



Southport and Formby Clinical Commissioning Group
Southport and Ormskirk Hospital NHS Trust
West Lancashire Clinical Commissioning Group



PRESS RELEASE: SHAPING CARE TOGETHER

UNDER EMBARGO UNTIL 9AM TUESDAY 8 MARCH 2022

LOCAL HEALTH ORGANISATIONS PUBLISH PAPER OUTLINING THE CHALLENGES AND OPPORTUNITIES FOR HEALTH AND CARE SERVICES

A programme for improving health and care services in Southport, Formby and West Lancashire has published its engagement document identifying a number of local health and care challenges and opportunities to provide better care for patients.

Shaping Care Together, led by Southport and Ormskirk Hospital NHS Trust, NHS Southport and Formby clinical commissioning group (CCG) and NHS West Lancashire CCG, aims to improve health and care sustainably into the future by addressing a number of long-standing health and care challenges.

The Paper - *Our Challenges and Opportunities* - outlines the case for change, some of the main challenges the programme has heard during its engagement, and some opportunities that exist which could help to provide better care in the local area.

Ann Marr, Chief Executive of Southport and Ormskirk Hospital NHS Trust, said: *“Since the beginning of January 2021, through more than 2,500 responses to surveys, conversations and discussion groups with patients, local residents, staff and stakeholders, we have heard what really matters for local people and their NHS.*

“This Paper represents the next step in our journey to create a better and more sustainable future for our local NHS services. We are encouraging all members of our communities to talk to us more about how to improve the services we deliver.”

Shaping Care Together is also running online engagement events on the following dates:

- Wednesday 16 March, 2022: 10:30 - 12:00
- Thursday 17 March, 2022: 18:00 - 19:30

These events will give people the chance to talk to, and hear from, clinicians and the programme team, and share their views and ideas to shape the programme. People can register their interest to attend here - www.yoursayshapingcaretogether.co.uk/events

More information about *Shaping Care Together* can be found on the programme website - www.yoursayshapingcaretogether.co.uk

ENDS

Notes to editors

- For interviews or further information, please contact Chris Knights on shaping.caretogether@nhs.net or 07881 097 985



Southport and Formby Clinical Commissioning Group
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Shaping Care Together

Our Challenges and Opportunities

Foreword

At the beginning of 2021, we began asking local people what they thought about the health and care services provided in Southport, Formby and West Lancashire.

We want to continue that conversation and this document represents the next step in our journey to involve residents in designing high-quality health and care services that are sustainable for years to come.

Our local health and care organisations aim to provide safe, compassionate and high-quality care. However, some challenges described later in this document, such as issues with buildings and sites, challenges with recruitment and retention, and the location of some services and how people access them, demand new ways of working and new ways of providing care.

Like many areas across the UK, our population is growing and ageing – more people need care more often, especially those with complex or long-term health conditions. Hospital attendances and admissions are rising – putting extra pressure on an already challenged health and care system. Meanwhile, we are struggling to recruit the right number of staff, particularly in some specialist roles, and we are working from out-of-date buildings which are not suited for the needs of today's mainly older and more vulnerable patients.

The NHS has limited budgets and we now know there will not be any significant additional funds for the foreseeable future to develop new hospitals locally, provide additional services, or invest substantially in our existing hospital sites.

Before the Covid pandemic, the health and care organisations in Southport, Formby and West Lancashire were already reviewing the way in which health and care services were delivered to improve the health and wellbeing of local people. During the pandemic, local people and organisations have successfully come together to support each other and make rapid changes to the way in which services are delivered. We now want to build on that progress.

Southport and Ormskirk Hospital NHS Trust has also announced an agreement for long-term collaboration with St Helens and Knowsley Teaching Hospitals NHS Trust, a high performing organisation rated 'Outstanding' by the Care Quality Commission.

Ultimately, the partnership agreement will:

- sustain the delivery of improved outcomes for patients
- ensure high quality and sustainable hospital services
- give staff greater opportunity to develop their professional skills
- make best use of available resources
- mean that Southport and Ormskirk benefits from partnering with a trust rated 'Outstanding'.



This is a great opportunity for both trusts and will build on the best of both organisations. It is a key part of our improvement journey and complements our work as part of *Shaping Care Together*. We are, of course, exploring how best to maximise the opportunities it gives us, and we will continue to seek the views and ideas of all our stakeholders to help shape this partnership.

This document sets out why we need to change the way local health and care services are delivered. It highlights our ambitions for improving the health and wellbeing of the local population. It also describes some of the challenges we face in both the demand for healthcare and its cost. We need to address these issues and we believe we can do things better by doing them differently.

We are very early in the process, and we are now asking everyone in Southport, Formby and West Lancashire to help by sharing with us what they like about their health service locally and what we could do to further improve.

We look forward to all of us *Shaping Care Together*.



Ann Marr
Senior Responsible Officer
Shaping Care Together



Fiona Taylor
Chief Officer
NHS Southport and Formby CCG
and NHS South Sefton CCG



Paul Kingan
Deputy Chief Officer
NHS West Lancashire CCG

Southport & Formby CCG



Southport & Formby District General Hospital

West Lancashire CCG



Ormskirk District General Hospital

Our vision for health services in the future

Southport, Formby and West Lancashire health and care providers have been examining how we can work better together to provide better and improved health and care for patients. Building on the national NHS Long Term Plan, our aim is to continue to make health and care services in the local area seamless to help patients get the right care in the right place, at the right time.

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We want to do this by creating and delivering safe, integrated and sustainable services that meet people's needs using the best assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available when and where it's needed.

Our journey

Hospitals in both Southport and Ormskirk have been working to resolve various issues described later in this document for some time. Two independent NHS reports completed by two different independent NHS England Clinical Senates were clear that changes are needed to create affordable, quality services that last.

A joint committee of NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS West Lancashire CCG has been created to look at potential solutions. These may include working with partners elsewhere in the NHS to help deliver some of the hospital services for Southport and Ormskirk.

Early Engagement Phase

The early engagement phase is open for contributions.

Options Appraisal

The long list of solutions will be reduced to a short list of options for change.

Report on outcome of consultation to Commissioners

The final outcomes of the consultation are documented here. This may include a summary of all contributions collected as well as recommendations for future action. This report will be used to inform the decision-making process.

Options Development

Contributions from the early engagement phase will be used to develop a long list of solutions.

Proceed to public consultation on any options for change

Why we need to change

Many of our hospital services were designed decades ago to respond to the health needs of the population at that time. This means they are not quite right to meet today's challenges and expectations.

The key challenges we are facing include:

Demographic changes

Most of us now lead healthier, longer lives – thanks to our improved lifestyles, advances in medical care and treatment, better housing and overall living standards. But having a larger, older population means that more of us need more regular care – especially people with long-term conditions like breathing difficulties or dementia.

This is very much the case in Sefton and West Lancashire, which has one of the most elderly populations in the country. By 2036, it is estimated that one-in-four people in West Lancashire and one-in-three people in Sefton will be 65 and over. All too often, people need to visit a hospital simply because there is not a more appropriate service available for them.

Recruitment and retention

Across the country, the NHS is struggling to recruit the right number of staff, particularly in some specialist roles, due to national shortages. It is projected that, nationally, the gap between the staff we need for our population and the number available could reach 250,000 by 2030.

Like many other areas, we have a significant number of unfilled vacancies for nurses, healthcare assistants and consultants and, like many other NHS organisations, we are filling a lot of posts with temporary locum staff. This adds to the financial pressures for each organisation.

We often find that a high turnover of staff impacts the skills-mix required and the morale of other staff. Colleagues often work across multiple sites, which means time is spent travelling instead of seeing patients. To help tackle this, we are investing £1million in more nurses and healthcare assistants, but we know this will not go far enough.

We also know we will need more staff as the number of older people, and the number of people living with complex health conditions, both continue to rise. However, across the UK, there remains a shortage of people training for careers in medicine.

Maintaining clinical care

The latest Care Quality Commission report recognised the improvements we have made in the quality of health and care provided. However, it also recognised how we need to adapt and change the models in which we deliver care to meet the needs of the future, specifically the issues involved with working across two sites and how it puts more strain on our staff.

We know that communication between services needs improving, and that bringing together multi-agency teams will advance seamless service delivery.

Finances

The challenges we are facing locally include how we deliver better services for the future, using the money and the staff we currently have. Saving money does not mean stopping services, although we know changes are needed to reduce duplication.

We have stabilised our annual deficit at around £30million. Unfortunately, it has now become clear that there will not be a significant pot of money in the foreseeable future to develop new hospitals, provide additional services or invest majorly in our existing hospital sites. Without major investment, we will have to find innovative ways to deliver services differently.

Buildings and sites

A key challenge is ensuring our buildings and sites are suitable to be used in the long term, so that any investments we make will not go to waste after a short period.

We are working from out-of-date buildings – which are not always suited for our population's needs including our many older, frailer patients. Without significant investment, we will need to spend more on maintaining our buildings to a standard that is fit to deliver our services.

Covid-19 pandemic

Alongside all of this, there are the ongoing challenges resulting from the Covid pandemic. Local NHS and public services will continue to respond with professionalism and dedication to meet the immediate health needs of people affected by the virus.



However, this means that some other services have been affected since the pandemic began and may continue to be affected well into the future. We are working hard to both reinstate services that were put on hold to support the pandemic response and to respond to local need.

Fragile services

The partnership between Southport and Ormskirk Hospital NHS Trust and neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust is driven by the need to make a dozen or so “fragile” services at Southport and Ormskirk sustainable. These are services which are too small to stand alone and keep providing patients with the standards of care they deserve.

The Covid pandemic has compounded the difficulties these services face. The partnership aims to stabilise the services in the immediate future, while *Shaping Care Together* is looking to develop proposals that makes sure there is long-term sustainability of health and care services in Southport, Formby and West Lancashire.

Opportunities for better care

Despite the many challenges we face on a daily basis delivering high quality care and responding to a global pandemic, we are still seeing a shared enthusiasm and passion for exploring ways in which we can improve the services we deliver for our patients and population. The key opportunities include:

Technology

Our digital strategy highlights how improvements in digital technologies will support different ways of working and will see better communication between staff, greater collaboration between teams, and provide more joined up care between organisations. We need to build on this and ensure better collaboration between all health and care partners.

Community health and care services

Shifting more care out of hospital and into the community is one of the improvements outlined in the NHS Long Term Plan and will help ensure we meet the changing health needs of the local community over the coming decade.

Community health services offer a wide range of services and provide care for people from birth to the end of their lives. Community health teams play a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. We want to work better with community health services and ultimately make sure people are receiving the right care in the right place, at the right time.

Long-term collaboration between neighbouring trusts

Southport and Ormskirk Hospital NHS Trust recently announced an agreement for a long-term collaboration with neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust. This partnership will help both organisations make best use of available resources and mean Southport and Ormskirk benefits from partnering with a trust rated 'Outstanding' by the Care Quality Commission. Crucially, it will help us to improve outcomes for patients by ensuring high quality and sustainable hospital services.

This is a great opportunity for both trusts and will build on the best of both organisations. It is a key part of our improvement journey and complements *Shaping Care Together*. At this moment in time, we are exploring how best to maximise the opportunities the new partnership gives us, and we are continuing to seek the views and ideas of our various stakeholders as we do this.

Services which need to change

We have identified a number of service areas that need to change across Southport, Formby and West Lancashire. These continue to face ever increasing demand. We need to be bold in the way we look at how we can deliver these services differently, so that we can continue to provide high-quality care. The services are:



Care for the frail and elderly



Care for those who need urgent or emergency treatment



Care for children



Maternity care for pregnant women and new-born babies



Care relating to women's reproductive and urinary systems (gynaecology)



Sexual health care



Planned care (for example, outpatient appointments)

Care for the frail and elderly

The proportion of frail elderly patients attending Accident and Emergency (A&E) was 20.2 per cent in 2017 and is projected to rise to 30.6 per cent by 2039. Local stakeholders consider this a cautious estimate and emphasise that doing nothing is not an option.

Challenges

People are living longer, and we have one of the most elderly populations in the country. We expect a rise in the number of frail and elderly people in our area, meaning more pressure on A&E, more hospital admissions, and more pressure on the beds we have available to patients. **We cannot cope with this demand**, so we need to make significant changes in how we deliver services and invest heavily in upgrading our buildings, but also explore how best to deliver more care in a community setting.

There is a **shortage of geriatricians** (who treat and care for older adults) across the country, and we are struggling to staff our current service locally. Currently, there are no geriatricians at Southport and Ormskirk Hospital NHS Trust and the wards are currently staffed by locum doctors. Soon we will not have the capacity or the staff we need to deliver a safe, effective service – so major change and new models of care are needed urgently.

The provision of support for care in the community makes discharging patients from hospital difficult. This delay means frail patients face an **increased length of stay in hospital**, which we want to avoid where possible.

Southport and Ormskirk's **Frail Elderly Short Stay Unit is always at capacity** and is accessed inappropriately by people who need longer-term recovery care outside of hospital. Our staffing challenges mean we are only providing a limited outreach service.

There is **insufficient intermediate care / 'step down' facilities** for people who are ready to be discharged from hospital but need longer-term recovery care.

Intermediate Care is an NHS service providing free temporary care for up to six weeks at home or in a residential care home following a fall or a short illness. It can happen in a patient's own home, in a care home or in hospital.

It is usually arranged by the hospital social work team before patients are discharged. But it can also be used to enable patients to stay at home following an emergency disruption to care arrangements (for example, if the person supporting the patient has to go into hospital).

Opportunities

We are looking at potential opportunities for a **dedicated intermediate care facility** in the local area that will improve timely discharge and provide additional care in the community.

It is widely recognised in the NHS that care for frail and elderly patients would be better delivered closer to home. It could be in a community setting or within their own home and we want to work together with our partners to provide better care in the community and help prevent people presenting to hospital.



Urgent and emergency care

We know we need to be better at creating awareness of the wide range of services that can provide the right care, at the right time, and often without a long wait in an emergency department or to be discharged home.

Challenges

People find the **current health system too complex and confusing**, so are unsure where to go for help. Many people who use urgent care services could, and should in fact, be cared for outside of hospital instead. Between 2018 and 2019, around one-in-eight of all patients presenting at our A&Es did not require treatment, so were given guidance or advice.

Overcrowding in emergency departments can create a situation where patients are treated in corridors and being held in temporary wards while they wait for a bed. This leads to poor patient experience, and means staff are often in the wrong ward areas.

Winter pressures now continue year-round and, coupled with the Covid pandemic, impact on quality, safety and performance pressures in our A&Es. We currently have enough staff to meet current demand, but we do not have the staff or capacity to manage the predicted growth in patient numbers. We need more staff to deliver services, but nationally we have a shortage of urgent and emergency consultants and nurses, and we are struggling to recruit to fill these vacancies.

Patients often **wait a long time to be discharged** and for the relevant post-hospital care packages to be put

in place. This leads to longer stays in hospital and delayed transfers – even when people are fit to go home.

Child attendances at A&E are rising every year. In West Lancashire, the number of under-5s attending children's A&E is more than double the national average.

Opportunities

We need to improve **signposting** and introduce **care navigators** to guide patients through the system and improve the coordination of care when patients do present to hospital. A single point of access should happen from when you enter A&E, where GPs and community staff can help to direct patients to the right service, and we want to explore how best to achieve this.

Through the **24/7 national NHS 111** helpline, trained staff, doctors and nurses can give self-care advice or direct you to the best local service. The online service can offer a call-back from a doctor or nurse, if needed. There are several opportunities to develop the NHS 111 service to support more people.

New Primary Care Networks and Integrated Care Teams provide an opportunity for us to work more closely with our GP and community services. Groups of GP practices could offer evening and weekend appointments, we could use technology to share information, and help patients be healthier and manage their long-term conditions. Developing our community services could help people **stay independent** and leave hospital as soon as they are well enough.

A multi-disciplinary team at the 'front door' of A&E will allow patients attending the renamed Urgent and Emergency Care Centre to be treated in the right place at the right time. This is not a new building or upgrade – it is a redesign of the process to reduce the growth in demand for emergency services and therefore reduce the stress on the system. The initial assessment will direct the patient to the most appropriate care setting whether it be in the hospital or in the community, and the patient will not need to be processed through A&E if they don't need to be treated there.

Through working alongside other care providers, patients who do not need to be treated in hospital will be **cared for closer to home in community settings** (e.g., in GP practices, community centres or local clinics). This will free up hospital beds for those most in need and give patients the best possible care.

A Primary Care Network is where different GP practices work in close cooperation with one another and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to improve community health and welfare.

A multi-disciplinary team is a group of health care workers who are members of different disciplines (professions e.g., Psychiatrists, Social Workers, etc.), each providing specific services to the patient. The team members independently treat various issues a patient may have, focussing on the issues in which they specialise.

Care for children

Children living in poverty and experiencing disadvantage in the UK are more likely to die in the first year of life; be born small, be bottle fed; breathe second-hand smoke; become overweight; perform poorly in school; die in an accident and become a young parent. As adults, they are more likely to die earlier, be out of work, live in poor housing, to receive inadequate wages and experience poor health.

Investing time, energy and resource on improving health outcomes for children and their families is therefore undeniably critical and we intend to do just that.

Challenges

We are seeing an increase in the number of children with **complex health conditions**, and we are projecting that this will only increase in the future.

Self-harm incidence in local children is high. The number of under-18s in Sefton being admitted for **mental health care** is above the England average.

There are also **higher rates of children who are vulnerable** or have Special Educational Needs, with more children in low-income families than the national average. All these factors link closely to emotional and physical health and wellbeing.

Opportunities

Combining adult's and children's A&E along with the clinical support services could ease some of the issues we are facing and help make sure we have the right staff 24/7.

The Joint Strategic Needs Assessment (JSNA) report for Sefton contained recommendations for improving outcomes for children. This included a focus on child support and development, parenting and early years, prevention and early diagnosis, and activity to solve issues associated with childhood poverty. The report for West Lancashire included recommendations around Special Educational Needs and Disabilities.

Maternity care for pregnant women and new-born babies

We want to empower women by putting them at the centre of their care so that they and their families have the best possible support. We want to help them make informed choices, leading to a positive pregnancy, a positive birth experience and a healthy baby.

Challenges

Maternity and neonatal services are affected by the **medical staffing pressures**, particularly the availability of senior decision-makers.

The number of women of child-bearing age has been decreasing year-on-year, resulting in a **decrease in births**. But more expectant mothers have **complex needs**, linked to a higher body mass index (BMI), diabetes, medical co-morbidity, and smoking. This means **more scans and inductions** are needed during pregnancy.

There is a **high level of neonatal mortality** across Lancashire, and more babies are being born with **low birth weights**. **Breastfeeding rates** for new mothers in Sefton and Lancashire are significantly below the national average.

Opportunities

We can achieve **better births** by connecting services together to provide a wholesome support around a mother's needs. We can design a service where women can access the advice and guidance they need, including a single telephone number to call for support.

We can provide better choice by providing a selection of birth settings that are high quality and safe, financially realistic and the right staff skill-mix. New technology such as developing two-way digital records is another opportunity for improving our services.



Care relating to women's reproductive and urinary systems (gynaecology) and sexual health care

In general, females have greater health and care requirements in comparison to males across their lifetime, although there are signs that these services are not meeting their specific health needs. Greater integration of primary care, gynaecology and sexual and reproductive healthcare services could help to guarantee women's reproductive wellbeing.

Challenges

Under-16 teenage pregnancies remain high in both Sefton and Lancashire. The number of diagnosed **sexually transmitted infections (STIs)** is below the national average, but high for the population area.

Maternity and gynaecology **emergency cases** are cared for by the same group of medical professionals but operating from different sites. Moving them to one site would be a more efficient use of resources.

Opportunities

The gynaecology and sexual health **model of care** is designed to improve integration with other services. The model requires better coordination across service providers to ensure appropriate access to specialist care and assumes a significant shift in focus and commitment across health and care.

Sustaining services will rely on a much **more networked approach to service delivery** with all organisations working in partnership to ensure that staff can

be recruited and retained, and the service managed as both a high quality and affordable proposition. It will provide direct access to a gynaecological service 24/7 and community-based sexual health services.

Maintaining clinical care

The latest Care Quality Commission report recognised the improvements we have made in the quality of health and care provided. However, it also recognised how we need to adapt and change the models in which we deliver care to meet the needs of the future, specifically the issues involved with working across two sites and how it puts more strain on our staff.

We know that communication between services needs improving, and that bringing together multi-agency teams will advance seamless service delivery.

Planned care (for example, outpatient appointments)

Demand for elective care services continues to grow and more patients are being referred for treatment than hospitals are able to treat. Therefore, there are more patients waiting to be seen - and in many cases are waiting longer than 18 weeks for treatment to start. This situation has been worsened by the pandemic.

Challenges

The pandemic has been a **significant issue nationally and locally** and it has impacted on all aspects of elective and diagnostic activity with services having been disrupted. This has led to a considerable backlog of people waiting for NHS treatment.

While urgent and emergency and cancer surgery has largely been maintained, much of the growth in waiting lists is for treatment that is considered 'low priority' but a high volume of them is needed.

Complexity of elective care has increased over the past few years and we anticipate this to increase in the future. For instance, there are now many types of hip replacement offerings, and we need to realise how best to tackle these changes as they develop.

Opportunities

Outpatient redesign is a key part of the Covid-19 recovery with potential opportunities to increase and drive forward the move to online 'digital' hospital support.

So that we can tackle the **backlog of elective surgery**, we are working closely with community providers to identify community and hospital-based settings to deliver elective surgeries, and this will ultimately help us to improve how we work better together well into the future. We are also increasing day case rates and hospital efficiency which will again help us to change and improve local processes.



What happens next?

Thank you for taking the time to read this document.

We now want to hear your views about the challenges we face and the reasons why we need to change. Your thoughts, opinions, ideas, and feedback will help inform the design of new Models of Care which will outline what we can do better. These Models of Care will then be used to develop specific options for how services might change.

We want to hear from you... residents, patients, families, staff, and carers. We want to understand your thoughts, feelings, and ideas about local health and care and how it can be improved.

You can send us your thoughts in several ways.

You can complete the questionnaire online
www.yoursayshapingcaretogether.co.uk/

And you can also email us your views at
shaping.caretogether@nhs.net