

Meeting:			
Meeting Date	04 September 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 Board of progress with the work of the IDC , and progress with the delivery of programmes across the Borough
Recommendations
The Board are asked to note the progress of the strategic developments, and progress of the programmes

OUTCOME REQUIRED (Please Indicate)				
	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 (£75) 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 experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>



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



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. Key strategic developments

Key developments over the past month include:

- Mapping , understanding and identifying opportunities to strengthen further relationships with North Manchester
- Facilitating clinical conversations to identify opportunities for improvement, particularly across the primary and secondary care interface
- Identifying efficiency opportunities through the use of data
- Engaging partners in the first draft of the Bury system workforce strategy
- Strengthening connectivity between the Childrens Strategic Partnership Board and the IDC
- Strengthening connectivity between the GP Collaborative and the IDC Board

3. Programme structures and leadership

As the financial challenges within the economy and across Greater Manchester have become more significant, we have asked all SRO's to turn their attention to potential economic savings within and across programme areas.

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. Programmes of work are currently being scoped relating to :

- Prescribing
- Elective care
- Complex care and care packages
- Urgent Care: Falls and the intermediate tier
- Estates

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, we are planning a workforce engagement approach to understand other ideas on how to reduce bureaucracy and improve efficiency.

4. July IDC Programme updates:

Programme highlights:

Elective Care: New pathways for Cardiology, Orthopaedics and Urology have now gone live. Having sufficient resources and capacity identified for each project from all relevant partners will help in improving the pace of the work being undertaken.

End of Life and Palliative Care: New Palliative Care Consultant now in post. This is a significant achievement for the Borough to have recruited to this role. Following the Bury Palliative Care Summit work has commenced, with partners, on the development of the new

Palliative & EoLC Strategy & work plan.

Urgent Care: FGH have moved up one to become the second best performing adult site in GM for the four hour target YTD performance has reached 66.83%. The days kept away from home trajectory met for May, June and July 23 at Fairfield. This is a significant achievement.

Frailty: The dementia Area on Ward 8 at FGH has now been established as Test of Change

Mental Health: There continues to be relatively good progress in implementing the Bury MH strategy. Recruitment is underway to recruit to new posts in CAMHS, adult Home Treatment Team and the Older People's Home Treatment Team following additional funding approval. New funding has been approved through PCFT to increase staffing capacity in CMHTS and Early Intervention in Psychosis. There remain high levels of demand for acute inpatient beds creating a risk in relation to the Out of Area Placement reduction target.

Adult Social Care: 14-25 Transitions project staffing business case has been prepared

Neighbourhood development: The number of referrals to active case management remain high, and we are looking to increase referrals from secondary care. There is generally good progress in all Neighbourhoods in relation to work on priority areas, and good examples of joined up working across providers in relation to Neighbourhood priorities and other work. The lack of alignment of PCNs and Neighbourhoods remains a risk to the delivery of equitable and integrated Neighbourhood-based health and care provision.

Community Services: Current priorities are currently being reviewed in line with the efficiencies programme of work. Some risks have emerged due to the loss of the project lead resource preventing the work from progressing as per the initial plan. Some additional interim resources have been secured to resume parts of this work.

Primary Care: We are Primary Care Family (Who's who in general practice) launched to inform our patients about the wider primary care family

Learning Disabilities: Agreement on inclusion of people with lived experience to be (paid) assessors as part of the Provider Quality Framework (supported living, nursing homes etc)

Workforce: Draft system workforce strategy currently being considered by all system partners

5. Performance

Systems are not yet in place to produce locality dashboards via GM, however local workarounds are in place to ensure the IDC Board is in view of key performance challenges and improvement plans.

Areas of concern include:

- Cancer 2 week wait and 62 day performance
- Referral To Treatment Times
- Urgent care
- People with LD aged over 14 receiving a health check
- Adult mental health follow up times

- Social work cases waiting allocation through the neighbourhoods

Key indicators are scrutinised with action plans implemented through our programme boards. We are in the process of refining the role of the IDC Board and System Assurance Committee with regard to the management of risks and performance, to prevent duplication of effort. All programme boards will be asked moving forwards to ensure that they report mitigating actions against failing performance indicators within the monthly highlight report for the IDC Board.

Programme boards are also being asked for their key indicators of success to ensure that these requests are built into future GM performance reporting systems.

6. 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 42 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
- Performance challenges
- IT and data systems to support transformational change
- Connectivity between the PCN's and neighbourhoods
- Lack of adult ADHD and Autism service provision

The IDC Board reviewed the risks in July, with more work to do to ensure consistency of scoring and reporting which is being progressed via a subgroup of the IDC Board.

7. Recommendations

The Board are asked to note the progress and risks outlined within the paper

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September 2023