

Leicester
City Council

**WARDS AFFECTED
ALL WARDS (CORPORATE ISSUE)**

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

Cabinet

19 November 2001

Social Services and Personal Health Scrutiny Committee

22 November 2001

**Reform of the NHS: Proposals for a new Strategic Health Authority and for
Involving Patients and the Public in Healthcare**

Report of the Director of Social Services

1. PURPOSE OF REPORT

- 1.1 To respond to a consultation document issued by the Trent NHS Regional Office of the Department of Health on a proposal to establish a new Health Authority for Leicestershire, Northamptonshire and Rutland.
- 1.2 This report also outlines the contents of a discussion document on involving patients and the public in healthcare, issued in September as part of the Government's proposals to replace Community Health Councils.
- 1.3 Further development work is recommended on an Overview and Scrutiny Committee for Leicester (see para. 2.4), although the necessary regulations have not yet been issued for consultation and implementation is not expected until next year.

2. SUMMARY

Strategic Health Authorities

- 2.1 The Government's NHS Plan sets out its long-term goals for reform and improvement of the Health Service. Many of these were incorporated in the Health and Social Care Act 2001, including the establishment of Primary Care Trusts (PCTs) and a framework for Councils to consider the option of Care Trusts if they will assist service integration.
- 2.2 As part of the process of change, it is now planned to abolish the 95 local Health Authorities in England and replace them with around 30 Strategic Health Authorities (SHA) by April 2002. The strategic planning functions of Leicestershire Health Authority would, therefore, be transferred to a new SHA serving a larger population of around £1.5 million, with many of its day-to-day functions being taken on by the six PCTs in Leicestershire. The City has two such PCTs i.e. Leicester City West and Eastern Leicester PCT.

- 2.3 The Consultation Document (which is appended to this report) seeks comments on the NHS Regional Office's preferred option of a SHA covering Leicestershire, Northamptonshire and Rutland. Comments should be sent by 30 November 2001.

Patient and Public Involvement in the NHS

- 2.4 The Health and Social Care Act 2001 also put in place some of the building blocks for patient empowerment and public involvement in the NHS. These include:
- new powers for local government Overview and Scrutiny Committees to scrutinise the NHS;
 - a new duty on the NHS to involve the public in the planning and development of services, and in major decisions;
 - a new duty on the Secretary of State to make independent advocacy services available to people wishing to make a complaint against the NHS.
- 2.5 A further set of proposals relating to patients and public involvement in Healthcare were issued for comment by 12 October 2001. These essentially are about the Government's intentions to replace Community Health Councils and their national umbrella organisation (Association of CHCs for England and Wales). The new proposals are for:
- statutory *Patients' Forums* to facilitate and strengthen the patients' voice;
 - statutory bodies to be called *Voice* to strengthen and facilitate the public voice; and
 - a new statutory national body called *Voice – the Commission for Public and Patient Involvement in Health*, to oversee the arrangements.
- 2.6 These proposals are still in development and further formal consultation is anticipated ahead of the legislation that will be required to introduce them.

3. **RECOMMENDATIONS**

- 3.1 That the Cabinet, after consultation with the Social Services and Personal Health Scrutiny Committee, should:
- i) endorse the proposal for a Strategic Health Authority for Leicestershire, Northamptonshire and Rutland;
 - ii) make strong representations that it be based in Leicester;
 - iii) seek assurances that the interests of Leicester as a large, multi-cultural city continue to be addressed strategically by the SHA and City Primary Care Trusts;
 - iv) secure the future of the City Health Action Zone;
 - v) receive a further report on the development of a Overview and Scrutiny Committee for Leicester;
 - vi) continue to monitor developments in the Government's plan to replace Community Health Councils; and
 - vii) delegate responsibility for the final response to the Director of Social Services, in consultation with the Cabinet Lead, following consideration by the November Scrutiny Committee, in order to meet the deadline for responses.

4. ISSUES FOR CONSIDERATION

- 4.1 In responding to the consultation document on Strategic Health Authorities, Members will be aware that the aim of recent reforms has been to provide a new organisational framework for the NHS that brings decisions about services closer to patients and frontline staff, within the context of national service frameworks and standards. There was also an imperative to achieve this within existing management costs.
- 4.2 Primary Care Groups, and now Trusts, were the first piece of this major reform. Leicestershire Health Authority's plans for three Primary Care Trusts from April 2001 were approved by the Secretary of State last year. Two of these were in Leicester, the other for Melton, Rutland and Harborough. Proposals for the remaining three, to be set up in April 2002, are the subject of current consultation.
- 4.3 The management changes were outlined in *Shifting the Balance of Power within the NHS*. In summary, these are that:
- Health Authority commissioning functions will be picked up by PCTs
 - Health Authority strategic responsibilities will be picked up by Strategic Health Authorities, covering larger populations
 - NHS Regional offices will be abolished and their functions largely transferred to Strategic Health Authorities, including performance management of PCTs and NHS Trusts
 - Strategic Public Health and Social Services Inspectorate regions to be based in Government offices
 - Four new Directors of Health and Social Care for England. Leicester will be part of the Midlands, headed by David Nicholson, current Trent Regional Director.
- 4.4 There will be six Primary Care Trusts in Leicestershire from April 2002, with two in the City. The Health Authority has previously carried out both the commissioning of services and the planning and development of them in line with national standards. While PCTs will commission for their own areas, the concept of a lead PCT has been developed to plan and develop specialist services for the whole of Leicestershire (and possibly Northamptonshire) health community. Members will wish to be clear that commissioning for services within the City is done by the City PCTs, recognising the needs of their populations. Members will be keen to see that the roles of Leicestershire lead PCT and City commissioning PCTs remain distinct for City residents.
- 4.5 In this context, Leicestershire Health Authority does not have a future as it is. The criteria for a SHA are size, Government Office boundaries, and clinical networks. Five options are set out in the Consultation Document appended. Of these only two seem viable:
- The preferred option of an SHA for Leicestershire, Northamptonshire and Rutland; or
 - A stand alone SHA for Leicestershire.
- 4.6 In their response, Members will want to see that any proposals ensure:

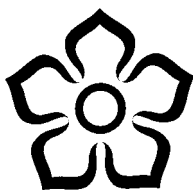
- Clear recognition of the distinctive needs of Leicester as a multi-cultural, large city;
- Careful consideration be given to how health authority functions are devolved to lead PCT to ensure that the City's characteristics, needs and interests are protected;
- City-wide health strategies in partnership with the City Council and other key partners;
- Continued co-location of the two City PCTs' headquarters;
- Reinforce the City Council's position that the integration of health and social care should be developed across the whole City;
- Retain Leicester as the base for any new SHA, minimising job losses in the city, and as the largest population centre with easiest transport links.

5. HEADLINE FINANCIAL AND LEGAL IMPLICATIONS

- 5.1 These proposals are within the framework of the Health Act 1999 and the Health and Social Care Act 2001. There are no direct legal implications arising from the report (Guy Goodman, Assistant Head of Legal Services – ext 7054).
- 5.2 There are no direct financial implications for the Council. Indirect implications include any costs associated with more complex partnership arrangements, and additional travel costs (if meetings are held outside Leicester).

6. REPORT AUTHOR/OFFICER TO CONTACT

Andrew Cozens, Director of Social Services (Tel: 252 8300)



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Supporting Information

1. Strategic Health Authorities

- 1.2 The Consultation Document (which is appended to this report) seeks comments on the NHS Regional Office's preferred option of a SHA covering Leicestershire, Northamptonshire and Rutland. Comments should be sent by 30 November 2001.
- 1.3 The main implications and issues to be considered by the Council are incorporated in the covering report.

2. Patient and Public Involvement in the NHS

- 2.1 The Government has issued a discussion paper on patient and public involvement and empowerment in the NHS, partly in response to the Bristol Royal Infirmary Inquiry conducted by Professor Kennedy, and to its intention to legislate at the earliest opportunity to replace Community Health Councils.
- 2.2 The proposed set of arrangements are intended to:
- align the structures for patient involvement with the devolution of resources and power to the NHS frontline as outlined in *Shifting the Balance of Power within the NHS* (described in this report);
 - integrate the views of patients and citizens into every level of the NHS, and ensure that involvement and support is consistent throughout;
 - make it easier to listen to patients' voices across the NHS so that services reflect their needs;
 - make it easier for citizens to contribute to strategic decisions so that services reflect and meet the needs of communities.
- 2.3 The proposed structure is illustrated in the diagram appended to this report. The key elements are summarised in the chart below. Key parts still require primary legislation and even where this is not required (Overview and Scrutiny Committees) the framework and regulations are not yet drafted.

2.4 Should these proposals be introduced unchanged, the key issues for the City Council will be:

- Arrangements for its Scrutiny and Overview Committee
- Whether to offer to host the Local Voice for the Strategic Health Authority area (Leicestershire, Northamptonshire and Rutland).

2.5 It is recommended that further reports are brought forward as the Government's intentions are clarified.

3. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	Yes	A strategic overview of the City is essential if health inequalities are to be addressed and appropriate services delivered for all the City's communities	
Policy	Yes	All paragraphs	
Sustainable and Environmental	No	No direct implications, although the location of services and service bases and links with public transport are key factors to be considered in where functions are based.	
Crime and Disorder	No		
Human Rights Act	No		

Involving Patients and the Public in Health Care Summary of Discussion Document (September 2002)

Element	Proposal	Timescale
<u>Overview and Scrutiny Committee</u>	One for each Social Services Authority Will scrutinise work of NHS in the City Can call local NHS Chief Executives and other NHS managers to account	Some time in 2002/03 Legislation in place Regulations yet to be made
<u>Patient Advocacy & Liaison Services (PALS)</u>	One for every Trust (PCT & NHS Trust) Quick resolution of concerns Sign post to Independent Advocacy Service (to be commissioned by local Voice – see below) Working across boundaries in a local PALS network Source of information for Trust and Patients Forum	Pilot at UHL Trust Legislation in place PALS in every Trust by April 2002

<u>Patients Forums</u>	<p>Independent statutory bodies One for every Trust (PCT & NHS Trust) Appointed by new independent NHS Appointments Commission Monitors Trust services and PALS Inspection Rights Recommendations to Trust Board and work with it to bring about changes Elect a member on to the Trust Board Collaborate with other Patients Forums on specific issues Get views of patients and carers Report adverse incidents to National Patients Safety Agency Report to Overview & Scrutiny Committees, and LSPs Evidence to inform Commission for Health Improvement (CHI) inspections</p>	<p>Legislation required Pathfinders in 2001-02 Recruit in 2002 Roll out in 2003.</p>
<u>Local Voice</u>	<ul style="list-style-type: none"> • Team of specialist staff employed by a host local authority • One Voice in each Strategic Health Authority (i.e. for Leics/Northants/Rutland) • Capacity building in communities • Advice plus hands on help for the NHS on public involvement work • Promotion and co-ordination of public involvement work e.g. Patients Forums, LSPs, HIMPs • Quality assurance and ensuring diversity • Commission local Independent Complaints Advocacy services • Report to Strategic Health Authorities to inform strategic planning • Report to Overview & Scrutiny Committees 	<ul style="list-style-type: none"> • Legislation required • Pathfinders in 2001-02 • Recruit in 2002 • Roll out in 2003.
<u>National Voice</u>	<ul style="list-style-type: none"> • National co-ordination, standard setting and monitoring (of public involvement process/system and for Independent Advocacy) • Reports to Secretary of State and Parliament • Research on specific areas • Design and accredit training for patients/public representatives and organisations • Advice on public/patient involvement • Advice to other health bodies (e.g. CHI) on patient safety/welfare matters 	<ul style="list-style-type: none"> • Legislation in 2001/02 • Standards in 2002 • Guidance in 2003

Modernising the NHS: Shifting the Balance of Power in Leicestershire, Northamptonshire and Rutland

Consultation on a proposal to establish a new Health Authority for Leicestershire, Northamptonshire and Rutland

Strategic Health Authorities.

What are the proposals for Strategic Health Authorities and how will they affect you?

The Government's NHS Plan sets out long-term goals for reform and improvement and a timescale for these changes. Many of the changes are already being made.

The NHS aims to provide fast and responsive services, ensuring national standards are met and that these are delivered to a consistently high standard.

Staff who work on the frontline of the NHS are best placed to understand the needs and concerns of patients and therefore know what needs to be done to make the NHS more effective.

NHS staff and patients have been empowered by the government to change the culture and organisation of the NHS.

The plan is that the 95 local Health Authorities in England will be abolished and replaced by around 30 more Strategic health Authorities by April 2002. Subject to parliamentary approval, it is intended that the larger Health Authorities would then take on the role of a Strategic Health Authority with many of their day-to-day functions being taken on by local Primary Care Trusts (PCTs).

Under the proposals, PCTs will become the cornerstone of the NHS and will work in partnership with outside organisations such as councils to ensure local health needs are met.

People will be given better opportunities to become involved in the decisions made that affect their local health services.

PCTs will commission NHS Trusts to continue to provide care to patients in hospitals, including specialist treatment. NHS Trusts will be given greater responsibilities. Doctors and nurses and other clinicians will be encouraged to form clinical networks across NHS organisations.

The proposal is that Strategic Health Authorities 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 these areas.

NHS Regional Offices will be abolished as the new StHAs will carry out most of their functions. The Department of Health will concentrate its efforts on supporting delivery of the NHS Plan.

Consultation

Now the Government wants you to get involved in its decision making process about which geographical areas the new StHAs should cover.

They want YOU to comment on whether or not you agree with the proposed boundaries for these new StHAs.

The Government has established the following criteria for setting up Strategic Health Authorities:

That they should

- serve populations of about 1 .5 million on average;
- be broadly aligned with clinical networks;
- be coterminous with an aggregate of local authorities and should not cut across Government Office boundaries.

These criteria have formed the basis for assessing the options for all the proposed new Health Authorities.

Preferred option; Leicestershire, Northamptonshire and Rutland

educational networks exist with considerable scope to develop these in the future. A combined population size of approximately 1 .6million will enable the new functions and responsibilities to be carried out effectively.

Option 2: Leicestershire Health Authority and Northamptonshire Health Authority to be established as separate Strategic Health Authorities -

the population covered by Leicestershire Health Authority and Northamptonshire Health Authority individually does not meet the recommendation that Strategic Health Authorities should cover 1 .5m population.

Option 3: Northamptonshire to be included in a "Four Counties" Strategic Health Authority with Berkshire, Oxfordshire and Buckinghamshire and Leicestershire to be included in a Strategic Health Authority with Coventry and Warwickshire -

neither of these options would meet the criteria since both cut across Government Office boundaries.

Option 4: East Midlands Strategic Health Authority (to include Derbyshire, Leicestershire, Northamptonshire, Lincolnshire and Nottinghamshire) -

this Strategic Health Authority would have had a population base of over 5 million, well in excess of the recommended size of 1 .5 million.

Option 5: A Strategic Health Authority encompassing Leicestershire, Lincolnshire and Northamptonshire -

whilst there are significant clinical networks between South Lincolnshire and Leicestershire the majority of the Lincolnshire networks are with Nottinghamshire.

As a result of these considerations, a preferred configuration within the region was identified, with Health Authorities covering Nottinghamshire, Derbyshire and Lincolnshire (Trent), South Yorkshire and the Leicestershire Northamptonshire and Rutland proposal that is the subject of this consultation.

The name of the new Strategic Health Authority to cover Leicestershire, Northamptonshire and Rutland is also under consideration and your views on this would be welcomed.

Implications of Preferred Option

- The priority will be to ensure that during the period of change delivery against key national and local priorities continues. Firm foundations already exist in this regard with many examples of good practice and responsive patient care across Leicestershire, Northamptonshire and Rutland.
- The development of Strategic Health Authorities does not involve changes to service provision for patients. However, the introduction and strengthening of Primary Care Trusts and the increasing devolution of decision-making will result in the improvement of services and the development of innovative services to meet patient's needs.
- NHS Trusts and Primary Care Trusts across Leicestershire, Northamptonshire and Rutland will be responsible for ensuring services meet local needs. The development of a Leicestershire and Northamptonshire Strategic Health Authority will clarify the responsibilities of individual organisations and support decision-making across the broader population. In particular the links between primary, secondary and specialised (tertiary) services and the need to ensure joint working across the healthcare spectrum will be enhanced by this proposal.

Your views are important to us. Please tell us what you think about this particular proposal by 30 November 2001.

You can let us have your views by:

Writing to: Freepost SF460,
Trent Regional Project Office,
Old Fulwood Road,
Fulwood, Sheffield S10 3TH.

Telephoning: Freephone 0800 068 1008

Emailing: trent-regional-project-office@doh.gsi.gov.uk.

Faxing: 0114 282 0367

Or visiting our website at: www.doh.gov.uk/shiftingthebalanceofpower/haconsultation

The Trent NHS Regional Office of the Department of Health will summarise the views of local people, stakeholders and those who work in the NHS, and send them to Alan Milburn, Secretary of State for Health who will then decide on the boundary for each of the proposed, new Strategic Health Authorities in light of the comments received.

Full versions of the consultation document are available from
Jessica Watts
Trent Project Office
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH

The consultation on the new boundaries for all proposed Strategic Health Authorities will take place on a nation-wide basis for 12 weeks ending on 30 November 2001. Any comments received on or before this date will be included in the consultation process. The boundaries of the new proposed, health authorities are expected to be agreed by December 2001. Strategic Health Authorities themselves are subject to Parliamentary legislation.

We look forward to hearing from you and receiving your comments.

signed by

**David Nicholson
Regional Director
NHS Regional Office**

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The Proposed
Structure
VOICE
Commission for
Patient and Public
Involvement in Health

