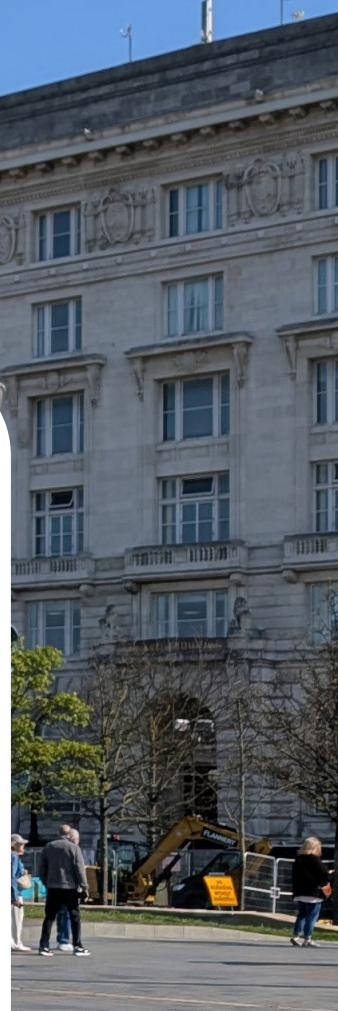




# Speaking up for better care

Healthwatch Liverpool annual report 2025/26



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**Chief Officer**  
Sarah Thwaites



Healthwatch Liverpool has a unique role as an independent voice for everyone who uses local health and care services. We have statutory powers and duties which help get that voice heard.

However, the Healthwatch network is in uncertain times. The Health Bill, working its way through Parliament at the time of writing, currently includes clauses which would abolish it and makes no alternative provision for independent patient and resident voice.

This report showcases our work over the past year and illustrates who would lose out if abolition goes ahead: our residents and communities, the health and social care services we cover, the decision makers and strategic partnerships we support with the intelligence we provide.

Our work brings what matters to local people - what helps them stay well longer and makes care work for them - to the centre of decision making about health and care services. We hope that this vital work is able to continue and to grow in future years.

# A message from our chair

It remains a privilege to chair Healthwatch Liverpool and to support the vital work of the organisation at a time when our health and care system continues to face significant pressures and widening inequalities. Across the past year, Sarah and the team have shown unwavering commitment and professionalism, working tirelessly to ensure that diverse voices of people across Liverpool are heard, understood, and acted upon.

This year has demonstrated, more than ever, the value of an independent patient voice. Whether highlighting the realities of access to NHS dentistry, amplifying the experiences of people navigating neurodevelopmental services, or supporting improvements in care for those affected by trauma, the team has consistently brought insight, challenge, and practical solutions to partners across the system. Their work with communities—particularly those whose voices are too often unheard—continues to shape more inclusive, person-centred approaches to care. Alongside this, Healthwatch Liverpool has played a key role in partnership working across the city and the wider Cheshire and Merseyside system. By working collaboratively with NHS organisations, local authority colleagues, and the voluntary and community sector, the team has ensured that lived experience informs decision-making at every level—from developing neighbourhood services through to Integrated Care System priorities.

However, this year has also been set against a backdrop of increasing uncertainty for local Healthwatch organisations nationally. As the landscape for health and care structures continues to evolve, it is vital that the independent scrutiny, community insight, and advocacy that Healthwatch provides is both recognised and safeguarded. The work set out in this report demonstrates clearly that listening to people and acting on their experiences is not optional—it is fundamental to improving care, reducing inequalities, and building trust in our services. We will continue to provide this for as long as we are commissioned to do so.

I would like to extend my sincere thanks to our dedicated staff, volunteers, board members and partners for their ongoing commitment and passion. We are equally grateful to the thousands of people who have shared their experiences with us this year—your voices are at the heart of everything we do.



Chair  
Zoran Blackie

As we look ahead, we remain committed to ensuring that people across Liverpool are heard, valued, and able to influence the services that affect their lives. Your continued engagement will be essential as we navigate the challenges ahead and work together to build a fairer, more responsive health and care system for everyone.



“This year has demonstrated, more than ever, the value of an independent patient voice.”

# About us

Healthwatch Liverpool is your local health and social care champion.

We ensure that NHS leaders and decisionmakers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



## Our vision

We want a health and social care system that is fair and works for everyone. We want to make a difference by influencing positive change.



## Our values:

**Empowering** - We empower local people to have their voices heard on issues relating to health and social care

**Equity** - We value equality, diversity and inclusion and work to make sure that all communities in Liverpool are represented in our work;

**Person-centred** - We work with everyone in an empathetic, confidential and non-judgemental way;

**Collaboration** - Our work is evidence-based and collaborative. We work closely with other organisations which share our values;

**Independence** - We are independent and not afraid to challenge decisions when they are not in the interests of local people;

**Accountability** - We are transparent and open in everything we do and we are accountable to the community.

# Our year in numbers

In 2025/2026 we supported more than **61,874** people to have their say and get information about their care. We employed **12.25 (FTE)** staff and, our work was supported by **12** volunteers.



## Reaching out:

**1376** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**60,498** people came to us for clear advice and information on topics such as **finding an NHS dentist, social care** and **leisure or wellbeing activities**.



## Championing your voice:

We published **24** reports about the improvements people would like to see in areas like Care Homes, the NHS Dentistry Crisis in Liverpool and ADHD.

Our most popular report was **The State of NHS Dentistry in Liverpool - November 2025 update**, highlighting people's struggles accessing NHS Dental care locally.



## Statutory funding:

We're funded by Liverpool City Council. In 2025/26 for our statutory Healthwatch activity we received **£433,814.4**, which is unchanged from last year.

# A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Liverpool. Here are a few highlights.

## Spring

We held stakeholder engagement sessions to support the co-production of a new Carers Strategy for the city.



We kicked off our programme of 24 care home Enter and View visits across the year.

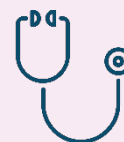


## Summer

We attended 5 Freshers Fair events across University of Liverpool and Liverpool John Moores, providing info and signposting to Liverpool's new student cohort.



Healthwatch England published their report on "Trans and non-binary people's experiences of GP services", which included the experiences and views we gathered in Liverpool.



## Autumn

We visited 12 Learning Disability Day Centre services to hear the views of people who use them, and began our analysis and report writing



We published our updated dental report "The State of NHS Dentistry in Liverpool - November 2025 update".



## Winter

We attended and spoke at a Sexual Trauma event to widen awareness of our Sexual Trauma Project across more sites and staff.



We attended the Liverpool Neurodiversity Symposium and Strategy Launch, held by the University of Liverpool, which included the formal launch of the city's Neurodiversity Strategy.



# Working together for change

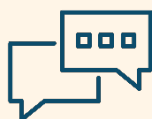
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Liverpool are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at the Cheshire and Merseyside Integrated Care Board (ICB).

Here are some of the achievements from our work with Healthwatch across Cheshire and Merseyside this year:



## A collaborative network of local Healthwatch:

We have continued to work seamlessly together, as a Healthwatch Collaborative, to provide a strong, independent voice for the 2.5 million people who live, work and use health and care services in our region. This means the ICB hears what matters to local people on a much wider footprint. As the ICB moves towards a strategic commissioner role, the insights and data we hold on local people's experiences and priorities - including those who have the biggest barrier to accessing services - become ever more essential in supporting informed and equitable decision making. Close working between local Healthwatch allows us to pool insights and intelligence, input into the ICB and its workstreams and provide an independent voice for patients in decision making.



## A big conversation:

In 2024, NHS Cheshire and Merseyside ICB developed an Urgent & Emergency Care Red Lines Toolkit to support patient experience in Emergency Departments. Cheshire and Merseyside Healthwatches worked with the ICB to co-produce the Care and Comfort section based on patient feedback. During 2025-26, we visited local acute hospitals to assess how they were meeting Red Line standards on comfort and care when ED overcrowding led to corridor care. The findings are helping to inform improvement work across trusts and the ICB, and Healthwatch has contributed the patient perspective through membership of the ICB's Urgent and Emergency Care System Board.

We also gathered local people's experiences of the NHS App, finding that while some value digital access, others face various barriers. We continue to advocate for alternative routes to ensure services remain accessible to everyone.

# Working together for change



## Building strong relationships to achieve more:

Our strong relationships within the wider ICB structure continue; attending the Board and various sub-groups, as well as maintaining already established relationships and seats in our local areas. We share and rotate attendances at Cheshire and Merseyside ICB meetings. We collate data across us to inform key discussions. In 2025-26 this included Primary Care, Dental Access, ADHD and End of life care, as well as Corridor Care.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.



**Executive Clinical Director, NHS Cheshire and Merseyside**  
Fiona Lemmens



“The work of the 9 Healthwatch organisations across Cheshire and Merseyside has been instrumental in helping us ensure that patient experience is understood and acted upon across our commissioned services. I have found the work done on Emergency department waits and corridor care particularly insightful. This is a priority area for the ICB to improve for our population, and the Healthwatch work has strengthened the ICB’s UEC improvement plan.

The contribution that Healthwatch colleagues make to our committee and board meetings is invaluable in bringing the voice of the public and patients into the room and undoubtedly improves the decision-making processes in the ICB.”

# Making a difference in the community

We bring people's experiences to healthcare professionals and decision makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Liverpool this year:

## Continuing To Make A Difference For Survivors of Sexual Trauma When Attending Healthcare Appointments



“I generally tend not to seek out healthcare unless I can't avoid it. Professionals can be very dismissive or judgmental and I find seeking healthcare to be very anxiety inducing. I know many staff are respectful and kind, and I have had a number of good experiences, but I have also had some very horrible experiences of being judged, ignored, and treated poorly by medical staff which stick out in my memory, even in services where you would assume staff would be good. You never know if the person you see will be respectful or not.”

In 2024, we published our report on the experiences of sexual trauma survivors and healthcare appointments. We then worked with partners to implement the findings and learning from our report. This includes trauma training for staff, and the Check With Me First cards for survivors to indicate their needs at health appointments. A launch event in March 2025 kicked off the project and in March 2026 partners came back together at a dissemination event to review achievements, next steps, and to share this with other NHS teams and trusts. This review gave staff the opportunity to engage with the project team to understand how the project could work in their specific services.

During the year, a multiagency project team – including the Survivors Trust, the NHS pilot sites at Liverpool Women's Hospital Outpatient Gynaecology, Dental Hospital Special Care Dentistry, and Brownlow PCN, ourselves, the University of Liverpool and community partners – met monthly, to steer and develop the project implementation using an NHS quality improvement methodology. This helps gather the evidence of success which is needed to sustain the project and roll it out beyond the pilot sites.

Among the speakers at the event was the Director of Nursing at Liverpool Women's Hospital, Jen Deeney who told attendees that:

**“Across the past year, key themes have emerged: the need for consistent visibility and awareness, importance of staff confidence and training, ensuring inclusive and accessible approaches, embedding change into real systems and workflows; maintaining safe, supportive patient experiences”** and that **“Trauma-informed care is not just a tool – it's a system-wide cultural shift”**.



"I have found the cards really helpful and almost like a security blanket. I have found myself being able to express my needs safe in the knowledge that I have the card to help if I struggle. It has almost empowered me really. This is a fantastic project and very much needed." - Andrea, a survivor.



"I think what you are doing is amazing and I think you are gonna make such a massive difference to so many people's lives. Hopefully at some point in the future you will be expanding to include hospitals and GP surgeries in my area." - Survivor from elsewhere in the region.

The project team is also now producing a "How to" guide to make it easier for other NHS sites and services to roll out the project. We have even had interest from Australia.

This all started with community organisations coming together in our Community Engagement Board and talking about what mattered to the communities they serve. Through our research with local people to find out what would make a difference, partnering with the Survivors Trust for national expertise, and local NHS services being willing to learn and take action based on this, the project goes from strength to strength.

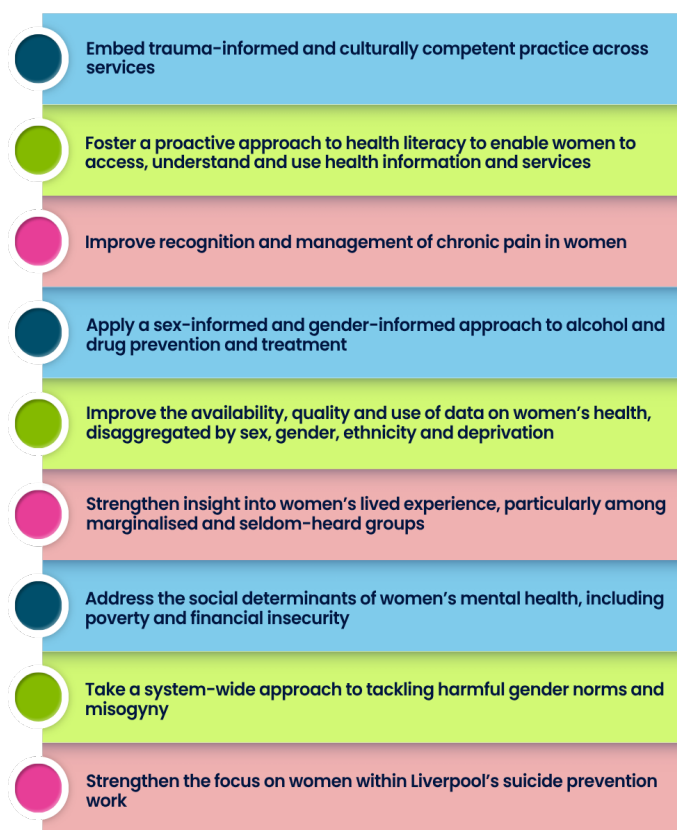
It also achieves action that makes a difference to, survivors. Services are tracking outcomes including improved patient awareness, improved processes and policy, and increase staff knowledge. The impact of this work will be that more patients feel comfortable attending appointment, which may lead to increased uptake of screening, better health outcomes, and more empowered patients.

We thank everyone involved from the bottom of our hearts. Together we have made a difference.

# Working together towards healthier lives for Liverpool Women as part of Health Taskforce

As members of the Liverpool Women's Health Taskforce, we have ensured that the trauma project has also fed into the Women's Health in Liverpool Report and action plan. We were asked to present on the project at the Liverpool Women's Health Conference in May 2026, providing an opportunity to spread awareness further.

Big changes can take time and many people coming together to make things happen. Inspired to action by the data in the Liverpool Health 2040 report which showed that in Liverpool, on average, women will spend more of their lives in poor health (28%), compared to men (23%), Public Health convened a Women's Health Taskforce. A range of partners, including Healthwatch Liverpool, worked from 2024-26 to pull together a Joint Strategic Needs Assessment followed by Liverpool's first Women's Health report with 34 actions to take forward, including:



**A selection of actions from Liverpool's first Women's Health Report**

A report means nothing unless it leads to change, so the next step in May 2026 was a major Women's Health Conference with the Town Hall packed with strategically invited guests who could take the findings into their organisations. This event heard the challenge, listened to lived experience voices including teenagers who are championing health in their school, and a presentation on our Trauma project.

The day ended with NHS Trust leads and other strategic partners standing up to give commitments on how their organisations will act to improve women's health. The work continues with the Task Group providing oversight of the action plan and spearheading change.



**Director of Public Health, Liverpool City Council**  
Prof Matthew Ashton

“

Healthwatch Liverpool continue to play an important role in bringing community perspectives into strategic discussions across the city, including through their role as co-chair of the Health and Wellbeing Board.

There are many examples over the last 12 months and beyond where Healthwatch Liverpool has been a valued and active partner in our work, including focussed topics such as improving women’s health in Liverpool. Their contribution to the Women’s Health Taskforce has helped strengthen the development of our report on the health of women in the city, bringing community insight and lived experience perspectives into discussions throughout the process. They made an important contribution to the success of the Women’s Health Conference through their involvement in discussions, planning and delivery.

The work of Healthwatch to advance trauma-informed approaches is also making an important contribution to how services understand and respond to women’s experiences, and helping to address inequalities in health and wellbeing.

Their ability to engage with communities and ensure peoples’ experiences are reflected in local conversations continues to add real value to partnership working across Liverpool.”



# Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



# Liverpool's Experiences of ADHD Diagnosis and Support

**Last year, we carried out a local survey to gather people's experiences of ADHD diagnosis and support, hearing from 601 people.**

For many years NHS services have struggled to provide timely diagnosis and support to ADHD people. Part of this has been because services haven't expanded as understanding of ADHD has increased. There have also been difficulties where diagnosis has led to starting ADHD medication with GP practices often being unable to take over responsibility for prescribing, meaning that the service remains responsible for this and they lack capacity to take on many new patients.

In Liverpool the NHS provider (a Wirral trust) has not taken new referrals since before the pandemic. This has left the only route to diagnosis being to either pay privately or to use the Right to Choose route where the NHS pays a private company to do the work on their behalf. This has led to a massive cost to the NHS and we have heard about poor experiences for many patients.



**"My ADHD diagnosis has been a life saving diagnosis."**

**"I cannot see how the system is functioning properly... This system clearly needs a big change and a lot of investment in Liverpool, and Merseyside more widely."**

## What we learned?

We learnt a lot about people experiences, what works well for people, what doesn't, and how the online Right To Choose route is not accessible for some people. People who had been referred to the NHS service before its list was closed, told us about their very long waits, and people who had been referred to a Right To Choose provider shared their experience of that process.

We also learned a lot about:

- People's experience of living with ADHD, the huge challenges people had experienced and how a diagnosis often made sense of their lives. This allowed many people to treat themselves with more compassion and understanding and to implement strategies and life changes.
- How ADHD in women was particularly likely to have been missed until later in life.
- How medication could be life changing for many of those it is an option for.

# Liverpool's Experiences of ADHD Diagnosis and Support

## Where ADHD co-exists with Autism

A significant proportion of our survey respondents told us that they may also be autistic (diagnosed, awaiting diagnosis or self-identified) and this allowed us to look more closely at the experience of AuDHD people, a community created term used by many people who are autistic and have ADHD to describe the experience of having that combination of neurotype.

## ADHD medication issues

Since publishing the report, we also heard more from people about their experience of waiting for NHS medication, especially after being diagnosed by a Right to Choose provider. Not only are there often long delays to start medication but when people have started medication and found the right medication and dose through a process called titration, some then find that their GP will not then take over their medication prescribing. This means that people are then not able to continue with medication that they have tried and found helpful and it also wastes the money that the NHS has paid the Right to Choose provider for their titration. We have been collecting these experiences and raising them with the Integrated Care Board (ICB).

## What difference did this make?

The ICB have been developing a new model for ADHD in which GP practices will be able to carry out identification, diagnosis, support and prescribe and oversee medication for ADHD. Local GPs and Neurodevelopment Practitioners are being trained ready to start this important work.

We have been added to the Lived Experience Panel for this work to ensure that people's experiences feed into this new piece of work. The new model means that local people will be assessed and supported within primary care, by practitioners specialising in ADHD; as well having access to online resources and links to support groups. This model, leading to faster diagnosis and support, will mean improved wellbeing and more for people with ADHD in Liverpool.

We will continue to gather feedback on people's experience to make sure the new process works well for local people.

# Corridor Care, A Red Line? – The Patient’s Perspective

“Corridor Care” is when areas within hospitals not designed for patient treatment are used to accommodate patients during times of high demand to reduce overcrowding in A&E. Corridor care has become more common due to capacity issues within the NHS, particularly during peak times. Work is being done to try to eliminate corridor care, but while it is being used we wanted to understand the real-time experiences of patients, relatives and carers receiving care in corridors, and to observe how hospital pressures are being managed, and to identify examples of good practice and areas for improvement.

At the beginning of 2026, we conducted an Enter and View visit to the Royal University Hospital, and we also supported Healthwatch Knowsley and Healthwatch Sefton with an Enter and View at Aintree Hospital. Both visits focused on the patients’ experiences in temporary escalation spaces.

This work aligns with the Cheshire and Merseyside Urgent & Emergency Care Red Lines Toolkit (2024), which sets standards for patient experience, staff wellbeing, and safety in Emergency Departments. The toolkit sets out expectations for maintaining safety, dignity and comfort when corridor care is unavoidable. We used the Toolkit’s Care and Comfort standards, as a framework for our observations and discussions.

We spoke to over 30 patients across both visits and completed 15 observations reports. We heard from managers about how they and their staff were working hard to keep care safe amid huge pressures. In addition to this, our observations and patient conversations highlighted staff attitude for praise. They were described as kind, caring, professional, and doing their best despite extreme workload pressures. We saw variation between the two sites, partly reflecting the building layout of the two hospitals but also some differences in provision.

## Royal A&E Corridors:

Areas were clean, organised and adequately staffed despite significant pressures. Patients generally had access to blankets, pillows, refreshments and support for relatives, helping to maintain comfort and dignity. However, the corridor environment limited privacy, made rest difficult due to noise and lighting, and some patients were unclear about access to toilet and washing facilities.

## Royal Ward “Boarding”

Boarding areas provided a calmer environment than A&E corridors. Access to washing and toilet facilities was variable and could be unideal, although privacy was considered. Staff highlighted concerns about patients being transferred into boarding areas without the ward receiving adequate information, which could affect safety and continuity of care.

## Aintree A&E Corridors

Several concerns were identified around patient safety and comfort, including some vulnerable individuals positioned in corridor areas with limited staff visibility, inconsistent access to call bells, difficulties accessing toilets, limited space for food and drinks, and bright, busy surroundings. This affected patients’ comfort, hydration and rest. Cleanliness standards also varied across the areas observed.

## Aintree Ward “Boarding”

A patient boarded in a ward corridor had no access to appropriate washing and toileting facilities, and lacked privacy. Unlike patients in A&E corridor spaces, who despite the sub-optimal temporary spaces, still felt they were progressing through the system, ward corridor boarding created a greater sense of isolation, appearing overlooked despite the activity happening around them.

# Corridor Care, A Red Line? – The Patient’s Perspective

## Key things we heard:

Some patients shared concern about privacy and dignity:

**“Using the wee bottles behind a curtain while on the corridor is not private at all – lack of dignity when needing to have a poo – the nurse gave me a radio to turn up the volume as a sign to not disturb and to mask noise. Again, the washing afterwards isn’t nice when you can’t walk to a bathroom.”** – Royal ward boarding patient

**“You can hear people being given their diagnoses... there is no dignity or privacy.”** – Aintree A&E Corridor

Several patients and relatives reported being unsure about the care process, or when they might receive tests or results, or how long they might remain in the corridor:

**“We’ve been waiting hours... no one knows what’s going on.”** – Aintree A&E Corridor

**“No one is particularly identified as the main point of contact for care queries – not ideal. We have been included in any ward rounds but increasingly it does feel like you are beginning to get overlooked [...]”** – Royal ward boarding patient

Some patients shared they faced barriers to rest and recovery:

**“On the A&E corridor, it didn’t help not being able to rest at all – bright lights and business – I don’t recall being offered eye masks etc.”** – Royal A&E Corridor

**“It’s so bright and busy... I couldn’t sleep.”** – Aintree A&E Corridor

**“I didn’t get a pillow last night.”** – Aintree A&E Corridor

## What difference did this make?

The local Healthwatches wrote Enter and View reports of our findings, which we shared with the Trust.

The reports identified the challenges for patients and staff when care is being provided in corridors or ward boarding. The reports also highlighted ways in which provision had been made to make the situation safer and less distressing than it might otherwise have been, in line with the Red Lines toolkit requirements.

Our reports across the two sites gave 11 key recommendations, which were around **patient safety & dignity, comfort and rest, and communication.**

Everyone (patients, staff, Cheshire and Merseyside Integrated Care Board (ICB) or the wider NHS) wants corridor care to no longer be needed. The learning from these visits is informing the work of Trusts and the ICB as they work towards ending corridor care. The Healthwatch Collaborative joined the ICB’s Urgent and Emergency Care System Board to provide a patient perspective on corridor care and work to eliminate the need for it.

# Centering Patient Voice on Liverpool's Ongoing Dental Crisis – How do patients get more than a temporary fix?

For many years now dentistry has been the most common issue that the public contact us about. Over 68% of all enquiries to our Information and Advice service this year were from people trying to access dental care. Almost all those enquirers also told us how difficult or impossible they had found accessing dental care to be. This feedback is the reality of the experiences of local people, and we ensure this is understood by Cheshire and Merseyside Integrated Care Board (ICB), who commission local dental care.

We sit on the Cheshire and Merseyside ICB Dental Recovery Board ensuring that the pain and frustration of those without dental care is not forgotten. We bring patient voice to the heart of discussions, with a wealth of intelligence on how difficult local people are truly finding this issue, and the impact of this.

Following our 2022 report on the State of Dentistry, this year we published an updated report on the ongoing dental crisis, drawing on what local people have told us about their own experience and a range of data. We know that the dental crisis is not affecting everyone equally, so we also highlighted the particular dental needs of:

- People with dental phobias;
- People in mental distress;
- People with eating disorders;
- Homeless people;
- Carers;
- People who don't read English.

## Key things we heard:



**36%**

**of Liverpool adults saw an NHS dentist in the past 2 years – an improvement from the figure of 33.1% in our 2022 dental report but still very low, with no increase since 2023–4 data.**

**“I was taken off my dentist patient list following the COVID pandemic as I had not been for two years, and I have not been able to join another dentist therefore I haven't been to the dentist in 6 years now.”** – young adult who grew up in the pandemic years.

A caller was looking for a new NHS dentist because their practice told them that most of their NHS patients were being removed from their books but could stay if they switched to being a private DenPlan patient. The patient had been with this practice for many years but was unable to afford private treatment as they were only receiving a pension.

## Centering Patient Voice on Liverpool's Ongoing Dental Crisis – How do patients get more than a temporary fix?

It is well known that the dental contract which determines how dentists work with the NHS, is outdated and ineffective. And that the national budget for dentistry would only cover about half the population.

Last year the government launched a national initiative to increase access to Urgent Dental care. These are 10-minute appointments aimed at getting people out of immediate pain. For example, people may be given painkillers, antibiotics or a temporary filling and then will often be told to find a dentist to tackle the underlying problem.

The model of Urgent Care as a quick but temporary solution only works if patients can then find a regular dentist. That isn't the case in Liverpool. For most of the city there have been no dentists taking on new adult patients this year. This means that many people are in a cycle of an urgent care appointment, followed by pain returning, and then more urgent care appointments. This is an inefficient use of NHS funding and scarce NHS dentist time, and provides very poor patient experience.

**A young adult told us they had been unable to access regular dental care since moving to Liverpool many years ago, despite going on waiting lists across the North West. For the past decade they have only been able to access emergency treatment resulting in multiple extractions. An emergency dentist told the client they need a referral for full treatment as their mouth was "so bad", but that they can only get this referral from a regular dentist (which has not been and is not possible) or via a GP referral, which GP then confirmed was incorrect. They now need false teeth at a young age and have had to borrow money for restorative work.**

We have been a strong advocate of a scheme the ICB was piloting locally called UC+ which enabled dentists delivering urgent care to provide enough care to tackle the underlying problem. This does not fit within the national Urgent Care scheme and so is not continuing.

In 2025-26 Urgent Care Plus appointments made a massive difference to some of the local people needing dental care that we were most worried about.

**A person whose childhood trauma led to eating disorders which caused major dental issues has been left with pain, problems eating and extensive tooth loss, with no previous success in registering with a dentist. They described the impact of this on their mental health and wellbeing. "It feels like I'm showing the world my trauma when I open my mouth". As a result, they limit their social interactions and avoid situations where they may have to open their mouth in public. The Urgent Care+ pathway enabled this patient to be seen.**

We really hope that there will be scope in future for dental care which gets to the root of people's dental pain rather than temporary fixes. We need dental care that leaves people able to eat, sleep, work, and enjoy their lives without repeated dental agony and shame.



# Learning from all communities

We're here for all residents of Liverpool. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

**Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.**

This year, we have reached different communities by:

- Attending community events and venues to reach people who may not come to us otherwise
- Providing our communications and engagement in a range of formats to ensure accessibility for those who wish to have their say
- Combining what people tell us, with what our partner Healthwatch neighbours hear, to give the NHS an independent patient perspective on care across communities, on topics including end of life care, GP care, dental issues, and the patient impact of technology.



# Older people and people living with Dementia

We visited 24 care homes during this year; 5 were specialist homes and 19 were older people's homes including many residents living with dementia.

We also engage with residents and their families through our ongoing survey, capturing people's experiences whenever they have something to say. This often includes subjects such as environment, food, staffing and communication.

**"The staff are excellent, they are angels. The care is excellent. They get to know each resident and what they like or dislike."** – Family Member

This year, one of the key concerns we have heard from staff and families, is around the inability of nursing homes to deliver vital end-of-life medications when needed. This has led to painful delays and unnecessary suffering.

**"I have gone home and cried. The last 3 deaths have not been positive."** – Nursing Home Staff Member



**"Care homes support people when they are usually at their most vulnerable. It is important for people and their families to have their voice heard and be listened to. Liverpool City Council use as many ways as possible to understand the experiences of people who use care homes in the city, especially those that we commission to care for people. The work that Healthwatch do is invaluable to us to provide that independent feedback. Their staff are friendly, approachable, and very skilled at talking to people, listening to their experiences and helping to direct them to further support when needed."**

Catherine Challinor, Head of Service – Quality Assurance, Liverpool City Council

## Partner spotlight: Liverpool Dementia Action Alliance

We are a proud partner member of Liverpool Dementia Action Alliance. This group works to spread awareness and understanding of dementia as well as supporting people affected. They bring together people with lived experience of dementia and organisations working to support them with a membership currently standing at 116 organisations – public, commercial, 3rd sector and community-based.



Shaped by this work Liverpool City Council and partners have been working on a Dementia Action Plan to be launched in May 2026. Sections include **Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.**

To find out more visit <https://www.dementiaactionliverpool.com/>

In our work we look out for the experiences of people living with dementia of GP and hospital care, and of social care, including care homes where we make sure that even when people may struggle to tell us their experiences, we are looking out to make sure they receive good dementia friendly care.

# People With Lived Experiences of Learning Disabilities

Since 2022 we have been supporting the Liverpool Strategic Learning Disabilities Partnership. This year the Partnership co-produced the Liverpool Learning Disability Plan 2026-2031. We support the Partnership's co-production helping people with learning disabilities have their say.

**"In services and care homes or hospitals no one gets to know about themselves. Life is so cruel. My peers need things explaining, we need a lot of support, words mean nothing. We need to see action. We need to be at the forefront, please explain to us and our support workers."** – Jonathan Hurley, Lived Experience Chair

**"Healthwatch is independent of everything, it is a good thing, always talking to people with learning disabilities and making things happen. They keep their promises."** – Patrick, Lived Experience Vice Co-Chair

## Experiences of Learning Disability Day Services

This year we also visited 12 learning disability day services to speak to service users about what they liked or didn't like and to find out what the services meant to them.

We engaged with people in a variety of different ways depending on their needs and preferences. This included using adapted communication, visual aids, individual, pair and small group conversations and group exercises. We also surveyed family members and staff to get their input.

We found that the services and their provision are highly appreciated by the service users and families. Over and above the practical elements of service provision, the services can provide people somewhere they feel respected, known, valued and safe.

We saw that the staff in services recognise the difference they make to people's lives. This is part of what sustains people in their work despite challenges and pressures.

We made recommendations to Liverpool City Council about what would help the services to continue their work and to keep improving.

**“**Liverpool City Council are currently undertaking a review of the Day Services provision with a view to a future recommissioning exercise. Stakeholder engagement is an important element of the review and recommissioning process, to inform and shape the future direction of day services.

**The engagement undertaken by Healthwatch is a valued piece of such stakeholder engagement and it is anticipated that the findings of the engagement will play a role in informing the future development of the services as part of the overarching recommissioning exercise.'**

Matt Thomas, Strategic Commissioning Manager (Care Market), Liverpool City Council.

# Lived Experiences of Neurodivergent people

Making sure that neurodivergent voices and experiences are heard and listened to is an important part of our work. We support (and co-chair) the Liverpool Neurodiversity Strategic Partnership, supporting neurodivergent people to be involved and to share their experiences and ideas in an accessible way.

This year, the Partnership's achievements included the drafting of Liverpool first ever [Neurodiversity Strategy](#)\*. This is an ambitious ten-year strategy to make Liverpool a neurodiversity friendly city. This was launched in partnership with the University of Liverpool at the Liverpool Neurodiversity Symposium in March 2026 alongside local, national and international speakers with professional and lived experience expertise.

Many decisions that affect neurodivergent people are made by different services, committees and boards. We take what we hear from people into those groups to make sure neurodivergent people are considered in service design and delivery.

We also sit on the Integrated Care Board ADHD Lived Experience Group to make sure that feedback from people with ADHD influences the new Cheshire and Mersey primary care for ADHD assessment, diagnosis and treatment.



\* <https://liverpool.gov.uk/media/ow0aftre/neurodiverse-strategy-a4-2025.pdf>

**69** Jason Oxley, Director of Adult Social Care and Health Operations at Liverpool City Council, has the following to say about our co-production work with neurodivergent people and people with learning disabilities:

**“The work of Healthwatch has been vital in understanding and reflecting the experiences of people who access a range of services in the city. The work detailed in the report relating to day services for people with learning disabilities provided valuable insight from staff, people who use the services and their families and this was extremely important to the Council. The Council needs to know that people who access services are getting the care and support that works for them. This also helps the Council understand the quality of people’s experience and the extent to which people’s personal outcomes are achieved by services provided. Healthwatch have supported the development and launch of the city’s first All Age Neurodiversity Strategy and Action Plan, ensuring that people with lived experience directly shaped and developed the strategy alongside all other partners. Healthwatch have actively supported the Neurodiversity Strategic partnership and Learning Disability Strategic Partnership groups, ensuring that people with lived experience shape and lead the work of the groups, and take an active role in Charing and agenda setting.**

**I would like to thank Healthwatch for all their work to support strategies and plans which all contribute to improving the lives of Liverpool residents.”**



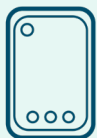
## Migrant health group

We joined a Migrant Health Group, which has been established by Liverpool City Council and includes community organisations supporting asylum seekers, refugees and people with migrant backgrounds. During its quarterly meetings, we aim to shape the improvement of migrant health services across the city. Not only is it a space where many organisations can come together to share updates on their service provision, but most importantly, it helps to create united cohesion and identify gaps or raise concerns coming directly from the migrant communities. We share the feedback themes we have collected from people with migrant backgrounds with stakeholders, and hear the views shared by others, to pick up any patterns and work towards developing tangible solutions.



## Hearing Healthcare Experiences of Survivors of Honour-Based Violence

We attended a community event organised by Savera UK, an organisation focused on helping survivors of honour-based violence. We joined their coffee morning to speak to their service users and discuss their experiences with the healthcare providers in Liverpool. We heard a mixed response from women of South Asian and West Asian backgrounds, mainly about the inaccessibility of dental care or about their negative experiences with dentists. There were some positive stories about GPs. Overall, the theme was that they are either not being listened to or that language also presents a barrier to accessibility. All the feedback has been collected as part of our on-going intelligence, and patterns arising are shared with the appropriate stakeholders, to keep patient voice at the heart of decision making and planning.



## NHS App Use – Consulting Chinese Elders

The Cheshire and Merseyside Healthwatches engaged with people over the NHS app usage and accessibility. As part of gathered feedback from Liverpool patients, we worked with Chinese Wellbeing, an organisation that supports the local Chinese community, who kindly translated the survey into Mandarin and Cantonese to reach people who may face language and digital barriers. We know that the NHS can be really valuable for some patients, but with the NHS App set to become the default way that the NHS communicates with patients it is really important to understand this community's experience and their barriers to using the App. The survey results overwhelmingly showed that most elderly Chinese patients are not equipped to use the NHS App and many do not speak or read English. They can however often access and translate text messages. NHS services need to have a range of ways to communicate with patients to avoid appointments being missed, delayed care and increased inequalities.

# Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

**This year 60,498 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.**

## **This year, we've helped people by:**

- Providing up-to-date information people can trust, via the Live Well Directory, and our website;
- Welcoming new students to Liverpool, by providing info on the local health picture, and signposting to relevant services and support;
- Providing advice, information and signposting, via our Information and Advice Team.



# Information and signposting to dental care, during the Dental Crisis

The ongoing NHS dentistry crisis continues to see local people turn to Healthwatch Liverpool to try to find dentistry services. 68.2% of all enquiries to our Information and Advice service this year were from people searching for dental care. We received a total of 1,828 dental-related enquiries this year.

Many of these enquiries resulted in signposting clients to the Merseyside and Cheshire Emergency Dental Helpline for a one-off 10 minute emergency appointment, and a small number were signposted to NHS dentists they could register with. However, the majority (78.4%) of dental enquiries this year also highlighted a signposting 'gap'. These gaps were recorded when there was no opportunity to signpost our enquirers to appropriate dental care, beyond a 10 minute quick fix, due to the ongoing lack of service availability in Liverpool.

We contact dentists regularly to maintain our database of dental availability in Liverpool – this usually shows no dentists taking on adult NHS patients. This enables us to share up to date information with the public as well as many other professionals, who seek our information in order to help their clients. Professionals regularly tell us about their own concerns about the difficulties their clients face with accessing dental care, as well as their own frustrations of trying to navigate information to assist their clients. So, they often also turn to us.

A patient with Osteoporosis had been asked to register with a dentist by their Endocrinologist, as a dental report was needed before proceeding with a medication treatment plan. The patient has been waiting for some time for this, but was stuck without progress as they had been unable to register with a dentist, and could not afford private care. So they came to Healthwatch Liverpool. We were able to contact the Cheshire and Merseyside ICB Dental Team on the client's behalf, who due to the circumstances, arranged for the patient to be seen by a dentist delivering Urgent Care Plus (UC+). This outcome meant that the client would be able to begin their medical treatment plan, impacting not only their dental health, but also their physical health, and their quality of life. Before we had even shared this outcome with our client, they had already been contacted with an appointment.



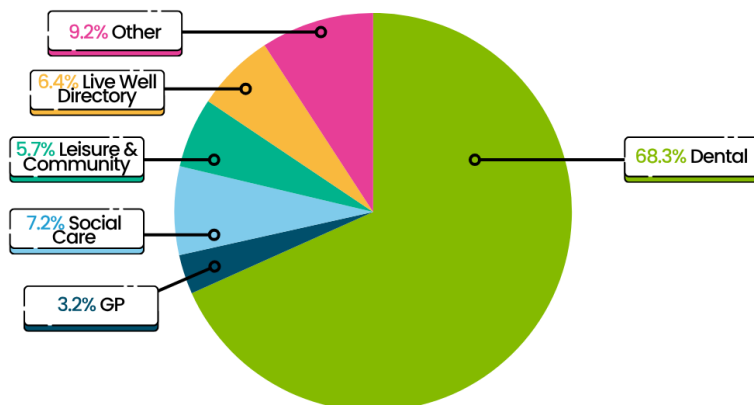
“Thank you so much for calling back yesterday and again today, I am happy to get a result so quickly.”

Sadly, should clients in similar situations contact us for information and advice again in 2026-27, there will be no support available to them, beyond urgent 10 minute appointments, because the Urgent Care Plus Scheme has ended.

# Information and Signposting

2025 - 2026

## Information and Signposting Enquiry Categories



In 2025-26, we received **2,677** enquiries for Information, Advice and Signposting. As in previous years, the majority of enquiries related to accessing dentistry.

This year we provided **11,284** signposts to our professional and public enquirers.

### GP appointment booking misinformation

We assisted a client who was having difficulty booking GP appointments at her practice. The client had been informed by the practice, that they no longer allow appointment booking on the phone or in person, and instead, appointments could only be booked online. The client shared with us: "surely can't be the case as to do so will exclude a whole swathe of people that cannot go online."

We were able to raise this with commissioners, who verified that there were no plans for any Liverpool GP to move to an online-only booking system, and confirmed the contractual obligations of GP's to have facilities for patients to book via the phone or in person, as well as online. We shared this information with the client, providing accurate and transparent information during a frustrating experience.

### Next steps for dementia journey

We helped a client find their way through the maze of social care, during a very difficult time. Our client's father had Dementia and had declined rapidly and the family felt he would soon need a care home, but felt very unsure of how to arrange and navigate this. They had contacted a local care home but never heard back, and felt lost about what to do next.

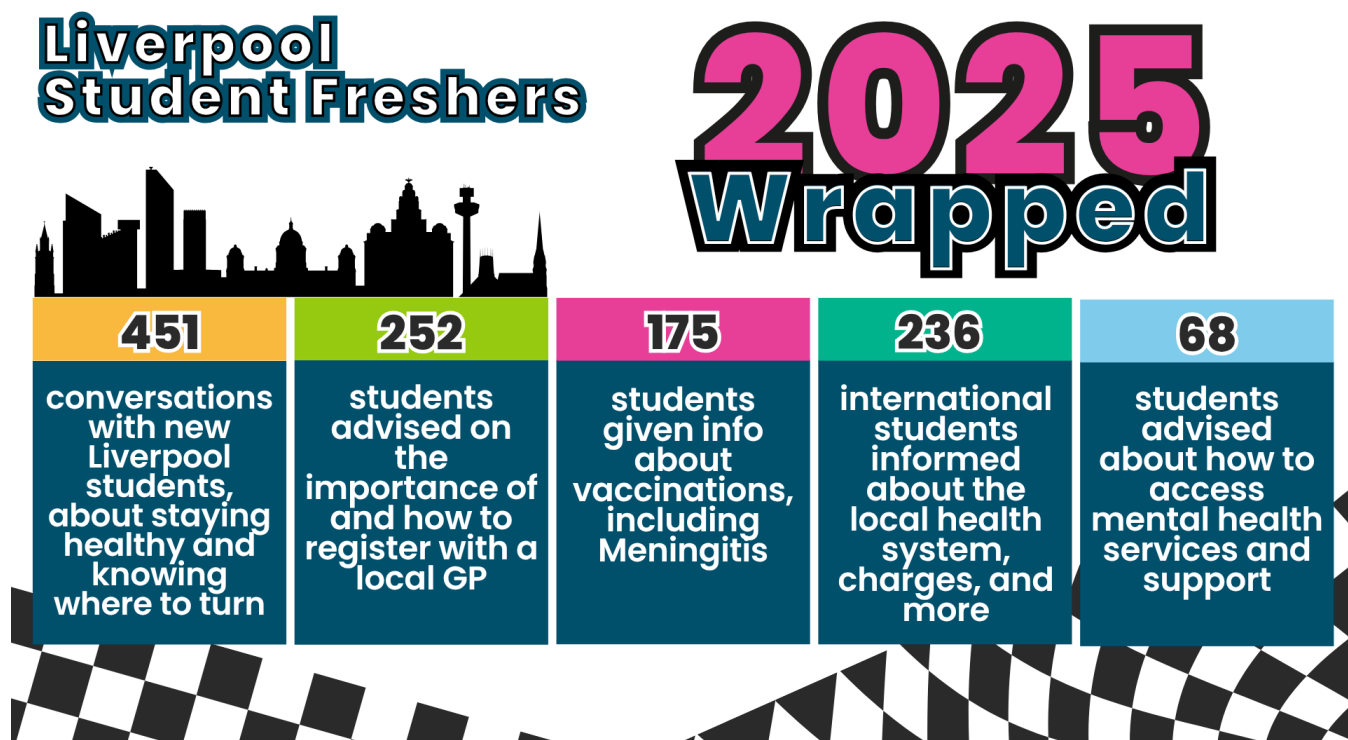
We worked through a lot of information and signposting with the client, advising on accessing care needs assessment, as well as signposting to local sources of Dementia advice and support. We were also able to share our Live Well Directory page all about local care home bed availability. During such a stressful and emotional time, we were able to help our client understand the process and next steps. Our client shared:

**“**This is extremely helpful. I cannot thank you enough. Information like this is what I have been looking for. Much appreciated.**”**

# Information and Signposting

## More than a decade of welcoming students to Liverpool!

Once again we donned our Healthwatch t-shirts and attended a number of student 'Freshers Fairs' to spread the word about how to access health services in Liverpool. This year's activities are summarised in the graphic below:



## The Live Well Directory

The Live Well Directory is a live and up-to-date source of service information for members of the public and professionals in Liverpool

Healthwatch Liverpool continues to manage and maintain the Liverpool based information, ensuring accessible and obtainable information on services from health to leisure, and support groups to food banks, providing vital information at people's finger-tips.

In fact, the Liverpool aspect of the Live Well Directory is home to information about more than 1500 services in Liverpool. In 2025-26, there were 51,965 visits to more than 250,000 pages on the directory.

# Showcasing volunteer impact

Our fantastic volunteers have given **160.5 hours** to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

## This year, our volunteers:

- Attended community events to collect peoples' experiences, signpost to services, and promote our work
- Produced easy-read versions of our reports and information
- Reviewed NHS informational materials and provided feedback on the information, including on clarity and accessibility



# At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.



Lisa

"I really enjoyed volunteering for Healthwatch Liverpool because it has given me a sense of purpose and the ability to make a change to future generations to come. I affect change now, so people in the future find it easier than what I had to grow up with Learning Disabilities, autism, and Neurodevelopment. I want to not only continue affecting change in Liverpool, but I want to see it happen."

"If you have ever used any health service, you know how challenging it can be to find the right one and to be truly listened to.

Volunteering at Healthwatch gives me the opportunity to help bridge the (often quite large) gap between health providers and patients and their families.

Whether it is through collecting feedback, signposting those who seek help or understanding some of the mechanics in the health system - even as a newbie I feel I can already give and receive in this role, in an area that affects all of us.

And this is exactly what volunteering should be about!

Esther

## Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.



[www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk)



0300 77 77 007



[enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

# Finance and future priorities

We receive funding from Liverpool City Council under the Health and Social Care Act 2012 to help us do our work.

## Our income and expenditure:

Income		Expenditure	
Contract from LCC for core Healthwatch activity	£433,815	Staffing costs	£403,521
Income from LCC for ND and LD work	£36,168	Operational costs	£27,151
Reimbursement from LCC for BSL provision	£1,512	Support and admin costs	£11,031
Income from LCC for HDRC input	£6,234	Money disbursed by us	£15,373
Additional income	£16,373		
<b>Total income</b>	<b>£494,102</b>	<b>Total Expenditure</b>	<b>£457,077</b>

## Additional income is broken down into:

- £11,873 Access to Work funding from DWP paid to us to disperse as they specify.
- £3,500 JustGiving collection in memory of Claire Stevens given to us to disperse to the Survivors Trust for Train the Trainer #Checkwithmefirst.
- £1,000 Hull University Wise GP project.
- We received no funding from the Integrated Care Board in this period.

# Finance and future priorities

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

**Our top three priorities for the next year are:**

- 1. Inclusion** – Working with local communities, to make all people’s voices count
- 2. Access** – Highlighting the barriers many local people experience to accessing health and social care, and what would make services easier to access, including Neighbourhood Health
- 3. Equity** – Understanding the causes of health disparities, and working with partners on solutions

# Statutory statements

Healthwatch Liverpool is delivered by Liverpool Advocacy Rights Information Development and Equality CIC, a Community Interest Company limited by guarantee and registered in England & Wales (company no 8254903) at 151 Dale Street, Liverpool, L2 2AH

**Healthwatch Liverpool uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.**

## The way we work

**Involvement of volunteers and lay people in our governance and decision making.**

We have a Community Interest Company board with 7 directors who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. In 2025–26 they met 10 times and made decisions on matters such as our budget, staffing, policies and values.

They are assisted by a parallel Community Engagement Board with 14 member organisations in this year, representing local communities to ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2025–26 the Community Engagement Board met 11 times, influencing the direction of particular projects, sharing community insights and setting our priorities for 2026–27

## Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2025/26, we have been available by phone and email, provided a webform on our website and through social media, and attended meetings of community groups and forums. This then drives our work and our priority setting. Our Community Engagement Board helps us to decide which of the many issues we hear about through these routes are selected as our top priorities and how we steer that work.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and link to it on social media as well as sending it directly to many stakeholders.

# Statutory statements

## Responses to recommendations

We had seven\* providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

\*Larkhill Hall, Minshull House Autism Initiatives Care, Beechside, Woolton Acre, Broadway, Croxteth Park, Moss View

## Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us. For example, in our local authority area, we take information to the Health and Wellbeing Board, the Social Care and Health Scrutiny Committee, Primary Care Group and Learning Disability and Neurodiversity Partnership Boards.

We also take insight and experiences to decision-makers in Cheshire and Merseyside Integrated Care System. We work collaboratively with the other local Healthwatch to ensure representation and input into the ICB board, the Quality and Performance committee, Primary Care Committee and System Quality Group.

We also share our data with Healthwatch England to help address health and care issues at a national level.

## Healthwatch representatives

Healthwatch Liverpool is represented on the Liverpool Health and Wellbeing Board by Sarah Thwaites.

During 2025/26, our representative has effectively carried out this role by speaking on patient experience on a wide range of subjects and latterly serving as Deputy Chair of the Board.

Healthwatch Liverpool is represented on Cheshire and Merseyside Integrated Care Partnership and Integrated Care Board by Sarah Thwaites, Chief Officer, in conjunction with the lead officers of the other 8 Healthwatch in the catchment area. We are also collectively represented on the Primary Care Board, Quality and Performance Board, Dental Recovery Board, Urgent and Emergency Care System Board and the System Quality Group.

# Statutory statements

## Enter and view

The following Enter and View visits to care homes were carried out to learn more about the care home, the residents, and to allow for those that wish to provide feedback, to be heard.

As a result of each Enter and View visit, we wrote a report of our findings. The findings have or will be shared with staff at the care home, Liverpool City Council Social care team, and with the public. All reports have been or will shortly be published online.

Location	Number of recommendations made	Location	Number of recommendations made
Minshull House	1	Derby House	1
Abbeydale	2	Moss View	1
Larkhill Hall	1	Broadway	2
Beechside	2	Hestia House	1
Grace Lodge	2	Autumn Lodge	0
Woolton Acre	1	Lyndhurst	2
Ranelagh House	2	Allerton Lodge	1
The Hamlets	1	Woolton Grange	1
Turner Home	1	Croxteth Park	3
Redholme Memory Care	2	Abbey Wood Park	0
Oak Springs	2	Priory Oakvale Gardens	0
Church View	0	Garden Lodge	1

The following Enter and Views were carried out with the aims of understanding the experiences of patients, relatives and carers who were receiving care in corridors or temporary escalation spaces. The aim was to observe how care was delivered in these environments and how staff interacted with patients and visitors, and, reviewing whether recommendations from previous Healthwatch visits had been implemented. Further, we aimed to identify areas of improvement as well as examples of good practice.

As a result, we wrote a report of our findings. The findings have been shared with the Trust, and our report will shortly be published online.

Location	Recommendations
Royal Liverpool University Hospital A&E Temporary Escalation Spaces	5
Aintree University Hospital A&E Temporary Escalation Spaces	6

# Statutory statements

## 2025 – 2026 Outcomes

Healthwatch Liverpool has been pleased to work closely with partners throughout this year, which has helped bring about the following outcomes:

Project/activity	Outcomes achieved
<p><b>Mental Health Day Opportunities</b></p> <p>We published our report on people’s views about mental health day opportunities in March 2025.</p>	<p>Since we published our report, the services have been recommissioned, to a new model informed by the learning from our report. This new model will provide:</p> <ul style="list-style-type: none"><li>• Less uncertainty with access to services which have longer-term funding;</li><li>• More choice in how and where you receive support with access to online mental health support;</li><li>• Access to a wider range of activities, supporting both mental and physical health;</li><li>• Collaboration between organisations means not having to be referred to multiple services and tell your story over and over – shared referral and assessment documents;</li><li>• Less duplication of activities;</li><li>• More flexibility regarding the timeframes people are supported through the use of peer support models;</li><li>• More activities running in the North of Liverpool which was underrepresented by the old model;</li><li>• More accessible venues with UPBEAT partners sharing locations and spaces and moving to newer ones;</li><li>• Stronger pathways towards volunteering with the Timebank offer.</li></ul>
<p><b>Liverpool City Council Health and Wellbeing Board</b></p> <p>We have a statutory seat and are active participants on the Health and Wellbeing Board.</p> <p>Additionally, following review of its functioning, the board took a more strategic approach, with deep dives into key subjects. Further, this year, we became the Deputy-Chair of the board.</p>	<p>The Health and Wellbeing Board had focussed conversations on: Local response to Ketamine related harms which led to the development of a Ketamine Action Plan; the Neighbourhood model for health which supported the alignment of LCC and NHS Neighbourhood Health Models; and Women’s Health Strategy which led to the Women’s Health Conference.</p>




# Statutory statements




Project/activity	Outcomes achieved
<p><b>Carers Stakeholder events</b></p> <p>We facilitated three sessions with stakeholders and the Council, to help to co-produce the new “All-Age Carers Strategy”, to hear the views and hopes of communities and partner organisations, on what would make a difference to carers.</p>	<p>As a result of these events, the new “All-Age Carers Strategy” has been co-produced with carers and local organisations, to include priorities that matter and would make a difference to carers, including:</p> <ul style="list-style-type: none"> <li>• Raising awareness of unpaid carers and improving identification;</li> <li>• Ensuring carers are recognised, respected and valued;</li> <li>• Improving access to information, advice and support services;</li> <li>• Involving carers in decisions that affect them;</li> <li>• Supporting carers’ health, wellbeing and independence;</li> <li>• Strengthening partnership working across organisations;</li> <li>• Improving support for young carers and those with more complex needs.</li> </ul> <p>A significant development following the launch of the strategy has been the establishment of the Carers Partnership Board.</p> <p>The implementation of this strategy will bring about positive impact on carers, their wellbeing, and the lives of those they care for.</p>
<p><b>University Hospitals of Liverpool Group (UHL) at our Community Engagement Board</b></p> <p>UHL has been formed by different acute and specialist hospitals joining together. It is formed of the Royal, Aintree and Broadgreen Hospitals plus Liverpool Women’s, and the Heart and Chest Hospital. The shared aim of the group is to improve the care provided to communities. Senior officers from the group presented their early thinking around the group’s priorities, to our Community Engagement Board (CEB) in November 2025</p> <p>They heard from CEB members about what matters to local communities – including getting accessible high-quality care close to home where possible.</p>	<p>The group went on to launch the “UHL 2030 – Our Big Conversation – Helping Shape Change In Healthcare”, which gave the public opportunities to share their views on future direction of group services, leading to the UHL 2030 Strategy - “Building A Healthier Future For You”.</p> <p>The strategic leads of the University Hospitals Liverpool Group will be coming back to the Community Engagement Board again in 2026-27, to get input into their plans for delivering care in local communities, implementing the strategy.</p>

# Statutory statements

Project/activity	Outcomes achieved
<p><b>Health Determinants Research Collaborative (HDRC)</b></p> <p>The ‘building blocks’ of health include good quality work, housing and access to green spaces. The HDRC programme brings together the council, universities, and local communities, to ensure decisions about these building blocks, which affect people’s health, are made based on evidence and people’s lives. Key priority areas for the HDRC have been identified and include neighbourhoods and housing retrofit.</p> <p>We are a Co-Applicant and member of the programme board and community involvement workstream.</p>	<p>A key area of progress of the HDRC this year, saw 16 Community Researchers recruited and trained to co-produce and conduct research and engagement in communities, embedding community voice in the HDRC programme.</p> <p>This work will result in better informed and innovative ways of tackling the causes of poor health and reducing health inequalities</p>
<p><b>The Liverpool City Region Residents’ Assembly on Data and AI Innovation Launch</b></p> <p>We provided feedback on the Data Charter Plan and Communications Plan, including training for communities on data issues.</p>	<p>We provided a better understanding of what some people need in order to be included, such as people who may face barriers to engaging with the planned in-person full-day sessions, and suggested alternative methods for people to be included.</p>
<p><b>SCORE project</b></p> <p>We sit on a project group (DELPHI group) of Liverpool School of Tropical Medicine’s Sickle Cell Outreach, Resource and Engagement’ (SCORE) project, which aims to review the approach to Sickle Cell support. The group has been looking at ways in which Sickle Cell Warriors can be supported to manage and live well with their condition.</p>	<p>We inputted into conversations about what a new model for Sickle Cell support may look like. The group drew conclusions from various community engagements, to help shape the model.</p> <p>We also connected the initiative to various professionals and partners, to meet the identified needs of Sickle Cell Warriors.</p> <p>This project has produced a dissemination report which will be shared at an event in July 2026. Following this, partners will work to take forward what Sickle Cell Warriors have said they want and need.</p>

**Healthwatch Liverpool**  
151 Dale Street  
Liverpool  
L2 2AH

-  [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk)
-  0300 77 77 007
-  [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

-  /HWLiverpool
-  @HW\_Liverpool
-  @hwlpool