

Candy Morris
Chief Executive
Surrey and Sussex Strategic Health Authority
York House,
18-20 Massetts Road
Horley
Surrey
RH6 7DE

17 February 2006

Dear Candy

The Assembly considered the issues raised by the proposed changes to NHS structures in the South East at its meeting on 20 January. As the NHS's representative on the Assembly, I hope you will be able to accept this letter as the Assembly's submission to the consultation that is taking place across the region. The letter has been copied to the Chief Executives of the three other Strategic Health Authorities (SHA) for their information. Rather than comment on local issues, this submission highlights issues of regional significance.

The changes heralded in 'Commissioning a Patient-led NHS' represents a major structural reorganisation of the NHS. Implementation will be expedited at a time of significant change and pressing financial challenges. As you know, Healthcare Commission statistics confirm that a third of NHS trusts in the South East failed the key financial management target, compared to almost a quarter of all trusts nationally. Assembly members expressed serious concern that the speed at which changes have to be acted upon will divert attention away from patient care and disrupt working relationships, particularly between the NHS, social services and housing organisations. Over time the structural changes may all be sensible in themselves but we fear that this cycle of perpetual change could have a demoralising impact on staff over the next twelve months.

Given the proposed reduction in Primary Care Trusts (PCTs) across the region, there is a strong case for believing that the workload of SHAs will be significantly reduced. It therefore appears reasonable to reduce the number of SHAs in the region with consequent cost savings diverted to front-line services.

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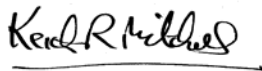
The Assembly believes that two SHAs, coterminous with Government Office boundaries (one to cover Kent and Medway, Surrey and Sussex and the other the Isle of Wight, Hampshire and Thames Valley), would provide the most appropriate structure. The South East is the largest government region in England with a population of 8.1 million (compared with an average government region population of approximately 5.6 million nationally). Assembly members took the view that a single SHA would be too large to perform its functions to the best effect and would not be responsive to the extremely challenging financial and performance agendas faced by the NHS in the South East.

A lack of common boundaries for local authorities and PCTs remains a significant problem, which can hamper the development of joint needs assessment, joint priority setting and targets and the pooling of resources. Partnerships are generally more difficult and less efficient when each area of activity is agreed with a different mix of organisations and geographical areas to be served. For any new configuration of health services to succeed it will be important that PCTs have a clear relationship with local authorities. The Assembly believes that arrangements to take forward a shared public health and social care agenda work best where local authority and PCT boundaries are co-terminous, at an absolute minimum with upper tier local authorities, with the flexibility to develop strong locality arrangements. It is imperative that PCT reorganisation should not cause disruption where effective partnerships already exist or jeopardise arrangements which have led, for example, to joint posts, integrated teams and pooled or aligned resources.

Any partnership succeeds where it is accountable through strong health scrutiny, built on extensive public involvement and the participation of local partners. Any new PCT Boards should have robust and accountable governance mechanisms, maintaining a focus on the locality and a democratic engagement with local people. There must be a strong role for local authority Health Overview and Scrutiny Committees ensuring that local arrangements are 'fit for purpose'. This arrangement will then be in good position to build on existing developments, such as Local Area Agreements and existing examples of effective partnership working across all local agencies.

Finally, it was clear from the debate on 20 January that there was only a partial understanding of the role of the SHA, particularly in relation to public health and the wider debate on commissioning. The Assembly would like to work with the newly configured SHA to deepen understanding of their role with local authority members and the broader range of stakeholders represented within the Assembly.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Keith Mitchell', with a horizontal line underneath it.

Cllr Keith Mitchell
Chairman of the Regional Assembly