

Overview and Scrutiny Committee on 18 December 2006

Report Title: **Setting Up of Joint Scrutiny Committee to Respond to the Barnet, Enfield and Haringey Clinical Strategy**

Report of:

Wards(s) affected: **ALL**

1. Purpose:
 To agree in principle to the setting up of a joint scrutiny committee with the London Boroughs of Barnet and Enfield and Hertfordshire County Council to consider the forthcoming NHS consultation exercise on the Barnet, Enfield and Haringey Clinical Strategy.

2. Recommendations:

2.1 That the Committee agrees in principle to the setting up of a joint scrutiny committee with the London Boroughs of Barnet and Enfield and Hertfordshire County Council under the powers conferred by the Health and Social Care Act 2001 and associated regulations to respond to the forthcoming NHS consultation exercise on the Barnet, Enfield and Haringey Clinical Strategy.

2.2 That officers be authorised to continue negotiations with other participating local authorities on the constitution of the joint committee and associated matters and report back

2.3 That the Committee nominates two Members of the Committee plus one deputy to be recommended to Council as the Borough’s representatives on the Joint Committee

2.4 That the Committee recommend to Council that the political proportionality be waived for the joint scrutiny committee.

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3. Executive Summary

3.1 The Barnet, Enfield and Haringey Clinical Strategy is a major NHS reconfiguration and will determine how the NHS spends its money locally in the next few years. It

involves all the major NHS trusts in Barnet, Enfield and Haringey and could have significant implications for local residents. A full public consultation exercise will be undertaken, beginning in January. Local overview and scrutiny committees will need to be consulted as part of this process. Where NHS bodies are required to consult with more than one overview and scrutiny committee, the relevant local authorities are required to set up a joint scrutiny committee to respond.

4. Reasons for any change in policy or for new policy development (if applicable)

4.1 N/A

5. Local Government (Access to Information) Act 1985

5.1 The background papers relating to this report are:

Overview and Scrutiny of Health guidance, Department of Health (July 2002)
CfPS Guide to Substantial and Developments of Health Services

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921, 7th. Floor, River Park House

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6. Background,

Introduction

- 6.1 The Primary Care Trusts (PCTs) of Barnet Enfield and Haringey are currently jointly undertaking a project which is looking at the development of a broad and integrated health strategy for the three Boroughs. This will look at how services in primary and community care will be developed and the implications of these for future hospital services. This project has superseded the previous Healthy Hospitals exercise, which looked at hospital services provided at Barnet General and Chase Farm hospitals, as well as elements of the Healthy Starts, Healthy Futures project, which was concerned with services for children and pregnant women across the whole of north London.
- 6.2 A project board has been set up to lead on the process. This is chaired by Carolyn Berkeley, the Chair of Enfield Primary Care Trust and includes the Chief Executives of Barnet, Enfield, Haringey and Hertfordshire PCTs; Barnet and Chase Farm Hospitals Trust and the North Middlesex University Hospital Trust. Representatives from local authorities and patient forums are also included in its membership. The Project Board will co-ordinate the development of more detailed proposals for public consultation beginning in January.

Drivers for Change

- 6.3 The emerging strategy will be based on the Government policy of providing more care closer to people's homes, by developing primary and community care and ensuring hospitals concentrate on caring for those who really need to use hospital facilities. This is outlined in the recent White Paper "Our Health, Our Care, Our Say".
- 6.4 Hospital care is now provided differently. Hospitals are more specialised and intensive, treatments are more effective but need more tailoring and monitoring, teams of specialised staff now provide support rather than individuals and, due to the European Working Time Directive, more doctors are needed to provide the same level of service. There is a particular need to ensure "critical mass" i.e. to ensure that doctors and medical staff treat sufficient numbers of patients within their speciality to develop fully their particular expertise. Those services that are provided within hospital settings therefore need to be reviewed to ensure that they meet the future needs of patients and provide safe and viable levels of care. In addition, some of the buildings where hospital care is provided locally are in a poor state of repair and decisions need to be made about their redevelopment. Continuing with the current configuration of hospital services will not facilitate better primary and community services as it will not allow sufficient resources – both in terms of staffing and finance – to be freed up.

Scenarios

- 6.5 The Project Board originally identified ten high-level scenarios for the development of local services. These scenarios were looked at by two sub groups, a patient and public engagement group and a clinical engagement group. The patient and public engagement group included representatives from overview and scrutiny committees as well as PPI Forums and voluntary sector colleagues. In addition, the short listed scenarios agreed by the Project Board were discussed by a "citizens' jury" at a deliberative event in November.
- 6.6 The scenarios have now been short listed to 4 of options for more detailed work and public consultation, which will run from February 2007. These scenarios are attached as Appendix A.

Joint Scrutiny Committee

- 6.7 The proposals that are put out to public consultation will clearly constitute a "substantial variation" to services across the three Boroughs as well as parts of Hertfordshire. This is due to the effect that they will have on the accessibility of services, the way that services are provided and the number of patients affected. Directions issued by the Secretary of State in July 2003 require that 'where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the

local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:

- under
- a). make comments on the proposal consulted on to the local NHS body regulation 4(4) of the Regulations;
 - under
 - (b). require the local NHS body to provide information about the proposal regulation 5 of the Regulations; or
 - (c). require an officer of the local NHS body to attend before it under regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.'
- 6.8 The joint committee will be required to respond to the consultation through the production of a report that reflects the views of all local authorities involved in the joint committee and aims to be consensual.
- 6.9 The issues involved are likely to be controversial and have already attracted considerable levels of concern in neighbouring Boroughs. The deliberations of the joint scrutiny committee are therefore likely to generate comparatively high levels of interest. The need to respond to local concerns across the participating will need to be balanced against the requirement of the joint scrutiny committee to try and reach a consensus.

Composition of Joint Committee

- 6.10 Under the Local Government Act 2000, overview and scrutiny committees must generally reflect the political make up of the full council. Exact compliance with this could entail having a large and unwieldy membership which could hinder the effectiveness of the joint scrutiny committee. However, the Local Government and Housing Act 1989 enables local authorities to waive the political balance requirements if all elected councillors within that authority agree that it need not apply. In respect of a joint committee, the political balance requirement applies for each participating authority unless Members of *all* authorities agree to waive that requirement. In principle agreement to do this could enable a smaller and less unwieldy membership to be negotiated with other authorities. The power to nominate Members to the joint scrutiny committee would still be retained the Overview and Scrutiny Committee but the political proportionality of representation would be a matter of choice rather than a necessity.
- 6.11 Preliminary negotiations have taken place with the Overview and Scrutiny functions of the other local authorities involved. There are some differences in opinion between authorities on the appropriate size of Membership and final agreement still has to be reached on this. It is the view of officers that a smaller membership would be less unwieldy and therefore preferable but, as

each authority will effectively only have one vote, this is not regarded a major issue. It is proposed that, at the moment, the Committee appoint two Members plus one deputy to the Committee. It has been agreed that each authority will be entitled so appoint a deputy in the event of one of its representatives not being available. In the event of agreement being reached that each authority's representation will be three, the Member appointed as deputy will become the third representative.

Quorum and Voting

- 6.12 It is suggested that the quorum be one Member from each of the participating authorities. Due the need for the final report to reflect the views of all authorities involved in the process, one vote per authority would appear to be more appropriate than individual Members each being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should wherever possible be reached by consensus.

Co-options

- 6.13 Opportunities for co-options that are currently available to OSCs would also be available to the joint committee. It may therefore be possible, subject to the agreement of the joint scrutiny committee, to co-opt a suitable person. Such a person would need to have specific expertise and/or knowledge of the issues in question.

Frequency and location of meetings

- 6.14 It is proposed that the meetings rotate between the participating authorities for reasons of equity and access.

Writing the Final Report

- 6.15 Drafting the joint committee's report may be challenging due to the separate interests of the participating authorities. Some previous joint scrutiny committees have employed an independent consultant to provide an independent analysis of evidence and write the final report. Should the joint scrutiny committee wish to pursue a similar option, resources would need to be found and a suitable consultant identified and agreed upon.

Response

- 6.16 The relevant NHS body must respond in writing to a joint scrutiny committee's report or recommendations within 28 days. Where the joint committee is not satisfied either;
- That consultation with it has been adequate in relation to content or time allowed or
 - That the proposal is in the interests of the health service in its area

it may report in writing to the Secretary of State who may make a final decision and direct the local NHS body accordingly.

- 6.17 The guidance states that a joint committee should not consider exercising its power to make a referral to the Secretary of State until it has first responded to the NHS body within the set timescale for consultation and the NHS body proposing the change has had an opportunity to respond to the joint committee's comments. The joint committee's response should be supported by reasons and evidence including any concerns as to the adequacy of the consultation. Efforts should be made at local resolution before the joint committee makes a referral. Where referral is on the grounds that the proposals are not in the interests of the local health service, the joint scrutiny committee has to set out the grounds for this conclusion.

Administration

- 6.18 The authorities involved are likely to have limited spare capacity to clerk the joint committee. It is therefore proposed that the authorities share clerking responsibilities between them, with the Borough hosting a particular meeting also providing the clerk.

Policy and Research Support and Legal Advice to the Joint Committee

- 6.19 It is proposed that this will be jointly provided by participating authorities. Each authority will support its own representatives whilst advice and guidance to the joint scrutiny committee will be provided, as required, through liaison between relevant authorities. Consideration could be given by the joint scrutiny committee to the provision of external independent advice and guidance should it be felt necessary.

Servicing costs

- 6.20 There could be significant costs associated with carrying out this exercise for which no additional resources have been made available as yet. However, it is essential that these costs are met and suitable resources will need to be identified. The costs will be split between the participating authorities.

7. Comments of Head of Legal Services

8. Comments of the Director of Finance

9. Equalities Implications

Appendix A

The Four Scenarios:

Scenario 3: Three District General hospitals with centralised women & children's services at Chase Farm Hospital would stay as they are now, except for women and children's services.

- Inpatient women and children's services would transfer to Barnet and North Middlesex Hospitals;
- Chase Farm would have a non-inpatient Paediatric Unit
- Chase Farm would have a midwife led birthing unit

Barnet and North Middlesex Hospitals would provide the same services that they do now, but Barnet would be adapted to allow the transfer of women's and children's services, and North Middlesex would be redeveloped to increase its women and children's capacity.

Scenario 4: Planned and Emergency split, with Barnet and North Middlesex as emergency centres. Chase Farm Hospital would become a centre for planned surgery (both day surgery and inpatient surgery) and provide an emergency care centre for walk in patients.

- Planned inpatient surgery would transfer to Chase Farm from Barnet and North Middlesex
- Certain 'minor' emergencies referred by GPs or the London Ambulance Service, would be directly admitted to Chase Farm Hospital.
- Chase Farm Hospital would be redeveloped with the appropriate facilities for these changes, including the development of a centre for cancer services and minimally invasive surgery
- Emergency medicine, emergency inpatient surgery and inpatient women & children's services would be centralised at Barnet and North Middlesex Hospitals.
- Barnet Hospital would be adapted to accommodate more emergency activity
- North Middlesex would be redeveloped to accommodate more emergency activity
- The London Ambulance Service would reconfigure and strengthen its services to respond to the changes

Scenario 7: Chase Farm Hospital becomes a Community Hospital; Barnet and North Middlesex hospitals provide all other services. Chase Farm Hospital would become a Community Hospital with an emergency care centre for walk in patients. and day care and outpatient services (similar to Edgware Community Hospital).

- The Chase Farm Hospital would be adapted with appropriate facilities for the services it would provide, with only very minor changes needed
- Emergency and planned inpatient services would be centralised at Barnet and North Middlesex Hospitals, including inpatient women and children's services.
- Barnet Hospital would be adapted to accommodate this extra activity

- North Middlesex would be redeveloped to accommodate this extra activity
- The London Ambulance Service would reconfigure and strengthen its services to respond to the changes

Scenario 8: Chase Farm Hospital closes as an acute site; Barnet and North Middlesex hospitals provide all acute services. Chase Farm Hospital would close as an acute hospital.

- Mental health services and existing community services would remain on the site.
- A new, multi-professional primary care centre would be provided on the Chase Farm site
- All acute services would transfer to Barnet and North Middlesex Hospitals.
- Barnet Hospital would need significant redevelopment
- North Middlesex Hospital would need a larger redevelopment
- The London Ambulance Service would reconfigure and strengthen its services to respond to the changes

Women’s and children’s services would be affected under all four scenarios. This is to enable the case for change to be tested and does not pre-empt the development of the final options for formal public consultation.

The appraisal criteria are:

1. Clinical viability and safety
2. Accessibility
3. Affordability / best use of resources
4. Sustainability
5. Deliverability