

**Joint Committee Meeting**  
**16:00 to 17:30hrs**  
**Thursday 28 October 2021**  
**Teams**

**Committee membership**

Southport and Formby CCG	
Fiona Taylor	Chief Officer
Rob Caudwell	CCG Clinical Chair
Anette Metzmacher	GP member
Helen Nichols	Lay member governance

West Lancs CCG	
Paul Kingan	Deputy Chief Officer
Dr Peter Gregory	Chair
Greg Mitten	Lay member PPI
Dr Dheraj Bisarya	GP exec lead

**In attendance**

Suzy Ning                      Project Director Shaping Care Together (system role)  
Ruth Fairhurst              Head of Corporate Governance and HR – West Lancs CCG  
Terry Stapley                Minutes

Item no.	Item	Process	Lead
21/75	Introductions and apologies for absence	Verbal	Chair
21/76	Declarations of interest	Verbal	Chair
21/77	Minutes of the meeting held on 22 <sup>nd</sup> July 2021	Document	Chair
21/78	Highlight Report - Current stage of the Programme	Document	Suzy Ning
21/79	Communication & Engagement Update	Presentation	Matt Blakemore
21/80	Any other business	Verbal	Chair
21/81	Date and time of next meeting:  Joint Committee Development Session: Thursday 25 <sup>th</sup> November 2021 – 16:00-17:30hrs  Joint Committee in Public: Thursday 27 <sup>th</sup> January 2022 – 16:00-17:30hrs		Chair

**STRICTLY CONFIDENTIAL**  
**Joint Committee**  
**DRAFT Minutes**

**Date:** Thursday 22<sup>nd</sup> July 2021  
**Time:** 16:00 to 17:00hrs  
**Venue:** Via Teams

**Members in Attendance**

Helen Nichols	Chair - S&F Deputy Chair & Lay Member for Governance	HN
Fiona Taylor	S&F Chief Officer	FLT
Dr Rob Caudwell	S&F Chair & Clinical Director	RC
Greg Mitten	West Lancs – Lay Member PPI	GM
Dr Dheraj Bisarya	West Lancs – GP Executive Lead	DB
Jackie Moran	West Lancs – Director of Integration and Transformation	JM

**In Attendance**

Suzy Ning	Programme Director – Shaping Care Together	SN
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**Apologies**

Dr Peter Gregory	West Lancs – Chair	PG
Ruth Fairhurst	Head of Corporate Governance & HR – West Lancs	RF
Dr Anette Metzmacher	GP Member	AM
Paul Kingan	West Lancs - Deputy Chief Officer/Chief Finance Officer	PK

**Attendance Tracker**

✓ = Present

A = Apologies

N = Non-attendance

Name		Jan 2020	Mar 2021	July 2021				
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓				
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓				
Fiona Taylor	Chief Officer	✓	✓	✓				
Dr Anette Metzmacher	GP Member		✓	A				
Greg Mitten	West Lancs – Lay Member PPI	✓	✓	✓				
Dr Dheraj Bisarya	West Lancs – GP Executive Lead	✓	✓	✓				
Paul Kingan	Deputy Chief Office/Chief Finance Officer	✓	✓	A				
Dr Peter Gregory	West Lancs Chair	A	A	A				

No	Item	Action
AS21/52	<p><b>Introductions and apologies</b></p> <p>Apologies noted from Ruth Fairhurst, Dr Peter Gregory, Paul Kingan and Anette Metzmacher.</p>	
AS21/53	<p><b>Declarations of Interest</b></p> <p>Greg Mitten advised of a conflict of interest in respect of the discussions relating to VCF sector involvement in the engagement plan. Joint Committee members noted that GM has professional contact with a number of VCF organisations. Members concurred that given the balance of other members available, there was sufficient mitigation and business could proceed as usual.</p>	
AS21/54	<p><b>Minutes of the previous meeting held on 25 March 2021</b></p> <p>The minutes for 25 March 2021 were approved.</p>	
AS21/55	<p><b>Shaping Care Together Overview</b></p> <p>Fiona Taylor provided an overview to the Shaping Care Together programme and the work which has taken place since the last meeting in March 2021. Work has continued on the programme through the COVID-19 pandemic.</p> <p>FLT discussed the need to redefine how we provide hospital services, help people use them only when they need them, and ensure those services are safe, sustainable and high quality. With the programmes aim to provide better care for patients using our money, staff, and buildings to maximum effect.</p> <p>FLT noted that change is required due to the significant challenges we are facing including:</p> <ul style="list-style-type: none"> <li>• Delayed discharge of care for patients</li> <li>• Staff recruitment and retention challenges</li> <li>• Demographic changes</li> <li>• The need for planned care</li> <li>• Financial pressures</li> </ul> <p>SN advised members of the key areas of focus for the programme:</p> <ul style="list-style-type: none"> <li>• Care for the frail and elderly</li> <li>• Care for those who need urgent or emergency treatment</li> <li>• Care for children</li> <li>• Maternity care for pregnant women and new-born babies</li> <li>• Care relating to women's reproductive and urinary systems (gynaecology)</li> <li>• Sexual health care</li> <li>• Planned care (for example, outpatient appointments)</li> </ul> <p>SN noted the programme has 4 stages of engagement and the programme is currently at stage 2 (Solution Exploration).</p> <p>Members were briefed on the programme structure which was broken down into the following areas:</p> <p><u>Shaping Care Together Strategy &amp; Model of Care</u></p> <ul style="list-style-type: none"> <li>• Southport, Formby &amp; West Lancashire Clinical &amp; Care Strategy</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• Clinical and care leadership and engagement</li> <li>• Models of care development: UEC, Planned, Frailty, Children &amp; Families, Maternity &amp; Neonatal and Women's Health &amp; Sexual Health</li> <li>• System wide QIA</li> <li>• Hurdle &amp; Evaluation Criteria</li> <li>• External clinical scrutiny</li> </ul> <p><u>Communications &amp; Engagement</u></p> <ul style="list-style-type: none"> <li>• Public, patient and staff</li> <li>• Community assets (CVS)</li> <li>• Patient perspective oversight (Healthwatch)</li> <li>• Reputation management (Local councillors and MPs)</li> <li>• Equalities &amp; Health Inequalities Impact assessment</li> <li>• Options development &amp; appraisal</li> <li>• Consultation plan</li> </ul> <p><u>Modelling &amp; Business Case: Stage 2 assurance evidence</u></p> <ul style="list-style-type: none"> <li>• Demand &amp; capacity</li> <li>• Estates</li> <li>• Workforce</li> <li>• Transport</li> <li>• Digital</li> <li>• Finance</li> <li>• Pre Consultation Business Case development and KLOE evidence documentation</li> <li>• Providers Impact Assessment</li> <li>• Sustainability Impact Assessment</li> <li>• Privacy Impact Assessment</li> </ul> <p>The members received the update.</p>	
AS21/56	<p><b>Highlight Report</b></p> <p>Suzy Ning presented the slides for information, which updated the members on the progress of 'Shaping Care Together'. The members were highlighted to:</p> <p>Progress Update:</p> <ul style="list-style-type: none"> <li>• <i>Engagement and Communication:</i> Issues paper, engagement report and key themes developed following phase 1 of engagement and listening activities. Ongoing listening activities including briefings for local councillors, briefings for MPs developed and shared with newsletter. Focus groups have taken place in partnership with both CVSs. Engagement Process Advisory Group is being established. Long list of options in development. Drop-in sessions for local councillors are in place.</li> <li>• <i>Clinical and care engagement and leadership:</i> Refreshed graphics for all six models of care developed, hurdle criteria agreed, draft evaluation criteria agreed, system QIA process agreed. Scoping meeting held with North West Clinical Senate and Yorkshire &amp; Humber Clinical Senate.</li> <li>• <i>Business Case:</i> baseline work completed for workforce, digital, travel and activity. Midlands Lancashire Commissioning Support Unit appointed for option activity modelling, financial modelling and authorship of the business case/strategy. Estates baseline is near completion (due 22<sup>nd</sup> July). Work is ongoing to embed fragile services work into modelling assumptions. A Memorandum of Understanding between Southport and Ormskirk Hospital Trust, S&amp;F CCG and WL CCG has been signed by the CFO/SOF from each organisation. Contract review meetings held with all suppliers.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• <i>Resources:</i> SCT budget (income and expected costs) being ratified with S&amp;F CCG leads this month</li> </ul> <p>Programme Board focus for the next reporting period:</p> <ul style="list-style-type: none"> <li>• <i>Communication &amp; Engagement:</i> Further focus groups to be carried out throughout July, Full Equality &amp; Inequalities Impact Assessment of Stage 1 to be conducted. Continue political briefings and make recommendations for a joint OSC. Drop in sessions for local councillors to take place and EPAG to be established</li> <li>• <i>Clinical &amp; Care Leadership and Engagement:</i> Refresh all MOC and further refine the one model of care. Commence authorship of the strategy. Apply hurdle criteria to emerging long list. Commence round 4 of workshops (patient pathways)</li> <li>• <i>Business case:</i> Agree and describe the activity scenario modelling approach, delivery of estates baseline, delivery of financial baseline, commence future option modelling. Align fragile services work in to modelling assumptions. Establish data room for Stage 2 assurance KLOEs.</li> <li>• <i>Programme resources:</i> SCT budget review to take place.</li> </ul> <p>Key issues for resolution / escalation:</p> <ul style="list-style-type: none"> <li>• Ongoing challenge to engage with clinical and operational staff during a very busy time in health and care – mitigations through online collaboration platform and ambassadorship role of workshop/meeting attendees.</li> </ul> <p>SN presented members with the Hurdle Criteria, noting evaluating and establishing a preferred option is key to being able to evidence the reasons for choosing that option to patients, politicians, and other stakeholders. The hurdle criteria are at a high level which allows options to be discounted without a lot of detail being required.</p> <p>Members noted the challenges in relation to staff and clinical engagement but confirmed that clinicians have been given various opportunities to comment (both face to face or online) and still have the opportunity to attend sessions if they choose too. DB confirmed the information has been shared extensively in West Lancashire amongst Primary Care colleagues. RC confirmed clinicians within Southport and Formby are using innovative technology to engage as and when they can due to the current Covid-19 situation.</p> <p>Members approved the Hurdle Criteria, HN to seek agreement with FLT outside of the meeting taking chairs action to approve the criteria.</p> <p>The members received the update.</p>	<b>HN</b>
AS21/57	<p><b>Any Other Business</b></p> <p>None noted</p>	
AS21/58	<p><b>Date and Time of next Meeting:</b>  Joint Committee in Public:  Thursday 28th October 2021 – 16:00-17:30hrs</p>	

# Shaping Care Together Programme Highlight Report

Overall RAG:

**R**

Programme Report:				Joint Committee						
Senior Responsible Officer			Programme Director				Reporting Period			
TBC			Suzy Ning				14/09/21-15/10/21			
OVERALL GOVERNANCE	Scope and Approach Defined	An Effective Project Team is in Place	Project Governance is in Place	All Stakeholders are engaged	OVERALL DELIVERY	Milestone plan is defined/on track	Benefits are defined and on track	Resources identified, secured and on track	Risks are identified and <b>being</b> managed	Issues identified and being managed
●	●	●	●	●	●	●	●	●	●	●
<p><b>Progress Update:</b></p> <ul style="list-style-type: none"> <li>• <b>Engagement and Communication:</b> Equalities Impact Assessment review has identified additional key stakeholders to engage with to ensure that the SCT partners meet their equalities duty. Work continues on finalising the health inequalities baseline. Approval to go live with the comms launch to reflect the new management agreement with StH&amp;K was agreed at the October Delivery Group.</li> <li>• <b>Clinical and Care Engagement and Leadership:</b> The first draft of the Y&amp;H Clinical Senate report has been received and is being reviewed by the Clinical &amp; Care Congress. Work continues to finalise the clinical case for change ensuring that all quality metrics are captured effectively across all Models of Care. Work has commenced on starting the authorship of the Strategy</li> <li>• <b>Business Case:</b> Attempts to find a solution to the demand &amp; capacity and financial modelling have been worked through, however the recent solution presented does not provide a cost efficient or time sensitive alternative to the original proposal, so other suppliers for the expertise are being explored. Due to the delays this has brought about in modelling demand and capacity analysis for the 4 shorter list options all other contractors have been engaged and asked to pause their work whilst the issue is resolved.</li> <li>• <b>Strategic Partnership:</b> Engagement with colleagues in StH&amp;K continues and will be formally transferred within the other three workstreams within the programme</li> </ul>										
<p><b>Focus for the next reporting period</b></p> <ul style="list-style-type: none"> <li>• <b>Communication &amp; Engagement:</b> Continue engaging with new and existing stakeholders; bringing StH&amp;K Senior Leadership Team and clinicians on board through a refreshed stakeholder and media plan, with a focus on specific political activities including councillor workshops and ongoing engagement with MPs. Emerging themes highlighted through SCT Equalities and Health Inequalities Impact Assessments will be explored and groups inclusive of protected characteristics will be targeted through partnership working with CVS and Healthwatch.</li> <li>• <b>Clinical &amp; Care Leadership and Engagement:</b> Further refinement of the one model of care. Continue authorship of the strategy. Review and feedback on the Y&amp;H Clinical Senate report. Further develop clinical leadership and engagement framework. Engagement with clinical leads and stakeholders from strategic partners to refine MoC and long list of options</li> <li>• <b>Business Case:</b> Identify resources to conduct demand/capacity and finance assumptions and modelling and to author the PCBC.</li> </ul>										
<p><b>Key issues for resolution / escalation by Prog. Board</b></p> <ul style="list-style-type: none"> <li>• Programme Board held 20/10/21 and will be verbally updated at the Joint Committee</li> </ul>										

## Headline engagement & emerging THEMES to date...

- 2,050 survey responses completed
- Almost 15k engagement site visits
- At least 291 staff completed the new survey
- Stakeholder newsletter established (500+ stakeholders)
- Patient and stakeholder focus groups delivered (12 focus groups with more than 70 participants since May; 25 in total since beginning of Stage 1)
- 70% favour telephone or video appointments
- Top two priorities:
  - *Shorter waiting times for outpatient appointments*
  - *Having the best possible care, even if that means travelling further*
- 85% favour specialist centre treatment for complex healthcare
- At least 94% generally agree that healthcare should be “*local where possible and specialist where necessary*”

