

SCRUTINY'S GUIDE TO THE HEALTH LANDSCAPE IN SUTTON

Introduction

It is against the context of the significant changes brought about by the Health and Social Care Act 2012 ('the Act') (which came into effect in April 2013) and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('the 2013 Regulations') (which also came into force in April 2013) that this Guide identifies key local and national organisations and bodies within the Sutton Health Landscape.

The Guide outlines the roles and responsibilities of these organisations and bodies and their relationship with health scrutiny, which is carried out by the London Borough of Sutton's Scrutiny Committee. It also highlights which organisations commission and provide different types of health services, to aid scrutiny in engaging with the appropriate bodies in their work. This Guide is only intended to be a high level overview and further information can be found throughout the document via the links included.

"The new legislation extends the scope of health scrutiny and increases the flexibility of local authorities in deciding how to exercise their scrutiny function."

(Local Authority Health Scrutiny Guidance June 2014)

This Department of Health Guidance summarises the role of health scrutiny as the following:

- Ensuring the needs and experiences of local people are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.
- In order to achieve this, health scrutiny should seek to:
 - o Keep open channels by which the public can communicate concerns about the quality of local NHS and public health services to health scrutiny, and use this information to question commissioners and providers about trends.

o Proactively seek information about the performance of local health services and institutions, challenging the information provided and testing it against different sources of intelligence (e.g. seeking the views of local Healthwatch, CQC, and Quality Surveillance Groups). (This is particularly important in light of the findings of the Francis Report)

- Engage relevant NHS bodies and health service providers and clarify at a local level the roles of health scrutiny and how it relates to the NHS, the local authority, HWBs and Healthwatch.
- Take an overview of how well integration of health, public health and social care is working (including how well Health and Wellbeing Boards (HWBs) are supporting this).
- Review cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services.
- Scrutinise proposals for substantial developments or variation in health services, and where there are concerns, work with the local NHS to resolve these locally.
- Discharge health scrutiny functions in an open forum, allowing local people to attend and use communication methods such as film and tweet to report the proceedings.

The main organisations within Sutton's health landscape are described briefly below.

The King's Fund also provides a large amount of useful information about the history, structure and organisation of health services

<https://www.kingsfund.org.uk/health-care-explained>

Healthwatch Sutton

The Act introduced local Healthwatch to represent the voice of patients, service users and the public in respect of local health and social care. Every local authority in England has a Healthwatch, who they directly commission. Local Healthwatch is intended to be a local independent consumer champion for health and social care. Its purpose is to gather views on local health and social care by conducting research in local areas (including via its power to enter and view certain premises at which health and social care services are provided), identifying gaps in services, and feeding into local health commissioning plans.

Healthwatch Sutton is the people's champion for health and social care in Sutton. It is part of a England-wide network of Healthwatch. It gives children, young people and adults a powerful voice – making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

Healthwatch has two parts: the nationally-focused Healthwatch England and 152 community-focused local Healthwatch. Together this forms the Healthwatch network, working closely to ensure people's views are represented nationally and locally.

Healthwatch Sutton helps people get the best out of their local health and social care service; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future.

Healthwatch Sutton:

- Provide people with information, advice and support about local health and social care services through Citizens Advice Sutton.
- Provide complaints advocacy for people who have used health and social care services through Advocacy for all.
- Gather the views and experiences of local people on the way services are delivered and have the power to enter and view adult health and social care services to get a feel for how they are delivering.
- Influences the way services are designed and delivered based on evidence from those who use services and producing reports.
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board.
- Passes information and recommendations to other local Healthwatch,

Healthwatch England and the Care Quality Commission.

Under the 2013 Regulations', local health scrutiny committees are now required to take into account relevant information provided to it by a Local Healthwatch organisation where it relates to the planning, provision and operation of health services in its area ('a referral'). The local health scrutiny committee must acknowledge receipt of the referral within 20 working days and keep the Local Healthwatch referrer informed of any action taken in relation to the matter. Health scrutiny should have a good working relationship with Healthwatch Sutton to facilitate this information sharing.

For further information: <http://www.healthwatchesutton.org.uk/>

Healthwatch England

Healthwatch England is the national consumer champion in health and care. They aim to:

- Build the strengths of the Healthwatch network (made up of local Healthwatch organisations) through a mix of support, facilitation and leadership.
- Ensure that people's worries and concerns about current services are addressed.
- Work to get services right for the future.

They do this by:

- Using local intelligence from the Healthwatch network to inform national work in raising those concerns with people who commission, regulate and provide health and social care services nationally.
- Collecting and analysing data and information from national players to identify issues and then share this with local Healthwatch so they can use this in their local work.

- Using their statutory powers over key players such as NHS England, the Care Quality Commission, Monitor and each local authority in England and having ultimate recourse to advise the Secretary of State for Health. While Healthwatch England cannot make organisations act on their advice, they must respond in writing and on the public record to justify their decision.

For further information: <https://www.healthwatch.co.uk/>

London Borough of Sutton's Health and Wellbeing Board (HWB)

The Act established Health and Wellbeing Boards (HWBs) as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population, promote integrated services, and reduce health inequalities. The HWBs, which sit within local authorities bring together key stakeholders from the NHS; public health; local government; and Healthwatch, to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

The HWB prepares a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWS), to identify current and future health and social care needs, set local health and social care priorities, and provide a framework for the commissioning of local health and social care services.

LB Sutton's HWB considers matters relating to the provision of health services and the commissioning of adult social services and children's services across health and social care and the impact of these on the health and wellbeing of the local population.

LB Sutton's Scrutiny Committee can hold LB Sutton's HWB to account for their effectiveness insofar as it relates to the planning, provision and operation of the health service in Sutton. In addition, individual HWB members can be held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS England). Health scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working, this includes how well health and wellbeing boards are carrying out their duty to promote integration and making recommendations about how it could be improved.

There are requirements under the 2013 Regulations for 'responsible persons,' which include HWBs, to co-operate with scrutiny including by: providing information, attending before the scrutiny committee to answer questions, agreeing for a suitable person to attend, responding to reports and recommendations, and for those with a commissioning responsibility to consult on substantial developments or variations.

For further information:

<https://moderngov.sutton.gov.uk/mgCommitteeDetails.aspx?ID=471>

LB Sutton Public Health

On 1st April 2013 public health transferred to local authorities as part of the Act. A ring-fenced public health grant was made available to each local authority to discharge their new public health responsibilities. The local public health responsibilities are divided into two main areas:

1. To commission and manage a range of public health programmes.

In Sutton there are widening health inequalities so the commissioned programmes need to help people live healthy lifestyles, make healthy choices and reduce health inequalities. The programmes cover:

- Comprehensive sexual health services (excluding HIV treatment services and terminations)
- Stop smoking services
- School nurses and health visiting
- Alcohol and drug misuse services
- NHS Health Check programme

2. To survey and monitor the health of the local population.

- Ensuring Sutton CCG receive the public health advice they need to commission NHS services
- Strategic lead for the Joint Strategic Needs Assessment (JSNA)
- Strategic lead for the Joint Health and Wellbeing Strategy (JHWS)
- Provide 'cross cutting' support across numerous council functions
- Advice on emergency planning, licensing, transport and environmental issues

LB Sutton Director of Public Health is a member of LB Sutton's HWB and a board member on NHS Sutton CCG. Public health sits within the Chief Executive's Group. Its performance is monitored and decisions taken by the Council's Strategy and Resources Committee.

As Public Health commission health services, it falls within the scope of health scrutiny and the requirements of the 2013 Regulations. These include: providing information, attending before the scrutiny committee to answer questions, agreeing for a suitable person to attend, responding to reports and recommendations, and for those with a commissioning responsibility to consult on substantial developments or variations.

For further information: https://www.sutton.gov.uk/info/200588/health_and_wellbeing

Public Health England (PHE)

Public Health England (PHE) is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. It was established in April 2013 in place of the Health Protection Agency to protect and improve the nation's health and wellbeing, and reduce health inequalities. They provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

They are responsible for:

- making the public healthier and reducing differences between the health of different groups by promoting healthier lifestyles, advising government and supporting action by local government, the NHS and the public
- protecting the nation from public health hazards
- preparing for and responding to public health emergencies
- improving the health of the whole population by sharing our information and expertise, and identifying and preparing for future public health challenges
- supporting local authorities and the NHS to plan and provide health and social care services such as immunisation and screening programmes, and to develop the public health system and its specialist workforce
- researching, collecting and analysing data to improve our understanding of public health challenges, and come up with answers to public health problems

Public Health England, which is accountable for public health spend, requires each local authority to complete and return a revenue outturn form, a formal statement that the ring-fenced public health grant has been used for the purposes intended. It must be signed by the director of public health as well as either the chief executive or the Section 151 officer of each Council.

For further information:

<https://www.gov.uk/government/organisations/public-health-england>

NHS England

NHS England was formally established in October 2012.

NHS England leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care.

It has devised a strategic vision for the NHS, along with its partners in health, called the Five Year Forward View .

NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money effectively.

NHS England has certain responsibilities for CCGs. These include:

- Assurance: NHS England has a responsibility to assure themselves that CCGs are fit for purpose, and are improving health outcomes.
- Development: NHS England must help support the development of CCGs.

Five regional teams regions across England cover healthcare commissioning and delivery in their area and provide professional leadership on finance, nursing, medical, specialised commissioning, patients and information, human resources, organisational development, assurance and delivery.

Regional teams work closely with organisations such as clinical commissioning groups (CCGs), local authorities, health and wellbeing boards as well as GP practices.

Across the London area they commission more than £15bn of services for the 8.17 million people living in the capital.

These include over 140 specialised services such as:

- Adult secure mental health services
- HIV treatment
- Paediatric cardiac services
- Cystic fibrosis services
- Complex spinal surgery

NHS England is also responsible for commissioning:

- Healthcare for those in the criminal justice system
- Healthcare for the armed forces

NHS England delegated responsibility for commissioning General Practice (GP) services to CCGs in April 2017.

As NHS England commissions health services, it falls within the scope of health scrutiny and the requirements of the 2013 Regulations. These include: providing information, attending before the scrutiny committee to answer questions, agreeing for a suitable person to attend, responding to reports and recommendations, and consulting on substantial developments or variations.

For further information: <https://www.england.nhs.uk/>

Sutton Clinical Commissioning Group (CCG)

Clinical Commissioning Groups (CCGs) were established on 1 April 2013. CCGs are statutory NHS bodies led by clinicians.

CCGs are:

- Membership bodies, with local GP practices as the members. NHS Sutton CCG is made up of all 25 GP practices in the borough of Sutton;
- Led by a Governing Body NHS Sutton CCG's Governing Body includes GPs, a primary care nurse, an independent nurse, LB Sutton's Director of Public Health, a secondary care doctor and lay members.
- Responsible for commissioning the following services in Sutton:
 - Primary care services (GPs and pharmacists)
 - Hospital services (for example, specialist investigations, routine or planned operations, outpatient appointments)
 - Urgent and emergency care (for example, out of hours GP service, urgent treatment centre and A&E departments)
 - Services for people with mental health conditions
 - Community health services (for example, district nursing)
 - Rehabilitation services (for example, physiotherapy)
 - Services to support people with "fully funded NHS continuing healthcare" (for example, for people with learning disabilities or who are physically frail)
- CCGs are accountable to the Secretary of State for Health and Social Care through NHS England.

The advantage of this system is that CCGs are clinically led local organisations that know the area in which they are working, and so are able to commission services that are specifically required by the population that they serve. CCGs can commission services from a range of providers, including from the voluntary and private sectors. Anybody that provides these services must be registered with a regulating body.

CCGs are responsible for the health of their entire population, and are measured by how much they improve outcomes. As co-commissioners (see NHS England section above), CCGs should work with NHS England's Local Area Teams to ensure joined-up care.

A representative of Sutton's CCG sits on LB Sutton's HWB.

As CCGs commission health services, they fall within the scope of health scrutiny and the requirements of the 2013 Regulations. These include: providing information, attending before the scrutiny committee to answer questions, agreeing for a suitable person to attend, responding to reports and recommendations, and consulting on substantial developments or variations.

For further information: <http://www.suttonccg.nhs.uk/Pages/Home.aspx>

NHS South West London Health and Care Partnership

The South West London Health and Care Partnership (formerly South West London Collaborative Commissioning) is comprised of the organisations providing health and care in the six south west London boroughs (Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth). The NHS, local councils and the voluntary sector have strengthened their commitment to working together to deliver better care for local people as the South West London Health and Care Partnership.

They are working together in four local partnerships, acting as one team to keep people healthy and well in Croydon, Sutton, Kingston & Richmond, and Merton & Wandsworth.

In November 2017 they published a draft refreshed strategy document: [The South West London Health and Care Partnership: One year on \(PDF document\)](#) for discussion with local organisations and stakeholders. This discussion document reflects the feedback over the last year, and as a result has strengthened the focus on partnership, prevention and keeping people well.

It is not a final document and will continue to help to develop “local health and care plans” in each area. These plans will provide clear and detailed actions to address the local challenges set out in the discussion document. The local plans will be published in autumn 2018.

For further information : <https://www.swlondon.nhs.uk/>

Local Hospital Trusts

Epsom and St Helier University Hospitals NHS Trust

Epsom and St Helier University Hospitals NHS Trust provides a range of medical services, including cancer, pathology, surgery, and gynaecology to over 490,000 people in south west London and north east Surrey. They operate two general hospitals, Epsom Hospital and St Helier Hospital, and run services from other locations, including Sutton Hospital.

St Helier Hospital is home to the South West Thames Renal and Transplantation Unit and Queen Mary's Hospital for Children, while Epsom Hospital is home to the South West London Elective Orthopaedic Centre (SWLEOC). Both Epsom and St Helier hospitals have Accident and Emergency departments (A&E) and Maternity services (Obstetrics)

For further information: <https://www.epsom-sthelier.nhs.uk/>

South West London and St George's Mental Health NHS Trust

South West London and St George's Mental Health NHS Trust was formed in 1994.

It provides services for 1.1 million people across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth and employs more than 2,000 staff who provide care and treatment to about 20,000 people from south west London and beyond at any given moment.

It has more than 100 clinical teams across the Trust, working to make sure that high quality patient centred care is the key priority. The emphasis is on recovery which means helping people to get on with their lives and to focus on the things that are important to them.

The Trust headquarters are in Springfield University Hospital in Tooting, with major inpatient services provided from Tolworth hospital in Kingston, and Queen Mary's hospital in Roehampton.

The Trust provides community and outpatient services in each of the boroughs it serves and provides many national services such as those for people with eating disorders and OCD as well as national deaf services.

For further information: <https://www.swlstg.nhs.uk/>

The Royal Marsden NHS Foundation Trust

The Royal Marsden opened its doors in 1851 as the world's first hospital dedicated to cancer diagnosis, treatment, research and education. Today, together with its academic partner, The Institute of Cancer Research (ICR), it is the largest and most comprehensive cancer centre in Europe, treating over 50,000 NHS and private patients every year.

The Royal Marsden, with the ICR, is the only National Institute for Health Research Biomedical Research Centre dedicated solely to cancer.

The Trust has two hospitals: one in Chelsea, London, and another in Sutton, Surrey. It also has a Chemotherapy Medical Daycare Unit at Kingston Hospital.

The Royal Marsden is also the current provider of community services in the London boroughs of Sutton and Merton.

For further information: <https://www.royalmarsden.nhs.uk/>

As these NHS hospital trusts provide health services, they fall within the scope of health scrutiny and the requirements of the 2013 Regulations. These include: providing information, attending before the scrutiny committee to answer questions, agreeing for a suitable person to attend, responding to reports and recommendations, and bringing any proposals for substantial development or variation to the attention of scrutiny, or where the proposals are the responsibility of commissioners, bringing these proposals to the early attention of the commissioner (CCG or NHS England) so they can consult with scrutiny.

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is an independent health and adult social care regulator. They make sure health and social care services provide people with safe, effective, compassionate, high- quality care and encourage them to improve.

The CQC's role is to :

- Register care providers. Before a care provider can carry out any of the activities that the CQC regulates, they must register with them and satisfy a number of requirements.
- Monitor, inspect and rate services.
- Take action to protect people who use services.
- Speak with an independent voice, publishing their views on major quality issues in health and social care.

The CQC monitor, inspect and regulate hospitals, care homes, dental practices, GPs and other care services in England to make sure they meet fundamental standards of quality and safety and they publish what they find, including performance ratings to help people choose care.

The CQC has a wide range of joint working agreements with other health and care organisations to make sure health and social care services provide people with safe, effective, compassionate and high-quality care.

CQC reporting can be a useful source of information for health scrutiny, to help identify areas of concern to monitor or investigate further, and be used to verify information being presented to scrutiny by NHS bodies. Under the CQC's inspection model, there is an emphasis on working with local organisations including local health overview and scrutiny committees and routinely gathering their views. The CQC asks these local organisations to share information with them. When the CQC inspects acute hospital trusts, specialist mental health services and community health services, their inspection findings are discussed at a quality summit. This is a meeting with the care provider and partners in the local health and social care system.

For further information: <https://www.cqc.org.uk/>

Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman's role is to consider and make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations.

They look into complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right.

Examples of recent work include :

- Acting on sepsis
- A safer NHS for mothers and babies
- What good complaint handling looks like
- Improving the quality of investigations when things go wrong
- Justice for a community facing relocation.

The Parliamentary and Health Service Ombudsman could be a potential source of information for health scrutiny, to help identify areas of concern to monitor or investigate further, and be used to verify information being presented to scrutiny by NHS bodies.

For further information: <https://www.ombudsman.org.uk/>

NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It seeks to hold providers to account and, where necessary, intervene, to help the NHS to meet its short-term challenges and secure its future.

From 1 April 2016, NHS Improvement is the operational name for an organisation that brings together the former bodies:

- Monitor
- NHS Trust Development Authority
- Patient Safety, including the National Reporting and Learning System
- Advancing Change Team
- Intensive Support Teams

NHS Improvement builds on the best of what these organisations did, but with a change of emphasis. Their priority is to offer support to providers and local health systems to help them improve.

NHS Improvement could be a potential source of information for health scrutiny, to help identify areas of concern to monitor or investigate further, and be used to verify information being presented to scrutiny by NHS bodies.

For further information: <https://improvement.nhs.uk/>

NHS England's Quality Surveillance Groups (QSGs)

Quality Surveillance Groups bring together different parts of the health and care system, to share intelligence about risks to quality under the aegis of the National Quality Board (NQB), which provides coordinated clinical leadership for care quality across the NHS on behalf of the national bodies:

- NHS England
- Care Quality Commission
- NHS Improvement
- Health Education England
- Public Health England
- National Institute for Health and Care Excellence
- NHS Digital
- Department of Health

QSGs systematically bring together the different parts of the system to share information. They are a proactive and supportive forum for collaboration and intelligence sharing. By triangulating intelligence from different organisations, they provide the health economy with a shared view of risks to quality, and opportunities to coordinate actions to drive improvement.

QSGs operate at two levels: local and regional. There are currently 28 local QSGs, and four regional QSGs. They are concerned with services commissioned by the NHS (either by CCGs or NHS England) and with those commissioned jointly by the NHS and local authorities. They also consider services that are commissioned by local authorities from providers of NHS care. In South London, the QSG is the South London Quality Surveillance Group.

Health Scrutiny should be aware of the role of QSGs and use them as a source of information regarding risk and quality which can be used to verify information being presented to scrutiny by NHS bodies.

Note: The information contained in this guide has been primarily sourced from the websites of the organisations and bodies referred to in this report (August 2018).