Addendum Report

Sefton Council and Lancashire County Council: Joint Health Overview and Scrutiny Committee (JHOSC) response and consideration

Addendum Report: Shaping Care Together Joint Committee

March 2026

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Introduction

The Shaping Care Together programme met with the Joint Health Overview and Scrutiny Committee (JHOSC) on 20 January 2026 to provide an overview of the consultation, including insights and emerging findings. At this meeting, the programme committed to share a full independent consultation report and a 'You Said, We Did' document to enable the JHOSC to review the material and provide feedback by 23 February so their views could be fully considered ahead of decision making.

The reports were shared with the JHOSC on 5 February 2026 and were simultaneously published online and circulated to more than 3,500 people. On 13 February 2026, the JHOSC requested a site visit to Southport and Ormskirk Hospitals, which the programme arranged for 3 March 2026.

A further meeting was requested on 23 February 2026 and confirmed by the programme on 24 February 2026, with the meeting scheduled for 6 March 2026 to allow sufficient time for the papers to be published. Throughout this process, the programme has worked openly and transparently with its partners to ensure scrutiny colleagues can engage with, review and discuss the consultation and its findings.

The purpose of this report is to outline the discussions from the 6 March 2026 meeting. As agreed with senior democratic officers.

This report includes:

- The formal response from the JHOSC received on 11th March 2026
- The programme notes from the meeting which includes responses to questions asked
- Responses to submissions received from the JHOSC members on 23rd February 2026
- Full detail on submissions received

Formal response from JHOSC received 11th March 2026

Joint Health Overview and Scrutiny Committee - Shaping Care Together Programme

Date: 11 March 2026

To: The Joint Meeting of NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB

Subject: Formal Response of the Joint Health Overview and Scrutiny Committee to Proposed Changes to Local and Urgent Emergency Care Services across Southport, Formby and West Lancashire

Introduction

The Joint Health Scrutiny Committee is writing to formally set out its concerns regarding the proposed changes to local and urgent emergency care services in Southport, Formby, and West Lancashire as part of the Shaping Care Together Programme.

These matters were discussed in detail at the Committee meeting held on 6 March 2026, following site visits conducted on 3 March, which were attended by NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB officers as well as programme representatives.

The Committee acknowledges the financial and operational pressures currently affecting the NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB and recognises the need for service review and modernisation. However, throughout the Joint Scrutiny Committee process, Members of Lancashire County Council in particular, have expressed substantial concerns regarding the preferred option of locating services at Southport Hospital, should this option be progressed. The Committee's concerns are outlined in the sections below.

Key Areas of Concern

1. Consultation Process

Members expressed concern that the emergence of a preferred option at an early stage had undermined public confidence in the consultation process. The Committee sought clarity as to why a preferred option had been identified prior to completing the full engagement exercise, noting that this may affect the perceived legitimacy and transparency of the consultation.

2. Transition Arrangements

The Committee emphasised that both sites should remain operational until any transition is fully completed. It was stressed that clear, accessible, and timely communication must be provided to local residents to ensure that communities understand which services will be available during the transition period.

3. Ormskirk Hospital Site

Members queried whether Scarisbrick House, located on the Ormskirk Hospital site, had been assessed as a potential location for adapted or expanded services. Further assurance was sought that the Ormskirk site would not fully close in the event that emergency services were relocated to Southport Hospital.

4. Southport Hospital Site

The practice of corridor care at Southport Hospital was challenged. Members sought assurance that actions are continuing to reduce corridor waits, improve flow, and better manage demand if the site is to take on an expanded role.

5. Primary Care Provision

Members expressed concern regarding the absence of detailed primary care information within the Programme proposals. Both Lancashire and Sefton Councillors highlighted ongoing challenges in accessing primary care services locally, and emphasised the

need for the Programme to incorporate clear, strategic plans for primary care support. Improving access to local primary care services would reduce pressure on A&E, wherever it is located.

Members from Lancashire stressed that, should the Southport option proceed, Skelmersdale would significantly benefit from the establishment of an Urgent Care Treatment Centre.

6. Ambulance and Transport Considerations

The Committee queried whether modelling had been undertaken to assess patient travel patterns and journey times to the respective emergency departments. Further information was sought on the implications for ambulance response times, and whether additional resources, such as vehicles or ambulance stations would be required.

Parking capacity at both the Southport and Ormskirk sites was also highlighted as a significant concern requiring further analysis and mitigation.

7. Children's A&E and Maternity Services

Although Members acknowledged that maternity and neonatal services fall within separate regional and national review processes, concerns were raised regarding the risks associated with not co-locating emergency services with maternity and neonatal care, should services transfer to Southport. The Committee stressed that any future proposals affecting maternity or neonatal services must be subject to full public consultation. Members also emphasised that parents would require substantial reassurance regarding any proposed relocation of the children's A&E department.

Conclusion and Recommendations

In summary, the Joint Health Scrutiny Committee urges the Joint ICB meeting to fully consider the concerns raised by Members at the meeting on 6 March. The Committee makes the following formal recommendations:

1) That an Urgent Care Treatment Centre be established in Skelmersdale in the event that Ormskirk A&E is closed or its emergency care functions are transferred.

2) That substantial work be undertaken across primary care services to ensure improved access, strengthened support for local residents, and effective service continuity throughout any transition period.

The Committee requests continued engagement with both Lancashire and Sefton Members as the Shaping Care Together Programme progresses and looks forward to further opportunities for scrutiny and public assurance.

Councillor Dave Neary

Chairperson

Joint Health Overview and Scrutiny Committee

SCT Programme's notes from 6th March 2026 JHOSC

Sefton Council and West Lancashire Borough Council

Joint Health and Overview Scrutiny Committee

Shaping Care Together (SCT) meeting

Friday 6 March, 12:30-13:30

These notes were taken by members of the SCT team and are not formal minutes of the Joint HOSC. Formal minutes will be made available on the council websites.

The meeting covered a short update from the SCT programme, followed by a subsequent question and answer session. This document is split into three sections:

1. Summary of update from Shaping Care Together programme
2. A summary of each question/comment and answer
3. Recommendations made by council members

1. Summary of update from Shaping Care Together programme

Rob Cooper, Senior Responsible Officer for the Shaping Care Together programme, provided an overview of the current position:

- The formal public consultation ran from 4 July to 3 October 2025, with 7,800+ participants - over 3% of the local population, significantly higher than benchmarks.
- Consultation feedback was independently analysed. A structured methodology was used.

Engagement with the JHOSC included:

- Meeting on 20 January 2026 to present emerging findings.
- Sharing of the independent consultation report and the You Said, We Did document on 5 February, also published online and circulated to 3,500+ stakeholders.
- Site visit arranged for 3 March following members' request.
- Today's meeting arranged following a further committee request on 23 February.

Independent analysis and report by the Centre for Health Communication Research. It reviewed:

- 5,000+ survey responses
- Thousands more from events, focus groups, drop-in sessions, and collaboration forums
- 500+ responses via independent telephone polling

Key consultation insight:

The consultation report found that geography appears as the single strongest determinant of preference:

- Those living near Southport and Formby overwhelmingly prefer the Southport option.
- Those living in West Lancashire overwhelmingly prefer the Ormskirk option.

The independent report found that:

- Across nearly all questions, the Ormskirk option is viewed more positively by the overall respondent population.
- It is important to note that the number of respondents to the online and paper copy of the survey was not wholly proportionate to the size of the local population.
- Responses from Southport residents were underrepresented, while Skelmersdale and Ormskirk were overrepresented. This may be attributed to the consultation proposals put forward affecting certain areas and therefore influencing locally organised campaigns.
- We recognise that service changes can create apprehension for those likely to be affected and that there has been clear and vocal opposition from some respondents.

The 'You Said, We Did' response document set out programme responses to feedback.

No decisions have yet been made.

A Decision-Making Business Case (DMBC) will go to a joint committee of NHS Cheshire & Merseyside and NHS Lancashire & South Cumbria on 13 March 2026.

An addendum including today's feedback will be shared with committee members in advance of the joint committee. This was agreed with democratic officers present.

Public feedback is a significant factor, but not a vote or veto; clinical evidence, equalities, impact, financial sustainability and practical considerations are also significant.

2. A summary of each question/comment and answer

The following is each question received during the session, accompanied by the answer by SCT Programme representatives.

Q1. Given the lower cost of the Southport option as opposed to the Ormskirk option, has the potential use of Scarisbrick House been considered?

A1. Costs relate to the number of services moving that are needed for urgent care. Individual buildings have not been specifically factored in; only the necessary space to host required services. Buildings on the old site could be considered. We have looked at the cost to be able to accommodate all of the services that would need to move in each of the options.

Q2. There was a lot of documentation to investigate. Can you list the seven services that would need to move?

A2. There needs to be co-location of other services to be able to move patients effectively from accident emergency into care for longer term if required. No decisions have yet been made and so therefore depending on which site is selected:

If Southport is selected → only paediatrics from Ormskirk needs to move.

If Ormskirk is selected → seven Southport services must move, including:

- General medicine
- Elderly medicine
- Respiratory medicine
- Medical gastroenterology
- Critical care
- Pathology
- Liaison psychiatry

Q3. I felt there were some gaps in information given to the public. Why was a preferred option presented before consultation?

A3. A preferred option is required under the Green Book and statutory NHS guidance. All options were independently scored (patients, public, estate, stakeholders). No decisions have yet been made and we are separate from the decision making process. The preferred option was part of the formal process.

We followed a 13-week consultation period to ensure we heard alternative views, suggestions, thoughts and opinions.

Q4. Concerns were raised about Southport's condition and corridor care. What is being done?

A4. Southport capacity is already being expanded (larger waiting room, more triage cubicles, department expansion). Further work depends on the upcoming decision. If Southport is chosen, major development will occur there; if Ormskirk is chosen, development will occur there. Current work continues regardless.

Q5. It's very unusual to have a adults on one site and children services on another. Why has it taken so long to resolve the split-site model between adults and children?

A5. You're absolutely right. Southport and Ormskirk Hospitals merged in 1999 with decisions made at that time. Multiple reviews since then identified fragility of services. Mersey and West Lancashire NHS Trust was formed in 2023, allowing a full examination of sustainable configuration. Since we've done that, we've been working to be able to strengthen the services that are provided, open up closed pathways that have been closed some number of years, but also to manage the configuration of services right across all the sites. We're now

moving forward to provide much more sustainable, safe, quality care which is what has been required for some time.

Q6. Why is co-location clinically necessary?

A6. One site reduces the number of staff. At the moment, we currently deliver emergency services across two and there are some that have to deliver both of those services. The availability of workforce and consultants to do that is limited. Therefore in 2020 Mersey and West Lancashire took the difficult decision to reduce the number of hours the children's A&E is open.

When delivering services 24/7 there is an over-reliance on agency staff reduces team stability. Co-location improves access to wider clinical specialties, reduces risk, builds clinical and non-clinical staff and supports 24/7 services.

Q7. Will children's A&E be 24/7 under the new model?

A7. Yes. The intention is to provide 24/7 children's emergency access whichever site is chosen.

Q8. Skelmersdale does not have an Urgent Treatment Centre. Will this be addressed?

A8. The area currently has:

- An urgent treatment centre at Ormskirk
- A walk-in centre in Skelmersdale town centre
- Both will remain. Additional diagnostics (X-ray, ultrasound) could be considered subject to decisions.

Q9. Primary care is struggling. Will this programme address that?

A9. Yes. Around 70% of current attendances could be managed elsewhere. Work includes:

- Strengthening urgent treatment services
- Increasing the number of community pharmacies
- Improving primary care access
- Ensuring 7-day urgent treatment provision

Q10. Will the public be clearly informed of any future changes?

A10. Yes. Absolutely. Nothing will change immediately.

Build time:

Southport option: 3–5 years

Ormskirk option: 5–7 years

Services continue as now until the building and services are complete.

Q11. Car parking is already difficult. Will capacity increase?

A11. Yes. Both options require additional parking and this will be included.

Q12. Will Ormskirk Hospital close?

A12. No.

The proposal only concerns urgent and emergency care. Ormskirk is being developed and this includes:

- New ophthalmology service
- Expanded endoscopy
- More outpatients and day-case activity planned

Q13. Does this consultation relate to maternity or neonatal changes?

A13. No.

As an organisation, we're not making a decision on maternity or neonates. Those services are subject to a North West regional review and are not part of the scope of this programme. Any changes would require a separate formal process.

Q14. Have ambulance travel times been given sufficient weight?

A14. Ambulance travel modelling was completed by North West Ambulance services as highlighted in the PCBC, and the impacts are:

- Ormskirk option: +2 hours 9 minutes per day
- Southport option: +42 minutes per day

And we know that 70% of the activity that's going through to Ormskirk currently could be seen elsewhere, such as at UTCs or 111.

Q15. Do those ambulance travel times include transfers to specialist services?

A15. Simulation modelling used current activity flows. Specialist pathways may be separately modelled - this will be checked.

POST MEETING RESPONSE by SCT: This has been reviewed, and the NWAS modelling presented in the PCBC excludes specialist pathways, as these pathways are not affected by the proposed changes.

Q16. Will ambulance provision increase?

A16. Not directly as a result of any decision. Demand determines ambulance numbers. Many current attendances could be treated elsewhere if community urgent care expands. It is important that we protect ambulance capacity for those that really need it.

Q17. Will co-location help attract staff?

A17. Yes. Operating a single-site emergency service is more attractive to clinicians and reduces staffing pressure by removing duplication.

Q18. Was impact on self-presenting patients assessed?

A18. Yes. Travel analysis was undertaken for both options. Most Southport ED activity originates nearby; Ormskirk activity similarly analysed. Detail is found in the technical appendix.

Q19. Why is Ormskirk so much more expensive than Southport?

A19. Because moving to Ormskirk requires all seven services to be relocated. Southport only requires one service to move (paediatrics). Capital needs are therefore much higher to co-locate at Ormskirk Hospital.

Q20. Could you maintain full adult and children's services on both sites?

A20. No. There is insufficient workforce to safely staff both sites at full capacity. It would require doubling specialist staff and would reduce clinical competency due to lower activity levels at each site.

Q21. The consultation summary seemed to underplay clinical arguments. Why?

A21. Clinical information is included extensively in full documents. The summary may not have emphasised it as strongly. Point noted.

Q22. How will future scrutiny arrangements work?

A22. NHS organisations will continue to engage with scrutiny committees, no matter which site is selected.

Q23. There seem to be fewer detailed reports from the Trust compared with other trusts. Why?

A23. The local NHS is open to improving information flow and will discuss how to strengthen this.

Q24. Final point from members: reassurance needed regarding the pressures on the care system and residents' concerns.

A24. This was noted by the NHS representatives. Emphasis will be placed on improving community care, communication, and reassurance.

3. Recommendations made by council members

The following recommendations were also made by JHOSC members during the scrutiny committee meeting.

1. To seek a commitment to upgrade the Walk-In Centre in Skelmersdale to an Urgent Treatment Centre if a decision is made to co-locate to Southport.
2. Lancashire County Council HOSC members asked to receive more regular updates on West Lancashire issues and more information from Mersey and West Lancashire Teaching Hospitals NHS Trust.
3. Strengthening primary care services to ensure improved access

SCT Programme's response to JHOSC queries received 23rd February 2026

Prior to agreement of the meeting on 6th March, the SCT programme also received a written submission from the JHOSC as detailed from page 26 onwards. This section outlines the programmes response to these queries.

Response received 23rd February 2026 (see full response from page 26 onwards)

This response is to be read in conjunction with Appendix 1 and 2 of the DMBC

JHOSC consultation response	SCT response
1. Consultation Process Concerns	We recognise the importance of ensuring that any public consultation is transparent, accessible and evidence-led, and we take these concerns seriously. The Shaping Care Together (SCT) programme has been designed and conducted in line with national NHS requirements for major service change, and every effort has been made to enable meaningful participation from all stakeholders. When developing proposals for major service change, NHS England's *Planning, Assuring and Delivering Service Change for Patients* guidance indicates that systems should carry out a robust appraisal of options and develop clear, credible proposals before entering into formal public consultation. HM Treasury Green Book guidance is also used to support development of option and preferred option. This process ensures that the public are asked to comment on well-developed, evidence-based proposals rather than on ideas that are still at an early stage. While the guidance does not state that a preferred option must always be identified, many programmes, including Shaping Care Together, adopt this approach because it provides a transparent basis for discussion and reflects the level of analysis required for proposals to receive regional and, where relevant, national assurance prior to consultation. The NHS England guidance supports this need for clear and developed proposals, noting that its

	purpose is to help organisations "navigate a clear path from inception to implementation" and reach "robust decisions on change" following effective public involvement. Similarly, the NHS England *Major Service Change Interactive Handbook* confirms that proposals must undergo assurance and approval before public consultation begins, meaning that options need to be sufficiently developed and appraised in advance. It is also unclear what information may have been perceived as missing or incomplete. A dedicated Shaping Care Together website was maintained to provide a simple and accessible platform for all consultation materials. This included a comprehensive document library containing the full PCBC and supporting evidence, full, summary and Easy Read versions of the consultation document, detailed FAQs, and a consultation explainer video with British Sign Language interpretation. Historic programme materials, such as the Case for Change and the pre-consultation engagement report, were also available. Alongside this, full and summary hard-copy documents were provided at consultation events, used in outreach activity and distributed across community venues in Southport, Formby and West Lancashire, with additional copies issued on request. These steps were taken to ensure that all individuals could access information in a format that met their needs. Throughout the process, the programme has acted in accordance with the Gunning Principles to ensure fairness. The proposals were presented openly, decisions were not predetermined, sufficient information was provided for informed consideration, and all feedback is being conscientiously reviewed before any final decisions are made. The consultation was also adapted in response to feedback to maximise accessibility and inclusivity; for example, additional community outreach was undertaken, further events were added, and independent polling was commissioned to engage under-represented groups. This reflects the programme's ongoing commitment to listening and ensuring that every voice can be heard. Above all, the consultation has been firmly evidence-led. The PCBC, consultation document and supporting analyses clearly set out the clinical, operational and financial evidence underpinning the proposed changes. This includes assessments of clinical quality and safety, patient activity and flows, workforce sustainability, estates and infrastructure, financial implications and insights from earlier engagement with patients, staff and the public. These materials were published in full to allow stakeholders to understand not only what was being proposed, but the detailed evidence and rationale behind each proposal.

2. Concerns About Southport Hospital's Suitability	We acknowledge the concerns raised about the current pressures at Southport Hospital, particularly the size and congestion within the A&E environment. To help address these challenges, a targeted extension scheme is already underway. This development—permissible under planning regulations—will help alleviate immediate issues by improving ambulance handover arrangements, expanding waiting areas, and enhancing privacy and dignity for patients awaiting admission. It has been progressed now because, regardless of the outcome of the Shaping Care Together consultation, any major service changes will take several years to implement. Immediate improvements for adults using the A&E department are therefore essential ahead of future winter pressures. In terms of wider clinical configuration, NHS Clinical Senate advice highlights that the Southport option would require the relocation of only one service alongside the paediatric A&E, compared with seven services under the Ormskirk options. This means the Southport proposal would involve significantly less disruption to existing pathways and services. Extensive feasibility work has also been carried out to assess whether an adult A&E could be safely and effectively created at Ormskirk. Although further estate at Ormskirk returned to NHS ownership in 2024, none of these buildings can accommodate an adult A&E. They are not adjacent to the critical clinical services that emergency care relies on—such as theatres, critical care, imaging, and acute inpatient beds—and they lack the essential infrastructure required for safe emergency operations, including medical gases and backup power systems. While the feasibility study does identify areas at Ormskirk with development potential, creating a compliant adult A&E on the site would require extensive new build and refurbishment across multiple blocks, totalling more than 8,700m^2 of clinical space and a new multi-storey car park. The estimated cost of this is approximately £91 million. In comparison, the Southport option makes use of existing clinical adjacencies and requires around 1,800 m^2 of new or refurbished space at an estimated cost of £33 million. All costings and assumptions were revalidated in 2024/25 and confirm that, even with the additional Ormskirk estate, the Ormskirk option remains significantly more expensive, more complex, and more disruptive to deliver.
3. Workforce Issues	Although it is suggested that longstanding workforce shortages cannot be resolved by relocating services, the PCBC provides clear evidence that co-location of adult and paediatric A&E services would deliver workforce benefits at either site. Co-location

	strengthens rota resilience, reduces reliance on temporary staffing, and creates improved training and supervision environments for doctors and ACPs, all of which support recruitment, retention and long-term sustainability. Bringing teams together enables shared learning across the nursing workforce, enhances paediatric skill development in the anaesthetic team, and provides more consistent consultant oversight to support clinical decision-making. Co-location also allows more flexible use of Emergency Medicine Tier 2 doctors who hold both adult and paediatric competencies. In emergencies, critical staff and resources—particularly anaesthetics—can be mobilised more efficiently when services are on a single site. Continuity of care is also improved by removing the need for transfers between adult and paediatric departments, reducing the risk of handover errors. Access to specialties such as trauma, orthopaedics and surgery becomes more responsive, and interdependent services including radiology, pathology, pharmacy and microbiology can be shared more effectively, especially out of hours. Co-location also improves flow management and triage during peaks in paediatric attendances. In summary, while wider workforce challenges remain, the PCBC sets out strong evidence that co-location provides practical and material workforce advantages whichever acute site is selected.
4. Maternity-Related Risks (Even Though Out of Scope)	The PCBC makes clear that maternity and neonatal services are not within the scope of this phase of the Shaping Care Together programme. These services are currently subject to separate national and regional review processes, and no decisions about their future configuration form part of this consultation. The programme's clinical sub-group—including paediatric and neonatology clinicians—has carefully considered the impact of the emergency care options on workforce arrangements. Paediatric and neonatal rotas can continue to be delivered safely under any of the options, supported by increasingly integrated working across MWL neonatal units. The wider paediatric impacts are already factored into the SCT proposals. Within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, real estate development, timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too, due to co-dependencies with

	emergency care. It is important to note that, at this phase of the Shaping Care Together programme, we are not taking a decision on maternity and neonatal services. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, and outside the scope of this consultation. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs. Therefore, we do not consider that doing so would significantly affect the comparison of the options, and the overall benefits of the Southport option. A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. Our evaluation of whether including maternity and neonatal services in the comparison would significantly affect the balance of the options in this consultation, as detailed above, does not pre-determine the outcome of the separate regional and national neonatal and maternity reviews. It has been undertaken solely to conscientiously consider and address the concerns raised through this consultation.
5. Financial Modelling Criticisms	The programme remains confident that the PCBC presents financial and estates estimates accurately, openly and transparently. A single, consistent methodology was applied across both site options, with independent estates and financial experts ensuring objective and cost-effective assumptions. The estates modelling reflects the specific redevelopment requirements of each site and was developed using recognised and validated approaches. Funding arrangements for Shaping Care Together were agreed as part of the transaction that formed MWL, and NHS England confirmed at the Stage 2 assurance checkpoint that any additional capital required would be sought via national funding routes. Long-term NHS strategic plans consistently set out a shift from hospital-based to more community-delivered care, with greater integration across neighbourhood and system-level services. While emergency care will always require dedicated hospital-based capacity, opportunities to align urgent care with community models are being progressed through wider UEC programmes – as outlined within the PCBC.

	Overall, we are confident the modelling is robust, the methodology is consistent, and the comparison between options has been carried out consistently and transparently, using best-practice approaches and independent expertise.
6. Lack of Clarity About Which Services Would Move	The PCBC provides financial modelling and assumptions explicitly. Section 4.3 sets out the full list of services requiring relocation for both the Ormskirk and Southport options, and the consultation document signposts readers to the PCBC for this level of detail. The associated financial implications are also transparently presented. Section 6.2.2 outlines the costs of relocating co-dependent services, with further detail provided in Appendix 8. These sections together show precisely which services are affected, how they map across the options, and what the associated redevelopment requirements are. This information is intended to give stakeholders a clear understanding of the service implications under each option and the basis on which the financial and planning assumptions have been developed.
7. Need for a Long-Term Strategic Plan	As set out in the PCBC and throughout the consultation, comprehensive long-term strategic planning cannot be fully concluded until a decision is made on which option will proceed. However, wider strategic planning frameworks are already in place across Cheshire and Merseyside ICB, Lancashire and South Cumbria ICB, and Mersey and West Lancashire Teaching Hospitals NHS Trust. These include opportunities for future development and integration, irrespective of which site is selected for the co-located emergency care model. The UEC proposals are therefore part of a broader system-wide approach. As included in our consultation You Said, We Did document, analysis of A&E data demonstrates that Southport ED currently serves a significantly larger and more concentrated population than Ormskirk, with substantially higher levels of activity and far greater reliance on ambulance conveyances. By contrast, Ormskirk's emergency activity is lower, geographically dispersed and involves minimal ambulance usage. Operational modelling shows that centralising emergency care at Southport offers a more efficient and sustainable configuration, whereas shifting this activity to Ormskirk would introduce delays, increase resource pressures and reduce operational resilience.

	The Case for Change also explains why urgent and emergency care was identified as the first phase of the Shaping Care Together programme, particularly given the overnight closure of the children's emergency department. The formation of MWL has strengthened the ability to address these high-risk issues and to progress a more strategic, long-term approach to service planning across both hospital sites.
8. Opportunities Identified	Feedback highlighted several opportunities that could be taken forward irrespective of the chosen site, including better use of technology, further development of community-based care, strengthened collaboration between partner trusts, and improved coordination across maternity, urgent care and children's services. These opportunities are welcomed and align well with broader system ambitions. However, there is limited evidence provided that supports the view that Ormskirk would be a stronger location for combining urgent care and maternity services. Within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, real estate development, timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too, due to co-dependencies with emergency care. It is important to note that, at this phase of the Shaping Care Together programme, we are not taking a decision on maternity and neonatal services. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, and outside the scope of this consultation. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs. Therefore, we do not consider that doing so would significantly affect the comparison of the options, and the overall benefits of the Southport option. A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. Our evaluation of whether including maternity and neonatal services in the comparison would significantly affect the balance of the options in this consultation, as detailed above, does not pre-determine the outcome of the separate regional and national neonatal and maternity reviews. It has been undertaken solely to conscientiously consider and address the concerns raised through this consultation.

	Overall, the opportunities identified are important system-wide considerations that can be pursued regardless of the preferred location for co-located emergency services.
9. Services Identified as Highest Priority for Change	Feedback referenced several services as being the highest priorities for improvement. These mirror the areas identified in the programme's Challenges and Opportunities paper published in 2021, which set out the key pressures and opportunities across the system. Since that time, the creation of Mersey and West Lancashire Teaching Hospitals NHS Trust in 2023 has already supported progress in addressing some of these challenges through more integrated working across both sites. It is important to recognise that the Shaping Care Together programme is proceeding in phases. The case for change highlighted the rationale for beginning with UEC because impacts on majority of other services and the paediatric ED is currently closed overnight and it has not been possible to recruit the necessary medical workforce to enable it to open 24/7. Providing 24/7 ED access to this population is a key priority. Decisions about any wider, longer-term changes to other services would be subject to the formal NHS major service change process. This ensures that any future proposals are supported by a robust evidence base, comprehensive engagement, and appropriate regional and national oversight.
10. Equality Duty Assessment (Legal Framing)	The feedback presents an equality assessment that asserts differing impacts between the Southport and Ormskirk options, though it is unclear what evidence or data has been used to support these conclusions. The programme has undertaken Equality Impact Assessments at key stages of the process, before pre-consultation engagement, ahead of consultation, and again following consultation, to ensure that equality considerations are consistently addressed. A full EIA has been completed as part of the Decision-Making Business Case. This ensures that equality impacts have been evaluated in a structured and evidence-informed way, enabling decision-makers to meet their Public Sector Equality Duty appropriately.
56% support the Ormskirk option	While it is correct that 56% support the Ormskirk option, the wider consultation findings show a more nuanced picture. The consultation report identifies geography as the single strongest determinant of preference: • Residents in and around Southport and Formby overwhelmingly favour the Southport option. • Residents in West Lancashire overwhelmingly favour the Ormskirk option.

	Across most of the survey questions, the Ormskirk option was viewed more positively overall by respondents. However, it is also important to recognise that the survey responses were not proportionate to the actual population distribution across the affected areas. • Southport residents were underrepresented in the online and paper responses. • Skelmersdale and Ormskirk were overrepresented, likely due to locally organised campaigns responding to how the proposals would impact those areas. It is essential to recognise that consultations are not referendums or votes. Clinical evidence, equalities, impact, financial sustainability and practical considerations are also significant and considered as part of decision making.
Between 51%-60% support among NHS staff for Ormskirk option	While there is reported support of between 51-60% among NHS staff for the Ormskirk option, it is important to consider this within the wider context of the consultation. As noted in the CHCR consultation report, the number of online and paper survey respondents was not proportionate to the size or distribution of the local population. As a result, some groups or areas may be overrepresented, affecting the overall balance of responses. The report also highlights that, although the survey identifies whether respondents work for the Trust in clinical or non-clinical roles, it does not capture departmental information or indicate whether those staff would be directly affected by the changes. It is essential to recognise that consultations are not referendums or votes. Clinical evidence, equalities, impact, financial sustainability and practical considerations are also significant and considered as part of decision making. The Trust recognises that any service reconfiguration will impact staff and is committed to ensure that staff are kept informed and are able to engage with any future plans.

58% of clinical staff said the Ormskirk option would give buildings and services designed around clinical needs while the Southport option only scored 35% among clinical staff	Whilst 58% of clinical staff indicated that the Ormskirk option would provide buildings and services better designed around clinical needs, compared with 35% for the Southport option, it is important to note - as highlighted in the CHCR consultation report - that the number of survey respondents was not proportionate to the size or distribution of the local population. This means some groups or geographical areas may be overrepresented, affecting the overall balance of views. Following a further deep dive into the survey data, we can confirm the variation seen in the public responses is similar to the staff responses and further limits the ability to interpret staff views. We cannot determine in what capacity staff completed the survey. While it identifies whether respondents work for the Trust, it does not capture departmental information, so we cannot tell whether individuals responded as local residents or as staff directly affected through working in ED or the co-dependent services. It is essential to recognise that consultations are not referendums or votes. Clinical evidence, equalities, impact, financial sustainability and practical considerations are also significant and considered as part of decision making. The Trust recognises that any service reconfiguration will impact staff and is committed to ensure that staff are kept informed and are able to engage with any future plans.
A majority of clinical staff (51% vs 28%) said that the Southport option would not provide an A&E waiting area that meets their specific needs and expectations while the same	The CHCR consultation report acknowledges that the survey responses was not proportionate to the size or distribution of the local population, meaning that some groups or areas may have been over-represented, potentially affecting the overall balance of responses. We cannot determine in what capacity staff completed the survey. While it identifies whether respondents work for the Trust, it does not capture departmental information, so we cannot tell whether individuals responded as local residents or as staff directly affected through working in ED or the co-dependent services. It is also important to note that whilst concerns have been raised about the current pressures at Southport Hospital, particularly the size and congestion of the A&E department, a targeted extension scheme is already underway. This scheme will help address immediate challenges by improving ambulance handover arrangements, expanding waiting areas, and enhancing privacy and dignity for patients awaiting admission.

staff voted by 54% to 18% that the Ormskirk option would provide a suitable A&E waiting area.	Regardless of which option is ultimately taken forward, NHS building specifications require all waiting areas to meet strict national standards, and these requirements must be incorporated into any future modifications or new developments. Future plans will take all necessary information into account to ensure waiting environments are safe, comfortable, and accessible for all patients and visitors. Whether improvements are delivered at Southport or Ormskirk, the Trust remains committed to providing facilities that meet clinical needs and comply with national standards. It is essential to recognise that consultations are not referendums or votes. Clinical evidence, equalities, impact, financial sustainability and practical considerations are also significant and considered as part of decision making. Finally, the Trust recognises that any service reconfiguration will impact staff and is committed to ensure that staff are kept informed and are able to engage with any future plans.

Appendix 1: Full response from JHOSC dated 23rd February 2026

Summary of Key Findings from Consultation

The consultation process exhibited significant shortcomings that undermined public confidence from the outset. The early presentation of a preferred option created a perception of bias, leading many participants to question the neutrality and purpose of the exercise. Attendees reported difficulty accessing essential documentation and identified gaps in the information provided, further contributing to mistrust and a belief that the consultation was not genuinely open or evidence-led.

Stakeholders raised substantial concerns regarding the condition and operational capacity of Southport Hospital. Reports of overcrowding, corridor-based care, and broader estate limitations prompted doubts about the site's ability to safely accommodate expanded services. Conversely, several participants suggested that Ormskirk Hospital offers greater potential for development due to its available space and more favourable site characteristics. Workforce shortages were also highlighted as a persistent challenge that would not be resolved through the relocation of services alone.

Although maternity services were not included within the scope of the consultation, participants expressed strong concern about the potential indirect consequences of relocating children's emergency care. Specifically, they feared that such a move could undermine the long-term sustainability of the Ormskirk maternity unit by reducing on-site paediatric expertise.

Questions were also raised regarding the financial assumptions underpinning the proposed options. Participants challenged the accuracy of cost estimates, suggesting that they did not adequately reflect the condition of the existing estate or the costs and benefits associated with potential redevelopment. Broader issues were identified relating to long-term NHS funding, the feasibility of proposed community-based models, and the need for transparent financial modelling.

The consultation referenced seven services that would need to relocate to Ormskirk should that option be selected; however, no detailed information was provided. Similarly, there was no clarity regarding which services would be required to move to Southport under the alternative proposal. This lack of specificity contributed to public concern regarding the reliability of the financial figures presented.

More broadly, residents and staff emphasised the need for a coherent long-term strategy for hospital services across the region. They expressed concern that service relocations can lead to cumulative impacts which, over time, may threaten the viability of individual hospital sites. Stakeholders also noted the

absence of evidence demonstrating comprehensive planning for hospital-wide services and future infrastructure needs. From a strategic standpoint, many participants considered Ormskirk to be better positioned as a central healthcare hub due to its geographic location, development potential, and suitability for co-locating wider clinical and educational facilities.

Opportunities Identified

Use of technology to improve communication, integration, and patient access.

Shifting care into the community to ease pressure on hospitals.

Closer working between trusts, particularly with the highly rated St Helens and Knowsley Teaching Hospitals NHS Trust.

Improved coordination between services, especially for urgent care, maternity, and children's services.

These can be achieved on either site, but Ormskirk is the stronger option for combining urgent care and maternity.

Services Most in Need of Change

The document identifies several priority areas:

Maternity care

Gynaecology and sexual health

Care for children

Urgent and emergency care

Care for frail and elderly people

Planned care (e.g., outpatient services)

Each faces increased demand, staffing pressures, or challenges around quality, equity, and accessibility.

Ormskirk remains the best-placed site for these services going forward.

Below is a legally-framed Equality Duty Assessment (Equality Act 2010, s.149) tailored to the *Shaping Care Together* A&E reconfiguration options.
It is written in a format suitable for ICB decision-making, Overview & Scrutiny Committees, or formal publication. Produced by AI

Equality Duty Assessment (Public Sector Equality Duty – PSED)

Prepared for: NHS Cheshire & Merseyside ICB / NHS Lancashire & South Cumbria ICB
Purpose: Assessment of the equity implications of the two A&E configuration options under the *Shaping Care Together* programme.
Date: February 2026
Legal basis: Equality Act 2010, Section 149 – Public Sector Equality Duty (PSED)

1. The Statutory Requirements (Equality Act 2010, s149)

Public bodies must have *due regard* to the need to:

1. Eliminate discrimination, harassment and victimisation

This includes ensuring that new service models do not disproportionately disadvantage protected groups.

2. Advance equality of opportunity

This involves:

Removing or minimising disadvantage

Meeting different needs

Addressing barriers for people experiencing socio-economic deprivation (via the NHS Mandate & Core20PLUS5)

3. Foster good relations between people

By ensuring changes do not deepen geographic or demographic inequalities.

This assessment applies each statutory duty to both A&E configuration options.

2. Scope of the Assessment

The assessment considers impacts on:

Protected characteristics:

Age (children, older people)

Disability

Pregnancy & maternity

Race

Sex

Socio-economic disadvantage (via NHS inequalities duties)

Geographic and transport-based inequality:

Car ownership

Bus availability

Ambulance dependence

Rurality

Public transport access

Population groups highlighted as at risk in the consultation:

Children & infants

Disabled people

Older adults with mobility issues

Low-income households

Non-drivers

Rural residents

Pregnant women & neonates

SEND families

Areas of highest deprivation (esp. Skelmersdale)

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3. Assessment of the Two Options

Option 1: Co-locate A&E at Southport Hospital (Preferred Option)

3.1 Potential Positive Impacts

Improves access for older coastal populations (Southport, Formby), who currently have higher A&E use.

Supports Southport's large visitor population, potentially reducing risk during mass events.

Creates a 24-hour paediatric service where currently none exists.

For people living in Southport & Formby with limited mobility, travel burden is reduced.

3.2 Potential Negative Impacts (Equity Risks)

Disproportionate adverse effect on groups experiencing deprivation:

West Lancashire (esp. Skelmersdale) contains the highest deprivation, lowest car ownership, and worst public transport links in the footprint.

These groups experience structural transport disadvantage.

Children & maternity risks:

Moving paediatric A&E away from Ormskirk creates longer travel times for inland families, especially those without cars.

Breaking co-location of paediatrics and maternity may disproportionately affect *pregnant women, neonates, and infants*.

Disabled adults and children:

Longer, more complex travel routes to Southport increase barriers for people with mobility impairments, autism, sensory needs, or severe illness.

Rural inequality:

Rural parishes face particularly poor access to Southport via public transport, creating additional obstacles.

3.3 Legal Risk Assessment

The Southport option carries material risk of widening existing health inequalities, contrary to the PSED and NHS Core20PLUS5 duties.

Option 2: Co-locate A&E at Ormskirk Hospital

3.4 Potential Positive Impacts

Serves areas with highest deprivation & lowest car ownership:

Skelmersdale, Digmoor, Tanhouse, and rural West Lancashire—communities identified as having the greatest barriers to access—gain the shortest, simplest routes.

Best alignment for maternity, neonatal & paediatric safety:

Keeps children's A&E *co-located* with maternity, neonatal, and paediatric wards.

The most legally sensitive group (pregnancy & maternity) faces least detriment under this option.

Benefits disabled residents:

Ormskirk is easier to access for many with mobility impairments due to shorter journey times and more direct road routes.

Supports younger families:

West Lancashire has more children, younger families, and rapid housing growth.

This option avoids disadvantaging them.

3.5 Potential Negative Impacts

Older Southport/Formby residents may face longer journeys.

Public transport from the coast to Ormskirk is weaker, though disadvantage is less pronounced than vice-versa.

3.6 Legal Risk Assessment

The Ormskirk option better satisfies the duty to reduce inequalities, especially for deprived and inland communities.
It presents lower legal risk under the Equality Act 2010 and NHS inequalities duties.

4. Comparative Equity Judgement (Required under PSED)

Equity Criterion	Southport Option	Ormskirk Option
Impact on deprived groups	Negative	Positive
Impact on families/children	Mixed	Positive
Impact on maternity & neonates	Potentially negative	Strongly positive
Impact on disabled people	Negative (transport barriers)	Positive
Rural access	Negative	Positive
Older people (coast)	Positive	Negative
Public transport equity	Negative	Mixed
Alignment with Core20PLUS5	Weak	Strong

Legal Summary:

The Ormskirk option provides greater equality of opportunity and reduces disadvantage for the groups most at risk and therefore aligns more fully with the statutory duties in the Equality Act 2010.

5. Conclusion Under Section 149 Equality Act 2010

5.1 Determination

Based on the statutory requirement to:

eliminate discrimination,

advance equality of opportunity, and

reduce entrenched disadvantage,

the Ormskirk option most effectively fulfils the Public Sector Equality Duty.

5.2 Rationale

The option:

reduces barriers faced by deprived and inland communities,

protects access for pregnant women, babies and children,

avoids disproportionate burden on low-income non-drivers,

better serves disabled people requiring shorter, less complex journeys,

mitigates risk of widening inequalities across West Lancashire.

The Southport option, while beneficial for coastal older residents, creates clear, predictable, and avoidable inequality for the most disadvantaged populations.

5.3 Legal Consideration

Decision-makers must be able to demonstrate in writing that they:

considered these impacts before reaching a decision,

assessed alternatives and mitigations,

placed appropriate weight on the needs of disadvantaged populations.

Failure to do so may expose the decision to judicial review, particularly where maternity, neonatal or paediatric safety intersects with inequality.