

Committee: Community

Agenda Item

Date: 16 March 2006

Title: **PRIMARY CARE TRUST, STRATEGIC
HEALTH AUTHORITY AND AMBULANCE
TRUST RECONFIGURATION**

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Item for decision

Summary

This report provides Members with details of proposals for the reconfiguration of Primary Care Trusts (PCTs) across Essex.

Recommendations

That Members respond to the Consultation Document and recommend that there be two PCTs for Essex and that Members support the proposal for a SHA with boundaries including Essex, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Cambridgeshire. With regard to the reconfiguration of Ambulance Services, it is recommended that its new boundaries should incorporate Essex, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Cambridgeshire.

Background Papers

- Formal Consultation on new Primary Care Trusts arrangements in Essex – Ensuring a patient-led NHS Consultation Document – Essex Strategic Health Authority
- Consultation on new Strategic Health Authority Arrangements in Eastern England
- Configuration of NHS Ambulance Trusts in England

Impact

Communication/Consultation	Both formal and informal consultation has been undertaken across the County
Community Safety	Section 19 of the Crime and Disorder Act applies
Equalities	Under the new proposals, patients and others accessing services may feel marginalised
Finance	It is suggested that monies will be saved in the long term

Human Rights	Not applicable
Legal implications	The changes will not require a legislative change
Ward-specific impacts	All
Workforce/Workplace	Redundancies will be inevitable with the current PCT structures

Situation

- 1 In July 2005, the Department of Health published a challenging programme to improve the commissioning of services. The programme recognised that in order to deliver a patient-led NHS that a strong commissioning function was required and this cannot be achieved alone and requires the support of Local Authorities and the voluntary and independent sectors.
- 2 Strategic Health Authorities (SHA) were charged with consulting with local communities as to how to reconfigure PCTs and the Essex SHA came up with four options for changing from the current 13 PCT organisations, they are:-
 - Option one – 2 PCTs; North Essex PCT and South Essex PCT
 - Option two – 3 PCTs; Essex County PCT; Southend PCT and Thurrock PCT
 - Option three – 4 PCTs; North Essex PCT, South Essex PCT, Southend PCT and Thurrock PCT
 - Option four – 5 PCTs; Mid Essex PCT, North Essex PCT, South East Essex PCT, South West Essex PCT and West Essex PCT.
- 3 The question that underlies the consultation is what is the best organisational structure for PCTs in Essex to deliver stronger commissioning – both strategic and practice based commissioning; forging closer links with local councils and Local Strategic Partnerships and; ensuring management cost savings that can go back into the delivery of front line services. Members need to be aware that the status quo is not an option.
- 4 Members have already received a presentation, during the informal consultation, from the Chairman and Chief Executive of the PCT. In essence, the views expressed during the informal consultation were clearly in favour of retaining a PCT for Uttlesford and this remains the case. The PCT Board have expressed disappointment that the Independent Panel has ruled out this option and the consensus was that the most favoured option would be that one or two large PCTs would be the most suitable option so long as local delivery could be assured.

- 5 5 PCTs based around existing sub economies is not considered to be a suitable option as it is felt that the rationale of using acute hospital flows to define health economies is no longer relevant given the implementation of “choose and book”, foundation trust status and the development of local services using the levers of practice based commissioning.
- 6 Similarly, anecdotal evidence suggests that partners remain unconvinced by the weight given to the need to be co-terminus with social services and health authorities. If services are to be commissioned to ensure that they are truly patient led and to maximise patients’ choice, health and social care commissioning organisations will need to work in a more flexible way in order to recognise the natural flows of communities and its residents. For example, approximately 50% of the population relate to Cambridgeshire and its service provision.
- 7 The formal consultation does not offer one PCT for the whole of Essex; however, there is an option for a PCT for the Essex local authority boundaries with one each for the unitary authorities of Southend and Thurrock. There is also an option for two PCTs for Essex.
- 8 In determining the most appropriate option, Members need to be mindful that a new PCT must have:
 - the ability to develop a good understanding of population and patient needs;
 - sufficient flexibility to support local partnership working and practice based commissioning;
 - a critical mass of resources to support strong commissioning and contracting.
- 9 The improvement of the population’s health is dependant on a strong local strategic partnership (LSP). It is intended that following the reconfiguration that joint appointments in public health will be made between the new PCT and District/Borough Councils. In line with the move towards devolution of decision making to practice based commissioning groups the new strategic commissioning organisation should devolve as much as possible to local supporting structures. There should be sufficient resource to extend the existing joint working through the LSP and other vehicles such as the Local Area Agreement.
- 10 The PCT will also need to develop strong relationships with the local population through the voluntary and community sector, elected members, patient groups and public for a. Uttlesford PCT has benefited from strong working relationships with these groups. Any new PCT would require sufficient local resource allocated to Uttlesford to both maintain and further develop these relationships.

- 11 To this end, it is recommended that Members endorse the recommendation in the consultation document that current PCT resource allocations be protected until at least 2008. This would enable the continued implementation of local service improvement and financial recovery plans.
- 12 The PCT's experience of commissioning services from a Foundation Trust with its considerable information and financial resources underlies the view that a new commissioning organisation would need to be large enough to have sufficient resource to ensure equal strength when in negotiation. As well as information, managerial and financial strength, the new organisation will need to have structures to support good clinical leadership and engagement in practice based commissioning. This, in turn, will ensure that any service specifications and developments are locally relevant and that there are real improvements in the interface between secondary and primary care practitioners.
- 13 As lead commissioner for mental health and learning disabilities for the North Essex PCTs, Members will need to consider the importance of new PCTs having sufficient senior specialist commissioning skills in order to commission tertiary and other specialist mental health and local delivery services. These posts would benefit from being joint appointments with the local authority adult social care and children's services.
- 14 Bearing in mind all of these factors, together with the matters set out in the public consultation document and in reviewing of local views collated during the informal consultation, Members will probably consider that this reinforces the proposal for there to be two Essex wide PCTs.
- 15 It is considered that the option for three PCTs would be unworkable in practice given the imbalance in size between the three organisations and to this end, it is recommended that Members support the option for two PCTs for Essex on the understanding that this offers the benefits of a larger organisation for Uttlesford whilst ensuring the best option for the NHS in Essex.
- 16 In order to compliment this proposal, it is also recommended that Members support the proposal for a SHA with boundaries including Essex, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Cambridgeshire. In so doing, it will help to ensure a good understanding of the issues the local population and services shared with Cambridgeshire and Hertfordshire.
- 17 With regard to the reconfiguration of Ambulance Services, it is suggested that its new boundaries should incorporate Essex, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Cambridgeshire. In so doing, it would be able to ensure that the primary concern of the new Ambulance Service should focus on improving response times for the residents of Uttlesford.