South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030

4 July 2019

7.30 pm at the

Merton Civic Offices, London Road, Morden, SM4 5DX

To all members of the South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030:-

Chair: Councillor Colin Stears
Councillors: Councillors Peter McCabe, Jeffrey Harris

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Helen Bailey
Chief Executive
21 June 2019

Enquiries to: Cathy Hayward, Committee Services Officer Tel: 020 8770 4990 email: committeeservices@sutton.gov.uk

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A G E N D A

1. Welcome and introductions

2. Apologies for absence

3. Declarations of interest

4. Minutes of the previous meeting 1 - 6

To approve as a correct record the minutes of the meeting held on 30 April 2019.

5. Improving Healthcare Together Programme Board and Consultation Update 7 - 20

The Improving Healthcare Together programme office provides an update report on the various activities undertaken and outlines future plans.

6. Any urgent business

To consider any items which, in the view of the Chair, should be dealt with as a matter of urgency because of special circumstances (*in accordance with S100B(4) of the Local Government Act 1972*).

SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING HEALTHCARE TOGETHER 2020-2030

30 April 2019 at 10.30 am

MEMBERS: Councillor Colin Stears (Chair), and Councillors Zully Grant-Duff and Peter McCabe

32. WELCOME AND INTRODUCTIONS

The Chair, Councillor Colin Stears, welcomed those present.

33. APOLOGIES FOR ABSENCE

There were no apologies for absence.

34. DECLARATIONS OF INTEREST

Councillor Colin Stears declared his wife works for the Epsom and St Helier Trust.

35. MINUTES OF THE PREVIOUS MEETING

RESOLVED:
that the minutes of the meeting held on 7 February 2019 be agreed as an accurate record.

36. IMPROVING HEALTHCARE TOGETHER PROGRAMME UPDATE

Andrew Demitriades, Programme Director, Improving Health Care Together presented the report.

The Programme Director provided reassurance that consideration of the impacts that the changes to services might have on the provider impact assessment work were completed using like for like comparisons. All information was made available to providers in order that they were able to report the position at present and as it may be in the future as accurately as possible. Providers have reported impacts over a range of areas including capital, income and estates. Any assumptions in the programme are being shared with all providers,

and the programme team have checked the consistency in reporting by providers. Each provider's Board will review all impacts at their May/June meetings.

The Programme Director confirmed there was a process to ensure stakeholders are provided with all relevant information.

In discussion members suggested the timelines provided for the programme are vague, with dates such as 'late summer' mentioned and that more certainty of the timeline and detail of the consultation plan would be helpful. The Programme Director reassured the Committee that the timetable is clear and is led by providers. Matthew Tait, Joint Accountable Officer, Surrey Heartlands Health and Care acknowledged that detail of the consultation plan should be provided and that capital remains one of the biggest uncertainties. He then explained he felt there was a clear programme in place although uncertainties remain within the programme. The programme has been developed so that national NHS long terms plans are integrated within it.

Members asked for reassurance that there would be sufficient time period to allow people to be made aware of the consultation. The programme team confirmed the consultation would be over a 12 week period within a 20 week window between September 2019 and January 2020.

The Programme Director referred to regulator oversight which would take place at the National Oversight Committee, NHS England and NHS Improvement. Members asked which options would be presented to the National Oversight Committee, the Programme Director explained that the arguments for each option would be reported, balancing clinical and financial issues although a preference may be set out within the options.

Members asked that the Programme team made a single page diagram explaining the programme available including timelines and information about data collected as part of the Integrated Impact Assessment (IIA). This should then be made available on the website as it would support the public's understanding and ability to engage with the programme.

The Programme Director outlined the arrangements for establishing a Consultation Oversight Group (COG) working to the Stakeholder Reference Group. Terms of Reference had been agreed and it is anticipated that the COG will go live next month.

37. CONSULTATION PLAN UPDATE

The Consultation plan update was considered within discussions on agenda item 5 - Improving Health Care Together update.

38. STAKEHOLDER REFERENCE GROUP (SRG) UPDATE

David Williams, Independent Chair of the Stakeholder Reference Group and Chair of Sutton Health Watch presented the report.

Members asked about the choice of locations of the venues used, and suggested that venues in the east of the borough Merton would have been more appropriate given the higher levels of deprivation and proximity to St Helier hospital. It was noted there had been a rotation of locations and times of meetings, although there had been some limitations due to the availability of suitable venues. The Independent Chair of the Stakeholder Reference Group and Chair of Sutton Health Watch agreed he would contact Officers and Councillors from Merton Council who may be able to offer support and advice about location of appropriate venues in the future.

Following an information request from the public gallery it was agreed that the use of a form of non disclosure agreement requested from attendees of the stakeholder meetings would be looked into by Officers and the resulting conclusions added as an addendum to the minutes of this meeting.

Information about the programme has been provided to over 100 stakeholders but active participation involved a smaller number which was disappointing. Information continues to be provided to all including those who have not attended stakeholder events.

The engagement programme will continue to develop as the programme moves to the period of formal consultation.

Members thanked the Independent Chair of the Stakeholder Reference Group and Chair of Sutton Health Watch for the work completed.

39. INTEGRATED IMPACT ASSESSMENT (IIA) - EMERGING FINDINGS

Brian Niven, Technical Principal, Mott McMacdonald presented the report.

The Technical Principal explained there is more engagement work to be completed, and this will include staff at the Epsom and St Helier Trust.

Transport and mitigations to transport have been a part of this work, including blue light ambulance and patient transport. In discussion members noted that costs and complexity of journey is a key theme in this work, and consideration to how these could be mitigated.

The Technical Principal explained the work had focussed on the options as they stand, but that there would be the possibility of reviewing the data if they were asked to, if only one or two options were considered.

Members asked about the selection of the ward areas for the stakeholder groups, noting that in the borough of Merton, areas included had been Pollards Hill and Colliers Wood, suggesting that these areas are not the parts of the borough which would be most affected by changes. Members suggested that in the Borough of Merton the wards St Helier, Ravensbury and Lower Morden would be those most affected by changes and that these areas should be included in assessments. It was requested by Members that information is reported from those areas. The Technical Principal explained that the wards included were chosen as they showed the communities with the highest levels of deprivation within the area. It was noted there is some crossover between the groups included in the analysis. The Technical Principal stated that analysis of this data at ward level would be provided to the Scrutiny Officers.

The Programme Director confirmed that further focus groups can be developed.

The Programme team agreed that they would add the membership of any groups referred to in reports in the future, and reported that Dr Simon Williams had been appointed as the Independent Chair of the Travel and Access group.

40. ANY URGENT BUSINESS

There was no urgent business.

41. DATE OF NEXT MEETING

To be confirmed.

The meeting ended at 12.15 pm

Chair: .....

Date: .....

Appendix to the minutes of meeting 30 April 2019

The following information has been provided by IHT Programme officers in response to the question about the use of 'non-disclosure agreements' at IHT Stakeholder Reference Group meeting(s).

" With regards to the non-disclosure query: Traverse, the independent consultants who ran the options development workshops, did not ask any SRG member to sign a ‘non-disclosure agreement’ nor ever used this terminology.

Traverse held a facilitated session with SRG members (to which members of the IHT Programme Board were excluded, nor party to what was agreed at the meeting) to review and comment upon the draft Terms of Reference they prepared for the options development workshop. Traverse were keen to work with the SRG by way of following best practice and to utilise them in their role as a ‘critical friend’. I understand from Traverse that the Terms of Reference was agreed by SRG members who attended the SRG meeting.

The Terms of Reference used at the workshops was developed specifically for the options development workshop and based on national best practice. "

The order of events therefore appears to be that the Terms of Reference (ToR), also described by the questioner as a 'non-disclosure agreement' (NDA) was reviewed and agreed by the SRG , and then actually used at the 3 Options Development workshops where workshop participants were asked to sign.

There is no other indication of it being used at other meetings.

However the ToR document does appear to contain a reference which could be interpreted as a request to limit further discussion taking place in public. Committee members may wish to explore with IHT programme colleagues whether any such statements should be considered for use in future.

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	**Date:** 4 July 2019	
Report title:	Improving Healthcare Together Programme Board and Consultation Update		
Report from:	David Olney, Statutory Scrutiny Officer		
Ward/Areas affected:	Borough Wide		
Chair of Committee/Lead Member:	Councillor Colin Stears		
Author(s)/Contact Number(s):	David Olney, Statutory Scrutiny Officer, 020 8770 5207		
Corporate Plan Priorities:	• Being Active • Making Informed Choices • Living Well Independently • Keeping People Safe		
Open/Exempt:	Open		
Signed:	David Olney	**Date:**	19 June 2019

1. Summary

1.1 The Improving Healthcare Together programme office provides an update report on the various activities undertaken and outlines future plans.

2. Recommendations

2.1 To note the report.

3. Background

3.1 The Improving Healthcare Together 2020-2030 programme uses an update report to provide sub-committee members with a summary of the recent activity undertaken by the programme and to indicate future activity in the workplan.

4. Appendices and Background Documents

Appendix letter	Title
A	Joint Health Overview Scrutiny Sub- Committee Improving Healthcare Together 2020 – 2030 Briefing Report 4th July 2019

Audit Trail		
Version	Final	Date: 19 June 2019

Background documents
None

Joint Health Overview Scrutiny Sub-

Committee Improving Healthcare Together

2020 – 2030 Briefing Report

4th July 2019

1. Introduction

The following briefing paper has been prepared for the Improving Healthcare Together (IHT) 2020 – 2030 Joint Health Overview Scrutiny Sub-Committee (JHOSC). It includes detailed updates as requested by the Sub-Committee on the:

- Independent report of the Clinical Senates of London and the South East
- Provider impact work
- Integrated Impact Assessment
- Pre-consultation engagement
- Consultation planning
- Finance, Activity and Estates

2. Improving Healthcare Together programme update

a) Clinical model

NHS Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) are looking in detail at the challenges faced by the Trust and how we can make sure the hospitals continue to deliver high quality, safe and sustainable services for local people.

The CCGs want to improve patient care by making sure local people have the best quality health services in the future, in modern, safe buildings with the majority of services provided on both hospital sites and in the community, close to people's homes.

To address the challenges outlined in the case for change the CCGs of Surrey Downs, Sutton and Merton established a Clinical Advisory Group (CAG) in January 2018 which includes within its membership clinical leaders from across the Surrey Downs, Sutton and Merton areas. This group was established to develop a clinical model that meets local needs across the combined geography according to clinical standards and evidence based best practice.

The clinical model we are proposing will mean we keep as much care locally as possible at both St Helier and Epsom Hospitals and we join these services together with the other local services people need including GPs, community health, mental health and social care.

The clinical model and the work set out within was assured by a range of organisations including: NHS England (NHSE), NHSE Improvement (NHSI) and the Clinical Senates.

The Clinical Senate is a source of independent, strategic advice and guidance to commissioners to help them make the best decisions about healthcare for the populations they represent. The Clinical Senate is therefore impartial and informed by the best available evidence. For substantial service change, it is best practice to seek the clinical senate's advice on proposals.

The clinical model developed by CAG was considered by the Joint Clinical Senate of London and the South East due to the catchment of Epsom and St Helier University Hospital NHS Trust (ESTH) and the commissioning CCGs being spread through the regions of London and the South East.

As part of the assurance of the clinical model, the Senate carried out a review in two phases:

- Phase one: Review of the emerging clinical model set out in the Issues Paper's Technical Annex.
- Phase two: Review of the clinical model as described in the draft PCBC, which concluded with the Clinical Senates' independent report. The Clinical Senates review panel included healthcare professionals, service users and carers.

The Senate have commended the programme for its drive and initiative in developing such an innovative solution to the three key challenges facing Epsom and St Helier hospitals – workforce, estate and financial sustainability, as well as made a number of recommendations for improving the case for change. We are very grateful to the South East and London Clinical Senates for the time they have taken to extensively review the proposed clinical model and provide their feedback.

The Clinical Senate independent report will be published at the end of June and shared with sub-committee members prior to the IHT JHOSC sub-committee on the 4th of July.

b) Impact on other providers

The Merton, Surrey Downs and Sutton CCGs are continuing to work with local NHS hospital and ambulance providers to understand the potential impact of each of the proposed option. The 6 providers in addition to the ESTH include:

- Ashford and St Peter's Hospitals NHS Foundation Trust (St Peter's Hospital)
- Croydon Health Services NHS Trust (Croydon University Hospital)
- Kingston Hospital NHS Foundation Trust (Kingston Hospital)
- Royal Surrey County NHS Foundation Trust (Royal Surrey County Hospital)
- St George's University Hospitals NHS Foundation Trust (St George's Hospital)
- Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)

To support this, a Technical Group has been convened since July 2018, comprising provider Directors of Strategy from each provider, as well as representation from London Ambulance Service and SECoast Ambulance. A series of working principles and an overall process was agreed with providers. The group has considered the activity impact on affected Trusts including bed, theatre and diagnostics capacity and the resulting requirements for estates, finance (revenue and capital) and workforce. In addition, providers have worked with the programme via regular meetings with Chief Executives and the accountable officers. Individual trusts have sought approval of impacts from their statutory boards. Following this, impacts have been used as an input to the IHT financial model; and detailed commentary will be included in the pre-consultation business case document.

All providers agreed a consistent approach to the analysis of impacts, including:

- **A consistent view of patient flows**. Development of a single, detailed activity model for all providers, including expected changes in patient flow in an agreed core scenario, based on travel time. Only major acute activity is expected to flow to other providers; district hospital services will be unchanged.

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- **A consistent view of potential repatriations**. The clinical model developed by the Clinical Advisory Group involves some patients spending the first part of their spell in a major acute non-ESTH hospital site, before being repatriated (i.e. 'stepping down') to an ESTH district site for the second part of their spell. A 7 day step down point for all non-elective general medicine patients was agreed as an initial assumption. Two targeted IHT Clinical Advisory Group meetings were undertaken with representation from two nominated medical director and nursing directors from non-ESTH providers to help develop this assumption. Further work (post the Pre Consultation Business Case) is needed to refine this work, including additional clinical audits.
- **Sensitivities**. A range of sensitivities have been developed to test how impacts changes based on flexing key assumptions.
- **Agreement of core scenario**. Providers have agreed that the core scenario (based on travel time), will be used as an input to the IHT financial analysis, with individual providers then taking a view on the likelihood and impacts associated with the range of sensitivities provided.
- **Capacity, estates / capital and finance impacts**. The analysis includes assessing the impact of potential changes in patient flow on capacity (wards, theatres, A&E and other), estates and capital, costs and workforce. These components have been estimated by individual provider trusts based on a consistent and agreed set of assumptions i.e. rubric.
- **Reporting**. Providers have reported back to the programme, using a standard report format for consistency.

Based on changes in ESTH's catchment population, a range of activity flow changes are expected. These flows are based on forecast 2025/26 activity, including assumptions to describe population growth and delivery of demand management plans developed by the Finance, Activity and Estates group and agreed with providers through the Technical Group. Activity flows affected by changes in services include:

- A&E attendances;
- Non-elective (NEL) (emergency) activity, including surgery and medicine;
- Elective (EL) surgery (inpatient activity where there is a dependency on critical care);
- Outpatient activity (associated with elective surgery); and
- Births.

Changes in ESTH services also implies changes in bed capacity needed at other providers. Based on these changes in catchment, a range of changes in beds are also expected. The flows below are based on forecast 2025/26 beds, including assumptions to describe population growth, delivery of demand management and length of stay improvements, as well as planned bed occupancy developed by the Finance, Activity and Estates group and agreed with providers through the Technical Group.

The programme asked providers to assess their impacts based on the common activity and bed information, agreed rubric to estimate capacity and costs, as well as each organisation's own analysis and deliberation. Each provider has returned a report in a standard format to the programme, summarising the impact of each option on:

- Capacity (including A&E, theatres, wards, support services);
- Estates and capital;
- Income and expenditure;

- Workforce; and
- Deliverability.

Impact was assessed based on a scale of low (L), medium (M) and high (H), with providers offering further description and rationale as appropriate. Impact was considered for the three shortlisted options, each describing the additional (i.e. incremental) impact above the 'no service change' baseline comparator.

As part of the process, providers have shared provisional draft impacts with the programme team and presented their work as part of two peer review sessions to test the impacts and review. These sessions were chaired by a senior estates lead supporting the CCGs, to provide independent challenge and validation. Following the meetings, the Chair wrote a post peer-review observation note, including commentary on provider submissions. Following this feedback, providers have considered revisions to their impacts and have taken papers for approval, with any updates as necessary, through their boards in May / June.

The CCGs are reviewing this information as part of the ongoing review of evidence to understand the impact for each option. Once the provisional findings have been agreed by the Programme, a further update will be provided with the IHT JHOSC on the 4th of July.

The impact on providers is a key strand of additional evidence that the CCGs will consider prior to any consultation and will be included in the Pre-Consultation Business Case. The full provider impact analysis will also be incorporated into the integrated impact assessment.

c) Integrated Impact Assessment

In December 2018, the Improving Healthcare Together 2020 – 2030 commissioned specialist independent consultancy, Mott MacDonald, to undertake an Integrated Impact Assessment (IIA) to explore any potential health, equality, travel and access and sustainability impacts on the local population arising from the proposals for change a ESTH.

The IIA informs the Merton, Surrey Downs and Sutton CCGs about the potential positive and negative impacts of any changes to services on communities, as well as any potential solutions and enhancements to the identified impacts that the CCGs or ESTH could take to promote and protect the health and wellbeing of their local communities.

Following best practice, the IIA is being undertaken in three distinct phases as outlined below. However, he IIA is designed to be an iterative process that can be revisited and take on board any new information that may be relevant up until any formal public consultation has finished.

- **Phase one** of the work has been completed and published on the IHT website. This includes an initial equality scoping report (EqIA) and baseline travel assessment by Mott MacDonald, as well as a deprivation impact analysis, by The Nuffield Trust, PPL and COBIC. The range of engagement activities with equalities groups undertaken by the IHT programme have also supplemented this work.

- **Phase two** is nearing completion and an interim draft IIA report will be published at the end of June.

- The **third and final phase** is planned to run after a public consultation and will conclude with the production of a final report for consideration by the IHT Programme Board and

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Committees in Common as they move into the Decision Making Business Case phase of their work.

At the beginning of this second phase of the IIA, a governance structure was established to enable effective input well as provide oversight of the delivery of this programme of work and ensure that the IIA process was followed in accordance with the agreed scope of the work. This structured includes:

- **An Integrated Impact Assessment Steering Group** – which is chaired by an Independent Chair, Professor Andrew George, and includes within its membership representation from local authorities, community organisations/ groups and the three CCGs across the combined geography. (Membership is listed in Appendix 1)

- **A Travel and Access Working Group** – chaired by Dr Simon Williams (Clinical Director for Urgent Care & Integration at NHS Surrey Downs CCG) and comprising of representation from travel planning officer from local authorities, ESTH as well as Transport for London and the ambulance services. (Membership is listed in Appendix 2)

Phase 2 IIA

The IIA interim report has been based on the evidence gathered during phase one of the IIA alongside the following research tasks: desk research, socio-demographic data collection and mapping, an exploration with health professionals and representatives of local community groups by way of in-depth interviews and focus groups, travel and access analysis, and air quality and carbon emissions analysis. The engagement undertaken for this phase of the IIA was not intended to speak with representatives from the whole community or act as a formal consultation.

Both the IIA Steering Group and the Travel and Access Working Group have agreed:

- The scope of the work and IIA process had been followed.
- The engagement plan based on local knowledge and intelligence on protected characteristic groups.
- The findings of the draft IIA interim report.

The IIA interim draft report will be published at the end of June and shared with sub-committee members.

A presentation on the findings of the interim report will be given by Mott MacDonald at the next JHOSC Sub-Committee meeting on the 4th of July.

Next steps

The interim phase two IIA report will be updated with any additional relevant information, as further feedback and evidence is received, such as the findings from the provider impact work and the additional planned engagement, which will be reviewed by the Independent Chair and published prior to a public consultation.

During phase 2 of the IIA further engagement with a number of seldom-heard groups which have been identified as potentially having a disproportionate need for acute services, as well as staff at Epsom and St Helier Hospital University Trust will continue. These groups include: people with a learning disability, carers, LGBT+, Gypsy, Roma and Traveller communities, residents in the second

quintile of deprivation in South Merton. Mott MacDonald are looking for support from across the three CCGs to deliver this work.

This report will be further reviewed and refreshed in light of the findings from public consultation, as part of the third phase of this work, to ensure that fair coverage and consideration is given to:

- the full range of potential impacts likely to be experienced by the local community and specific community groups within this;
- any additional data sources which may support analysis of impacts; and
- any further mitigation actions which may help to alleviate the effects of the some of the impacts identified.

Until the additional engagement of phase two is complete and the further analysis has been undertaken as part of phase three, this report remains interim and subject to further iterations as new evidence is identified and reviewed.

d) Pre-consultation engagement

Stakeholder Reference Group

When the IHT programme launched in July 2018 a Stakeholder Reference Group (SRG) was convened to create a community platform for wider conversation, challenge and feedback on the programme's work. The SRG is chaired by Sutton Healthwatch. Over 100 voluntary, community, patient, carer and equality groups are members of the SRG in addition to Healthwatch bodies, local authorities, campaign groups and housing associations.

On the 22nd of May 2019, the SRG met at the New Horizon Centre in Mitcham, Merton (Commonside Development Trust). As requested by the SRG, the focus of the meeting included an update on the proposed clinical model presented by Dr Jeffrey Croucher (GP and Chair of Sutton CCG), Dr Andrew Murray (GP and Chair of Merton CCG) and Dr James Marsh (Deputy Chief Executive and Joint Medical Director of Epsom and St Helier Hospital).

This meeting was attended by a diverse range of community groups including Oaks Way Senior Centre (Sutton), Central Surrey Voluntary Action, Sutton College, Surrey Coalition of Disabled People, Inner Strength Network (Merton), Bananas Art (support group for adults with a learning disability in Sutton) and the London Borough of Merton, interim Head of Adult Social Care Operations.

Members of the group welcomed the presentation on the clinical model especially as this was led by lead clinicians for the Programme. Feedback from members included questions on the evidence base for the new model of care and whether transition arrangements for older people leaving hospital was being considered in the Programme.

SRG will continue to play an important role in supporting the work of the programme. The next SRG meeting will take place in August.

Ongoing engagement

As part of its ongoing and wider participation work the IHT programme has engaged with 15 community groups since January 2019 across all three CCG areas to provide updates on the programme's work, gather local intelligence and feedback, strengthen local partnerships, and embed the case for change.

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The following table captures the groups engaged:

CCG	Organisations/ groups engaged
Merton	Merton Voluntary Services Council (VSC) Mental Health Forum, Merton Voluntary Services Council Health and Care Forum, Merton Voluntary Services Council Involve Forum and the Inner Strength Network (support for women, girls and their families around gender equality issues)
Sutton	Sutton Parents Forum, Bananas Art (support group for adults with a learning disability), Sutton Night Watch (support for homeless community), Wallington and Carshalton Health and Well Being Information Day, Inspire Partnership (drug and alcohol use), Milan Group (BAME community), Community Action Sutton: Children and Young People and Faith & Belief Forums; Learning Disabilities Care Homes Provider Forum, Sutton South Hello and the Beddington and Wallington Senior Citizens Club.
Surrey Downs	Long Term Neurological Conditions Group (Surrey Coalition of Disabled People), Preston Partner Network (also covers Tadworth), Participation Action Network (multi-partner community and voluntary sector forum convened by Surrey Clinical Commissioning Group), Mid-Surrey Disability Empowerment Network and the Epsom and St Helier Maternity Voices Partnership.

e) Consultation planning:

As the programme moves from pre-consultation engagement to planning for a potential public consultation, a small forum tasked with oversight of the public consultation exercise called our Consultation Oversight Group (COG) has been set up. The COG includes representation from seldom heard communities which rarely participate in consultations. This group will advise on and support the programme's consultation planning process with a specific remit to advise on how to engage marginalised communities and whether the consultation material is easy to understand, intelligible and concise.

The first COG meeting held on Friday the 31st of May was attended by a diverse mix of 15 volunteer representatives and umbrella networks including a young person from Merton with significant health needs, an older person from Sutton with mental health needs and volunteer representatives from Healthwatch Surrey. Umbrella networks in attendance included two Councils of Voluntary Services (Community Action Sutton and Central Surrey Voluntary Action) plus representation from all three Healthwatch bodies. Voluntary Action Reigate and Banstead declined attendance due to capacity issues although were invited.

The group agreed the Terms of Reference for COG and discussed early thinking on the types of consultation activities to reach out to local communities across Merton, Sutton and Surrey Downs.

The meeting also generated many forward-thinking ideas from COG members around how to reach local communities which included the following:

- To reach young people work through secondary schools and colleges
- Target, empower and use community networks to facilitate local conversations
- Link into other consultation and engagement activity planned locally to capture captive audience and reach larger numbers of people
- Liaise with local councils to reach the working well (largest employers)
- Target parochial church groups and neighborhood watch groups
- Use public health annual reports

Future COG meetings will focus on the following practical tasks and activities:

- A community mapping exercise to capture local voluntary, carer and patient groups in situ across the three CCG localities
- How we should consult seldom heard groups and what are the available communication channels
- Feedback and comments on the draft consultation document and questionnaire

We will not proceed to public consultation until we have secured support in principal for capital funding availability from NHS England and NHS Improvement to make the necessary investment required. This will only be secured once our plans have been assessed by regulators - both regionally and nationally in line with normal NHS planning requirements.

The timing of any consultation will be considered in the light of national advice and guidance from NHS regulators on the readiness to proceed.

f) Finance, Activity and Estates

The IHT Programme is continuing to develop its financial analysis, which will be informed by feedback received as part of the assurance process and incorporate the findings of the provider impact work.

The programme will need to determine the most appropriate financing route as well as secure in due course the capital investment needed prior to launching any formal public consultation.

Andrew Demetriades
IHT Joint Programme Director

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Appendix 1: Membership of the IIA Steering Group

Name	Job role	Organisation representing
Prof Andrew George	Independent Chair for the IIASG	N/A
Andrew Demetriades	Programme Director	IHT Programme
Charlotte Keeble	Senior Programme Manager	IHT Programme
Jaishree Dholakia	Patient and Public Engagement Lead	IHT Programme
Ioana Miron	Project Support Officer	IHT Programme
Brian Niven	Technical Principle (IIA Director)	Mott MacDonald
Hattie Fowler	Senior Consultant (IIA Manager)	Mott MacDonald
James Blythe	Managing Director	Merton & Wandsworth CCGs
Russell Hills	Clinical equalities lead	Surrey Downs CCG
Fiona Gaylor	Head of Engagement and Equalities	Merton & Wandsworth CCGs
Satvinder Buttar	Equality Lead	Sutton CCG
Dr Imran Choudhury	Director of Public Health	Sutton Council
Iona Lidington	Director of Public Health	Kingston upon Thames London Borough Council
Hannah Doody	Director of Community and Housing	Merton Council
Stephen Taylor	Director of Adult Social Services and Community Housing (DASS)	Royal Borough of Kingston upon Thames
Kate Scribbins	Chief Executive	Healthwatch Surrey
Dave Curtis	Chief Executive	Healthwatch Merton
Nicola Upton	Chief Executive	Age UK Sutton

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Dorothy Watson	Chief Executive	Sunnybank Trust
Naomi Martin	Director	Commonside Community Development Trust
Marta Ricardo Rocco	Community Engagement Coordinator	Volunteer Centre Sutton
Sabitri Ray	Project Director	Ethnic Minority Centre
Hazel Davies	Home Start Manager – Epsom	Home Start
Pippa Barber/Susan Gibbin	Lay person	Sutton
Clare Gummett	Lay person	Merton
Jacky Oliver	Lay person	Surrey Downs
Yasmin Broome	Involvement Coordinator	Surrey Coalition of Disabled People

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Appendix 2: Membership of the Travel and Access Working Group

Name	Job role	Organisation representing
Dr Simon Williams: Chair, Travel and Access Working Grp	Clinical Director of Urgent Care	Surrey Downs CCG
Andrew Demetriades	Programme Director	IHT programme team
Charlotte Keeble	Senior Programme Manager	IHT programme team
Brian Niven	Project Principle	Mott MacDonald
Craig Walley	Technical lead	Mott MacDonald
Hattie Fowler	Project Manager	Mott MacDonald
Ashley Field	Senior Transport Officer	Surrey County Council
Chris Chowns	Transport Planning Project Officer	Merton Council
Eric Munro	Associate Director, Estates and Facilities Operations, Trust wide	Epsom and St Helier University Hospitals NHS Trust
Ian Price	Tram Leader Strategy and Commissioning	Kingston and Sutton Shared Environment Service
James Glossop	Technical Expert	PA Consulting
Lucy Simpson Robert Varney	Principal Technical Planner Engagement Officer	Transport for London
Phil Crockford	Principal Policy Officer	London Borough of Sutton (Environment, Housing and Regeneration Directorate)
Rory Collinge	Strategy and Partnership Manager	South East Coast Ambulance Service NHS Foundation Trust
Chris Neely	Stakeholder Engagement Manager	London Ambulance Service NHS Trust

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NHS Surrey Downs, Sutton and Merton CCGs