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Meeting Health and Well-Being Board

Date 4 October 2012

**Subject** **Barnet, Enfield and Haringey Clinical Strategy (BEH) – Programme Update- Presentation**

Report of BEH Clinical Strategy Programme Director

Summary of item and decision being sought To make a presentation on progress in the delivery of the Barnet Enfield and Haringey Clinical Strategy programme

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Officer Contributors Chair, Barnet Clinical Commissioning Group  
NHS North Central London, Acting Borough Barnet Director

Reason for Report To provide the Health and Well-Being Board with an update on the Barnet Enfield and Haringey Clinical Strategy

Partnership flexibility being exercised N/A

Wards Affected All

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## **1. RECOMMENDATION**

- 1.1 The Health and Wellbeing Board note the content of the presentation that provides an update on the Barnet, Enfield and Haringey Clinical Strategy

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The Barnet, Enfield and Haringey Clinical Strategy programme update has been provided to the Barnet Health Overview and Scrutiny Committee in September 2012.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1. The BEH Clinical Strategy will work closely with key stakeholders to ensure links with community and primary care within the context of the Barnet Health and Well-being Strategy and other commissioning documents.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 A full Equalities Impact Assessment has been carried out for the Barnet, Enfield and Haringey Clinical Strategy.

## **5. RISK MANAGEMENT**

- 5.1 The BEH Clinical Strategy Programme risk governance is managed by the BEH Clinical Strategy Programme Board and escalated to the Joint Trust Board where necessary.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities. In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions. Regulations setting out the detailed obligations are yet to be issued. Proper consideration will also need to be given to the duties arising from the Equality Act 2010 as mentioned above.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 In April 2012 NHS London approved the Barnet and Chase Farm Outline Business Case (OBC) for capital investment of £17.4 million into Barnet Hospital and £11.8 million into Chase Farm Hospital.

7.2 In April 2012 NHS London approved the North Middlesex University Hospital Outline Business Case (OBC) for capital investment of £80 million<sup>1</sup>.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

8.1 Communication and engagement is a key part of the programme and there is a Communication and Engagement strategy and plan

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

9.1 The BEH Clinical strategy engages with key providers and stakeholders.

## **10. DETAILS**

10.1 Included in the attached presentation

## **11 BACKGROUND PAPERS**

11.1 No additional papers

Legal – HP

CFO – JH

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<sup>1</sup> Source: NHS London