

## WYRE FOREST DISTRICT COUNCIL

### CABINET

THURSDAY 16<sup>th</sup> FEBRUARY 2006

### Ensuring a Patient-Led NHS - Consultations

OPEN	
COMMUNITY STRATEGY THEME	Improved Health & Wellbeing
CORPORATE PLAN THEME	Enabling Community Wellbeing
KEY PRIORITY	Public Health
CABINET MEMBER	Cllr Anne Hingley
HEAD OF SERVICE	Head of Planning, Health & Environment
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APENDICES	None

#### 1. PURPOSE OF REPORT

- 1.1 To report to Cabinet the details of three Consultation Papers under the heading 'Ensuring a Patient-Led NHS' and to recommend to Council a response to these consultations.

#### 2. RECOMMENDATIONS

The Cabinet is asked to RECOMMEND to Council that:

- 2.1 the proposal to reduce the 31 Ambulance Trusts in England to 11 larger, integrated Ambulance Trusts be supported, subject to:
- The current level of local service provision being retained especially at Bransford, Worcester
  - Each local Ambulance Station in the District being retained.
- 2.2 Option 2 of the proposals for the reconfiguration of Primary Care Trust in West Midlands South, merging Wyre Forest PCT, Redditch & Bromsgrove PCT and South Worcestershire PCT into a single Worcestershire PCT and, similarly, in Warwickshire, creating a Warwickshire PCT but leaving Herefordshire PCT and Coventry PCT as at present, be supported, subject to the following reassurances:
- That a local focus for the Wyre Forest District which guarantees local service delivery and maintains relationships with Wyre Forest District Council for the delivery of Public Health Services is maintained.
  - That commitments to funding increases for 2007/08 will be honoured.

**2.3 the creation of a single West Midlands Strategic Health Authority combining the existing three strategic Health Authorities of Birmingham & the Black Country, Shropshire & Staffordshire and West Midlands South be accepted.**

**3. BACKGROUND**

- 3.1 In July 2005, the NHS published a paper entitled, "Commissioning a Patient-Led NHS" which focussed on creating a step change in the way services are commissioned by front line staff in the NHS and placed greater emphasis on patient choice. This paper is complementary to and part of a national changing agenda including policy shifts to Choice of Provider, Payment by Results, the Development of NHS Foundation Trusts and Practice Based Commissioning.
- 3.2 In December 2005 and January 2006, three consultation papers were published in support of moving towards the patient led NHS:
- Configuration of NHS Ambulance Trusts in England
  - Consultation on New Strategic Health Authority Arrangements in the West Midlands
  - Consultation on new Primary Care Trust arrangements in West Midlands South (Coventry, Warwickshire, Herefordshire and Worcestershire).
- 3.3 At the heart of these consultations are changes to the geographical boundaries for the Strategic Health Authority (SHA), the Primary Care Trusts (PCTs) and the Ambulance Services. The changes proposed will be the defining factor in determining whether the NHS can sustain continued improvements towards its fundamental aim of delivering a better, more responsive Health Service that gives people the control and choice they have a right to expect as patients and tax payers.
- 3.4 All three consultations were considered by the Council's Housing, Health & Rural Affairs Policy & Scrutiny Panel at its meeting of 24<sup>th</sup> January 2006. It was agreed that the Ambulance Trust consultation be accepted subject to local Ambulance services being retained at Bransford and each local Ambulance station. The Panel did not agree with the changes to the PCTs and were concerned that reconfiguration was taking place too soon after their original introduction. The Panel's notice was drawn to a recent Parliamentary Health Committee report which was also critical of the proposed changes. The Panel felt strongly that the status quo be retained, however, of the options proposed, Option 2 was considered to be the best and closest to the current situation. The Panel agreed the SHA re-configuration without conditions.
- 3.5 Further, a public meeting to discuss all three consultations was arranged by the NHS and took place in Kidderminster Town Hall on Wednesday 8<sup>th</sup> February.
- 3.6 The date for all three consultations closes on 22<sup>nd</sup> March 2006.

**4.0 PROPOSALS**

- 4.1 **Configuration of NHS Ambulance Trusts in England** – there are currently 31 Ambulance Trusts in England, the demand for whose services is increasing by around 6% per year. The proposal is to reduce this number to 11, larger, integrated Ambulance Trusts, coterminous with Government Office of the Region boundaries, to enable the NHS to provide a more convenient, consistently high quality and appropriate mobile health care for the future.
- 4.2 For the West Midlands this means that the current Ambulance Trusts of the West Midlands, Hereford & Worcestershire, Coventry & Warwickshire and Staffordshire will be combined into one new Trust area, identified as West Central (although the names of the new Trusts have

yet to be finally determined). The West Central area would cover a population of 3.5 million over approximately 6,000 square miles.

- 4.3 The proposed new Trusts need to be large enough to improve strategic capacity and to allow sustained investment in Human Resource Management, service development and clinical leadership and need to be sufficiently large to have the financial capacity and flexibility to deliver high quality emergency ambulance services. However, at the same time, they need, as far as possible, to serve a reasonably similar population, taking into account factors such as road networks, geography, population distribution and location of other health services.
- 4.4 The consultation emphasises that the proposed changes are not about changes to service provision but are about the administration of the service and its reconfiguration to enable the support functions and structures necessary to improve patient care and to support local provision of services tailored to patient need.

## **5.0 CONSULTATION ON NEW STRATEGIC HEALTH AUTHORITY ARRANGEMENTS IN THE WEST MIDLANDS**

- 5.1 This consultation considers the SHA arrangements in the West Midlands covering the counties of Staffordshire, Shropshire, Herefordshire, Worcestershire, Warwickshire, the Metropolitan boroughs of Dudley, Walsall, Solihull and Sandwell and the City Council areas of Birmingham, Wolverhampton and Coventry.
- 5.2 It is proposed that the existing three SHAs of Birmingham and the Black Country, Shropshire & Staffordshire and West Midlands South be replaced with one new West Midlands SHA, coterminous with the Government Office for the West Midlands boundary.
- 5.3 Currently the West Midlands South SHA covers Warwickshire, Herefordshire & Worcestershire and the City Council area of Coventry and contains a population of around 1.5 million people.
- 5.4 Only one option of a single SHA of the West Midlands is being proposed as this is the only option that would meet the national criteria and achieve the 15% management cost savings required.

## **6.0 CONSULTATION ON NEW PRIMARY CARE TRUSTS' ARRANGEMENTS IN WEST MIDLANDS SOUTH (COVENTRY, WARWICKSHIRE, HEREFORDSHIRE & WORCESTERSHIRE)**

- 6.1 NHS Primary Care Trusts were created in 2002 and are currently responsible for controlling some 80% of the NHS's £76 million annual budget which they use to commission health services for their local populations. In addition, they have responsibility, in conjunction with District Councils, for public health, and, in many cases, also provide community based health services, such as district nursing and community hospitals.
- 6.2 The Commissioning a Patient led NHS Paper set out proposals to dramatically reduce the numbers of PCTs in order to achieve cost savings of £250 million and to improve commissioning. The concept of 'Practice Based Commissioning' was introduced in April 2005 and is intended to have achieved universal coverage by the end of 2006. Practice Based Commissioning is one of the fundamental principles underpinning the change in the NHS towards choice and diversity of services for patients and empowers GPs and practice staff to have access to a commissioning budgets thus enabling them to develop more responsive local services. The role of PCTs has been to support and manage the operation of practice-based commissioning and to provide practice budgets on behalf of their practices, as well as

clinical and financial information to help GPs and, where required, negotiate contracts for services.

- 6.3 The West Midlands South Strategic Health Authority area is currently served by eight PCTs. In Worcestershire these are South Worcestershire, Redditch & Bromsgrove and Wyre Forest PCTs. The Wyre Forest PCT is principally based on the Wyre Forest District Area but also includes Hagley and covers a population of 108,000 people.
- 6.4 Four options have been considered for the reconfiguration of the 8 PCTs in the West Midlands South Area:
- Option 1 – six PCTs: create a North Worcestershire PCT, a South Worcestershire PCT, a North Warwickshire PCT and a South Warwickshire PCT, leaving Herefordshire PCT and Coventry PCT as at present. This would involve merging Wyre Forest PCT and Redditch & Bromsgrove PCT and maintaining the existing arrangements in South Worcestershire PCT and Herefordshire PCT.
  - Option 2 – four PCTs: create Worcestershire and Warwickshire PCTs and leave Herefordshire PCT and Coventry PCT as at present. This would involve merging Wyre Forest PCT, Redditch and Bromsgrove and South Worcestershire PCTs and maintaining the existing arrangements in Herefordshire PCT.
  - Option 3 – two PCTs: create a Herefordshire & Worcestershire PCT and a Coventry & Warwickshire PCT. This would involve merging Wyre Forest PCT, Redditch & Bromsgrove and South Worcestershire PCTs and Herefordshire PCT into one.
  - One PCT: create a Herefordshire, Worcestershire, Coventry and Warwickshire PCT. This involves merging all eight PCTs across the South Worcestershire, Warwickshire and Herefordshire area.
- 6.5 The preferred option in order to deliver the criteria outlined in “Commissioning a Patient-Led NHS” is Option 2 which would result in four PCTs overall. The new single Worcestershire PCT would cover a population of around 547,000 people and would sit within the Worcestershire County Council and combined Worcestershire District Council boundaries.
- 6.6 This preferred option would create a strategically large enough PCT to improve recruitment and retention of quality staff, create clarity of responsibility for commissioning to deliver real choice for patients, create a better integration of services at both the commissioning and provider dimensions, as a result of the coterminosity with Social Services boundaries and release recurrent savings from economies of scale and improve the effectiveness of services which need to be commissioned jointly.

## **7.0 FINANCIAL IMPLICATIONS**

- 7.1 None of the consultation documents have direct financial implications for the Council.

## **8.0 LEGAL & POLICY IMPLICATIONS**

- 8.1 There are no legal or policy implications arising from this report.

## **9.0 RISK MANAGEMENT**

- 9.1 There are no direct risk management issues for the Council arising from these consultations.

**10.0 CONSULTEES**

Housing, Health & Rural Affairs Policy & Scrutiny Panel

**10.0 BACKGROUND PAPERS**

Configuration of NHS Ambulance Trusts in England

Consultation on New Strategic Health Authority Arrangements in the West Midlands

Consultation on new Primary Care Trust arrangements in West Midlands South (Coventry, Warwickshire, Herefordshire and Worcestershire).

All of which are available on line at [www//nhswestmidlands.org.uk/](http://www/nhswestmidlands.org.uk/).

MP/JHL  
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