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**PRIMARY CARE TRUSTS**

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**Responsible Cabinet Member(s) - Councillor John Williams, Leader**

**Responsible Director(s) – Ada Burns, Chief Executive**

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**Purpose of Report**

1. This report proposes that the Council should make representations to the County Durham & Tees Valley/Northumberland Tyne & Wear NHS Strategic Health Authority (SHA) about the configuration of Primary Care Trusts (PCT) in the region, and specifically the need to retain a Darlington PCT that shares its boundaries with the Borough Council.

**Background**

2. The Department of Health wrote to NHS organisations and to Local Authorities at the end of July setting out a proposed new direction of travel for the organisation of the NHS. Strategic Health Authorities were asked to take the lead in developing proposals for local structures within a fairly short time timetable. A copy of the document is attached as Appendix A.
3. The key drivers for change in the number and configuration of PCT's would appear to be preparation for a different role (commissioning and not delivering) and the need to save £250m in management overheads.

**Implications for Darlington**

4. Currently there are ten PCT's within the County Durham & Tees Valley/Northumberland Tyne & Wear Strategic Health Authority area, and the clear implication from the NHS paper is that this may be reduced. There are any number of different options but at one end of the spectrum it is not inconceivable that the SHA could opt for three or four PCT's for the whole area.
5. Darlington has a PCT which shares its boundaries, and this arrangement, which is three years old, has already seen significant gains made in terms of joint working and initiatives to improve health and health services for the boroughs residents.
6. These include significant improvements in the rate of teenage pregnancy; effective Drug and Alcohol Action team with a higher success rate in terms of people in treatment than elsewhere in the county; well developed arrangements around integrated services for older people, people with mental health needs and those with learning disabilities; and a strong public health role within the Local Strategic Partnership. We have a pilot Children's Trust and were awarded Beacon Status for our Joint CAMHS (Children and Adult's Mental Health Services).

7. Within any plans to reduce the number of PCT's in the region, it is possible that the Darlington PCT could be subsumed within a County Durham or a Tees Valley structure.
8. The risks from this would be to stifle that joint working, to reduce the voice and place that the specific health needs of Darlington residents have in the planning and delivery of health services. New initiatives for Darlington would develop according to their weight within a much wider analysis of need, balanced against potentially very different social care priorities from different local authorities.

### **Outcome of Consultation**

9. The SHA is required to submit proposals to the Department of Health by 15th October. When these are agreed there will be a period of formal consultation, probably running from the end of November.
10. However, given the serious implications of this development for Darlington, it is proposed that representations are made now to the Chief Executive of the SHA. It is further proposed that these should present a strong case to retain a PCT that is coterminous with the borough boundaries.

### **Legal Implications**

11. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

### **Section 17 of the Crime and Disorder Act 1998**

12. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area.
13. The Darlington PCT have been active and committed players in a range of programmes that seek to tackle crime and the causes of crime, and in particular, in the field of drug and alcohol action. It is considered likely that this engagement would be diminished within an organisational structure that saw Darlington as just one of a number of local authorities.

### **Council Policy Framework**

14. The issues contained within this report are required to be considered by Council.

### **Conclusion**

15. Darlington Borough Council and Darlington PCT have developed effective working links which are delivering improved health services, based on good local knowledge and a clear focus on local health needs.

## **Recommendation**

16. Council are requested to approve the submission of written representations to the County Durham & Tees Valley/Northumberland Tyne & Wear Strategic Health Authority to retain a Darlington PCT, coterminous with the Borough Council boundaries.

## **Reasons**

17. The recommendation is supported by clear evidence of positive outcomes for Darlington arising from the opportunities for joint working presented by the current shared local authority and PCT boundaries.

**Ada Burns, Chief Executive**

## **Background Papers**

Appendix A

author : Ada Burns Extension: 2010