

Shaping Care Together Joint Committee Public Questions

Month: **March 2026**

Question Received	By	Date received
<p>Whether at the start of the meeting or when introducing the Business item, can the Chair please:</p> <ol style="list-style-type: none"> 1. Inform attendees of the number of questions submitted by members of the public in respect of the single Business item on the agenda. 2. Specify in detail the criteria used to select questions for consideration by those attending the meeting. 3. Confirm to attendees the names and designations of those making the selection, (in order to avoid any concerns about conflict of interest). 4. Ensure this information is fully represented in the Minutes of the Meeting. 	Rob Ward	09/03/26
Answer		
<p>The Chair will be advised ahead of the meeting of the total number of questions submitted by members of the public.</p> <p>We can confirm there will be no selection process used to select questions for consideration, as the intention is to address all the questions during the presentation at the meeting. Where this is not possible, please be assured that a full written response will be provided within 20 working days to the respondent, along with all questions received, and published on both ICB websites.</p> <p>We can also confirm that comprehensive minutes will be taken for the meeting and will be published on both ICB websites once approved.</p>		

Question Received	By	Date received
<p>Given the substantial errors reported in the original calculation estimates and widespread public scepticism over the figures presented, can any recommendation to approve an option require as a pre-condition a full and independent audit of the financial case now presented, and this be published for public scrutiny?</p>	Rob Ward	07/03/26

Answer

It is not clear which estimates are being referenced here. However, if this relates to the costs for the Southport option included in the published papers on 30 June 2025 for the Joint Committee meeting on 4 July 2025, these figures were corrected from £44m to £33m following final due diligence checks. The revision addressed an error involving double counting of some clinical space within the feasibility study and misallocated co-dependency. This correction was acknowledged publicly at the Joint Committee meeting of the two ICBs prior to the launch of the consultation, and the consultation documents published on 4 July 2025 included the accurate figures.

Following the completion of final due-diligence checks, we are confident that all estimates included in the consultation material are accurate. At this stage in the process, a full financial case is not required. That level of detailed financial scrutiny forms part of the capital business case process, which only begins once a decision has been made.

Question Received	By	Date received
<p>The 'You said we did' document states that the re-procuring of Urgent Care Services in Skelmersdale and Ormskirk 'will ensure that we retain a good level of urgent treatment and access for residents in West Lancashire' (my italics, note retain and not improve). It further states that the ICB will be 'working on transforming integrated urgent care services' without any further clarification or timescale. Should we therefore conclude that current levels of service will not be improved for those in West Lancashire in the current round of re-contracting? And, if not, please specify how they will be improved.?</p>	<p>Rob Ward</p>	<p>07/03/26</p>
<p>Answer</p>		
<p>The current procurement for urgent care services in West Lancashire aims to secure a high quality and consistent service. The ICBs remain committed to working with providers to improve services for our residents, and this includes the urgent care offer in West Lancashire.</p>		
<p>The Joint Committee's decision to co locate adult and children's A&E at Southport Hospital was based on public consultation findings and clinical, financial, equalities, workforce and quality evidence. We recognise that some residents in Ormskirk and Skelmersdale may feel this is a loss; however, Ormskirk Hospital will remain open and continue to provide key services including urgent treatment, outpatients, diagnostics, planned care and inpatient services. Significant investment is planned for the site, and it is important to note that 86% of activity at Ormskirk Hospital is not A&E-related.</p>		

L&SC ICB are also in the process of procuring a new contract for urgent care services which will extend delivery for a further three years at least, with the option for an extension. Now we have a decision on A&E, the ICB can commit to exploring the possibility of upgrading the walk-in centre in Skelmersdale to an urgent treatment centre.

Question Received	By	Date received
<p>The independent report on the consultation states that “across nearly all questions, the Ormskirk option is viewed more positively by the overall respondent population” (pg 80). Similar views were expressed by clinicians. These are the two most important constituencies represented in this consultation. Furthermore the requirement to take account of the views of Ormskirk constituents was confirmed in Parliament by the Leader of the House of Commons only last week. Given the (in essence) simple re-presentation of the original proposal for approval here, where is the evidence that this has truly been done (nb simple assertion does not count as evidence)?</p>	Rob Ward	07/03/26
<p>Answer</p>		
<p>The proposals taken to consultation were the result of a rigorous options appraisal process, as outlined in the pre-consultation business case, which identified two viable options and a preferred option. The purpose of the consultation was to test these proposals with stakeholders and to provide an opportunity for people to have their say and for any new alternatives to be put forward. However, no new viable alternative options were proposed, as outlined within the decision-making business case.</p> <p>It is important to recognise that consultations are not referendums, nor are they determined solely by the volume of support for one option or another. While the independent report highlights that the Ormskirk option was viewed more positively across many survey questions, decision-making must also consider a wide range of other factors, including clinical evidence, equalities impacts, financial sustainability and the practical deliverability of services.</p> <p>The consultation report itself also notes the number of online and paper submissions was not proportionate to the size or distribution 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. In addition, the report also highlights that, although the survey identifies whether staff 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.</p> <p>Taken together, these factors demonstrate that the views expressed through the consultation have been considered, but they form only one part of a broader and more complex decision-making process.</p>		

Question Received	By	Date received
<p>The agenda for the meeting on Friday shows it will run from 10.00-12.00. Within this, however, the schedule shows 45 minutes for the only substantive business item, and 65 minutes for Any Other Business. Surely this cannot be right? In the interests of transparency and natural justice would respectfully suggest that an amendment to the timescales be considered to allow at least 75 minutes for the substantive business item.</p>	<p>Rob Ward</p>	<p>10 March</p>
<p>Answer</p>		
<p>This concern is noted. The timings for the meeting will not be amended; however, the Chair will ensure that every item is given sufficient time for full consideration and discussion as required.</p>		

Question Received	By	Date received
<p>During the consultation on the location of west Lancashire A&E services the people of west Lancashire were informed with misleading information on cost it seems that the 5 options in the consultation as to were a A&E could be built or building refurbished would all cost the same £61 million in doing this I believe the SCT has convened the 2014 care act and in doing this mislead the public in giving there views as to were the A&E should located.</p> <p>I have asked the ICO and speak up England and both ICB to look into my concerns but as yet no response, but I am used to the NHS management misleading and it seems it in the NHS DNA to mislead as it a way to achieve there own objective with no accountability to public opinion and concerns.it seems a case of we now best we're NHS management.</p>	<p>Barrie French</p>	<p>08/03/26</p>
<p>Answer</p>		
<p>Independent architects, supported by specialist costing experts, have completed a full feasibility study that explored all viable redevelopment opportunities across both co-location options. Based on their analysis, the feasibility study recommends the most cost-effective option, balancing value for money with clinical and operational requirements. The full findings of this work are set out in Appendix 8 of the pre-consultation business case.</p> <p>We are confident that we have conducted an open, transparent, and inclusive consultation process. Stakeholders and the public have had meaningful opportunities to engage, provide feedback, and understand the rationale behind the proposed options, ensuring the process meets the highest standards of accountability and openness.</p>		

Question Received	By	Date received
The DMBC references that populations will require 'proportionate, targeted mitigations to address differential travel and access impacts' from co-location. Should co-location at Southport be selected, what mitigations will support my constituents in West Lancashire?	Ashley Dalton MP	10/03/26
Answer		
<p>The programme recognises the importance of working closely with Local Authorities and transport providers to explore suitable mitigations and potential improvements. Although health services have a limited remit in transport-related matters, this collaborative approach enables the programme to identify solutions that promote safe, convenient, and equitable access to services for all communities, regardless of location.</p> <p>To ensure that these issues are addressed in a systematic and informed manner, the programme has established a dedicated Travel Advisory Group (TAG). The purpose of this group is to assess potential risks, opportunities, and solutions (e.g. shuttle bus service) related to travel and transport, and to examine the strategies or investments that may be required to improve patient and staff access to key services.</p> <p>The TAG brings together a diverse range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside Integrated Care Board (ICB), NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), Local Authorities (Metropolitan, Borough, and County), the North West Ambulance Service, the Liverpool City Region Combined Authority, and Healthwatch. This multidisciplinary membership ensures that recommendations are informed by robust local knowledge and practical operational experience.</p>		

Question Received	By	Date received
What considerations has the joint committee made of the rural nature of West Lancashire, and the impact co-location in Southport would have on travel times, ambulance handover times, and patient outcomes for my constituents?	Ashley Dalton MP	10/03/26
Answer		
<p>The joint committee has carefully considered the rural nature of West Lancashire and the potential impact that co-location in Southport through a range of impact assessments and robust modelling. Prior to consultation, an ambulance impact simulation review, quality impact assessment, several equalities impact assessments, travel impact assessment and integrated impact assessment have been completed and can be found in appendices 10, 21, 22, 23, 24, 25, 26 and 28 of the pre-consultation business case respectively.</p>		

Furthermore, following consultation the integrated impact assessment, quality impact assessment and equalities impact assessments have been refreshed and can be found in appendices 6, 7 and 8 of the decision-making business case, and have been used to support the development and recommendations within the decision-making business case.

Question Received	By	Date received
The DMBC notes that consolidating services at Southport would weaken accountability for West Lancashire by moving governances outside its ICB. How will this be mitigated in the immediate and long-term?	Ashley Dalton MP	10/03/26
Answer		
<p>This concern was raised by West Lancashire Borough Council as part of the consultation feedback, and a full response is included in Appendix 2 (You Said, We Did) of the decision-making business case.</p> <p>Both Southport and Ormskirk hospitals are part of MWL, of which the lead commissioner is Cheshire and Merseyside ICB. Lancashire and South Cumbria are associate commissioners to this contract and play a part in the decisions regarding what services are commissioned at these hospitals.</p> <p>Following the recommendations made at the Joint Health and Overview Scrutiny Committee, both Cheshire and Merseyside ICB and Lancashire and South Cumbria ICB have committed to ongoing engagement with the Health and Overview Scrutiny Committees on matters relating to Shaping Care Together and MWL.</p>		

Question Received	By	Date received
Looking through all the documents provided I cannot find any detailed breakdown of the costs associated with new clinical staff/operating costs involved in the changes proposed - only the capital costs for building works and improvement as laid out for both sites. Re-structuring and movement of clinical staff either through voluntary/compulsory redundancy, re-employment at the agreed new location and also recruitment to get staffing levels to where they need to be and the ongoing associated costs of back up support services have not been detailed and could have a significant impact on the final figures for consideration. Why are these not available?	Ray Eckersley	10/03/26
Answer		

The detailed workforce and operating costs are not yet required; ahead of a final decision, national guidance requires development of a credible, indicative workforce model rather than producing full costed staffing plans at this stage. Early workforce modelling is intentionally iterative and focused on testing the feasibility of proposed service changes, rather than producing the detailed organisational or financial analysis that is developed later in the process. Once a decision is made, the next stage will include full workforce planning, financial modelling, and quantification of expected efficiencies, including reduced reliance on bank and agency staffing.

Question Received	By	Date received
<p>In any A & E scenario patients requiring highly specialized, tertiary care (e.g., complex trauma, neurosurgery, or advanced cardiac care) whether children or adults would surely be transferred to specialist units in the wider region from either hospital so why has Ormskirk hospital been identified as needing so many extra services/facilities than Southport mentioned when there has been an A & E adult service at Ormskirk before, 58% of clinical staff asked preferred the Ormskirk option and on average only 27% of A & E cases require hospitalisation?</p>	<p>Ray Ecklersey</p>	<p>10/03/26</p>
<p>Answer</p>		
<p>The additional services referenced are not highly specialised or tertiary treatments, but the core acute services that NHS Clinical Senate guidance recommends should be co-located with an A&E department, as per the Clinical Co-Dependencies of Acute Hospital Services guidance. Specialist pathways for transferring patients who need complex trauma, neurosurgery or advanced cardiac care are already well-established and would continue regardless of site.</p> <p>It is important to recognise that consultations are not referendums, nor are they determined solely by the volume of support for one option or another. While the independent report highlights that the Ormskirk option was viewed more positively across many survey questions, decision-making must also consider a wide range of other factors, including clinical evidence, equalities impacts, financial sustainability and the practical deliverability of services.</p> <p>The consultation report itself also notes the number of online and paper submissions was not proportionate to the size or distribution 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. In addition, the report also highlights that, although the survey identifies whether staff 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.</p>		

Taken together, these factors demonstrate that the views expressed through the consultation have been considered, but they form only one part of a broader and more complex decision-making process.

Question Received	By	Date received
<p>Re:Ormskirk hospital -are people aware that proposed modernisation has been cancelled more than once in the past such as massive financial cuts in 1976. Wasn't the newer section originally built to house a large purpose built A and E department? I was told by a past consultant that failure to complete was caused by mismanagement at the top. Skelmersdale was always promised its own hospital when the new town was built. It has none of the features that a proper town should have, the people feel totally abandoned- residents talk about it as not being a town. Yours- a totally disillusioned tenant who has lived here for 54 years. Allyson Gimson</p>	<p>Allyson Gimson</p>	<p>10 March</p>
<p>Answer</p>		
<p>Since the decision was made to separate adult and children's A&E services, there has been a number of changes in the management of Southport and Ormskirk hospitals.</p> <p>As outlined in the case for change, the Acute Sustainability Programme was launched in 2019 with the aim of delivering a new, sustainable model of acute care. Costed plans were developed; however, with an estimated cost of approximately £1.3 billion and the projected delivery timescale of 13 to 16.5 years meant that this proposal was deemed unaffordable and undeliverable. The programme was subsequently rescoped to focus on urgent and emergency care as Phase 1. This marks the first time that the programme has consulted on options and progressed to the decision-making stage.</p> <p>At the Joint Committee meeting on 13 March 2026, NHS Lancashire and South Cumbria Integrated Care Board recognised that for many people in West Lancashire, in particular Ormskirk and Skelmersdale, the decision to co-locate at Southport Hospital may feel like a loss but are clear that Ormskirk Hospital will remain open and continue to provide key services to patients. This will include outpatient services, urgent treatment, planned care, diagnostics, and inpatient services. There is also active investment planned for the site and it's vital to remember that currently 86% of activity at Ormskirk Hospital is not A&E. The ICB are also in the process of procuring a new contract for urgent care services which will extend delivery for a</p>		

further three years at least, with the option for an extension. Now that a decision has been made on A&E, the ICB can commit to exploring the possibility of upgrading the walk-in centre in Skelmersdale to an urgent treatment centre.

Question Received	By	Date received
<p>Dear Shaping Care Together Joint Committee Members and other interested parties - Google has identified you as people who can influence this important decision.</p> <p>I am writing to formally challenge the preference for the Southport site ahead of your final vote on March 13. My objection is rooted in both professional insight and a profound personal debt to the Ormskirk site—a site that has quite literally saved my family (premature first baby!)</p> <p>1. Personal Stakes: The Ormskirk Success Story</p> <p>Two of my children were born at Ormskirk Hospital and on multiple occasions, their lives and health were protected by the immediate availability of the Children’s A&E. We are not "statistically lucky"; we are the beneficiaries of a hospital located exactly where the population needs it. Moving this service to a car-dependent coastal fringe in Southport is a move away from the families who need these "saves" the most.</p> <p>2. As money talks the most the Financial Fallacy: Litigation vs. Capital Savings</p> <p>The Trust cites a £58 million saving by choosing Southport. However, this logic ignores the soaring cost of clinical negligence.</p> <p>The £11.2m Risk: According to the National Audit Office (2025), the average compensation for a single obstetric or neonatal brain injury claim now stands at £11.2 million.</p> <p>The "Transfer Gap": By separating the maternity ward from 24/7 pediatric A&E support, you are introducing a "blue-light transfer" risk. It would take only five such litigation cases over the next decade—caused by transit delays or the lack of on-site specialists—to entirely wipe out the "savings" of the Southport build. You are trading a one-time capital gain for a decade of catastrophic indemnity risk.</p> <p>3. Workforce Destruction: A Midwife’s Perspective</p>	<p>Peter Crossland</p>	<p>9 March</p>

<p>My wife is a midwife who followed the exact "train-to-retain" pipeline the NHS claims to value: she studied at Edge Hill University and chose to work at Ormskirk.</p> <p>The Recruitment Crisis: Midwives and doctors choose Ormskirk because of its central location and its status as a high-acuity hub next to a Medical School.</p> <p>Retention Risk: Stripping Ormskirk of its A&E makes it a "fragile" site. Experienced clinicians—including my wife—will be forced to reconsider their positions if the workplace is moved or the clinical safety of the maternity unit is compromised by the absence of on-site paediatricians. The cost of replacing even 10% of your midwifery staff with agency workers would cost the Trust millions per year.</p> <p>4. Social Inequity as a Clinical Hazard</p> <p>Skelmersdale has the highest child density in the region. For a family there, Southport is a 90-minute bus journey or a £40 taxi. This is a "Poverty Tax" that leads to delayed presentation. When a parent "waits until morning" because they cannot afford the travel, the child arrives sicker, or due to cost isn't taken as a result, requires more expensive ICU care, and faces a higher risk of mortality.</p> <p>Conclusion The Southport plan is a financial spreadsheet victory but a systemic failure. I urge the Committee to vote for Ormskirk Co-location—to protect the Edge Hill workforce pipeline, to avoid the multi-million pound litigation risks of "transfer gaps," and ultimately to be a good human and take the long term keep care where the children who need it most actually live.</p>		
<p>Answer</p> <p>1. As outlined in our case for change, Mersey and West Lancashire teaching Hospitals NHS Trust is currently unable to provide 24/7 emergency care for children due to the inability to recruit and maintain the required paediatric medical workforce. Ormskirk hospital is the only district general hospital in the England with a standalone paediatric emergency department, which are typically found only in large tertiary centres. The data presented in the pre-consultation business case shows the highest users of paediatric ED services are from the Norwood and Kew areas.</p>		

2. Maternity and neonatal services are not part of the current scope of the Shaping Care Together programme, and currently the subject of interconnected but separate regional and national reviews and service change programmes. The impact assessments within the pre-consultation business case describe the separation of paediatric and neonatal rotas to safeguard maternity services.
3. The impact assessments within the pre-consultation business case describe the separation of paediatric and neonatal rotas to safeguard maternity services. Mersey and West Lancashire Teaching Hospitals NHS Trust support training for healthcare professionals across of its sites for Edge Hill University students.
4. The data outlined within the pre-consultation business case does recognise the paediatric population across the area, including levels of need. It also shows that the highest numbers of paediatric attendances at the current service come from Norwood and Kew. Importantly, the majority of paediatric emergency department attendances are for conditions that could be safely managed via alternative services much closer to home, such as urgent treatment centres, GP out-of-hours, and the Pharmacy First scheme.

For the smaller proportion of children who genuinely require emergency care for potentially life-threatening conditions, NHS guidance is clear that parents or carers should call 999. Ambulance crews are trained to provide lifesaving interventions on scene and during transport. They also follow established clinical protocols to ensure that children who need specialist or tertiary-level care are taken directly to the most appropriate service.

It is also important to note that Ormskirk does not provide ICU care for children or adults.

Question Received	By	Date received
<p>How on earth can the Joint Committee meet in a mere 7 days when the input of today's Scrutiny Committee needs to be reflected upon and addressed.</p> <p>Cllr Crimmins raised the pertinent point about clinical need. There was no answer from Rob Cooper. See video clip here Facebook</p> <ul style="list-style-type: none"> • Between 51%-60% support among NHS staff for Ormskirk option • 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 	Cllr Adrian Owens	6 March

<ul style="list-style-type: none"> 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 staff voted by 54% to 18% that the Ormskirk option would provide a suitable A&E waiting area. <p>The papers for the meeting next Friday are meant to be published today. The process is deeply unsatisfactory. The meeting next Friday should be delayed.</p>		
<p>Answer</p>		
<p>To confirm, the agenda and all formal supporting papers required for the Joint Committee meeting on 13th March 2026 were submitted and circulated within the timelines set out in the Standing Orders for both the Cheshire and Merseyside ICB and the Lancashire and South Cumbria ICB; on 6th March 2026.</p> <p>At the public Joint Health Overview and Scrutiny Committee (JHOSC) meeting on 6th March 2026, and with the agreement of senior democratic officers, the programme explained that an addendum report would be shared during week commencing 9th March 2026 once the formal written scrutiny response was received. The formal response from the JHOSC was provided to the programme on 11th March 2026, with the addendum issued on 12th March 2026. This addendum includes a response to the points raised by Cllr Crimmins.</p> <p>The addendum is a supplementary document that reflects scrutiny feedback received after publication of the formal papers. National NHS governance guidance supports sharing additional contextual information where it improves clarity and transparency and does not alter the core papers on which decisions are based. The core decision-making pack was published in line with the required timetable.</p>		

Question Received	By	Date received
<p>Could you please supply the contact details of the members of the Joint ICB committee considering the report next Friday. As county councillor for the area in which Ormskirk hospital is situated, I want to communicate directly with them.</p>	<p>Cllr Adrian Owens</p>	<p>6 March</p>
<p>Answer</p>		
<p>The contact details for committee members will not be shared publicly in advance of Joint Committee meetings.</p>		

If you wish to submit a question, and want to learn how you can do so, you can find all the information on this website - [Shaping Care Together Joint Committee - 13 March 2026](#)

The responses received during the consultation, which included more than 5000 survey responses and engagement activity, including the submission made by West Lancashire Borough Council (WLBC) as well as the outputs of an online 30 minute collaborative forum session with WLBC members that involved Our West Lancashire representatives, were independently analysed and fed back to the programme and therefore the committee members are fully sighted on issues which have been raised.

Question Received	By	Date received
<p>Mr Greaves,</p> <p>As I sit on the scrutiny committee, I would like you to please supply the contact details of the members of the Joint ICB committee considering the report next Friday.</p> <p>As county councillor for the area in which patients attend Ormskirk hospital is situated, I want to communicate directly with them.</p> <p>Thank you.</p>	<p>Swales, Nigel (Cllr)</p>	<p>9 March</p>

Answer

The contact details for committee members will not be shared publicly.

If you wish to submit a question, and want to learn how you can do so, you can find all the information on this website - [Shaping Care Together Joint Committee - 13 March 2026](#)

Question Received	By	Date received
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<p>I know that this is going to be discussed in the next phase for the Shaping Care Together but it is obviously causing a lot of upset and anxiety among our pregnant patients and families. It is obviously causing anxiety and upset among staff as they do not know the current information for women about what is happening.</p> <p>For those who live in Southport, the nearest maternity unit would then be Whiston/Preston or LWH - which on public transport are all approx 2 hours away. Some of our patients would not be able to afford to attend any of these units and I feel this will be detrimental to our patients.</p> <p>Can you please inform us at this meeting on 13/03 what the realistic plans are for maternity and neonatal?</p>	<p>Heidi Ribchester</p>	<p>8 March</p>
<p>Answer</p> <p>Maternity and neonatal services are not part of the current scope of the Shaping Care Together programme, and currently the subject of interconnected but separate regional and national reviews and service change programmes. Decisions about any wider, longer-term changes to other services would be subject to the formal NHS major service change process.</p>		

Question Received	By	Date received
<p>The venue is reportedly full for the meeting Friday 13th March to members of the public and has been since at least last Friday.</p> <p>Could you please confirm by return email:</p> <ol style="list-style-type: none"> The total capacity of the Civic Hall The number of members of the public who are being admitted as part of that capacity How many requests for admittance have been turned down Why members of the Joint Health Overview and Scrutiny Committee are being refused admittance Whether you have considered an alternative venue given the level of interest 	<p>Cllr Adrian Owens</p>	<p>9 March</p>
<p>Answer</p>		

As this is a meeting held in public rather than a public meeting, attendance arrangements are designed to ensure the Committee can conduct the meeting in line with required governance, safety and operational standards. Members of the public are welcome to observe, within these arrangements.

In response to your queries:

Attendance arrangements

An allocation of 100 places has been set aside for members of the public to observe the meeting. This allocation reflects the requirements of a formal Committee meeting, including ensuring that the Committee, supporting officers and technical teams have the space and facilities necessary to conduct the meeting safely and effectively. All 100 observer places have now been allocated.

Requests for attendance

We have received a large number of requests from people to attend, however, once the planned observer allocation is reached, we are not able to offer further places. In line with standard governance arrangements, we have operated a first-come-first-serve basis in response to requests to attend.

Joint Health Overview and Scrutiny Committee

Members of the Joint HOSC are not part of the formal membership of this Committee. As with all non-members, attendance is subject to the observer arrangements in place, which are now fully allocated.

To support transparency, the meeting will be made available via livestream for anyone who wishes to follow proceedings in real time.

Venue

A number of venues were considered during planning. The current venue was selected as the most appropriate to meet the governance, accessibility and technical requirements for a formal meeting held in public.

We trust that the livestream provides an accessible way for all interested parties to observe the meeting.

Question Received	By	Date received
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Dear Halima Sadia,

I attended the debate at the Council Offices on Friday 6th March and will attend the meeting on Friday 13th March. I have been in touch before regarding the Consultation but due to information and actions it seemed apparent that the decision had been made in favour of profits and Merseyside so I waited to view consultation results and the scrutiny of the decision and the process undertaken.

I spoke with Rob Cooper after the meeting and he invited me to share my views. I do not have his email and trust that by contacting yourself that you will share my email. On Friday I learned that legal advice had been sought on behalf of West Lancs and your modelling, costs and information given out at the consultation will be scrutinised much further based on evidence provided.

The meeting for myself and others was called out for not providing questions and answers to the public but rather giving a few only the chance to ask for details and many simply left to observe. In the Civic Hall this will also be the case just as it was at the initial meeting to open the consultation. Many let me know of their discontent and questions that they want answers to but essentially feel gagged and are very unimpressed with your wish to carry out work in this way.

Legal Scrutiny is essential because people are pleased that our healthcare system is to receive much needed funding but to spend it locating all urgent care in a venue currently too small, too far from many and sadly lacking in Quality of Care Scores. We all agree that we desperately need more beds, more staff and more ambulances but rather than give what is necessary it is being spent on an unnecessary relocation. It is widely agreed that as a location Southport is too small to add to care resources and its geography is a problem for many.

The Consultation can be proven misleading in its claim that your priority option rests on money saved moving two services rather than seven. Already a relocation of ward 11A -Rehabilitation has been moved to Ormskirk to make space for urgent care at Southport. It was discussed that further outpatient and community services will be required to move there and possibly some form of urgent care made available in the Skelmersdale area. The Consultation was clearly misleading when saying that relocating urgent services to Southport meant a change for just two services.

The modelling mentioned that evidenced over two hours journey time wasted on average at Ormskirk compared to 42 minutes at Southport created a lot of discussion amongst medics. All concluded the same thing- How can that possibly be evidenced when its known that delays to be seen are far longer at Southport and it is geographically the furthest

Cllr Janet
Ingman

10 March

location from most users. Ormskirk alternatively is central with more transport available. It could perhaps be concluded if the population were much higher in Sefton than West Lancs but this is no longer the case. This evidence will require scrutiny to be deemed correct.

The Consultation promised that the preferred option would be given but not decided until the results were concluded by an independent panel. It has been questioned by many that before the time period was over Southport hospital had received an extension in preparation, staff had been asked to move and Southport M.P.'s released information to say that the decision was taken. This is very unethical and goes against all NHS consultation process standards. People may overlook it had the extension given added the additional space that was at least offered at Ormskirk but instead the measurements don't cover the space provided in a usual two up-two down house! This is not sufficient space for a child waiting, A&E and treating areas. We are essentially spending money to have less service than we currently have.

Parliament were clear that any business case for the teaching hospitals must be in agreement with consultation results. Independents examined the information collated and it was clear that the results opposed your preferred option of emergency care at Southport and resulted in a wish for either one option to be at Ormskirk or shared sites in both locations. Southport received more leaflets, more discussion with councillors and more information given in favour of their hospital option yet the consultation still concluded that this was not the preferred option by residents and medical staff. Your colleagues called this "over-representation in Ormskirk!" It was anything but, yet still resulted in Ormskirk being the preferred option. Under legal scrutiny this will not bode well if it is ignored. Especially considering the representation of clinicians and medical staff. These are the people with most knowledge to offer on the real consequences.

Rob Cooper put forward the information that a one site location was necessary to save costs in agency staff. Currently Southport has more agency staff than Ormskirk and community care also includes many agency staff. The Teaching Hospitals could decide a preference for government employees but this could be at either location so it doesn't highlight Southport being the better choice in any way, If you think that sharing locations is necessitating agency employees at higher cost then government employees could be employed from Ormskirk which is potentially a bigger hospital with more space available and this would save more money than putting them in a location proving too small for demand. A comment was made at the meeting about the high average of trolleys lined up in corridors and long waiting delays at Southport this could be much more easily fixed at Ormskirk which has much more potential for space.

The Costs put forward would be called into question and require further evidence because moving services does not always mean new equipment and newly built wards but rather necessary repairs and transported equipment. There have been many questions on the amounts suggested in the consultation and these too will be considered in detail and alternative solutions provided which I'm assured to realistically exist. The length of time taken to enact them is largely a choice and to say that Ormskirk hospital would take two years longer to equip has little evidence to support it. There may be more wards to repair and set up but that can also equate to more beds and right now demand is necessitating that more can be treated in hospital due to population increases.

In conclusion, if the expected decision takes place to follow your preferred option rather than consultation results and the process of the consultation itself requires scrutiny there is no doubt that legal faults exist and will be found. It's sad that West Lancs would have to insist and pay for further scrutiny but inevitable if The Teaching Hospitals refuse to consider our needs as they should. If the decision on Friday 13th March does not recognise that the better option for urgent care is Ormskirk or at least continued shared locations, then we will be forced to carry out the scrutiny. If information should be found that the consultation purposely mislead, I am sure that I don't have to explain that this is a punishable offence for all involved.

Yours sincerely,

Answer

Thank you for your email and sharing your concerns following the recent meetings and consultation events. It is recognised that these issues are important to local residents, patients and staff. Our consultation has been carried out in full accordance with statutory duties, and it is considered that the process has been both meaningful and undertaken with appropriate independence, while acknowledging that a consultation is not a vote but a means of gathering people's views on the proposals.

In relation to the scrutiny session held on Friday 6 March 2026, this was organised by the Joint Overview and Health Scrutiny Committee (JOHSC), with attendance provided at the Committee's request. The structure of the meeting and the opportunities for public participation were determined solely by the Committee. Engagement with the JOHSC is considered to have met statutory responsibilities and to have been undertaken in accordance with the Committee's agreed Terms of Reference.

Whilst we are not clear what evidence underpins your claims; we remain fully confident in all modelling undertaken, including the modelling completed independently by the North West Ambulance Service and other experts. We are assured that the consultation process has been open, transparent, and inclusive. Stakeholders and members of the public have had meaningful opportunities to engage, provide feedback, and



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understand the rationale for the proposed options during the 13-week consultation, ensuring the process meets the highest standards of accountability and openness. To clarify, prior to the Joint Committee's decision making meeting on 13 March 2026, no decisions had been made.

It is important to recognise that consultations are not referendums, nor are they determined solely by the volume of support for one option or another. While the independent report highlights that the Ormskirk option was viewed more positively across many survey questions, decision-making must also consider a wide range of other factors, including clinical evidence, equalities impacts, financial sustainability and the practical deliverability of services.

The consultation report itself also notes the number of online and paper submissions was not proportionate to the size or distribution 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. In addition, the report also highlights that, although the survey identifies whether staff 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.

Taken together, these factors demonstrate that the views expressed through the consultation have been considered, but they form only one part of a broader and more complex decision-making process.

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