

# HEALTH AND WELLBEING BOARD

7 JULY 2015

<b>Title:</b>	<b>Systems Resilience Group Update</b>		
<b>Report of the Systems Resilience Group</b>			
<b>Open Report</b>	<b>For Information</b>		
<b>Wards Affected: ALL</b>	<b>Key Decision: NO</b>		
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<b>Sponsor:</b>	Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group		
<b>Summary:</b>	<p>This purpose of this report is to update the Health and Wellbeing Board on the work of the Systems Resilience Group. This report provides an update on the Systems Resilience Group meetings held on the 18 May and 18 June 2015.</p> <p>As previously acknowledged the Joint Assessment and Discharge (JAD) played a key part in our operational resilience delivery over the winter period through its support to improve the usage of acute beds in both minimising delays when people are ready to leave hospital, through early planning and intervention and in the deployment of support worker staff at the front end of the hospital to support admission avoidance. At the JAD review workshop held on the 3 June the significant contribution of the JAD was acknowledged to BHRUT and in the clear delivery of improved discharge arrangements, impacting upon areas such as improved length of stays for people with more complex needs and positive performance for DToC despite heightened activity. Discharges supported by the JAD have remained high through March and May with volumes remaining high. The JAD service is now reliant upon core funding with the cessation of both Operational Resilience monies and specific DToC grants. Temporary resources enhancing JADs Social Work capability at the front end of the hospital are the only time limited resources to remain in place. There are key questions about how future capacity will be supported over the future winter period.</p> <p>The agreed review, comprising data from GE Health and partner contributions has considered:</p> <ul style="list-style-type: none"><li>• Roles and functions</li><li>• 7 day working and the impact of clinical provision- adjustments in staffing deployment.</li></ul>		

- Activity levels and variations across the week – with for example high levels of activity consistently peaking on Fridays
- Care Act discharge regulations
- Resources and activity levels and
- Future hosting arrangements.
- Key performance indicators that can further support the shared objectives of our whole system

A full report will be presented to the Integrated Care Coalition with a comprehensive set of recommendations for the service. The recommendations include:

Key Performance Indicators: In considering what we recommending these need to be for the next 12 months these were proposed as follows:

- DToC
- Length of Stay for complex patients
- Patients experience of discharge
- % of bed base of BHRUT for complex patients
- 7 day re-admission rates

Shape and size of the service: It is clear that the JAD Business unit cannot meet the full range of requirements as it is pulled into supporting very necessary operational delivery. Support will therefore be necessary outside of the JAD, in considering future reporting needs.

A & E/ admission avoidance: a recommendation to go forward is that this be consolidated into NELFT sitting with CTT and IRS and form part of any further resource consideration. JAD to return to core focus.

Future commissioning activity that creates additional demand upon the JAD, needs such as the winter flex beds, needs take into account impact and resources – including assessment and gate-keeping required to operationalise and manage throughput. This provision required 2 fte JAD workers over the winter period who could not support other areas.

Hosting: the view of the partners is that the service hosting should transfer from LB Barking and Dagenham to LB Havering and for this to take place ahead of the coming winter period, subject to approval by the ICC and further consultation and engagement with affected staff. Individual employing organizations to have regard to the necessary steps required and any required internal processes for approval.

### **Recommendation(s)**

The Health and Wellbeing Board is recommended to:

- Consider the updates and their impact on Barking and Dagenham and provide comments or feedback to Conor Burke, Accountable Officer to be passed on to the Systems Resilience Group.

**Reason(s):**

There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent care at a pace across the system.

**1 Mandatory Implications****1.1 Joint Strategic Needs Assessment**

The priorities of the group is consistent with the Joint Strategic Needs Assessment.

**1.2 Health and Wellbeing Strategy**

The priorities of the group is consistent with the Health and Wellbeing Strategy.

**1.3 Integration**

The priorities of the group is consistent with the integration agenda.

**1.4 Financial Implications**

The Systems Resilience Group will make recommendations for the use of the A&E threshold and winter pressures monies.

**1.5 Legal Implications**

There are no legal implications arising directly from the Systems Resilience Group.

**1.6 Risk Management**

Urgent and emergency care risks are already reported in the risk register and group assurance framework.

**2 Non-mandatory Implications****2.1 Customer Impact**

There are no equalities implications arising from this report.

**2.2 Contractual Issues**

The Terms of Reference have been written to ensure that the work of the group does not impact on the integrity of the formal contracted arrangements in place for urgent care services.

**2.3 Staffing issues**

Any staffing implications arising will be taken back through the statutory organisations own processes for decision.

**3 List of Appendices**

System Resilience Group Briefings:

- Appendix 1: 18 May 2015
- Appendix 2: 18 June 2015