



NHS Greater Manchester Strategic Commissioning Plan (July 2026)

Summary of Commitments for VCFSE Reps

This briefing provides a quick-reference summary of the commitments within NHS GM Strategic Commissioning Plan (July 2026) made to the voluntary, community, faith and social enterprise (VCFSE) sector.

Use this briefing to support dialogue on delivery and implementation of the commitments made.

Headline Commitments

1. A **growing proportion of investment** directed to prevention, neighbourhoods, community services, and VCFSE delivery.
2. A **clear baseline and annual trajectory for funding** showing the shift towards prevention, primary care, community services and VCFSE.
3. **Shifting investment** into integrated support models including **sustainable VCFSE sector delivery**.
4. VCFSE commissioning will move towards **fairer, longer-term and more flexible funding**, with specific action to **reduce barriers for small and grassroots organisations**.
5. Referenced in the plan, the **GM VCFSE Accord** commits to fair, transparent and long-term investment and, crucially, to increase the total proportion of public-sector funding invested in VCFSE.

The table below summarises all elements of the plan where commitments are made to the VCFSE. [Visit here to read the NHS GM Strategic Commissioning plan 2026-2031 in full](#). Page numbers for the corresponding commitments are included in the table below.

Page	Commitment	Nature of commitment
Page 5	NHS GM will use strategic commissioning to shift resource, decision-making and delivery closer to neighbourhoods, communities and the VCFSE sector , using lived experience, co-design and evidence to shape priorities and evaluate impact.	Resource and commissioning shift
Page 6	A growing proportion of investment will be directed towards prevention, neighbourhoods, community services and VCFSE-delivered support , demonstrating a measurable left shift in resources .	Explicit investment commitment
Page 7	Primary Care Transformation and Community Services Transformation identified as core programmes under the strategic priority Preventative and Proactive Care in Neighbourhoods.	Strategic programme commitment
Page 10	Increase the share of overall spend directed to prevention, primary care, community services and VCFSE-delivered support , with a clear baseline and annual trajectory for funding .	Direct, measurable financial commitment



Page 10	Develop supplementary indicators tracking the proportion of major programmes designed with residents and VCFSE partners , and changes in investment reaching prevention and community-led support.	Investment/accountability measure
Page 11	The Prevention Demonstrator will have increased autonomy, including exploring opportunities to pool budgets and reprofile public-service spending towards prevention.	Potential financial/resource shift
Pages 12-13	Develop how investment and resources change to support earlier help and prevention , including working with community-based organisations.	Resource/service development
Page 19	Establish a Place Fund bringing together place-based resources to support delegated decision-making, neighbourhood health and prevention. This Fund sits within the wider investment in Place and Neighbourhood Health through contracts including VCFSE.	Financial architecture / investment shift /existing/wider investment context
Page 20	Change what is measured, funded and contracted for , including increasing the share of investment supporting prevention, neighbourhood care, VCFSE delivery and community capacity rather than predominantly reactive/hospital responses.	Major investment/ commissioning commitment
Page 22	Establish a system method for modelling the financial, activity and population-health impact of the Left Shift and use it to make appropriate adjustments to provider contracts.	Financial/ contracting mechanism
Page 22	Use the methodology to provide confidence to increase the proportion of overall spend on prevention and deploy new contracting and financial mechanisms incentivising prevention.	Explicit future investment mechanism
Pages 23-27	Develop Live Well as the model for neighbourhood health, integrating primary care, community care and voluntary services within neighbourhood working.	Model/service development
Page 24	Shift investment into integrated support models , designed and delivered with communities, including sustainable VCFSE sector delivery.	Direct investment commitment
Page 26	Continue to support the growth of community-led health and wellbeing , particularly to improve health equity, and build/sustain non-clinical approaches such as social prescribing, creative health and social connection.	Sector/community development
Pages 28-29	Develop the economic case for community investment to support the Left Shift , including differential investment to reduce variation and inequalities.	Investment development
Page 29	Develop an approach to community capital supporting a Left Shift capital pipeline, with a £14.4m window over four years.	Specific capital investment
Page 29	Develop support for carers in partnership with VCFSE carers' organisations , connecting this with NHS community services and Live Well.	Sector/service development
Pages 30-33	Population-health improvement will be delivered through commissioning, contracting and pathway redesign, with stronger partnership with local government, VCFSE and communities.	Commissioning/ service development



Page 48	Build strategic commissioning capability to work with VCFSE and service users to co-design services , and use market management, contracts and procurement to improve outcomes.	Commissioning reform
Page 48	Major commissioning decisions should demonstrate how VCFSE partners have shaped service design and how the model supports prevention, neighbourhood health and long-term value.	Governance/ commissioning commitment
Page 48	Act as an intelligent payer and market shaper, including shaping the provider and partner landscape across NHS, local government and VCFSE , and using contracts/incentives to support prevention and neighbourhood models.	Market/contracting reform
Page 49	Develop new commissioning models including outcomes-based contracts, value-based payments and contracts/payments incentivising the three national shifts .	Contract/payment reform
Page 49	Develop a more comprehensive market-development strategy with a focus on working differently with VCFSE partners .	Market development
Page 49	Apply the GM VCFSE Accord principles of involving/devolving, resourcing/enabling, and recognising/valuing within commissioning and governance.	Strategic commissioning reform
Page 49	Reduce barriers for small and grassroots organisations to contribute to design, delivery, procurement and partnership working.	Market access/capacity development
Page 49	Use fair funding principles , including transparency and proportionality and, where appropriate, longer-term and more flexible approaches to community-based provision .	Direct funding/contracting reform
Page 49	Build community engagement into annual and longer-term commissioning/ planning, working with VCFSE .	Commissioning development
Page 50	Provider Collaboration will support neighbourhood health and the strengthening and expansion of community care and services , including Primary Care Blueprint delivery and VCFSE/community-based health and care services .	Provider/service development
Page 51	Implement the new 10-year GM VCFSE Accord (2026–2036) as a framework for changing how strategic commissioning works.	Long-term strategic commitment
Page 51	Shift power closer to communities by involving VCFSE and people with lived experience earlier and more consistently in decision-making .	Governance/power shift
Page 51	Public-sector partners commit to fair, transparent and long-term investment in VCFSE organisations and to increase the total proportion of public-sector funding invested in VCFSE .	Very explicit investment commitment
Page 51	Recognise the roles VCFSE organisations can play and use their evidence, insight and community leadership in policy, commissioning and service design.	Commissioning/ governance reform

