

**South West London Strategic Planning Group and  
South West London & Surrey Downs Healthcare  
Partnership**

**Governance**

**V16**

## Document Revision History

Revision date	Author(s)	Change summary	Version*
09/11/15	Kay McCulloch		0.1
11/11/15	Kay McCulloch	Add AN comments	0.2
13/11/15	Kay McCulloch	Reflect feedback from working group and COs	0.3
13/11/15	Kay McCulloch	Corrupted file - resaved	0.4
16/11/15	Kay McCulloch	Comments from review of v0.4	0.5
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17/11/15	Kay McCulloch	Final comments including legal advice	0.7
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20/11/15	Kay McCulloch	Changes following meeting on 20/11 (minuted)	0.9
23/11/15	Kay McCulloch	Final updates	1.0
25/11/15	Kay McCulloch	Update approvals list	1.1
13/1/16	Kay McCulloch	Update to include Finance & Activity ToR, LA ref group ToR, PPESG ToR and Working group ToR. Plus to action feedback from v 11 - add Chairs of CDGs to Clinical Board, SD role as commissioner from Kingston, SLAM correct name	12/13
28/1/16	Kay McCulloch	Clinical board ToR	14
8/2/16	Kay McCulloch	Reflect expanded scope of board to include role of SPG	15
18/2/16	Kay McCulloch	Typos corrected & CE added to SPG working group	16

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## 1. EXECUTIVE SUMMARY

In February 2014 the six South West London NHS Clinical Commissioning Groups (CCGs) – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and the health commissioners from NHS England (London) agreed to work together with hospitals, mental health, primary and community care service, local councils, local people and patients to improve health services for everyone in South West London. The partnership between the CCGs and NHS England has been known as the South West London Commissioning Collaborative (SWLCC). In June 2014 SWLCC published a five year strategy to improve services and since that point has been taking forward this work. A South West London Acute Provider Collaborative (APC) was established during 2014/15 to enable the South West London acute providers to work collaboratively together to respond proactively to the Commissioner's plan. South West London Out of Hospital providers have also been meeting during 2015 to discuss their response to the issues faced by the local NHS.

Since the summer of 2015 local NHS commissioners and providers have been in discussions as to how they could best work together in the future to address the challenges faced by the NHS in South West London. Surrey Downs have been included in the discussions because they, along with Sutton CCG and Merton CCG, commission services from Epsom and St Helier Hospital, and also commission services from Kingston Hospital. Similarly, SWL CCGs commission elective service from the South West London Elective Orthopaedic Centre (SWLEOC) at Epsom Hospital.

The outcome of these discussions was an agreement to further strengthen and build on the programme of work that has been carried out in South West London and Surrey Downs to date, by forming closer working arrangements and developing a single programme of work – the South West London and Surrey Downs Healthcare Partnership programme (“The Partnership”).

The Partnership will focus predominantly on three key areas which are fundamental to transforming the system:

1. The configuration of acute sites in South West London
2. The productivity challenge
3. The transformation of out of hospital services

During these discussions the providers and commissioners have been working with NHS England, Monitor and the Trust Development Authority who are supportive of the Partnership and together with the Independent Chair, Sir Andrew Morris will take a role in achieving consensus on the issues on which the Partnership will focus.

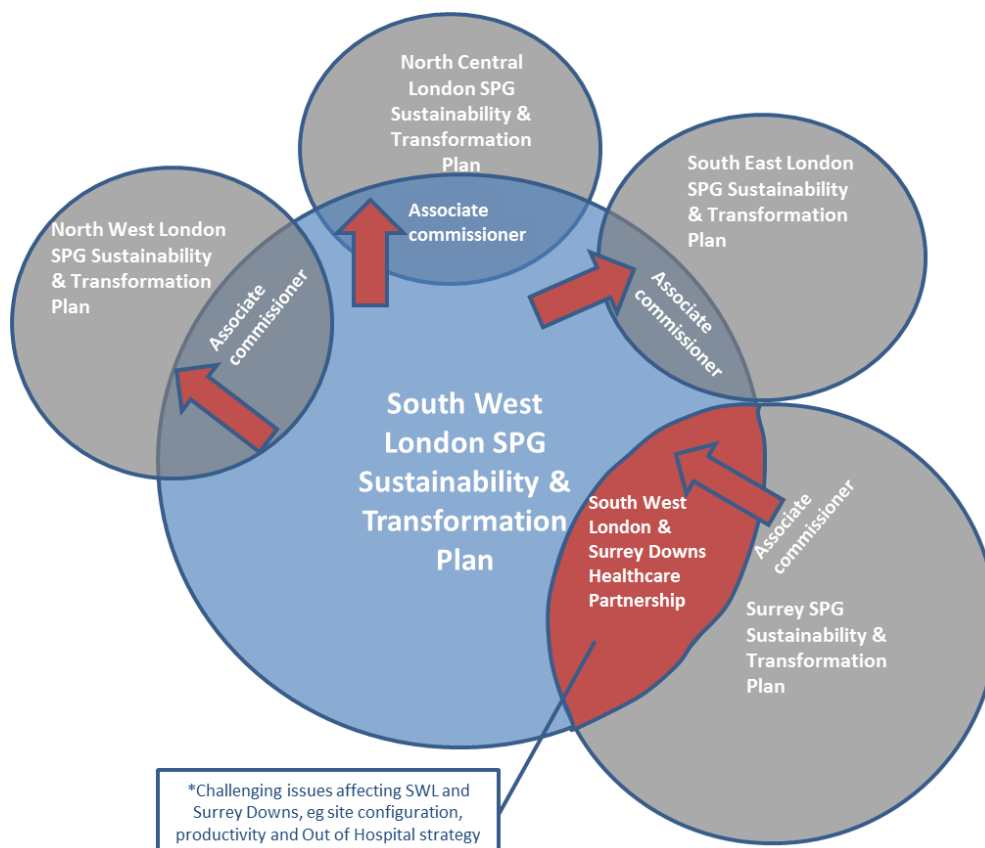
Formal governance is essential to ensure that the programme is directed to maximise the delivery of benefits. Terms of reference for how the Partnership programme will be designed and delivered were signed off by Governing Bodies and Boards from November 2015 to January 2016. Feedback from these meetings is set out in section 2 to this document.

Since the proposed terms of reference for the partnership were agreed, guidance has been received from NHS England in respect of the formation of a South West London Strategic Planning Group to develop a five year Sustainability and Transformation Plan for the period 2016/17 to 2020/21. This five year plan will build on the five year strategy already published by the SWLCC, which seeks to put the health economy on to a clinically and financially sustainable footing, addressing workforce and quality issues.

Surrey Downs and the Tripartite are not included in the South West London Strategic Planning Group. Therefore the partnership structure and governance arrangements, which include Surrey Downs and the Tripartite, will continue in order to oversee configuration, productivity and out of hospital services.

The broader work contained in the Sustainability and Transformation Plan, and the development and agreement of the Sustainability and Transformation Plan itself, will be managed through a second part of each of the boards set up for the Partnership, which will represent the South West London Strategic Planning Group and as such will not include Surrey Downs or the Tripartite. This is described in the attached Terms of Reference.

Figure 1 below shows the relationship between the Strategic Planning Group and the Partnership.



## 2. STATUS OF TERMS OF REFERENCE

### *Programme Board and Clinical Board*

The Programme Board and Clinical Board Terms of Reference were included in v11 of this document which was sent to Governing Bodies and Provider Boards for approval. Sign off and feedback was provided as follows:

Name and position/group	Sign off date	Comments	Action	Version
Croydon CCG	1/12/15	Director of Public Health to be included.  Need to have both CCG Chair and CO on Programme Board	Actioned  COs have written to CEs to confirm that both COs and Chairs will sit on the Programme Board	11
Kingston CCG	12/1/16	Public Health input needs to be strengthened  Surrey Downs also commissions from Kingston	Actioned  Updated	11

Name and position/group	Sign off date	Comments	Action	Version
		All Clinical Chairs of CDGs should be represented on the Board	Actioned	
Merton CCG	17/12/15	Approved		11
Richmond CCG	19/1/16	Approved		11
Surrey Downs CCG	Not yet signed off	Agreed as chair's action – to be taken to GB on 29/1/16		11
Sutton CCG	6/1/16	Approved		11
Wandsworth CCG	9/12/15	Approved		11
Croydon Health Services NHS Trust	9/12/15	Request that a Chair or a CO should represent each CCG, not both  Clarify NHSE's dual role (decision making role as commissioner and neutral facilitation as regulator)  Strengthen the role of the Tripartite  Clarify the role of the Board in the drafting of the STP	COs have written to CEs to confirm that both COs and Chairs will sit on the Programme Board  Shown as separate roles on Terms of Reference  To be reviewed as programme progresses  Terms of reference updated	11
Epsom & St Helier University Hospitals NHS Trust	27/11/15	Add HESL to Clinical Board  Request that a Chair or a CO should represent each CCG, not both	Updated  COs have written to CEs to confirm that both COs and Chairs will sit on the Programme Board	11
St George's University Hospitals NHS Foundation Trust	3/12/15	Approved		11
Kingston Hospital NHS Foundation Trust	27/1/16	Clarify whether clinicians are speaking in own right or representing their working group/provider	Discussed at Clinical Board	11
South West London & St Georges NHS Trust	3/12/15	Approved		11
South London & Maudsley NHS Foundation Trust	15/12/15	Ensure consistently refer to "South London and Maudsley NHS Foundation Trust".	Updated	11

Since this point, the Terms of Reference have been updated to reflect the role of the Strategic Planning Group.

### Finance & Activity Committee

The attached Terms of Reference were signed off by the FAC at their meeting in December 2015.

Since this point, the Terms of Reference have been updated to reflect the role of the Strategic Planning Group.

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**Local Authority Reference Group**

The Terms of Reference will be drafted in March 2016

**Patient & Public Engagement Steering Group**

Signed off January 2016.

**SPG Transformation Group**

The Terms of Reference are in draft and are not yet signed off.

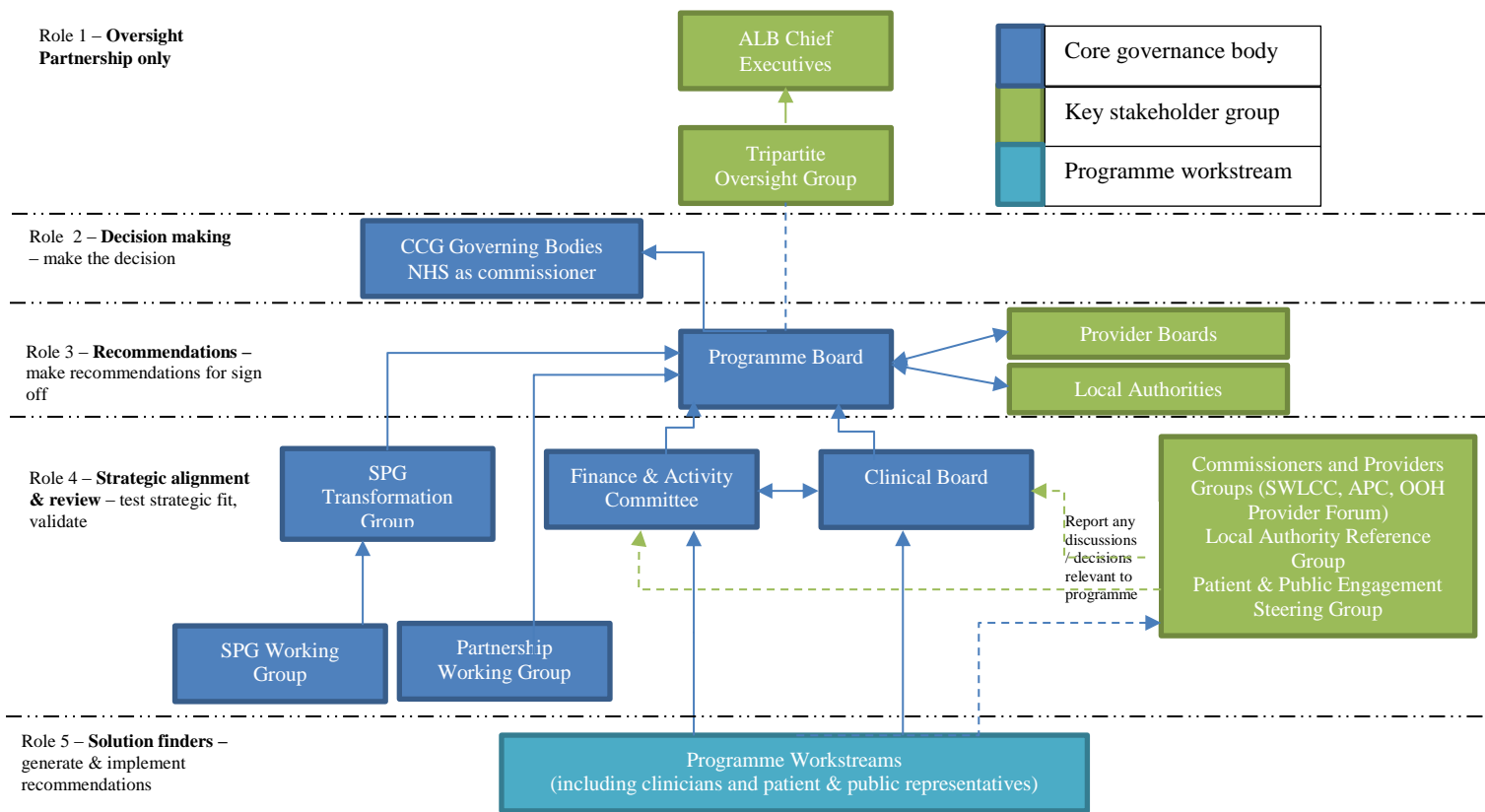
**South West London & Surrey Downs Working Group**

The Terms of Reference were signed off by the Working Group on 17 December 2015. There are no changes to these Terms of Reference as this group supports the Partnership.

**SPG Working Group**

The Terms of Reference are in draft and are not yet signed off.

### 3. GOVERNANCE STRUCTURE - SUMMARY



#### Programme Board

An Independent Chair has been appointed by the Tripartite to lead the Partnership section of the programme board.

The Strategic Planning group section of the programme board will be co-chaired by a Chief Officer, Chief Executive and Local Authority Representative.

The role of the Programme Board is to oversee the progress of the programme, drive consensus on change to be delivered and make recommendations to decision-makers.

#### Clinical Board

The Clinical Board will be responsible for developing and agreeing models of care with the wider clinical community and consider any impacts of recommendations made by other workstreams.

#### Finance and Activity Committee

The Finance and Activity Committee will be responsible for overseeing the financial implications of all the workstreams. It will validate and sign off all financial modelling and other technical work. It will ensure that the finance work across all workstreams is consistent and is of a quality that will support public consultation and engagement and Regulators' expectations.

#### Transformation Group Board

This group meets weekly to shape the Sustainability and Transformation plan, involving key stakeholders and partners during its development

#### Working Groups



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There are two weekly working groups, one to support the SPG and development of the Sustainability and Transformation Plan and the other to support the Partnership work.

Terms of Reference for each of these boards, committees and groups are set out in the appendices to this document.

#### **4. ROLES AND RESPONSIBILITIES OF INDIVIDUAL ORGANISATIONS**

The governance structure laid out above is intended to reflect both the legal accountabilities of organisations, and the need for consensus. CCGs (and NHS England in their role as specialist commissioner) are the only organisations which can define which services will be commissioned in the health economy and are therefore the only legal decision-maker if significant service change is required. The Governing Bodies of Foundation Trusts also have a legal responsibility to act in the best interests of their own organisations. In practice, the agreement, active support and co-operation of all organisations will be essential to delivering service change.

The expectation is that all organisations will work together in good faith and constructively.. It is in the interest of all commissioners and providers to develop a solution that restores the local NHS economy to financial and clinical sustainability. To support this, all the organisations have agreed to work together to develop solutions to the challenges faced by the health economy on the basis of consensus, recognising the difficulties this may create for some individual organisations.

It is possible that disagreements will arise, between sectors or between individual organisations. The expectation is that organisations will engage constructively with each other to address and resolve these and aim to achieve consensus at the Programme Board.

**In respect of the Partnership only**, if organisations cannot achieve consensus between themselves, the Partnership programme allows for intervention by neutral third parties through two routes:

##### **1) Neutral facilitation by the Chair**

The role of the Chair is to act as a neutral arbiter and facilitator between the organisations involved in the process. The Chair will work with both commissioners and providers to develop solutions and resolve conflicts. Ultimately the SSHP Chair cannot abrogate the responsibilities of individual organisation Chairs or accountable officers. All the organisations will be expected to engage constructively with him in his role.

##### **2) Neutral facilitation by the Tripartite**

NHS England, Monitor and the Trust Development Authority will have a key role to play in helping the South West London and Surrey Downs organisations to address the challenges that they are facing. As third parties with specific regulatory roles, they are able to stand outside of the individual organisational interests in South West London and Surrey Downs and will be expected to play a significant role in supporting the development of solutions. They will have a particular role in working with organisations which may perceive themselves to be disadvantaged by proposals in the short term, if this is necessary to deliver wider system sustainability, and thus a longer term advantage for all organisations and more importantly, the needs of patients and taxpayers.

The specific legal powers of the Tripartite to intervene with commissioner and provider organisations are laid out in Appendix 4. As importantly, the relationships that the Tripartite organisations have with each of the organisations in South West London and Surrey will enable them to work closely with South West London and Surrey Downs and support the development of a way forward.

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# **Appendix 1**

## **Terms of Reference**

**South West London & Surrey Downs Healthcare  
Partnership and the South West London Strategic  
Planning Group**

**Programme Board**

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## 1. Purpose

This document details the Terms of Reference for the South West London & Surrey Downs Healthcare Partnership (Partnership) Programme Board and the South West London Strategic Planning Group (SPG).

## 2. Role of the Board

### Part 1: South West London & Surrey Downs Healthcare Partnership

The Board will bring together representatives of the organisations across South West London and Surrey Downs which are included within the South West London & Surrey Downs Healthcare Partnership. The role of the Partnership Programme Board is to oversee the progress of the partnership elements of the programme as set out below, and to drive consensus on change to be delivered and make recommendations to decision-makers.

It will focus on:

1. The configuration of acute sites in South West London
2. The productivity challenge
3. The transformation of out of hospital services

Within this, the Partnership Programme Board will act as the main forum for the affected healthcare organisations to discuss the proposals, to review and draw together the evidence from the Clinical Board and the Finance and Activity Committee as well as other relevant information, and to shape and discuss any service recommendations to be made to CCGs and NHS England in its role as commissioner.

The Programme Board will seek to achieve consensus over the vision and service model, and work to ensure that these are supported by all Programme Board members. It is possible that the consensus will lead to several options for service change being developed for public consultation which may be viewed more or less favourably by organisations and there may not be agreement between Programme Board members over a preferred option. **It is a critical principle that all NHS organisations support implementation of the preferred option (or variant) arrived at by the final decision making process post-consultation and Boards and Governing Bodies are committed to this.**

The recommendations will be put to the Governing Bodies of the 7 CCGs for final agreement and sign off.

### Part 2: South West London Strategic Planning Group

The SPG Board will bring together representatives of the organisations across South West London which are included within the South West London Strategic Planning Group. The role of the Strategic Planning Group Programme Board is to oversee the development, agreement and implementation of the Sustainability and Transformation Plan, and to drive consensus on change to be delivered and make recommendations to decision-makers.

The Sustainability and Transformation Plan, and the benefits to be delivered, will build on the previous five year strategy already published by the SWLCC, which seeks to put the health economy on to a clinically and financially sustainable footing, addressing workforce and quality issues.

Within this, the Strategic Planning Group Programme Board will act as the main forum for the affected healthcare organisations to discuss the proposals, to review and draw together the

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evidence from the Clinical Board and the Finance and Activity Committee as well as other relevant information, and to shape and discuss a five year Sustainability and Transformation Plan.

The Sustainability and Transformation Plan will be put to the Governing Bodies of the 6 South West London CCGs, the local providers and Local Authorities for final agreement and sign off.

### **3. Responsibilities**

The responsibilities of the Programme Board include:

#### **Part 1: South West London & Surrey Downs Healthcare Partnership**

- Responsibility for oversight and delivery of the work of the South West London & Surrey Downs Healthcare Partnership in respect of the configuration of sites, productivity and the Out of Hospital programme
- Review and make recommendations in respect of the objectives, scope and benefits of the programme of works
- Share these recommendations with the Boards and Governing Bodies of providers, and finally put them to the Governing Bodies of CCGs for final approval
- Act as a forum for discussion and resolution of important or contentious issues relating to the programme
- Be the forum where all the organisations included within the programme can hold each other to account
- Ensure that the programme delivers on its objectives of safety, quality and clinical and financial sustainability, through delivery of agreed strategic changes. In doing this the Board will draw on the clinical recommendations made by the Clinical Board but will also need to take account of financial and operational constraints, and statutory requirements
- Promote and support engagement across South West London and Surrey Downs, ensuring that the views of all relevant stakeholders, including organisations who are directly and indirectly represented, as well as other organisations which may be indirectly affected, as well as the views of patients and the public, are given due weight and consideration in the Partnership work.
- Oversee resources for delivering the work of the Partnership and ensure that sufficient resources are made available to carry out the requirements of the programme

#### **Part 2: South West London Strategic Planning Group**

- Responsibility for oversight and delivery of the South West London strategy, and specifically the delivery of a five year Sustainability and Transformation Plan
- Review and make recommendations in respect of the objectives, scope and benefits of the Sustainability and Transformation Plan
- Share these recommendations with the Boards and Governing Bodies of providers, and finally put them to the Governing Bodies of CCGs for final approval
- Be the forum where all the organisations included within the programme can hold each other to account

- Ensure that the Sustainability and Transformation Plan delivers on its objectives of safety, quality and clinical and financial sustainability, through delivery of agreed strategic changes
- Promote and support engagement across South West London, ensuring that the views of all relevant stakeholders, including organisations who are directly and indirectly represented, as well as other organisations which may be indirectly affected, as well as the views of patients and the public, are given due weight and consideration in the development and delivery of the Sustainability and Transformation Plan.
- Oversee resources for the development and delivery of the Sustainability and Transformation Plan and ensure that sufficient resources are made available to carry out the requirements of the plan.

## 4. Membership of the Board

The membership of the board will be drawn from the healthcare organisations and Local Authorities. The Partnership will include Surrey Downs and the Tripartite. Some of these will be directly represented around the table, while others will be indirectly represented by individuals nominated by the organisations in question.

### 4.1. Membership

	<b>Partnership Board</b>	<b>SPG Board</b>
Chair: Independent Chair, as appointed by NHS England, Monitor and the Trust Development Authority	Member	-
Co Chairs: CCG Chief Officer, Provider Chief Executive, Local Authority Representative	-	Member
Chief Officers of each of the six SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG)	Member	Member
Chief Officer of NHS Surrey Downs CCG	Member	-
Clinical Chairs of each of the six SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG)	Member	Member
Clinical Chair of NHS Surrey Downs CCG	Member	-
Chief Executives of the four acute providers (Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust)	Member	Member
Chief Executive of South West London & St Georges NHS Trust	Member	Member
Chief Executive of South London and Maudsley NHS Foundation Trust	Member	Member
Chief Executive of Royal Marsden NHS Foundation Trust	Member	Member
Two representatives from the Out of Hospital Provider Forum	Member	Member
One representative from a Surrey Downs Out of Hospital Provider	Member	-
Representative from South West London Local Authorities	Member	Member

	<b>Partnership Board</b>	<b>SPG Board</b>
Representative from Surrey Downs Local Authorities	Member	-
Representative from London Ambulance Service	Member	Member
Representatives from NHS England, Monitor and the Trust Development Authority (1 per organisation) in their role as the Tripartite	Member	-
1 Representative from NHS England in its role as commissioner	Member	Member
The Co-Chairs of the programme's Clinical Board	Member	-
Chair of Finance and Activity Committee	Member	Member
South West London Representative from Clinical Board	Member	Member
Programme Director of the SWLCC programme	Member	Member
Programme Director of the Acute Provider Collaborative	Member	Member
Director of Communications & Engagement	Member	Member
2 Patient & Public Representative, one to be healthwatch representative	Member	Member

#### 4.2. Additional Attendees

- Representation from other clinical, financial or workforce workstreams as required

## 5. Quoracy

No business will be transacted unless the following are present:

### Part 1: South West London & Surrey Downs Healthcare Partnership

- The Independent Chair, or a nominated deputy from NHS England, Monitor or the Trust Development Authority.
- One representative from each of the seven Clinical Commissioning Groups and NHS England in their role as commissioner. If the Chair or Chief Officer is unable to attend a deputy may be nominated.
- One representative from each of the four acute providers. If the Chief Executive is unable to attend a deputy may be nominated.
- One representative from the out of hospital providers. If none of the designated Board members are able to attend a deputy may be nominated.
- One representative from either South London and Maudsley NHS Foundation Trust or South West London and St George's Mental Health NHS Trust. If neither of the Chairs or Chief Executives are able to attend a deputy may be nominated.

The Partnership Programme Board is responsible for making recommendations to the Governing Bodies of the seven Clinical Commissioning Groups ((NHS Croydon CCG, NHS

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Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Surrey Downs CCG, NHS Sutton CCG, and NHS Wandsworth CCG), The Governing Bodies will make decisions involving their membership as laid down within their constitutions.

The recommendations of the Programme Board will also be put to the Boards or Governing Bodies of the providers who are represented on the Programme Board. While the providers do not have formal final decision power over the programme, it is anticipated that the views of the provider Boards and Governing Bodies will be taken into account and that the Chair will work to develop proposals which have the agreement of all the Boards and Governing Bodies.

In order to develop recommendations, the Chair will work to establish unanimity as the basis for the recommendations of the committee. In the event of disagreement, NHS England, Monitor and the Trust Development Authority will also work with commissioners, Foundation Trusts and NHS Trusts respectively to broker agreement and develop solutions.

## **Part 2: South West London Strategic Planning Group**

- One of the three Co-Chairs
- One representative from each of the six Clinical Commissioning Groups and NHS England in their role as commissioner. If the Chair or Chief Officer is unable to attend a deputy may be nominated.
- One representative from each of the four acute providers. If the Chief Executive is unable to attend a deputy may be nominated.
- One representative from the out of hospital providers. If none of the designated Board members are able to attend a deputy may be nominated.
- One representative from either South London and Maudsley NHS Foundation Trust or South West London and St George's Mental Health NHS Trust. If neither of the Chairs or Chief Executives are able to attend a deputy may be nominated.

The SPG Programme Board is responsible for making recommendations to the Governing Bodies of the six Clinical Commissioning Groups ((NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG, and NHS Wandsworth CCG), The Governing Bodies will make decisions involving their membership as laid down within their constitutions.

The recommendations of the Programme Board will also be put to the Boards or Governing Bodies of the providers who are represented on the Programme Board. While the providers do not have formal final decision power over the programme, it is anticipated that the views of the provider Boards and Governing Bodies will be taken into account and that the Chair will work to develop proposals which have the agreement of all the Boards and Governing Bodies.

In order to develop recommendations, the Co-Chairs will work to establish unanimity as the basis for the recommendations of the committee.

## **6. Accountability**

The Partnership programme will report to the seven CCGs and NHS England in their role as commissioners, who will have ultimate decision-making power. It will also report to the Tripartite oversight group, in their roles as regulators, who will work with the Programme Board and the individual organisations under their jurisdiction to develop the way forward.

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The SPG programme will report to the six South West London CCGs and NHS England in their role as commissioners, who will have ultimate decision-making power.

Individual member provider organisations of the Programme Board will also be accountable to the Boards or Governing Bodies of their own organisations.

## **7. Frequency of Meetings**

Meetings will take place monthly and usually be of 2 hours duration, with a Part 1 for Partnership Business and a Part 2 for SPG business. On occasion exceptional meetings may be called subject to the agreement of the Chair.

## **8. Confidentiality**

No member of the Programme Board shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Board, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## **9. Conflicts of Interest**

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for-profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequences of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Programme Board must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have to the Chair as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Chair of the Programme Board should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.



## Annex - Core Membership

Role	Partnership Board	SPG Board	
Chair: Independent Chair, as appointed by NHS England, Monitor and the Trust Development Authority	Member	-	Sir Andrew Morris
Co Chairs: Richmond CCG Chief Officer, Provider Chief Executive, Local Authority Representative	-	Member	Kathryn Magson TBC Gillian Norton
Chief Officers of each of the remaining five SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG)	Member	Member	Paula Swann Tonia Michaelides Adam Doyle Graham Mackenzie Kathryn Magson Chris Elliott
Chief Officer of NHS Surrey Downs CCG	Member	-	Ralph McCormack
Clinical Chairs of each of the six SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG)	Member	Member	Tony Brzezicki Naz Jivani Andrew Murray Graham Lewis Brendan Hudson Nicola Jones
Clinical Chair of NHS Surrey Downs CCG	Member	-	Claire Fuller
Chief Executives of the four acute providers (Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust)	Member	X	John Goulston Daniel Elkeles Ann Radmore Miles Scott
Chief Executive of South West London & St Georges NHS Trust and Out of Hospital Provider Forum representative	Member	X	David Bradley
Chief Executive of South London and Maudsley NHS Foundation Trust	Member	X	Matthew Patrick
Chief Executive of Royal Marsden NHS Foundation Trust	Member	X	Cally Palmer
Two representatives from the Out of Hospital Provider Forum	Member	X	Darren Tymens TBC

<b>Role</b>	<b>Partnership Board</b>	<b>SPG Board</b>	
One representative from a Surrey Downs Out of Hospital Provider	Member	-	Thirza Sawtell
Representative from South West London Local Authorities	Member	Member	Simon Williams
Representative from Surrey Downs Local Authorities	Member	-	TBC
Representative from London Ambulance Service	Member	Member	TBC
Representatives from NHS England, Monitor and the Trust Development Authority (1 per organisation) in their role as the Tripartite	Member	-	Anne Rainsberry, David Mallett Felicity Cox Mark Turner, Victoria Woodhatch Andrew Hines, Jen Leonard
1 Representative from NHS England in its role as commissioner	Member	Member	Matthew Trainer
The Co-Chairs of the programme's Clinical Board	Member	-	Jane Fryer Steve Ryan
Chair of Finance and Activity Committee	Member	Member	Hardev Virdee
South West London Representative from Clinical Board	Member	Member	Medical Director TBC
2 Patient & Public Representative, one to be healthwatch representative	Member	Member	Sally Brearly TBC
Programme Director of the SWLCC programme	Member	Member	Kay McCulloch
Programme Director of the Acute Provider Collaborative	Member	Member	Alexandra Norrish
Director of Communications & Engagement	Member	Member	Rory Hegarty

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## **Appendix 2**

### **Terms of Reference**

**South West London & Surrey Downs Healthcare  
Partnership and the South West London Strategic  
Planning Group**

**Clinical Board**

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## 1. Purpose

This document details the Terms of Reference for the South West London Strategic Planning Group (SPG) and the South West London & Surrey Downs Healthcare Partnership (Partnership) Clinical Board, an advisory Board to the Programme Board of the South West London SPG and Partnership.

## 2. Role of the Board

The role of the Clinical Board is to:

- Provide expert clinical and public health advice and guidance to support the work of the Programme Board, both in respect of the Partnership work and the development of the Sustainability and Transformation Plan.
- Provide clinical input and oversight of the programme, ensuring buy-in from the clinical community, in line with requirements on major service change.
- Drive delivery of the objectives of the wider programme in respect of designing, developing and assuring specific clinical elements of transformation, as defined in the programme scope as agreed by the programme board.
- Guide, support and enable the work of the workstreams based on the direction set by the Programme Board.
- Ensure the workstreams have appropriate representation to undertake the specified tasks, providing advice and guidance on membership as appropriate.
- Oversee the alignment of work between workstreams; providing guidance and advice where necessary to ensure models of care developed by each workstream are compatible.
- Act as a conduit for the management and escalation of clinical risks across the programme.
- Provide assurance and sign-off of the outputs of the clinical workstreams.
- Provide a clinical view on options for any public consultation.

## 3. Responsibilities

The Clinical Board will report to and be accountable to the Programme Board.

Responsibilities of the Clinical Board include:

- Fulfilling its role as specified above.
- Overseeing and assuring the development of models of care and key interventions by each workstream.
- Ensure that the models of care developed, and associated hospital and community based interventions:
  - reflect national and London clinical quality standards
  - are evidence based
  - are compatible with the ambition of the collaborative to improve outcomes for patients in south west London

- 
- reflect the advice of the CFOs/finance workstream in respect of the affordability of proposed solutions
  - are deliverable and sustainable.
- Consider the workforce implications of models of care and provide recommendations to the workforce workstream
  - Ensure clinical targets, waiting times and performance targets are included within the models of care.
  - Act as a communication channel with clinical colleagues in their organisation about the work of the Clinical Board and feedback any key issues or concerns raised by them
  - Promote and endorse the vision and objectives of the programme to NHS and external stakeholders where necessary.
  - Provide regular reports regarding each workstream to the Programme Board.
  - Provide recommendations to the Programme Board.

#### **4. Membership of the Board**

- Co-Chairs: 1 external independent chair from non-South West London provider organisation and South London Medical Director NHSE (London)
- Seven CCG Clinical Chairs
- Clinical Chair of each of the programme's clinical workstreams
- Medical Directors from acute, community and mental health providers service South West London
- Nursing Directors from acute, community and mental health providers service South West London
- Representative from GP Federations
- Representative from community providers in Surrey Downs
- Chair of Finance & Activity Board
- Patient & Public Representative
- Public Health representation from Local Authority
- London Ambulance Service representation
- Programme Directors & Medical Directors/ Central PMO as required

##### *4.1. Additional Attendees*

- Representation from other clinical and social care professions and programme workstreams as needed

#### **5. Quoracy**

No business will be transacted unless the following are present:

- One Co-Chair (1)
- Four commissioner representatives (CCG Chairs) (4)
- Four provider representatives (Trust Medical or Nursing Directors) (4)

The Chair will work to establish unanimity as the basis for decisions of the committee.

The Clinical Board is responsible for making recommendations to the South West London & Surrey Downs Programme Board.

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## 6. Accountability

The Clinical Board will report to the Programme Board. It will have delegated limits of authority from the Board to manage the Programme including Change Control.

## 7. Frequency of Meetings

Meetings will take place every 4-8 weeks and usually be of 2 hours duration to discharge its responsibilities as above and to achieve the aims of the Programme Board. On occasional exceptional meetings maybe called subject to the agreement of the Co Chairs.

Times, venues and notice of meetings will be arranged to enable attendance by clinicians.

## 8. Confidentiality

No member of the Clinical Board shall disclose; any information disclosed or discussed at, or in the period between, meetings of the Board, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## 9. Conflicts of Interest

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A **direct pecuniary interest** is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider).
- An **indirect pecuniary interest** is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision).
- A **direct non-pecuniary interest** is where an individual holds a non-remunerative or not-for profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract).
- An **indirect non-pecuniary interest** is when individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Clinical Board must declare if they have any interests related to the matters being discussed. Should an interest be declared, the Chair of the Programme Board should exercise discretion as to whether to disqualify that member from taking any further part, or in any way influencing via proxy or otherwise any discussion on that matter.

## Annex - Core Membership

Name	Role	Organisation
Jane Fryer	Co-Chair	NHS England (London)
Steve Ryan	Co-Chair	South West London Provider Organisation
Dr Tony Brzezicki	Clinical Chair	Croydon CCG
Dr Naz Jivani	Clinical Chair	Kingston CCG
Dr Andrew Murray	Clinical Chair	Merton CCG
Dr Graham Lewis	Clinical Chair	Richmond CCG
Dr Claire Fuller	Clinical Chair	Surrey Downs CCG
Dr Brendan Hudson	Clinical Chair	Sutton CCG
Dr Nicola Jones	Clinical Chair	Wandsworth CCG
Dr Tom Coffey Dr Mike Lane	Clinical Chair of each of the programme's clinical workstreams, where not already included on Board	SWL CCG's (as above)
Simon Mackenzie	Medical Director	St George's NHS Foundation Trust
Ruth Charlton	Medical Director	Epsom & St Helier
James Marsh	Medical Director	Epsom & St Helier
Nnenna Osuji	Medical Director	Croydon Health Services NHS Trust
Jane Wilson	Medical Director	Kingston Hospital
Martin Baggaley	Medical Director	South London & Maudsley NHS Foundation Trust
Emma Whicher	Medical Director	South West London & St Georges
Nicholas Van As	Medical Director	Royal Marsden
Rosalind Ranson	Medical Director	Hounslow and Richmond Community Healthcare
Jennie Hall	Director of Nursing	St George's NHS Foundation Trust
Charlotte Hall	Director of Nursing	Epsom & St Helier
Michael Fanning	Director of Nursing	Croydon Health Services NHS Trust
Duncan Burton	Director of Nursing	Kingston Hospital
Neil Brimblecombe	Director of Nursing	South London & Maudsley NHS Foundation Trust
Mandy Stevens	Director of Nursing	South West London & St Georges
Shelley Dolan	Director of Nursing	Royal Marsden
Christine Jordan	Director of Nursing	Hounslow and Richmond Community Healthcare
Moira Ford	Director	Your Healthcare

David Bradley	Out of Hospital Forum representative	South West London & St Georges
Darren Tymens	GP Federation representative	Richmond GP Federation
Thirza Sawtell	Representative from community providers in Surrey Downs	Surrey Downs CCG
Hardev Virdee	Chair of Finance & Activity Board	SWL Collaborative Commissioning
Sally Brearley	Patient & Public Representative	
TBC	Public Health representation from Local Authority	
Pratima Solanki	Local Authority representative	Director of Adult Care, Croydon
Marilyn Plant	Medical Director	SWL Collaborative Commissioning
TBC	London Ambulance Service representative	London Ambulance Service
TBC	HESL representative	
Alexandra Norrish	Programme Director	APC
Kay McCulloch	Programme Director	SSHP



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## **Appendix 3**

### **Terms of Reference**

**South West London & Surrey Downs Healthcare  
Partnership and the South West London Strategic  
Planning Group**

**Finance & Activity Committee**

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## 1. Purpose

This document details the Terms of Reference for the South West London Strategic Planning Group (SPG) and the South West London & Surrey Downs Healthcare Partnership (Partnership) Finance and Activity Committee, an advisory Body to the Programme Board of the South West London SPG and Partnership.

## 2. Role of the Committee

The Committee will bring together Finance Directors from across South West London and Surrey Downs. It will be the main group for the Finance Directors of those organisations to discuss and resolve issues around the delivery of the Partnership business and the South West London Sustainability and Transformation Plan.

The objectives of the Partnership programme and Sustainability and Transformation Plan, and the benefits to be delivered, will build on the five year strategy already published by the SWLCC, which seeks to put the health economy on to a clinically and financially sustainable footing, addressing workforce and quality issues.

Within this, the Finance & Activity Committee will oversee provide expert financial, investment and estates input to each phase of the Partnership programme and Sustainability and Transformation Plan, in particular to:

- Support the development of a financial model to capture baseline activity and financials for the South West London and Surrey Downs health economy, and project forward activity and financials under 'do nothing' and a range of configuration scenarios
- Oversee appropriate work to cost the clinical models developed
- Assess the financial implications of anticipated out of area activity flows associated with all options
- Support the development of a decision making business case (DMBC) should consultation be required
- Ensure programme proposals and deliverables, in particular the DMBC, are based on robust modelling and assumptions
- Ensure that modelling assumptions and data are agreed amongst all providers and commissioners
- Ensure the financial, capital and estates, and activity implications of proposals are fully understood, for South West London and Surrey Downs as a whole and at site level, and that the programme board members fully understand these implications.; and
- Ensure that programme workstreams and their deliverables have appropriate input from finance, capacity and estates experts

## 3. Responsibilities

The responsibilities of the Finance & Activity Committee include:

- Development and agreement of a finance and activity baseline and 'do nothing scenarios'
- Development and agreement of models and assumptions
- Oversight of modelling carried out by the Technical group
- Oversight of estates and infrastructure work carried out by the Estates workstream
- Review proposed options and make recommendations to the programme board in respect of:
  - Affordability
  - Value for money

- 
- Capital cost to the system
  - Transition costs

#### **4. Membership of the Committee**

The membership of the committee will be:

- Chair – SWLCC Director of Finance
- Chief Finance Officers from the CCGs (Croydon, Kingston, Merton, Richmond, Surrey Downs, Sutton, Wandsworth)
- A representative from NHSE specialised commissioning
- Directors of Finance from the South West London Acute Providers (Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust)
- Directors of Finance from the South West London Mental Health Providers (South West London & St Georges NHS Trust, South London and Maudsley NHS Trust)
- Directors of Finance from the Royal Marsden NHS Foundation Trust, Hounslow & Richmond Community Trust and Your Healthcare
- Health Education South London
- Finance representatives from NHSE, Monitor and TDA
- A representative from Health Education South London
- Programme Director of SWLCC
- Programme Director of the Acute Provider Collaborative

##### *Additional Attendees*

- Representation from programme workstreams as required
- Representatives of patients or the public as required

#### **5. Quoracy**

No business will be transacted unless the following are present:

- The Chair, or a nominated deputy
- One representative from each of the seven Clinical Commissioning Groups and NHS England in their role as commissioner. If the Director of Finance is unable to attend a deputy may be nominated.
- One representative from each of the four acute providers. If the Director of Finance is unable to attend a deputy may be nominated.

- 
- One representative from the community providers. If none of the designated members are able to attend a deputy may be nominated.
  - One representative from either South London and Maudsley NHS Foundation Trust or South West London and St George's Mental Health NHS Trust. If neither of the Directors of Finance are able to attend a deputy may be nominated.

## **6. Accountability**

The group will report to the Programme Board.

Individual members of the group will also be accountable to their own organisations.

## **7. Frequency of Meetings**

Meetings will take place monthly in advance of the Programme Board and usually be of 2 hours' duration. On occasion exceptional meetings may be called subject to the agreement of the Chair.

## **8. Confidentiality**

No member of the Finance and Activity Committee shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Committee, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## **9. Conflicts of Interest**

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for-profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequences of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house.
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Committee must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have to the Chair as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

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Should any such interest be declared, the Chair of the Committee should exercise discretion as to whether to disqualify that member from taking any further part, or in any way influencing by proxy or otherwise, discussion on that matter.

## **10. Subcommittees**

The group will have three subcommittees which will meet monthly and report into the Finance and Activity Committee:

### **Technical Reference Group**

The Technical Reference group will carry out modelling work necessary to support any Decision Making Business Case on behalf of the Finance and Activity Committee

### **Estates and Infrastructure Group**

The Estates and Infrastructure Group will advise on estates and infrastructure requirements to support the delivery of the five year strategy. It will:

- Understand and advise on the interdependencies that exist between the estates and infrastructure requirements and other decision making models and manage the risks
- Ensure that any changes to existing estates and infrastructure requirements are based upon sound assumptions and clearly understood and agreed methods
- Ensure that estates and infrastructure requirements are agreed among all relevant stakeholders
- Make proposals and recommendations to the Finance and Investment Group as appropriate in relation to capital requirements, any scope for mitigation of capital requirements and the potential alternative use (and value) of any release of current estates and infrastructure.

## Annex - Core Membership

Chair & CFO Wandsworth CCG	Hardev Virdee
CFO, Croydon CCG	Mike Sexton
CFO, Kingston CCG	Yarlina Roberts
CFO, Merton CCG	Cynthia Cardozo
CFO, Richmond CCG	Richard Thomas
CFO, Surrey Downs CCG	Matthew Knight
CFO, Sutton CCG	Geoff Price
CFO, Wandsworth CCG	Hardev Virdee
NHSE Specialised Commissioning	Shekh Motin
Director of Finance, Croydon Health Services NHS Trust	Azara Mukhtar
Director of Finance, Epsom & St Helier University Hospitals NHS Trust	Rakesh Patel
Director of Finance, Kingston Hospital NHS Foundation Trust	Jo Farrar
Director of Finance, St Georges University Hospital NHS Trust	Steven Bolam
Director of Finance, South West London & St Georges NHS Trust	Michael Parr
Director of Finance, South London and Maudsley NHS Foundation Trust	Gus Heafield
Director of Finance, Royal Marsden NHS Foundation Trust	Marcus Thorman
Director of Finance, Hounslow & Richmond Community Trust	David Hawkins
Director of Finance, Your Healthcare Health Education South London	Siva Kumaran Martin Livesly
Finance Representatives from NHSE, Monitor and TDA	Stuart Saw Paul Plummer David Meek
Programme Director SWLCC	Kay McCulloch
Programme Director APC	Alexandra Norrish

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## **Appendix 4**

### **South West London & Surrey Downs Healthcare Partnership and the South West London Strategic Planning Group**

#### **Local Authority Reference Group**

#### **Terms of Reference**

**To be agreed March 2016**

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## **Appendix 5**

### **South West London & Surrey Downs Healthcare Partnership and the South West London Strategic Planning Group**

#### **Patient & Public Engagement Steering Group**

#### **Terms of Reference**



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## 1. Purpose

This document details the Terms of Reference for the South West London & Surrey Downs Healthcare Partnership (SSHP) Patient & Public Engagement Steering Group.

## 2. Role of the Group

The group will bring together patient and public representatives from across South West London and Surrey Downs.

The objectives of the South West London & Surrey Downs Healthcare Partnership, and the benefits to be delivered, will build on the five year strategy already published by SWLCC, which seeks to put the health economy on to a clinically and financially sustainable footing, addressing workforce and quality issues. However, these objectives and benefits, along with the detailed scope of the programme, will need to be refreshed following a financial diagnostic to be conducted by the Tripartite during the winter of 2015/16, a full review of strategies and current programmes of work underway in South West London and Surrey Downs against the five year sustainability and transformation plans required in the new planning guidance. The resulting proposed objectives, benefits, workstreams and scope will be agreed by the new programme board through signing off a Programme Initiation Document.

Within this, the Patient and Public Engagement Steering Group will act as a key forum for local voluntary and community organisations, healthwatch organisations and CCG lay representatives to discuss the proposals being made by the programme and how they are communicated and engaged on publicly.

As such, the role of the Patient and Public Engagement Steering Group will be to:

- Oversee public and patient engagement on the SSHP programme, acting as a key strategic adviser to the Programme Board and the communications and engagement team on these matters.
- Provide two-way communication between the programme and key community/public stakeholders ensuring all parties are kept up-to-date with key information/developments
- Provide two representatives (one to be from Healthwatch) to sit on the Programme Board and Clinical Board
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and 2) engagement priorities of work streams.

## 3. Responsibilities

The responsibilities of the Patient and Public Engagement Steering Group include:

- Reflecting the views of the constituent group that each member serves and for the Chair to reflect the collective view of the Patient and Public Steering Group to the Programme Board
- Helping to plan and evaluate public and patient engagement activity
- Being proactive in keeping constituent member groups, other groups and patients and members of the public informed of the work of the programme as capacity allows, in partnership with the programme and CCG communications and engagement teams
- Providing relevant feedback from each constituent group at each meeting
- Representing patient and public interests and provide feedback from any programme meeting that they attend
- Making suggestions and providing feedback on appropriate patient and public involvement in the programme's workstreams

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## 4. Membership of the Group

The membership of the board will be drawn from the CCG areas that are included within the South West London & Surrey Downs Health Partnership.

### 4.1. *Membership*

Representative from each local Healthwatch organisation (Croydon, Kingston, Merton, Richmond, Surrey Downs, Sutton, Wandsworth) (7)  
Clinical Commissioning Group Board lay representatives (7)  
Voluntary Community Sector representatives (7)

Each organisation is responsible for nominating its representative(s). Organisations are invited to identify a suitable alternative person should their nominated member not be able to attend a meeting.

### 4.2. *Chair and vice chair(s)*

The Chair will be elected by the group.

The group may also decide to elect one or two vice chairs to deputise for the chair in their absence.

## 5. Quoracy

No business will be transacted unless the following are present:

- Chair, or a nominated deputy
- One CCG lay rep, one Healthwatch rep, one voluntary sector rep and a minimum of three boroughs represented.

## 6. Accountability

The Group will report to the Programme Board.

Individual members of the Group will also be accountable to their own organisations.

The Group will work closely with the programme's Communications and Engagement team and will meet quarterly with patient representatives who attend programme working groups.

## 7. Frequency of Meetings

Meetings will take place every six weeks to two months and will usually be of 2 hours' duration. A full year meeting schedule for 2016 has been produced and agreed. On occasion, exceptional meetings may be called subject to the agreement of the Chair.

## 8. Confidentiality

No member of the Patient and Public Engagement Steering Group shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Group, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or

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arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value. For the avoidance of doubt it will be made clear, when information comes to PPESG, whether it is confidential under any of these categories.

## **9. Conflicts of Interest**

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for-profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequences of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house.
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Group must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have to the Chair as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Chair of the Group should exercise discretion as to whether to disqualify that member from taking any further part, or in any way influencing by proxy or otherwise, discussion on that matter.

## Annex - Core Membership

<b>Clinical commissioning group lay representatives</b>		
<b>Sally Brearley (elected chair)</b>	<b>CCG Lay Rep</b>	<b>Sutton Clinical Commissioning Group</b>
Carol Varlaam (vice chair)	CCG Lay Rep	Wandsworth Clinical Commissioning Group
Clare Gummett (vice chair)	CCG Lay Rep	Merton Clinical Commissioning Group
<i>To be confirmed</i>	<i>CCG Lay Rep</i>	<i>Kingston Clinical Commissioning Group</i>
Helen Pernelet	CCG Lay Rep	Croydon Clinical Commissioning Group
Susan Smith	CCG Lay Rep	Richmond Clinical Commissioning Group
<i>To be confirmed</i>	<i>CCG Lay Rep</i>	<i>Surrey Downs Clinical Commissioning Group</i>
<b>Healthwatch representatives</b>		
Ambra Caruso	Healthwatch Manager	Healthwatch Wandsworth
Charlie Ladyman	CEO	Healthwatch Croydon
Dave Curtis	Healthwatch Manager	Healthwatch Merton
David Williams	Chair	Healthwatch Sutton
Kathy Sheldon	Board Member	Healthwatch Richmond
Stephen Hardisty	Healthwatch Manager	Healthwatch Kingston
<i>To be confirmed</i>	<i>To be confirmed</i>	<i>Healthwatch Surrey</i>
<b>Voluntary sector representatives</b>		
Jenny Weinstein	Representative	Wandsworth Voluntary Sector
Kathryn Williamson	Health and Partnerships Manager	Richmond CVS
Patricia Turner	Manager	Kingston CVA
Paul Macey		Croydon CVS
Susanna Bennett	CEO	Sutton CVS

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<i>To be confirmed</i>	<i>To be confirmed</i>	<i>Merton</i>
<i>To be confirmed</i>	<i>To be confirmed</i>	<i>Surrey Downs</i>
<b>Programme staff in attendance to support meetings</b>		
Alicia O'Donnell-Smith	Assistant Director of Communications & Engagement	SWL Collaborative Commissioning
Clare Thomas	Communications and Engagement Officer	SWL Collaborative Commissioning
Jill Mulelly	Engagement Specialist	SWL Collaborative Commissioning
Rory Hegarty	Director of Communications and Engagement	SWL Collaborative Commissioning

## **Appendix 6**

### **South West London Strategic Planning Group Transformation Group**

#### **Terms of Reference**

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## 1. Purpose

This document details the Terms of Reference for the South West London Transformation Group.

## 2. Role of the Group

The purpose of the Transformation Group is to oversee the development of the 16/17 operational plans and shape the Sustainability and Transformation plan, involving key stakeholders and partners during its development.

## 3. Responsibilities

The responsibilities of the Transformation Group include:

- Approve governance arrangements for the Strategic Planning Group
- Oversee development, alignment and submission of operational plans
- Oversee development of the Sustainability and Transformation Plan
- Shape the agenda and inputs for the Programme Board and Clinical Board
- Ensure actions identified by the programme board are delivered
- Identify, discuss and where appropriate resolve risks and issues relating to the programme that do not require escalation to the Programme Board, Clinical Board or Finance & Activity Committee
- Day to day oversight of the management of programme resources

## 4. Membership of the SPG Transformation Group

The membership of the working group will be those responsible for the day to day delivery of the South West London Sustainability and Transformation Plan, along with representation from key stakeholders that sit on the programme board. Some of these will be directly represented around the table, while others will be indirectly represented by individuals nominated by the organisations in question.

SPG Lead	Kathryn Magson
Chief Executive Representative	Miles Scott/Ann Radmore
Out of Hospital Representative	TBC
Local Authority Director	Sarah Sturrock
Six South West London Chief Officers	Adam Doyle, Chris Elliott, Graham Mackenzie, Kathryn Magson, Tonia Michaelides, Paula Swann
Specialised Commissioning	Caroline Reid
Programme Director SWLCC	Kay McCulloch
Assistant Director SWLCC	Greg Penlington
Programme Director APC	Alexandra Norrish
CCG CFO	Yarlini Roberts
CCG Director of Commissioning	Sue Roostan

## 5. Accountability

The Transformation Group will report to the Programme Board.

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## 6. Frequency of Meetings

Meetings will take place weekly and usually be of 1 hour duration.

## 7. Confidentiality

No member of the Transformation Group shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Group, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## 8. Conflicts of Interest

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for-profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequences of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house.
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Working Group must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Working Group should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.



## **Appendix 7**

### **South West London & Surrey Downs Healthcare Partnership Working Group**

#### **Terms of Reference**

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## 1. Purpose

This document details the Terms of Reference for the South West London & Surrey Downs Healthcare Partnership (Partnership) Working Group.

## 2. Role of the Group

The purpose of the Partnership Working Group is to work at an operational level to oversee the day to day progress of the South West London & Surrey Downs Healthcare Partnership. It will be the main group for the SRO and programme management team to review progress of individual workstreams, discuss and resolve issues around the day to day delivery of the Partnership programme, and ensure the effective running of the Programme Board, Clinical Board and Finance & Activity Committee.

## 3. Responsibilities

The responsibilities of the Partnership Working Group include:

- Review of the key programme workstreams, identifying delivery issues and ensuring that intervention is made by the Programme Director as appropriate
- Approval of tactical projects for implementation (with details of projects approved reported to programme board)
- Shape the agenda and inputs for the Programme Board and Clinical Board
- Ensure actions identified by the programme board are delivered
- Identify, discuss and where appropriate resolve risks and issues relating to the programme that do not require escalation to the Programme Board, Clinical Board or Finance & Activity Committee
- Day to day oversight of the management of programme resources

## 4. Membership of the Partnership Working Group

The membership of the working group will be those responsible for the day to day delivery of the South West London & Surrey Downs Health Partnership Programme, along with representation from key stakeholders that sit on the programme board. Some of these will be directly represented around the table, while others will be indirectly represented by individuals nominated by the organisations in question.

- Tripartite: (Monitor, NHS England, TDA)
- Programme Director SWL & SD Healthcare Partnership
- Programme Manager SWL & SD Healthcare Partnership
- Programme Director APC
- One CCG representative
- One Acute Provider representative
- One Out of Hospital provider representative
- CCG CFO
- Director of Communications & Engagement
- One Local Authority representative
- Representation from other clinical, financial, modelling or workforce workstreams as required

## 5. Quoracy

No business will be transacted unless the following are present:

- 
- One representative from the Tripartite
  - The SWL&SDHP Programme Director (or nominated deputy)
  - The APC Programme Director (or nominated deputy)

## **6. Accountability**

The Working Group will report to the Programme Board.

The Working Group will also report to the following on a weekly basis:

- Chief Officers of CCGs
- Chief Executives of Providers represented on the Programme Board

## **7. Frequency of Meetings**

Meetings will take place weekly and usually be of 1 hour duration.

## **8. Confidentiality**

No member of the Working Group shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Group, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## **9. Conflicts of Interest**

A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for-profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequences of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

Members of the Working Group must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

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Should any such interest be declared, the Working Group should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.

## **Annex - Core Membership**

NHS England (London)	Matthew Trainer/David Mallett
NHS England (South)	Felicity Cox
Monitor	Victoria Woodhatch
TDA	Jen Leonard
South West London & Surrey Downs Programme Director (SWLCC Programme Director in interim)	Kay McCulloch
APC Programme Director	Alexandra Norrish
One CCG representative	Chris Elliott
One Acute Provider representative	Anne Radmore
One Out of Hospital provider representative	Darren Tymens
Surrey Downs representative	Ralph McCormack
CCG CFO	Hardev Virdee
Director of Communications	Rory Hegarty
Programme Manager	Nigel Gooding (interim)

## **Appendix 8**

### **South West London Strategic Planning Group Working Group**

#### **Terms of Reference**

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## 1. Purpose

This document details the Terms of Reference for the South West London Strategic Planning group Working Group.

## 2. Role of the Group

The purpose of the Working Group is to work at an operational level to oversee the development of 16/17 operational plans and the five year Sustainability and Transformation Plan.

## 3. Responsibilities

The responsibilities of the SPG Working Group include supporting the Transformation group to:

- Draft governance arrangements for the Strategic Planning Group
- Oversee development, alignment and submission of operational plans
- Oversee development of the Sustainability and Transformation Plan
- Shape the agenda and inputs for the Programme Board and Clinical Board
- Ensure actions identified by the programme board are delivered
- Identify, discuss and where appropriate resolve risks and issues relating to the programme that do not require escalation to the Programme Board, Clinical Board or Finance & Activity Committee
- Day to day oversight of the management of programme resources

## 4. Membership of the SPG Working Group

The membership of the working group will be those responsible for the day to day delivery of the South West London Sustainability and Transformation Plan, along with representation from key stakeholders that sit on the programme board. Some of these will be directly represented around the table, while others will be indirectly represented by individuals nominated by the organisations in question.

SPG Lead	Kathryn Magson
Specialised Commissioning	Caroline Reid
Local Authority Director	Sarah Sturrock
Programme Director SWLCC	Kay McCulloch
Assistant Director SWLCC	Greg Penlington
Programme Director APC	Alexandra Norrish
CCG CFO	Yarlini Roberts
CCG Director of Commissioning	Sue Roostan

## 5. Accountability

The Working Group will report to the Transformation Group.

## 6. Frequency of Meetings

Meetings will take place weekly and usually be of 1 hour duration.

## 7. Confidentiality

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No member of the Working Group shall disclose: any information disclosed or discussed at, or in the period between, meetings of the Group, which should reasonably be regarded as confidential; any other information which is not publicly available including, but not limited to, any information specifically designated as confidential; any information supplied by a third party in relation to which a duty of confidentiality is owed or arises; and any other information which should otherwise be reasonably regarded as possessing a quality of confidence or as having commercial value.

## **8. Conflicts of Interest**

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Members of the Working Group must declare if they have any interests, whether pecuniary or non-pecuniary, as defined above, which relates to the matters being discussed. Individuals will declare any such interest that they have as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Working Group should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.

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## Appendix 9

### Statutory powers of the Tripartite and their role in the Partnership

In the event that the commissioners and providers represented in the programme cannot reach consensus, the Tripartite will work with them to achieve this. This section lays out the extent of the powers that the member organisations of the tripartite have in law to take forward proposals should consensus prove difficult to achieve.

The legal powers of the tripartite, under the Health and Social Care Act 2012 and the Care Act 2014, are as follows:

- **NHSE** has no power to override the decisions of a CCG as long as that organisation is successfully performing its functions under its terms of authorisation. If the CCG fails to perform those functions, under the 2012 and 2014 Acts NHSE can direct a CCG to take certain actions. However, while the legal position is not entirely clear, it seems that this could only include overriding a CCG's decision on service reconfiguration or design *both* if the CCG was failing *and* if the provider involved was part of a Trust Special Administration regime. This power has however not been tested and in any case changes to services are far more likely to be effective if agreed by consensus. NHSE has a formal role in assuring public consultations before they can be launched.
- **Monitor** has no power to direct an Foundation Trust (FT) as long as that FT is meeting the terms of its licence conditions. However if an FT breaches its licence conditions (which include the delivery of financial balance) Monitor can direct the organisation to undertake certain actions to ensure that the breach does not reoccur. In most cases this would take the form of governance changes such as appointing an improvement director. It seems that in theory Monitor's legal powers would enable it to require a trust to make some changes to the services that it provides, although it would not have powers to compel a transaction (such as a merger) with another organisation. Again, however, the legal position is complex, and what is deliverable in practice is likely to fall short of the full legal powers the organisation holds.
- **TDA** has wider powers than the other organisations as it can intervene with NHS Trusts before they hit a threshold of poor performance. The Secretary of State has powers of direction over NHS Trusts, which are delegated to the TDA, thus giving the TDA powers to direct Trusts in their provision of services, governance etc.

At present the statutory powers laid out above are not affected by the move to NHSI, although there is always the possibility that this could change.

As this demonstrates, the only organisation with significant powers which do not need to be triggered by poor performance, is the TDA. However, all three of the organisations have the powers to work closely with their respective organisations to address concerns.