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The Review Manager  
Norfolk & Suffolk Reviews  
The Boundary Commission for England  
Trevelyan House  
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Dear Sir

**THE BOUNDARY COMMITTEE FOR ENGLAND: DRAFT PROPOSALS FOR  
UNITARY LOCAL GOVERNMENT IN NORFOLK AND SUFFOLK**

I enclose the formal response of Suffolk Primary Care Trust to the Boundary Committee's consultative proposals for unitary local government in Norfolk and Suffolk.

Yours faithfully

Carole Taylor-Brown  
Chief Executive

## **THE BOUNDARY COMMITTEE FOR ENGLAND: DRAFT PROPOSALS FOR UNITARY LOCAL GOVERNMENT IN NORFOLK AND SUFFOLK**

1. Suffolk Primary Care Trust (PCT) welcomes the opportunity to respond formally to the Boundary Committee's consultative proposals for unitary local government in Norfolk and Suffolk. Our focus, self evidently, is on the latter.
2. In reviewing the Boundary Committee's report we have been guided by our overriding aim to ensure that any decisions on the structure and shape of local government will maximise the opportunities for improving health outcomes and reducing health inequalities in Suffolk.
3. The PCT can see, first of all, the potential merits of the Committee's draft proposal for an Ipswich and Felixstowe unitary authority. It will facilitate a more holistic and sustainable approach to planning and managing economic, social and environmental growth in the sub region of the Haven Gateway.
4. The draft proposal also offers increased scope for a stronger local voice, closer engagement with local communities and more focused interventions to enhance health and well-being in response to the specific needs and priorities of different localities.
5. At the same time the proposed separate unitary authority for the remainder of the county, apart from the Lowestoft area, will cover a predominantly rural, ageing population with associated implications for health and social care services. We have some concerns that the resources available for investment in services might be insufficient to address adequately the scale of community needs.
6. The key issue for NHS Suffolk is the alignment of the PCT's boundaries with local government. The NHS has experienced considerable organisational change over the past few years. In Suffolk, as elsewhere, this has brought about greater coherence between the NHS and other public service organisations. The benefits of this realignment are being realised on many fronts but especially in terms of joint planning.
7. Improving the health and well-being of the local population fundamentally requires strong partnership working between the PCT and Social Care, Children's Services and a range of other local authority services. Robust joint working arrangements have been established and reflected, amongst other things, in the Suffolk Joint Strategic Needs Assessment (widely recognised as 'leading edge') and a strong Local Area Agreement.

8. This effective partnership has clearly taken time to develop and the PCT believes that the Boundary Committee's draft proposal – an Ipswich and Felixstowe unitary authority and a Suffolk unitary authority comprising the rest of the county apart from Lowestoft could undermine the progress achieved to date, result in fragmentation and render more challenging delivery of the PCT's strategic goals for improving health outcomes and reducing health inequalities across Suffolk.
9. In terms of cost effectiveness there are grounds for believing that the draft proposal for two councils would incur higher management overhead costs than a single unitary authority – the economies of scale associated with a county structure being diminished, with less funding available for investment in frontline services. That said, we recognise that a cheaper structure might not of itself guarantee value for money in terms of the quality and standard of services provided for local people.
10. The PCT itself is likely to incur increased costs (not least within its Public Health function) in establishing and relating to partnership structures with two rather than one new unitary authority.
11. Over and above this, a move to establish new PCTs co-terminous with the boundaries set out in the draft proposal is likely. Aside from the increased management overhead costs resulting from a development of this kind, PCT re-organisation could introduce a further period of uncertainty to the local NHS with all the negative consequences that flow from this, not least a protracted period of planning blight and adverse impact on advancement of our agenda for health and well-being.
12. By way of concluding comment we note that the Boundary Committee proposes a Norfolk unitary authority comprising the existing county of Norfolk and the Lowestoft area of Suffolk. Given the demographic nature of both Norfolk and Suffolk we fail to appreciate the rationale underpinning the different structures proposed for both counties.
13. Taking account of all the factors involved, our view is that the preferred solution would be a county unitary authority including the area of Lowestoft, underpinned by local arrangements and mechanisms for devolved responsibility and accountability.
14. However, whatever the ultimate outcome of consultation the PCT will of course remain absolutely committed to advancing its strategic goals in partnership with local government and other stakeholders in the best health interests of local people and patients.
15. We would ask the Boundary Committee to take the PCT's views fully into account as part of its decision-making process and advice to the Secretary of State.