NHS
Greater Manchester

GM Sustainability Plan

10 September 2024

For ICB Board 18.9.24

Part of Greater Manchester Integrated Care Partnership

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Contents

1. Introduction and context

This plan

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- Greater Manchester (GM) Integrated Care System (ICS) provides healthcare for 3m people living in 10 places. As a system, GM has sought to improve population health through working with partners whilst at the same time improving the NHS financial position and health service performance.
- A population-based approach to developing this Sustainability Plan has set out the current and future pattern of demand and associated costs attributable to Non-Demographic Growth (NDG), quantified the opportunities to improve population health, set out the immediate priorities to inform phasing and sequencing of these opportunities over time and considered the financial and performance position of the 9 NHS providers.
- This shows how a deficit this year may be compounded by approximately £600m of additional demand but can be addressed over time through a combination of population health measures, system collaboration and provider efficiencies.
- The plan is based on the recognition that system sustainability rests on addressing the challenges we face across finance, performance and quality and population health - and the relationship between these
- This is a ‘plan of plans’ since it comprises plans from across the GM system, categorised under 5 ‘pillars’ of sustainability.

Overview – What the Plan Shows

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We need to show ***how*** the system:

- ***Both*** returns to financial balance through addressing the underlying deficit
- ***And*** secures a sustainable future through addressing future demand growth and implementing new models of care year on year

This plan shows that:

- The projected remaining deficit, after Cost Improvement Plan delivery, could be eliminated over three years through
  - Consistent and complete implementation of existing Cost Improvement Plans (CIPs)
  - Complete implementation of system wide plans already developed across GM along with assumptions about those not yet detailed
  - Assumptions on reconfiguration of parts of the system which have not yet been planned in detail
  - Assumptions on reducing the number and scope of procedures of limited clinical value (PLCV), although this is not yet detailed
- With additional investment, the impact of Non-Demographic Growth (NDG) could be mitigated through
  - Assumptions about the impact of reducing prevalence and enabling proactive care on the health of the population

Our vision and the outcomes we are seeking

“We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region”

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Our missions

Strengthen our communities

We will help people, families and communities feel more confident in managing their own health

Recover core health and care services

We will continue to improve access to high quality services and reduce long waits

Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing

Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities

Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home

Achieve financial stability

We will manage public money well to achieve our objectives

Our strategy and our plans

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- Our Five-Year ICP Strategy (March 2023) sets out how we will work together to improve the health of our city-region's people. It is supported by our Five-Year Joint Forward Plan. We have described our plans for this financial year (2024-25) in our Operational Plan

- The relationship between these plans is illustrated on the next slide. This includes the importance of the Sustainability Plan in addressing the undertakings issued by NHS England

- This Sustainability Plan is needed because the challenges we face now are more complex and acute than we have ever experienced in Greater Manchester. These challenges cover finance, performance, quality and population health. We have a significant underlying financial deficit; we are not consistently meeting core NHS delivery standards; and the health of our population is getting worse

- We know that we need to change what we do and how we do it. We must do this to deliver on our responsibility to improve the health of our population – and to do this within the resources available to us

- We know that this will take longer than a single year, so this plan covers three years initially

NHS GM Plan Alignment

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The plans are connected and build on each other to ensure the delivery of the overarching 5-year strategy and national NHS objectives

24/25 Operational Plan

- Actions to deliver the performance workforce and financial commitments in the GM planning response to NHSE
- Additional actions to improve population health through prevention and early intervention

Sustainability Plan

A framework including:

- Priorities to achieve financial sustainability and effective use of resources across the GM NHS system , focusing on the next 3 years
- Delivered through GM, provider, locality and programme delivery plans.

Joint Forward Plan

The 5-year plan to deliver the ICP strategy through our missions:

- Strengthen our communities
- Help people stay well and detect illness earlier
- Help people get into and stay in good work
- Recover core NHS and care services
- Support our workforce and our carers
- Achieve financial sustainability

ICP Strategy

Sets out how we will work together over a 5-year period to achieve a GM where

- Everyone has the opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care where and when they need it
- Health and care services are integrated and sustainable

NHS GM Single Improvement Plan

NHS GM response to the grounds for undertakings and improvement actions .

The plan is focused on ensuring the ICB is structured and has the right approaches and governance in place to enable it to deliver on the agreed priorities of the above plans.

How the pillars of sustainability contribute to our missions

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- The ‘pillars’ of sustainability cover the full range of our missions – from enabling people to live good lives – through to ensuring financial sustainability
- **Cost improvement** in both providers and the ICB and **system productivity** will enable the effective recovery of core NHS services and support our workforce, thus enabling financial sustainability
- **Reducing prevalence** – acting on the wider determinants of health – will be enabled through strengthening our communities and helping people to stay well and detecting illness earlier, as well as enabling people to get into and stay in good work
- **Proactive care** will also help people to stay well and detecting illness earlier, as well as enabling people to get into and stay in good work, and contributing to recovering NHS services and thus enabling financial sustainability
- **Optimising care** will enable the system to move towards the model of health described in our strategy and missions. It will also enable people to stay well and detect illness earlier, the effective recovery of core NHS services and support for our workforce, thus enabling financial sustainability

The Greater Manchester Model for Health

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- In the ICP Strategy we set out our Model for Health (see next slide). The model aims to ensure that as many people as possible are supported to maintain good health at home and in their communities – reducing demand on crisis-based and specialist care

- We know that we must do more, and rapidly, to make sure this model is delivered consistently across our conurbation. This needs to focus on:
    - Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate and a community services delivered to a core GM standard
    - The systematic use of Population Health Management approaches to identify at risk cohorts and intervene earlier, delivered through more resilient primary care connecting to community and intermediate tier services
    - Accelerated progress of our mental health model, particularly crisis and community developments including Living Well, in-patient transformation, and access to psychological therapies
    - Continued focus on early cancer diagnosis
    - Much greater support for people to take more control over their own health - including digital offers
    - Standardisation of care pathways with consistent offer across GM and reduced variation
    - Significantly expanded use of new care models – including more care delivered outside hospital

The Greater Manchester Model for Health

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2. The pillars of sustainability and the financial bridge

The pillars of sustainability

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Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	Multi-provider/system activities to improve the use of our resources and our performance	Maintaining the population in good health and avoiding future costs through prevention	Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm	Transforming the model of care through system actions

These pillars are of course interdependent and cannot exist in isolation.

- For example, collective actions on provider productivity may enhance performance and optimise care as well as contribute to individual provider CIPs.
- Similarly, progress in proactive care delivery may also impact on other financial drivers, such as prescribing costs.

These interdependencies need to be understood as we make key decisions in implementing this plan.

Developing the Financial Bridge: the key activities

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Identifying the size of the financial and population health challenge:

Identifying and modelling how we will address the challenge

Dealing with the current financial deficit

- Confirming the position on the underlying deficit
- Including other projected further movements in the model (e.g. convergence and Cost Uplift Factors)
- Analysing the FSPs from all parts of the system
- The impact of key system programmes
- Modelling the impact of plans to change the model of care (for example, Health and Care Review) to optimise care

Addressing population need: priority activity

- Modelling non-demographic growth to predict future demand
- Priority activity already planned to address population need: reducing prevalence and enabling proactive care

Investment strategy

- Additional population health interventions funded through additional investment

The financial bridge – what it shows

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The bridge shows three ‘blocks’ with associated pillars.

Dealing with the current financial deficit

Shows how the underlying deficit can be substantively closed in three years, with detailed plans in place for year 1 and the inclusion of assumptions about developing plans for years 2 and 3

- Cost improvement
- System Productivity and Performance
- Optimising care

Addressing NDG 2024/5-2026/7 inc. investment (2025/6 onwards)

Shows how Non-Demographic Growth can be partially mitigated in three years through planned population health interventions where funding is already agreed and the partial impact of additional investment (in years 2 and 3) of £50m per year.

Impacts from population health interventions take time to demonstrate a full effect and so an impact of 1/3rd of the full impact from additional investment has been assumed in years 2 and 3.

- Reducing prevalence
- Proactive care

Investment 2027/8-2028/9

Shows how the remaining NDG ‘gap’ will be mitigated in the following two years (2027-2029) by further full impact from continued investment at the same level

The financial bridge

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The pillars of sustainability and their contribution

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From the analysis to develop the bridge, we identified five aspects of sustainability which we need to pursue: the 'pillars' of sustainability. Each of these contributes through finance and/or performance impacts. Details are in the following slides

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	**Multi-provider/system activities to improve the use of our resources and our performance**	**Maintaining the population in good health and avoiding future costs through prevention**	**Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm**	**Transforming the model of care through system actions**
Combined contribution to overall plan leaves an underlying deficit after three years (~£160m) Financial savings through FSPs/CIPS: **£1046m**	Contribution to overall plan through achievement of performance objectives and improved productivity No financial savings	Contribution to addressing non-demographic growth (NDG) of £360m over 3 years ~£40m confirmed ~£67m from additional investment (to be detailed)	Contribution to addressing non-demographic growth (NDG) of £360m over 3 years ~£120m confirmed ~£33m from additional investment (to be detailed)	Contribution to overall plan of £148m (over three years) 40% of this contribution through confirmed plans, with the remainder still to be detailed

Contribution to addressing non-demographic growth (NDG) of £240m in years 4&5
£300m (reducing prevalence), £200m (proactive care) from additional investment (to be detailed)

Cost improvements – Trusts and ICB

- As part of individual Trust Financial Sustainability Plans, there are ambitious levels of Cost Improvement Programmes (CIP) set out over the next 3 years to support working to run rate balance. Work is planned at different levels
    1. At individual organisational level. A thematic framework for this is under development, to be completed by the end of September.
    2. At locality/ sector level
    3. At GM level – Trust Provider Collaborative (TPC) led commitments and schemes (listed under the System Productivity and Performance pillar in this plan)

Organisation (Trust)	Locality/ sector	ICB	
Key themes in Trust CIPs • Income • Corporate services transformation • Digital transformation • Estates and Premises transformation • Medicines efficiencies • Procurement • Service re-design • Pay	Examples include: • Four Localities Partnership • Mental Health Trust collaboration • Joint working Bolton FT & WWLFT	A wide range of programmes, including: • Continuing Health Care • Medicines Optimisation • Mental Health OAPs • Autism and LD • Better Care Fund • Community Services • Estates • Independent Sector	• Legal Services • Locality Individual Schemes • Non-Healthcare Contract Consolidation (NHCC)s • Optimal Organisational Structure • Translation and Interpretation • Virtual Wards • Workforce External Drivers

System Productivity and Performance – the programmes

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Programme	Contribution to system sustainability
Programmes to drive performance improvement and quality of care through optimising models of care and implementing targeted new ones	
Elective care	• Reduced waiting times for patients • Reduce variation in access
Cancer	• Reduced waiting times and managing growth in demand. • Reduce variation in access and provide service resilience. • Cost avoidance – reduced LoS related to anticipated growth in demand, waiting list initiatives, in/outsourcing. • Reduced variation.
Diagnostics	• Wait list reduction • Reduction in outsourcing • Reduced turnaround times for patients
Mental Health	• Savings from reduced OAPs can be reinvested in Mental Health services
Urgent and Emergency Care (UEC)	• Improved patient flow. • Achievement of 95% of patients seen within 4hrs in A&E by March 2027 • Sustain Cat 2 ambulance response times at or above national target
Transform corporate services through innovation and enhanced collaboration, to make them more efficient, resilient and cost-effective	
Scaling People Services Programme	• Enabler of realising CIPs; standardisation of systems/processes and automation will enable efficiencies
Corporate services	• Enabler of realising CIPs; improved workforce resilience
Other programmes	
Workforce	• Sickness absence - potential savings contribution to CIPs • Turnover - cost prevention • Reduced temporary staffing and improved capacity
Digital	• Requires significant capital investment • Will then deliver both financial efficiencies and productivity gains

Reducing prevalence – programmes and impact

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Programme	Investment already agreed 3 years (£m)	Savings 3 years (£m)
HIV	12.6	52.3
Making Smoking History		
Physical Activity		
Work and health		
Home Improvement		

In addition to the impact from investment already agreed, further impact could be gained from additional investment for the faster and wider implementation of programmes already underway

	Additional investment to be agreed 3 years (£m)	Additional savings 3 years (£m)
Other Population Health	50	117

Overall Impact ~£40m (savings – investment)

Impact from additional investment in three years: £67m (savings – investment)

ROI from additional investment assumed to be 1/3rd of full impact because of the early stage of the programmes

Proactive care: programmes and impact

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Programme	Investment already agreed 3 years (£m)	Savings 3 years (£m)
Alcohol Care Teams	30	150
CVD		
Diabetes		
Social Prescribing		
Tobacco Treatment Teams		

In addition to the impact from investment already agreed, further impact could be gained from additional investment for the faster and wider implementation of programmes already underway

	Additional investment to be agreed 3 years (£m)	Additional savings 3 years (£m)
Other Population Health	50	83

Overall Impact ~£120m (savings – investment)

Impact from additional investment in three years: £33m (savings – investment)

ROI from additional investment assumed to be 1/3rd of full impact because of the early stage of the programmes

Optimising care: programmes and impact

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Programmes already identified	Savings 3 years (£m)
Pathology	59.6
Dermatology	
Neurorehabilitation	
Commissioning more effective processes – vasectomies	
Adult ADHD	
Referral Thresholds	
PLCV - TES and spinal injections	

	Additional savings 3 years (£m)
Programmes with financial savings not yet confirmed	88.9

Impact from programmes already detailed ~£60m
Impact from additional savings to be confirmed: ~£89m

Total savings: ~£149m

The development and delivery of the plan

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- Delivering this plan and moving to a sustainable health and care system will require us to be explicit about investment (revenue and capital). Investment in prevention, early diagnosis, primary and community care and mental health is inherent in this plan. Transparent identification and reporting against that investment will be established.
- Where plans for future years are less well developed, assumptions have been made (and described)
- Discussions with local authority Treasurers are underway to support the connection to financial health at a place level as part of local integrated planning and delivery
- The governance and monitoring of the plans has yet to be determined in detail but is indicated in this plan and will be confirmed swiftly (see next slide).

Governance Summary

- The governance and accountability for the elements in this plan can be summarised as follows:

Pillar	Governance and oversight through
Cost Improvement	Trust Boards, ICB Provider Oversight Meetings, ICB Board and Finance Committee
System Productivity	System Boards, TPC (currently under review)
Reducing Prevalence	Locality Boards, Population Health Committee
Proactive Care	Locality Boards, Population Health Committee
Optimising Care	Commissioning Oversight Group (COG), relevant System Boards, TPC (currently under review)

3. How we will enable sustainability

Investment strategy

- Each year NHS GM receives growth funding as part of its national allocation from NHSE. Some of this is contractually allocated to various parts of the system, including providers. However, the remainder could be used (as is its intention) to fund growth in parts of the system determined by the strategy of NHS GM
- In 2024/5 the remainder was **~£61m**. This varies year on year depending on changes to national contractual arrangements.
- To date NHS GM has not spent this funding on growth but has netted it off in their accounts against other costs – usually against convergence costs which are of a similar amount
- If the convergence costs can be covered by savings elsewhere in the system, this growth funding could be used for its original purpose. For the purposes of this analysis, we have assumed **£50m** a year might be available to fund growth (from year 2 – 2025/6).
- This proposal requires consideration by the GM system

The Role of Capital

Capital is an important enabler to the delivery of the Sustainability Plan

The Capital Resource and Allocation Group has been tasked with developing a long-term plan for deployment of system capital. This work is focusing on:

- Clearly defining the parameters of what is meant by a sustainable capital plan.
- The investment strategy if we must live within current capital constraints.
- What the system could achieve if it had increases capital to deploy into several key areas (Estates, Digital, Equipment). Particularly linking this to known areas i.e. the £3.4bn of national capital to support productivity.

This work is ongoing and focused on three phases, including a Y1 plan for no increases in capital income, with options for Y2-5 being developed to support strategic requirements

Continued grip and control

The strengthened NHS GM oversight arrangements will be pivotal in tracking delivery of the programmes set out in the Sustainability Plan. These include:

- Provider Oversight Meetings (POMS): building on and succeeding the PWC led finance and performance recovery meetings. The scope is broader to include finance, quality, performance and workforce
- Locality Assurance Meetings (LAMS): focus on delivery of delegated functions. These follow a consistent approach to the POMS
- System Group Meetings: focus on delivery of transformation programmes
- Performance Improvement Assurance Group (PIAG): focus on tracking actions and impact of the refreshed Performance Improvement Plans (PIPs)

Addressing the undertakings

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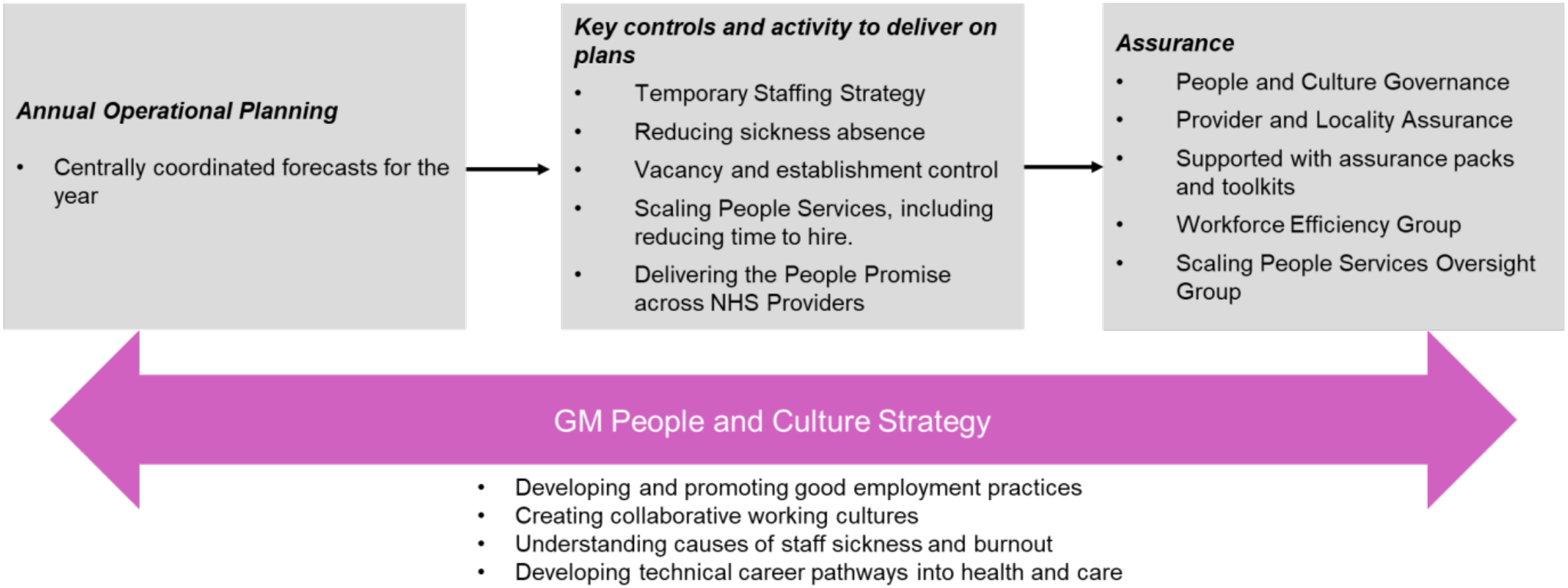
The Sustainability Plan supports our system response to the four pillars in the Improvement Plan developed in response to the undertakings issued by NHS England:

- Leadership and governance
- Financial sustainability
  - Develop three-year plan to address underlying deficit position
  - Clarify system commissioning intentions and implement
- Performance and assurance
- Quality

Our Workforce

- This plan has a strong relationship to our People and Culture strategy. As illustrated below, our ability to deliver this plan rests on supporting our workforce and developing collaborative cultures as well as the appropriate controls to ensure that the size and composition of our workforce matches the financial resources available.



Assumptions on which the plan is based

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The following assumptions are the basis of the Sustainability Plan:

a) Trust and ICB **cost improvement** will be delivered in full as planned, along with the achievement of all performance objectives.
b) Other financial savings will be achieved through **optimising care** through service review/commissioning, and consideration (specifically) of reducing Procedures of Limited Clinical Value (PLCV)
c) We will move to a model of care that supports people to maintain good health (**reducing prevalence** and **proactive care**) through changing how we allocate our financial resources