Department of Health

Modernising the NHS: Shifting The Balance of Power in Cumbria and Lancashire

Consultation on the proposal to establish a new Health Authority for Cumbria and Lancashire

NORTH WEST NHS REGIONAL OFFICE OF THE DEPARTMENT OF HEALTH

Department of Health

Modernising the NHS: Shifting The Balance of Power in Cumbria and Lancashire

Consultation on the proposal to establish a new Health Authority for Cumbria and Lancashire

Creating Strategic Health Authorities: seeking your views

The NHS Plan sets out a long-term programme for reform and performance improvement in the NHS. Delivering more patient-focused health and social care will be in part about investment and expansion of the service. But it will also be about reform to address the issues that really affect the patients who use the NHS and the staff who work in it.

Delivering this radical agenda requires real change in the way the NHS works as an organisation and with stakeholders. The balance of power must be shifted towards frontline staff who understand patients' needs and concerns. It must be shifted towards patients and local communities so that they have real influence over their development.

The changes to the way the NHS works will require cultural change supported by structural change. As one part of this change, the purpose of this document is to ask for your views on a proposal to establish a new Health Authority for Cumbria and Lancashire. It invites comments from local people, patients and carers, the NHS, staff and partner organisations on the proposed boundaries.

Tell us what you think

This consultation document has been produced so that the North West NHS Regional Office of the Department of Health can summarise the views of local people, stakeholders, and those who work in the NHS who may be affected by these changes. These views will then be forwarded to the Secretary of State for Health for consideration before making his decision. The twelve-week period of public consultation about this proposal will end on 30 November 2001. We guarantee that comments received before the close of consultation on 30 November will be taken into account as part of the consultation process. Please let us have your views. You can do this in several ways:

Write (no stamp needed) to:

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Phone us free on: 0800 092 0322

Email us at: loren.grant@doh.gsi.gov.uk

Fax us at: 01925 704246

See our website on the internet at: www.doh.gov.uk/nwromergerconsultations

Come and speak to us at meetings of various NHS bodies at which this proposal will be on the agenda. Such meetings will include those of Health Authorities, Primary Care Groups, Primary Care Trusts and Community Health Councils. To get details for your local area please contact Loren Grant on 0800 092 0322.

For blind and partially sighted people:

We can provide copies of this document on audiocassette or printed in larger type sizes to suit your individual needs. Please contact: **Loren Grant on 0800 092 0322.**

Distribution

The consultation document and summary leaflet are being distributed widely, including to the following:

- Members of Parliament
- Chief Executives of all Local Authorities
- Town Council and Parish Clerks
- Primary Care Groups/Trusts in Cumbria and Lancashire
- NHS Trusts providing services to Cumbria and Lancashire residents
- Neighbouring Health Authorities and Primary Care Groups/Trusts
- Community Health Councils
- Carers Groups
- User Groups
- Trade Unions/Employee Representatives
- Voluntary organisations
- Local Medical, Dental, Ophthalmic and Pharmaceutical Committees
- Newspapers and Radio covering the area

The summary leaflet is being distributed to:

- GPs, dentists, pharmacists and opticians in Cumbria and Lancashire
- NHS and Social Services staff in Cumbria and Lancashire

Copies of the document and summary leaflet can be viewed at:

Website address: www.doh.gov.uk/shiftingthebalance/haconsultation

Printed copies of the consultation document and/or summary leaflet are available from:

North West NHS Regional Office of the Department of Health
930-932 Birchwood Boulevard
Millennium Park
Birchwood
Warrington
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1. Summary: Shifting the balance of power in the NHS

The NHS Plan sets out a long-term plan for reform and performance improvement within the NHS to ensure that it provides fast and responsive services within a national framework that ensures national standards are consistently at a high level of quality.

Delivering the NHS Plan will involve new ways of working across the service. There needs to be a more equal relationship between the NHS and patients. Patients must be better informed and more in control of their care. New approaches to the delivery of care will be needed to speed up treatment and increase responsiveness. And new approaches to tackle the traditional demarcations between different professional groups and services will pave the way for innovative ways of ensuring better health care, which better meet patient's needs.

The improvements to services can only be delivered by frontline staff working with patients and the public – reform must come from within the NHS. The reforms will be achieved by empowering frontline staff, empowering patients and changing the culture and structure of the NHS to achieve this.

The organisational changes proposed to support this include:

- Developing Primary Care Trusts (PCTs) to fulfil their potential and take on increased responsibilities;
- Creating fewer, larger and more strategic Health Authorities;
- Refocusing the Department of Health on doing only those things, which only it can do.

The intention is that, subject to Parliamentary approval, the main responsibilities of these organisations within the NHS will be:

- **PCTs** will become the lead NHS organisation in assessing health need, planning and securing all health services and improving health. PCTs will provide most community services and lead on the development of all primary care services. PCTs will forge new partnerships with local communities and lead the NHS contribution to joint work with local government and other partners.

- **NHS Trusts** will continue to provide most secondary care and specialist services, working within delivery agreements with PCTs. NHS Trusts will be expected to devolve greater responsibility to clinical teams and to foster and encourage the growth of clinical networks across NHS organisations. High performing NHS Trusts will earn greater freedoms and autonomy in recognition of their achievements.

- **Strategic Health Authorities** will lead the strategic development of the local health service and performance manage PCTs and NHS Trusts. It is envisaged that about 30 Strategic Health Authorities will replace the existing 95 Health Authorities. A map detailing existing Health Authority boundaries and the proposed boundaries for 28 Strategic Health Authorities is attached at Appendices 1 and 2.

- The **Department of Health** will change the way it relates to the NHS, focusing on supporting the delivery of the NHS Plan. The Department of Health NHS Regional Offices will be abolished and four new Regional Directors of Health and Social Care will oversee the development of the NHS and provide the link between NHS organisations and the central Department.

These new organisations will need to shift the balance of power to patients and the public. They will be more involved in the NHS, as the NHS moves towards a model of increased partnership, with patients and the public having their say in how services are designed, developed and delivered. Patient Advocacy and Liaison Services will be established in every NHS Trust and PCT to provide more support to patients. It is also intended to bring forward legislation to establish Patients' Forums in every NHS Trust and PCT to provide new ways for the public to influence decision making in the NHS.

The new organisations will need to shift the balance of power to the people working within the NHS. It is essential that this reorganisation is carried out in a way that retains the talents of staff and matches people to the key challenges facing the NHS. The process must also be completed quickly, providing staff with as much security as possible and enabling them to concentrate on the service delivery agenda.

As part of the process of change, this document describes the proposals to create, and the proposed boundaries for, the new Health Authority for Cumbria and Lancashire. The intention is that in April 2002, East Lancashire, Morecambe Bay, North Cumbria, North West Lancashire and South Lancashire Health Authorities will be abolished and replaced by a single new Health Authority for Cumbria and Lancashire. This larger Health Authority would then take on the

role of a Strategic Health Authority once the necessary changes to the roles of Health Authorities and PCTs have been approved by Parliament. The document details the implications for staff, local people, the NHS and partner organisations.

We welcome your comments

We welcome comments on the proposed boundaries of a Cumbria and Lancashire Strategic Health Authority. Details of how to comment are included at the front of the document.

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

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2. The NHS in Cumbria and Lancashire: Now and in the Future

This document is focused on the proposal to create a new Health Authority for Cumbria and Lancashire which it is envisaged will in due course become a Strategic Health Authority. It is important to see this change in the context of the overall NHS in the area. This section describes the current NHS organisations in that area, and how they will be affected by the proposal to create a Strategic Health Authority as set out in this document, and by other organisational changes to support the delivery of the NHS Plan. More detail on the role and functions of each of these organisations is available in the document *Shifting the Balance of Power within the NHS – Securing Delivery (DH, 2001)* available at: www.doh.gov.uk/shiftingthebalance, or Department of Health Publications, PO Box 777, London SE1 6XH.

Primary Care Trusts (PCTs)

The Cumbria and Lancashire area currently contains seven PCTs with consultation taking place on the creation of a further six, to be established in April 2002.

Details of the current and proposed PCTs are set out in the table below:

PCT	Population '000	Budget £'000
Blackburn with Darwen	161	107,000
Carlisle and District	116	81,000
Chorley and South Ribble	206	130,000
Eden Valley	70	58,000
Morecambe Bay	312	200,000
West Cumbria	137	101,000
West Lancashire	110	64,000
PCG		
Blackpool	151	138,500
Fylde	69	58,000
Preston	145	113,100
Wyre	122	99,100
Hyndburn & Ribble Valley	127	86,000
Burnley, Pendle & Rossendale	250	208,000

PCTs are the most local NHS organisations and are led by clinicians and local people. Devolving power and increased responsibility to PCTs lies at the heart of the proposals. It is intended that PCTs will be the cornerstone of the local NHS. Devolving power and responsibility to PCTs offers real opportunities to engage local communities in the decisions that effect their local health services. PCTs will also be expected to ensure that more power is available for frontline staff.

The proposed new role and functions of a PCT are described below.

- **Improving the Health of the Community**

  PCTs will be responsible for assessing the health needs of their local community and preparing plans for health improvement, which recognise the diversity of local needs. PCTs will be the lead NHS organisations for partnership working with local authorities and other partners to improve the health of local communities and to deliver wider objectives for social and

economic regeneration. PCTs will work as part of Local Strategic Partnerships to ensure co-ordination of planning and community engagement, integration of service delivery and input to the wider government agenda including Modernising Local Government, Sure Start, Community Safety Partnerships, Quality Protects, Youth Offending Teams and Regeneration Initiatives.

- **Securing the Provision of Services**

Subject to Parliamentary approval, it is intended that in future, PCTs will take responsibility for securing the provision of the full range of services for their local populations, as Strategic Health Authorities step back from a hands on commissioning role, and will tailor services to local need. To achieve this they will need to fully engage frontline staff, local communities and partners. To support this process, as outlined in *Shifting the Balance of Power,* we would intend that revenue allocations would be made directly to PCTs.

Under the proposals, PCTs would take on responsibility for all family health service practitioners. This would allow for a coherent view of the development of all NHS services in the area. PCTs would have responsibility for the management, development and integration of all primary care services (medical, dental, pharmaceutical and optical).

- **Integrating Health and Social Care**

PCTs working with local authorities will improve services for patients and clients by the integration of health and social care through the use of: the Health Act (1999) flexibilities; the Health and Social Care Act (2001); and the use of the well-being power in the Local Government Act (2000).

Where local partners agree, Care Trusts will be important vehicles for modernising both social and health care, developing integrated services that are focused on the needs of patients and users.

NHS Trusts

The table below sets out the current NHS Trusts that largely serve Cumbria and Lancashire

Trust	Service Type
Blackburn NHS Trust	Acute
Blackpool Victoria Hospital NHS Trust*	Acute
Blackpool, Wyre & Fylde Community Health Services NHS Trust*	Community & Mental Health and Learning Disabilities
Burnley Health Care NHS Trust	Acute & Community
Calderstones NHS Trust	Learning Disabilities
Chorley & South Ribble NHS Trust	Mental Health, Acute & Community
Communicare NHS Trust*	Community
Cumbria Ambulance Service NHS Trust	Ambulance
Guild Community Healthcare NHS Trust*	Community & Mental Health and Learning Disabilities
Lancashire Ambulance Service NHS Trust	Ambulance
Morecambe Bay Hospitals NHS Trust	Acute
North Cumbria Acute Hospitals NHS Trust	Acute
North Cumbria Mental Health & Learning Disabilities NHS Trust	Mental Health & Learning Disabilities
North Sefton & West Lancashire NHS Trust*	Community & Mental Health & Learning Disabilities
Preston Acute Hospital NHS Trust	Acute

*these NHS Trusts will be dissolved if proposals are approved as outlined below:

1. Primary Care Trusts in April 2002

2. Consultation is under way on the establishment of a single Mental Health Trust for the County of Lancashire, but excluding Lancaster.

3. There are plans to consult on a merger between the Blackpool Victoria Hospital and Blackpool, Wyre and Fylde Community Trusts by April 2002. Details of these proposals are available from the North West Regional Office of the Department of Health.

The Chorley and South Ribble and Preston Acute Trust already have a shared management team and a single organisation structure.

The Blackburn, Hyndburn and Ribble Valley and Burnley Health Care Trusts are working more closely together with a view to consultation in 2002/2003 on the creation of a single East Lancashire Acute Trust on 1 April 2003.

NHS Trusts will continue to provide services, working within delivery agreements with PCTs. NHS Trusts will be expected to devolve greater responsibility to clinical teams and to foster and encourage the growth of clinical networks across NHS organisations. High performing NHS Trusts will earn greater freedoms and autonomy in recognition of their achievements.

The Current Health Authorities and the Proposed Strategic Health Authorities

There are currently 95 Health Authorities in England. Health Authorities are statutory organisations, currently accountable to local people, as well as to the Secretary of State for Health through the NHS Regional Offices of the Department of Health.

The role of Health Authorities currently is to:

- **Assess the health needs** of the local population;
- **Work in partnership** with local authorities, NHS organisations, the voluntary sector and other partners to develop plans to meet those needs and to improve health and reduce health inequalities;
- **Commission hospital, community and mental health services**, mostly from NHS Trusts;
- **Develop and commission primary health care services** from GPs, dentists, pharmacists and opticians;
- **Manage the performance of the local health system** to ensure national targets for the NHS are met;
- **Support the establishment of PCTs**, and their further development, and hold them to account. Health Authorities have already begun to devolve many of their functions to PCTs and this is set to continue as PCTs develop the capacity to take on their additional responsibilities.

The proposed Strategic Health Authorities will be new organisations, different in function and style from the existing Health Authorities. Under the proposals, PCTs will take on responsibility for most of the current functions of Health Authorities allowing for the formation of fewer, larger Strategic Health Authorities. This document is part of a consultation process that is taking place across the country on proposals to reduce the existing number of Health Authorities to 29 from 1 April 2002. It is intended that these bodies will then become Strategic Health Authorities once Parliament has passed legislation to change the balance of functions between Health Authorities and PCTs.

The proposed main responsibilities of Strategic Health Authorities will be:

- **Creating a coherent strategic framework**

  Strategic Health Authorities will be charged with creating a coherent strategic framework for the development of services across the full range of local NHS organisations. Strategic Health Authorities will carry out these roles in consultation with stakeholders balancing the needs and concerns of local people. Working in this way is an important step towards developing a genuine partnership between the NHS and the people who use it.

  As part of creating a strategic framework Strategic Health Authorities will have responsibility for ensuring strong and coherent professional leadership and the involvement of all professional groups.

  Strategic Health Authorities will develop and support the delivery of cohesive strategies for capital investment, information management and (working with the new Workforce Development Confederations) the development of the workforce.

- **Performance Management of local NHS organisations**

  The Strategic Health Authority will take over performance management of local NHS Trusts and PCTs, both of which will be accountable to the Strategic Health Authority. Strategic Health Authorities will manage performance across organisational boundaries and networks to secure the best possible improvements for patients. Strategic Health Authorities will lead on the creation and development of public health networks, which will help to ensure sound clinical performance and that adequate arrangements for patient safety are in place.

Where conflicts occur between local NHS bodies or problems arise that threaten the delivery of objectives the Strategic Health Authority will intervene and broker solutions as necessary.

- **Supporting improvement**

Strategic Health Authorities will support the improvement of the NHS by working with local PCTs and NHS Trusts to enhance the involvement of patients, the public and health and social care professions in developing services. Strategic Health Authorities will also support the implementation of clinical governance programmes to improve the quality and consistency of care and through the development of clinical networks across organisations.

The Strategic Health Authority will work with the Modernisation Agency, Commission for Health Improvement, National Clinical Assessment Authority and other bodies to ensure local PCTs and NHS Trusts are equipped to meet national standards and improve performance.

The current NHS Regional Offices of the Department of Health and the new Regional Directors of Health and Social Care

As responsibility is devolved to the frontline the Department of Health will change the way it works and its relationship with the NHS.

The Department of Health is reorganising to create a stronger focus on delivery of the NHS Plan. By 2003, there will be substantial changes to the way the Department relates to the NHS and in particular its regional focus. The existing 8 NHS Regional Offices of the Department of Health will be abolished. Four new Regional Directors of Health and Social Care have responsibility for: overseeing the development of the NHS and Social Care; assessing performance of the NHS and social care; managing the appointment, development and succession planning of senior management staff; and supporting Ministers and troubleshooting.

The Cumbria and Lancashire Health Authority will be in the area covered by the Regional Director of Health and Social Care for the North of England, an area covering the Northern and Yorkshire, North West and parts of Trent NHS Regions.

3. The Proposal for a New Health Authority for Cumbria and Lancashire

This section of the document describes the proposal for a new Health Authority for Cumbria and Lancashire which it is envisaged will in due course become a Strategic Health Authority. The proposed boundaries of this new organisation are the subject of this consultation process.

Options Considered for the Boundaries of Strategic Health Authorities

The Government has established the following criteria for the establishment of proposed Strategic Health Authorities:

- Strategic Health Authorities should serve populations of about 1.5 million on average.
- Strategic Health Authorities should be broadly aligned with clinical networks.
- Strategic Health Authorities should 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 the proposed new Strategic Health Authorities. Please note that the expression "Clinical Network" in the following section refers to the primary and secondary care provision for each population. For residents of Cumbria and Lancashire, highly specialist (tertiary) services are mainly provided in one of 5 centres, Greater Manchester; Merseyside (especially for West Lancashire residents); Preston; and Middlesborough/Newcastle (especially for North Cumbria residents).

Status Quo

The Secretary of State has decided to reduce the number of Health Authorities from 95 to about 30 and, as this document explains, to change radically their function. The population of each of the current Health Authorities is indicated below:

Health Authority	Population
East Lancashire	509,000
Morecambe Bay	312,000
North Cumbria	320,000
North West Lancashire	466,000
South Lancashire	312,000

This option would provide population in each case very substantially below the suggested figure of 1.5 million.

In the case of North West Lancashire and South Lancashire, they would not be broadly aligned with clinical networks.

They would cut across the boundaries of both Cumbria County Council and Lancashire County Council.

Option 2

This would provide 2 Health Authorities, one for the current Morecambe Bay, North Cumbria and North West Lancashire (excluding Preston), with a population of 958,000, and the second for the current East Lancashire and South Lancashire with the addition of Preston, with a population of 951,000. In this option each of the populations is approximately two thirds of the suggested target and although they are broadly aligned with clinical networks, the boundaries of the 2 County Councils are once again crossed.

Option 3

This would create a new Strategic Health Authority consisting of the present East Lancashire, North West Lancashire and South Lancashire with a population of 1,275,000, and a second authority from the existing Morecambe Bay and North Cumbria with a population of 625,000. That second population figure is very substantially below the target of 1.5 million, and, although there would be broad alignment with clinical networks, the boundaries of the 2 County Councils would once again be crossed.

Option 4

One authority would consist of the present East Lancashire, Morecambe Bay and North Cumbria with a population of 1.14 million, and the second, North West Lancashire with South Lancashire giving a population of 776,000. Exactly the same observations apply as under option 3.

Option 5

In this option, the existing Morecambe Bay Health Authority less Lancaster, together with the existing North Cumbria would give a new authority with a population of 493,000, and the remaining authorities, i.e., East Lancashire, Morecambe Bay (less Barrow and South Lakeland) together with North West Lancashire and South Lancashire with a population of 1.407 million. Once again the population of one of the projected authorities is very significantly below the target, and although this is the only option thus far which is coterminous with an aggregate of Local Authorities, neither of these authorities would be broadly aligned with clinical networks.

Option 6

This option would establish a single new Strategic Health Authority for the whole of Cumbria and Lancashire. It would have a total population of 1.9 million, which is somewhat above the 1.5 million target, but it includes within it all clinical networks within the 2 counties, and is coterminous with an aggregate of Local Authorities. It also reflects the organisational structure of the Government Office North West, which relates to the geographical area of the 2 counties of Cumbria and Lancashire.

The Preferred Option

As this analysis indicates, the preferred option of a Strategic Health Authority for Cumbria and Lancashire matches most clearly the criteria set out earlier in this document and is, therefore, the preferred configuration.

As a result of these considerations, a preferred configuration within the region was identified, with Strategic Health Authorities covering Greater Manchester, Cheshire and Merseyside and the Cumbria and Lancashire proposal that is the subject of this consultation document.

Implications of the Preferred Option

The preferred option should be viewed in the expectation that the PCTs, other NHS Trusts and their partners in each health economy will act as the main driving force for local reform and modernisation of the NHS.

Each of the options (1) to (5) above is less appropriate for the role of a new Strategic Health Authority in this area than is Option (6). In particular, the linkage to other key NHS organisations and the fact that Cumbria and

Lancashire is appropriate for the planning and delivery of a wide range of specialist services.

Implications for patients and local people

Patients and local people would benefit from the changes as follows:

- greater control over local services;
- developing models of partnership which give local people more say in how local services are designed and delivered;
- Shifting the Balance of Power towards frontline staff and organisations such as PCTs who are best placed to understand the needs of patients, and have the skills and knowledge to develop innovative services to meet those needs;
- a shift in the balance towards local communities so that they reconnect with their services and have real influence over their development;
- developing a patient centred service where patients are seen as active partners in their care;
- Strategic Health Authorities will manage performance across organisational boundaries and networks to secure the best possible improvements for patients;
- PCTs will ensure the involvement of patients, public, voluntary sector and local communities in plans for improving health and well being and the redesign, delivery and modernisation of services.

Implications for staff

These proposals represent very significant change for the staff working for the current Health Authorities, PCTs, and the NHS Regional Offices of the Department of Health. The Department of Health has published its approach to supporting people through this change in *Shifting the Balance of Power: Securing Delivery – Human Resources Framework (DH, 2001)* available from www.doh.gov.uk/shiftingthebalance, or Department of Health Publications, PO Box 777, London, SE1 6XH, Fax 01623 724 524

This approach seeks to be fair and transparent and aims to match individuals with new opportunities, thereby retaining their skills, experience and commitment within this new structure.

The leaders of the proposed new Strategic Health Authorities will be appointed through a NHS franchising approach that will deliver the best people to take these key jobs, and encourage innovative approaches to the management of these new organisations.

The overall approach for all other appointments will be to:

- Identify and transfer people to the new organisations where their particular role or function is transferring;
- Transfer all other affected permanent NHS staff to the enlarged Health Authorities in April 2002 on a temporary basis for up to 12 months whilst their future arrangements are secured;
- Maintain the employment of all other permanent Regional Office staff until April 2003 at the earliest whilst their future arrangements are secured;
- Make appointments to specific posts in the new structures through giving prior consideration to existing staff;
- Support these arrangements with regional and local clearing houses that will help staff find suitable employment.

The HR framework provides further detail on these issues for staff.

Implications for NHS organisations in the Cumbria and Lancashire Area

The proposals do not involve changes to service provision. The location and range of services for patients through primary, community or hospital care will not be affected. However, the new larger Health Authority would be better able to bring about improvement through:

(a) Leading the development of integrated services by the establishment of Managed Clinical Networks and the implementation of National Service Frameworks.

(b) Ensuring consistency of quality and equity of service provision through performance management, the spread of good practice and application of ideas from the NHS Plan and Local Modernisation Teams.

(c) Continuing the policy established by four of the Health Authorities of developing specialist services to be delivered to local people by providing facilities and expertise within the Lancashire and South Cumbria area, thus

reducing the need for travelling for patients and their relatives. This is particularly important because of the distances involved.

(d) In both North Cumbria and West Lancashire there are well established clinical links to specialist services outside Cumbria and Lancashire. There are significant patient flows to both the North East and to Merseyside. They reflect geographical factors as well as clinical relationships and therefore are not directly affected by organisational changes to Health Authority boundaries.

It is also well recognised that for parts of the area, especially in West Lancashire, the eastern part of East Lancashire and the area bordering the Greater Manchester and Merseyside conurbations, it is appropriate for patients to be referred to services in those locations and those arrangements will continue.

Implications for partner organisation in the Cumbria and Lancashire Area

The role of the NHS as a whole, and of Health Authorities in particular, in helping to promote health, reduce inequalities and deprivation, and to play its part across the whole social agenda is a crucial aspect of the role of the new organisation.

The new Health Authority will retain overall responsibility for, and monitor the effectiveness of, all such partnerships.

Local Authorities

The key relationship for improving health and reducing inequalities is between the NHS and Local Government. Cumbria and Lancashire has a large number of Local Authorities and they fall into three categories:

County Councils (2)	Cumbria Lancashire
Unitary Authorities (2)	Blackburn with Darwen Blackpool
District Councils (18)	Allerdale District Council Barrow Borough Council Burnley District Council Carlisle District Council Chorley Borough Council Copeland District Council Eden District Council

Fylde Borough Council
Hyndburn District Council
Lancaster City Council
Pendle District Council
Preston Borough Council
Ribble Valley District Council
Rossendale District Council
South Lakeland District Council
South Ribble Borough Council
West Lancashire District Council
Wyre Borough Council

Relationships at District Level

In accordance with the principle that local communities are the key to effective joint working, the Primary Care Trusts are to be the principal partners and, therefore, lead NHS organisations with the District Councils and Unitary Authorities in, for example, Local Strategic Partnerships, Community Safety including Crime and Disorder and other aspects of community regeneration, such as Sure Start programmes.

The Primary Care Trusts will reflect very largely Unitary and District Council boundaries. The most complex such relationship is one Primary Care Trust to three District Councils but in seven cases the relationship is likely to be one Primary Care Trust to one Local Authority.

Relationships at County Level

One of the features of Cumbria and Lancashire is that there is a number of organisations operating on the basis of the area of each of the two County Councils and two Unitary Authorities. Many are key partners of the NHS as a whole and for the new Health Authority. They include:

Blackburn with Darwen:	especially for Social Services,
Blackpool:	Education, Youth Justice, Drug
Cumbria County Council	Action Team
Lancashire County Council:	
Cumbria Constabulary	especially for Crime and Disorder,
Lancashire Constabulary:	Drug Action Team, Community
Safety	

University of Central Lancashire: University of Lancaster:	especially for Workforce Development, lifelong learning
Cumbria Learning and Skills Council: Lancashire Learning and Skills Council:	especially for further aspects of education and life-long learning
Cumbria Probation Service: Lancashire Probation Service:	Youth Justice, Drug Action Team, Crime and Disorder, Community Safety

Many of these organisations operate a policy of delegation of decision making to levels below the County, allied to clear accountability and performance management. Examples include the Lancashire Constabulary and the County Council Social Services Department. This approach would be matched by the policy of empowering Primary Care Trusts, singly or in groups, to carry out the widest possible range of functions for their local community or health economy but within a clear performance and accountability framework.

The new Health Authority would hold detailed discussions with all relevant partner agencies to align boundaries wherever possible in order to simplify relationships.

The major emergency services, i.e. Fire and Rescue and the NHS Ambulance Trusts also operate on the basis of the boundaries of the two County Councils.

In addition to these statutory bodies, there are two further important sets of partners. Firstly, Cumbria and Lancashire contains a wide variety of voluntary organisations and community groups. Some are very local, some part of national bodies. The appropriate level of partnership will almost always be with the relevant Primary Care Trust, but again the Health Authority can serve to spread good practice and identify opportunities for local service improvement.

In North Cumbria there is also a Health Action Zone Partnership, representative of a wide range of organisations and with an agreed and funded programme for health improvement.

Secondly, in both East and West Lancashire there are Economic Partnerships which bring together a wide range of parties from all sectors. The East Lancashire Partnership is long established – both have Health Authority representatives as members. The NHS responsibility for lead membership would lie with the new Health Authority, joined by a representative of the relevant Primary Care Trusts.

Other Governmental Relationships

The North West Regional Assembly and Development Agency are playing an increasing role in providing a region-wide focal point for development and regeneration. Aims and priorities for the Assembly and Development Agency include:

- To further the economic development and regeneration of the North West
- To promote business efficiency, investment and competitiveness
- To promote employment, enhance and develop skills
- To contribute to sustainable development

There is a strong link between these aims and the improvement of the population's health. It is important that the NHS plays an influential role alongside these organisations. A single Health Authority for the whole of Cumbria and Lancashire should streamline current arrangements in this respect.

Financial Implications

The Government made a commitment in its Election Manifesto to secure £100m of savings from the implementation of Shifting the Balance of Power. These savings are earmarked for reinvestment in front-line services and in particular in the Government's commitment to provide childcare facilities for NHS staff by 2004. National and Regional Plans are being drawn up to identify savings that can be secured from implementation of Shifting the Balance of Power. These will be finalised as part of the implementation plan over the next six months. As far as possible, plans will focus on savings from infrastructure costs as well as optimising opportunities for sharing of services and pooling of functions. This will be set against the need to retain key skills, experience and commitment within the new organisational structures.

Timetable

It is proposed that the new and enlarged Health Authorities start work in April 2002 with a view to their becoming Strategic Health Authorities once Parliament has passed legislation changing the balance of functions between Health Authorities and PCTs. The consultation on the new boundaries for Health Authorities will take place on a nation-wide basis for twelve weeks, which is in line with Cabinet Office consultation requirements, and will end on 30 November 2001.

Comments on the proposals should reach us by on or before this date. We guarantee that comments received on or before this date will be included in the consultation process. Details of how to make your views known are inside the front cover of this document.

The NHS Regional Office will analyse the responses received and make recommendations to the Secretary of State, who will decide on the boundary for each Strategic Health Authority in light of comments received during the consultation. The boundaries are expected to be agreed by December 2001.

4. Glossary

Term	Definition
Care Trusts	Care Trusts will be NHS bodies but accountable also to the local authority for certain delegated functions including personal Social Services. They will be focused on integrated services, based on either a Primary Care Trust or a NHS Trust.
Clinical networks	A network of health professionals for treating patients by sharing information and resources.
Commission for Health Improvement (CHI)	An independent body charged with identifying best practice in the NHS and encouraging others to adopt it and for highlighting where urgent improvement is required. The Commission for Health Improvement's aim is to improve the quality of patient care in the NHS.
Commissioning	The review, planning and purchasing of health and social services.
Community Health Council (CHC)	Bodies that represent local people who use health services and can give advice to the public.
Community Safety Partnerships	Community Safety Partnerships exist to create safer places for people to live, work and visit. Many different agencies are involved in the partnership to tackle problems such as anti-social behaviour, domestic violence, crime and reducing accidents and injuries.
NHS Regional Office of the Department of Health	The NHS in England is divided into eight regions for administrative purposes. The Regional Offices currently oversee the performance of Health Authorities, Primary Care Groups and Trusts, and NHS Trusts in their areas.

Term	Definition
Franchising	The appointment of Strategic Health Authority Chief Executives will be the first application of NHS Franchising. The franchising process will identify the best managers for these posts and encourage an innovative approach to NHS management. NHS Franchising will be further developed to provide a range of opportunities for first class managers to contribute to performance improvement across the NHS.
Government Office for the Regions (GOs)	Nine Government Offices established, in 1994, as local representatives of central Government Departments.
Health Authority	Provides strategic leadership in improving health and plans and monitors to ensure that services are developed in the best possible way.
Inequalities	People who are better off have better health and are less likely to die under the age of 75 from all the main diseases that kill. Improving the health and life expectancy of the less well off to reduce this gap, called health inequalities, is a priority of the Health Improvement and Modernisation Plan.
Local Strategic Partnership (LSP)	Local Strategic Partnerships (LSP) are non-statutory single bodies that operate at a level, which enables strategic decisions to be taken. LSPs bring together at a local level the different parts of the public sector, as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together.
Modernisation Agency	The Modernisation Agency was set up to support health and social care organisations in their efforts to deliver improvements to their services. It helps identify some of the best performing organisations, rewarding them with more power to make decisions at a local level. It also intervenes when services are poor or failing - helping to get these organisations back on track.

Term	Definition
National Clinical Assessment Authority (NCAA)	Looks at concerns about performance, how these concerns can be assessed, and give advice on how they should be addressed.
NHS Plan	A Plan for investment in the NHS with sustained increases in funding and for reform with far reaching changes across the NHS. The purpose and vision of this NHS Plan is to give the people of Britain a health service fit for the 21st century: a health service designed around the patient. (Published July 2000)
NHS Trust	Providers of health services such as hospital and community services to NHS patients.
Primary Care	The part of the NHS where GPs, community nurses and other clinicians work to provide a first point of contact for patients.
Primary Care Group (PCG)	Family doctors, primary care teams and community nurses working together to improve the health of local people. They develop primary care and arrange hospital and community services for their patients as a sub-committee of the current Health Authority.
Primary Care Trusts (PCTs)	A new locally managed free-standing NHS organisation, responsible for improving health, commissioning and delivering health care for local residents.
Quality Protects	Quality Protects is part of the Government's wider strategy for tackling social exclusion. It works with vulnerable and disadvantaged children such as those looked after by councils, in the child protection system, and other children in need.
Regional Director of Health and Social Care	Will oversee the development of local services, and provide the link between the NHS and the Department of Health.
Secondary Care	Local services of a more specialist nature usually provided within acute hospital settings.

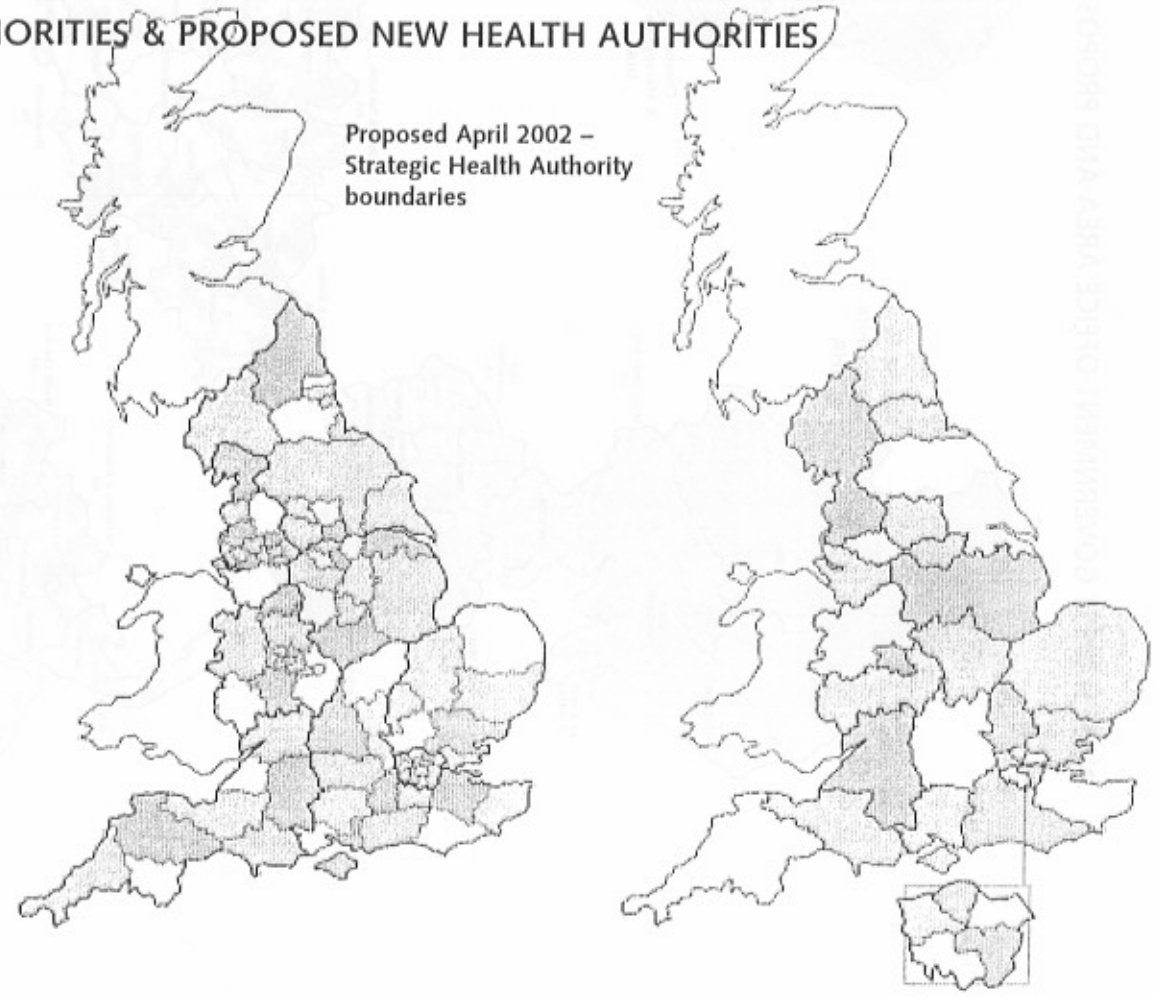
Term	Definition
Shifting the Balance of Power	Generic term for reforms and performance improvement of the NHS arising from the NHS Plan. The term was coined by Secretary of State for Health in his speech at the launch of the Modernisation Agency on 25 April 2001.
Stakeholder	Any individual or organisation with an interest in health. health policies and decision-making.
Statutory organisation	One set up as required by an Act of Parliament or other legislative body.
Strategic Health Authority	Proposed to be the bridge between the Department of Health and local NHS services, and provide strategic leadership to ensure the delivery of improvements in health, well being and health services locally.
Sure Start	Part of the Government's drive to eradicate child poverty in 20 years and to halve it in 2010. It aims to improve the health and well being of families and children before and from birth, so children are ready to flourish when they go to school. There are currently 128 local Sure Start schemes. The number is expected to rise to 250 by April 2002 and 500 by April 2004.
Tertiary Services	Care of highly specialist nature typically provided in hospital centres (often non local).
Voluntary organisation	One set up by members of a community by their own choice.It usually relies on unpaid workers as volunteers and is often registered as a charity.
Well-being	This is the quality of life, opportunity, and health of local communities.
Workforce Development Confederations	Will take the lead on developing integrated plans for healthcare communities based on future skills and competency requirements, making links between health and social care organisations.
Youth Offending Teams (YOTs)	Youth offending teams are multi-agency teams responsible for providing or co-ordinating a range of youth justice services for offenders aged 10–17.

APPENDIX 1:

BOUNDARY COMPARISONS:
EXISTING HEALTH AUTHORITIES & PROPOSED NEW HEALTH AUTHORITIES

April 2001 – Existing Health Authority boundaries

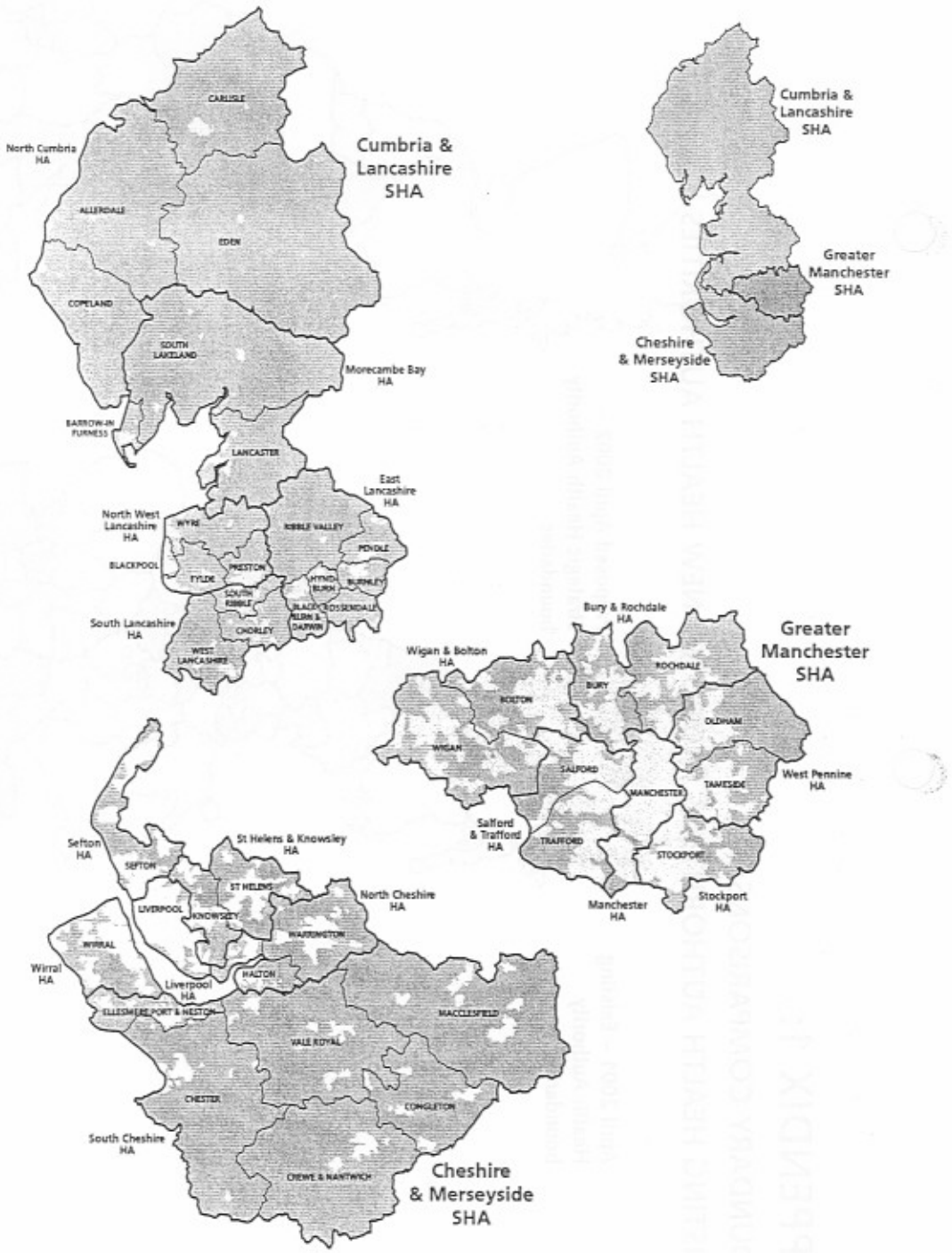
Proposed April 2002 – Strategic Health Authority boundaries



The above maps illustrate the existing Health Authority boundaries for England at April 2001, and the proposed Strategic Health Authority boundaries which would come into effect April 2002.
(maps not to scale).

APPENDIX 2:

NORTH WEST GOVERNMENT OFFICE AREA AND PROPOSED SHAs



APPENDIX 3:

The Consultation Criteria from the Cabinet Office's Code of Practice on Written Consultation

Cabinet Office guidelines on consultation, intended to make written consultations more effective, requires the criteria below to be followed when all UK government departments and agencies conduct any public consultation.

This consultation on Strategic Health Authority boundaries fulfils the following guidelines:

1. Timing of consultation should be built into the planning process for a policy (including legislation) or service from the start, so that it has the best prospect of improving the proposals concerned, and so that sufficient time is left for it at each stage.

2. It should be clear who is being consulted, about what questions, in what timescale and for what purpose.

3. A consultation document should be as simple and concise as possible. It should include a summary, in two pages at most, of the main questions it seeks views on. It should make it as easy as possible for readers to respond, make contact or complain.

4. Documents should be made widely available, with the fullest use of electronic means (though not to the exclusion of others), and effectively drawn to the attention of all interested groups and individuals.

5. Sufficient time should be allowed for considered responses from all groups with an interest. Twelve weeks should be the standard minimum period for a consultation.

6. Responses should be carefully and open-mindedly analysed, and the results made widely available, with an account of the views expressed, and reason for decisions finally taken.

7. Departments should monitor and evaluate consultations, designating a consultation co-ordinator who will ensure the lessons are disseminated.