



COUNCIL CABINET 14 MARCH 2006

Report of the Social Care and Health Commission

Consultation on proposed new NHS arrangements in the Trent Region

RECOMMENDATION

1.1 The Commission recommends that the Council Cabinet should:

- a) Support the proposal for the creation of a new single East Midlands Strategic Health Authority
- b) give full consideration to the Commission's comments before making any decision on the proposal for the creation of a new East Central Ambulance Service
- c) support the proposal for two PCTs in Derbyshire, one for Derby, with its boundary coterminous with that of the City Council, and the other covering the rest of Derbyshire
- d) Take all possible action to ensure that the reorganisation of the Derbyshire PCTs results in the creation of a PCT for Derby with its boundary co-terminus with that of the City Council

SUPPORTING INFORMATION

Background

2.1 The Trent Strategic Health Authority (SHA) is consulting on the proposals to:

- a) Create a new single East Midlands (SHA) that would replace the existing Trent, Rutland, Leicestershire, Northamptonshire and Rutland SHAs and would have a boundary co-terminus with that of the Government Office of the East Midlands (GOEM).
- b) Merge the existing East Midlands and Lincolnshire Ambulance Services, and the Northamptonshire part of the Two Shires Service to create a new East Central Ambulance Services with its boundary also co-terminus with that of the Government Office of the East Midlands (GOEM).
- c) Re-structure primary care arrangements in Trent SHA area in order to take forward the government's objective of ensuring a patient led NHS. The changes that Trent SHA have proposed for Derbyshire

are to merge the existing eight Derbyshire Primary Care Trusts (PCTs) to one of the following:

- i. One PCT covering the whole of Derbyshire excluding Glossop, which would be linked to Tameside as part of greater Manchester
- ii. Two PCTs: a Derby City PCT coterminous with the City Council boundary and a Derbyshire County PCT excluding Glossop, which would be linked to Tameside as part of greater Manchester
- iii. One PCT covering the whole of Derbyshire including Glossop
- iv. Two PCTs: a Derby City PCT coterminous with the City Council boundary and a Derbyshire County PCT that would include Glossop.

2.2 The effect of proposals (iii) and (iv) on health care provision in Derby has been the subject of a detailed review by the Social Care and Health Commission. The Commission did not consider the options relating to Glossop as it felt that they would have minimal impact on Derby.

2.3 A report summarising the outcome of the Commission's review has been provided to Council Cabinet.

Conclusions of the Commission

2.4 The Social Care and Health Commission supports the proposal for the creation of a new single East Midlands SHA to replace the current Trent and Leicestershire, Northamptonshire and Rutland Strategic Health Authorities as it is of the view that the new structure will strengthen the strategic role of the health authority. It is also thought that the new structure will strengthen partnership working in the region and through economies of scale will enable the new SHA to maximise the use of its resources and so improve services in the region.

2.5 The Commission does not support the creation of a new East Central Ambulance Service, co-terminus with GOEM and other regional boundaries. Members had severe reservations about the proposal. They:

- were unconvinced that that such a large structure would adequately meet the needs of local people
- felt that the under the new proposal performance targets would be set by the region and with little regard for local needs. Experience shows that targets have not improved in the past by increasing the size of the Ambulance Trusts
- questioned the timing of the consultation and felt that the decisions had already been made by the Government
- were concerned about the distribution of resources and the possible reduction of the resources allocated to some areas

- suggested that the Ambulance Trusts need to develop relationships with PCTs and top tier authorities in order to improve confidence in the service at the local level
- 2.6 As a consequence of its detailed review of the proposals to reorganise the Derbyshire PCTs, the Commission considers that the residents of Derby would be best served by two PCTs, one for Derby, with its boundary coterminous with that of the City Council, and the other covering the rest of Derbyshire. Detailed reasons to support this conclusion are contained in the Commission's report on its review of the proposals to reorganise the Derbyshire PCTs.

Recommendations of the Commission

- 2.7 The Commission recommends that the Council Cabinet should:
- a) support the proposal for the creation of a new single East Midlands SHA
 - b) give full consideration to the Commission's comments before making any decision on the proposal for the creation of a new East Central Ambulance Service
 - c) support the proposal for two PCTs in Derbyshire, one for Derby, with its boundary coterminous with that of the City Council, and the other covering the rest of Derbyshire
 - d) take all possible action to ensure that the reorganisation of the Derbyshire PCTs results in the creation of a PCT for Derby with its boundary co-terminus with that of the City Council

Reasons for the Commission's Recommendations

- 2.8 For the reasons set out in (2.3)-(2.6) of this report and in the Social Care and Health Commission's report on its review of the proposals to reorganise the Derbyshire PCTs.

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List of appendices:	None
	Appendix 1 – Implications

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. The Health and Social Care Act 2001 provides overview and scrutiny committees the power to review any matter relating to the planning, provision and operation of health services within their area.

Personnel

3. None.

Equalities Impact

4. Health Service provision is of concern to all Derby residents.

Corporate objectives and priorities

5. This report has the potential to link to all of the Council's priorities and key outcomes for 2006-09.