

MUNICIPAL YEAR 2008/2009 REPORT NO. 144

MEETING TITLE AND DATE:

Cabinet 26 November 2008

REPORT OF:

Directors of :-
Health and Adult Social Care
Education, Children's Services & Leisure
Finance & Corporate Resources

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Agenda – Part: 1

Item: 9

**Subject: Barnet, Enfield & Haringey
Clinical Strategy.**

Wards: All

Cabinet Member consulted: Cllr M. Rye

1. EXECUTIVE SUMMARY

Following a request from Councillors, this report seeks a formal decision about whether or not the Council should issue a legal challenge to the Secretary of State's decision on the future of local acute hospital services at this time.

2. RECOMMENDATIONS

That Cabinet note the content of this covering report and consider the issues alongside the confidential legal advice detailed within a Part 2 report later in this agenda.

3. BACKGROUND

The future of local hospital services, particularly those on the Chase Farm site, has been the subject of uncertainty for many years.

Public concern over the closure of Chase Farm Accident and Emergency Department led to Conservative, Labour and Save Chase Farm Councillors to publish additional information for Enfield residents on this major issue – 'Making the Case for Chase Farm – The Council's View' September 2006.

The Primary Care Trusts of Barnet, Enfield & Haringey, following a period of public engagement and consultation, have published plans for their future.

The King's Fund was commissioned to carry out a review to support the Council's Health Scrutiny Committee in assessing the potential impact of the planned reconfiguration of Chase Farm Hospital. 'Reconfiguration at Chase Farm Hospital: an independent review of the impact assessment' was published in March 2007.

The Leader of the Council responded to those proposals, as did the Council's scrutiny function.

Councillors Anne-Marie Pearce and Vivien Giladi joined Councillors from Barnet and Haringey London Boroughs and Hertfordshire County Councils in a Joint Scrutiny Committee to formally scrutinise and respond to the NHS Barnet, Enfield and Haringey Clinical Strategy. The Joint Committee submitted their response in October 2007. It should be noted that the Joint Scrutiny Commission was chaired by Councillor Anne-Marie Pearce and that Enfield was the lead authority.

Extensive work by the Joint Scrutiny Committee across Councils within the area affected by the plans led to the matter being referred to the Secretary of State for Health. An Independent Reconfiguration Panel (IRP) was established which reviewed the proposals and made recommendations to the Secretary of State.

The Secretary of State wrote to Cllr Pearce, Chairman of the Joint Scrutiny Panel on 3 September 2008, accepting the IRP's advice, and decided, on balance, that he was satisfied with the proposals and content that they should be implemented on condition that the IRP's recommendations would be "fully taken into account".

The Council, in keeping with its duty to promote the wellbeing of local residents, sought expert legal advice on the matter in order to consider how best to play its part in securing the best possible health outcomes for local people.

That legal advice is considered within a separate confidential Part 2 report later on this agenda, as to do so in public session would compromise the effectiveness of any challenge that may be made either now or later.

Following a motion at Full Council on 17 September 2008, the Chairman of the Scrutiny Panel and the Leader of the Council have both written to the Secretary State to seek further explanation and assurances.

4. ALTERNATIVE OPTIONS CONSIDERED

Having reviewed the detailed advice contained within the subsequent Part 2 report, Members will need to consider whether it is the Council's best interest to issue a legal challenge to the proposals for the future of local hospital services at this time.

In doing so Members will need to consider; the likelihood of any such challenge being successful, the outcomes that could be secured if the case is won and the direct and indirect cost of such a challenge alongside any impact on local health services or future plans.

5. REASONS FOR RECOMMENDATIONS

To be addressed within Part Two report.

6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS

6.1 Financial Implications

The potential cost of legal challenge will need to be taken into account in considering the issues and decision, further details are contained in the Part 2 report.

6.2 Risk Management Implications

The risk management implications are set out in the reasons for recommendations section of the Part 2 report.

6.3 Legal Implications

To be addressed within the Part 2 Report.

6.4 Property Implications

Not applicable

7. PERFORMANCE MANAGEMENT IMPLICATIONS

The rate of securing improvement in local health services and the Council's partnership with the Primary Care Trust will have a direct impact on performance against a number of health targets contained in both the new Local Area Agreement and the wider new National Indicator Set.

8. COMMUNITY IMPLICATIONS

The future of local hospital services is an issue of great importance to many members of the local community and any plans should improve the health and wellbeing of local people, especially those who face greatest health inequalities and/or have greatest need for care and support.

9. PUTTING ENFIELD FIRST

The Council's continued desire to seek the best possible health outcomes for local people is reflected in Aim 4 of the Community Strategy.

Background Papers

Referral by Joint Scrutiny Panel to Secretary of State
Report of Independent Reconfiguration Panel
Letter from Secretary of State for Health – 3 September 2008