

**Minutes of the Healthwatch Sefton Operations Group meeting.**

**Held Thursday 17<sup>th</sup> October 2024. 10:30 – 12:30.**

**Boardroom. Burlington House/Zoom.**

**Operations Group members in attendance:**

John Turner (JT)	Chairperson
Brian Clark (BC)	Locality representative – North Southport
Linda Wright (LW)	Locality representative – South Southport
Barbara Rouse (BR)	Locality Representative – Bootle
Maurice Byrne (MB)	Locality representative – Maghull
Cheylne Bass (CB)	Sefton Parent Carer Forum
Ken Lowe (KL)	Sefton Partnership for Older Citizens (SPOC)
Georgia Ribbens (GR)	Sefton Young Advisors
Vicky Keeley (VK)	Sefton Carers Centre
Will Mullen (WM)	Transforming Care Co-production Board
Jan Comer (JC)	Transforming Care Co-production Board

**Staff team in attendance:**

Diane Blair (DB)	Manager
Clare Blasbery (CBI)	Digital Communications Officer.
Wendy Andersen (WA)	Engagement & Participation Manager
Amanda Williams (AW)	Signposting, Information & Administration Officer

**Apologies:**

Anne Major (AM)	Locality representative – Central Southport
Sharon Cotterall (SC)	Every Child Matters Forum
Yael Edmonds (YE)	Sefton Parent Carer Forum
Angela Keith (AK)	Equalities Director
Val Elson (VE)	Sefton Council for Voluntary Service (CVS) trustee
Karen Christie (KC)	Health and Social Care Forum

**Guest Presenters:**

Anne Bennett (AB)	<b>Mersey Care NHS Foundation Trust</b> Assistant Director of Nursing, Sefton Place, Children Young People & Families Community Care Division
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Judith Gent-Jones (JGJ)

Head of Allied Health Professionals, Children  
Young People & Families and Sefton Place.  
Community Care Division

Agenda Item	Notes	Action
1.	<p><b>Introductions and apologies.</b> JT welcomed everyone and introductions were made. JT highlighted the code of conduct, noting previous declarations. No new declarations were shared.</p>	
<b>Governance</b>		
2.	<p><b>Minutes of the last meeting for approval.</b> The minutes of the last meeting were approved as an accurate record.</p>	
3.	<p><b>Action Tracker.</b></p> <p><b>Page 2</b></p> <p><u>2-hour urgent community response service:</u> VK shared that there had been no further updates from the commissioner. <b>Action:</b> DB to get in touch with Dave Marteau to gain an update</p> <p><u>Emergency plans for unpaid carers:</u> VK updated on plans for 'carers rights day', taking place 21<sup>st</sup> November. Visits will be made to GP practices, questions drafted to ensure the story from the front desk before the launch is understood. For example, do care navigators know what code(s) to use to record emergency plans. VK updated on work to upgrade the website for Sefton Carers Centre and how emergency plans will be featured. <b>Action:</b> update to be shared at the next meeting</p> <p><b>Page 3</b></p>	<p><b>DB</b></p> <p><b>VK</b></p>



	<p><u>Accessibility review of our reports</u> – Michelle Anglesea (MA) who supports the accessible information group had apologised for the delay. MA has run the PDF report through an accessibility checker and errors had been identified. Michelle is going to complete some further work to make the report web compliant. MA will be meeting with CBL so we can improve future reports.</p> <p><u>North West Ambulance Service NHS Trust directory to support our signposting service</u> – AM had provided apologies. DB will follow this up outside of the meeting</p> <p><u>Liverpool Dental Hospital referrals</u>: AW thanked CB for the contact details for the manager of the dental hospital. AW had been in touch to gain information on patient pathways. No emergency or complex treatment is provided and criteria needs to be met. The adult pathway is currently closed but the children’s one is open. There is an online form which can be completed. There is also a team called the ‘smile squad’, a partnership with Liverpool Football Club, who provide outreach. No treatment is provided but they can refer children into the dental hospital. AW updated CB on a request from the hospital to work with Sefton Parent Carer Forum. JT said it was good to forge links with the hospital. <b>Action:</b> CB to take this back to the forum.</p> <p><u>Additional roles in primary care</u> – DB provided assurance that the Southport and Formby community champions network had received a presentation from Southport &amp; Formby Primary Care Network (PCN) in July. WA updated on the session which had been planned with Jane Elliot (NHS Cheshire and Merseyside). This had been held in September. Positive feedback had been received. MB explained how the session had been important and the information he had gained had been interesting. There had been lots of information about other roles in primary care and how Healthwatch needs to think about promoting them further. LT agreed and updated that roles are evolving too.</p>	<p><b>CB</b></p>
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Healthwatch England 'Have your say form' – DB updated that work continues to improve the processes around the national 'have your say' form. For those submitting a form, users are directed to a thank you page which directs them to other resources such as the 'find your Healthwatch' function. Upon completion of the pilot, the system will become fully available for local Healthwatch to access, having the option to contact Sefton residents who have actively opted in to be contacted.

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Diabetes management – DB provided an update on outcomes from raising this issue. The focus had been to gain assurance that trust staff across Liverpool University Hospitals NHS Foundation Trust were educated in diabetes care and have access to specialist diabetes support from other staff teams. Due to the concerns raised the feedback (in-depth patient experience) had been shared with the education team who had discussed this issue within nursing huddles to highlight the importance of diabetes care. The manager of ward 3 at Broadgreen hospital had discussed the situation and experience with the team to prevent this from happening again. In addition, two of the three diabetes link nurses on ward 3 at Broadgreen Hospital are booked on to the next diabetes study days.

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Treatment Rooms – (Mersey Care NHS Foundation Trust) – DB reminded members to share feedback relating to capacity/ access. This theme has come through as an area of concern from the Litherland Urgent Treatment Centre engagement report, the lack of access meaning people are attending the centre with long waits for dressings. **Action:** feedback to be shared with the team (if applicable).

All

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	<p><b>Page 13</b></p> <p><u>Work plan</u> – DB will send an email to members to ask for nominations to lead/ champion areas on the work plan alongside to support with co-production. <b>Action:</b> email to be sent out to members.</p>	<p><b>DB</b></p>
<p><b>Spotlight on.....</b></p>		
<p>4.</p>	<p><b>Mersey Care NHS Foundation Trust – Improvements to community services (following up on recommendations made by Healthwatch Sefton).</b></p> <p>Anne Bennett (AB), Assistant Director of Nursing and Judith Gent-Jones (JGJ) Head of Allied Health Professionals provided a verbal update.</p> <ul style="list-style-type: none"> <li>• AB explained how the action plan had been developed after reviewing the Healthwatch report. The plan is a live document and is reviewed on a regular basis.</li> <li>• Access to the phlebotomy service was a concern within the report, the option of not being able to book at clinic requiring consideration. Over recent months, there have been challenges, with work undertaken to improve waiting times. A huge amount of resource was put into improving waiting times (less than 30 days), patients now being able to book appointments when they are required, the service being more stable. Now work is taking place to improve on the above waiting times. AB has met with operational colleagues and a plan has been put into place relating to access to look at how patients could book at clinics (internal action plan). Feedback will be shared with Healthwatch at the update meetings held with DB and WA.</li> <li>• JGJ updated on issues raised about the podiatry service, particularly the challenges for patients with a learning disability to book appointments at clinic when they need to return. An update was provided on the flag which can be put onto a patient’s electronic medical record on the</li> </ul>	



system used (EMIS) so this can be recorded. A bigger piece of transformation work is taking place across all podiatry teams to move them onto using the same version of EMIS. In the longer term, the information shared by Healthwatch will be used to support in the re-design of the system.

- A lot of work has taken place to look at support for patients with a learning disability and how reasonable adjustments can be recorded. Staff have received 'Oliver McGowan' training.
- It had been recognised that patient information leaflets need to be reviewed to standardise them across the community service division and ensure there are easy read versions. JGJ has been working with the patient experience leads at the trust and expressed how they would like to bring in People First Merseyside to work with them on the easy read leaflets.
- Upgrades have been taking place at 'sefton road clinic', an access audit being undertaken. There were particular challenges raised within the Healthwatch report for those patients requiring support with hearing and those using wheelchairs. A refurbishment has finished which includes a lower level reception desk (in line with disability regulations) being fitted, although further work needs to be undertaken to get this right. A hearing loop has also been set up and is in working order.
- AB explained how the report and the recommendations had been shared internally within trust governance structures.

The following questions were asked.

- WM and JC gave an example of how one of their members is currently accessing the podiatry service and had been provided with cream and was told to self-care. The individual only has the use of one hand and is very concerned about their condition getting worse. For



	<p>example, they had shared their concerns about being able to hold a bowl of water. People First Merseyside welcomed AB and JGJ to get in touch with them or attend one of their sessions.</p> <ul style="list-style-type: none"> <li>• WM also agreed that she would undertake a secret shopper exercise at Sefton Road Clinic to see if the hearing loop is working. <b>Action:</b> update to be shared with DB when the visit has been completed and what had been found.</li> <li>• VK asked about the phlebotomy service and how she was concerned as she had heard that the trust would be stepping back from providing home visits due to capacity issues. VK was concerned about the deterioration of patients. AB responded that the domiciliary home visiting service would always be in place to support patients, however they were reviewing processes for referrals and criteria. VK responded that the trust in reviewing its criteria, needs to consider the needs of carers too in this process. VK asked if the guidance could be shared, and stressed that she didn't want carers to get caught up in a battle. <b>Action:</b> guidance to be shared.</li> <li>• KL explained that he had been today to get his bloods taken and it had been a good experience. A text had been received to share feedback, KL asking how patients with limited/no digital access would be asked for their feedback? AB updated that the volume of feedback received about the phlebotomy service is greater than any other service and there are paper copies of the 'friends and family' question which are given out. AB did comment though that work was being undertaken to make them more visible and available.</li> <li>• KL also asked about booking phlebotomy appointments in advance and then patients forgetting their form and rather than be turned away, if there was a way that the test could go ahead as planned? AB updated that booking in advance would depend on when bloods were</li> </ul>	<p>WM/JC</p> <p>AB</p>
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	<p>required to be taken but in thinking about the process when a form is forgotten, this could be looked into. There would be a requirement to maintain safety and a review of the process from a laboratory perspective.</p> <p><b>Action:</b> this to be looked into and an update fed back to the group.</p> <ul style="list-style-type: none"> <li>• WA thanked both AB and JGJ for the update. WA had previously asked about going back out to clinics with copies of the report and to update staff on steps taken. AB shared that admin staff have been updated and explained more about the governance.</li> </ul> <p>JT thanked AB and JGJ for the update and for listening to the feedback and requests from members. AB and JGJ left the meeting at this point.</p>	<p><b>AB</b></p>
<p><b>Themes and issues.</b></p>		
<p>5.</p>	<p><b>Emerging issues/themes from members/ outreach and Community Champion Networks.</b></p> <p>CB updated on a theme relating to complaints from parents about Inflammatory Bowel Disease (IBD) services moving from the Aintree Hospital site to Liverpool Royal. Parents have been attending with their appointment letters but on arrival no appointment has been booked in. There have also been issues about doctors not having access to a computer to access records. CB updated that she has an email which provides more detail. <b>Action:</b> CB to share this information with DB who can raise this issue at an informal catch up with the patient experience team taking place tomorrow.</p> <p>MB further commented on patient records and shared examples of when doctors have not been able to access records from hospital settings (Aintree University Hospital) but have been able to when accessing their accounts whilst working from home. MB expressed that this can be very</p>	<p><b>CB</b></p>



	<p>stressful for clinicians and often causes embarrassment. There are also issues reported accessing GP records. JT agreed that this is an important issue, a huge amount of funding had been invested, however major issues remain. It is a fundamental issue which needs to be put right with investment being a priority. JC commented on the differing systems used by GP practices and how this can cause problems too. <b>Action:</b> issue to be raised at the meeting with the patient experience team (described above).</p> <p>KL provided an overview of EMIS and how each GP was able to set up EMIS to support their own requirements. There is work now to standardise EMIS across the patch.</p> <p>KL raised another issue relating to waste and the ordering of flu vaccinations by individual GP practices. If more are ordered than used, GP practices have to destroy them and brunt the cost. Often vaccinations are not taken up at practices as pharmacies are also funded to provide them and this is causing problems. There were a number of comments, JT spoke about efficiencies, JC about services at care at the chemist, CB explaining how some pharmacies are putting age restrictions on some of their services. KL updated on how pharmacy first doesn't appear to be working.</p> <p>Members were thanked for sharing feedback, issues being recorded and/or raised with providers and commissioners direct.</p>	<p><b>DB</b></p>
<p>6.</p>	<p><b>Southport Incident update</b></p> <p>DB asked that thanks and appreciation from Healthwatch for everyone involved in supporting the community following the Southport incident be formally recorded, as there had not been a meeting since it had occurred. Healthwatch involvement in recovery programmes were noted. Healthwatch currently has a seat on the community impact and cohesion group (DB) and the</p>	



	<p>Sefton Recovery Communications and Engagement Sub Group (CBL). Steve Martlew (SM), Assistant Director, Community Recovery, Sefton MBC had attended the September meeting of the Southport and Formby Community Champion network and had provided an overview of recovery plans and work, there being an opportunity to ask questions. SM had agreed to come back early in 2025 with an update.</p> <p>It was also noted that work to remove tributes around Sefton from private properties commenced 17<sup>th</sup> October. Residents and businesses were being encouraged to remove their temporary tributes, which despite providing incredible comfort, were at this point, emotionally challenging for some members of the community. LW commented that the letters which were being shared were really important, there still being so many pick ribbons on display.</p>	
<p><b>Operational Updates</b></p>		
<p>7.</p>	<p><b>Work plan Update (including update on new areas of work.</b></p> <p><u>Hightown village surgery</u> – Wendy provided an update on feedback being shared. It is being reported that there is no GP on site, with no cover from locums. Patients are not being told when they phone the practice that their calls are being taken by the new hub (not from the practice). PC24 the provider of this service is aware that patients are sharing this feedback and are undertaking their own engagement exercise, talking to patients in the surgeries waiting room. Members were asked to endorse Healthwatch undertaking independent engagement and this was agreed. Wendy will work with Linda Munro, the new Hightown Locality Representative, who will run engagement plans past the Parish Council for approval. JT acknowledged that there had been issues relating to the practice in Hightown over the years.</p>	



What we found when we stepped inside/ Enter and View visits - DB updated that she had met with Bridget Cameron (Interim Associate Director for Adults Commissioning & Transformation). There are 40 out of 120 care homes which have been rated as green by the Sefton quality team. These homes have not been inspected by the Care Quality Commission (CQC) for some time and the local team will not be prioritising them as they have been rated as good. DB had also met with the lead for the quality team and an agreement made that Healthwatch will undertake enter and view visits as a programme of work. A letter will be sent to those care homes rated as green to let them know about this work and that a visit will be arranged. The first visit will be the staff team to assess how our new system works (new paperwork) and a meeting of enter and view members will be convened to work through and agree a programme of visits, and to become familiar with paperwork and process.

MB asked if there would be a mix of announced and unannounced visits. JT welcomed the plans, particularly as CQC don't speak to many people living in care homes. CB asked who would monitor the homes assessed as amber or red, DB updating that the Sefton quality teams closely monitor them. WA mentioned previous work with care home managers and how it would be useful to have a conversation with them. DB will be asking Kate Holmes for an agenda slot on the Sefton Care Home Partnership meeting. BR asked how care homes would know about Healthwatch and the team when they arrived, DB talking members through the processes put in place before, during and after a visit.

JT spoke about the overall profile of Healthwatch and how a significant proportion of the population do not understand our role or know of our existence. Healthwatch England have been talking about putting resources into a national profile raising, and have spoken about a national advertising campaign.



	<p><u>Listening event at Southport &amp; Formby District General Hospital</u> – DB had met with the matron for patient experience and an agreement had been made to visit in patient ward areas during 2 afternoon visits. Afternoon visits had been agreed to avoid ward rounds. The survey is based on the general listening event survey used by local Healthwatch, with additional areas being added following a review by Anne Major and Marguerite Dawson.</p> <p>There was also an agreement to undertake a visit at Southport Accident and Emergency department using the format used last year at Aintree, observations being the key focus. Given the size of this department observations will also be made on the use of the 'red lines toolkit' for any 'temporary escalation spaces (care in corridors).</p> <p>KL spoke about 'patient led assessments of care environments' (Place assessments) and how the report from the last visit may provide some support. In ward 14a, the trust had been using the space in between bed bays. JT was concerned about this as there was a standard distance which beds should be positioned.</p> <p><u>Review of Litherland Urgent Treatment Centre</u> – Wendy updated that the report from this work had been drafted. Overall the triage of patients had been relatively quick but waiting times for treatment were long. Sometimes the centre provided a triage only service. The draft report will be shared with Mersey Care NHS Foundation Trust and a formal response requested.</p>	
8.	<p><b>Key Issues log (exception reporting).</b></p> <p><u>Diabetes management</u> – LW updated that a meeting would be arranged with the lead dietician at Liverpool University Hospitals NHS Foundation Trust to talk about hospital meals and suitable choices now a contact had been provided.</p>	



	<p>LW and AB had attended a session in Southport hosted by Dr Unwin who was holding training sessions for Health Care Assistants. DB was booked onto the event in Bootle but the location of the sessions had changed which meant that she had not been able to attend (presentation slides had been made available which included case studies). The aim for Healthwatch will be to promote the programme and information developed by Dr Unwin and colleagues when talking to local providers to enhance meal options and support self-management/care.</p> <p>MB had asked about availability in care homes, JT asking more about why health care assistants were being trained.</p> <p>LW and DB asked members if they would welcome a session on this work by Dr Unwin, this being agreed with invitations shared with Community Champion organisations too. <b>Action:</b> LW to liaise with Dr Unwin to see if it would be an option for Healthwatch to have a session to support in the awareness/education of this approach.</p> <p><u>Blister packs</u> – DB updated that access, lack of reasonable adjustment assessments (under the equalities act) and pharmacies charging for packs continue to be issues, impacting those with disabilities and those on low incomes. From meeting Susanne Lynch MBE, Chief Pharmacist (NHS Cheshire and Merseyside), the decision which Boots made, to stop the provision of blister packs had supported other pharmacies to take similar decisions. A number of pharmacies have reduced the number of blister packs they supply for a number of reasons including: workforce capacity and increased workload. Funding is another issue, the NHS does not fund blister packs, and pharmacies are not legally required to offer them. It was noted that the local Pharmaceutical Needs Assessment will be taking place soon and Healthwatch will support residents to get involved, this being one way in which residents can share the impact of this.</p>	<p>LW</p>
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	<p><u>Seaforth Village Surgery</u> – a report was submitted into PC24, the provider and NHS Cheshire and Merseyside which shared feedback, themes and issues for consideration. The deadline for a response was breached, however following a reminder, PC24 had provided a response. The report was presented at the Sefton Primary Care Forum in September at which feedback and concerns were noted. <b>Action:</b> the response from PC24 to be mapped to the considerations requested and report to be shared for review and approval.</p>	<b>DB</b>
9.	<p><b>Progress in establishing the monitoring panel.</b></p> <p>The terms of reference for the panel had been agreed at the last meeting (June) and since then, four members had come forward to say they are interested. The panel can have up to ten members, DB explaining that she would like at least half the panel in place to make a start on this work. <b>Action:</b> The terms of reference document will be shared with members again. Date and time for the first meeting to be scheduled for January 2025.</p>	<b>DB</b>
<b>Authorisation</b>		
10a	<p><b>Mersey and West Lancashire Teaching Hospitals NHS Trust Feedback Report (April – June 2024)</b></p>	
10b	<p><b>Liverpool University Hospitals NHS Foundation Trust Feedback Report (April – June 2024)</b></p> <p>DB asked that the reports be taken as read, both being quarterly reports detailing the feedback received for each trust for quarter one.</p> <p>JT commented on the feedback gained relating to environmental factors and crowding in waiting areas in the accident and emergency departments. WM updated that it is worse in the winter, JC explaining how she had been given medication whilst in the main waiting area. This type of care is being experienced right across the country. Members noted the reports did not contain any recommendations and it was</p>	



	<p>agreed to upload them onto the website. It was noted that it would be a useful exercise to be able to compare and contrast themes and trends for each quarter.</p>	
<p><b>Strategic Updates</b></p>		
<p>11.</p>	<p><b>Chairpersons Report</b></p> <p>JT provided an update from meetings he had attended. The Health and Well Being Board had been held in September, at which they had paid tribute to everyone involved in the tragic events taking place in Southport, their efforts being outstanding and performed with great dignity. This year's public health annual report had been presented, the theme being child poverty. There has been a big fall in vaccination rates, JT sharing his views with the Director of Public Health during the meeting, an extract being included in a Liverpool Echo online article. The strength of anti-vaccination groups was having an adverse impact. The low rates make for vulnerabilities, and MB asked what the rate was, JT commenting that rates should be over 90%. There is a rise in the outbreak of measles across the country.</p> <p>It was also noted that the number of children vaping continues to rise, the Cabinet Member for schools and education, Cllr Roscoe making the point that this is a gateway to addiction.</p> <p>The board has invited Healthwatch Sefton to contribute to its workplan for the coming year. <b>Action:</b> JT to think about this and share ideas with DB.</p> <p>JT had also attended a networking event hosted by Brabners at which he had been able to sit next to and liaise with the Chief Executive of North West Ambulance Service NHS Foundation Trust.</p> <p>Healthwatch England had hosted a Chairs and Board members event, 50 people had been in attendance, the Chair of</p>	<p>JT</p>



	<p>Healthwatch England chairing the meeting, Louise Ansari, Chief Executive also being in attendance. The national body has been lobbying hard with government ministers to raise the profile and the value of the network. JT had been able to reflect on the positive work of the Cheshire and Merseyside regional Healthwatch network and it was noted that the Annual Report from Healthwatch Sefton receives national recognition.</p> <p>The importance of the NHS Darzi review was noted alongside the review into the CQC which Dr Penny Dash was continuing to undertake. JT had submitted some thoughts to the Healthwatch England Chair on how the Healthwatch network could be funded in the future using a similar model to the levy which CQC use with providers. There had been no response to date. JT felt that funding could be better utilised with the Healthwatch network, given the number of inspections undertaken by the CQC dramatically reduced since 2019 – 20.</p> <p>Members thanked JT for the updates.</p>	
<b>Any Other Business</b>		
12.	<p><b>Any other Business.</b></p> <p>BR updated on a poster she had seen which shared information on support for domestic abuse and how the contact information could be teared off the bottom. BR asked if anyone knew who provided this, CB updating that this would be Sefton Women's and Children's Aid (SWACA).</p> <p>LW enquired if menopause training/ support which was provided by The May Logan Centre in Bootle was available for residents in the north of the borough? <b>Action:</b> the centre to be contacted to gain an update.</p> <p>VK provided information on a 'NHS Commitment to Carers' event, taking place, 5<sup>th</sup> March 2025. This is taking place in the Holiday Inn in Liverpool.</p>	<b>DB</b>



	<p>VK also mentioned that Sefton Carers Centre would be meeting with the CQC on Tuesday about the upcoming adult social care assessment. They had also been asked to provide a contact list of 20 – 30 carers who may want to engage with them.</p> <p>JC also updated that CQC would be visiting People First Merseyside to speak with members. People First Merseyside were also contributing the following week with the interviews for the last eight people who would be joining the learning disability and autism social work team.</p> <p>VK mentioned their work to include information on NHS provider carer passports on their new website. There was little information for informal carers and information was of poor quality.</p> <p>CB promoted the ‘Sefton Local Offer’ event which was taking place on the 30<sup>th</sup> October. VK commented on how the SENDIASS service would be provided by a new company ‘Kids’ from the 30<sup>th</sup> October, Barnardo’s ceasing to provide the service for Sefton Borough Council.</p>	
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**Attendance Tracker**

<b>Name / Representing</b>	<b><u>April</u> <u>2024</u></b>	<b><u>June</u> <u>2024</u></b>	<b><u>Oct</u> <u>2024</u></b>
John Turner. Chairperson	x	✓	✓
Brian Clark OBE. Locality representative: North Southport	✓	✓	✓
Anne Major. Locality representative: Central Southport	✓	x	x
Linda Wright. Locality representative: Ainsdale & Birkdale	✓	✓	✓
Locality representative: Formby	Vacant	Vacant	Vacant
Locality representative: Hightown & Ince Blundell	Vacant	x	x
Locality representative: Crosby	x	Vacant	Vacant



<b>Name / Representing</b>	<b><u>April</u> <u>2024</u></b>	<b><u>June</u> <u>2024</u></b>	<b><u>Oct</u> <u>2024</u></b>
Locality representative: Seaforth & Litherland	Vacant	Vacant	Vacant
Barbara Rouse: Locality representative: Bootle	✓	✓	✓
Locality representative: Netherton	Vacant	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	x	✓	✓
Karen Christie - Health and Social Care Forum	x	✓	x
Yael Edmonds/ Cheylne Bass - Sefton Parent Carer Forum	✓	✓	✓
Ken Lowe - Sefton Partnership for Older Citizens	✓	✓	✓
Vicky Keeley/ Racheal Darvill - Sefton Carers Centre - Carers Voice	x	✓	✓
Georgia Ribbens - Sefton Young Advisors	x	✓	✓
Transforming Care Co-production Board Will Mullen and Jan Comer	✓	x	✓
Sharon Cotterall – Every Child Matters Forum	✓	✓	x
Angela Keith – Equalities Director	x	x	x

