

SUNDERLAND HEALTH AND WELLBEING BOARD

21 March 2014

FEEDBACK FROM THE NHS PROVIDER FORUM

Report of the Chair of the Provider Forum

The Sunderland NHS Provider Forum met on 7 February 2014. The Forum had 2 agenda items – the role and function of the group and the Better Care Fund.

1. Role and Function of the Group

The terms of reference were circulated. /The differing role of the Local Medical Committee was highlighted and the Terms of Reference will be amended to reflect this.

It was agreed that Neil Revely should be replaced by Fiona Brown as the representative of the council as a provider of services.

In terms of wider representation, there are a large number of providers throughout the health and social care system, but that was outside the normal remit of the group. It was agreed that a 6 monthly broader session be held where VCS providers and other care providers be invited to raise issues and ask for specific topics to be considered.

The group agreed to have the Better Care Fund as a standing item for update and to use this group to provide a provider consensus on the bid and its progression.

2. The Better Care Fund

A discussion was held regarding the Better Care Fund draft submission form, noting that the metrics appendices were not available and would need separate discussions.

Wouldn't be happy with a move entirely from hospital to community services – there needs to be a recognition that this is a direction of travel and there is a joint role not one or the other.

7 day working is still a major issue for GPs – the new GP provider group in the City is starting to look at how GPs can deliver this.

It was highlighted that the locally determined metric for Sunderland would be the rate of diagnosis for dementia. It was agreed that there was good data there and systems set up to capture this, but queried how this was linked to cost saving, especially as some performance related pay is linked to diagnosis rates.

There is a need to look at how to release staff to enable service improvement – could there be a regional consortium where there are common issues, then modelled in Sunderland.

There might be different priorities in each of the 5 localities depending on facilities but the design principles would be the same. Co-location would be a principle rather

than a physical location – could be every GP surgery, community centre or whatever works.

Next meeting

The next meeting would be scheduled in advance of the 4th April deadline for resubmission to discuss finance and metrics.