

TITLE: HEALTH IN ROSSENDALE – A WAY FORWARD

TO/ON: THE CABINET / 29 MARCH 2006

BY: ACTING CHIEF EXECUTIVE

LEAD MEMBER: LEADER OF THE COUNCIL

STATUS: FOR PUBLICATION

1. PURPOSE OF THE REPORT

- 1.1. To update the Cabinet of progress made following the special Council Meeting on 19th January 2006.
- 1.2. To set out a proposed positive response to the current health consultations taking place which identifies the future requirements within Rossendale.

2. RECOMMENDATIONS

- 2.1. That the Strategy Health Authority be requested to ensure that responsibility is assigned for the borough of Rossendale to ensure co-ordination of consideration of the impact of all current health service reviews.
- 2.2. To endorse the proposal for the future health provision for Rossendale as set out in Section Appendix 1 of this report as the Council's formal response to the current health consultations and its ambitions.
- 2.3. To work jointly with health care commissioners and providers, Rossendale Leisure Trust, Rossendale LSP and Community Network to integrate the borough-wide review to leisure into the development of the way forward to ensure a comprehensive solution which addresses the future health and wellbeing needs for the people of Rossendale.

3. REPORT AND REASONS FOR RECOMMENDATIONS AND TIMETABLE FOR IMPLEMENTATION

- 3.1. Significant reforms of the health and social care system are underway. There are a number of consultations regarding the future of health provision which are

either planned or taking place, the following of which have a direct impact on Rossendale. These are:

- Healthy Futures - Proposals for redesign and reconfiguration of services provided by the Pennine Acute Trust.
- Making it Better - Proposals for the redesign/reconfiguration of services for children, young people, parents and babies in Greater Manchester.
- Clinical Services Review - East Lancashire Hospitals Trust: - Proposals for review and reconfiguration of health services provided by the East Lancashire Hospitals Trust.
- Mental Health Reconfiguration – Lancashire Care Trust – Reorganising mental health trust services affecting Lancashire.
- Commissioning a Patient-Led NHS – Proposals for the reconfiguration of PCTs across Cumbria and Lancashire.
- Lancashire Ambulance Trust – Proposals to merge North West Ambulance Services.

3.2. In response to concerns raised by elected members, a special Council Meeting was arranged for 19th January 2006. The main health providers were invited in order to present the key elements of the consultations including the options proposed. The Rossendale Community Network were also invited to present the key concerns and issues expressed locally. Following discussions the Council resolved that:

- 1) That the Council, in its community leadership role, presents all the concerns and issues raised during this meeting to the relevant organisations, including Lancashire County Council (as the statutory consultee on health issues), neighbouring councils and the service providers.
- 2) That the Council, in partnership with Rossendale's Community Network, ensures the views of Rossendale people about what is needed locally, now and in the future are fed into all the consultations which impact on the Borough.

The proposal for Rossendale is set out in Appendix 1.

3.3. On 31st January 2006 the Government published a White Paper "Our Health, Our Care, Our Say: A New Direction for Community Services". The White Paper sets out a new direction for the whole health and social care system and states there will be a radical and sustained shift in the way in which services are delivered.

3.4. The White Paper is aiming to achieve four main appeals:

- Health and social care services will provide better prevention services with earlier intervention.

- People will be given more choice and a louder voice.
 - More will be done to tackle inequalities and improve access to community services.
 - More support for people with long term needs.
- 3.5. The White Paper sets out a number of ways by which the improvements are to be achieved. These include:
- **Practice Based Commissioning** – providing GPs with more responsibility for local health budgets.
 - **Shifting resources into prevention**
 - **More care undertaken outside hospitals and in the home** – more care provided in local, convenient settings, including the home. The White Paper states that this will be achieved in part by the introduction of a new generation of community hospitals and facilities with strong ties to social care.
 - **Better joining up of services at the local level** – more joint commissioning between PCTs and local authorities.
 - **Encouraging innovation** – by greater patient and user choice. New “local triggers” on public satisfaction and services quality will be introduced, to which PCTs will be expected to respond publicly.
 - **Allowing different providers to compete for services** – barriers to entry for the “third sector” as service providers for primary care will be removed.
- 3.6. The White Paper provides a framework for change. It also provides a framework within which Rossendale can identify what it wants to see for the future of health provision. Chapter Six: Care Closer to Home of the White Paper is of particular relevance here. This chapter includes:
- shifting care within particular specialities into community settings;
 - the need over time for growth in health spending to be directed more towards preventative, primary, community and social care services;
 - a new generation of community hospitals, to provide a wider range of health and social care services in a community setting;
 - a review of service configuration and consultation to streamline processes and accelerate the development of facilities for care closer to home;
 - accurate and timely information for the public on specialist services available in a community setting.
- 3.7. The rationale behind providing care closer to home is based on the better use of highly specialist skills – not a dilution of them. The key feature of a patient-centred approach is that specialist assessment is available speedily, from professionals with the right training and in the right place. Care closer to home also requires appropriate diagnostic and other equipment in local settings.
- 3.8. The White Paper states the intention to develop a new generation of modern NHS community hospitals. These will be places where a wide range of health and social care services can work together to provide integrated services to the local community. They will complement more specialist hospitals. They will be places where:

- health specialists work alongside generalists, skilled nursing staff and therapists to provide care covering less complex conditions;
 - specialists provide clinics for patients and mentoring and training for other professionals;
 - patients will get a range of elective day case and outpatient surgery for simple procedures;
 - patients are offered intermediate “step-up” care to avoid unnecessary admissions and “step-down” care for recovering closer to home after treatment.
 - patient self-help groups and peer networks provide support for people in managing their own health;
 - care is provided closer to home for the one fifth of the population who live a long way from an acute hospital; and
 - urgent care is provided during the day, and “out of hours” is co-ordinated at night.
- 3.9. The White Paper stresses that community facilities should not be lost in response to short-term budgetary pressures that are not related to the viability of the community facility itself.
- 3.10. Following the Council Meeting, Rossendale Community Network have hosted working group meetings focussed on working in partnership to identify Rossendale’s future requirements for health provision. The working group has focussed in particular on the East Lancashire Clinical Services Review but has also considered the implications of the Healthy Futures public consultation on the reconfiguration of health services in the north east of Greater Manchester.

4. CORPORATE IMPROVEMENT PRIORITIES

- 4.1. Chapter 2 of the White Paper focuses on health, independence and wellbeing. This includes a commitment to a shift towards prevention and early support and a new Fitter Britain campaign.
- 4.2. At the meeting of Council on 1st February 2006 it was resolved:
- To agree, in principle, to borrow under the Prudential Code or by way of guarantee, to a maximum of £1.2 million, in support of the redevelopment scheme, subject to a full review of leisure provision in the Borough. The detailed contractual issues around this being delegated to the Head of Financial Services and Head of Legal and Democratic Services in consultation with the Leader of the Council and Portfolio Holder for Finance and Risk Management. Rossendale BC has recently commissioned a review of leisure provision for the Borough.
- 4.3. This provides the ideal opportunity to integrate the review of leisure provision across the borough with the call for a community hospital for Rossendale in order to consider the development of an innovative approach to the future health and wellbeing of local people that integrates prevention, treatment, rehabilitation and support.

4.4. HUMAN RESOURCES

4.4.1. There are no specific Human Resource issues for the Council arising from the report at this stage.

5. RISK

5.1. That the multiple health reviews will result in inadequate provision for the health needs of local people.

6. LEGAL IMPLICATIONS ARISING FROM THE REPORT

6.1. There are no specific legal issues arising from the report at this stage.

7. EQUALITIES ISSUES ARISING FROM THE REPORT

7.1 Equality of access to services is a key principle in developing a model of health service provision for Rossendale.

8. WARDS AFFECTED

8.1 All Wards

9. CONSULTATIONS

9.1 Local Strategic Partnership

10. Background documents:

Our Health, Our Care, Our Say: A New Direction for Community Services

For further information on the details of this report, please contact:
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