

**TRUST BOARD**

<b>Date of Meeting:</b> 08/02/2011		<b>Enclosure:</b> 4
		<b>Agenda Item No:</b> 7
<b>Title of Report:</b> Chief Executive's Report		
<b>Aims:</b> This report provides the Board with an update on key national and local announcements and policy developments that have emerged in the past month.		
<b>Summary:</b> The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ PCT Clustering</li> <li>▪ GP Pathfinder Status</li> <li>▪ Developing the clinical strategy</li> </ul>		
<b>Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):</b>		
<b>Financial</b>	No specific implications.	
<b>Workforce</b>	No specific implications.	
<b>Other</b>	Outlines the development of the Trust clinical strategy as well as external changes to PCT clustering and GP Pathfinder Status for Cumbria.	
<b>Recommendations:</b> That the Board notes the updates in this report.		
<b>Document previously approved by:</b> Not applicable. Report directly to the Trust Board.		
<b>Prepared by:</b> Ramona Duguid Company Secretary	<b>Presented by:</b> Carole Heatly Chief Executive	

**TRUST BOARD  
CHIEF EXECUTIVE'S REPORT  
FEBRUARY 2011**

## **1. INTRODUCTION**

This report provides the Board with an update on key national announcements, policy developments, and issues significant to this Board.

## **2. PCT CLUSTERING**

The NHS Operating Framework for 2011/12 announced the creation of PCT clusters in order to facilitate the move towards the new NHS, as set out in the Health and Social Care Bill. PCTs are due to be abolished in 2013, but in the meantime, they have a critical role in creating the new GP commissioning consortia, developing commissioning support arrangements for those consortia, facilitating arrangements with Trusts around Health and Wellbeing Boards and ensuring that finance and quality management does not decline over the transitional period. PCT clusters are to be formed with a single executive team to manage a number of PCTs in a particular geographical patch. These clusters will not themselves be statutory bodies (the existing PCTs will remain the statutory body) and are not intended to be permanent, but are felt necessary to ensure the creation of the new NHS system within a stable framework.

PCT clusters will have a number of key responsibilities including:

- Ensuring delivery of current PCT functions in terms of finance, quality and performance.
- Developing effective GP commissioning consortia.
- Developing commissioning support arrangements, from which the new consortia and the NHS Commissioning Board can secure expert support.
- Providing space for new arrangements with local authorities and particularly Health and Wellbeing Boards.
- Enabling high quality staff to move to new roles in consortia, commissioning support arrangements, the NHS Commissioning Board and Local Authorities.
- Supporting NHS provider reform – particularly ensuring that those NHS Trusts who are not yet Foundation Trusts, progress towards this status through good commissioning plans.

The Department of Health guidance note on the formation of PCT clusters has been recently published. The DH guidance note asks that Strategic Health Authorities take the necessary steps to ensure that PCT clusters are fully in place by June 2011.

Key partners, including Local Authorities, GP Commissioning Consortia, Foundation Trusts and NHS Trusts, need to have been engaged in the discussions about cluster development.

The Board will be kept updated as to the outcome of the cluster for NHS Cumbria, which is still to be determined.

### **3. CUMBRIA GPs – PATHFINDER STATUS**

Cumbria has been selected as one of the 52 groups of GP practices selected by the Government to be the first to take on commissioning responsibilities as part of the Government's plans set out in the NHS White Paper 'Liberating the NHS: Equity and Excellence'.

The groups selected, known as pathfinders, will work together to manage their local budgets and commission services for patients direct with other NHS colleagues and local authorities. The pathfinders will test the new commissioning arrangements to ensure they are working well before more formal arrangements come into place.

Cumbria Primary Care Trust will continue to provide support services to GPs in their new role until they are abolished in 2013. The decision to grant Cumbria's GPs pathfinder status is a positive step forward for the local health economy, particularly as we work together with GP colleagues on the development of the clinical strategy for North Cumbria.

### **4. DEVELOPMENT OF THE CLINICAL STRATEGY**

A significant amount of work has been progressed during the last eight weeks on developing the clinical service strategy, how this interlinks with the Full Business Case for the new West Cumberland Hospital development and the overall financial recovery/turnaround plan for the local health economy.

Senior consultants within the Trust and the GP leads have had two specific strategy sessions during January 2011 to discuss the development and sustainability of clinical services across North Cumbria. A specific update report has been prepared for the Board and is included on this agenda for further discussion.

### **5. RECOMMENDATION**

The Trust Board is requested to note the report.

Carole Heatly  
**CHIEF EXECUTIVE**