NHS Greater Manchester

NHS Greater Manchester Operating Model:

Making it work, from vision to reality

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Part of Greater Manchester Integrated Care Partnership

Foreword

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Greater Manchester has a proud history of leading the way on the integration of health and care as part of a whole-system effort to improve lives. NHS Reform does not change that ambition. In fact, it presents an opportunity to strengthen how NHS Greater Manchester will deliver the 10-Year Health Plan (2025) as a strategic commissioner, with delivery at place and in partnership with others. It also reinforces our commitment to the city-region by aligning our work with the Greater Manchester Strategy (GMS) and its missions, actively contributing to our joint economic and social ambitions.

As a strategic commissioner, our role will be to think ahead, to make sure the right services are in place to improve population health, tackle inequalities and meet people's needs, now and in the future. Our focus will be leading the way in improving population health - by setting long-term, evidence-based strategies and using our role as healthcare payers to help make them happen. This will work in partnership with place and local people, which will provide the local intelligence and insight, as well as the expert local knowledge to integrate delivery in the way that is best for the local population. Which, wherever possible, will be about strengthening care closer to people's homes.

This pack sets out our operating model: how NHS GM works - from teams, systems and processes - and how we'll work with our partners too - across NHS Trusts, primary care, GMCA, local authorities, the VCFSE sector, social care, public health, and of course the communities and residents we serve. It's based on the input from our All Staff Away Day, our Design Groups and leaders across the organisation. It describes our vision and our role in delivering it. It reflects how we want to work closely with local communities in everything we do. It also includes some helpful scenarios that bring our way of working to life.

This is an operating model for every member of our team. It has been designed to help us understand the role we all play and how we fit together to deliver services and support people. Our NHS GM values will continue to underpin everything we do and act as a golden thread throughout our model.

Our NHS Reform journey has been challenging to say the least and there is still a way to go. However, developing this operating model is a big step towards defining our future as an organisation, with clarity of purpose and roles. It creates the shared vision by which we can all work together to achieve a Greater Manchester where everyone can live a good life. We look forward to working together with you to deliver for Greater Manchester.

Sir Richard Leese
Chair

Professor Colin Scales
Acting Chief Executive

About this document

NHS Greater Manchester

This document sets out the proposed operating model for NHS Greater Manchester, detailing the guiding principles for future strategic commissioning and Place Partnership activities. It explains the approaches that will be taken to realise our ambition: "People in GM will live longer, healthier lives. We will close the gap between richer and poorer communities by tackling inequality and widening access to the opportunities that shape wellbeing." It also highlights the key portfolio areas and outlines the next steps for further developing these plans in the coming weeks.

Chapter 1 (Page 4 – 5)

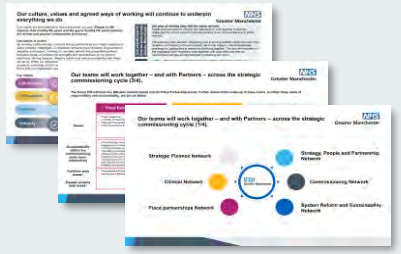
Summarises the vision and goals of NHS Greater Manchester; how this shapes key components of our operating model

Chapter 2 (Page 6 – 13)

We explore the role of strategic commissioning and Place Partnerships in collectively delivering our intended outcomes. We look at the principles of each and the approaches they will adopt.

Chapter 3 (Page 14 – 22)

We describe how we will organise ourselves to deliver our operating model. We describe portfolios, accountability, governance and how our culture and values align to our ways of working.



Chapter 4 (Page 23 - 25)

We describe how we will work with partners and how we will organise ourselves to deliver on this work.

Chapter 5 (Page 26 - 29)

Three scenarios are used to illustrate how strategic commissioning and Place Partnerships utilise the full breadth of skills available to deliver key outcomes.

Chapter 6 (Page 30 – 31)

At the end of this document is a glossary of abbreviations used throughout.

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1

Describing how our vision shapes how we operate

As we change our organisational form, we retain our purpose, vision and six missions for our population

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Why we are here
Our vision

A thriving city region where everyone can live a good life

What we will achieve
Our goal

People in GM will live longer, healthier lives. We will close the gap between richer and poorer communities by tackling inequality and widening access to the opportunities that shape wellbeing.

What we focus on
Our missions

Strengthen our communities

Help people stay well and detect illness earlier

Recover core NHS and care services

Support our workforce and our carers

Help people get into – and stay in – good work

Achieve financial sustainability

How we work together
Our Operating Model

The key components of our operating model:

Convening, influencing and leading across GM

Thriving and impactful Place Partnerships

Working in a matrix way across our teams

We are a city region with a global reach.

Our collaborative approach has put Greater Manchester at the forefront of progress. We are home to renowned universities and research institutions. We have the largest tech cluster outside London and the largest life science cluster outside Cambridge. We have one of Europe's top visitor economies, are the beating heart of the UK's creative industries, a sporting capital, pioneers of public transport and trailblazers of English devolution.

Our collective vision for the next decade is to see a thriving city region where everyone can live a good life. Health is part of a wider picture that determines quality of life. Outcomes are shaped by good work and skills, decent housing, safe and connected neighbourhoods, education, transport, culture, environment and a sense of belonging. Greater Manchester is only successful if every part of our city region and every person in our city region is successful.

NHS Greater Manchester intends to make its contribution, as a key public service partner, bringing its resources and capacity to bear to improve the physical and mental health of our three million residents - commissioning for health as well as health services. This includes leading the delivery of the three strategic shifts set out in the 10 Year Health Plan: moving from reactive care to prevention, from hospital-based services to community-led support, and from analogue systems to digitally enabled care.

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Describing how strategic commissioning and Place Partnerships will work in future

Integrated working between our Place Partnerships and Strategic Commissioning teams is at the heart of our new model

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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

Clinical & Professional Leadership	**Communications & Engagement**	**Corporate & Clinical Governance**	**Digital & DII**	**EDI**	**Finance**	**People & Culture**	**Programme Management**	**Quality & Safety** (Experience)

The relationship between our ten Place Partnerships and our GM-wide teams will be central to our future effectiveness

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GM-wide teams will support our Place Partnerships through…

1. Providing **data-driven insights** via the DII, combined with community knowledge and lived experience, to help shape place priorities, delivery of Live Well and Neighbourhood health and care initiatives.
2. Allocating **funding and resources,** sharing financial insights, supporting clinical leadership, through partnership agreements to enable delivery of Place objectives.
3. Supporting **communications**, in collaboration with place partners.
4. Offering guidance and expertise from **quality assurance, quality improvement and patient safety** insight to help ensure high-quality community care, including services in primary care and care homes.
5. Commissioning **GPIT and digital solutions** to facilitate local integration and transition from analogue to digital systems. Supporting strategic estates discussions.
6. Providing expert guidance in **equality, diversity, and inclusion** to help ensure that health care services, including general practice and care homes, are inclusive, equitable, and of consistently high quality.

Place Partnerships will support GM-wide teams through…

1. We will **work in genuine partnership with communities**, building on community assets and taking a strengths-based approach where co-design and lived experience are central to everything we do.
2. **Demonstrating benefits** and delivering improved health outcomes, reduced inequalities, and enhanced prevention through delivery of Live Well and Neighbourhood Health and Care initiatives.
3. Implementing collaborative approaches to **demand management** by utilising place budgets across partners to test and scale alternative care models to systematically reduce acute expenditure.
4. Providing timely progress **updates and outcome** reports to meet governance requirements, including early escalation and mitigation of risks when necessary.
5. **Securing partner investment and commitment**, including clinical and professional leadership, transformation, and organisational development, to support achievement of key objectives.
6. Acting on strategic commissioning intent locally and **sharing local insights** to help inform strategic commissioning and strengthen performance assurance.

Our Place Partnerships will be guided by eight key principles

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Taken together, these principles will ensure that Place Partnerships can consistently maximise their contribution to health and care outcomes for their population, as well as working effectively with GM-wide teams.

1. We have a clear view – consistent across GM – of the functions to be discharged through Place Partnerships.
2. The discipline of population health improvement must be the goal of all ten places and their strategies and plans must articulate how they will achieve this. This includes recognising cultural, social and economic factors and their impact on health.
3. Each Place Partnership will deliver core features of a neighbourhood health model (Live Well), where primary and community services will be central to multi-agency teams working to deliver services and support closer to people's homes.
4. Each Place Partnership has a workforce united in improving health, wellbeing, and independence for all, and striving to be representative of the communities it serves.
5. Every Partnership has a clear line of sight to the total Place spend on health and care, understands what aspects of that are influenceable, and has clarity about what spend the Place Partnership is directly charged with control of.
6. Strengthened accountability for all ten Place Partnerships between partners.
7. Place Partnerships will measure success by ensuring equitable access, experience, and outcomes, not just outputs.
8. We will use the reform agenda to set a new course, re-balancing power and leveraging community strengths, with Place Partnerships at the forefront of involving citizens.

Our ten Place Partnerships will convene the full spectrum of health and care resources around six key activities

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1 Improve population health, wellbeing & tackle inequalities,	2 Integrating services	3 Delivering care	4 Delivering the 10 year plan	5 Coordinating financial spend	6 Driving partnerships
Maximising the opportunities of Live Well through a community-first and community-involved mindset, helping people to take responsibility for their own health, connecting to wider public service reform and neighbourhood working.	Integrate services across NHS, local government, VCFSE and wider public service at strategic at place and neighbourhood levels.	Deliver proactive, equitable, accessible, high quality and person-centered care using population health management to tailor approaches, recognising each partner's full range of statutory duties.	Shift from reactive support to prevention and early intervention, hospital to community and analogue to digital, reducing need, promoting independence and avoiding escalation.	View and track total health and care spend, enabling joint delivery and the use of pooled/aligned budgets to optimise impact.	Drive effective multi-professional, partnership working through shared strategy, integrated delivery models, collaborative leadership, and an inclusive and supportive culture.

The Greater Manchester approach to strategic commissioning is underpinned by seven principles

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Key strategic commissioning principle	Describing what this means
1 **Population health and tackling inequalities**	• Commissioning is focused on improving health outcomes for all residents, with a clear priority on reducing inequalities and creating equity across and within our 10 Place Partnerships and communities. • Decisions are guided by population health data, insight, and evidence, ensuring resources are targeted where they can have the greatest impact.
2 **Integration and collaboration**	• We work as one system, bringing together NHS bodies, local authorities, voluntary, community, faith and social enterprise (VCFSE) organisations, independent sector providers and other partners. • Commissioning approaches will be innovative, in order to promote shared responsibility for delivering outcomes across health, care, and wider public services.

3 **Subsidiarity and Place leadership**	• Service design and improvement is carried out at the most appropriate level:
	  • **Greater Manchester level** where consistency, scale, and equity are required.
	  • **Place level** where integration with local services and responsiveness to communities is most effective.
	• Place Partnerships are empowered to design and deliver services for their populations within a shared GM framework.

4 **Citizen voice and co-design**	• Residents, patients, carers, and communities are central to decision-making. • Commissioning plans are co-designed with citizens to ensure services reflect lived experience and local priorities, using a variety of mechanisms rather than a “one size, fits all” approach.
5 **Outcomes and value-based approach**	• Commissioning focuses on outcomes, quality, and long-term sustainability rather than short-term activity measures, underpinned by outcome frameworks at pan-GM and Place Partnership level. • We seek to maximise value, balancing efficiency with social value, community benefit, and improved wellbeing.
6 **Transparency, accountability and shared governance**	• Decisions are made openly, within clear governance and accountability across partners (including the VCFSE sector) • Success is judged on shared outcomes for people and communities rather than organisational performance alone.
7 **Innovation and transformation**	• Commissioning enables innovation in service models, digital transformation, and workforce approaches. • We use devolved freedoms to test new ways of working, scaling up what works for the benefit of all communities

The success of our strategic commissioning will be guided by our Outcomes Framework

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Overarching goal

People in Greater Manchester have the best start in life, live in good health for longer, and we reduce the gap in healthy life years between our communities

- 5 Enabling shifts
- Health creation in communities
- Financial shifts
- Workforce indicators
- Models of care and activity
- Digital and data

Key impacts

1. We raise the healthiest generation of children and young people
2. We support more people to live in good mental and physical health, for longer
3. We prevent people mental and physical health from deteriorating and enable people to return to wellness following ill health
4. We delay the progression to advanced disease states, multiple health conditions (morbidities) and frailty
5. We reduce the avoidable need for more expensive and acute interventions in the system
6. We support people to live as well as possible until they die, and to die with dignity
7. We reduce health inequalities

The Greater Manchester approach to strategic commissioning underpins all of our strategic commissioning work, and thereby also supports our work with Place Partnerships and wider Partners

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Our approach to strategic commissioning is based around nine key activities (outlined below). This overall approach is grounded not only in national guidance (such as the strategic commissioning cycle set out in ICB 'Blueprint' guidance) but also in what we know about effective change in the specific context of Greater Manchester, including our long history of locality working and strong track record of cross-sector partnership.

1. 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.
2. Set ambitious, realistic health outcomes for the population which improve health and reduce inequalities.
3. Assess the quality, value for money, and how well current services meet the needs of the communities they are commissioned to serve.
4. Actively build on the strengths of communities and partnerships to enhance the wider determinants of health and reduce inequalities.
5. Lead the commissioning of evidence-based, high-quality services that are designed around population needs and deliver agreed outcomes, ensuring resources are targeted where they achieve the greatest impact
6. Design and implement outcomes based contracting arrangements which reduce bureaucracy, incentivise prevention and drive equity in health outcomes, while empowering providers to drive effective delivery.
7. Optimise the use of resources by improving allocative efficiency, ensuring investment is directed towards areas that deliver the greatest impact on population health outcomes and reduce inequalities.
8. Enable providers to improve technical efficiency by convening system-wide solutions that deliver economies of scale, reduce duplication, and strengthen the quality and sustainability of services.
9. Rigorously review and evaluate service delivery, including community insights and feedback, to inform on-going commissioning – taking action to decommission when necessary.

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3

Describing how we will organise ourselves to deliver our work

Our teams will work together – and with Partners – across the strategic commissioning cycle

Our new operating model will be implemented through portfolios that collaborate closely with Place Partnerships.

The future NHS GM will comprise five portfolios and ten Place Partnership teams, each driving delivery through multi-disciplinary, matrix-style collaboration across NHS GM and its partners.

These portfolios will be structured around areas of professional expertise to foster deep knowledge and clear lines of accountability, while remaining adaptable to support the full commissioning cycle and key transformation priorities.

This chapter outlines the make-up of these portfolios and their anticipated responsibilities and accountabilities.

Our new portfolios and Place Partnerships (1/2)

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The future NHS GM will have five GM-wide portfolios and ten Place Partnership teams. Further details of the make-up of these teams, and their likely areas of responsibility and accountability, are set out below.

	Place Partnerships	Strategy, People and Partnerships Portfolio	Strategic Finance Portfolio
Functions	• Place Leadership • Live Well, Primary Care & Neighbourhood health • Pathway Development & Demand Management • Place Governance & Administration	• Strategy & Strategic Planning • People and Culture • Communications and Engagement • Patient Services • Risk Management (BAF level) • Health Inequalities • Corporate Governance • Estates • Population Health / Live Well • Adult Social Care Transformation	• Finance • Contracting • Procurement • Place Finance • Delivery and Transformation
Areas of accountability	• Understanding and representing Place insights • Engaging and convening with Place partners • Find opportunities to maximise local decision-making • Translating commissioning aims for local delivery to address health inequalities • Supporting the left shift in services and pathways • Utilising data and analysis to support decision making and improve outcomes for local populations • Enabling and empowering local clinical leadership	• Overall system sustainability strategy • Corporate standards, policy and regulation • Wider system relationship management • Place relationship management • Public engagement • Workforce regulation and practice • VCFSE relationships	• Resource planning and allocation • Contracting and contractual oversight • Strategic financial development • Financial governance • Operational finance delivery • Financial sustainability
Key delivery plans	• Neighbourhood Plans • Locality Plans	• Comms & Engagement Plan • People & Culture Plan • Estates Plan	• Financial Plan
Leadership of system priorities	• Place leadership teams will provide leadership into agreed areas linked to the NHS GM strategic aims	• Neighbourhood and Place (integrated teams) • Prevention Demonstrator • Relationship with GMCA	

Our new Portfolios and Place Partnerships (2/2)

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The future NHS GM will have five GM-wide portfolios and ten Place Partnership teams. Further details of the make-up of these teams, and their likely areas of responsibility and accountability, are set out below.

	Commissioning Portfolio	System Reform and Improvement Portfolio	Clinical Portfolio
Functions	• Agile NHS GM programme support • Healthcare Commissioning Hub • Referral teams • CHC (individualised packages of care) • SEND (aligned with CYP commissioning)	• Operational Planning • Performance Improvement & Assurance • Digital & DII • QI & Improvement • NHS Reform & Transition • Provider and System Collaboration • EPRR	• Clinical Standards • Clinical & Care Professional Leadership • Clinical Networks • Place Clinical Leadership • Clinical Quality Assurance & Safety • Population Health Clinical Leadership • Screening and imms • Safeguarding • Medicines Optimisation • Public Health Consultants
Areas of accountability	• Commissioning intentions strategies and plans • Service specifications • Contracts and policy	• Provider relationship management and oversight • Contract outcomes delivery framework • Transformation standards and methodology • Constitutional compliance • Delivery of GM Sustainable Acute Services Strategy • Performance reporting • Digital strategies and plans • Cost Improvement Programme	• Clinical governance and effectiveness • Definition of clinical standards and outcomes for inclusion in contracts • Clinical & quality assurance and improvement • HEI strategic relationship management • Clinical interface management and multi-organisational engagement • Quality strategy • Clinical research and innovation
Key delivery plans	• Commissioning Plan	• Operational Plan	• Clinical Strategy and Plan
Leadership of system priorities	• Major trauma • Relationships with independent sector • Community service review • Long term conditions • Children's services	• Urgent and emergency care, elective and cancer constitutional standards • Financial Recovery Plan • Cost Improvement Plan	• Mental health • Maternity • Learning disabilities and autism • Primary Care transformation

Our teams will work together – and with Partners – across the strategic commissioning cycle

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For each of our priorities, we will ensure that we bring together all relevant perspectives, capabilities and resources in order to achieve our objectives in the most effective and sustainable way. Often, this will mean bringing together teams (and also drawing on wider contributions) from across NHS GM, our Place Partnerships, and wider organisations in the system. Our three main ways of working are summarised below.

	We work in GM-wide portfolios and Place Partnerships	We work around organisation priority programmes	We work around system priorities
Definition	Portfolios are based on groupings of core skill, functions and professional groups, This way of working is used for: • Line management • Ensuring statutory functions are discharged • Ongoing or core business activities	Organisation priority programmes will be delivered across our portfolios, with colleagues coming together based on our operational plan and transformation priorities. This matrix way of working will include contributions from across multiple (potentially all) portfolios and Place Partnerships.	System priorities will be achieved through **cross system programme teams,** with **system programme groups**, and with **the VCFSE sector** – where matrix working across NHS GM and other organisations is needed to deliver operational planning and GM strategic priorities.
How is the approach implemented?	**Permanent allocation** of people and responsibilities to teams. Work is undertaken, and functions discharged, on an ongoing basis.	**Flexible allocation.** Teams come together from across NHS GM to deliver the organisation's priorities. Lead Chief Officer for each Programme, with identified role and accountabilities.	**Flexible allocation.** Teams come together from across multiple organisations to deliver system priorities. Lead SRO for each programme, with identified role and accountabilities.
Examples	• Commissioning Portfolio • System Reform and Sustainability Portfolio • Strategy, People and Partnership Portfolio • Place Partnerships • Clinical Portfolio • Strategic Finance Portfolio	• Operational Plan • People Plan • Financial recovery and Cost Improvement Programme • Communications and Engagement Plan	• Elective Care improvement programme • Urgent and Emergency Care programme • Digitising services and care • Strategic workforce development • Prevention Demonstrator • Live Well • GM VCFSE Accord

Moving to a more flexible way of working across the organisation – and with Partners – will require a new approach to governance and accountability

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Addressing governance as we change how we work

We recognise that our governance structures and processes must evolve to support the new collaborative and flexible ways in which we will work in the future. This transition will require careful planning and detailed work over the coming weeks and months to ensure we get it right. Here, we outline the initial principles for how accountability and responsibility will function across NHS Greater Manchester.

1 Statutory accountabilities	• Organisational, or designated as per role. • This assignment ensures clear understanding for regulators, partners, and staff regarding who holds ultimate accountability for specific statutory requirements.
2 Programme accountability	• Agreed as part of programme priority. • It is vital to clearly define the problem first, then identify the appropriate roles and expertise required. This approach to programme delivery accountability minimises duplication of effort, reduces confusion regarding leadership and accountability, and supports collaborative approaches.
3 Accountable governance	• Decision making, in line with schemes of delegation. • Where we are held to account for delivery. • Governance, oversight and reporting.
4 Responsibility	• Reinforced at all levels. • Successfully delivering programmes will require input from a diverse range of skills and expertise. Responsibility for programme execution will be distributed across various teams, all operating under the leadership and accountability of the designated programme.

Our new way of working will be supported by financial arrangements and incentives to support the 'left shift' and effective locality working

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New financial management arrangements within our Place Partnership and GM-wide teams will ensure that financial incentives support effective joint working across our teams, as well as providing a clear mechanism for funding the 'left shift' from acute to community-based care over time. Headline changes to our financial management arrangements can be summarised in four key areas.

1 A new approach to financial management for our Place Partnerships

Place funding payment provided to each Place. Place partners are collectively responsible for use of funds and have a collective interest in the outcomes achieved.

Place funding can be entirely devoted to Place priorities including population health, neighbourhood health and primary care enhanced services.

Place funding simplifies governance, ensuring each Place can use funds to support its priorities, and that accountability for use of funds is streamlined and outcomes-based.

2 A new approach to financial management for our Provider Contracts

NHS GM finance and commissioning teams will work closely with providers to reduce provider costs over time. This will be achieved through pathway re-design and new models of care which support prevention, earlier intervention and more efficient care processes.

NHS GM and provider finance teams will develop new contract and incentives structures to support and reward new models of care.

Primary care contracting will be largely managed at GM level (core contract and most enhanced services), with Places able to contract additional enhanced services where identified as a local priority.

3 Bringing our financial management arrangements together to support and incentivise what is known as the 'left shift' - from hospital to community-based care.

As the costs of provider contracts (relative to other costs in the system) are reduced, the funding released will be re-allocated to support the left shift.
System wide teams will need to work together to enable the shift - which will only be achieved with successful redesign across all settings of care in pursuit of highly performing neighbourhood health models and an improved sustainable Provider sector.

4 Transparency and visibility of all NHS spending supports both collective responsibility and continuous improvement.

Total NHS spending (~£9bn) will be allocated and tracked on a locality basis.
Localities will therefore be able to track spending outcomes locally, how spending links to outcomes achieved, compare between localities, and identify changes / interventions to improve value.
Visibility drives collective responsibility – all parts of the system have an interest in the overall (systemwide) financial position, rather than individual teams being responsible for (and so having an interest in) one part only.

Our new ways of working will require us to continue being a system leader for data and digital, as well as utilising opportunities to improve productivity through digital innovation

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NHS GM plays a critical role in supporting the transition from analogue to digital across healthcare systems. Our involvement ensures that digital transformation is coordinated, strategic, and system-wide—avoiding fragmented or incompatible solutions developed in isolation.

By acting as facilitator, NHS GM helps align digital initiatives with broader system goals, ensuring equitable access to benefits and resources. This leadership also enables consistent standards, scalable technologies, and efficient resource allocation. These are essential for embedding automation, reducing manual inefficiencies, and achieving long-term operational and financial sustainability.

A digitally forward NHS must ensure inclusive design to avoid widening health inequalities - especially for digitally excluded populations. We will prioritise work to mobilise integrated shared care records, population health intelligence, digital first for neighbourhood services, and enabling workforce productivity, The detail features in our Digital Transformation Strategy for health and care.

1 Within our organisation

- Embed automation principles into our operating model, especially in transactional areas of functions like People Services and Finance, as well as across our full range of programme management.
- This will include detailed review of approaches to rationalise unnecessary manual processing of a broad suite of data which is handled by all departments.

2 System Leadership

- NHS GM is central to enabling and overseeing digital transformation across the system, ensuring solutions are equitable and scalable rather than isolated or duplicative.
- Collaboration between , providers of health and care, local government, and NHS GM is essential to ensure system-wide compatibility and scalability of digital solutions.
- Balancing top-down strategic direction with bottom-up innovation to maintain alignment and avoid fragmented efforts.

3 Working at scale

- Seizing opportunities to work at scale regionally and nationally on both transactional data and digital, and also on solutions which will transform how ICBs strategically commission, such as approaches to healthcare economics.
- Ensuring genuine interoperability between point of contact, city region and national systems and platforms including writeback capabilities
- Robotic Process Automation (RPA) can streamline repetitive tasks like appointment scheduling, billing, and data entry—freeing up staff time for patient care

Our culture, values and agreed ways of working will continue to underpin everything we do

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Our values are fundamental to how we achieve our goal: ***People in GM improve their healthy life years and the gap in healthy life years between the richest and poorest communities is reduced.***

Our values in action

By working collaboratively, we build strong partnerships and share expertise to solve complex challenges. Compassion ensures every decision is grounded in empathy and respect, making our services patient and population-centred. Inclusion helps us harness the strengths and perspectives of our diverse workforce, driving fairness. Integrity builds trust and accountability with those we serve. When we demonstrate our values in our daily work, we encourage people to contribute at their best, creating an environment where individuals thrive and our organisation succeeds. Brining our values to life in our new operating model will be a key component of our two-year OD plan.

Our Values

We work together with colleagues, partners, and communities to achieve the best outcomes for people in Greater Manchester.

We care for patients and the communities we serve. We care for each other and act with kindness and understanding.

We respect and value everyone's ideas, backgrounds, and experiences and make sure all voices are heard.

We are honest, do what is right and take responsibility for our actions.

Our shared view of how we work across Greater Manchester

Our ways of working align with the values we hold:
Health and care partners will take the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services. We will collaborate, innovate and seek to continuously improve our services for our population.
Transforming public services, integrating care to provide solutions which are more than medicine, and working with communities; not simply 'doing to', will fundamentally challenge our approaches to delivery and working together. The way that members of the Integrated Care Partnership work together, with each other and with our communities, will play an important part in achieving our vision.

Our ways of working

1. **Advance equality and tackle inequalities**: We will take action at individual, team, organisation, and system levels, informed by data, to understand and tackle inequalities.
2. **Share risk and resources**: We will set out our expectations of each other, share data effectively, support joint working with shared resource and create a culture of collaboration. This must happen at every level and in every place.
3. **Involve communities and share power**: We will work in genuine partnership with communities, taking a strengths-based approach with co-design and lived experience are central to everything we do.
4. **Spread, adopt, adapt**: We will share best practice effectively, test, learn and celebrate success, with supportive governance and resources. Adapt and implement best practice locally, in organisations and across systems.
5. **Be open, invite challenge, take action**: We will be open, honest, consistent and respectful in working with each other. Work on the boundaries and differences that we have in a constructive way, to support effective change.
6. **Names not numbers**: Ensure we all listen to people, putting them at the centre, and personalising their care.

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4

Describing how we work with provider partners

Working with our commissioned provider partners to deliver the 10 Year Health Plan

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This operating model outlines how NHS Greater Manchester will work. NHS GM is part of the wider GM Integrated Care System, and how we work with our full range of provider partners is vital in delivering the 10 Year Health Plan.

1

Treatment to prevention

Embed a Live Well approach by aligning priorities, co-designing services, and investing in prevention-focused, community-led initiatives.

2

Hospital to community

Redirect resources to primary care and community settings, supporting providers to expand neighbourhood health, with a focus on outcomes over outputs.

3

Analogue to digital

Collaborate to digitise services, empowering citizens, reimagine care, and drive system-wide transformation.

Primary Care Providers

Primary care providers will be engaged as equal partners within Place Partnerships, contributing their expertise to the design and delivery of neighbourhood health models and the wider Live Well agenda. By aligning priorities, sharing data, and investing in prevention-focused, community-led initiatives, we will empower primary care to drive improvements in access, outcomes, and patient experience, ensuring that local insights and clinical leadership are at the heart of system-wide change.

NHS Trust Providers

Out of the £9b health budget, £5.5b is allocated to ten NHS Trusts, including mental health, cancer, ambulance and integrated hospital and community Trusts. Our NHS GM model focuses on accountability, lead provider contracting, incentivising early interventions, and system-wide collaboration. We will work with the Trust Provider Collaborative to support reform, ensure system group impact, and explore Integrated Health Organisations within our system.

Alternative providers and provider collaboratives

We will work closely with public health and VCFSE teams to move further towards a model of prevention, supporting primary care, community services and the independent sector to expand neighbourhood health, improve GP access and enabling care in the community. We will work with our range of Provider Collaboratives to help redirect resources from hospitals to primary care and community settings.

How our relationship with NHS Provider Trusts will be different

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Our new operating model will shift the landscape in the relationship between NHS trust and commissioner. As a principal partner, we will work closely with our trusts to co-develop and deliver a transformation plan for acute care - anchored in the strategic shifts outlined in the NHS 10 Year Health Plan. This collaborative programme will focus on:

Rebalancing care from hospitals to communities: Working together to reduce the financial burden on acute trusts by shifting resources into community-based care. Incentivising primary care, expanding neighbourhood health services, and introducing a new payment regime that supports sustainable financial flows across the system.

Major Service Reform and Financial Sustainability
Driving comprehensive reform of acute services, developing sustainable models of care that are clinically effective and financially viable.
Models will be shaped through intelligence led commissioning and healthcare economics, and supported by the new financial framework.
Better integration across primary, secondary, and community care, improving outcomes and reducing duplication.

Redesigning Urgent and Elective Pathways
Working with trusts to streamline urgent care pathways, ensuring timely access, reducing pressure on emergency departments, and improving patient flow.
Elective care will be reimagined through digital innovation, pathway redesign, and targeted investment, helping to reduce waiting times and improve patient experience.

Trusts' role in Place Partnerships
Trusts will be an equal partner within Place Partnerships. Trusts are well equipped and will have the responsibility to contribute to the delivery of Place Partnership outcomes. By coalescing the huge contribution available across their clinical and professional teams, Trusts will enable our Partnerships to deliver world-class neighbourhood health services.

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Describing how we will work through three scenarios

Our first scenario describes how we will work in Pan-GM teams and through Place Partnerships to eliminate corridor care in A&E

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Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	1	2	3	4	
	Understanding need	**Designing care services & pathways**	**Allocating resources & contracting**	**Evaluating outcomes & value**	
Managing the health spend & outcomes ~£9bn	Population Health Management (PHM) team bring together DII, clinical leads and quality teams, to use data and community insights to analyse drivers of demand and identify opportunity to manage health and wellbeing more proactively at home.	Programme lead brings together an MDT from across NHS GM teams, including Place Partnerships, and partner organisations, to co-produce new service models and care pathways. The MDT utilise national evidence base, local intelligence and service user feedback.	Programme lead works with the MDT to develop a case for change, business case and specifications. Strategic Finance identify how to shift resource to support new care models. Contracting team adjust financial flows to support implementation.	DII support Performance Lead and Programme Lead to develop bespoke intelligence to monitor impact. Programme MDT undertake formal evaluation exercise to determine outcomes and return on investment.	
Influencing the wider public sector spend & outcomes ~£80bn	Place Partnership teams work with their population and local providers including the VCFSE sector, to understand the causes of ill health which are driving use of hospital emergency care.	The Strategy and PHM teams work with GMCA and other public sector partners to make sure Live Well supports urgent care needs across Greater Manchester. They develop Live Well hubs to help meet current gaps in health and wellbeing services..	Place Partnership collectively agree increase investment in urgent neighbourhood health services, developing a case for change and road map for shifting resource from acute to community care.	PHM team evaluate wider factors of prevention related to urgent and emergency care – including employment status, access to education, housing status etc... to begin to inform design which systemically intervenes in urgent care usage.	

Our second scenario describes how we will work at-scale and through Place Partnerships to address waiting times for children's mental health services

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Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	Understanding need	Designing care services & pathways	Allocating resources & contracting	Evaluating outcomes & value
Managing the health spend & outcomes ~£9bn	Programme Lead brings together PHM team, DII, clinical leads and quality teams to analyse drivers of demand and Joint Strategic Needs Assessment (JSNA) findings. They signal an opportunity to address delayed identification of and support for CYP with neurodiversity.	Programme lead works with Place Partnerships leads to transform neurodiversity pathway. Communications and engagement team develop a public engagement exercise.	Strategic Finance and Commissioning Teams work with providers to stimulate the market for improved provision. Programme lead and MDT develop a case for change, business case and service specifications.	The Programme lead and MDT work with DII and health economics to plan in advance of a pilot project for an effective evaluation. Commissioning team produce and publish an 'Evaluating Impact Framework' which guides how the MDT develop the evaluation.
	1	2	3	4
Influencing the wider public sector spend & outcomes ~£80bn	Strategy and People & Culture to engage with Under 19 education and skills team in GMCA, teams working on school readiness and DCS to identify need and prevention opportunities. Place Partnership teams engage schools, families, youth groups and local authority.	Strategy and People & Culture design at scale initiatives with GMCA and other services outside of health and care. Place Partnership teams work with local authorities, VCFSE and community assets to design initiatives.	Those working on design to work in partnership with finance colleagues on shared resource at a GM level for initiatives around education and skills, school readiness. Place Partnership mobilise delivery across neighbourhoods.	Those working on design to form partnerships with HEIs and DII to evaluate impact of GM-wide initiatives in partnership with GMCA. Place Partnerships evaluate patient and family feedback and ROI. Evidence is shared with NHS GM teams to scale elsewhere.

Our third scenario describes how we will work in Pan-GM teams, through Place Partnerships and in partnership with others to deliver the mayoral ambition to prevent homelessness

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Scenarios are examples of how our operating model may come to life. They are not exhaustive. They will be further refined through engagement and as we plan to mobilise the operating model.

	Understanding need	Designing care services & pathways	Allocating resources & contracting	Evaluating outcomes & value	
	Strategy and Planning team to bring together DII, Health Inequalities, and provider intelligence. Identify demand patterns, place variation and also examine best practice examples across GM and beyond. Also, utilise information from engagement teams on homeless people's experience.	The Service Redesign Team will look at the data and evidence of practice and identify practice that needs to be spread, adapted and adopted. Then use commissioning lever or transformation and improvement resource in the organisation to embed these ways of working and services.	Strategic finance team have clear understanding of the cost and benefit of investment as a preventor of upstream consumption and be able to allocate resources intelligently design which delivers this.	DII, Health Inequalities, Finance, Engagement a nd Provider Partners to assess impact of spend in terms of prevention, upstream cost prevention, user experience and to work with universities in researching this emergent area.	Managing the health spend & outcomes ~£9bn
	1	2	3	4	
	Strategy and Planning to bring in partner agencies like GMCA, Housing, DWP etc. to build out the data set at a GM level and understand investment and cost opportunities. Place Partnerships to see more granular detail for their place and neighbourhoods – particularly if there is a departure from the core evidence	Strategy, Public Health, People & Culture to work with other public service providers to design collaborative approaches at scale. Also, work in partnership to address employment and work, skills and education and housing as preventors. Place Partnerships to spread, adapt and adopt best practice.	Those working on design to work in partnership with finance to look at where joint stewardship of programmes across work, education and skills and housing can provide collective benefit. Place Partnership to work with GPs and community health providers to pivot resources toward prevention in this area.	Those working on design to form partnerships with HEIs and DII to evaluate the impact of wider programmes as a collective brought together by the strategy and planning team. Place partnerships to evaluate area specific delivery to look for emergent practice-based evidence.	Influencing the wider public sector spend & outcomes ~£80bn

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Glossary

Glossary of abbreviations used within this document

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AI	Artificial Intelligence
BAF	Board Assurance Framework
CHC	Continuing Health Care
CIP	Cost Improvement Programme
CYP	Children and Young People
DII	Data, Intelligence and Insight
DPH	Director of Public Health
DPL	Deputy Place Lead
DWP	Department of Work and Pensions
EDI	Equality, Diversity and Inclusion
EPRR	Emergency Preparedness, Resilience and Response
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GPIT	General Practice Information Technology
HEI	Higher Education Institute
ICB	Integrated Care Board
ICP	Integrated Care Partnership
Imms	Immunisations
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
MDT	Multi-Disciplinary Team
OD	Organisational Development
PHM	Population Health Management
PoC	Point of Contact
ROI	Return on Investment
SEND	Special Educational Needs and Disabilities
SRO	Senior Responsible Officer
TPC	Trust Provider Collaborative
VCFSE	Voluntary, Community, Faith and Social Enterprise Sector

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Integrated Care Partnership