

Agenda item:

**Overview and Scrutiny Committee on 26 February 2007**

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

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **ALL**

**1. Purpose:**  
To report on progress on 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 and to formally approve its Terms of Reference

**2. Recommendations:**  
2.1 That the Committee recommend to Council that the Terms of Reference for the Joint Scrutiny Committee be approved.  
2.2 That officers be authorised to agree the final support arrangements, in consultation with the Council's representatives on the Joint Committee, subject to appropriate budgetary provision being made for Haringey's contribution.

**Contact Officer:** Robert Mack Principal Scrutiny Support Officer, Tel 0208 489 2921

**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 March. It is essential that Haringey's Overview and Scrutiny Committee participates fully in the process of scrutinising the proposals. 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, 7<sup>th</sup>. Floor, River Park House

e-mail: [rob.mack@haringey.gov.uk](mailto:rob.mack@haringey.gov.uk)

**6. Background,**

*Introduction*

- 6.1 As previously reported, 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.
- 6.3 The Project Board has identified four high-level scenarios for the development of local services which will be the subject of full public consultation, beginning on 5 March and lasting for four months. The scenarios are attached as Appendix A.

*Joint Scrutiny Committee*

- 6.4 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:
- a). make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;
  - (b). require the local NHS body to provide information about the proposal under regulation 5 of the Regulations; and
  - (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.’
- 6.5 The joint scrutiny 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.
- 6.6 The joint scrutiny committee met informally on 2 February to discuss arrangements for the process.

*Terms of Reference*

- 6.7 The following terms of reference are proposed;
- To assess the adequacy of the consultation being carried out by the health bodies
  - To consider the impact on our residents of the proposals for Chase Farm, Barnet General and North Middlesex University Hospitals and primary care, as set out in the BEH Clinical Strategy consultation paper
  - To assess whether the proposals will deliver sustainable service improvement
  - To assess whether the proposed changes address existing health care inequalities and will not lead to other inequalities
  - To make a response to the NHS bodies leading the consultation, and to other appropriate agencies, on:
    - The impact on patients and carers of the different options\*, and if appropriate, which option should be taken forward

- How the patient and carer experience and outcomes and their health and well-being can be maximised whichever option is selected
- The extent to which patient and public have been consulted and the extent to which their views have been taken into account

*\*To be amended in light of the proposal/s in the BEH Clinical Strategy consultation document*

#### *Composition of Joint Committee*

6.8 The Councils and Councillors who will make up the Committee are shown below:

Barnet; Maureen Braun (C), Richard Cornelius (C) Linda MacFadyen (Lab)

Enfield Anne Marie Pearce (C), Vivien Giladi (Lab), Kate Wilkinson (Save Chase Farm)

Haringey: Gideon Bull (Lab), Martin Newton (LD), Emma Jones (Lab)

Herts CC Bernard Lloyd (C), David Cullen (Lab)

#### *Quorum and Voting*

6.9 It is proposed 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 is proposed as being appropriate. It is nevertheless to be emphasised that decisions by the joint committee should wherever possible be reached by consensus.

#### *Frequency and location of meetings*

6.10 It is proposed that there will be six meetings and that the venue for these rotates between the participating authorities for reasons of equity and access.

#### *Administration*

6.11 The authorities involved have limited spare capacity to clerk and provide policy support for the joint committee. It is therefore proposed;

- That an independent clerk be appointed to clerk joint committee meetings.
- That a member of staff from Enfield Council be seconded to provide policy and administrative support.

6.12 Enfield Council will make the necessary arrangements for both of these and re-charge the other participating authorities.

#### *Writing the Final Report*

6.13 Drafting the joint committee's report may be challenging due to the separate interests of the participating authorities. In addition, it is felt that the joint

committee would benefit from independent expert advice on possible lines of inquiry as well as analysis of evidence. It is therefore proposed an independent consultant be appointed to assist. This will have resource implications for all of the participating authorities, each of which will be required to contribute towards the cost.

#### *Servicing costs*

6.14 It is estimated that the cost of participating in the joint committee could be up to £13,500 for each Council represented on the Joint Committee.

#### **7. Comments of Head of Legal Services;**

8.1 The relevant law and guidance is set out accurately in the main body of the report.

#### **8. Comments of the Director of Finance**

#### **9. Equalities Implications**

9.1 One of the key functions of the Joint Committee will be to consider the impact of the proposals on health inequalities across the local authorities affected. Specific provision for this is included within the terms of reference.

## Appendix A

### The Four Scenarios:

**Scenario 1:** 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 2:** 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 3:** 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 4:** 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