Appendix G as referred to in Minute 185

HEALTH PANEL THURSDAY 8 JULY 1999

Present: Councillors Mills (Chairman), Barnard, Blatchford, Mrs Doyle, Fawcett, Mills, Mrs Shillcock and Thompson

Berkshire Health Authority: Ed Macalister Smith

Bracknell Forest Primary Care Group: Diane Hedges

East Berkshire Community NHS Trust: Phillip Burgess

Apologies were received from:

Councillors Veakins and Wheaton Margaret Edwards (Heatherwood & Wexham Park Hospitals NHS Trust) Christina Pond (East Berkshire NHS Trust)

7. Substitute Members

The Committee noted the attendance of the following Substitute Member under Standing Order 38:

Councillor McCormack for Councillor Wheaton

8. Minutes

The minutes of the meeting held on 20 May 1999 were taken as read and signed by the Chairman as a correct record.

Arising on minute 3, it was agreed that an additional place on the Panel should be offered to the Bracknell Primary Care Group to provide a place for a general practitioner. It was also reiterated that the Primary Care Group was known as "Bracknell Primary Care Group" rather than "Bracknell Forest Primary Care Group".

RECOMMENDED that the membership of the Health Panel be increased by one to provide a place for a general practitioner nominated by the Bracknell Primary Care Group.

9. Chairman's Announcements

Before proceeding to the agenda, the Chairman drew the Panel's attention to the following three issues which he believed were pertinent to its future work programme:

- The Government's White Paper "Saving Lives: Our Healthier Nation"
- The Social Exclusion Unit's report on Teenage Pregnancy
- The Local Government Association's "Supporting the Action Zones" initiative

10. Modernising Health and Social Services – National Priorities Guidance 1999/00-2001/02 (Item 5)

The Panel received a report advising it of the National Priorities Guidance issued by the Government which set out a framework within which the Health Service and Local Authority Social Services were expected to plan and co-ordinate services within a framework for key objectives and priorities.

It was noted that a Department of Health Inspector had recently visited the Council and, whilst drawing attention to a number of areas where more work was necessary, he had indicated that he was satisfied that good progress was being made.

NOTED

11. Partnership To Promote Healthier Businesses (Item 6)

The Panel received a report on the proposed establishment of a group which will target improving health initiatives at work. In this context the term "health" was intended to cover health and safety, occupational health and environmental issues.

The Panel was advised that the group was to be manager by the Council's Environmental Health Manager. In discussing those involved, it was acknowledged that it was not always going to be appropriate to involve every group all the time. In addition, it was recognised that there was a need to achieve a manageable agenda and to keep it under review as its work progressed.

In response, to a question, the Director of Public & Environmental Services undertook to look into the possibility of involving the Ambulance Service Trust.

NOTED

12. Health Partnership Initiatives (Item 7)

The Panel considered a report suggesting an addition to its terms of reference which would allow it to make recommendations regarding the allocation of an available resource for health improvement initiatives. The report also proposed that the Directors of Leisure Services, Public & Environmental Services and Social Services & Housing should be authorised to determine the use of the resources.

RECOMMENDED that:

- i The following addition to the Panel's Terms of Reference be approved:
 - "To make recommendations to Strategy & Policy Committee regarding the utilisation of any allocated financial resources identified by the Council for Health Improvement initiatives."
- ii Delegated authority be granted to the Directors of Leisure Services, Social Services & Housing, and Public & Environmental Services, in consultation with the Chairman of the Health Panel, to authorise expenditure of up to £1,000 for Health Improvement Initiatives from the allocated budget.

13. **Position Statement On The Health Strategy For Berkshire (Item 3)**

The Panel received a report which provided a position statement on the Health Strategy for Berkshire.

The report indicated that the Berkshire Health Authority was committed to partnership working and to facilitating the strategic process. It believed that collegiality should lead to innovation in the development of services for the benefit of Berkshire communities.

The report set out the specific elements which were considered key to the Authority's future strategy. The five most important items were:

- The closure of Reading's Battle Hospital and transfer of its services to the Royal Berkshire Hospital.
- The construction of a new community hospital for Newbury
- The re-provision of services currently provided at Fair Mile Hospital, Wallingford.
- The development of integrated care services
- The development of care services for the elderly.

The Panel was advised that an Executive Control Team had been established to oversee the key strategic changes.

In addition, it was noted that Heatherwood Hospital would continue to provide an acute medical and elective surgery site for the foreseeable future. In response to a question regarding the meaning of "foreseeable future", the Panel was advised that the Authority would have to monitor service requirements and determine the extent to which the development of integrated care could have an impact on the demand for services such as those provided at Heatherwood. It was stressed that as the care service providers became able to offer the support necessary for terminally ill patients to remain at home, the need for places in hospital would diminish. At the same time, it would be necessary for funding to transfer to the services which were being provided.

In discussing the allocation of resources, the Panel recognised that preventative and effective initial care could actually lead to cost savings.

It was stressed that there was very little unallocated funding available to pursue the authority's initiatives, but that the pooling of resources from all parties involved, probably offered the most likely way of achieving best value from what was available if agreement could be reached on the objectives to which it should be allocated. It was, however, recognised that it was difficult to move resources out of acute services and that the most important factor was probably the management of overheads.

Amongst the other issues raised by the Panel during its discussion on this report were:

- That people's perceptions were important and needed to be addressed; and,
- That political issues would also need to be addressed.

NOTED

14. Berkshire Health Authority and Berkshire Unitary Authorities – Proposed Framework for Partnership and Joint Planning (Item 4)

The Panel received a report setting out some of the principles and issues to consider in agreeing partnership and joint planning arrangements across Berkshire, which it was proposed to discuss initially within the Chief Officers' group, and subsequently with the primary care groups and NHS trusts.

A number of diagrams were appended to the report to illustrate the range and complexity of relationships. The situation was complicated for the Health Authority as it was required to set up arrangements with the six unitary authorities in Berkshire. It therefore had to seek to get the right people to the right meeting, whilst recognising that it could not be represented at every one of the relevant meetings.

In discussing the allocation of resources, the Panel recognised that preventative care could lead to cost savings and therefore the promotion of healthier lifestyles was important.

It was noted that the partnership arrangements would be amongst the topics discussed by delegates to the Berkshire Health Conference which was to take place the following day.

NOTED

15. Date of Next Meeting

It was agreed that the Panel should next meet at 7pm on Monday 6 September 1999.

The meeting commenced at 7pm and concluded at 8.40pm

CHAIRMAN