

16th March 2026

Dear Wes Streeting MP.

Request for Secretary of State call-in under Sch 10A NHS Act 2006 – Shaping Care Together (Urgent & Emergency Care)

I write in a personal capacity as County Councillor Nigel Swales. I am the chair of the Lancashire County Council Health & Adult services scrutiny committee and the vice chair of the Joint Health Overview and Scrutiny Committee (JHOSC), together with Sefton Council these roles are stated for identification only. For the avoidance of doubt, this request is not made on behalf of Lancashire County Council, Sefton Council, or the JHOSC.

I am also a resident and a spokesperson for a cross-party and cross-council group (which includes elected West Lancashire Borough Council councillors).

I wish to bring this exceptional situation where unfortunately, a local resolution has not been reached to your attention. My views reflect concerns recorded in the scrutiny record (attached at Annex One)

This matter will be considered further by Lancashire County Council's Health and Wellbeing Scrutiny committee shortly.

There is a significant service change for Mersey & West Lancashire National Health Service (NHS) Trust which has been in consultation with Lancashire & South Cumbria and Cheshire & Merseyside integrated care boards (ICB). The proposal is to co-locate adult and children's A&E at a single hospital site at Southport Hospital as a combined adult and children's A&E.

There have been concerns with the process that has been followed throughout this consultation, and there is a clear governance issue surrounding the treatment of the JHOSC evidence.

On 13 March 2026 the Shaping Care Together Joint Committee (Cheshire & Merseyside ICB Lancashire & South Cumbria ICB) met to consider the Decision-Making Business Case (DMBC) for urgent and emergency care and approved a preferred option to co-locate adult and children's A&E at Southport Hospital. The meeting agenda/pack and are enclosed (Annex Two)

By way of local resolution, the JHOSC met on 20 January 2026 and 6 March 2026 to scrutinise the SCT proposals and submitted an addendum and consolidated questions

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shortly before the Joint Committee meeting, these materials are attached. Notwithstanding this engagement, I remain concerned that the Committee and the public did not have sufficient time to see and digest responses before the decision was taken. I therefore seek your intervention.

Grounds for call-in

- (A) Process concerns
- (B) Not in the best interests of the local health service

Concerns that the time frames did not allow for conscientious consideration and perceived predetermination. The timing of an additional JHOSC meeting on 6 March followed by the decision on 13th March has created a perception that the Committees formal response may not have been given adequate weight before the decision was taken.

The decision of the ICB flow directly from early design choices which shaped (and constrained) the range of options long that were realistically available before public consultation began. several early decisions effectively pre-determined the outcome:

- The model of care itself (the split site arrangement) was defined as the core problem, meaning options to strengthen or stabilise it were ruled out. This meant a solution for Lancashire and a solution for Sefton was not considered.
- The programme was explicitly limited to "urgent and emergency care", excluding maternity etc, despite national standards treating these services as interdependent. The NHS says this is subject to a separate review. There is also a question whether maternity services will be staying at Ormskirk.
- Hurdle criteria discounted any configuration requiring significant capital, estate redesign, or wider clinical consolidation.
- Modelling relied on post COVID patient flows, influenced by the temporary (now permanent) overnight closure of paediatrics at Ormskirk.

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- Weightings placed 42% of decision value on deliverability and financial sustainability combined, 29% to quality and safety but only 17% on access and equity.

The DMBC did not transparently evaluate a reasonable range of alternatives (including strengthening the existing split-site model) and whether criteria weighting appropriately balanced deliverability/finance with access, equity and quality. As much as a JHOSC was assembled, the consultees did not have the recommended time to take on board and digest the findings of the last meeting. There was no concrete discussion for improved alternative care services in West Lancashire on indeed improvement to transport and infrastructure changes to make travel easier for residents. A single, flippant comment regarding a 'shuttle bus' was mentioned however after already noting a financial shortfall within the available funding, you can see why myself and others are not confident this is a viable option. On the evidence made available, access and equity impacts for West Lancashire residents (including travel times, night-time access and impacts on vulnerable groups) do not appear to be fully mitigated or costed. We all know and understand the pressure that the NHS is under as a whole and I refer to my first point that a solution for both hospitals was not even considered even on a smaller scale.



Additionally, I believe that the ICB members have negated their statutory duties under the National Health Service Act of 2006.

I believe the following statutory duties have not been truly engaged with:

- The duty under section 14Z32 to have regard to the NHS Constitution when exercising their functions.
- The duty under section 14Z33 to exercise its function effectively, efficiently and economically.
- The duty under section 14Z35 to have regard to the need to reduce inequalities in access to health services and outcomes
- The duty under section 14Z45 to involve individuals and their representatives in planning service changes and decisions affecting services.

The Health and Care Act of 2022 (Schedule 10A) and DHSC statutory guidance confirm that you, as the Secretary of State for Health and Social Care may intervene at any stage where a proposal exists and may take or retake decisions previously for the commissioning body.

In addition to this letter I have submitted the online DHSC call-in request form.

I urge you to review this decision and look at the consultation and the duties of its members, including the options given from the start of the consultation, the immediate and future provisions for 24 hour urgent and emergency care in the West Lancashire area and options for residents to easily access the services at Southport.

I would also request that you review the current urgent care provisions in West Lancashire, they are already stretched as it stands, also they are not a 24-hour service and, in some respects, is currently not fit for purpose.

Yours sincerely



County Councillor Nigel Swales
Skelmersdale East

Annex One – Scrutiny Record

Annex Two - Shaping Care Together
Joint Committee Record

