

**Joint Committee Meeting
16:00 to 17:30hrs
Thursday 22 July 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
21/52	Introductions and apologies for absence	Verbal	Chair
21/53	Declarations of interest	Verbal	Chair
21/54	Minutes of the meeting held on 25 th March 2021	Document	Chair
21/55	Shaping Care Together Overview	Document	All
21/56	Highlight Report - Current stage of the Programme	Document	Suzy Ning
21/57	Any other business	Verbal	Chair
21/58	Date and time of next meeting: Joint Committee Development Session: Thursday 26 th August 2021 – 16:00-17:30hrs Joint Committee in Public: Thursday 28 th October 2021 – 16:00-17:30hrs		Chair

STRICTLY CONFIDENTIAL
Joint Committee
DRAFT Minutes

Date: Thursday 25th March 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
Paul Kingan	West Lancs - Deputy Chief Officer/Chief Finance Officer	PK
Dr Dheraj Bisarya	West Lancs – GP Executive Lead	DB
Dr Anette Metzmacher	GP Member	AM

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

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

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

No	Item	Action
AS21/22	<p>Introductions and apologies</p> <p>Apologies noted from Ruth Fairhurst and Dr Peter Gregory.</p>	
AS21/23	<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>	
AS21/24	<p>Minutes of the previous meeting held on 23 January 2020</p> <p>The minutes for 23 January 2020 were approved with a minor amendment to the attendance tracker to only include those attendances at the Joint Committee in Public.</p> <p>Paul Kingan noted within the minutes that Healthwatch representatives would be invited to join the meeting. Members noted that Healthwatch are part of the programme and future invites will be circulated to those representatives.</p>	
AS21/25	<p>Shaping Care Together Update</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 January 2020. Work has continued on the programme through the COVID-19 pandemic. FLT noted the change in the programme title from the Acute Sustainability Programme to Shaping Care Together.</p> <p>FLT discussed the aims of the programme:</p> <ul style="list-style-type: none"> • Healthcare professionals across Southport, Formby and West Lancashire are coming together to shape how hospital services could be delivered in the future to ensure local people receive safe, sustainable and high-quality care. • Shaping Care Together aims to shape, develop and improve future services for everyone, based on feedback from the patients, carers and staff who use and deliver those services. • Shaping Care Together is a partnership of NHS organisations – Southport and Ormskirk Hospital NHS Trust, NHS Southport and Formby CCG and NHS West Lancashire CCG. <p>Members attention was brought to the challenges of the programme –</p> <ul style="list-style-type: none"> • Hospitals, GPs and other providers of health and social care cannot currently recruit the number of skilled staff we need to deliver those services to meet the needs of the population. • Although health is improving in a number of areas, there remains unacceptable health inequalities in different parts of the borough and these present clear areas for improvement. • Although life expectancy overall is close to the national levels, unacceptable variation still exists within the least affluent areas. • Levels of long-term health conditions are much higher than the national average especially cardiovascular-related diseases. Other factors such as obesity, respiratory diseases and mental health 	

No	Item	Action
	<p>disorders are higher in Sefton than nationally, along with dementia.</p> <p>The Shaping Care Together programme areas of focus will include –</p> <ul style="list-style-type: none"> • Frail and elderly care • When you have an urgent or emergency care need • Services for children including those who have complex needs • Services for women who are pregnant and the new-born • Gynaecology – dealing with women's reproductive system • Sexual health services for all genders • Planned care, such as follow-up outpatient and/or subsequent admissions as part of ongoing treatment. <p>FLT noted that the programme will run throughout 2021 and there will be many opportunities for local people to have their say.</p> <p>Suzy Ning provided members with an update on page 15 and 16 of the phase one engagement activities which the programme is working through which includes:</p> <ul style="list-style-type: none"> • Online Discussion Events • One-to-one telephone interviews • Online Discussions • Partner events • Primary Care Networks/GP Locality Meetings • Hospital Staff Events • Staff events with Virgin Care and Mersey Care <p>SN further advised how the public are being encouraged to participate, including a number of communication tools and communication assets.</p> <p>Greg Mitten noted that it has been an incredibly difficult time to address engaging the public during the pandemic but agreed that every method possible has been made to engage the public as discussed by SN. This has helped bring together partnerships and local community neighbourhood groups.</p> <p>FLT advised that the engagement has been carried out with Lancashire Care Foundation Trust and Mersey Care Foundation Trust with the new contract for community services beginning on 1st May 2021 (Mersey Care Foundation Trust).</p> <p>Finally PK noted that the CCGs, Trust and local partners have been working closely together for a number of years, which has created a strong relationship and shows that they are able to work together collaboratively.</p> <p>The members received the update.</p>	
AS21/26	<p>Clinical feedback</p> <p>Dr Rob Caudwell provided an overview of the clinical feedback which has shaped the programme.</p> <p>RC noted the long history of the work, which is taking place, looking at a whole system approach. The models of care which had been produced in 2019 have been further reviewed to see which ones are still suitable and what needs are changing giving the wider focus.</p> <p>RC advised the same issues which have been seen during the programme's engagement process have also been seen within General Practice, with more telephone and video consultation appointments occurring.</p>	

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	<p>Clinical workshops to discuss the models of care are being held and it was noted that there has been an increased attendance with a broadness of roles being involved.</p> <p>Dr Dheraj Bisarya echoed the comment of RC, noting the issues with of the pandemic on workload pressures. But this has put us in the position to use new techniques and increase the use of digital technology.</p> <p>Dr Anette Metzmacher noted that the pandemic has allowed us to reassess things and make changes for the better.</p> <p>HN and FLT thanked the clinical members for the encouraging and positive feedback.</p> <p>The members received the update.</p>	
AS21/17	<p>Highlight Report</p> <p>Suzu 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"> • Engagement and Communication: Phase 1 has formally concluded and the reporting process is underway to consolidate the learning so far from this listening phase. To ensure effective reach into community and protected characteristics a continuous engagement approach is being adopted to enable effective engagement throughout tranche 1. Equalities and Health Inequalities work has initiated and an approach to stage 2 during purdah has been defined • Clinical and care engagement and leadership: the Clinical and Care Congress met 11/02/21 and reviewed and redrafted the revised vision/design principles for the models of care. Models of care workshops have been booked in and the Strategy Steering Group has been established to lead on the overall Model of Care chaired by the S&F CCG Chief Nurse (interim) • Resources: the Business Case Project Manager and Programme Officer roles are out to advert. A proposal has been received for workforce modelling, a brief is out for the estates modelling and transport modelling. The digital programme manager and support officer JDs are near completion and sign off. Finance support has been identified from West Lancs and awaiting further confirmation from S&F CCG and SOHT. A meeting with BI leads is due 17/03 to establish best way forward to secure resources. • Wider system connections: Lessons learnt have been developed from the Our Health Our Care programme. Awaiting wider system configurations from NHSEI • Capital: the outline process for the route to capital has been identified (public dividend capital) which will be developed and aligned to the programme roadmap with the DoFs <p>Programme Board focus for the next reporting period:</p> <ul style="list-style-type: none"> • Clinical & Care Leadership and Engagement: Models of Care workshops held, refresh of clinical case for change; finalised vision and design principles for sign off • Communication & Engagement: Issues paper produced, phase 1 reporting complete, continuous engagement process identified. Patient and Public Advisory Group established; application of purdah restrictions • Programme resources: Business Case Project Manager and 	

No	Item	Action
	<p>Programme Officer appointed; transport, workforce and estate modelling established; capacity sourced from finance and BI</p> <ul style="list-style-type: none"> Capital: Do limited capital requirements across Southport, Formby and West Lancashire (in and out of hospital health services) <p>Key issues for resolution / escalation:</p> <ul style="list-style-type: none"> None to escalate to the Joint Committee <p>PK queried how big of a challenge is the gathering data following the pandemic. SN noted that we are looking to use the 2019/20 data as the baseline data whilst utilising digital and workforce expertise to make certain assumptions to understand and agree the baseline.</p> <p>FLT asked whether there is anything required to help support the Programme Board? SN advised that being part of the scope and vision of the programme moving forward would help and also input from the Joint Committee as to what is required from the Programme Board to feedback to the committee.</p> <p>Action – Input from Joint Committee into the Programme Board i.e. what to focus on.</p> <p>The members received the update.</p>	All
AS21/18	<p>Terms of Reference update</p> <p>HN advised members that the Terms of Reference have been reviewed and updated following an annual review. The Joint Committee are asked to accept and approve the changes.</p> <p>PK queried whether there should be an inclusion of changes in legislation due to the transition period of the CCGs when they cease to exist on 31st March 2022.</p> <p>Members agreed that there would be a slight change to the TOR which would state that the review would take place in March 2022 or earlier if required.</p> <p>FLT noted that the members and respective CCGs have agreed that Helen Nichols will continue as Chair of the Committee for a further 12 months due to the nature of the work and the pandemic. PK confirmed West Lancashire CCGs agreement.</p> <p>The members approved the Terms of Reference.</p>	
AS21/29	<p>Any Other Business</p> <p>None noted</p>	
AS21/30	<p>Date and Time of next Meeting: Thursday 24th June 2021 16:00-17:30hrs MS Teams</p>	

Our Vision

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We want to do this by creating and delivering safe, integrated and sustainable services that meet people’s needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it’s needed.

Why are we doing this?

We 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. It is ultimately about providing better care for patients using our money, staff, and buildings to maximum effect.

We need to change because of some significant challenges we're facing:

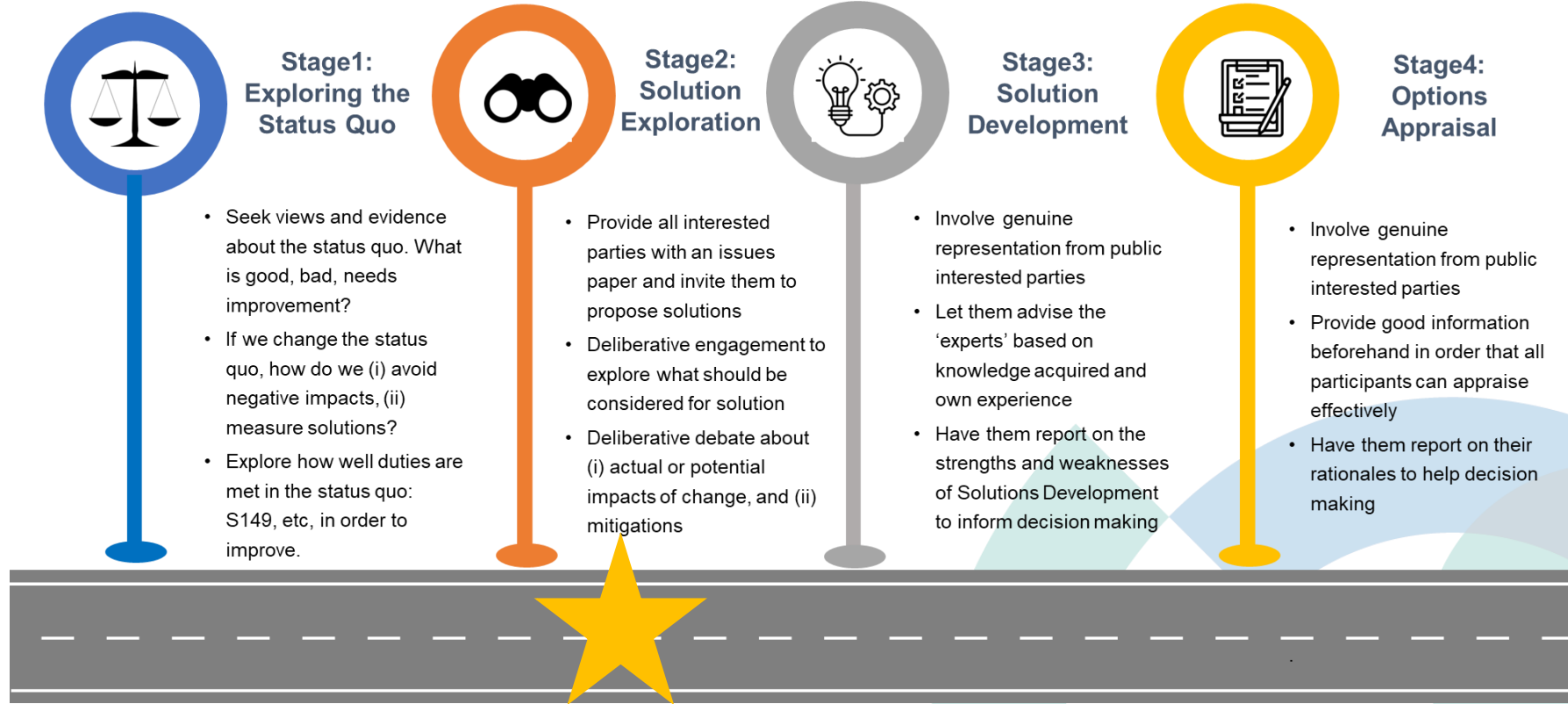
- **Delayed discharge of care for patients**
- **Staff recruitment and retention challenges**
- **Demographic changes**
- **The need for planned care**
- **Financial pressures**

Our services

We have identified these areas to focus on:

- Care for the frail and elderly
- Care for those who need urgent or emergency treatment
- Care for children
- Maternity care for pregnant women and new-born babies
- Care relating to women's reproductive and urinary systems (gynaecology)
- Sexual health care
- Planned care (for example, outpatient appointments)

Where are we now?



Programme Structure

SCT Strategy & Model of Care

- Southport, Formby & West Lancashire Clinical & Care Strategy
- Clinical and care leadership and engagement
- Models of care development: UEC, Planned, Frailty, Children & Families, Maternity & Neonatal and Women's Health & Sexual Health
- System wide QIA
- Hurdle & Evaluation Criteria
- External clinical scrutiny

Communications & Engagement

- Public, patient and staff
- Community assets (CVS)
- Patient perspective oversight (Healthwatch)
- Reputation management (Local councillors and MPs)
- Equalities & Health Inequalities Impact assessment
- Options development & appraisal
- Consultation plan

Modelling & Business Case: Stage 2 assurance evidence

- Demand & capacity
- Estates
- Workforce
- Transport
- Digital
- Finance
- Pre Consultation Business Case development and KLOE evidence documentation
- Providers Impact Assessment
- Sustainability Impact Assessment
- Privacy Impact Assessment

Shaping Care Together Programme Highlight Report

Overall RAG:

A/G

Programme Report:				Joint Committee						
Senior Responsible Officer				Programme Director			Reporting Period			
Trish Armstrong-Child				Suzy Ning			15/06/21-12/07/21			
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 being managed	Issues identified and being managed
●	●	●	●	●	●	●	●	●	●	●

Progress Update:	<ul style="list-style-type: none"> • Engagement and Communication: 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 in place. • Clinical and care engagement and leadership: 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 & Humber Clinical Senate. • Business Case: baseline work completed for workforce, digital, travel and activity. MLCSU appointed for option activity modelling, financial modelling and authorship of the business case/strategy. Estates baseline is near completion (due 22nd July). Work ongoing to embed fragile services work into modelling assumptions. An MOU between SOHT, S&F CCG and WL CCG has been signed by the CFO/SOF from each organisation. Contract review meetings held with all suppliers. • Resources: SCT budget (income and expected costs) being ratified with S&F CCG leads this month
Focus for the next reporting period	<ul style="list-style-type: none"> • Communication & Engagement: Further focus groups to be carried out throughout July, Full Equality & 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 • Clinical & Care Leadership and Engagement: 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) • Business case: 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. • Programme resources: SCT budget review
Key issues for resolution / escalation	<ul style="list-style-type: none"> • 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.

Hurdle Criteria

- The criteria for 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. The evaluation criteria are at a more defined level and they are written in a way that allows for differences to be defined between the options.

Hurdle Criteria	Justification
Clinically Sustainable	Enables the delivery for the SCT Model of Care
Accessibility	Maintains or improves access to specialist services
Strategic Fit	Supports the agreed plans of both emerging ICPs & ICSs to improve population health
Financial/Affordability	Does not require significant capital investment (e.g. a new hospital site)
Implementation	Is deliverable