Health Select Committee

A meeting of the Health Select Committee was held on Monday, 13th February 2006.

Present:- Councillor Mrs Womphrey (Chairman); Councillors Mrs Apedaile, Coombs, Dixon, Harrington, Lupton, Noble, Mrs Robinson, Roberts and Sherris.

Officers:- G Birtle and Mrs T Harrison (LD); T Beckwith (CESC).

Also in attendance by invitation: Mrs C Willis (Chief Executive of North Tees Primary Care Trust); G Prest (Chair of North Tees Primary Care Trust); Mrs L O'Leary (Head of Performance and Information) and Councillor Laing.

Apologies for absence were submitted on behalf of Councillors Frankland, Mrs Nesbitt and Teasdale.

1035 Minutes

The minutes of the meetings held on 17th November, 28th November and 7th December 2005 were signed by the Chairman as a correct record.

1036 Work Programme

Members discussed issues that they wished to be put forward to Executive Scrutiny for Health Select to scrutinise.

CONCLUDED that the Health Select Committee would submit the request to scrutinise:

- NHS Dentist provision
- Ritalin

1037 Primary Care Trusts Reconfiguration

Members were provided with a verbal report from the Chief Executive of North Tees Primary Care Trust and the Chair of the North Tees Primary Care Trust, (PCT) informing members of the two options of which the local authority would need to submit their preferred choice by 22nd March 2006.

Option 1 would create two new PCT's across County Durham and Tees Valley by merging the ten that currently exist. This would result in one PCT for County Durham and Darlington whilst the merger of PCT's serving Middlesbrough, Redcar and Cleveland, Stockton on Tees, and Hartlepool would create one PCT for Teesside

Option 2 would create a new County Durham PCT aligned to Durham County Council boundaries whilst five PCT's would be established based on coterminosity with the Tees Valley unitary local authorities.

Members were informed that PCT's were required to ensure that they met the criteria outlined by the Department of Health in 'Commissioning a Patient-led NHS' published in July 2005. The criteria provides for:-

- Securing high quality, safe services;
- Improving health and reducing inequalities;
- Improving GP engagement and rolling out Practice Based Commissioning;
- Improving public involvement;
- Improving commissioning and effective use of resources;
- Managing financial balance and risk; and
- Improving coordination with local authority services.

There was also a requirement to deliver at least a 15 per cent reduction in management and administrative costs equivalent to £6 million in County Durham and Tees Valley. Teesside PCT's would need to find £2.8 million savings, which would then be re-invested into patient care.

The opinion of the witnesses was to support option 1 as this provided greater financial savings based on the reduction of 3 PCT Boards and reduced accommodation and audit costs.

They further advised that although option 1 would lose coterminosity of North Tees PCT and Stockton Borough Council it was hoped that the increased size of a

Teesside PCT would improve health care commissioning, and locality based work would be ensured as there would be fewer health professionals lost as savings would be found elsewhere. Option 2 could account for a reduction of 30 per cent in PCT staffing levels and although remaining coterminous the character of the PCT would change.

CONCLUDED that the Committee would take further evidence from Tony Beckwith (Head of Support Services).