

**Minutes of the Healthwatch Sefton Operations Group meeting.
Held Tuesday 9th December 2025. 10:30 – 12:30.**

Zoom

Operations Group members in attendance:

Nigel Bellamy (NB)	Chairperson (Interim)
Maurice Byrne (MB)	Locality representative – Maghull
Jan Comer (JC)	Learning Disability and Autism Co-production Board
Carol Hayes (CH)	Locality Representative for Netherton
Vicky Keeley (VK)	Sefton Carers Centre
Anne Major (AM)	Locality representative – Central Southport
Will Mullen (WM)	Learning Disability and Autism Co-production Board
Georgia Ribbens (GR)	Sefton Young Advisors/ Every Child Matters Forum
Barbara Rouse (BR)	Locality Representative – Bootle
Linda Wright (LW)	Locality representative – North Southport

Staff team in attendance:

Diane Blair (DB)	Manager
Wendy Andersen (WA)	Engagement & Participation Manager
Mandy Williams (MW)	Signposting, Information & Administration Officer

Apologies:

Karen Christie (KC)	Health and Social Care Forum
Linda Munro (LM)	Locality Representative – Hightown
Sophie Kirkham (SK)	Locality Representative – Ainsdale & Birkdale
Angela Keith (AK)	Equalities Director
Holly Hinchcliffe (HH)	Engagement & Participation Officer



Agenda Item	Notes	Action
1.	<p>Introductions and apologies.</p> <p>NB welcomed everyone and introductions were made. NB highlighted the code of conduct, noting previous declarations. No new declarations were shared.</p> <p>NB shared a tribute to Ken Lowe who had sadly passed away. It was agreed to formally record a 'thank you' to Ken Lowe for his support to Healthwatch since its inception.</p>	
Governance (including internal meetings)		
2.	<p>Minutes of the last meeting for approval.</p> <p>The minutes of the last meeting were approved as an accurate record. Action: minutes to be uploaded to the website.</p>	DB
3.	<p>Action Tracker.</p> <p><u>Secret shopper exercise at Sefton Road clinic</u> – At the last catch-up meeting with Mersey Care (5th November), they confirmed that the hearing loop had been installed. Action: Mystery shopping exercise to be completed. Feedback to be shared.</p> <p><u>Returning NHS equipment/ Single Use Crutches (Mersey and West Lancashire NHS Teaching Hospital)</u> – as previously agreed, a formal letter had been shared with the trust to gain information. LW updated that during a 'place' visit which AM had also supported at Southport Hospital, the fracture department had provided assurance that they replace the rubber stoppers on returned crutches. NB also commented that</p>	WM/JC



	<p>someone he knew had recently returned crutches. Action: formal response to the shared when available.</p> <p><u>Response from University Hospitals Group- Sefton Parent Carer concerns about transition and care from the inflammatory bowel disease service</u> – contact has been made with Kellie Wright from the Forums steering group. Action: if the forum does not get in touch by the end of the year, the issue will not be progressed further.</p> <p><u>Update from Southport and Formby Community Champion Network – June – ISight</u> –the Associate Director for Primary Care has noted the issues raised and provided assurance that this would be raised at the next contract meeting.</p> <p><u>Brighter Living Partnership and Menopause support sessions (Southport and Formby)</u> – Brighter Living continue to run the sessions but it is unclear if they are now being funded. HH has been making connections with local groups who have raised access to support as an issue. The aim of Healthwatch was to ensure there was an equitable service across the borough. Action: update to be provided at the next meeting.</p> <p><u>Eligibility of vaccination</u> – this had originally been raised by Ken Lowe. DB shared enquiries which had been coming through the signposting service. Feedback had been received from Sefton’s Local Pharmaceutical Committee and the quality team at NHS Cheshire & Merseyside that there are no plans to extend the age for covid vaccinations, criteria being set nationally with very little clinical discretion about unused stock.</p>	<p>DB</p> <p>DB</p> <p>DB</p>
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	<p>NB commented that people are much more concerned about flu at the moment, NB and members noted the response.</p> <p><u>Podiatry referral criteria</u> – DB had reviewed the pathway and had found that patients can self-refer into the service. Information about the exclusion criteria is available on the website and patients who do not meet the eligibility criteria are notified in writing. It was noted that Healthwatch is not clear on what information is provided in this written update and if additional information is provided to support with foot care. NB suggested it may be worth getting in touch with the commissioner to find out about the standard letter and the process they should be working through or the provider direct. DB suggested that referral data was also requested over a set period (6 months), which included the number of rejected referrals. CH provided a recent example of someone who despite having a disability and unable to reach their own feet had been deemed ineligible. Private treatment had been the only option, costing approximately £45. There had been an assumption that people can rely on family members to assist them with foot care. NB commented that the impact on mobility would end up costing the NHS and social care far more in the long term. JC confirmed that two members from People First Merseyside had recently been refused treatment, one opting for a private service. Action(s): to find out if the members had received a letter from the service and feedback on content/ review of next steps on gathering information as discussed.</p> <p><u>Dovehaven (Enter and View)</u> – Following a request from AM, DB had been able to confirm that Argle Park and Westcliff Manor homes were run by the provider and listed as green providers.</p>	<p>JC/DB</p>
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	<p>MW had received information relating to Westcliff Manor recently and supported the decision to visit. Action: both homes will be included in the next visiting schedule.</p>	<p>DB</p>
<p>4.</p>	<p>Update from the south and central Sefton community champion network meeting – November.</p> <p>WA updated on the presentation by Primary Care 24 who provided an overview of their appointment system and hub based in Litherland. Network members continue to raise issues about the digital front door, practices using different online systems, issues with the NHS App and appointments. It was noted how helpful it is that Jane Elliot from NHS Cheshire and Merseyside attends on a regular basis. WA updated on the additional key theme emerging, a couple of practices refusing patients to book appointments in person. One of the key messages from the meeting was confirmation that patients can book in person, via phone or online. It had been agreed at the meeting that NHS Cheshire and Merseyside would support the network by providing a session on the digital front door at the January meeting. NB asked how the issues were being escalated, WA explaining how they were fed into the Primary Care Forum. MB commented on the presentation and how it had been helpful and felt that Healthwatch would benefit from an overview of each practice offer, there being a need for the public to accept appointments with a wide range of clinicians. NB thanked WA for the update and how the network was supporting Healthwatch to gather key themes and trends.</p>	<p>DB</p>



A spotlight on.....

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Neighbourhood Health – ‘Six ways to make a difference for people and Communities’ (North East Lincolnshire)

A briefing paper had previously been circulated, NB updating that the infographic and messaging had been discussed at the Health and Well-Being Board. One of the key discussion points had been how the messaging was focused towards medical interventions. DB asked members to think about the outcomes for patients and their families from this neighbourhood model and what difference this would make. The following comments were shared:

- In reality, it feels that its harder to see a GP (the language does not align with the culture change/shift about seeing different clinicians)
- Its more about helping GP practices to have more time to see the people who need to see them most.
- There are still a lot of people who really just want to see the GP for whatever reason. It's the GP who matters most to them.
- The messaging is very focused on GPs.
- Needs to be about the whole person, not just about the medical aspects
- Should not come across as a clinical pathway.
- Services and support provided by the voluntary sector (for example, Living Well Sefton, social prescribers, community connectors) needs to be highlighted as being an important part of the model. This supports the



	<p>ambition to refer at the point of diagnosis directly to charities for support.</p> <ul style="list-style-type: none"> • There needs to be reference to carers within the statements. • No reference to social care support <p>To gain more feedback, it was agreed that it would be helpful for a face-to-face workshop to be planned, community champions and other key people being invited. Action(s): members to informally share their feedback and a workshop to be explored (depending on the deadline for responses)</p>	DB
Insights (emerging themes and issues)		
6a.	<p>Themes for consideration from network members</p> <p>VK provided an overview of work undertaken by Sefton Carers in 2024 related to medication shortages, particularly for children. Although a national issue, Sefton Carers Centre was being told that locally the situation was getting better, so they had run the survey again. The findings had shown little change, in fact it looked worse and the impacts on families remained. VK had taken the findings to the SEND Improvement Board who had agreed to hold a workshop to look at this further. Families are trawling through pharmacies trying to find medication, medication being held back on non-school days, there being concerns about exclusion from schools and longer-term impacts of not having continuous medication. The other key concern which came through was the lack of medication for those newly diagnosed. Alder Hey had quoted 2,000 children. VK felt communications needed improving and how medication shortages need to incorporate the wider impact on families. Action(s): Report to be shared with Healthwatch,</p>	



<p>6c.</p>	<p>raising this as it was an important reminder to be considering what organisations Healthwatch works with and refer into.</p> <p>Themes for consideration from Healthwatch engagement</p> <p>WA shared insights from her engagement and how the issues were similar to those raised by community champions. Digital access to GP services is a major concern for residents, causing anxiety, especially for the older population. Residents in Seaforth continue to share that they are unhappy that the practice is only open 2 days per week and the practical problems they face in travelling to the Litherland practice. Concerns about emergency services were shared during outreach at Aintree Asda. CH commented on a recent experience at Aintree’s department (yesterday), describing it as a warzone; it being extremely busy, unwell people waiting on chairs, ambulances queued up outside, trolleys in corridors and bins overflowing. There was a discussion about the reasons for this, CH questioning how many of the people who attend, actually need to be seen within the department, and how not being able to gain an appointment at their GP, leads them to attend. CH commented on the impact of staff working there too. MB explained that this experience was prevalent across the country, sharing a personal experience of accessing a department in Derby. MB commented on the GP streaming service within the department in Aintree and how this supports patients to be triaged, NB sharing his experience of a similar service at Southport Hospital. AM asked if a review of corridor care would be included in the listening events being planned at Southport Hospital, DB explaining that a separate visit would be undertaken as part of a wider piece of work with Healthwatch across Cheshire and Merseyside.</p>	<p>Page9</p>
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	<p>DB asked if she could raise an issue on behalf of HH. In meeting with Southport Macmillan Centre, the issue of access to phlebotomy appointments for cancer patients had been raised again, and issues with North West Ambulance service (patient transport service), both issues previously raised at a listening event with Healthwatch some time ago. DB suggested Healthwatch facilitate a meeting between the providers and the centre so that they could hear firsthand about the impact on patients. Action: proposal to be shared with Macmillan and meetings facilitated as required. Update to be provided at the next meeting.</p>	<p>DB</p>
<p>Workplan</p>		
<p>7.</p>	<p>Work Plan Update.</p> <p><u>What we found when we stepped inside – Enter and View visits to care homes</u></p> <p>DB updated on plans for the next phase of visits, with a suggestion for a change in process. Visits would remain announced (homes would be made aware that a visit would be undertaken during the quarter, but would be only provided with one hour’s notice on the day of the planned visit). This will provide further assurance of how the home is run on a day-to-day basis. LW agreed that this was a good approach to take but asked if the home could decline the visit on the day, MB explaining that legally they could not. MB described his work with Mersey Care NHS Foundation Trust in their assessments of hospital environments and how they followed a similar approach. CH provided an update on similar visits she had undertaken with Mersey Care, however felt that the one at Aintree Hospital had not been well planned.</p>	<p>Page10</p>



	<p>DB requested that two unannounced visits be authorised at Litherland Urgent Treatment Centre. The visits would ensure that the recommendations had been implemented providing the last step in the assurance process. Action(s): members agreed to the new enter and view process for care home visits and the plans to visit the Litherland Urgent Care Treatment Centre.</p> <p><u>Listening Event at Southport Hospital.</u></p> <p>DB confirmed that the plans for the visits was on track and would be taking place on the afternoon of 21st and 22nd of January.</p> <p><u>Assessment of patient experience for those who are cared for in non-emergency department areas (temporary escalation spaces).</u></p> <p>DB introduced this as a new piece of work with Healthwatch partners following a request from NHS Cheshire and Merseyside. Visits will take place at emergency departments to gather feedback from patients and those accompanying them when treatment and care is taking place in corridors, temporary escalation spaces and on wards (often called onboarding). Healthwatch had contributed to the 'red lines toolkit', care and comfort section and it would be this part of the toolkit which would be used as a reference tool for what should be in place. Support would be provided to a visit at Aintree alongside Healthwatch Knowsley and Liverpool, Healthwatch Sefton undertaking a standalone visit to Southport hospital.</p> <p>The draft templates for use on the visits, had been shared by Healthwatch Cheshire East and West and were to be reviewed for wider use. VK had previously spoken with DB about concerns about the lack of reference to carers, DB explaining</p>	<p>DB/WA</p>
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	<p>that the toolkit would be shaped by members and those from Knowsley and Liverpool. VK explained that the carers centre had previously requested information on the discharge planning process, if discharged from a corridor rather than a ward as carers had previously raised this as a concern. MB asked if there could be a focus on drinks and food being available and the support provided. Members agreed that this was an important piece of work. Action: suggestions to improve the toolkit to be shared.</p> <p>DB briefly updated on a number of other areas within the plan including engagement on the NHS App and engagement to gather feedback on wound care and stitches removal from local treatment centres.</p> <p>The work plan was noted and signed off by members.</p>	<p>All</p>
<p>8.</p>	<p>Update from the Sefton Health and Well Being Board</p> <p>NB updated that there had been a presentation from Sefton CVS, and Tracy Jeffes, (Interim Place Director for Sefton) had presented a paper on the neighbourhood model and also modern general practice. There had also been a brief discussion about the new children and young people's plan.</p> <p>The board is working on developing a health and wellbeing strategy, supported by public health, NB reflecting that the membership of the board is being reviewed too. Members thanked NB for the update.</p>	
<p>9.</p>	<p>Update and discussion – Government review of Healthwatch</p> <p>NB referenced the response from the Secretary of State to the petition, the response not sharing any new information, reinforcing that they continued to move forward as outlined in</p>	



the plan. NB commented on their focus of patient safety and their view that there are too many organisations working on the same areas.

NB and DB had also met with Jon Turner, the North-West Regional Officer for Healthwatch England. Jon as a civil servant was unable to share any comments on the decision, however key points were made about the lack of independence and how plans would not support the proposed neighbourhood and integration model.

Members were reminded that changes need primary legislation, which will eventually reach the 'House of Lords' for debate/ challenge.

DB updated on discussions from an away afternoon for Cheshire and Merseyside chief executives/ managers. There had been an agreement to focus on working with MPs and to work with system partners to keep them updated on our work and the benefits of having a local Healthwatch in each borough.

DB shared an update on the discussions which the joint Overview and Scrutiny Committee for Cheshire and Merseyside had and how they had agreed to draft a letter to share their concerns. Healthwatch is adding examples of local work to strengthen the letter before it is signed off.

MB stated that it was his understanding that all 3 Sefton MPs support Healthwatch.

Members noted the update. **Action:** updates will be shared when available.

DB/All



Any Other Business		
10.	<p>Any Other Business.</p> <p>VK updated on a new project Sefton Carers Centre are working on with Freshfield Animal Rescue to support people to keep pets in their home if they are going into hospital or being discharged. The project is due to launch in January.</p> <p>VK also updated on their partnership work with Ince Blundell Hall. Now that changes to their constitution have been made, the plans to provide respite to carers will launch in January.</p>	

Attendance Tracker

Name / Representing	<u>June</u> <u>2025</u>	<u>Oct</u> <u>2025</u>	<u>Dec</u> <u>2025</u>
Nigel Bellamy. Interim. Chairperson	-	✓	✓
Linda Wright: Locality representative: North Southport	✓	✓	✓
Anne Major: Locality representative: Central Southport	x	✓	✓
Sophie Kirkham: Locality representative: Ainsdale & Birkdale	Vacant	X	x
Locality representative: Formby	Vacant	Vacant	Vacant
Linda Munro. Locality representative: Hightown & Ince Blundell	x	x	x
Locality representative: Crosby	Vacant	Vacant	Vacant
Locality representative: Seaforth & Litherland	Vacant	Vacant	Vacant
Barbara Rouse: Locality representative: Bootle	✓	✓	x
Carol Hayes: Locality representative: Netherton	Vacant	x	✓
Maurice Byrne: Locality representative: Maghull	x	✓	✓



Name / Representing	<u>June</u> <u>2025</u>	<u>Oct</u> <u>2025</u>	<u>Dec</u> <u>2025</u>
Karen Christie - Health and Social Care Forum	x	x	x
Sefton Parent Carer Forum	Vacant	Vacant	Vacant
Sefton Partnership for Older Citizens	✓	✓	x
Vicky Keeley - Sefton Carers Centre - Carers Voice	✓	x	✓
Georgia Ribbens – Every Child Matters/ Sefton Young Advisors	✓	✓	✓
Learning Disability and Autism Co-production Board Will Mullen and Jan Comer	✓	✓	✓
Angela Keith – Equalities Director	x	x	x

