

EXTRACT OF MINUTE OF MEETING OF POLICY AND RESOURCES COMMITTEE HELD ON  
9 DECEMBER 1997

## PRIORITIES AND PLANNING GUIDANCE FOR THE NHS IN SCOTLAND 1998/99

22. There was submitted a report dated 26 November 1997 by the Chief Executive (1) advising of a change in national priorities set by the Government for the NHS in Scotland; (2) detailing the policy context for the planning and delivery of health services for the coming year, and (3) proposing that the Council seek urgent discussions with Lanarkshire Health Board in order to ensure that the Council's concerns are reflected in the Health Improvement Programme which is to be completed by the end of December 1997 and to promote closer collaboration between the Council and the Board in relation to action to tackle health inequality and improve access to health services in North Lanarkshire.

**Decided:**

- (1) that the national priorities for the NHS in Scotland for 1998/99 be noted;
- (2) that the inclusion of tackling inequality as a strategic aim for the NHS in Scotland be welcomed;
- (3) that the Council's commitment to work collaboratively on plans to tackle health inequality be intimated to Lanarkshire and Greater Glasgow Health Boards;
- (4) that discussions take place with the Health Boards before the respective health Improvement Programmes are finalised in December 1997;
- (5) that Lanarkshire Health Board be advised that there should be provision for two maternity units in North Lanarkshire, one unit at Netherton and one unit at Monklands, and
- (6) that the report be remitted to the Social Work Committee for their interest.

## NORTH LANARKSHIRE COUNCIL

## REPORT

To: Policy and Resources Committee	Subject: Priorities and Planning Guidance for the NHS In Scotland 1998/99	
From: Chief Executive		
Date: 26 November 1997	Ref: RC/MC	

## 1.0 Introduction

1.1 The purpose of this report is to advise members of a change in national priorities set by the Government for the NHS in Scotland and to propose action to be taken by the Council to work collaboratively with Lanarkshire and Greater Glasgow Health Boards in relation to action programmes to tackle health inequality.

## 2.0 Background

2.1 The NHS Management Executive of the Scottish Office publishes guidance on an annual basis on priorities for the NHS in Scotland for the following year. The Circular sets out the policy context for the planning and delivery of health services for the coming year and focuses on the issues identified by the Scottish Office as the most important national priorities.

2.2 All Health Boards, NHS Trusts and GP Fundholders are expected to take account of the guidance in preparing local plans. The NHS Management Executive carries out an annual accountability review with individual Health Boards during which the Health Board is required to demonstrate progress against the nationally set priorities.

2.3 Since 1996 the priorities set by the Government for the NHS in Scotland have been:

(a) Three clinical priorities:

- mental health
- coronary heart disease and stroke
- cancer

(b) Four strategic aims:

- improving health
- developing primary care
- developing care in the community
- reshaping hospital services

### 3. National Priorities for The NHS in 1998/99

3.1 Guidance issued to Health Boards in August 1997 in Circular NHS MEL (1997)44 indicates a number of significant changes of direction for the NHS in Scotland. In advance of a White Paper to be published in autumn of 1998, the Circular required immediate action to be taken to prepare the way for a new approach for the NHS. Changes include:-

- the addition of a new strategic aim for the NHS, namely tackling inequalities;
- changes to be brought about in relationships between Health Boards, NHS Trusts and General Practitioners, requiring the previous regime to be replaced by a more collaborative approach;
- a requirement for Health Boards, Trusts and General Practitioners to work together to produce a Health Improvement Programme for the people of each Health Board area. These Programmes must be prepared through a process of open discussion within the NHS, and are to be agreed by the end of December 1997;
- the Government's intention to hold Boards and Trusts accountable for the extent to which Health Improvement Programmes serve the greater good of the population and secure health gain. Each programme must contain proposals to promote health and proposals to analyse and tackle health inequalities.

3.2 The Circular refers to clear evidence that relative poverty is causally associated with many forms of ill health. It states that tackling health inequalities requires a comprehensive, co-ordinated approach from a variety of agencies - in particular local authorities - sustained over a long period. Health Boards are asked to play a leading part in efforts to tackle health inequality by:

- systematically collecting, sharing and disseminating information on the nature and scale of health inequalities
- promoting equity through better use of health services and improving access to care, recognising the impact of deprivation
- giving particular help to people from disadvantaged groups
- establishing closer partnerships and joint planning with local authorities
- improved targeting of resources on areas of deprivation

3.3 The Circular includes detailed guidance which promotes close joint working with local authorities on community care with a particular reference to minimising the possibility of hospital beds becoming blocked by patients whose needs are best met elsewhere. This issue has already been considered by the Social Work Committee in relation to the Council's response to draft guidance on this subject.

3.4 As part of their Health Improvement Programmes, Health Boards are required to continue with the development of 5 year rolling financial strategies with a clear indication of associated resource shifts. These should include the identification of financial and service risks, together with plans for addressing those risks should they occur.

3.5 There is a planned increase in real terms for the NHS in Scotland in 1998/99. The Circular indicates that the level of funds from within the total available will largely depend on the extent to which expenditure on prescribed drugs is controlled and Health Boards are asked to monitor and manage this non cash limited sector of expenditure with vigour.

#### 4.0 Proposed Action

- 4.1 The guidance for the NHS priorities for next year is of particular relevance to North Lanarkshire because of the significant problems faced by its population in relation to poverty, deprivation, poor health and poor access to health services. It is therefore proposed that the Council seeks urgent discussions with Lanarkshire Health Board in order to ensure that the Council's concerns are reflected in the Health Improvement Programme which is to be completed by the end of December 1997 and to promote closer collaboration between the Council and the Board in relation to action to tackle health inequality and improve access to health services in North Lanarkshire.

#### 5.0 Recommendations

5.1 The Committee is requested : -

- (i) to note the national priorities for the NHS in Scotland for 1998/99;
- (ii) to welcome the inclusion of tackling inequality as a strategic aim for the NHS in Scotland;
- (iii) agree to intimate to Lanarkshire and Greater Glasgow Health Boards the Council's commitment to work collaboratively on plans to tackle health inequality;
- (iv) to agree that discussions with the Health Boards take place before the respective Health Improvement Programmes are finalised in December 1997; and
- (v) to remit the report to Social Work Committee for its interest.

  
P. Castle  
Chief Executive