



AI 8

**Sheffield First Health and Well-being Partnership
Front Page Summary Sheet**

Presentation/Paper Title	Ensuring A Patient Led NHS Consultation
Presenter/Author	Andy Buck/Roz Davies
Date of SFHW Meeting	20 March 06
Lead Partnership	SFHW
Purpose of Paper	Sheffield First Response to Consultation
Key Decisions for SFHW	1. To agree this paper as the formal response from SF to the Ensuring a Patient Led NHS consultation
Related Objective/Priority of the Health and Well-being 2010 Strategy	
N/A although contributes directly or indirectly to all objectives and priorities	
(Up to) Five Key Points of Paper	
<ul style="list-style-type: none"> ▪ SF endorses the move to make PCT's coterminous with the Local Authority administrative boundaries although offers recommendations and views on a number of areas ▪ Need to ensure that the future PCT further develops the good practice established through the building of community/neighbourhood based relationships. 	
How does this work support the reduction of health inequalities?	
The PCT/s play a leading role in driving the partnership approach to reducing health inequalities.	
Other Key Points to Note:	



Ensuring A Patient Led NHS Consultation

A response to the consultation from Sheffield First led by Sheffield First Health and Well-being Partnership

Introduction

This response has been collated following a process involving the whole Sheffield First family (see Appendix One for process). The response represents a Sheffield First Partnership view and was led by the Sheffield First Health and Well-being Partnership.

Key Points

1. The Sheffield First Partnership endorses the general principles of the proposed changes, i.e. NHS organisational boundaries to be coterminous with the local authority at a local level and the regional agencies at a regional level. Sheffield First Partnership specifically endorses the proposal to have one Sheffield Primary Care Trust whose boundaries are coterminous with Sheffield City Council.
2. It will be important to maintain the valuable community based relationships that have been built through the existing area based primary care trusts.
3. Partnership working would be strengthened through coterminous planning arrangements at a local level between PCTs and Local Authorities, and at a regional level between the Strategic Health Authorities and Government Office/Regional Development Agencies etc.
4. Improved partnership working could broaden the focus on health services towards a wider model of public health, with an emphasis on wellness rather than illness. This will provide an opportunity for improved partnership with agencies that can impact on the wider determinants of health, e.g. environment.
5. These proposals provide more opportunities to influence national agendas through local reforms and partnership working and more consideration at the city and regional level should be given to this aspect.
6. The proposals need to be tested through a sustainability appraisal including on the impact of policy and strategic decisions made through this process. There is a risk that the new arrangements will make patient access to health care in Sheffield less sustainable.
7. The SFE board identified a key challenge around transport, namely the increased movement of people around the city and the region to access health services - likely to result in increased vehicle movements and increased dependence on an efficient public transport service. The economic cost of transport related health impacts is estimated at £48m. The causal links between environment and health need to be explored in relation to access to health services and the wider model of public health care. Research on children's health and the impact of transport is being undertaken at the European level and Sheffield is one of the leading European cities to look at this. For example, the incidence of child traffic accidents is shown to be significantly higher in areas of socio-economic deprivation.
8. Need to ensure that Practice Based Commissioning results in improved engagement between GP's and local communities and that services are accessible and appropriate to the needs and aspirations of local communities.

9. The criteria, which have been used to develop the proposals, do not justify the specific target population size of Primary Care Trusts. The criteria could equally result in some PCT's which cover 80,000 to others as in Sheffield with a population of 500,000. From Sheffield's viewpoint it is co-terminosity, rather than size, which is most important when it comes to achieving our local shared health and well-being ambitions.
10. The process for 'ensuring a patient led NHS' has been poor in terms of change management and involvement of local stakeholders
11. The new Primary Care Trust must continue to build on the strong partnership approach developed in the City, particularly in public health and patient and public involvement. There is currently a strong relationship between key stakeholders including through the Sheffield First Health and Well-being Partnership and its sub boards. If Sheffield's key health challenges are to be tackled, the new Primary Care Trust must continue to support this partnership approach.
12. The Sheffield First Partnership welcomes the proposal for a joint appointment of a Director of Public Health between the PCT and the City Council. We see this as a further development of the partnership approach to public health in the city. It is important that any national guidance incorporates the experience and learning from existing examples of joint Director of Public Health, e.g. ensuring that there is clarity over position, influence and authority of these posts within the local authority context.
13. We are very concerned that the organisational changes may be accompanied by a reduction in the level of resource available to Public Health within the City. It is very important, if the public health and health inequalities agenda is to be delivered, that this does not happen.
14. The new Primary Care Trust must continue the commitment to the partnership approach to delivering Every Child Matters in Sheffield, which includes the development of the full service districts, and building a comprehensive strategic approach to improving the health of children and young people in the city.
15. There is no sense of managing the whole system in the interest of patients within the complex competitive arrangements being built.
16. At a local level the system should allow for the PCT to be able to champion and challenge on behalf of vulnerable patients.
17. The Sheffield First Partnership wishes to highlight the challenge of balancing making use of the significant investment, which has been made to existing hospitals and related services and the patient choice agenda, which could destabilise these services.
18. The level of local engagement with strategic health authorities may weaken as they move to a regional level. It is important to note both the benefits to health outcomes and the legal requirements for Strategic Health Authorities to engage directly at a local level, e.g. there is a legal requirement through the Children's Act that the Strategic Health Authority are members of the local children focused partnerships.



Appendix One Process for Producing Sheffield First Response to the Ensuring a Patient Led NHS Consultation

The Sheffield First Partnership family is Sheffield's Local Strategic Partnership. It consists of a range of thematic partnerships. (See diagram below). The health and well-being focus of the Partnership is led by Sheffield First Health and Well-being Partnership on behalf of the family.

All stakeholders across the Sheffield First Partnership were invited to comment on the consultation. In addition to individual organisations and partnerships responding to the consultation, Sheffield First Health and Well-being Partnership have collated a 'Sheffield First' partnership view on the proposals.

The other Partnerships across Sheffield First were involved in this response through their Partnership Managers. This process was started through a presentation from the South Yorkshire Strategic Health Authority at a Sheffield First Partnership Managers meeting.

Once the collective views were gathered, a draft partnership response was produced for Sheffield First Health and Well-being Partnership to discuss and endorse on 20 March on behalf of Sheffield First.

Summary of Timetable and Process used for Partnership Response:

- Presentation and Discussion at LSP Managers Meeting: 25 Jan
- Presentation and Discussion at SFHW Meeting: 30 Jan
- Partnership responses back to me: Friday 17 Feb
- Agreement of response at Sheffield First Health and Well-being Partnership: 20 Mar
- Partnership response to be sent to SYSHA: 22 Mar
- Final response to go on www.sheffieldfirstforhealth.net website: by 30 Mar

Sheffield First Family

