

GM Sustainability Plan

Warren Heppolette

Overview – What the Plan Shows

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

The financial bridge – what it shows

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

3-year plan

5-year plan



The financial bridge



Greater Manchester



The pillars of sustainability and their contribution

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.

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
<p>Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)</p>	<p>Multi-provider/system activities to improve the use of our resources and our performance</p>	<p>Maintaining the population in good health and avoiding future costs through prevention</p>	<p>Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm</p>	<p>Transforming the model of care through system actions</p>
<p>Combined contribution to overall plan leaves an underlying deficit after three years (~£160m)</p> <p>Financial savings through FSPs/CIPS: £1046m</p>	<p>Contribution to overall plan through achievement of performance objectives and improved productivity</p> <p>No financial savings</p>	<p>Contribution to addressing non-demographic growth (NDG) of £360m over 3 years</p> <p>~£40m confirmed ~£67m from additional investment (to be detailed)</p>	<p>Contribution to addressing non-demographic growth (NDG) of £360m over 3 years</p> <p>~£120m confirmed ~£33m from additional investment (to be detailed)</p>	<p>Contribution to overall plan of £148m (over three years)</p> <p>40% of this contribution through confirmed plans, with the remainder still to be detailed</p>
		<p>Contribution to addressing non-demographic growth (NDG) of £240m in years 4&5</p> <p>£300m (reducing prevalence), £200m (proactive care) from additional investment (to be detailed)</p>		

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)