

ESTABLISHMENT OF A PRIMARY CARE TRUST - CONSULTATION

1 SUMMARY

- 1.1 This report invites Members to agree a response to the consultation on the proposed formation of a level 4 Primary Care Trust to serve Castle Point and Rochford.

2 INTRODUCTION

- 2.1 Following the publication of the White Paper "The New NHS: Modern, Dependable", Primary Care Groups (PCGs) established across South Essex, including Rochford, in April 1999, with the objectives of improving the health of local people and bringing decisions on health care closer to local people.
- 2.2 PCGs have brought together General Practitioners and nurses, pharmacists and other health professionals, as well as Social Services and Community representatives, to work towards reducing health inequalities and to improve health and healthcare in their areas. PCGs are technically Sub-Committees of the Health Authority.
- 2.3 The Government's intention is that all PCGs will progress to become Primary Care Trusts (PCTs), and proposals for this to happen across South Essex from April 2001 are now being consulted on, with a deadline for responses of 31st October. Southend PCG became a Level 3 PCT in April this year and the intention is that it will move to Level 4 status in April 2001.
- 2.4 A copy of the consultation newsletter has been sent to all Members and will be sent by the Health Authority to all South Essex residents. A more comprehensive version of the consultation document has been on deposit in the Members' Rooms.

3 PRIMARY CARE TRUSTS

- 3.1 The proposed PCTs will be totally new organisations. They will for the first time within the NHS combine the management of both primary care and community services care. They will be responsible for commissioning hospital care and can employ community health staff and own the premises from which community health services are delivered.

3.2 PCTs have three main responsibilities.

- To improve the health of local people and reduce health inequalities.
- To develop primary and community health services.
- To commission hospital services and community health services.

3.3 The health authority will retain a strategic and monitoring role.

3.4 PCTs will become the main providers of community health services, which will transfer from existing NHS trusts. This means that the South Essex Mental Health and Community Care NHS will, over time, focus exclusively on mental health.

3.5 In working to improve health and social care, it is likely that there will be greater use of pooled budgets with other organisations, particularly Social Services, joint teams and joint commissioning of services.

3.6 The Castle Point and Rochford PCT would develop new initiatives, including the role of “specialist GP”, putting to wider benefit the skills of Doctors who have special interests in areas such as diabetes care, dermatology, psychiatry etc; the PCT would also investigate the feasibility of creating one or more walk-in centres to provide faster access to treatment for minor ailments and injuries. There is also a commitment to work with local dentists to increase access to NHS dentistry.

4 A COMBINED CASTLE POINT AND ROCHFORD PCT

4.1 The boards of both Rochford and Castle Point PCGs have decided that the best way forward is as a joint PCT for a number of reasons:

- The PCGs already share a single management team and many of the Sub-Committees work closely together.
- The management costs of a single PCT are substantially less than for two.
- Coming together gives a total population of 169,500. On their own, PCTs for Castle Point and Rochford would be small.
- More effective use can be made of staff time because common tasks will not need to be repeated.
- High calibre staff will be attracted to a larger organisation that can offer better training and development opportunities.
- A combined PCT will have a total purchasing power of around £100M, similar to that of neighbouring PCTs.

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- 4.2 Both PCG boards have recognised the need to maintain a local focus in a larger PCT and have undertaken to ensure that the different needs and aspirations of the two districts, and of smaller communities within each district, are recognised and addressed.

5 GOVERNANCE OF CASTLE POINT AND ROCHFORD PCT

- 5.1 The governance of PCTs has to follow NHS guidance. Locally, it is likely that there will be
- a PCT Board comprising
 - Chair (member of the public)
 - Five non-executive members (members of the public)
 - Chief Executive
 - Finance Director
 - Three professional members from the PCT Executive Committee

The Chair and five lay members will be appointed from the local community by the Secretary of State.

- Reporting to the Board will be an Executive Committee comprised mainly of health professionals
 - Six GPs (3 from Castle Point; 3 from Rochford)
 - Two Nurses
 - Four other health professionals
 - Chief Executive
 - Director of Finance
 - Social Services representative
- 5.2 The PCT will be accountable to South Essex Health Authority and will have to agree an annual accountability agreement with the Health Authority.
- 5.3 Also of interest is that under the arrangements concerning new political structures, Chief Executives of the Health Authorities will be required to attend Local Council's Overview and Scrutiny Panels/Committees to respond to issues concerning their services.

6 ELECTION TO HEALTH AUTHORITIES AND TRUSTS

- 6.1 Councillors will have an opportunity to put themselves forward (as members of the public) for consideration for appointment by the Secretary of State to the Board of the PCT, but there is no right of appointment now for District Councils to any NHS Trust or Health Authority, nor is there any provision for open, direct elections to their Boards.

- 6.2 Wyre Forest District Council (Worcestershire) have requested the Council's support for their campaign for direct election to Health Authorities and Trusts. They believe this would bring local democratic accountability and greater clarity of policy for the delivery of local health services within the NHS. Members of Wyre Forest District Council signed the attached petition and have invited Members from all other Local Authorities to join them.

7 ENVIRONMENTAL IMPLICATIONS

- 7.1 The new health care agenda recognises that social, economic and environmental factors can all contribute to poor health. The concepts of healthy schools, workplaces and neighbourhoods and the promotion of better lifestyles, including cycling and walking, are all consistent with the Government's sustainability agenda. Within the Rochford District, health has been identified as a priority by Rochford's Local Agenda 21 Forum.

8 RESOURCE IMPLICATIONS

- 8.1 None directly, although it is likely that as joint planning and commissioning develop, the Council will be invited to participate in pooling budgets for specific projects and services.
- 8.2 A significant amount of Officer time is committed to attendance at PCG Board, Sub-Committee and other meetings and to joint working on areas of common interest.

9 LEGAL IMPLICATIONS

- 9.1 The Health Act 1999 contains specific provisions for joint working, joint commissioning and joint budgets between Health and Local Authorities. As more integrated service provision develops, opportunities for these new models of working are likely to arise.

10 RECOMMENDATION

- 10.1 Proposed, that this Committee RESOLVES
- (1) To support the establishment of a Primary Care Trust for Castle Point and Rochford
 - (2) To support the request from Wyre Forest District Council for direct elections to Health Authorities and Trusts and that all Members of the Council be invited to sign the petition. (HHHCC)

Graham Woolhouse

Head of Housing, Health & Community Care

Background Papers:

A proposal to establish successful Primary Care Trusts in South Essex,
August 2000.

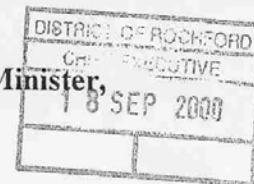
Letter from Wyre Forest Borough Council, 5 June 2000

For further information please contact Graham Woolhouse on:-

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PETITION To Rt. Hon. Tony Blair, MP, Prime Minister,
10 Downing Street, London



I am an advocate for the National Health Service and value its contribution to the Health of the Nation. But a Democratic Deficit exists in the system of political administration and policy formulation for health care which should be Reformed.

The present system of appointment to Health Authorities and Health Trusts is not acceptable. We therefore respectfully call on Her Majesty's Government to create a Democratic system of health administration by establishing directly elected Health Authorities and Health Trusts.

NAME	ADDRESS

Printed and published by Councillor Nigel Knowles, Mayor of Kidderminster.

Please return the Petition to:
Councillor Knowles, C/o Civic Centre, Stourport-on-Severn, Worcs. DY13 8UJ