICB in England to voluntarily adopt the socio-economic duty. We acknowledge the collaborative working to improve system performance for health and social care.

Whilst A&E performance remains a concern, we recognise through ICB and regional governance, alongside national support through tiering arrangements, you have demonstrated improvement during 2024/2025 (71.2% in March 2025 vs 66.4% in March 2024). We anticipate further progress during 2025/26 to meet and surpass the national target. The system continues to deliver the average response time for Category 2 ambulance calls, with performance at the end of March 2024/25 being 23 minutes and 57 seconds against a target of 30 minutes. We are also encouraged to note significant improvements in Mental Health (MH) Out of Area Placements (OAPs), from 83 in quarter one to 18 in quarter 4, marking significant improvement towards the target of eliminating OAPs. You are aiming to reform delivery of UEC services through further system collaborative engagement going forward, to intervene quickly and close to people's homes. This will be delivered alongside a redesigned approach to clinically ready for discharge (CRFD), to see a positive impact on demand on A&E performance by 2026. You have continued to achieve faster diagnosis and referral to treatment standards for cancer care and have seen a reduction in people waiting over 6 weeks for diagnostics tests from 20.7% to 10.5%.

The ICB is a member of the Housing Tripartite Agreement (with GMCA and housing providers). Taking forward work on home improvements and adaptations to reduce the prevalence of falls; improving the standard of housing as a key population health intervention; facilitating funded home retrofits for vulnerable residents living in energy inefficient homes.

The ICB aims to widen the approach with GMCA to a GM-wide approach to social value brokerage, connecting key stakeholders to create community benefit from public sector spending. We acknowledge and support this approach to deliver public services and collaborate with communities to reduce health, social and economic inequalities. However, there are further opportunities to expand areas of inclusion health and digital inclusion.

Section 3: Tackling unequal outcomes, access and experience

We acknowledge the collaborative working to improve equity in access, experience and outcomes for the GM populations particularly noting the ICBs Altogether Fairer Framework, which has a key focus on reducing healthcare inequalities.

The regional review of the ICB annual report also notes the progress that the ICB is making in accelerating preventative programmes aimed at those at increased risk of poor health outcomes and that you are effectively delivering against ICB prevention programmes. This includes your commitment to sustaining NHS Tobacco Dependency Treatment Services and the partnership work across the system to drive the wider ICB Make Smoking History Programme, which regularly receives national recognition, in particular for the innovative approaches to technology, data and patient feedback.

Regional colleagues also note the collective ICB system wide response to tackling cardiovascular disease across all parts of the pathway particularly work underway across PCNs on hypertension and lipid management.

The ICB has had a Green Plan since 2022 and have worked collaboratively to enable system wide activity. Within the annual report they have provided a highlight progress update against the 11 areas of focus within their Green Plan as well as a table showing key data from the Greener NHS dashboard. They have also set out priorities for 25/26.

Section 4: Enhancing productivity and value for money

As noted previously 2024/25 was a significantly challenging year for the ICB. In the draft accounts submission, GM ICB delivered £56m deficit position, with trusts delivering an improvement of £10m, totalling the system position of £46m deficit. The ICB continues to face pressures in continued health care (CHC), Prescribing and OAPs in terms of both cost and volume as well as under-delivery of cost improvement plans (CIPs). Overall system efficiency plans for GM totalling £490m, with a delivery of £497m.

The financial position remains challenged from an ICB perspective, it is acknowledged that the ICB is working on mitigating actions with region to progress performance and improve CIPs. We acknowledge that the ICB is in a stronger position entering into 2025/2026 compared to 2024/2025, although financial restraints will be challenging.

From a digital maturity perspective, we have seen evidence of digital innovation and digital maturity, particularly around the work underway to enhance access to community services. Digital colleagues across the region would welcome an understanding of the current position on the creation and delivery of the Digital Maturity Assessment plan.

Region and the ICB acknowledges the risks of cost inflation, workforce challenges impacting on service sustainability, operation delivery, (including plans to incorporate the increased demand levels seen in 2024/25), costings for demand growth in 2025/2026 and required improvement to CIPs.

Section 5: Helping the NHS support broader social and economic development

Throughout the year we have seen evidence that the ICB has demonstrated how it has effectively contributed to the wider strategic priorities of its system, with evidence of partnership working, alignment with system goals, and collaborative delivery. This has been seen in a number of areas, including health inequalities, improving UEC, supporting MH OAPs and enhancing access to Primary Care.

The GM Integrated Care Partnership Board demonstrates a leading role to local systems for social & economic development. The board has representation from; housing providers, Department for Work and Pensions (DWP), Voluntary Community Faith and Social Enterprise (VCFSE), elected members from each of the ten LAs and the Combined Authority. It is jointly chaired by the chair of the ICB and the Mayor of Greater Manchester.

NHS GM has been accepted as a national 'WorkWell Partnership Vanguard' site and has been awarded c£7million to deliver the programme and support 8,000 people from October 2024 to March 2026. Through the Working Well programme, adults of all ages who were at risk of falling out of work due to poor health received up to six months of individually tailored advice to help them back to work. Working Well has achieved employment for over 18,000 GM residents.

The 'GM Good Employment Charter' is a voluntary membership and assessment scheme which has been created to improve employment standards across all GM employers. NHS GM and Northern Care Alliance (NCA) have joined the Charter and have become Real Living Wage Employers.

The ICB is also supporting the expansion of the Good Employment Charter to primary care (Bolton GP Federation, South Wigan Medical Practice, The Grange Practice, Wigan and

Urban Village Practice (Ancoats) have now joined the Charter). The expansion of the Charter is supported through an Implementation Toolkit for Health and Care Employers. This assists employers with adoption of the GM Charter to drive up employment standards and address the challenges that are leading to high staff turnover rates, difficulties with filling key vacancies and workforce morale. The NHS GM People and Culture Committee is overseeing the roll out of the Good Employment Charter in the NHS in GM.

Overall, we feel that the ICB has effectively fulfilled its role as an anchor institution, supporting the health, economic and social wellbeing of its communities through partnership, leadership, and targeted initiatives. Further demonstration in terms of impact data and illustrative examples of this would further enhance the visibility of this important work area.

GM ICB has had a Green Plan since 2022 and have worked collaboratively to enable system wide activity. The first GM Green Plan covered the years 2022 to 2025. While the ICB do not yet have the complete 2024-25 data available to report the change in carbon emissions during this full period, although the data shows a 9.7% decrease in carbon emissions from the baseline year 2019-20, and a 0.6% decrease between 2022-23 and 2023-24. In May 2025, NHS GM agreed a new Green Plan covering the period to 2028.

Conclusions

This has been a challenging year in many respects and in making my assessment of your performance I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape in which we are working. It is vital that the ICB completes its work with the SIB in delivering against the agreed undertakings. My team and I will continue to work alongside you in the year ahead and we look forward to working with you to support improvement throughout your system, through what will be a transitional year for both ICBs and the regional team.

I ask that you share my assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.