

HEALTH AND WELLBEING BOARD

9 SEPTEMBER 2014

Title:	Urgent Care Board Update		
Report of the Urgent Care Board			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: NO	
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Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group			
Summary: <p>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 an update on the UCB meeting held on the 1 August 2014 which can be found attached at Appendix 1.</p> <p>It also discusses the operational resilience proposals that are being submitted for funding to help the local health economy meet projected pressures and capacity in BHRUT over the winter period.</p>			
Recommendation(s) The Health and Wellbeing Board is recommended to:			
<ul style="list-style-type: none">• 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 Urgent Care Board.			

1 Systems Resilience Bids

- 1.1 Systems Resilience Groups (in Barking and Dagenham's case, the BHR Urgent Care Board) have been asked to submit systems resilience proposals for funding for the local health economy. Indicative allocations are similar to 2013/14. The Urgent Care Board is reviewing how, taken together, the proposals will meet projected pressures and capacity in BHRUT over the winter period.
- 1.2 Within BHR, systems resilience proposals can be grouped under the following:
 - **Frailty** – this includes a number of proposals that will strengthen services for older people attending A&E at King George Hospital, improved support in hospital for people with dementia, and community based schemes.
 - **Joint Assessment and Discharge Service** – this includes additional staffing to increase flexibility, hours and responsiveness at times of peak pressures and the interface with the BHRUT schemes.
- 1.3 In addition LBBD has led on pulling together proposals that seek to mitigate anticipated community pressures in the winter, and on care budgets.
- 1.4 Proposals have the full support of the BHR health and social care economy and have been submitted to NHS England. Decisions on funding are anticipated by the end of September which will allow time for mobilisation.

2 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: 1 August 2014