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<b>REPORT TO:</b>	<b>COMMUNITY SERVICES COMMITTEE</b>	<b>AGENDA ITEM:</b> 5
<b>DATE OF MEETING:</b>	<b>15 NOVEMBER 2001</b>	<b>CATEGORY:</b>
<b>REPORT FROM:</b>	<b>CLLR. J.D. CARROLL, DEPUTY LEADER and SANDRA WHILES, HEAD OF COMMUNITY SERVICES</b>	<b>OPEN</b>
<b>MEMBERS' CONTACT POINT:</b>	<b>CLLR. J.D. CARROLL SANDRA WHILES (Ext 5712)</b>	<b>DOC:</b>
<b>SUBJECT:</b>	<b>CONSULTATION ON PROPOSAL TO ESTABLISH A NOTTINGHAMSHIRE, DERBYSHIRE AND LINCOLNSHIRE STRATEGIC HEALTH AUTHORITY</b>	<b>REF:</b> c:\myfiles\pmw\commserv\communi tyservicescommittee\reports\15- 11\consultation- establishnottsderbyslincolnstrategi cha.doc
<b>WARD(S) AFFECTED:</b>	<b>ALL</b>	<b>TERMS OF REFERENCE:</b>

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## **1.0 Recommendations**

- 1.1 That Members consider and make known their views on the proposed boundaries for the Strategic Health Authority and the proposed name of Trent Health Authority.

## **2.0 Purpose of Report**

- 2.1 To inform Members of the opportunity to make comment on the proposal to set up a new Strategic Health Authority for Nottinghamshire, Derbyshire and Lincolnshire.

## **3.0 Detail**

- 3.1 The Government's NHS Plan sets out long-term goals for reform and improvement in a national framework to provide consistently high quality services.
- 3.2 Delivery of the NHS plan involves new ways of working with a more equal relationship between the NHS and patients and the breakdown of traditional barriers between professional groups. The balance of power must shift to frontline staff who understand patients' needs and concerns and towards patients and local communities to give real influence for development.
- 3.3 The NHS plan includes the abolition of 95 Health Authorities in England which will be replaced by 30 Strategic Health Authorities (StHAs) covering populations of around 1.5 million by April, 2002.

- 3.4 Many of the day to day functions of existing Health Authorities will be delivered by local Primary Care Trusts (PCTs). Staff will be transferred to new organisations where their role is transferring and others will be transferred on a temporary basis for up to 12 months whilst future arrangements are secured. The implications for staff are considered in the DOH publication "Shifting the Balance of Power: Securing Delivery Human Resources Framework".
- 3.5 PCTs will become the cornerstone of the NHS, working in partnership with Local Authorities and their local community partners to ensure that health needs and wider social and economic regeneration objectives are met. More power will be given to frontline staff who understand the needs and concerns of patients and therefore know the changes needed to make the NHS more effective. Integration of services at the frontline and other manifestations of partnership working can be best development at a local level.
- 3.6 The Government committed in its election manifesto to secure £100m of savings from implementation of Shifting the Balance of Power. The savings are earmarked for reinvestment in front line services and the commitment to provide childcare facilities for NHS staff by 2004. The proposals for the establishment of a StHA for Nottinghamshire, Derbyshire and Lincolnshire suggest greater economies of scale and reduce duplication.
- 3.7 The proposal is that StHAs will lead the strategic development of the local health service across their areas and manage the performance of the PCTs and NHS Trusts working within their areas.
- 3.8 It is worth considering the roles and functions of the various tiers of the NHS.
- 3.9 The role and functions of a PCT are :
- Improving the health of the community, including assessing the health needs of the local community and preparing plans for health improvement.
  - Securing the provision of services
  - Integrating health and social care
- 3.10 The role of current Health Authorities is to :
- Assess the health needs
  - Work in partnership to develop plans to meet those needs and to improve health and reduce health inequalities
  - Commission hospital, community and mental health services
  - Develop and commission primary health care services
  - Manage the performance of the local health system
  - Support the establishment of PCTs
- 3.11 The proposed main responsibilities of StHAs will be :
- Creating a coherent strategic framework
  - Performance management of local NHS organisations
  - Supporting improvement

3.12 The Government has established criteria for setting up the StHAs. They should:-

- serve populations of about 1.5 million
- be broadly aligned with clinical networks
- be coterminous with an aggregate of local authorities
- should not cut across Government Office boundaries

3.13 A consultation document has been produced which considers the creation of a Nottinghamshire, Derbyshire and Lincolnshire StHA. The consultation period runs until 30 November 2001

3.14 We are invited to comment on the proposed boundary changes of a Nottinghamshire, Derbyshire and Lincolnshire StHA and the proposed name of Trent Health Authority. A copy of the consultation document has been placed in the Members area.

3.15 The consultation document considers three options for the boundaries of the StHA :

**Option 1 (the preferred option) - Nottinghamshire, Derbyshire (including Glossop) and Lincolnshire.** The larger boundary allows the StHA to encompass key clinical network. This option would allow the best linkages across clinical networks and the ability to handle performance management at a strategic level. To meet the criterion of co-terminosity it is proposed that Glossop falls within the boundary for the new StHA

**Option 2 – Two StHAs 1) Nottinghamshire and Derbyshire and 2) Lincolnshire and Leicestershire.** This configuration would meet popular requirements but would cut across some key clinical networks

**Option 3 – Three “County” StHAs based on Nottinghamshire, including Nottingham City, Derbyshire, including Derby City and Lincolnshire.** This would have the advantage of co-terminosity with local authority boundaries except Glossop. However, these would not meet the population requirement of 1,5 million and would not support existing clinical networks between these areas.

3.16 Option 1 is identified in the consultation as the preferred option for mid Trent with a further two StHAs covering Leicestershire, Northamptonshire and Rutland, and South Yorkshire.

3.17 It is proposed that the new StHA be named the Trent StHA.

3.18 Implications of the preferred option:

#### For Patients

- Firm foundations already exists with many examples of good practice and responsive patient care across the proposed area
- The development of the StHA does not involve changes to service provision for patients. However the strengthening of PCTs and increasing devolution of decision making should result in service improvement and innovation
- Encompasses boundaries of key clinical networks that are responsible for developing services. The boundary will allow the StHA to relate to these networks at a strategic level and ,through its performance management role, ensure consistent delivery and application of best practice

## For Partner Organisations

- Strengthened relationships between the StHA and Derbyshire County Council and other Derbyshire local authority services
- Ability to develop strong links at a locality level with PCTs
- Benefits from links between StHA and other regional organisations within the East Midlands such as the East Midlands Development Agency

### 4.0 Financial Implications

4.1 None

### 5.0 Corporate Implications

5.1 None

### 6.0 Community Implications

6.1 The development of the Local Strategic Partnership and Sub Regional Strategic Partnerships will rely on close working with NHS organisations from the PCT to the StHA.

### 7.0 Background Papers

7.1 Consultation on the proposal to establish a Nottinghamshire, Derbyshire and Lincolnshire (Trent) Strategic Health Authority.