

## ICP Unified Executive Chair's Report

<b>Title:</b>	ICP Unified Executive update
<b>Programme / Project Sponsor (SRO):</b>	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
<b>Author(s):</b>	Amanda Clubley, ICP PMO Support
<b>Purpose:</b>	<i>To brief the Health and Wellbeing Boards on key issues discussed at the ICP Unified Executive on 12<sup>th</sup> August</i>
<b>Previously considered by:</b>	N/A

The key points to note from the ICP Unified Executive on 12<sup>th</sup> August are as follows:

### Rapid Community Discharge

A paper discussing funding the continuation of the RCD service to the end of Q4 was presented. All members were in agreement to the principles subject to the details being worked through at pace, with emphasis on understanding headroom, LA costs and mapping and timetabling risks, without disruption to current hospital flow. LAs expressed concerns around financial risk, particularly around funded support being reduced from 6 weeks to 4. Each local authority may have different issues to address and this needs to be considered as part of this piece of work. Feedback from the meeting will be discussed and actions and next steps will be agreed at the Senior Leaders Winter Planning meeting on 13<sup>th</sup> August. Proposals to be agreed at August UEC board and Sept UE.

### Primary Care demand

Demand has increased across all urgent care services over recent months resulting in significant pressure on the system, particularly in ED and primary care. A system wide workshop was convened on Tuesday 18 May, with a subsequent Task and Finish Group, to identify a set of actions that could be taken to address these pressures both in the short term and moving into Autumn / Winter. The work of the Task and Finish Group concluded that in the short-term actions to increase immediate capacity were required that included a need for additional Primary Care capacity through overflow / additional appointment arrangements and streaming / divert system in ED. Unified Executive were asked to agree the proposal to build additional capacity within PCNs to support the increased demand currently being seen in GP Practices. It was noted that the formal decision making process sits with the CCG and would need to follow the appropriate governance route. Further work is required around the data presented and a more robust business case is required to support the ask for further funding. There is support for increased capacity in Primary Care but speed of decision making is critical.

### ICP Priorities 2021/22

Mental Health and Learning Disabilities project brief was signed off generating an additional ICP priority for 21/22.

Elected Member/Health Chairs workshop – 16<sup>th</sup> September

Following a stock take of ICP Governance earlier in the year, one outcome was to hold a Workshop bi-annually to review pertinent issues and topics for our leadership team – Chief Execs, NHS chairs and Elected members. The first Workshop has been scheduled in September. Unified Executive approved the agenda.

**Recommendation**

Health and Wellbeing Boards to note feedback from ICP Unified Executive Group.