

HEALTH AND WELLBEING BOARD
22 November 2016

Title:	A&E Delivery Board Update		
Report of the A&E Delivery Board			
Open Report		For Information	
Wards Affected: ALL		Key Decision: NO	
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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 A&E Delivery Board. This report provides an update on the most recent meeting(s) of the A&E Delivery Board. Some background information explaining the changes from Systems Resilience Group to its replacement the A&E Delivery Board are highlighted in the report.			
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 A&E Delivery Board.			
Reason(s): There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent and emergency care at pace across the system.			

1 Moving from the Systems Resilience Group to the A&E Delivery Board

- 1.1 Following a letter sent from NHS England, NHS Improvement and ADASS in the summer of 2016, which identified the need for refreshed local leadership arrangements to encourage whole system focus and accountability, as well as new regional oversight arrangements, System Resilience Groups (SRGs) have been transformed into Local A&E Delivery Boards.
- 1.2 The focus of Local A&E Delivery Boards is to be entirely on Urgent and Emergency Care. Initially this will all be about recovery of the 4 hour target but A&E Delivery Boards should also be working with STP groupings on the longer term delivery of the Urgent and Emergency Care Review.
- 1.3 The BHR A&E Delivery Board brings together senior leaders across health and social care in Barking & Dagenham, Havering and Redbridge to support resilience planning and 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).
- 1.4 Using a system wide consolidated urgent care dashboard (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/or demonstrating system risk agreeing actions/ responsibilities across the system to address these.
 - This process will need to ensure the integrity of the contract management framework is maintained. Where relevant, actions agreed at the A&E Delivery 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 constitutional targets.
 - Strategic oversight: The review of current performance will also highlight how services/pathways can be developed together between commissioners and providers. The A&E Delivery Board will make recommendations for future changes to the Integrated Care Coalition. These will inform the annual commissioning and operating planning process.
 - 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.
 - Ensure the A&E delivery board receives assurance from the North East London Acute Reconfiguration (NELAR) group on the acute reconfiguration programme

and that any recommendations impacting on acute reconfiguration will be reported back to NELAR.

- 1.5 The A&E Delivery Board will be responsible for ensuring all partners deliver their contribution and developing recommendations for system wide change.

2 Membership of the A&E Delivery Board

- BHR CCGs - Conor Burke, Accountable Officer (Joint Chair)
- BHRUT - Matthew Hopkins, Chief Executive (Joint Chair)
- LBBD - Anne Bristow, Deputy Chief Executive
- LBH - Barbara Nicholls, Director Adult Social Care
- Havering CCG - Dr. Deshpande, Urgent Care lead
- LBR - TBC, Director of Adult Social Services
- Redbridge CCG - Dr. Mathukia, Urgent Care lead
- NELFT - John Brouder, Chief Executive
- BHRUT - Nadeem Moghul, Medical Director
- NHSE - Lizzie Comley, Senior Assurance Manager
- NHSI - Anna Clough, Head of Delivery and Development
- NELFT - Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation
- B&D CCG - Dr. Goriparthi, Urgent Care lead
- Patient Representative - Anne-Marie Dean, Chair, HealthWatch Havering
- PELC - Mo Girach, Chief Executive
- LAS - Ian Johns, Assistant Director Operations
- BHR Federations - Dr. Weaver, Havering Health (Havering GP Federation)
- BHR Federations - Dr. Sharma, Together First (Barking GP Federation)
- BHR Federations - Dr. Ramakrishnan, HealthBridge Direct (Redbridge GP Federation)
- BHR CCGs - TBC, Clinical Lead, UEC Transformation

3 Mandatory Implications

3.1 Joint Strategic Needs Assessment

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

3.2 Health and Wellbeing Strategy

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

3.3 Integration

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

3.4 Financial Implications

The A&E Delivery Board will make recommendations for the use of the A&E threshold and winter pressures monies.

3.5 Legal Implications

There are no legal implications arising directly from the A&E Delivery Board.

3.6 Risk Management

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

4 Non-mandatory Implications

4.1 Customer Impact

There are no equalities implications arising from this report.

4.2 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.

4.3 Staffing issues

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

List of Appendices

Appendix A: 2 A&E Delivery Board Briefings - 26 September 2016