

Joint Committee Meeting (Shaping Care Together)
16:00 to 17:30hrs
Thursday 24 February 2022
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)
Mel Wright	Programme Manager Shaping Care Together
Ruth Fairhurst	Head of Corporate Governance and HR – West Lancs CCG
Kay Morris	Minutes

Item no.	Item	Process	Lead
22/01	Introductions and apologies for absence	Verbal	Chair
22/02	Declarations of interest	Verbal	Chair
22/03	Minutes of the meeting held on 28 th October 2021	Document	Chair
22/04	Highlight Report - Current stage of the Programme	Document	Mel Wright
22/05	Any other business	Verbal	Chair
22/06	Date and time of next meeting: Joint Committee Development Session: Thursday 24 th March 2022 – 16:00-17:30hrs Joint Committee in Public: Thursday 28 th April 2022 – 16:00-17:30hrs		Chair

STRICTLY CONFIDENTIAL
Joint Committee
DRAFT Minutes

Date: Thursday 28th October 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
Greg Mitten	West Lancs – Lay Member PPI	GM
Dr Dheraj Bisarya	West Lancs – GP Executive Lead	DB
Paul Kingan	West Lancs - Deputy Chief Officer/Chief Finance Officer	PK

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
Dr Rob Caudwell	S&F Chair & Clinical Director	RC

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name		Jan 2020	Mar 2021	July 2021	October 2021			
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	A			
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓			
Fiona Taylor	Chief Officer	✓	✓	✓	✓			
Dr Anette Metzmacher	GP Member		✓	A	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	A			

No	Item	Action
AS21/75	<p>Introductions and apologies</p> <p>Apologies noted from Ruth Fairhurst, Dr Peter Gregory, Rob Caudwell and Anette Metzmacher.</p>	
AS21/76	<p>Declarations of Interest</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>	
AS21/77	<p>Minutes of the previous meeting held on 22 July 2021</p> <p>The minutes for 22 July 2021 were approved.</p> <p>Action 21/56 - Members approved the Hurdle Criteria, HN to seek agreement with FLT outside of the meeting taking chairs action to approve the criteria.</p> <p><i>Resolution</i> – HN confirmed agreement was sought outside of the meeting with FLT.</p>	
AS21/78	<p>Highlight Report - Current stage of the Programme</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"> • <i>Engagement and Communication:</i> 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 St Helens & Knowsley was agreed at the October Delivery Group. • <i>Clinical and Care Engagement and Leadership:</i> The first draft of the Y&H Clinical Senate report has been received and is being reviewed by the Clinical & 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 • <i>Business Case:</i> Attempts to find a solution to the demand & 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. • <i>Strategic Partnership:</i> Engagement with colleagues in St Helens & Knowsley continues and will be formally transferred within the other three workstreams within the programme 	

No	Item	Action
	<p>Programme Board focus for the next reporting period:</p> <ul style="list-style-type: none"> • <i>Communication & Engagement</i>: Continue engaging with new and existing stakeholders; bringing St Helens & Knowsley 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. • <i>Clinical & Care Leadership and Engagement</i>: Further refinement of the one model of care. Continue authorship of the strategy. Review and feedback on the Yorkshire & Humber 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 • <i>Business Case</i>: Identify resources to conduct demand/capacity and finance assumptions and modelling and to author the PCBC. <p>Key issues for resolution / escalation:</p> <ul style="list-style-type: none"> • Programme Board held 20/10/21 and will be verbally updated at the Joint Committee <p>PK asked whether there will be mixed messages going out the public in relation to the future hospitals program which is running in Lancashire. SN advised that the programme is in its infancy but it could complement or contradict some of the stuff we're trying to do is shaping care together. The idea is to bring the two communications teams together early January 2022 to ensure the key messages going out to the public are the same, just to make sure that the SCT progress and our plans are complementary or don't at least conflict.</p> <p>Members discussed the importance of clinical leadership. FLT noted Southport and Formby CCG have an active program or work within the partnership development around clinical leadership and engagement.</p> <p>SN noted that Ann Marr will take on the role of programme SRO with support from Anne Marie Stretch as managing director.</p> <p>DB asked could the details of the director at SFCCG be shared to understand what the CCG is doing for their clinical engagement. FLT to send these details to DB.</p> <p>The members received the update.</p>	
AS21/79	<p>Communication & Engagement Update</p> <p>Suzy Ning presented the slide for information, which updated the members on the Communication & Engagement Update of the programme. The members were highlighted to:</p> <ul style="list-style-type: none"> • 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 	

No	Item	Action
	<ul style="list-style-type: none"> • Top two priorities: <ul style="list-style-type: none"> • <i>Shorter waiting times for outpatient appointments</i> • <i>Having the best possible care, even if that means travelling further</i> • 85% favour specialist centre treatment for complex healthcare • At least 94% generally agree that healthcare should be “<i>local where possible and specialist where necessary</i>” <p>Members noted the positivity of the engagement. FLT acknowledged the help which has been received by our community voluntary phase sector colleagues who help helped really drive this engagement. Which has helped us understand the gaps and also to get the messages through to the hard-to-reach members of the public.</p> <p>Members put on record their thanks to the CVS, HealthWatch and local community volunteers for their support.</p> <p>The members received the update.</p>	
AS21/80	<p>Any Other Business</p> <p>None noted</p>	
AS21/81	<p>Date and Time of next Meeting: Joint Committee in Public: Thursday 27th January 2022 – 16:00-17:30hrs</p>	

Programme Report:			Programme Board							
Senior Responsible Officer			Programme Director				Reporting Period			
Ann Marr			Suzy Ning				12/11/21-11/02/22			
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 being managed	Issues identified and being managed
●	●	●	●	●	●	●	●	●	●	●

Progress Update:	<ul style="list-style-type: none"> • Engagement and Communication: Engagement & Process Advisory Group have held their fourth meeting. Targeted social media has been launched to reach groups highlighted as under represented in the EIA. Engagement activity planning with local councillors across Lancashire & Sefton is underway • Clinical and Care Engagement and Leadership: one to one meetings with lead clinicians have been taking place and gratefully received by the PDO team. Individual models of care due for approval at the CCC w/c 21st February; overall model of care in production. • Business Case: D&C modelling for baseline, do nothing and do minimum drafted and due for sign off at Delivery Group w/c 28th February enabling modelling work for estates. A review of the resource requirements for Digital and Finance is underway as both workstreams. The first Transport Advisory Group has been established and held their first successful meeting in February. A series of finance workshops have been established supported by MIAA Solutions. • Programme Delivery: Following a halt in governance and subsequent delays due to COVID-19 in December/January a revised timescale was developed with Delivery Group with the business case due for submission later in the year. The evidence repository for all stage 2 assurance has been set up. Dedicated support from NHSEI has been secured to support governance decision making. • Budget: The budget for 2022/23 has been identified, but remains a significant risk to the programme given there is no identified funding source
Focus for the next reporting period	<ul style="list-style-type: none"> • Communication & Engagement: Continue political and community engagement activities; establish a series of staff engagement activities in line with SOHT communications approach. • Clinical & Care Leadership and Engagement: Finalise the one model of care and commence drafting of the SCT Care & Clinical Strategy; align North West Clinical Senate review with the new timelines • Business Case: Confirm and secure digital and finance resource requirements . Finalise baseline so nothing and do minimum and continue modelling work for the shorter list of options
Key issues for resolution / escalation	<ul style="list-style-type: none"> • Delivery Group: programme resources for 2022/23, Clinical and Care leadership engagement; Digital capacity • Clinical & Care Congress: verbal update from 24/02/22 CCC

Engagement and consultation update



“It is critical that patients and the public are involved throughout the development, planning and decision-making of proposals for service reconfiguration. Early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential... Early involvement will give early warning of issues likely to raise concerns in local communities and gives commissioners’ time to work on the best solutions to meet those needs.”

NHS England

Headline engagement to date...

- More than **2,100 questionnaire responses** completed
- More than **15K engagement site visits**
- Roughly **300 staff** completed the questionnaire
- At least **1,800 patients and stakeholders** completed the questionnaire
- Almost **500 responses** from SCT 'postcards'
- Regular **stakeholder e-Newsletter** distributed
- **Equalities Impact Assessment** in progress
- **Travel & Transport Advisory Group** established
- **Engagement Process Advisory Group** established
- In-depth patient and stakeholder **focus groups delivered** (more than 25 held since January 2021)
- Roughly **40% want to hear more information** when published



Headline THEMES to date...

- 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”*



Headline themes to date...

- There are some concerns around the accessibility of primary care services.
- We need to focus more on preventative measures and use community services better to help patients before they present to hospital.
- There are some issues around public transport in certain areas.
- Staffing levels, recruitment and retention of key staff needs to be improved.
- We need to improve patient journeys and support patients to better navigate their own care.



Headline themes to date...

Good...

- *Urgent Treatment Centre in Ormskirk*
- *Prompt appointments for planned procedures*
- *Caring and compassionate staff*
- *Joined up services between both sites*
- *A&E at Southport*

Less good...

- *A&E often overwhelmed or overcrowded*
- *Staff shortages in certain areas*
- *Public transport links*
- *Care in the community*
- *Lack of Walk-In Centre at Southport*



Headline themes to date...

Good...

- *170 respondents are positive about staff*
- *30 commend the WIC / UTC at Ormskirk*
- *87 are content about the location of services*

Less good...

- *57 feel there are staff shortages in certain areas*
- *15 outline issues with care in the community / closer to home*
- *18 say there needs to be better transport links*



Next Steps...

- Challenges and Opportunities (C&O) Paper to be published
- More survey responses
- More in-depth discussion groups
- Developing new Models of Care
- Options Development & Appraisal Process to be undertaken
- Comprehensive Engagement Report to be produced and feed into Pre-Consultation Business Case



SHAPING CARE
TOGETHER

