Title: Urgent Care Board Update

Report of the Urgent Care Board

Open Report | For Decision
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WardsAffected: ALL | KeyDecision: 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 Urgent Care Board (UCB). This report provides updates on the UCB meetings held on the 28 March 2014 (Appendix 1), 28 April 2014 (Appendix 2) and 21 May 2014 (Appendix 3). Additionally, Members of the Board may wish to note that an Urgent Care Board workshop was held on Monday 30 June 2014 (Appendix 4). The workshop looked at demand and capacity and surge proposals for 2014/15 and the new planning guidance for operational resilience and capacity planning for 2014/15 which has recently been released by NHS England. The guidance states that following on from the successful work Urgent Care Working Groups (UCWGs) have undertaken since their creation (Barking and Dagenham’s Urgent Care Board was created in June 2013), their next evolution is to expand their role to cover elective, as well as non-elective care. This shift is reflected in the change in name of UCWGs to System Resilience Groups (SRGs). The guidance states that SRGs should be the forum where all of the partners across the health and social care system come together to undertake the regular planning of service delivery. The group should plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

Following the discussion, workshop members agreed that there would be no changes to the current structure of the Urgent Care Board (or its name) as it was felt that the UCB satisfies the new guidance from NHS England for System Resilience Groups (SRGs).

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
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 Board is consistent with the Joint Strategic Needs Assessment.

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

1.3 Integration
The priorities of the Board is consistent with the integration agenda.

1.4 Financial Implications
The UCB 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 UCB.

1.6 Risk Management
Urgent and emergency care risks are already reported in the risk register and board 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 Board 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
BHR Systems Urgent Care Board (UCB) Briefings:
— Appendix 1: 28 March 2014
— Appendix 2: 28 April 2014
— Appendix 3: 21 May 2014
— Appendix 4: Urgent Care Board workshop - 30 June 2014