



NHS

NHS Cheshire and Merseyside
NHS Lancashire and South Cumbria
Mersey and West Lancashire Teaching Hospitals NHS Trust



Shaping Care Together Sefton Overview and Scrutiny Committee

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SRO Shaping Care Together Programme

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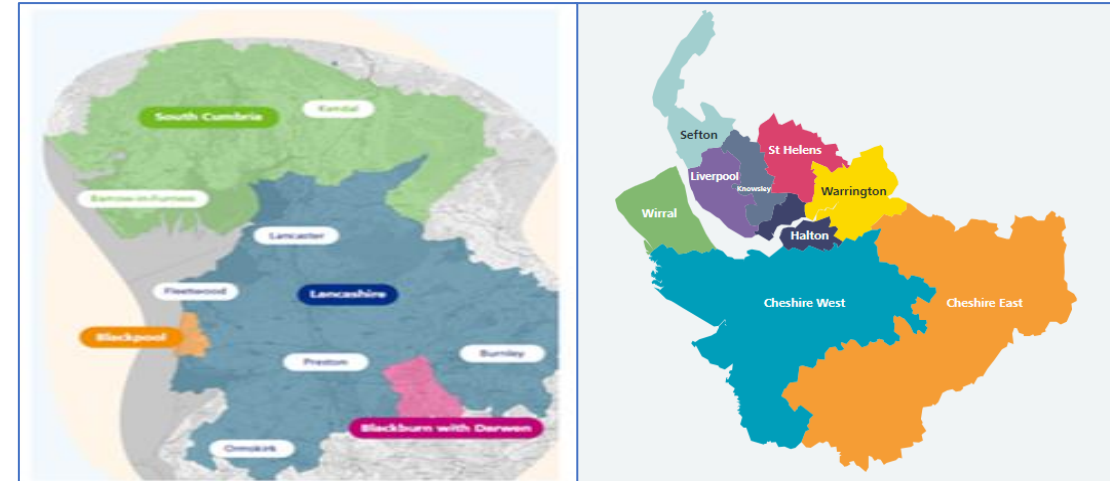
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 Ask of OSC

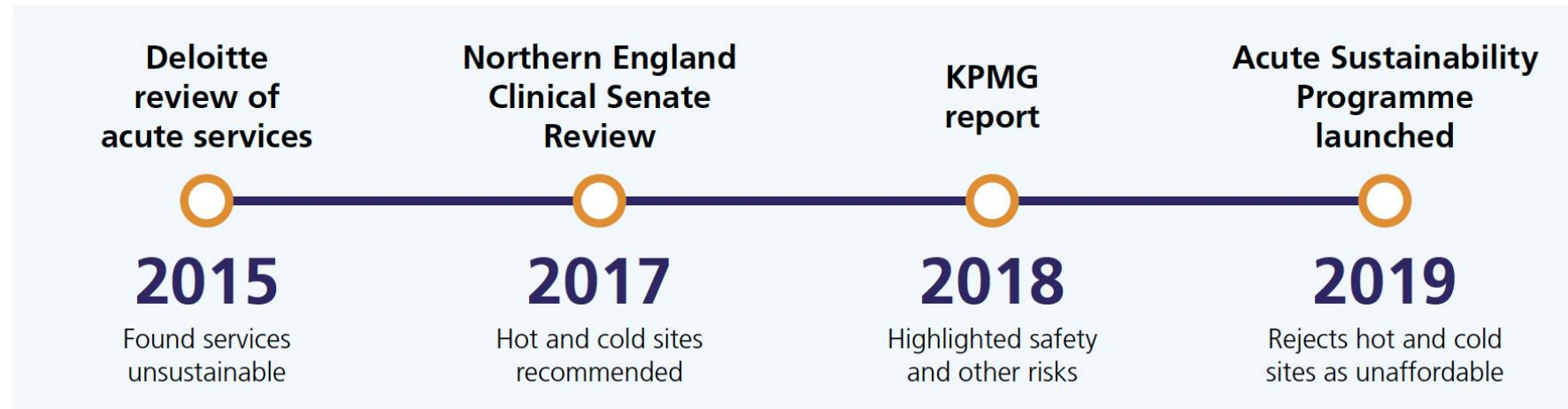
Programme Background

- Shaping Care Together (SCT) covers the areas Southport, Formby and West Lancashire
- Southport and Ormskirk Hospital sites
- Programme sits across two ICBs (NHS Cheshire and Merseyside ICB and NHS Lancashire South Cumbria ICB)
- One Acute Trust (Mersey and West Lancashire NHS Teaching Hospitals)
- NHS Cheshire Mersey ICB Lead commissioner



Programme background

Identifying fragile services



- Several services identified as 'fragile'.
- Solutions needed to stabilise fragile services.

Programme background

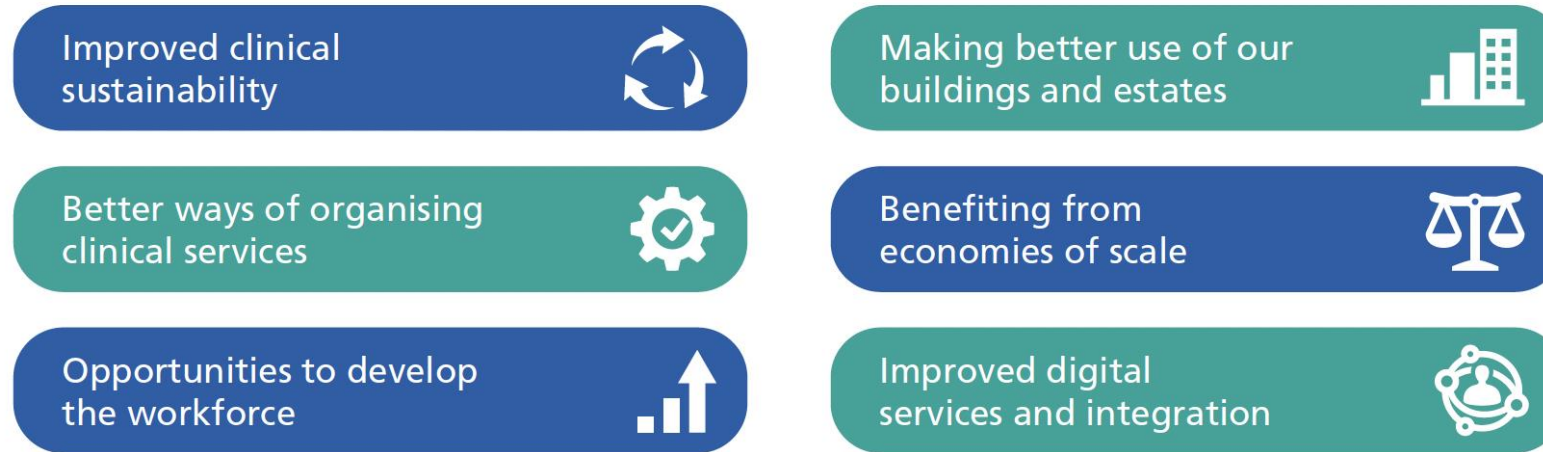
Towards a new trust



- STHK identified as a strategic partner for S&O.
- Sept 2021: Agreement for long term collaboration (ALTC).
- July 2023: The two trusts came together to form MWL.

Programme background

Towards stabilising fragile services



- Delivering benefits that can help stabilise fragile services
- SCT runs in tandem to the creation of MWL, and is designed to find sustainable solutions with existing resources (funding, workforce and estates)
- Phase 2 of the plans to make S&O services sustainable, following the transaction - cannot be delivered by the Trust alone
- MWL (S&O sites) will not be sustainable until this issue is resolved and will require capital and transition funding.

Programme background

Co-dependent programmes

- The creation of ICBs and change to local system leaders
- Covid Elective Recovery Programme (addressing planned care)
- ALTC, the creation of MWL and stabilising fragile services
- CMAST Clinical Pathway Prioritisation Programme (Orthopaedics, ENT and Dermatology)
- Alignment to C&M UEC recovery programme

Programme background

Public engagement to date

- Extensive public engagement 2021-22
- 2000+ survey responses
- Widespread engagement with public, community groups and the voluntary sector.
- Helped shape thinking around service change
- Underpins today's case for change
- Councillors and MPs

Urgent & emergency care phase

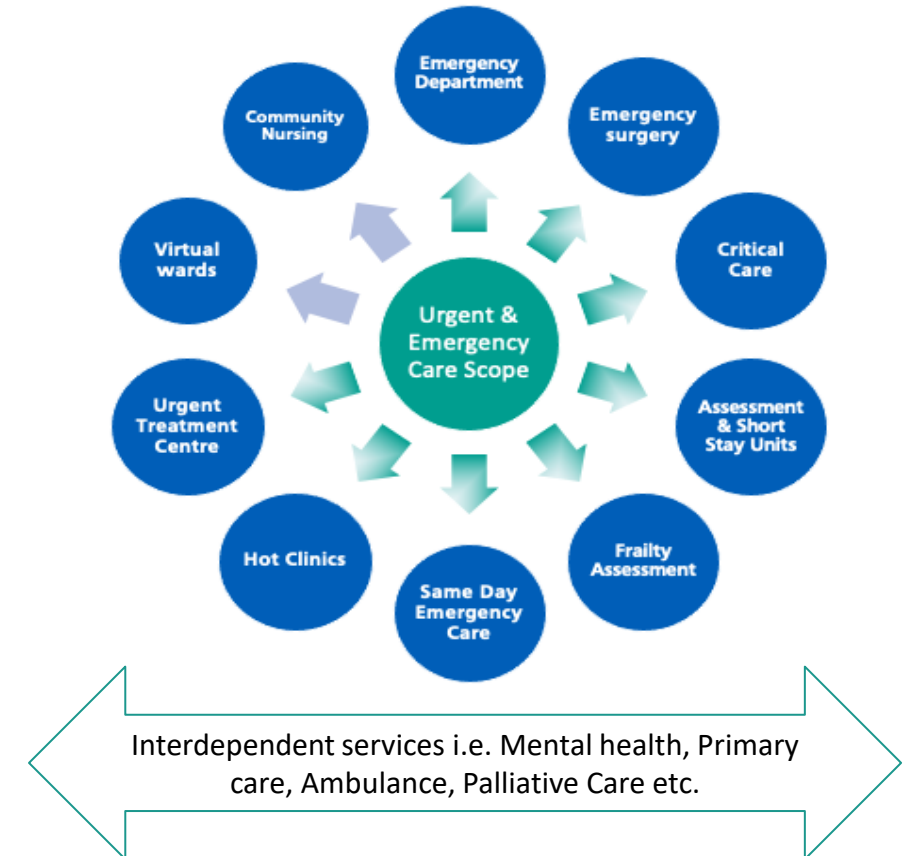
Why we are starting here

- Opportunity to access safer, high-quality services that are fit for the future
- Significant service co-dependencies
- Lacking 24/7 paediatric ED
- Workforce, quality and safety pressures
- Financial sustainability challenges
- An ageing population (more comorbidities).

Urgent & emergency care phase

What we are working towards

- Address immediate issues of current configuration through pathway & service change
- Make more efficient and effective use of available resources to provide better care and better value
- Ensure that resources are used in a way to help improve patient flow and safety
- Strategic alignment between place-based work and this programme to ensure cohesion



Planning and case for change

A case for change: NHSE guidance

What is a case for change?

The case for change comprehensively describes the reasons that you are seeking to make a service change, the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system. It provides the platform for change and needs to present a compelling picture of what needs to change and why. It should also link to the benefits that the proposed service change will aim to deliver.

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The core elements

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What it is and what it is not

The case for change is there to objectively inform and enable participation....

... it DOES NOT seek to lead stakeholders towards a preferred option.

.....It's led by ICBs



Core messaging

- Delivering safe, excellent quality, sustainable services.
- Solutions that make best use of the funding, staffing, buildings, and other resources available today.
- Providing the same quality of care, to everyone, all the time.



What will be better?

Reduced waiting times at A&E and for urgent care

Less cancelled operations

Dedicated emergency care for everyone, all day, everyday

Better urgent care provided closer to home

An NHS that can meet your needs, today and in the future

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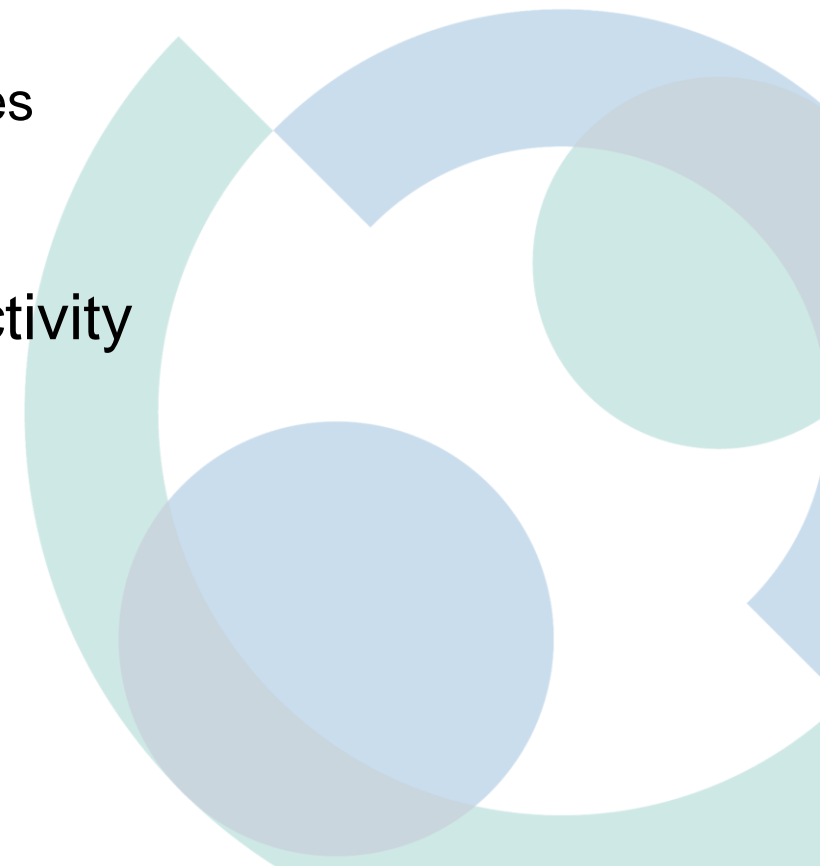


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- Clinicians (Nursing, Consultants, GPs, Allied Health professionals)
- MWL, NWSA, Mersey Care, HCRG Care Group, Primary Care
- C&M commissioners
- L&SC commissioners
- SCT Programme Board
- SCT workstream leads
- Healthwatch and CVS
- Patients, public, service users
- NHS England

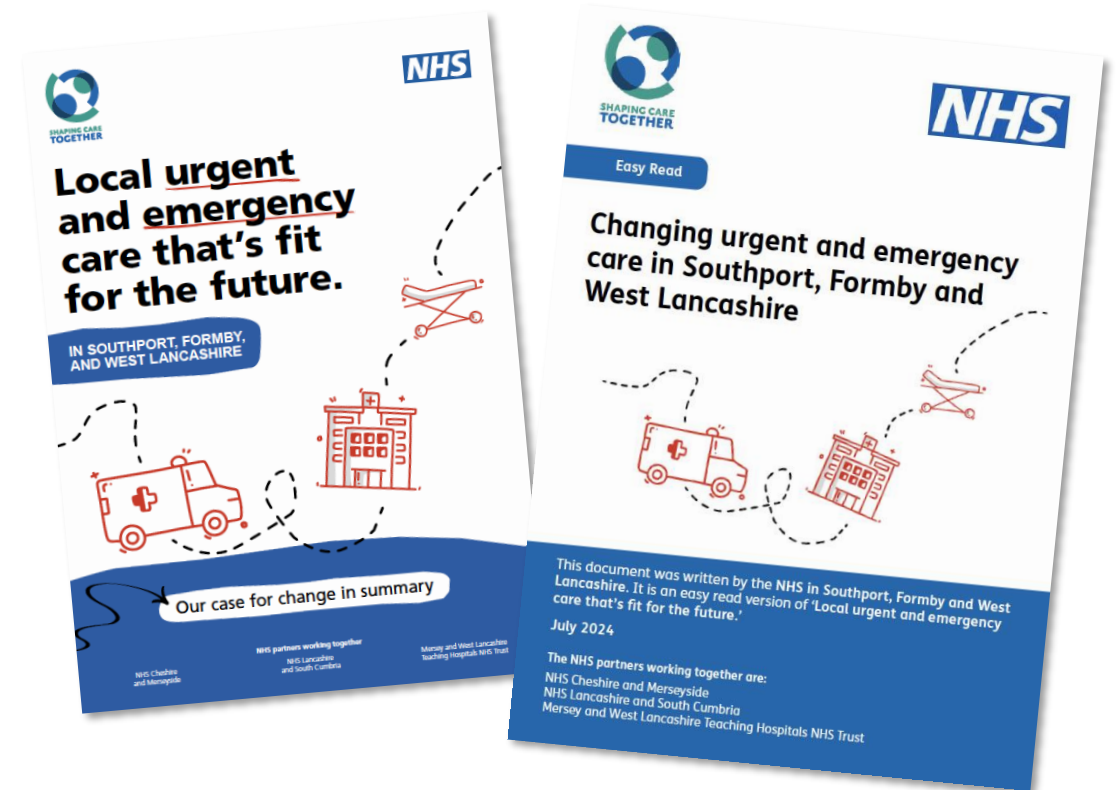
Stakeholder feedback for Case for Change

- Targeted stakeholder engagement in first half of May:
 - That we distil the content appropriately for different audiences
 - That we ensure maximum accessibility
- Feedback accounted for in pre-engagement phase activity



Public launch

- Case for change approved Thurs 26 July
- Publication and public launch followed along with **summary doc** and an **easy-read**
- Public **survey launched on refreshed website**
- **Newsletters** sent out to staff and stakeholders
- **Letters to MPs**
- **Media release** issued
- **Social media** marketing



Digital

The first four days after launch

- 1466 website visits
- 408 survey completions
- 17% of site visitors (247) downloaded the summary CfC
- 6% (88) downloaded the full version.
- Social media – 8,244 reach / 476 click throughs



High level programme timeline

Communications & engagement phasing					
1	2	3	4	5	6
Targeted pre-publication engagement	Tripartite board review for Case for Change	Stakeholder engagement	Options appraisal	Final reporting	PCBC
May	July	2 months	1 month	1 month	

Ask of OSC

- Re-confirm that this programme will deliver substantial service change and requires consultation
- As this programme sits across 2 HOSCs a reminder that under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities may establish a joint health overview and scrutiny committee to undertake health scrutiny functions on their behalf, and **must establish a joint health overview and scrutiny committee to respond to consultation on proposals** for substantial variation in health services affecting more than one local authority area