

## SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

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**REPORT TO:** Leader and Cabinet

9 February 2006

**AUTHOR:** Housing and Environmental Services Director

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### CONSULTATION ON NEW PRIMARY CARE TRUSTS ARRANGEMENTS IN NORFOLK, SUFFOLK AND CAMBRIDGESHIRE

#### Purpose

1. To agree the Council's formal response to the Consultation on the new Primary Care Trusts for Cambridgeshire.

#### Effect on Corporate Objectives

2. 

Quality, Accessible Services	The new configuration of the Primary Care Trust will have effects on all the corporate objectives, in particular the partnership theme. The Council has developed strong links with the South Cambridgeshire Primary Care trust and has some services that are co-delivered with the PCT. These are in danger of being lost in the new configurations.
Village Life	
Sustainability	
Partnership	

#### Background

3. In July 2005 The Government produced a programme of change for the NHS called "a patient led NHS". Part of this programme is to reconfigure: the NHS Ambulance Trust; the Strategic Health Authorities and the Primary Care Trusts. The Strategic Health Authority for Norfolk, Suffolk and Cambridgeshire has produced its proposals for the new PCT structures. These proposals are now out for consultation until the 22 March 2006.

#### Considerations

4. The proposed changes are designed to reduce management and administration costs by lessening the number of PCT's, leading to larger PCTs. The proposals will mean new geographical boundaries for both Strategic Health Authorities and Primary Care Trusts. The proposed PCT's have an aspiration to work more closely with Local Government at a County level by strengthening the PCT's commissioning function i.e. via LAA's. PCT's will be expected to commission more services from Local Authorities rather than deliver them themselves.
5. The new role of the PCT will be to:
  - (a) Improve and protect the health of the population they serve by assessing need and having a robust public health delivery system including emergency planning.
  - (b) Secure, through effective commissioning, a range of safe and effective primary, community, secondary and specialised services (some specialised services will be commissioned nationally, others by groups of PCT's) that offer high quality, choice, and value for money.
  - (c) Reduce health inequalities and ensure that the role of individuals is recognised and utilised at local level.
  - (d) Develop and sustain strong relationships with GPs and their practices and implement a system of Practice Based Commissioning.

- (e) Work closely with local authority partners and other commissioners to ensure integrated commissioning of health and social care, including emergency planning.
- (f) Ensure that nurses, midwives and allied health professionals play a key role in improving the health of local populations.
- (g) Stimulate the development of a range of nursing, midwifery and allied health professional providers.
- (h) Provide appropriate clinical leadership in a system of diverse providers.
- (i) Develop robust communication and involvement systems to manage relationships and engage with their local residents and communities.
- (j) Ensure that ranges of services are provided for their communities in ways that most appropriately meet their local needs.

### **Options**

6. The options Norfolk, Suffolk and Cambridgeshire Strategic Health Authority have been asked to take to formal consultation by the Secretary of State for Health are:

#### **Option 1 – Three PCTs**

- (a) Norfolk PCT
- (b) Suffolk PCT
- (c) Cambridgeshire PCT including Peterborough

#### **Option 2 – Five PCTs**

- (a) Great Yarmouth & Waveney PCT
- (b) Norfolk PCT (excluding Great Yarmouth)
- (c) Suffolk PCT (excluding Waveney)
- (d) Peterborough PCT
- (e) Cambridgeshire PCT (excluding Peterborough)

7. Option 1 proposes the reconfiguration of the current Primary Care Trusts to three new Primary Care organisations, one per county, coterminous with County Council boundaries, whilst recognising the position of Peterborough as a unitary authority. The new Cambridgeshire PCT will need to ensure that it builds upon the special relationship that has been developed with Peterborough Unitary Authority, which already has its own Local Area Agreement and joint working arrangements in public health.
8. Option 2 recognises the unique position of health services in Peterborough Unitary Authority. The two PCTs operating as the Greater Peterborough Partnership have built a strong working alliance with the City Council to provide an integrated approach to local health, public health and social care needs. Great Yarmouth and Waveney form a natural health economy and partnership in social enterprise. They have distinct characteristics from their parent counties through deprivation, health inequalities and geographical isolation.
9. The main disadvantage for South Cambridgeshire residents is the loss of a local focus. At present this Council are nearly coterminous with the PCT and as such share a common population. There are fears that due to the health status of South Cambridgeshire compared to the rest of the County we may lose out. For example the new PCT may divert its resources to the most deprived areas of the PCT's district. In public health terms this would be sensible and understandable, but should not be achieved at the expense of the health of South Cambridgeshire's population.

10. There are concerns that we will lose the close relationship we have developed with the PCT including joint funded posts that work across South Cambridgeshire only and the unique 'virtual public health' working relationship will be difficult to maintain.
11. At present the PCT Chief executive and Chair, and Assistant Director of Public Health represent the PCT on both the South Cambridgeshire Strategic Partnership Board and the South Cambridgeshire Strategic Partnership Executive respectively. Having Officers at this level within the PCT sitting on the partnership board indicates the importance of partnerships between the PCT and the other members of the strategic partnership. There are concerns that this would be lost if the PCT loses its locality focus and there are concerns the new PCT will not have enough staff to attend all the partnerships across Cambridgeshire.
12. The Primary Care Trust currently holds the chair of the Health and Social Care project group for the new development of Northstowe. There are concerns that the new PCT may not be able to fully participate in the new town development.
13. The consultation procedure is based on an online reporting form. The four questions asked relate to Options 1&2. There is no option to keep the Status Quo, therefore keeping the PCT's coterminous with District Council Level rather than County Council Level. There is however an opportunity for general comments at the end of the form where the Council can register any views. The **appendix** contains a copy of the questions and a suggested response for the consideration of Members.

#### **Financial Implications**

14. There are concerns that money currently spent in South Cambridgeshire by the PCT may be diverted to other areas of the new PCT, resulting in loss of services for South Cambridgeshire residents and loss of joint funded posts and other funding streams.

#### **Legal and Risk Management Implications**

15. None.

#### **Staffing Implications**

16. Possible loss of joint funded posts.

#### **Recommendations**

17. Cabinet is asked to:
  - (a) raise any other concerns and/or make further comments on the proposed Primary Care Trust reorganisation,
  - (b) agree any comments that should be included in the Councils Response, and
  - (c) agree the suggested response as attached at Appendix 1 making any further amendments it would wish to see in line with (a) and (b) above.

**Background Papers:** the following background papers were used in the preparation of this report:

1. Consultation on new Primary Care Trusts arrangements in Norfolk, Suffolk and Cambridgeshire (Copy Attached to this Report)

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