

BRIEFING PAPER FOR SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: RECOMMENDED OVERVIEW AND SCRUTINY ARRANGEMENTS

Introduction

1. Improving Healthcare Together 2020-2030 is a commissioner-led programme formed of three CCGs which cover the areas of Surrey Downs, Sutton and Merton. There are approximately 720,000 residents in our combined geographies and we have been working closely together to better integrate care and to address the challenges to major acute services delivered in the area.
2. Programme representatives met with scrutiny officers from the London Boroughs of Merton and Sutton and Surrey County Council on 18 May 2018 to discuss potential scrutiny arrangements. An outline agenda has been agreed for a meeting of the South West London and Surrey Joint Health Overview and Scrutiny Committee, scheduled to take place on 26 June 2018.
3. The programme is committed to fulfilling its obligations under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 should there be a 'substantial variation or development' necessitating public consultation.
4. This paper recommends that local authority oversight and scrutiny of the programme would be best carried out by a subcommittee of the South West London and Surrey Joint Health Overview and Scrutiny Committee, comprised of members from Surrey County Council and the London Boroughs of Merton and Sutton.

Improving Healthcare Together 2020-2030

5. In 2017 Epsom and St Helier University Hospitals NHS Trust assessed their acute services against the South West London Clinical Senate's agreed standards. They were the only provider trust in south west London to declare that their services were not sustainable in their current form. The Trust published a Strategic Outline Case proposing solutions to these issues.
6. Improving Healthcare Together 2020-2030 is a commissioner-led programme looking at the challenges identified in delivering major acute services from Epsom and St Helier, against a wider agenda of integrating primary and community services.
7. On the 21st June 2018, the Improving Healthcare Together 2020-2030, Committees in Common will meet. The Committees in Common comprises membership from Surrey Downs CCG, Merton CCG and Sutton CCG and Healthwatch Surrey, Merton and Sutton. The Committees in Common will be asked to approve the following draft documents: Improving Healthcare Together 2020-2030: Issues paper, Improving Healthcare Together 2020-2030: Issues paper technical annex: Case for change, Clinical model and Development of potential solutions and the Improving Healthcare Together 2020-2030: early engagement plan.
8. A copy of the *Improving Healthcare Together 2020-2030: Issues paper* is included as a separate attachment for reference. This is a public facing document. It summarises the key challenges faced by the local health community and explains why change is necessary. Specifically, it summarises the case for change, the provisional clinical model, development of potential solutions and supporting engagement plan.

9. Andrew Demetriades, Programme Director for Improving Healthcare Together 2020-2030 will provide an update to the JHOSC on the outcome of the Committees in Common meeting.

Epsom and St Helier activity commissioned across Clinical Commissioning Groups

10. Epsom and St Helier provides major acute services predominantly to patients who fall under the three Clinical Commissioning Groups – Surrey Downs, Sutton and Merton – across three hospital sites; Epsom Hospital, St Helier Hospital and Sutton Hospital.
11. Over 85% of Epsom and St Helier University Hospitals NHS Trust's total patient care in 2017/18 was provided by Surrey Downs CCG (c. 32%), Sutton CCG (c. 30%), Merton CCG (c. 10%), and NHS England (c. 14%) (who commission specialist services), through contracts with them. Appendix 1 on page 3 provides the full breakdown of commissioning activity for Epsom and St Helier.
12. Over ten further Clinical Commissioning Groups commission services delivered by Epsom and St Helier, however the commissioning flow from these CCGs is small.

Recommended overview and scrutiny arrangements

1. Commissioners are of the view that, where possible, local authority scrutiny should mirror the predominant commissioning flow.
2. With regard to the breakdown of commissioner activity, it is apparent that the activity with commissioners other than Merton, Sutton and Surrey Downs is not significant. Therefore, in terms of the statutory duty to consult with local authorities, it would be reasonable to focus on the 3 local authorities: Sutton, Merton and Surrey where activity is substantial.
3. It is therefore suggested that a subcommittee of the South West London and Surrey Joint Health Overview and Scrutiny Committee, comprising representatives of Surrey County Council and the London Boroughs of Sutton and Merton, is set up to carry out the overview and scrutiny function.
4. This would be the most effective and efficient way to scrutinise the Improving Healthcare Together 2020-2030 programme given the coterminous boundaries shared between the two London CCGs and London Boroughs, as well as the essential inclusion of Surrey County Council.
5. The programme understands that representatives from neighbouring local authorities may wish to sit in attendance at any meeting of the subcommittee should they wish to do so.

Appendix 1: Commissioning activity at Epsom and St Helier¹

| Commissioner | % of activity and income by main commissioner |
|---|---|
| NHS Surrey Downs CCG | 33% |
| NHS Sutton CCG | 32% |
| NHS England (specialised commissioning) | 14% |
| NHS Merton CCG | 11% |
| NHS Croydon CCG | 4% |
| NHS Kingston CCG | 2% |
| NHS East Surrey CCG | 1% |
| NHS North West Surrey CCG | 1% |
| NHS Richmond CCG | 1% |
| NHS Wandsworth CCG | 1% |

Figure 1 below illustrates the Trust catchment across CCG footprints



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¹ Activity and income data for 2017/18, Epsom and St Helier University Hospitals NHS Trust

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