

AGENDA MANAGEMENT SHEET

Name of Committee Council

Date of Committee 14 March 2006

Report Title Strategic Health Authority, Primary Care Trusts and Ambulance Trust – Formal response to consultations

Summary This report proposes a formal response to the three consultations which were the subject of presentations to the Council on 21 February and which have subsequently been considered by the Health Overview and Scrutiny Committee.

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Would the recommended decision be contrary to the Budget and Policy Framework?

No.

Background papers

Report and minutes of Council 21 February 2006
NHS consultation documents.

CONSULTATION ALREADY UNDERTAKEN:

Details to be specified

Other Committees
Local Member(s)

.....

Other Elected Members

Group Leaders and Deputies, Health O&S Spokes (Cllrs Roodhouse, Forwood and Haywood)

Cabinet Member

Councillor Bob Stevens, Councillor Colin Hayfield

Chief Executive

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Legal

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Finance

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Other Chief Officers

Graeme Betts, Strategic Director of Adult, Health and Community Services, David Carter, Strategic Director of Performance and Development

- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Council - 14 March 2006.

**Strategic Health Authority, Primary Care Trusts and the
Ambulance Trust Consultations**

Report of the Chief Executive

Recommendation

That the Council approves its formal response to the consultations as set out in this report at paragraphs 2.3, 3.3, 4.3 and 5.3.

1.0 Background

1.1 The Council on 21 February 2006 received presentations on the following proposals:

- The creation of a new West Midlands Strategic Health Authority (SHA), to replace the three existing SHAs of Shropshire & Staffordshire, Birmingham & The Black Country and West Midlands South.
- A reconfiguration of the primary care trusts (PCTs) with the preferred option being to merge the existing three PCTs in Warwickshire.
- To combine the Coventry and Warwickshire Ambulance NHS Trust with West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts.

The consultations on the strategic health authority structure and on the reconfiguration of the primary care trusts have been undertaken by the West Midlands South Strategic Health Authority but the consultation on the ambulance trust proposal has been undertaken by the Department of Health, with the SHA collecting views and passing these on.

1.2 A full record of the debate and issues raised at the Council meeting is contained in the minutes of that meeting circulated with the agenda. The Council agreed an initial response but requested that the Health Overview and Scrutiny Committee forward its advice before the Council agrees a final response. The comments from the Health Overview and Scrutiny Committee are summarised below.

- 1.3 The Health Overview and Scrutiny Committee met on 3 March 2006 and considered a report that brought together points raised in previous presentations to them and views expressed at Council on 21 February. The Committee also noted the number of responses from other bodies (particularly the borough and district councils and patient and public involvement forums) which were mainly concerned with the proposal to merge the ambulance services and echoed much of what had already been discussed at both the Committee and the Council.
- 1.4 A survey on the ambulance proposals has been undertaken with Coventry City Council and the results have now been received. The aim of the survey was to gauge whether the public knew of the proposals and whether they agreed or disagreed with the proposals. The results show there is not support for the proposal.
- 1.5 A copy of the report to the Committee and the minutes of that meeting are available on the Warwickshire website. The results of the survey are being collated and will be made available to Members before the Council meeting.

2.0 Response to consultation on proposal for the Strategic Health Authority

- 2.1 The Council has noted the arguments for the proposal as put to it on 21 February, namely that a West Midlands SHA would be an area recognised by the resident population, would enable a reduction in management and administrative costs (for reinvestment in front line services) and the advantages of having shared boundaries.
- 2.2 The Council debate on 21 February indicated support for the principle of having the one West Midlands SHA that is coterminous with other boundaries but expressed some concerns regarding the capacity and capability of the reconfigured SHA to fulfil its expected role (particularly with regard partnership working with regional and local government). This concern was reiterated by the Health Overview and Scrutiny Committee who has also identified that the stated objectives of the new Strategic Health Authority does not include the responsibility for determining where more complicated or rarer diseases will be treated. (These issues will be determined by other specialised networks or boards, for example the network for cancer. There will be a role for the SHA in performance management but not in determining where certain treatments take place).
- 2.3 It is suggested that the response to the SHA be on these lines:

That the Council (including the Warwickshire Health Overview and Scrutiny Committee) generally supports the proposal as this will align the NHS with the West Midlands Health Protection Agency and would broadly match those of the Government Offices for the Regions. It should facilitate partnership working with regional and local government. The County Council would, however, wish to have assurance on the following points:

- that the new SHA would have the capacity and resources to fulfil its role
- that there is clear partnership arrangements in place that insures the County Council has meaningful representation
- that there be clarification on the SHA's roles e.g. with regard to public health and prevention measures and in relation to the responsibility for determining where more complicated or rarer diseases would be treated.

3.0 Response to consultation on the proposal to create a Warwickshire PCT

3.1 The Council on 21 February had been advised of the expected benefits of having one PCT for Warwickshire. Some of the benefits mirrored those being put in support of the new SHA, namely the expected savings to be put back into health service provision and the sharing of boundaries that would enable more effective joint working, particularly with the county council. The questions and debate at Council centred on 'locality' working, the role of the new PCT in commissioning (as opposed to 'providing') and the relationship with the 'health market', partnership and governance arrangements.

3.2 The Health Overview and Scrutiny Committee also supports the preferred option to merge the three existing PCTs, thereby simplifying working arrangements with health and social services. They also raised concerns about the impact on reducing health inequalities, particularly in the north of the County and the impact of changes in the commissioning/provider role (for example how will the changes in commissioning/provider role impact on older people who may not necessarily be ill but are frail and require services).

3.3 The Committee's comments, together with those made at Council on 21 February, would indicate a response along the following lines:

That the Council (including the Warwickshire Health Overview and Scrutiny Committee) supports the preferred option of one primary care trust to cover the county of Warwickshire as this will simplify working arrangements with health and social services as there would be one health partner.

The Council has noted that, in accordance with '*Commissioning a Patient –led NHS*', the PCT will have the roles of reducing health inequalities, delivering effective commissioning and supporting GPs in practice-based commissioning. The Council would, therefore, emphasise the following points:

- That the new PCT, as a priority, should prepare plans to demonstrate how it will deliver the '*Choosing Health*' agenda across Warwickshire

and specifically how it will reduce health inequalities in the north of the County.

- While recognising the importance of delivering effective commissioning, plans should be discussed with the County Council for the delivery of provider services such as community nursing and therapy services for children and adults.
- That the Council should be involved in discussions on the implementation of Practice Based Commissioning across Warwickshire.
- That the discussions for establishing partnership and governance arrangements should be agreed with existing PCT boards and the County Council to ensure rapid progress can be made in delivering more effective integrated commissioning.

4.0 Response to consultation on proposal to combine Coventry and Warwickshire Ambulance NHS Trust with West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts

4.1 The Department of Health's consultation on the proposed formation of one Ambulance Trust from the merger of the four trusts has attracted the most debate. The Department of Health's view is that the proposals should deliver better, more responsive and efficient services with savings going into front line services. The Council on 21 February noted the views of the Council's Area Committees, concerns raised by the Health Overview and Scrutiny Committee and received presentations from the SHA (who are collecting responses and forwarding these to the Department of Health) and from Malcolm Hazell of the Coventry and Warwickshire Ambulance Trust.

4.2 The Council on 21 February had not been convinced that there was a case for merging the trusts and were of the view that the amalgamation would lead to a less localised service at the expense of the present 3 star trust, that is serving Coventry and Warwickshire well.

4.3 The views expressed at the Council and the recent Health Overview and Scrutiny Committee indicates that a response should be made on the following lines:

That the Council (including Warwickshire Health Overview and Scrutiny Committee) are opposed to any merger of Coventry and Warwickshire Ambulance Service with others in the West Midlands for the following reasons:

- (1) There is not a strong enough business case for the merger or evidence that a larger ambulance service would perform better than a smaller

service, in fact there is more evidence to the contrary (as indicated by information on the performance of the London and East Midlands Ambulance Trusts).

- (2) There is no basis in the consultation document that supports a reduction in ambulance trusts by the level being proposed (two thirds) and there is no specific mention in the body of the Bradley Report (which was the basis for merging the trusts) until the recommendations when the reference is to reduction by fifty percent not two thirds.
- (3) The proposed £3m savings do not appear sufficient to risk merging with other ambulance services.
- (4) The merger of an excellent 3 star ambulance trust with other poorer performing ambulance trusts is likely to lower the performance of services overall.
- (5) There are real concerns that the control centres will not remain local despite assurances from the SHA (at the Health Overview and Scrutiny Meeting on 18 January and Council on 21 February) as nationally the order for 67 digital radio systems has been cut to 22 and there is no indication that other purchases are being made to set up existing control centres as sub-stations, which indicates that local control centres are unlikely to stay.

5.0 General response to consultations

- 5.1 There have been concerns raised in response to all of the proposals with regard to the consultation process. The County Council has already expressed its concern regarding the consultation process. This resulted in a letter being sent to the Secretary of State forwarding the Council's resolution (agreed on 21 February) referring to the process of appointment of the Chairman and Chief Executive of a West Midlands Regional Ambulance Trust while consultations on local ambulance trusts are still taking place.
- 5.2 There have also been concerns about the assumptions regarding redistribution of resources and the need to ensure democratic accountability in whatever structures that emerge.
- 5.3 The response to the consultations could include the following comments
 - (1) That the Council (and Warwickshire Health Overview and Scrutiny Committee) consider that, although there might be sound management reasons behind advertising for senior positions in the new structure during the consultation period (such as to avoid delays should it be introduced), it has led to unease among the public that the consultation was not genuine and that a decision had already been made.
 - (2) That whatever structure is in place after reconfiguration, it is important to have strong democratic accountability with local delivery boards and

care should be taken to ensure fairness in the distribution of money across the West Midlands.

- (3) The Council welcomes early exploration with health of the opportunities for improved governance, with a focus on integration and joint working, and particularly so that the demands of the white paper "*Our health, our care, our say: a new direction for community services*" can be met.

6.0 Conclusion

The Council is invited to agree these responses, as set out at paragraphs 2.3, 3.3, 4.3 and 5.3 above.

Jim Graham
Chief Executive
Shire Hall
Warwick
8 March 2006