



Meeting:			
Meeting Date	03 July 2023	Action	Receive
Item No.		Confidential	No
Title	Integrated Delivery Collaborative Update		
Presented By	Kath Wynne-Jones		
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Executive Summary
This paper is intended to provide an update to the Locality Board of progress with the next stage of the development programme for the IDC , and progress with the delivery of programmes across the Boorough
Recommendations
The Board are asked to note the progress with the development plan of the IDC, and progress of the programmes and consider the next steps outlined within the paper

OUTCOME REQUIRED <i>(Please Indicate)</i>	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the NHS GM Assurance Framework ?	<input type="checkbox"/>

Implications						
Are there any quality, safeguarding or patient	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>



Implications						
experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
Once achieved, the ambition of the IDC will have a positive impact on the quadruple aim domains of population health ,experience, workforce and economics						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
IDC Board	24/05/2023	Proposal supported , recognising there are risks with making further commitments to reduce demand



Bury Integrated Delivery Collaborative Update

1. Context

This report is intended to outline to the Board progress which has been made with the key programmes of work within the IDC

2. Programme structures and leadership

An initial workshop was held for SRO's and Clinical Directors on the 16th May, the outcomes of which were shared with the Locality Board in June.

As an IDC Board we still needed to determine the weight of importance we will give the quadruple aims of:

- Population health
- Efficiency
- Outcomes and Effectiveness
- Workforce

However since this time, the financial challenges have become more significant, therefore we have asked all SRO's to turn their attention to potential economic savings within programme areas.

These ideas are currently being collated in preparation for a discussion on the 5th July. It is likely that the most efficiencies will be delivered by reducing duplication in services, simplifying the system and rationalising and making more efficient single points of access.

There is also a significant programme of work to be undertaken to empower patients and support behaviour change such as utilisation of technology and improving processes for ordering repeat prescriptions.

In addition to this, all members of the clinical and professional senate have been asked for their ideas on how to reduce beuraucracy and improve efficiency.

3. June IDC Programme updates:

Programme highlights:

Elective Care: Work has been progressing in elective care and cancer to support recovery of elective performance and the GM systems financial sustainability. A system level focus on developing future work at pace and at scale will be required to deliver against the reduction in GP referral trajectories submitted to GM and any agreed local savings plans.

End of Life and Palliative Care: Successful summit held on the 28th June to engage all key partners and stakeholders in the refresh of the strategy and delivery plan

Urgent Care: A&E 4 hour performance has improved in 2023/24. FGH are the third best performing adult site in GM. YTD performance has reached 66% and continues to improve, last month was at 62%. This is however 10% below target so remains a priority focus

Mental Health: There continues to be good progress in implementing the Bury MH strategy. However, unless all the PCNs invest ARRS funding in the in new posts in line with guidance the Living Well model will not be implemented with the required staffing model across all parts of the Borough.

Adult Social Care: Initial social work assurance board planned

Complex Care: Q1 Current performance to date is 85% with no assessment waits greater than 12 weeks

Neighbourhood development: The lack of alignment of PCNs and Neighbourhoods creates a risk to the delivery of equitable and integrated Neighbourhood-based health and care provision.



Community Services: Scoping work commenced to support the development of a rehabilitation hub and to rationalise single points of entry to the system across the Borough

Primary Care: GP membership engagement session held to consider ways in which primary care could operate more efficiently. Ideas will be considered through the next clinical and professional summit with ideas from all partner organisations

Learning Disabilities: Learning Disabilities & Autism continues to deliver challenging workplan.

Workforce: Workshop planned for the 6th July to agree priorities and work plans. 2 recruitment events planned for July and September

4. Risks

Following agreement of the proposed Bury system risk reporting process at April's IDC Board, all programmes and relevant committees were asked to submit any risks of 12+ using the GM risk reporting template.

Key risks have been submitted from programme areas. A total of 51 risks have been identified relating to the areas of:

- Workforce availability: clinical and managerial support arrangements
- Estates availability
- Financial challenges of the Borough and resources unavailable to support additional investment in community and mental health service developments
- IT and data systems to support transformational change
- Connectivity between the PCN's and neighbourhoods
- Lack of adult ADHD and Autism service provision

These risks and appropriate risk management arrangements will be considered in detail by the IDC Board in July.

5. Recommendations

The Board are asked to note the progress of core programmes and to note the next steps outlined within the paper

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July 2023