18 JUNE 1998

NEW FOREST DISTRICT COUNCIL

SOUTHAMPTON AND SOUTH WEST HAMPSHIRE HEALTH AUTHORITY LIAISON MEETING

Notes of a Liaison Meeting with Southampton and South West Hampshire Health Authority held at Appletree Court, Lyndhurst on Thursday, 18 June 1998.

Present:

New Forest District Council

Cllr A M Howe	Chairman of New Forest District Council (In the Chair)
Cllr J K Vernon-Jackson MBE JP DL	Chairman of Planning and Transportation Committee
Cllr B Smith	Chairman of Environmental Services Committee
Cllr Dr M N Whitehead	Representative on Salisbury Community Health Council
Mr J Lovering	Representative on Salisbury Community Health Council
Cllr S A Cooke	Representative on Southampton and South West Hampshire Health Commission

Southampton and South West Hampshire Health Authority

Mr B Burdekin	Vice-Chairman
Mr A Shaw	Chief Executive
Dr N A Allen	Director of Health Strategy and Public Health
Mrs P Christmas	Head of Health Promotion
Rev B Strevens	Non Executive Member
Mr L Judd	Director of Health Care Commissioning and Primary Care
Mrs A Jeffrey	Head of Primary Care
Mrs D Evans	Partnership Manager

Officers:

I B Mackintosh	Managing Director
R Merrett	Chief Environmental Health Officer
N Frost	Health Policy Development Manager
C Elliott	Head of Development Control
P Thompson	Committee Administrator
R Sired	Waste Management Officer (for item 5(v))
Mrs H Renwick	Corporate Complaints Officer (for item 7)

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Apologies:

Were received from:

New Forest District Council

Cllr F R Harrison		Vice Chairman Housing Committee
Cllr J J Dawson		Chairman Leisure Services Committee
Cllr Major C Beeton MBE	)	Representatives on Southampton and South
Mr W Bray	)	West Hampshire Community Health Council
Ms E Malcolm		Director of Environment Services

1. NOTES OF LAST MEETING (REPORT A).

The notes of the meeting held on 22 January 1998 were agreed as a correct record.

2. THE EMERGING HEALTH AGENDA.

The meeting was apprised of progress on a number of issues.

(i) **Health Improvement Programme.**

The new Health Improvement Programme was a central planning tool for the Health Authority. It included a wider range of subject matter than earlier and a Steering Board had been established to oversee its progress. The Health Authority were also charged with the role of responsibility of ensuring relevant stakeholders had a role in the compilation of the Programme.

However, it was still unclear as to what the format, style and content of the document would be as this still had to be defined. This gave the opportunity for the District Council to play a full role in drawing up the Programme along with other stakeholders, who included all constituent local authorities, the Community Health Council, Health Trusts, the voluntary sector and leading general practitioners.

Generally speaking, the Government was imposing a duty of partnership on Health Authorities and Local Authorities, but also wanted concrete outputs from the consultative framework established to draw up the Programme.

Much detailed guidance from the Department of Health was outstanding. This included such critical factors as financial arrangements; risk management; clinical governance and management costs. To date, these had either been received too late or were insufficient in detail.

(ii) **Primary Care Groups (PCGs)**

The Health Authority expressed their hopes to continue working closely with Hampshire County Council's Social Services Department and, indeed, the new Area Director of Social Services for New Forest was to meet local general practitioners shortly. The District Council had also arranged to meet GPs.

There were currently two proposed Primary Care Groups in the New Forest, based on a West/East geographical split. The final configuration was yet to be decided, but it was important to ensure that each was large enough to work but small enough to relate directly to the community which it served.

(iii) **Boundary Changes**

It was explained that the office for the Department of Health's South Eastern Region was now to be based in London and would include those counties which constituted the Government Office for Southern England (GOSE), plus Northamptonshire. This would replace the previous arrangement where the Southampton and South West Hampshire Health Authority had been answerable to Bristol as part of the South West Region.

Mr Mackintosh confirmed that there were a number of different "South East" Regions within England for different purposes, such as economic development, health, local government, etc., and the fact that these were not coterminous made communications difficult. It was a further disappointment that the health authority boundaries were also to be different, as the District Council had already made its feelings clear to the Government during consultations on the problems this causes.

3. THE PUBLIC HEALTH AGENDA.

(i) **"Our Healthier Nation"**

It was explained that each health authority had established a vehicle for ensuring the implementation of White and Green papers. These would be expected to involve the local national health service, plus representatives from local government and the voluntary sector. "Our Healthier Nation" had come out in early February this year and an initial stakeholders meeting had been successful.

A partnership response was required by 30 April 1998, with a final document being published in the Autumn. The White Paper was awaited and it was expected to develop local targets for issues identified within the Green Paper.

(ii) **Asthma**

Whilst there had been no specific new developments, there was a continuing underlying concern within the Waterside Area on this issue.

Dr Allen expressed the view that better primary care information on the growing problem of asthma was required. Best practice ought to be shared among GPs. Mr Merrett referred to the pilot study on comparative air quality in Hampshire which could provide some pointers for the future.

4. COMMUNITY SAFETY.

(i) Community Safety

Mr Elliott referred to Community Safety, which was one of the Council's four main priorities. One element of the approach to this issue was improving the layout for new buildings, open spaces and other sites in order to increase safety. The Council had recently published planning guidance on the issue, which was intended to reduce opportunities for criminal behaviour by careful design.

The approach was being commended to builders and other providers of buildings and would be taken into account in planning decision- making.

Allied to this approach was the fact that all new houses had to be built to allow easy access by disabled people under the new Building Regulations.

(ii) Crime and Disorder Bill - Youth Offending Teams

Mr Mackintosh reported that the Council was a key partner in the provisions of the new Crime and Disorder Bill. A Standing Conference on Crime, Disorder and Social Exclusion had been established for Hampshire and the Isle of Wight. A Chief Officers' Group had been formed to support it.

The Health Authority was also intimately involved in this process and had attended meetings of the Group.

The Chief Officers' Group, chaired by Hampshire's Chief Constable, was looking to disseminate best practice and consider strategic policy.

At District level, the Health Authority was also involved with the District Council in the New Forest Community Safety Strategy Group. This was drawing up the local crime and disorder strategy required by the legislation. A New Forest Crime Audit had been carried out some two years ago and this, suitably updated, would form the basis for the Strategy.

It was generally agreed that the principle of agency working was likely to become increasingly important in the years ahead and that both the Health Authority and the District Council had vital contributions to make. In any event, both bodies would continue to have an impact on crime and disorder.

5. LOCAL HEALTH SERVICES.

(i) Implementation of Joint Commissioning Strategies

Mr Judd reported that a social worker who specialised in mental disorder was now attached to Lyndhurst Police to form a link to the community mental health team. Rehabilitation services were centred on Copper Beeches, New Milton, and a site was also being sought in the Totton area.

However, the highest capital priority was the adult mental health unit, which had recently been the subject of a planning application for Hawkslease, Lyndhurst.

Cllr Vernon-Jackson spoke of the deferral of the scheme at Planning and Transportation Committee, as members felt that the entire scheme needed re-thinking. In its original form, it entirely dominated the proposed site. Nevertheless, the District Council remained fully aware of the essential nature of the facility.

The scheme's proposers, the Salisbury Health Care Trust had confirmed that it would return to the Council with revised plans shortly.

In an effort to ensure that progress was made in the short term, it was proposed and agreed that representatives of the District Council should meet the new Chairman and Chief Executive of the Salisbury Health Care Trust.

(ii) Substance Misuse

Mrs Christmas referred to the plan for providing services to substance misusers. This was a three year programme and all providers were committed to working within it. It was expected that a counselling service would be run on a "drop in" basis and Salisbury Health Care Trust would continue to be the provider for specialist services. The main priority was drug prevention and education in schools. A detoxification unit would be provided and the prescription of substitute substances was another strand to the approach being taken.

To date, young people had been responsive and the Probation Service had become much more fully integrated into the network of provision. The Hampshire Schools Inspection Advisory Service had good links with local police advisors on substance misuse and were carrying out education work in schools. It was noted that approximately 50% of young people had abused one illegal substance or another between the ages of 16 and 19.

Mr Frost referred to the ongoing assessment of the prevalence of substance misuse which was being achieved using a multi-agency approach.

Up to 80% of those involved in crime were substance abusers, including alcohol.

(iii) **The Development of Dementia Services**

Mrs Evans referred to the Old Manor Hospital. The Health Authority were working in conjunction with the Salisbury Health Care Trust, Social Services and the Alzheimer Disease Society in a joint approach, designed to provide continuing care, assessment, day care and associated family needs on one site. A suitable site had been identified.

(iv) **Lymington Hospital Development**

Mr Elliott updated the meeting. The District Council was currently continuing to work with the Southampton University Hospitals Trust on planning requirements.

Mr Judd confirmed that the business case for the hospital was being considered by the Health Authority. The local Community Health Council had been consulted and supported the proposals for the hospital. The next step was the referral of the proposals to the Regional Office of the NHS Executive, who in turn would refer the matter to the Treasury, prior to the drafting of detailed contract documents.

The earliest date for completion of all of these processes was October this year, followed by a design and build process, which was likely to get on site at the year 2000 at the earliest. The usual financial pressures on public expenditure meant that consideration by the Treasury was likely to be a large hurdle. However, the Regional Office of the NHS had been fully involved in the project hitherto and no major problems were anticipated.

(v) **Clinical Waste (Report B)**

Mr Sired was in attendance and referred to this issue, which had been raised at the previous meeting. The arrangements for the collection of clinical waste had changed when the Marchwood incinerator had been closed in late November, 1996. Now, bags containing clinical waste were loaded and unloaded by hand en route to a disposal centre in Birmingham and were required to be labelled. This had led to spiralling costs for collection and disposal of such material.

There was absolutely no intention to charge individual clients for the disposal of any clinical waste.

The Health Authority representatives noted the information and expressed the view that the initial requirement was to define separate areas of responsibilities.

6. HEALTH FOR ALL.

Mr Frost updated the meeting on “Health for All’s” three main local priorities. The “DASH” (Developing a Smoke-Free Hythe and Dibden) programme’s initiatives included education at schools, sales places, GP surgeries and workplaces. The

programme would last for at least two years. The anti-smoking programme was also launching a scheme entitled “Breathe Inn”, which was recruiting smoke-free pubs in conjunction with the tourism service.

Stress and Social Isolation - a research project with Test Valley’s “Health for All” had begun and a report could be expected during October 1998.

Exercise/Physical Activity - this was being geared towards older people and, rather than stressing vigorous exercise, the concept of healthy walking was being pushed.

7. COMMUNITY GOVERNANCE.

Mrs Renwick was in attendance for this item and updated members on the District Council’s plans to initiate measures to get closer to the local community.

The Policy and Resources Committee had established a 10 point plan, which was designed to increase public awareness and involvement in the work of the Council. A Citizen’s Panel was to be established, whereby some 1,000 members of the public would be questioned on their views of Council policies over a wide variety of areas. The establishment of the Citizens Panel was in some ways a delicate act, as it was necessary to gain a representative sample based on gender, housing tenure, age and requirement of services. In addition, there was the possibility of using some or all of the information collected with other services, service providers and partners.

As the local authority was being required to consider all of its activities in the guise of the Best Value regime and as part of this was the need to consult its key stakeholders on a wide variety of issues, the Citizens’ Panel would be a valuable tool.

The Health Authority representatives welcomed the initiative and expressed the view that the methodology adopted could probably be adapted for use by itself. A scheme established earlier in Eastleigh had resulted in a continuing 70% participation level during consultations.

8. FORMAT OF FUTURE LIAISON MEETINGS.

Mr Mackintosh expressed the view that this liaison meeting had provided an excellent forum for the exchange of ideas of mutual interest and wondered whether there was scope for a broader base by involving for example, the various Health Trusts and even the Primary Care Groups which were in the process of being established.

It was felt that this was a valuable suggestion and that the best way to progress matters would be to invite representatives of the Health Trusts to the next meeting in November, in order to provide a feel for whether this approach might work. In any event, it would be too early to involve the Primary Care Groups, as they would only have been established very recently.

It was agreed to invite representatives of the Trusts to the next meeting.

9. THE TREATMENT OF TRANSIENT PEOPLE.

Mr Merrett referred to a recent case, whereby a member of a travelling community had contracted tuberculosis. The local authority had only limited powers to enforce hospital or other treatment and to press for treatment to apply to relatives and associates of the patient.

This was particularly important in a very easily transmitted disease like tuberculosis. It was likely that officers would recommend that the Council lobbied Central Government for the imposition of more widespread powers.

10. DATE OF NEXT MEETING.

It was agreed that the next meeting be held at 10.00 am on Thursday, 19 November 1998, at the Health Authority's offices, with an invitation to attend being extended to the three local Health Trusts.