

## Joint Committee Meeting in Public (Shaping Care Together) Agenda

**Date:** 23<sup>rd</sup> June 2022  
**Venue:** MS Teams  
**Time:** 16.00

### Membership

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Fiona Taylor	Chief Officer	FLT
Dr Dheraj Bisarya	GP exec lead	DBi
Greg Mitten	Deputy Chair & Lay Member for Governance	GMi
Paul Kingan	Deputy Chief Officer	PKi

### In attendance

Suzy Ning	Programme Director, Shaping Care Together	SN
Mel Wright	Head of Programme Delivery, Shaping Care Together	MW

No	Item	Lead	Report/ Verbal	Receive/ Approve
AS22/18	Apologies for Absence	Chair	Verbal	R
AS22/19	Declarations of Interest	Chair	Verbal	R
AS22/20	Minutes of previous meeting	Chair	Report	A
AS22/21	Shaping Care Together – Reflections of the past two years under the Joint Committee's governance	SN	Report	R
AS22/22	Next steps for the programme	SN	Report	R
AS22/23	Review of current programme risks	ALL	Verbal	R
AS22/24	New statutory governance structure and handover arrangements	FT/PK	Verbal	R
AS22/25	Any other business	Chair	Verbal	R
AS22/26	Final meeting	Chair	Verbal	

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

**Date:** Thursday 24<sup>th</sup> February 2021  
**Time:** 16:00 to 17:30hrs  
**Venue:** Via Teams

**Members in Attendance**

Helen Nichols	Chair - S&F Deputy Chair & Lay Member for Governance	HN
Greg Mitten	West Lancs – Lay Member PPI	GM
Dr Rob Caudwell	S&F Chair & Clinical Director	RC
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
Fiona Taylor	S&F Chief Officer	FLT
Dr Anette Metzmacher	GP Member	AM

**Attendance Tracker**

✓ = Present

A = Apologies

N = Non-attendance

Name		Dec 2020	Jan 2021	Feb 2021	April 2021	May 2021	August 2021	Sept 2021	Nov 2021	Feb 2021
Dr Rob Caudwell	Chair & Clinical Director	✓	A	✓	✓	✓	✓	✓	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓	A	A	✓	A
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	✓	✓	A	A
Dr Anette Metzmacher	GP Member	A	✓	A	A	A	A	✓	A	✓
Suzy Ning	Programme Director									✓
Melanie Wright										✓
Greg Mitten	West Lancs – Lay Member PPI	✓	✓	✓	✓	✓	A	A	✓	✓
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	A	A	A	A	A

No	Item	Action
AS21/91	<p><b>Introductions and apologies</b></p> <p>Apologies noted from Fiona Taylor, Helen Nicols, Dr Gregory, Martin Mc Dowell.</p>	
AS21/92	<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 several VCF organisations. Members concurred that given the balance of other members available, there was sufficient mitigation and business could proceed as usual.</p>	
AS21/93	<p><b>Minutes of the previous meeting held on Thursday 28<sup>th</sup> Oct 2021</b></p> <p>The minutes for 28<sup>th</sup> October 2021 were approved.</p>	
AS21/94	<p><b>Highlight Report</b></p> <p>MW 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>Programme Delivery:</i> Overall this is rated as amber for progress over the last reporting period. The Engagement and process Advisory Group have held their fourth meeting and have done quite a lot of work in terms of targeted social media to reach the groups which were assessed as underrepresented in the equities and impact assessment. They are also now working with local councillors across Lancashire and Sefton.</li> <li>• <i>Clinical and Care Leadership:</i> This has been really challenging with the normal winter pressures along with Omicron. A lot of meetings have been taking place to try to complete work on the models of care in relation to the 6 models of care and work has also started on the single overarching model of care which sits alongside this. The programme delivery office would like to express their thanks to all the clinicians who have taken part in this. All the models have been signed off in principle this morning by Clinical and Care Congress however there is some work to be done in mapping the independencies between models and to work round the quality impact assessment for each of these.</li> <li>• <i>The Business Case:</i> This part of the programme continues along with the demand and capacity modelling. The base line for do nothing and do minimum was all signed off at the delivery group on the 28<sup>th</sup> of Jan 2022. The demand and capacity work in relation to the impact of these models of care has gone to the Clinical and Care Congress this morning this will be considered and hopefully approved by the Delivery Group next week. In relation to the Halt and Governance Meeting that took place a revised delivery programme has been drawn up and hopefully this will be reviewed and signed off tomorrow and then a submission date will be put in for the PCBC to be complete later in the year. Work is also taking place on the evidence suppository, this is where the NHS gives several lines of enquiry which we need to satisfy in order to comply with the stage 2 process and the PCBC are the holder of all the evidence, and they will look at all our evidence. Support is also being given by the NHBCI who will also support with</li> </ul>	

No	Item	Action
	<p>the decision-making process. They will work with the delivery group during Mar/Apr time to help deliver conference and in terms of providing the appropriate scrutiny to provide assurance to the Programme Board in terms of ensuring a robust service is delivered.</p> <ul style="list-style-type: none"> <li>• <i>Finance:</i> A budget has been identified for the next financial year but at this time no source has been agreed. Over the next reporting period we will be focusing on engagement for political and community activities. A plan will set out the details.</li> <li>• <i>Care Plan:</i> A single care plan is now the key focus, and we will be working with the Northwest Clinical Senate to investigate this prior to the stakeholder session to evaluate the models in due course. The Business Case is currently on schedule although there are some challenges with the digital and finance areas. Some workshops are being put into place to look at the base lines.</li> <li>• <i>The Delivery Group:</i> A meeting took place earlier this month and the Congress met this morning. Programme resources were escalated as a key risk along with clinical leadership, engagement along with the capacity for the digital work.</li> </ul> <p>A question was raised around the need for the clinical 1:1 meeting's which are taking place? It was explained that this was due to some of the clinical members standing down earlier this year and it has been recommended to help further with engaging with some of the key clinical members.</p> <p>PK asked about the community engagement has there been any effects on the community as currently there are currently two programmes one in Lancashire around future hospitals and one around stroke – how have they been received and is there any confusion? MW replied that there was nothing yet out in the public and that this is just the listening stage and that this would take place further down the line.</p> <p>PK raised the question around the integrated Care Boards and how would the strategy work moving forward for acute services as he is mindful of how this will unfold over the next few years. MW explained that we should be given a lead with this from the ICB in the near future. Programme Director Suzy is also working very closely with the merger of the Mersey and Cheshire and how the provider collaborative is emerging, however it is not at the stage to identify leads and workstreams. Suzy will keep this together moving forward and will be working closely with the ICB as it begins to develop.</p> <p><b>Programme Board focus for the next reporting period:</b></p> <ul style="list-style-type: none"> <li>• <i>Communication &amp; Engagement:</i> Slides were shown to give an overview on the regulatory requirements of how we need to engage with patients and public and how they are kept involved in all stages of the decision-making process. Key thing is to have a system that shows that all options have been evaluated.</li> </ul> <p>2,100 questionnaires have been completing and received to the Shape and Care site. There were more than 15,000 visitors to the site with 300 staff, 1,800 patients and stakeholders who have completed the online questionnaire. Lots of response's have been received from the postcards which were sent out to the stakeholder newsletter along with the important part of the equalities impact assessment in progress which is key.</p>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• <i>Travel and Transport:</i> There is also now an established a Travel and Transport Advisory Group which has received a fantastic response with over 20 partners working with us across West Lancashire and Sefton and Liverpool city too. They are very keen to be involved and help. Also established is an Engagement Process Advisory Group which is also undertaking within stakeholder and patient focus groups.</li> <li>• <i>Listening exercise:</i> This exercise has taken place and feedback has shown that 70% of the responder's favour telephone or video call appointments and so far, it has been identified that they prefer shorter waiting times to receive care and are happy to travel further to receive this. 85% favour specialist centre treatment in relation to complex health care needs. 94% agree that health care should be local where possible and specialist where necessary. As part of the free text exercise, it was noted that there are concerns around expiration of the primary care and issues around transport on both sites as there are some challenges in travelling to either of them.</li> <li>• <i>Staffing, recruitment levels and retention of staff:</i> There are some issues and concerns, and more work is required on this issue. There is also a need to support patients to navigate their own care.</li> <li>• <i>Feedback:</i> It was reported that the urgent treatment centre in Ormskirk is generally good, and that people can get planned appointments promptly. Staff are caring and compassionate. Services are joined up with A&amp;E Southport also receiving positive feedback. On the negative A&amp;E sometimes overcrowded and patents can see that there are staff shortages with public transport not so good. Community care also less good with a lack of walk-in centres in Southport. 179 responders were positive about staff and 30 in particularly commended the walk-in centre at Ormskirk. 87 were content with the location of the services. 57 noticed the staff shortages and 15 picked up issues with community care. 18 said there is a need for better transport.</li> </ul>	
AS21/95	<p><b>Next steps</b></p> <p>The next steps will be to publish the challenges and opportunities paper and start to open the conversation and engagements with the public and patients. Also continued developments will take place ahead of the pre consultation.</p> <p>The Chair thanked Mel and the team for identifying the need for transport services to be involved as this has been identified as a key issue.</p> <p>PK asked the question around staff shortages and has this been an outcome of the pandemic or is it just a temporary issue – MW will go away to find out and feedback at the next meeting.</p>	<b>MW</b>
AS21/96	<p><b>Any Other Business</b></p> <p>None noted.</p>	
AS21/97	<p><b>Date and Time of next Meeting:</b></p> <p>Joint Committee in Public:</p> <p>Thursday 31<sup>st</sup> March 2022 – 16:00-17:30hrs Thursday 28<sup>th</sup> April 2022 – 16.00-17:30hrs</p>	



# Reflections: our achievements

**Making our services better**

Focusing on delivering our vision for the best possible, integrated services for Urgent & Emergency Care, Planned Care, Frail & Elderly and Women & Children’s services, our clinical and care leaders have developed one model of care for our populations across Southport, Formby & West Lancashire that will meet our population’s needs for now and in the future giving them the best possible outcomes and experiences of care.

**Community Insight & Engagement**

Working with our colleagues in the voluntary, charity and faith sector under the guidance of Healthwatch and wider engagement advisory colleagues we have reached into many parts of our communities to hear their voice and bring it front and centre into our options development work. We use our health and care data to give us a greater understanding of where our health inequalities are and how we can make changes to eliminate them.

**Our case for change**

Using our local data and drawing on experts across health, care and the wider system we have defined our key challenges that have prevented us from delivering the best possible services in the past whilst at the same time identifying real opportunities for making positive changes in the future. We now have a strong foundation to test out emerging options and the benefits each of those options will have for our populations.

An established **Clinical and Care Congress** from the whole health and care system with an ever expanding support network of clinical and care leaders and frontline staff. Development of a **Southport, Formby & West Lancs Clinical & Care Strategy**. Oversight by NHS Clinical Senates alongside NHSE/I.

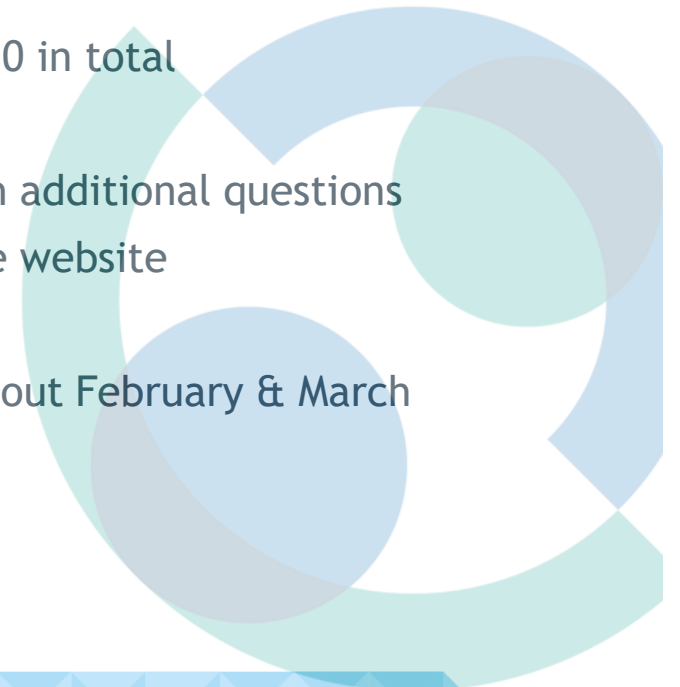
An established **Engagement Process Advisory Group, Travel Advisory Group, Equalities Advisory Group** and **online engagement platform** feeding into a steering group in partnership Sefton CVS and West Lancs CVS with oversight by Healthwatch.

An established Delivery Group who have delivered a baseline for **demand, capacity, estates, workforce, travel and digital** with an agreed set of modelling assumptions for the do nothing and no minimum options and agreed approach for modelling through emerging options for the short list. Oversight by our Programme Board made up of leaders across the system.



# Reflections: the power of engagement

- Challenges & Opportunities Paper published
- Two online public engagement events held
- Three online staff engagement events held
- Five in-depth online discussion groups held in 2022, almost 30 in total
- Almost 2,400 responses to the online questionnaire
- More than 200 responses since the C&O Paper published with additional questions
- Six stakeholder newsletters distributed - all published on the website
- Almost 500 responses to feedback 'postcards'
- Briefings with MPs, Councillors and key stakeholders throughout February & March
- More than 18k engagement site visits





## Headline statistics

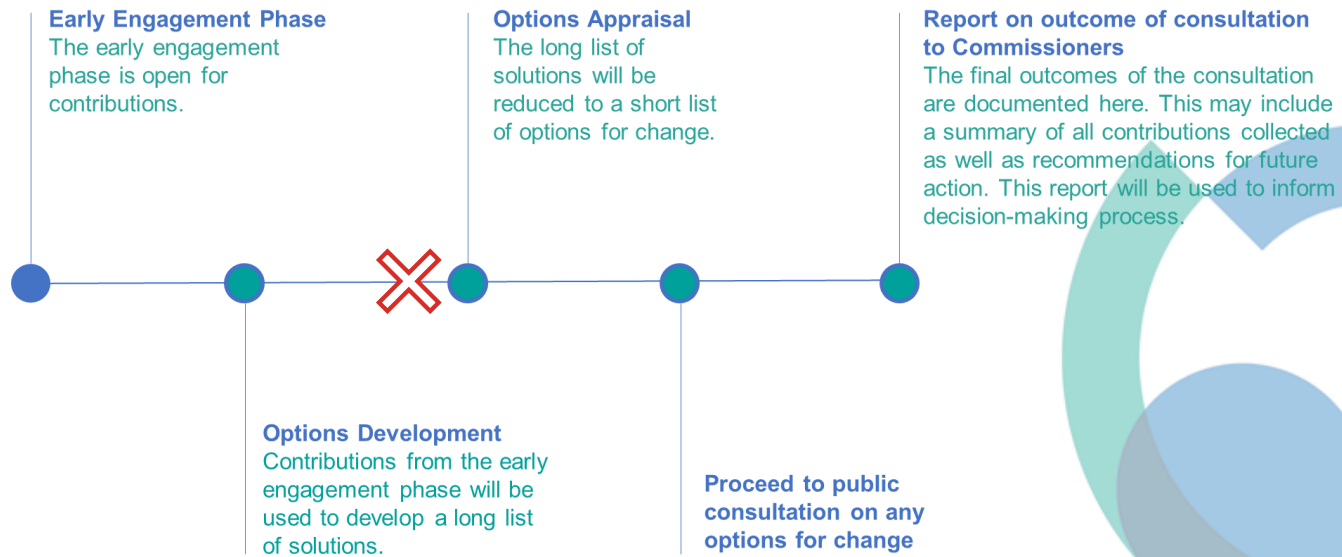
- 87 per cent agree the NHS should deliver more care closer to home where appropriate
- 69 per cent agree the local NHS should combine adult's and children's A&E with clinical support services
- More than 85 per cent of respondents favour treatment at a specialist centre for a “once-in-a-lifetime operation”
- More than 94 per cent agree that healthcare should be “local where possible and specialist where necessary”



# Next Steps

We are moving into our next phase where we will continue to involve stakeholders and patients

## Planned activity...



# Current Programme Risks

