




Terms of Reference

Urgent Care Board

June 2013

	
These terms of reference were approved by:	Insert name
These terms of reference will be reviewed by:	Insert date/...../..... 6 months



1. MEMBERSHIP

Members	
Organisation	Name and Role
BHR CCGs	Conor Burke, Accountable Officer (Chair)
LB Barking and Dagenham	Anne Bristow, Corporate Director Adult and Community Services
Barking and Dagenham CCG	Dr Richard Burack, Urgent Care Lead
LB Havering	Cheryl Coppell, Chief Executive London Borough Havering (Chair of ICC)
LB Havering	Joy Hollister, Director Children, Adults and Housing
Havering CCG	Dr Alex Tran, Urgent Care Lead
LB Redbridge	John Powell, Director of Adult Social Services and Housing
Redbridge CCG	Dr M Mathukia, Urgent Care Lead
Barking & Dagenham, Havering, Redbridge University trust (BHRUT)	Averil Dongworth, Chief Executive BHRUT
Barking & Dagenham, Havering, Redbridge University Hospitals NHS Trust (BHRUT)	Dr Mike Gill, Medical Director
NHS England	John Atherton, Head of Service Development
North East London Foundation Trust (NELFT)	John Brouder, Chief Executive NELFT
North East London Foundation Trust (NELFT)	Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation
Patient Representative	Anne-Marie Dean, Chair HealthWatch Havering
Partnership of East London Cooperatives Ltd	Jacqui Niner, Head of Services
London Ambulance Service	Katy Millard, Assistant Director Operations (East)

Members are permitted to send deputies in their place when they are not able to attend.

In attendance	
BHR CCGs	Jane Gateley, Director of Strategic Delivery BHR CCGs
Havering CCG	Alan Steward, Chief Operating Officer, Havering CCG

Patient representation to the Urgent Care Board membership to be agreed.

2. QUORUM

The group will be considered quorate when 4 members are in attendance, with at least one NHS Commissioner and one Local Authority Commissioner present.

3. ADMINISTRATION & HANDLING OF MEETINGS

Admin functions will be undertaken by CCGs PMO:

- Agreement of the agenda with the Chair. Once agreed and circulated no further agenda items, without prior warning or discussion with the Chair, will be raised or presented at the meeting.
- The circulation of papers, with papers being circulated within a minimum of three working days in advance of the meeting date.
- Taking action notes/issues to be carried forward.

4. REPORTING / COMMUNICATIONS

Action notes from each meeting will be taken and approved at the subsequent meeting of the Urgent Care Board. They will be forwarded to all members for them to circulate/report as appropriate within their respective organisations and will be included as a standing item on the Integrated Care Coalition agenda.

They will also be forwarded to the contract leads so that relevant actions can be taken through the performance management arrangements where appropriate.

5. PURPOSE OF GROUP

The urgent Care Board has been established as an advisory Board to drive improvement in urgent care at a pace across the BHR system.

It is being established in context of current poor performance and recognition of the criticality of getting this part of the system fit for purpose for local residents. Whilst it is recognised that formal contractual governance arrangements are in place to performance manage providers of services, it is also recognised that interdependencies exist across the system requiring strong partner and interface working.

The Urgent Care Board brings together senior leaders across health and social care in Barking & Dagenham , Havering and Redbridge to support consistent and sustained improvements in services delivered to local residents. (with a clear focus on outcomes, a key measure being achievement of 95% A&E 4 hour target).

Through the use of a system wide consolidated urgent care dash board (that will report agreed KPIs) the Board will at every meeting:

- Review current and projected performance of urgent care
- Focus discussion on the areas not delivering and agree actions/ responsibilities across the system to address
- This process will need to ensure the integrity of the contract management framework is maintained. Where relevant, actions agreed at the Urgent Care Board will be reported into the provider relevant contractual group to ensure alignment.
- Agree process for production of demand and capacity plan across the system that takes account of CIP, QIPP and elective workload, and gives the system assurance that it can deliver 95% target during 13/14 winter period.
- Strategic oversight: The review of current performance will also highlight how services/pathways can be developed together between commissioners and providers. The Urgent Care Board will make recommendations for future changes to the Integrated Care Coalition. These will inform the 2014/15 plan (these should be reviewed and agreed by the Coalition in September/October to inform commissioning intentions).
- To ensure performance improvement is informed by application of best practice and the consistent application of evidence based practice. This includes having mechanisms in place to share knowledge, learning and best practice across the local health economy.
- Any recommendations impacting on acute reconfiguration will be reported back to the Acute Reconfiguration Implementation Group.

The Urgent Care Board will be responsible for ensuring all partners deliver their contribution and developing recommendations for system wide change.

FREQUENCY OF MEETINGS

The group will meet monthly from June 2013.

ACCOUNTABILITY

The Urgent Care Board will be accountable to the Integrated Care Coalition