
Meeting	Health and Well-Being Board
Date	19 th September 2013
Subject	Barnet CCG update: Barnet, Enfield & Haringey Clinical Strategy
Report of	Barnet CCG Chief Officer
Summary of item and decision being sought	This paper provides a supplementary update to the Barnet Health and Well-Being Board on the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy. The paper will be supported by a verbal presentation given by the Director of BEH Clinical Strategy programme, which will provide a detailed update on progress. The programme remains on track to deliver the proposed changes in November 2013. The Board is asked to note the progress that has been made.

Officer Contributors	Siobhan Harrington, Director of BEH Clinical Strategy programme
Reason for Report	To supplement a verbal update to the Board on the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy.
Partnership flexibilities being exercised	N/A
Wards affected	All
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1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board notes the content of this supplementary report and reflects on the presentation given by the Director of the Barnet, Enfield and Haringey (BEH) Clinical Strategy Programme, that provides an update on the Barnet, Enfield and Haringey (BEH) Clinical Strategy.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The programme provides periodic updates to Health and Well-Being Boards and Overview and Scrutiny Committees across Barnet, Enfield and Haringey. The previous update to the Barnet Health and Well-Being Board was on 27th June 2013.

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

- 3.1 The Barnet, Enfield and Haringey Clinical Strategy continues to work closely with key stakeholder groups to ensure links are maintained 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, and the results of this assessment will be discussed in the presentation given to the Board on the 19th September.

5. RISK MANAGEMENT

- 5.1 The programme's risk governance is managed by the Barnet, Enfield and Haringey Clinical Strategy Programme Board and risks are escalated to the Barnet, Enfield and Haringey CCGs where appropriate.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 There are no legal implications for this specific report. The Barnet, Enfield and Haringey Clinical strategy has been subject to judicial review previously and remains potentially subject to further judicial review.

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

- 7.1 In November and December 2012 NHS London approved the full business cases for capital investment at Barnet and Chase Farm NHS Hospitals Trust and North Middlesex University NHS Hospitals Trust respectively. A total of £114.6m was allocated to the two Trusts to implement the Barnet, Enfield and Haringey Clinical Strategy. Transitional costs have also been agreed with commissioners.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Communications and engagement is a key part of the programme and a detailed strategy and plan is in place, supported by the provider Trusts.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The Barnet, Enfield and Haringey Clinical Strategy programme engages with key stakeholders from BCF and NMUH Trusts through the governance arrangements.

10. DETAILS

10.1 The changes will see a capital investment of £114.6m to deliver:

- Expansion and redevelopment of emergency services at Barnet (BH) and North Middlesex Hospitals (NMUH) including dedicated paediatrics A&E
- Expansion and redevelopment of maternity and neonatal services at BH and NMUH including the expansion of midwife and consultant led birthing units at both sites,
- Development of GP-led urgent care services at Chase Farm (CF) Hospital, including co-located assessment centres for children and older people,
- Expansion of planned surgery at CF Hospital.

10.2 Delivery of the Barnet, Enfield and Haringey Clinical Strategy is a key enabler of improvements to quality of care at Barnet and Chase Farm Hospitals.

10.3 Work stream Progress

10.3.1 The four clinical work streams- Emergency, Urgent and Acute Care, Maternity, Paediatrics and Planned Care- continue to progress against delivery plans. Building works to deliver expanded capacity at both Barnet and North Middlesex hospitals continue at pace and to timetable. The recruitment campaign at North Middlesex is progressing well with a number of new appointments already confirmed.

10.3.2 Detailed transition plans are in development between both BCF and NMUH Trusts to document the daily and hourly activities required throughout the service transition period. These are being tested with external stakeholders including London Ambulance Service (LAS).

10.4 Communications and engagement

10.4.1 The programme has continued to enhance engagement over the summer months with particular focus on local GPs and clinicians to ensure that the new pathways are clear and understood. A 'Choose Well' campaign outlining the alternatives to A&E is underway with support from the Commissioning Support Unit.

10.4.2 Equality workshops have been undertaken across Barnet, Enfield and Haringey to engage with protected groups to understand the impact of the timing of the changes. This activity will support the CCGs in fulfilling their equality duty. Other activities include monthly newsletters, factsheets and engagement with stakeholder groups in Hertfordshire.

10.5 Assurance

10.5.1 The work of the Clinical Cabinet continues, conducting 'deep dives' into each of the clinical work streams to ensure that future services are fit for purpose and high quality and safety standards are maintained throughout the transition. Additionally the programme engaged with NHS England to undertake an external clinical

assurance review to assure progress and readiness for implementation in November. This will feed into a wider assurance piece by NHS England throughout the transition period.

10.6 Decision making

10.6.1 The programme is preparing for CCG decision-making on the implementation timescales on the 25th September 2013. This meeting in public will bring together the governing bodies of Barnet, Enfield and Haringey CCGs to determine whether the services are ready to transition in November.

10.7 Next Steps

10.7.1 Subject to the decision made by CCGs on 25th September 2013, the programme will continue to progress delivery plans and ensure the detail and risk around the transition in November is managed robustly. This will be supported by more focussed and targeted communications to ensure all stakeholders are clear about the changes.

11 BACKGROUND PAPERS

11.1 No additional background papers.