**HEALTH AND WELLBEING BOARD**

**14 June 2016**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Systems Resilience Group Update</th>
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**Report of the Systems Resilience Group**

<table>
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<tr>
<th>Open Report</th>
<th>For Information</th>
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<tr>
<td>Wards Affected: ALL</td>
<td>Key Decision: NO</td>
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**Report Author:**
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**Sponsor:**
Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group

**Summary:**
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 4th May 2016.

**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 A: 4 May 2016