

SUNDERLAND HEALTH AND WELLBEING BOARD

22 November 2013

FEEDBACK FROM THE SUNDERLAND NHS PROVIDERS FORUM

Report of the Chair of the NHS Providers Forum

The first meeting of the Sunderland NHS Provider Forum was on the 24th October.

Present were – Cllr Speding (chair), Ken Bremner (CHS), Neil Revely (SCC), Caroline Wold (NTW), Helen Ray (STFT) and Roger Ford (LMC).

Apologies were received from Simon Featherstone (NEAS)

Dave Gallagher, Debbie Burnicle, Lynsey Caizley and Ian Pattison from Sunderland CCG also attended to provide presentations.

NHS Call to Action

A presentation from Dave Gallagher highlighted the CCG forward plan and the implications of the NHS Call to Action. Need to balance aspirations with resources and differentiate between needs and wants. Need to have an honest conversation with the public.

A radical approach is needed if things are to change – need to make courageous decisions. Need to bring all the organisations radical plans together to ensure that they are joined up and to avoid unintended consequences.

It was proposed that the CCG programme boards (with additional members) be the focus of the discussion of priorities

Health and Social Care Integration Fund

All sections of the H&SC system are feeling heat in terms of budget cuts and the need to transform. The provider forum has a key role of helping understand the impact of change on the acute sector.

The forum agreed on the need to focus on the patient and the services that wrap around them as opposed to the budget – this might end up being more than the minimum £24 million which is Sunderland's share of the fund.

The group questioned whether the budget is pooled commissioning or pooled provider budget. NR highlighted that there may need to be national legislation to allow for pooled commissioning but if we locally want a provider pool, then although not a pre requisite of the funding, this is possible and should be explored. Examples of this working in practice include the Council commissioning of the extra care programme where the strategic commission was put out and providers left to come

together to work out how to deliver and the Care Coordination Programme Board which looks at people centred coordinated care in localities with the CCG as an enabler.

Another possibility is pooled staff and resources rather than pooled funds – to aid experiential learning – this will allow new community based approaches to be tested to ensure that they do realise savings without massive workforce implications. In Sunderland there is some flexibility in the short term to run parallel systems to test the safety of new services before cutting the original.

Query about links into GP practices – at the minute having 53 individual practices has made this relationship a hard one – but the integration agenda gives an interesting opportunity for GPs and the CCG is also bringing practices together – and it's the start of galvanisation of many practices. Practices need ownership and influence then will engage in collaborative partnerships.

Next provider forum – members only meeting to discuss terms of reference and the group's role and remit around strategic level advice, unblocking and system leadership.