



Manchester Partnership Board	
Report of:	Greater Manchester Integrated Care Partnership Sustainability Plan
Paper prepared by:	Greater Manchester Integrated Care Partnership
Date of paper:	October 2024
Item number:	4
Subject:	Greater Manchester Integrated Care Partnership Sustainability Plan
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA). Confirmation that an Equality Impact Assessment has been completed where there is a change to a service, programme or policy:	
Outline public engagement – clinical, stakeholder and public/patient in support of NHSE public and patient engagement and consultation requirements:	



Recommendations:

Manchester Partnership Board is asked to:

- Note the report.
- Support the Sustainability Plan
- Endorse the actions in 3.2

Greater Manchester Integrated Care Partnership

Sustainability Plan

Locality Boards
October 2024

1.0 Introduction

- 1.1. Greater Manchester (GM) Integrated Care Partnership 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.
- 1.2. Working with partners, we have developed a Sustainability Plan. This was approved at the GM Integrated Care Board on 18th September. The Sustainability Plan slides are included in this agenda pack.
- 1.3. The Sustainability 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.
- 1.4. The Plan shows **both 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.
- 1.5. In developing the plan, the financial and performance position of NHS providers has been considered, along with plans to transform and optimise care provision, in order to address the underlying financial deficit by the end of the 2026/7 financial year.
- 1.6. A population-based approach to developing the 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, and set out the immediate priorities to inform phasing and sequencing of these opportunities over time.
- 1.7. The plan shows how the current deficit 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.
- 1.8. There are five pillars of sustainability against which the delivery programmes are set out:
 - Cost Improvement
 - System Productivity and Performance
 - Reducing Prevalence
 - Proactive Care
 - Optimising Care

- 1.9. Within the plan, we show how the projected remaining financial deficit 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) and associated pathways, although this is not yet detailed
- 1.10. The plan shows that 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

2.0 Delivery of the Sustainability Plan in Localities

- 2.1. Ultimately, the sustainability of the health and care system in GM rests on our ability to support people to stay in good health for longer. This requires an integrated, whole-system response from both within health and care and beyond.
- 2.2. We need to act both on reducing the prevalence of poor health through prevention activities and to ensure we provide early intervention and proactive care to stem further deterioration. The Sustainability Plan is clear that the projected non-demographic growth in demand and costs can only be addressed through radical changes in both our care model and in tackling the social determinants of health. We will need to apply our place model with greater pace and scale and with more consistency. This will need to include:
- Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate, community services delivered to a core GM standard and underpinned by our Live Well model
 - 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

- 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

3.0 Creating the Conditions for Delivery

- 3.1. All partners in each locality, including GM-level functions, will need to create the right conditions for the Sustainability Plan to be delivered. The Locality Board (Place-Based Partnership Committee) is the focal point for this.
- 3.2. It is proposed that we take the following steps to progress the work at pace:

Actions led by localities with GM support

1. **Develop a place-based representation of Sustainability Plan delivery** – which is quantified and includes the contribution of trusts and other providers in each locality. This to be aligned to the five pillars in the Sustainability Plan and set out impact (including trajectories) against finance, performance, quality and population health. Work has already begun on a prototype – being developed through the Four Locality Partnership. The prototype will allow us to test the alignment between the place-based sustainability plan and the plans for the Northern Care Alliance across the four localities.
2. **Connect the Sustainability Plan to the position of the local authority** on adults and children's as part of a single approach to delivery across health and care
3. **Ensure use of population health management approaches** to identify at risk cohorts - supporting people to maintain good health and preventing deterioration.

Actions led by GM functions with locality support

1. **Establish a much broader set of locality metrics** covering the span of locality responsibilities in tackling non-demographic growth. For example, Primary Care; Social Care; Housing; School Readiness; Violence Reduction
2. **Design an Investment Plan** to support delivery of the Sustainability Plan

3. Confirm relationship of GM-level programmes to place-delivery – for example Health and Care Service Review and GM population health programmes.

- 3.3. The place-based representation of delivery will need to be complemented by an equivalent exercise on the provider trust side – setting out, for example, how provider collaboration can support efficiency and productivity improvements.

4.0 Recommendation

- 4.1. The Locality Board is asked to:

- Note the report
- Support the Sustainability Plan
- Endorse the actions at 3.2