
REPORT TO:	Overview & Scrutiny Committee	AGENDA ITEM: 8
DATE OF MEETING:	24 October 2007	CATEGORY: DELEGATED
REPORT FROM:	Deputy Chief Executive	OPEN:
MEMBERS' CONTACT POINT:	John Porter (01283) 595780	DOC:
SUBJECT:	Briefing Note - Derbyshire County Primary Care Trust	REF:
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE:

1.0 Purpose of Report

1.1 The purpose of this report is to provide Members with some background information regarding the newly established Derbyshire County Primary Care Trust (PCT)

2.0 Detail

Context

- 2.1 At the previous meeting of this Committee on the 12th September 2007, (Minute Ref: OS/27), it was agreed to establish the current position of the PCT.
- 2.2 Prior to 1st October 2006, national health services for South Derbyshire residents were provided by Derbyshire Dales & South Derbyshire PCT. However, residents living around the southeastern fringes of Derby and the Melbourne area received their health service provision from the Derby & Greater Derby PCT.
- 2.3 Following the merger of the six former PCTs across the county and the two former PCTs in the City, two new PCTs have been established. The Derbyshire County PCT provides health services for most of the residents in the district, while those residents previously served by the Derby & Greater Derby PCT will receive their health services from Derby City PCT. Despite this merger the area covered by the new PCTs are not congruous with the district council's geographic boundary.

The Role of the PCT

- 2.4 The PCT is responsible for securing health services by commissioning (buying) and direct provision. In practical terms this means:
- Working out what services are needed to help improve local people's health;
 - Providing some community services such as health promotion, community and children's specialist services; and,
 - Commissioning services from other organisations e.g. GPs and hospitals.
- 2.5 The PCT's main responsibilities are to:
- Improve the health of the local population;
 - Provide community services, which means working with doctors, opticians and dentists;
 - Buy services from other providers; and,
 - Work closely with social services.
- 2.6 The PCT also offers a wide range of community health care, such as health visiting, school nursing, district nursing and community services for people with learning disabilities, as well as a range of therapies, such as physiotherapy, occupational therapy and speech and language therapy. These services are directly provided through Community and Specialist Health services and community hospitals.
- 2.7 The PCT also works closely with the local authorities and other organisations to provide better-integrated services and promoting good health throughout the community. This work is wide-ranging including participation with the Local Strategic Partnerships and input into the Derbyshire Drug Action Teams.

Derbyshire County PCT Strategy 2007-2009

- 2.8 As mentioned previously in paragraph 2.3, most of the health service provision for South Derbyshire residents will be provided by the Derbyshire County PCT. Therefore, the focus of this report is to provide some background information on the Derbyshire County PCT.
- 2.9 The PCT have published a Strategy on how it will go about its business over the next two years, up to April 2009. (A copy can be found attached at Appendix A)
- 2.10 The Strategy explains the challenges facing the health of the Derbyshire population and how the PCT will go about tackling those challenges through the commissioning of services, the development of their organisation and managing the performance of healthcare providers.

- 2.11 The Strategy is set out in three parts:
- Introduction
 - Part 1: Commissioning; and
 - Part 2: PCT Managed Services

Introduction

- 2.12 There are 6 sections within the "Introduction" providing details on:
- The role of the PCT;
 - How the PCT will work;
 - Governance;
 - Challenges;
 - Solutions;
 - Ensuring success; and,
 - How the PCT will use the strategy.

Part 1: Commissioning

- 2.13 This part of the strategy identifies how the PCT will achieve the best possible health outcomes for the people of Derbyshire through the services it contracts for, with a range of providers. As a result, this part of the Strategy is sub-divided into the following elements:
- How commissioning can help;
 - Supporting the commissioning function;
 - Responsive and innovative commissioning;
 - PCTs approach to secondary and tertiary commissioning;
 - PCTs approach to independent contractors;
 - PCTs approach to commissioning quality services;
 - Supporting the commissioning function;
 - Organisational Development;
 - Working in Partnership;
 - Meeting targets; and,
 - Listening to the People of Derbyshire.

Part 2: PCT Managed Services

- 2.14 Since the PCT is a statutory organisation, it is legally accountable for the services it directly manages. As such the PCT Board must have a direct influence over the management of these services and have systems in place to ensure that they are delivered safely and effectively. Therefore, this section the Strategy contains details on the following:
- Governance arrangements;
 - Profile of the PCTs services;
 - Looking to the future
 - Choosing the right organisational model;
 - Developing the PCTs organisational development programme; and
 - Ensuring high quality services.

Health Scrutiny Arrangements

- 2.15 The scrutiny of health is the responsibility of Derbyshire County Council under the Social Care Act 2001. The County Council discharges these responsibilities through the 'Healthier Communities' Improvement and Scrutiny Committee, undertaking both 'themed reviews' and scrutiny of 'substantial variation of service.'
- 2.16 The National Health Service bodies have a duty to respond to scrutiny recommendations and the Overview & Scrutiny Committees have the power to refer NHS organisations to the Secretary of State or Monitor (the regulatory body for NHS Foundation Trust.)

Local Government & Public Involvement in Health Bill

- 2.17 Clauses in the Local Government & Public Involvement Bill, which is currently before Parliament, relate to reforming the current arrangements for patient and public involvement (PPI) in the provision of health and social services. The Bill aims to:
- Abolish the Commission for Patient and Public in Health and patient forums
 - Create local involvement networks (LINKs). There will be fewer LINKs, one per local authority, than there are currently PPI forums. These LINKs will inform local authority O&S Committees on their local populations views on health and social care services; and
 - Give stronger and more wide ranging powers to local authorities O&S Committees
- 2.18 The Local Government and Public Health Bill has recently had its 'second reading.' The likely timetable for legislation, regulations, guidance and implementation is through 2007 - 2009

3.0 Financial Implications

- 3.1 None arising from this report.