

HEALTH AND WELLBEING BOARD

17 MARCH 2015

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| Title: | Systems Resilience Group Update | | |
| Report of the Systems Resilience Group | | | |
| Open Report | For Information | | |
| Wards Affected: ALL | Key Decision: NO | | |
| Report Author: Louise Hider, Health and Social Care Integration Manager, LBBD | Contact Details: Tel: 020 8227 2861 E-mail: louise.hider@lbbd.gov.uk | | |
| 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 Systems Resilience Group. This report provides an update on the Systems Resilience Group meeting held on the 23 February 2015.</p> <p>The Joint Assessment and Discharge (JAD) has 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. Discharges supported by the JAD are averaging 100 people a week with positive use of services such as crisis response which are able to provide temporary support focused upon returning people home and optimising their independence and health, improving their experience of support, avoiding readmissions and where appropriate planning time for how on-going needs might be best met. We have consistently exceeded the target agreed for the JAD as part of a series of other programmes, for avoidable admissions into acute care. Funding provided through operational resilience planning has enabled a level of activity that would otherwise be unsustainable for Social Care Budgets.</p> | | |
| Recommendation(s) | <p>The Health and Wellbeing Board is recommended to:</p> <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 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: 23 February 2015