Borough of
Rossendale

ITEM NO. F2

TITLE: **COMMISSIONING A PATIENT LED NHS – PLANS TO RESTRUCTURE PRIMARY CARE TRUSTS**

TO/ON: **Cabinet 9th November**

BY: Head of Community and Partnerships

LEAD MEMBER: Cllr Janet Farquharson

STATUS: For information

1. PURPOSE OF THE REPORT

To inform Elected Members of the proposals to reorganise primary care structures within Lancashire and to respond to the current consultation process.

2. RECOMMENDATIONS

Recommendation 1: That the contents of the report be noted.

Recommendation 2: That Rossendale BC advises the Strategic Health Authority that its preferred option for Primary Care Trust (PCT) structures across Lancashire is for three PCTs (East, Central and North).

3. REPORT AND REASONS FOR RECOMMENDATIONS AND TIMETABLE FOR IMPLEMENTATION

3.1 **Introduction:** The Strategic Health Authority (SHA) has recently issued a pre - consultation on proposals for revised primary care structures within Lancashire. The suggested way forward is to move from the current arrangement of eight PCTs in Lancashire to a single PCT covering the whole of the Lancashire County Council area. This will serve a population of over 1.1million, making it one of the largest PCTs in the UK.

3.2 Background

3.2.2 There are a number of changes taking place within the National Health Service (NHS) at the current time. A number of outcomes are being sought but a central element of reorganisation is the drive for creating a patient led NHS.

3.2.3 A core document is for "*Commissioning a Patient-Led NHS,* which builds on the "*NHS Improvement Plan"* and is aimed at "*creating a step change in the way services are commissioned by frontline staff to reflect patient choices*."

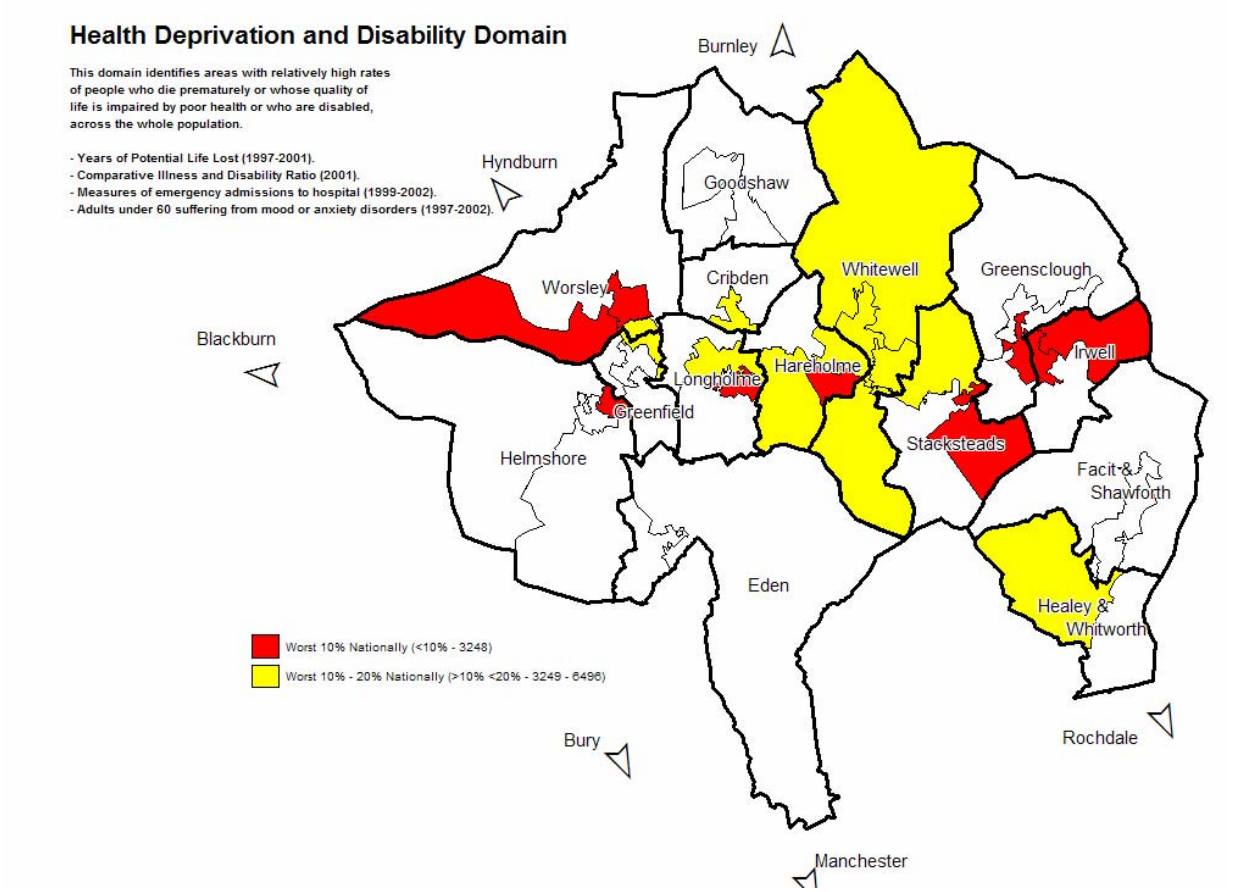
3.2.4 The reorganisation addresses the functions of PCTs as well as the existing structures. Instead of commissioning ***and*** providing services the intention is that PCTs will be responsible for working with patients and the public to understand need, promoting health and commissioning services.

3.2.5 PCTs will have a clear purpose of :

- Securing high quality, safe services that are sensitive to changing population needs
- Improving commissioning and effective use of resources
- Improving co-ordination with Social Services (and other LA functions) through greater congruence of PCT and LA boundaries
- Improving health and reduce inequalities by influencing the wider objectives of County and District Councils
- Improving the role of the public in influencing the planning, delivery and assessment of local health and healthcare provision
- Managing financial balance and risk, particularly in the context of Payment by Results and Practice Based Commissioning
- Improving the engagement of GPs and roll out of Practice Based
- Commissioning with *demonstrable* locality and practice level support funded in part from the savings outlined in 9.8 below
- Delivering at least 15% reduction in PCT management and administrative costs
- Developing clear and prospective commissioning frameworks that are consistent with addressing need, that are sensitive to patient choice and are able to influence the strategic and operational objectives of partner organisations

3.3 Health in Rossendale

3.3.1 PCTs are key to the delivery of Rossendale's ambitions for the future. It is recognised that there are significant challenges within Rossendale in relation to the health agenda. The map below shows the health outcomes of the communities of Rossendale and highlights the fact that significant numbers of our population experience health that is in the worst 10% and 20% of the country. It is important to note that in part because of these heath statistics the Burnley Pendle and Rossendale PCT has been awarded Spearhead status which entitles it to more money to tackle these health inequalities.



3.3.2 The proposals for reorganisation of PCTs provides an opportunity to explore the potential impact of the proposed PCT reorganisation in terms of the health of our communities.

3.3.3 Some concerns have been expressed that the a single PCT would experience difficulties in delivering localised and joined up services. For example, Rossendale Partnership (which includes the Council) has a number of joint initiatives with the current PCT from exercise on prescription which is provided by the Leisure Trust to health walks which are run by Groundwork; with the Chair of the Health and Wellbeing theme group being the Director of Public Health and the PCT. A large Lancashire wide PCT may not be able to work as closely with the distinct council to deliver such localised and joined up services.

3.3.4 An alternative structure has been proposed by the PCT and a number of other local authorities - namely three PCTs covering the areas of:

PCT 1 (EAST)	
Burnley	88,500
Pendle	89,300
Hyndburn	81,700
Ribble Valley	55,900
Rossendale	65,900

TOTAL	381,300
PCT 2 (CENTRAL)	
Preston	130,500
Chorley	102,000
South Ribble	105,100
West Lancashire	109,000
TOTAL	446,600
PCT (NORTH)	
Lancaster	135,800
Fylde	75,000
Wyre	108,300
TOTAL	319,100

3.3.5 In considering options for PCT structures, as well as the issue of efficiency gains it is important to consider the need to deliver high quality and safe services, improving health and focus on inequalities, improving engagement with LSPs and GPs, capacity and skills to deliver high quality public health services, improving co-ordination with Social Services and District Councils and support the delivery of the Local Area Agreement. The PCT believes the above option will deliver this agenda.

3.3.6 In summary, there are two options in relation to future PCT structures:

Option 1: A single PCT for the Lancashire County Council area

Option 2: Three PCTs (East, Central and North Lancashire)

4. CORPORATE IMPROVEMENT PRIORITIES

4.1 FINANCE AND RISK MANAGEMENT

Financial Implications:
There are no financial implications to the Council.

Service Delivery/ Performance Management Issues:
There are no service delivery implications for the Council.

4.2 MEMBER DEVELOPMENT AND POLITICAL ARRANGEMENTS

There are no implications for member development and political arrangements

4.3 HUMAN RESOURCES

There are no HR implications for the Council.

5. ANY OTHER RELEVANT CORPORATE PRIORITIES

5.1 No other corporate priorities are affected by this report.

6. RISK

6.1 There are no risks as such to the Council of not making a recommendation based on this report. However, a major role of the Council is to be a community champion and to influence partners though listening to local people and making their voice heard.

7. LEGAL IMPLICATIONS ARISING FROM THE REPORT

7.1 There are no legal implications to the Council.

8. EQUALITIES ISSUES ARISING FROM THE REPORT

8.1 There are no equalities issues arising from the report that affect the Council, however, it has been suggested by partners that if the PCT reporganisation is to one County wide PCT there may be less ability to focus on local equalities issues.

9. WARDS AFFECTED

9.1 All wards will be affected by any PCT reorganisation.

10. CONSULTATIONS

10.1 The Rossendale Partnership (LSP) Executive and Health and Well Being theme group have been involved in the consultation process as have the Health and Well being mirror group of the Community Network which represents approximately 50 health related community groups.
The PCT has itself engaged with key partners including with the Patients Forum.

11. Background documents:

For further information on the details of this report, please contact: Ilona Snow Miller on 01706 244540