HEALTH AND WELLBEING BOARD

AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 29th September 2025

At 10.00 am

Committee Room B in the Civic Centre,
Victoria Road, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council - Councillors Darby, Harrison (C) Little and Roy.
Representatives of NHS North East and North Cumbria Integrated Care Board
(NENC ICB) Karen Hawkins (VC) and Levi Buckley
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Interim Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - John Macilwraith
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:
Managing Director, Hartlepool Borough Council – Denise McGuckin
Executive Director of Development, Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Vacancy
Assistant Director for Early Intervention, Performance and Commissioning, Rebecca Stephenson
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster (Hartlepool Carers) and Kelly Brooks (PFCTrust)
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
Representative of North Tees and Hartlepool NHS Trust – Dr Deepak Dwarakanath
Representative of Cleveland Police – Helen Wilson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 17 March 2025 and 21 July 2025.

4. ITEMS FOR CONSIDERATION

4.1 Healthwatch Hartlepool Annual Report – *Healthwatch Hartlepool CIO*

4.2 Maternity Services Update - Presentation - University Hospital of Hartlepool - *Chief Nurse, Director of Midwifery, Managing Director - University Hospital Tees*

4.3 Fit for the Future - The 10 Year Health Plan for England – Presentation - *Director of Delivery [Tees Valley], North East North Cumbria Integrated Care Board*

4.4 Hartlepool Community Mental Health Transformation – *Let's Connect - CEO and Community Mental Health Transformation Coordinator*

4.5 Long Term Health Coffee & Chat Session - Final Report - *Director, Hartlepool Sport*

4.6 Pharmaceutical Needs Assessment (PNA) 2025 - *Director of Public Health*

4.7 Better Care Fund Update - *Executive Director of Adult & Community Based Services*

4.8 Health and Wellbeing Board – Face the Public Arrangements – *Director of Public Health*

4.9 Oral Health and Dental Strategy 2025-2027 – *Chief Executive, North East and North Cumbria Integrated Care Board*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting

8th December 2025
16th February 2026

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

17 March 2025

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Harrison , Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Boddy, Darby and Roy
Representative of North East and North Cumbria Integrated Care Board – Katie McLeod as substitute for Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Executive Director of Adults and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representative of Healthwatch – Steve Thomas

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson
Representative of Headteachers – Sonia Black
Representative of North Tees and Hartlepool NHS Trust – Linda Hunter
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

Also Present:-
Philippa Walters, Pharmacy Lead
Julie Simons, Hartlepower Community Trust
Louise George and Calvin George, Hartlepool Sport
Nicola Haggan and Amanda Britten, Alice House Hospice

Officers: Ashley Musgrave, Danielle O'Rourke, Public Health Team
Claire Robinson, Public Health Principal
Joan Stevens, Statutory Scrutiny Manager
Denise Wimpenny, Democratic Services Team

20. Apologies for Absence

Representative of Tees Esk and Wear Valley NHS Trust - Brent Kilmurray
Representative of North East and North Cumbria Integrated Care Board - – Karen Hawkins
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster
Representative of GP Federation – Fiona Adamson
Head Teacher Representative – Sonia Black

21. Declarations of interest by Members

None

22. Minutes of the Meeting held on 9 September 2024

Confirmed

23. Minutes of the Meeting of the Children's Strategic Partnership held on 27 September 2023

Received

24. Minutes of the Meeting of the Tees Valley Area ICP held on 9 August 2024

Received

25. Hartlepool and Stockton-On-Tees Safeguarding Children Partnership Annual Report 2023-24 (*Executive Director, Children's and Joint Commissioning Services)*

The Executive Director, Children's and Joint Commissioning Services updated the Board on the work undertaken by the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership during the year 2023-24. The report summarised the key successes and achievements of the Safeguarding Children Partnership throughout 2023-24 including updates on qualitative and quantitative data, information for the reporting period and outlined the specific areas being taken forward in the coming year.

In the discussion that followed Board Members debated issues arising from the annual report. In response a query raised, clarification was provided in relation to child protection data across the two areas and the predominant reasons were also outlined. Details of consultation arrangements with young people were provided which included consultation and engagement events

and involvement activity with school councils across the secondary and primary sectors.

Decision

The contents of the HSSCP Annual Report were noted.

26. Teeswide Safeguarding Adults Board Annual Report 2023/24 (*Executive Director of Adults and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

Members were referred to the Teeswide Safeguarding Adults Board (SAB) Annual Report for 2023-24 appended to the report. It was noted that it was required under the Care Act 2014 that each SAB published an annual report setting out what had been done during that year to achieve its objective and implement its strategy, the findings of any safeguarding adults reviews and what had been done to implement findings of any reviews.

Decision

The Board noted and endorsed the Teeswide Safeguarding Adults Board Annual Report 2023-24.

27. Tobacco Control Strategy (*Director of Public Health)*

Board Members were referred to the updated Tobacco Control Strategy Action Plan for Hartlepool, attached at Appendix 1, which provided an update on progress to date on actions against priorities and also updated the Board on the new Specialist Smoking Service for Hartlepool.

The Board was provided with a summary of key deliverables between April and November 2024 against the Tobacco Control Action Plan, appended to the report. The action plan set out under each theme the detail of how each priority area would be delivered, who would deliver, the timescales and outcome framework arrangements.

Board members expressed support of the strategy and debated issues arising from the report. Members welcomed the redevelopment of the stop smoking service in Hartlepool, the benefits of which were outlined. Clarification was provided in response to concerns raised regarding the increasing access and prevalence of vaping particularly in young people and the challenges around managing this issue. The Public Health Principal advised of the ongoing work and plans in place with schools in relation to changing behaviours around vaping. Representatives from the Hartlepool Community and Voluntary Sector and Hartlepool Sport commented on the benefits of sharing messages around the dangers of smoking and vaping in sports and community facilities and it was suggested that this be progressed following the meeting with a member of the public health team.

Concerns were also raised in relation to the illegal sale of tobacco products. The Managing Director referred to the successes of the Council's Environmental Health Team and ongoing work with the police in terms of tackling this issue.

Decision

The Board noted progress against the Tobacco Control Action Plan.

That messages around the dangers of smoking and vaping be shared in sports and community facilities.

28. Director of Public Health (DPH) Annual Report (*Director of Public Health*)

Elected Members were referred to the requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, as specified in the Health and Social Care Act 2012. The 2024 Annual Report looked at how to address the key early years to give children the best start in life. There was strong evidence that the first 1001 days of a child's life from conception to age 2 were critical in providing the foundations needed to build a healthy life in the future. The report highlighted some of the key areas where this support was provided and provided an overview of a number of activities. Following the success of utilising an electronic format and videos in recent years, the report was again accessed via a link included in the report with a copy of the Director's report also appended to the report. The Director of Public Health presented a video to the meeting from the Annual Report.

Members welcomed the approach and debated issues arising from the Annual report including the benefits of utilising videos to present information, school readiness, the challenges for schools given the increasing numbers of children and families with complex and additional needs, concerns in relation to child poverty and the factors which had an impact on the health wellbeing and outcomes of children. In response to a query raised, the Chair was pleased to report that breastfeeding take- up in Hartlepool had increased in the last 12 months. Clarification was provided in relation to how the Board could access supporting health data including breast feeding information via the Joint Strategic Needs Assessment.

Emphasis was placed on the need for more collaborative working with the voluntary sector in terms of supporting families to ensure every child in Hartlepool was given the best start in life.

In response to a number of further queries raised, clarification was provided in relation to the budget position around the future of family hubs and the challenges around responding to the increasing number of safeguarding

referrals. A number of queries were raised in relation to interpretation of the school readiness data and a breakdown of school readiness data was requested by school following the meeting.

Decision

That the 2024 Director of Public Health annual report be approved.

That a breakdown of school readiness data by school be provided following the meeting.

29. Joint Local Health and Wellbeing Strategy 2025-2030

(*Director of Public Health)*

Type of decision

Non-key

Purpose of report

To present the Health and Wellbeing Board (HWBB) Strategy refresh for approval (Appendix 1).

Issue(s) for consideration

The Director of Public Health presented the Joint Health and Wellbeing Strategy refresh for Members' approval. The strategy, attached at Appendix 1, outlined the key priority areas for the next five years:-

- **Starting Well** – All Children and young people living in Hartlepool have the best start in life.
- **Live well** - People live and work in connected, prosperous and sustainable communities.
- **Age well** - People live healthier and more independent lives, for longer

The strategy would inform the development of a detailed action plan and outcome framework which would be monitored and reviewed through the Health and Wellbeing Board.

In the discussion that followed officers responded to issues raised arising from the report in relation to the positives around a GP early dementia diagnosis and monitoring arrangements in terms of reablement care.

Decision

That the Health and Wellbeing Board Strategy be agreed and be utilised to support the joint development of the 2025/26 action plan.

30. Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report *(Director of Public Health)*

The report updated the Board on the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (9 September 2024). In relation to the requirement to seek approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services, the Board was advised that no new Supplementary Statements had been issued under delegated authority since the last meeting of the Board in July 2024.

Members were advised of the process towards statutory publication of a new PNA by 30 September 2025.

In response to concerns raised regarding the high levels of poor literacy in the town, details of the proposed communication and engagement arrangements were provided which would include face to face communication co-ordinated by Healthwatch and it was noted that information would be made available in different formats in community hubs. The need for Board Members to advocate on behalf of individuals where necessary was highlighted.

Decision

The Board noted:-

1. That no supplementary statements to the Hartlepool PNA 2022 had been issued since the last report in July 2024 and no further changes to pharmaceutical services in Hartlepool had been notified.

2. Progress towards the publication of a new PNA by September 2025.

31. Voluntary and Community Sector Reports *(Director of Public Health)*

Voluntary and Community Sector representatives, who were in attendance at the meeting presented the following reports to Board Members as being of interest to the Board, copies of which had been circulated with the agenda documentation in advance of the meeting:-

- The Haven, Service and Information (Appendix A)
- Urban Sport and Urban Play Summer Activity Report (Appendix B)
- Pumpkins in the Park 2024 (Appendix C)

Following presentation of the reports, Members commended the work of the groups and welcomed the health and wellbeing benefits as a result.

Decision

That the contents of the reports be noted.

The meeting concluded at 11.35 am.

CHAIR

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

21 July 2025

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Brenda Harrison, Leader of the Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council - Councillors Rob Darby, Sue Little and Aaron Roy
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Interim Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – John McIlwraith
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representative of Healthwatch - Margaret Wrenn

Other Members:
Managing Director, Hartlepool Borough Council – Denise McGuckin
Interim Joint Executive Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Sylvia Pinkney
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Michael Jorgeson

Also present: as substitutes in accordance with Council Procedure Rule 4.2:
Martin Short for Karen Hawkins (Representative of NHS North East and North Cumbria Integrated Care Board)
Steve Thomas for Christopher Akers-Belcher (Representative of Healthwatch)

Also in attendance:-

Kathryn Brennan, Marketing and Communications Manager, Health Innovation North East and North Cumbria
Nicola Haggan, Alice House Hospice
Carl Jorgeson, Hartlepool Voluntary and Community Sector
Philippa Walters, Pharmacy Lead

Officers: Catherine Guy, Public Health Registrar
Leigh Keeble, Head of Service Transformation
Gemma Jones, Scrutiny and Legal Support Officer
Jo Stubbs, Principal Democratic Services and Legal Support Officer

1. Apologies for Absence

Apologies were submitted by Karen Hawkins (Representative of NHS North East and North Cumbria Integrated Care Board), Christopher Akers-Belcher (Representative of Healthwatch), Fiona Adamson (Representative of GP Federation) and Sonya Black (Representative of Headteachers).

2. Declarations of interest by Members

None

3. Minutes of the Tees Valley Area ICP meeting held on 8th November 2024

Minutes received

4. Maternity Services Update – Presentation – University Hospital of Hartlepool (*Chief Nurse, Director of Midwifery, Managing Director – University Hospital Tees*)

Item deferred to a future meeting

5. Secure Data Environment (*Marketing and Communications Manager, Health Innovation North East and North Cumbria*)

The Marketing and Communications Manager gave a presentation on the Secure Data Environment, a secure data and research analysis platform. This service gives researchers access to NHS data, all of which is anonymised This is a national policy aimed at transforming access to patient records for research and boosting patient care and economic growth while ensuring data privacy and public trust. The process is nationally mandated and reported and overseen by a Public Evaluation Group. A public communications campaign was already underway involving 4 4 GP practices across the Tees Valley and while the public had to choose to opt out this was a straightforward process. Members noted that the 4 GP practices were located in the North and requested that GPs in the South be contacted and asked to take part.

Steve Thomas, Healthwatch representative, declared a personal interest in this item as a member of the Public Evaluation Group.

Decision

That the presentation be noted.

6. Joint Hartlepool Dementia Strategy (*Chair of Dementia Friendly, Hartlepool*)

The Chair of Dementia Friendly, Hartlepool, outlined the progress made on developing the Dementia Strategy for Hartlepool. He explained the reasoning behind the development of a dementia strategy, the draft vision, draft priorities and next steps. He also invited members to nominate at least one representative from their organisation who would be able to attend future strategy group meetings and contribute to the action planning phase of the strategy development.

Members praised the comprehensive report and thanked the Chair of Dementia Friendly for his efforts. Dementia is something which affects everyone, directly or indirectly. They noted the request for representatives to attend future strategy group meetings and agreed that names would be brought back to a future meeting.

Decision

That the progress made with the development of the Joint Hartlepool Dementia Strategy be noted

That nominations of representatives from partnership organisations be brought to a future meeting.

7. Carers Strategy (*Hartlepool Carers*)

A representative from Hartlepool Carers detailed the progress made in developing the Carers Strategy. A refreshment of the current Carers Strategy for 2019-2024 the aim is to ensure that carers are recognised, valued and supported in their physically and emotionally demanding roles. The draft priorities and next steps were outlined. A Carers Strategy Group had been formed underpinned by seven focus groups facilitated by Hartlepool Carers. Despite a Carers Charter having been developed for Hartlepool and Stockton Hospitals there was no representative from either Hartlepool or Stockton on the strategy group. The Chair felt this was more about people being unaware of the existence of the strategy group rather than a lack on interest and would be rectified.

Decision

That the progress made with the development of the Carers Strategy be noted

8. Community Blood Pressure Monitoring (*Head of Service*

(Community Hubs and Wellbeing))

The Executive Director of Adult and Community Based Services gave an update on the Community Blood Pressure Monitoring Pilot within the Council's Community Hubs. In February 2024 NHS England funding of £17 thousand was secured for the delivery of a hypertension project addressing health inequalities by providing access to blood pressure checks. Three devices were made available, 2 of which were located at Community Hub Central and Community Hub South and the other for home loan. The pilot started in September 2024 and 182 checks had been completed between then and February 2025. Of these there had been an almost equal split between healthy and high readings. Further details were given within the report including demographic data, age range and results information and the ways in which the £17 thousand funding was spent. The pilot was due to end in September 2025 with the monitoring devices to be retained by the Council.

Members noted the community advantages of the pilot and queried what it would cost to keep it going past September 2025. The Executive Director of Adult and Community Based Services confirmed that the staffing costs had been approximately £10 thousand which she felt was low when set against the benefits of continuing this project.

Decision

i) That the mid-point review and initial success of the Community Blood Pressure project be noted

ii) That it be noted that the project is funded until September 2025 with no resource secure to continue or expand beyond this

9. Housing Health and Care Programme (*Executive Director of Adult and Community Based Services*)

The Executive Director of Adult and Community Based Services updated members on the work of the Housing Health and Care Programme. Led by a number of local organisations the programme aims to improve housing, care and support so people can stay healthy and live independently. A five year roadmap setting out priority areas was appended to the report along with a memorandum of understanding which partners would be asked to sign up to. Hartlepool Borough Council had already signed the memorandum and the Chair would ask other organisations to sign.

Decision

That the work of the Housing Health and Care Programme be noted and partners asked to sign the Memorandum of Understanding.

10. Update on the Year One Actions of Joint Local health

and Wellbeing Strategy (*Director of Public Health*)

That Public Health Registrar gave an update on the Year One actions of the Joint Local Health and Wellbeing Strategy as agreed at the March 2025 Health and Wellbeing Board meeting as follows:

Prevent/reduce obesity through prenatal, antenatal and early years support;
Develop an accessible and integrated approach to health checks
Support childhood immunisations

Progress made since the March meeting was detailed including the development of a Year One action plan and a September system-wide workshop on action to prevent 0-5 years obesity and potential evaluation matters. A copy of the Year One action plan was appended to the report.

Members praised the Strategy as a good example of public health pulling together . The Chair referred to the Council's sport programme for young people throughout the Summer.

Decision

That the Year One Action Plan and the plan for a September system-wide workshop to prevent 0-5 years obesity be noted

11. Pharmaceutical Needs Assessment Maintenance Update / Approval of PNA (*Director of Public Health*)

The report updated members on the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the NENC ICB or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report on 17 March 2025. There had been no notifications of actions, applications or decisions made regarding maintenance of the PNA 2022 since the last meeting.

Members were advised of the process towards statutory publication of a new PNA before 29 September 2025.

Decision

That the following be noted:

i) No supplementary statements to the Hartlepool PNA 2022 had been issued since December 2024
ii) No changes to pharmaceutical services in Hartlepool had been notified
iii) The draft PNA for 2022 would be ratified for public consultation commencing 4 July 2025 with the final PNA to be presented to the Board for approval in September 2025.

12. Health and Wellbeing Board Terms of Reference - Refresh (*Director of Public Health*)

Members were asked to approve the refreshed Terms of Reference, a copy of which was appended to the report. The last refresh had taken place in 2021.

Decision

That the updated Terms of Reference for the Health and Wellbeing Board be approved.

13. Board Forward Plan (*Director of Public Health*)

The Director of Public Health outlined the proposed work programme for the Health and Wellbeing Board, which provided a forward plan of items to facilitate report writing and an opportunity to consider any additional items for discussion. Members asked that the maternity services update be brought to the next meeting and requested an update following the announcement regards the future of NHS England. The representative of NHS North East and North Cumbria Integrated Care Board confirmed they intended to bring a report to the September meeting outlining future plans.

Decision

That the proposals on the plan be agreed with the addition of a maternity services update and an update on future plans for the NHS North East and North Cumbria Integrated Care Board to the next meeting.

Meeting concluded at 11:40am

CHAIR

HEALTH AND WELLBEING BOARD

29 September 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Healthwatch Hartlepool CIO

Subject: HEALTHWATCH HARTLEPOOL ANNUAL REPORT

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1. **COUNCIL PLAN PRIORITY**

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 Present and provide the Health & Wellbeing Board with a copy of Healthwatch Hartlepool's published Annual Report for 2024 – 25 (**Appendix A**).

3. BACKGROUND

3.1 There is a local Healthwatch in every area of England. We are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen. Healthwatch also help people find the information they need about services in their area, and we help make sure their views shape the support they need.

3.2 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. This is underpinned by many other regulations, which give more detail about how activities should be undertaken.

4. PROPOSALS

4.1 Each and every year Healthwatch Hartlepool must publish an Annual Report by 30th June. This is a requirement under the Health & Social Care Act 2012. We articulate how we have been able to champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we publish our report as the voice of people. We

aim to show we are committed to making the biggest difference to our communities. People's views always come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.

5. OTHER CONSIDERATIONS

RISK IMPLICATIONS	None – External report
FINANCIAL CONSIDERATIONS	None – External report
SUBSIDY CONTROL	None – External report
LEGAL CONSIDERATIONS	None – External report
SINGLE IMPACT ASSESSMENT	None – External report
STAFF CONSIDERATIONS	None – External report
ASSET MANAGEMENT CONSIDERATIONS	None – External report
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None – External report
CONSULTATION	None – External report

6. RECOMMENDATIONS

6.1 Members of the Health & Wellbeing Board are asked to comment on and note the Healthwatch Hartlepool Annual Report 2024 – 2025 (Attached – **Appendix A**).

7. REASONS FOR RECOMMENDATIONS

7.1 Local authorities must make provision for the following statutory activities and ensure their local Healthwatch publish an annual report:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views

known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England

- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England

- Providing advice and information about access to local care services, so choices can be made about local care services

- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England

- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.

- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

8. BACKGROUND PAPERS

None

9. CONTACT OFFICERS

Mr Christopher Akers-Belcher
Chief Executive - Healthwatch Hartlepool CIO
Regional Coordinator – North East & North Cumbria (NENC) Healthwatch Network

Healthwatch Hartlepool
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Hartlepool
TS24 7QS

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Visit: www.healthwatchhartlepool.co.uk

healthwatch

Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Hartlepool

Contents

"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chairman

Dear All,

Another year has passed, and once again, I'm pleased to share our journey at Healthwatch Hartlepool. It has been an incredibly busy and productive year, and I firmly believe we have fulfilled our statutory duties while strengthening our collaboration with the North East & North Cumbria (NENC) Integrated Care Board (ICB). Our contributions to the Integrated Care System have been widely recognised as invaluable across the region.

We have continued to engage with residents both digitally and in person. This year reinforced an important lesson: effective communication is key. This was especially evident in our recent report on the University Hospital Tees, a collaborative effort with Healthwatch teams across Tees Valley, County Durham, and North Yorkshire. Further collaboration with the 12 North East Healthwatch groups resulted in a comprehensive report for the North East Ambulance Service, contributing to the review of the Trust's Clinical Strategy.

Our work has extended across several important areas, including Enter & View activities in nursing and residential care homes. We also published a detailed report on 'Home Care' and organised town-wide awareness events on key health issues such as the Hospital Group Model, the NHS 10-Year Plan, Women's Health, and Community Wellbeing. These initiatives wouldn't be possible without the valued support of North Tees & Hartlepool NHS Foundation Trust, Tees, Esk & Wear Valley (Mental Health) NHS Foundation Trust, North East Ambulance Service NHS Foundation Trust, Hartlepool & Stockton Health (HASH), and Hartlepool Council's Public Health team, who have helped us inform residents about available services in the area.

Mental health remains a top priority, and we proudly celebrated World Mental Health Day by partnering with numerous organisations for a highly successful & meaningful engagement event. Additionally, our G.P. Access resource has continued to be a valuable tool for both our partners and the wider community, helping residents connect with relevant services.

Our Volunteer Steering Group has remained highly active, meeting both in person and online to drive important work forward. Their commitment to learning has been evident in the many guest speakers they've welcomed across the Health & Social Care spectrum.

I would also like to express my heartfelt gratitude to our Board members, who dedicate their time so generously, as well as to our Chief Executive Christopher and the staff team. Their ability to adapt to the evolving Integrated Care Board landscape has been nothing short of remarkable.

Looking ahead, I am hopeful for continued progress and success in the coming year as we navigate the new NHS 10 year plan.

"Finally, a special acknowledgment to our incredible volunteers—Healthwatch Hartlepool wouldn't be the same without you. Your dedication is vital to our work, and in the year ahead, you will play a key role in monitoring our new programme that includes improving pathways for individuals living with Autism and/or a Learning Disability. Thank you for everything you do."

"Healthwatch Hartlepool would be nothing without our volunteers. We couldn`t carry out the much-needed work without them, thank you. Their task over the next year will be to monitor our new work programme that is currently out to consultation."

Jane Tilly
Chairman, Healthwatch Hartlepool

About us

Healthwatch Hartlepool is your local health and social care champion.

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

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

To make sure that people's experiences help make health and care better.

Equity

We listen with compassion, value every voice, and work to include those who are often left out. We build strong relationships and support people to shape the services they use.

Empowerment

We create a safe and inclusive space where people feel respected, supported, and confident to speak up and shape the changes that matter to them.

Collaboration

We work openly and honestly with others, inside and outside our organisations, to share learning, build trust, and make a bigger difference together.

Independence

We stand up for what matters to the public. We work alongside decision-makers but stay true to our role as an independent, trusted voice.

Truth

We act with honesty and integrity. We speak up when things need to change and make sure those in power hear the truth, even when it's hard to hear.

Impact

We focus on making a real difference in people's lives. We're ambitious, accountable, and committed to helping others take responsibility to make change happen.

Our year in numbers

Reaching out:

1393 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

47 people came to us for clear advice and information on topics such as **their discharge from hospital** and **G.P. Access for those living with a Learning Disability or Autism**.

We moved a great deal of our communications to digital. We had over 1000 interactions with our website **www.healthwatchhartlepool.co.uk** and had over 18,000 views. We published 162 articles on our website and our social media reach was up 230% from the previous year.

Championing your voice:

We published 9 reports about the improvements people would like to see in areas like **Womens ' Health, the NHS 10 Year Plan** and **Home care**.

Our most popular report was our report on the **North East Ambulance Service**, This report covered both their **key strengths** but also **areas requiring improvements** and was **viewed by 632 people.**

Statutory funding:

We're funded by **Hartlepool Borough Council**. In 2024/25 we received **£124,397,** which is **2%** more than the previous 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 Hartlepool. Here are a few highlights.

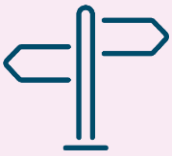
Spring

We sponsored and celebrated Dementia Awareness at Hartfields Retirement Village and had over 80 attendees.

We launched our engagement project on the Group model for both North & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

Summer

We presented all the work articulated in our Annual Report to Hartlepool's Health & Wellbeing Board.



We attended the Discharge Communication event organised by the Foundation Trust after publishing our findings regarding hospital discharge.

Autumn

We once again jointly hosted our information & signposting event to celebrate World Mental Health Day. Information from a range of our partners to over 200 people.

We supported North Tees & Hartlepool NHS Foundation Trust with their place-based inspections.

Winter

We held a lunch-time 'Learn & Listen' event with People First NHS Advocacy Service with a focus on Maternity & Neonatal.

We held a workshop covering the proposed NHS 10 year plan as part of our collaborative work with the North East & North Cumbria (NENC) Integrated Care Board and the other 13 Healthwatch across the NENC Integrated System.

Working together for change

Introduction to the work between the NENC ICB and Healthwatch

Throughout 2024 -2025 The Integrated Care Board (ICB) and Healthwatch have worked together to build robust relationships to improve health and wellbeing for everyone in our communities. This partnership aims to:

- **Enhance Health Services:** By working together, the ICB can better understand and address the health needs of our communities.
- **Promote Wellbeing:** The collaboration focuses on creating opportunities that support improved wellbeing, including mental health, physical health, and social care.
- **Reduce Health Inequalities:** The partnership aims to ensure that everyone, regardless of their background, has access to quality health services.
- **Engage the Community:** Healthwatch ensures feedback gathered from the public is escalated appropriately to help the ICB make informed decisions about health and care services.
- **Innovate and Improve:** Together, support the development of new and better ways to deliver health care, making it more efficient and effective.

This partnership is a significant step towards healthier, fairer, and more inclusive communities.

Working together for change

Our goal is to make sure people's experiences with health and care services are heard at the Integrated Care System (ICS) level and help influence decisions made about health and care services.

A collaborative network of local Healthwatch:

Building a Strong Healthwatch Network

We formed a network of 14 local Healthwatch groups to improve health and care services both regionally and nationally. Funding from our Integrated Care Board helped us build strong, meaningful relationships within this network, consistently adding value to the design of health and care services.

We have representatives from our network on local and regional strategic boards. These boards have robust reporting structures that support coordinated and effective engagement with our communities.

Our collaborative approach is recognised nationally as best practice.

Claire Riley OBE, Chief Corporate Services Officer, NENC ICB

Working together for change

Work carried out during 2024 - 2025:

Integrated Care Strategy

We received over 400 responses during our engagement period.

A review of the feedback showed that children and young people were under-represented.

Impact:

The ICB added a fourth goal: **"Giving children and young people the best start in life."** This goal increases the focus on people of all ages throughout the strategy.

ICB Involvement Strategy

Refreshing the ICB Involvement Strategy

Healthwatch spoke with over 100 people to help update the ICB Involvement Strategy.

Impact:

Based on their feedback, the ICB has updated its principles to include:

- Meaningful involvement
- Removing barriers
- Listening to feedback

We also helped create a shorter, easier-to-read document and a workplan based on these new principles, including ways to measure success.

Working together for change

Access to dental care

Listening to People's Dental Care Challenges

Over 3,800 people shared their views with us.

We engaged with people across the region to understand the difficulties they face in accessing dental services. We used various methods, including surveys, mystery shopping, general conversations, and one-on-one interviews at Darlington Urgent Dental Access Centre (UDAC).

The ICB has provided the following response

Improving access to dentistry will not be a quick fix but we are working on it, our key focus areas are;

- Stabilising services - additional investment including incentivised access, additional dental out of hours treatment capacity and dental clinical assessment workforce/triage capacity.
- Funding available to deliver a new model of dental care via Urgent Dental Access Centres and provide additional general dental access.
- Working with 'at risk' practices to identify and address financial issues of delivering NHS dental care.
- Working with local dental networks and NHS England North East Workforce Training and Education Directorate to improve recruitment, retention, training and education across the region.
- Developing an oral health strategy to improve oral health and reduce the pressure on dentistry.

We are continuing to work closely with the ICB as new ways of working are developed.

Working together for change

The big conversation: Women's Health

Listening to Women's Health Needs

We spoke to nearly 4,500 people and held six focus groups with women who face extra health challenges. We wanted to understand what matters most to them and their priorities.

What We Learned:

- Mental health and wellbeing
- Healthy ageing and long-term conditions (like bone, joint, and muscle health)
- Menopause, perimenopause, and hormone replacement therapy
- Screening services (like cervical, breast, bowel, and cancer screenings)
- Menstrual and gynaecological health

Impact:
We're now working with our partners to create a "Woman's Promise." This will help women, health professionals, and others understand and support women's health needs and rights.

Change NHS:

We supported engagement for the NHS 10 Year Strategy, delivering over 17 workshops throughout North East & North Cumbria including people from an ethnic minority, people with a learning disability and/or autism and young people.

Our commitment to working in partnership with Healthwatch and being open and transparent in our interactions will continue. We value greatly the contribution of the partnership across the region. We should all be rightly proud of what we have achieved to date, and I look forward to seeing this work progress as we enter the next phase of the ICB.

Sam Allen, Chief Executive at North East and North Cumbria ICB

Working together for change

North East Ambulance Service clinical strategy engagement:

Gathering Feedback to Improve NEAS Services

Over 1,700 people shared their valuable feedback. 12 Healthwatch groups in the North East, along with VONNE, engaged with the public and patients as part of the NEAS clinical strategy review. This work will be ongoing throughout 2025-2026.

Key Strengths:

Compassionate and professional staff	Community involvement
Patient Transport Services	Effective emergency care

Areas for Improvement:

Response times	Mental health support
Communication transparency	Resource and staffing limitation
Coordination with other services	

Raising Voices Together:

To showcase the work carried out by the NENC Healthwatch network, all 14 local Healthwatch came together. We shared experiences and learning, highlighting how local engagement has made an impact both regionally and nationally. This gathering helped strengthen relationships, with a commitment to continue collaborative efforts.

Claire Riley, Chief Corporate Services Officer, emphasised that our efforts have ensured that citizen voices are embedded within the ICB at every level of decision-making. She stressed the importance of involving and engaging with communities in any changes and developments. Claire also highlighted the need for consistent, long-term funding to build on our success and ensure people's voices are heard and acted upon.

Chris McCann, Deputy CEO of Healthwatch England, supported Claire's views on the power of the network. He expressed the ambition for Healthwatch nationally to develop strong systems of work, using NENC Healthwatch as a model for best practice.

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

Working together for change

"The effective way that Healthwatch Network has engaged with the North East and North Cumbria ICB is extremely impressive. By working with other Healthwatch across their ICB footprint in establishing strong relationships within their ICB, they have ensured that the voice of the public is heard at every level of decision making in their region.

"They are to be commended on their exemplary approach which means that views of users, families and carers are taken into account by health and social care partners across the North East and North Cumbria ICS."

Chris McCann, Deputy Chief Executive, Healthwatch England."

Working together for change

Developing Our Shared Values Across Our NENC Network

We know the importance of collaboration, together we created these values by talking, listening, and learning from each other. Everyone has a voice—our team, our partners, and the people we support. These values are important to us because they reflect what we believe in and how we want to work: with kindness, honesty, and a real drive to make things better for everyone.

Equity

We listen with compassion, value every voice, and work to include those who are often left out. We build strong relationships and support people to shape the services they use.

Empowerment

We create a safe and inclusive space where people feel respected, supported, and confident to speak up and shape the changes that matter to them.

Collaboration

We work openly and honestly with others, inside and outside our organisations, to share learning, build trust, and make a bigger difference together.

Independence

We stand up for what matters to the public. We work alongside decision-makers but stay true to our role as an independent, trusted voice.

Truth

We act with honesty and integrity. We speak up when things need to change and make sure those in power hear the truth, even when it's hard to hear.

Impact

We focus on making a real difference in people's lives. We're ambitious, accountable, and committed to helping others take responsibility to make change happen.

Working together for change

What's Next?

Newcastle University asked the Healthwatch NENC network to help with a funding bid to research NHS workforce shortages. These shortages affect staff wellbeing and patient care, especially in underserved areas.

The Healthwatch Network agreed to be a co-applicant for the bid to the National Institute for Health & Social Care Research (NIHR). In 2024, we were thrilled to learn that our bid was successful! We now have a £5 million NIHR Workforce Research Partnership, led by Newcastle University's Medical Education team, to tackle this urgent issue.

Our Focus:

Primary care and maternity services in remote and deprived areas, where staff face intense pressure and fewer resources.

Our Approach:

We are working directly with staff, patients, educators, and policy leaders to co-design solutions that make a real difference.

This Partnership Includes:

- Researchers from Newcastle, Northumbria, Oxford, Birmingham, and York
- NHS leaders and Integrated Care Boards
- Healthwatch and public advisors
- Design experts to turn insights into action

Our Goals:

- Better working conditions
- Reduced staff turnover
- Improved care in underserved areas
- Smarter, more inclusive workforce planning

Working together for change

Shaping Outcomes Together

These outcomes won't be decided from the top down. Instead, they'll be shaped through ongoing collaboration with those delivering and receiving care.

Partnership Details:

- The Partnership will run for 5 years, and we'll share our learning along the way.
- If you work in primary care, maternity, or workforce planning, or live in an underserved area, contact the Healthwatch Network to get involved.
- Look out for the launch of the Partnership's social media in the coming months.

Special Thanks:

A huge thanks to our amazing co-leads, Professor Gill Vance and Dr. Bryan Burford, whose leadership and commitment have brought this Partnership to life.

Read more about the Partnership launch here: Multi-million-pound investment tackling healthcare workforce challenge

"Underserved areas are likely to be on the sharp end of challenges to workforce sustainability, and so are priorities for research."

Professor Gill Vance

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 **Hartlepool** this year:

Creating empathy by bringing experiences to life

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

Healthwatch Hartlepool is an integral part of the Hartlepool Lived Experience Forum. Our Patient & Public Engagement Officer is on hand at each meeting. This gives people a way of formalising any concerns that they share within the forum if they wish too, which supports forum members to have a voice. Also, by having Healthwatch on the Forum's standard agenda allows time for Healthwatch to update members of our work, which gives forum members the opportunity to be involved in activities that they have experience of, e.g. the Community Wellbeing Event, which gave a voice to people with lived experience of poor mental health.

"We love having Healthwatch as a member of our forum, as together we can support people with lived experience of poor mental health to use their knowledge and expertise to help services be the best they can be."

Catherine Wakeling
Starfish Health and Wellbeing

Getting services to involve the public

By involving local people, services help improve care for everyone.

We worked with the University Hospital Tees on a comprehensive engagement exercise to ensure every resident had the chance to share their opinions on the proposed Group Model for North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trusts.

"We commit to running ongoing engagement exercises to strengthen our accountability to our local population and to ensure that we are effectively embedding our community voices into the design and development of our future services."

Stacey Hunter
Chief Executive of University Hospitals Tees

Making a difference in the community

Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

In 2024, we ran a follow-up engagement exercise to further examine people's experiences of 'Discharge' from North Tees hospital. This included visits to the Discharge Hub where we were to learn about patient pathway and whether we could document improvements. Thanks to what people shared, we've been able to give valuable insight to the University Hospital Tees and jointly agree key actions within their improvement plans.

From left to right Carol Slattery Admin Officer, Michael Booth Volunteer and Stephen Thomas Development Officer

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.

Listening to your experiences

Championing community concerns to examine Home care: delivering personal care and practical support to people living in their own homes

Last year, we received feedback from care service users and their families about the Home Care service in Hartlepool.

Given the UK's aging population, pressure on NHS services and shortage of hospital beds we felt it was timely and incredibly important to examine the Home care services that so many people rely on in Hartlepool.

What did we do?

In recent years there has been considerable coverage of the many challenges facing the social care sector. The focus is often on residential care, but it is clear that similar challenges are equally prevalent in the provision of home care. It is some years since Healthwatch Hartlepool last focused on this area of care provision. During this time Hartlepool Borough Council has refreshed its Adult Social Care Commissioning Strategy which says

"We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us."

For many residents of Hartlepool who have physical disabilities, learning disabilities, dementia or a range of lifelong health conditions, home care is a vital element in meeting this aspiration, and being able to live safely in one's own home.

We conducted a comprehensive study to –

1. Ensure that peoples' experiences of receiving home care services is captured, and that this lived experience is made available to service providers and commissioners of home care services.

2. Identify and promote areas of good practice in home care service provision and highlight areas in which users of home care services feel change or improvement is required.

3. Gain insight into the challenging climate in which home care services are commissioned and delivered, with the backdrop of increasing demand, workforce recruitment and retention issues and ever-present financial pressures.

Many people who use home care services can be difficult to reach as due to their health condition they spend very little time away from their home. We therefore adopted the following approaches to gain insight –

- Developed a service user survey which was promoted widely via the Healthwatch Hartlepool website, and also shared on partner organisation websites, including Hartlepool Carers and the Penderels Trust.
- Visited local community groups in Hartlepool that support and work with people with health conditions and disabilities to promote the survey and conduct focused discussions.
- Promoted the survey via local social work teams.

Listening to your experiences

Key things we heard:

33%

33% of those who completed our survey told us that their care worker frequently changes and sometimes they haven't previously met the carer who attends.

25%

25% of those who completed the survey told us their care worker did not routinely wear a uniform or carry ID.

We didn't ask people to specify health conditions, but reference was made to a variety of issues, including physical disability, learning disability, diabetes, COPD and dementia, all of which had contributed to the persons need for home care services. A variety of funding arrangements were identified, ranging from fully funded care provision through to the individual paying the full cost of the care services they received. Some people also received a personal budget or direct payment through which all or part of the cost of their care service was paid for.

Several family members who had arranged care provision for a parent told us that the funding process which includes a means test, was complicated and information had been difficult to access. One person told us that they had looked on the Hartlepool Borough Council website, but had found information on home care had been hard to find and once found not very helpful. Most of those who returned surveys received their care service from either Dale Care or Vestra Home Care who are both commissioned by Hartlepool Borough Council. Two people also told us that they received their care from Elite Home Care Services.

As one would expect, a wide range of care services were referred to, with the most frequently mentioned being assistance with meals, dressing and showering or bathing. Other frequently mentioned services included assistance with medication and getting up or going to bed. The duration of home care visits was mainly between 15 and 45 minutes. Only 1 person said that their visit was completed in under 15 minutes.

Over a third of people told us that their carer workers often do not arrive on time for their visit. Some told us that this was only by a few minutes, but others said that it was not unusual for their care worker to be up to one hour late. People told us they usually don't receive any notice when this happens, which can lead to anxiety, upset and disrupt the implementation of the individuals care plan. Some people also told us that communication from their care provider when changes to the delivery of their care services routines occur is poor, and the first they know about changes is when they happen. However, most of those who returned the survey felt that they, and their family had been involved in the development of their care plan and in identifying care requirements. We were also told that care plans are regularly reviewed with social worker involvement and input from family members.

Listening to your experiences

Key things we heard:

Almost 90% of those who returned the survey told us that their care worker always treated them with dignity and respect. We received many positive comments about the friendly, caring and supportive nature of care workers, and understanding of the difficulties they often face in fulfilling their roles. Another common theme was that many people felt that their care workers were not allocated enough time and consequently were always rushing to complete tasks.

Some concerns were raised that occasionally staff had left before all care tasks had been completed. Others felt that they would like to be able to chat more as their care worker was one of the few people they saw each day. When asked if they were aware of how to make a compliment or complaint around 30% told us that they didn't know how to, and a similar number felt that when they raised a concern with their care provider they were often not listened to, and consequently no action was taken to resolve the issue.

When asked to rate the quality of the care they received, half of those who responded rated their care as either 8/10, 9/10 or 10/10. 15% of people rated their experience between 2/10 and 5/10. The overall average score was 7.6.

Christine Fewster, Chief Executive Officer of Hartlepool Carers told us:

"Hartlepool Carers work with families throughout our town to ensure unpaid carers have access to support at the right time. Completing carers assessments on behalf of the Local Authority we hear direct from families who receive care within their homes. The messages we hear are inconsistent, with areas of good practice as well as areas for improvement. Some families share that agencies and their teams go above and beyond to help."

One carer said 'My mother-in-law was on end of life, we received 3 calls per day, the girls that looked after her were exceptional, went above and beyond to support us all, working professionally and maintaining my mother in law's dignity at all times, we will be forever grateful'

However, we hear in some cases, families cancelling packages of care due to support not being at times that are suitable for them. Some families also shared that the option for direct payments, enabled them to independently employ support workers to help within their homes, these families were complimentary with the flexibility and control they had over their own care.

Overall, we have seen a reduction in concerns being raised and we work closely with partners to ensure people have support to live as independently as possible within their own homes."

What difference did this make?

Healthwatch Hartlepool are working closely with Hartlepool Borough Council on a range of recommendations:

1. When care workers are running more than 15 minutes late, the next person to receive care should be contacted and advised of the likely time of arrival to avoid anxiety and distress on the part of the cared for person, and risks associated with late/missed visits minimised. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.11 – NICE Guideline Sept 2015)

2. Care providers must ensure that communication with those receiving care is robust and when changes to care arrangements are proposed, the cared for person is fully aware of proposals and has been properly consulted about any new care arrangements. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.3.10 – NICE Guideline Sept 2015)

3. Care providers must ensure that those receiving care are informed and periodically reminded of the ways in which complaints/compliments can be made. Procedures should also be available on the care organisations website. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.4, 1.4.5,1.4.6 – NICE Guideline Sept 2015)

4. Identification badges should be always worn by care workers whilst on duty.

5. Care providers should ensure that as far as is practicably possible cared for people are familiar with the person providing their care services and have been introduced to the individuals who will be providing their care in future. This, and general communication should be overseen by a care co-ordinator. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.7 – NICE Guideline Sept 2015)

6. As part of induction and ongoing staff development processes, all care workers should undertake training which enables them to recognise and respond appropriately to conditions such as dementia, physical and learning disabilities and sensory loss. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.7.4 – NICE Guideline Sept 2015)

7. When carers are regularly running late between appointments, appointment timings should be reviewed to ensure enough time has been allocated to cover completion of care tasks and travel time. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.1 – NICE Guideline Sept 2015)

8. Hartlepool Borough Council should review the accessibility and content of home care related information on its website and consider introducing financial guidance in line with the NHS example shown in Appendix 1 of our published report available via www.healthwatchhartlepool.co.uk (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.2.1 – NICE Guideline Sept 2015)

9. Social care providers should liaise with Hartlepool Borough Council social workers if a person receiving home care is isolated and has said that they would like more opportunities to socialise.

Hearing from all communities

We're here for all residents of Hartlepool. 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:

- Supporting the launch of a new group in Hartlepool – The 1492 Brain matter injury support group. We have attended the monthly meetings and offered advice and guidance in this endeavour.

"The establishment of the "1492" post discharge brain injury service, was born out of my own 35 year battle post brain injury, to achieve a desirable quality of life. I feel that if at the start of my marathon journey, I was signposted to the services I required, I would have achieved so much more! The overriding goal of the group is for brain injury survivors and their carers, to meet up monthly over a friendly cup of tea or coffee to chat about and discuss available options for progression. I believe that if such an option had been available to me, I would have fared far better in my recovery."

Jonathan Purnell
Advocate Proposer of the 1492 bespoke post discharge brain injury group

- Held a range of engagement drop-in session with people struggling with socio-economic deprivation. These drop-ins have occurred at the Central Hub and the Salaam Centre to name but a few.
- Through all of our work we have made sure that the voices from your local community have been heard by local NHS leaders and Integrated Care Systems. This is evident through our collaborative work to refresh the ICB Involvement Strategy and listening to peoples dental care challenges.

Hearing from all communities

Seeking the views of Hartlepool residents on the Government's NHS 10 year plan consultation.

In November 2024, the government launched 'Change NHS: help build a health service fit for the future', with the aim of getting as many people as possible involved in informing their 10 Year Health Plan for England.

On 28th January 2025, Healthwatch Hartlepool facilitated a workshop which gave the public the opportunity to take part in the biggest ever national conversation about the future of the NHS.

What difference did this make?

Our information together with the feedback from all other workshops across the North East & North Cumbria (NENC) Integrated Care System have been submit to Government to help shape the new NHS 10 Year Plan. Our engagement work was delivered at 'place' and included specific workshops for the seldom heard including Children & Young People, those living with a Learning Disability or Autism and those from the ethnic minority communities. Our work will also help shape a refresh of the Integrated Care Strategy

Helping promote a Dementia Friendly Hartlepool.

Healthwatch Hartlepool actively participates in Dementia Action Week and last year we sponsored a social evening at Hartfields Retirement Village and worked alongside partners such as the Joseph Rowntree Housing Trust and The Bridge – Hospital of God. We are an active participant in the associated planning group and also the Dementia Friendly Hartlepool Steering Group.

What difference did this make?

Our work culminated in a range of activities for anyone with a dementia diagnosis, their families and friends. Activities included a multi-generational dementia awareness event, a reminiscence coffee afternoon, and walks at the Summerhill Visitor Centre.

'The Joint Dementia Steering Group is leading the co-production of Hartlepool's first town-wide Dementia Strategy. The completed strategy will be presented to Hartlepool's Health and Wellbeing Board later this year. Key partners, including health and care service commissioners and providers, will then formulate delivery plans and a monitoring framework.'

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year over 1000 people have reached out to us for advice, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

Tony Leighton Healthwatch Patient & Public Engagement Officer

Information and signposting

Community Wellbeing

On the 24th of March 2025, Healthwatch Hartlepool, working in partnership with the Tees, Esk and Wear Valley (TEWV) Mental Health Foundation Trust, held a Community Health & Wellbeing Engagement event in the Council Chamber, Hartlepool Borough Council.

The event was attended by over 50 people, including members of the public, along with both statutory and VCSE organisations from the local area. Our event provided an opportunity to listen to presentations from various clinicians and directors from TEWV, which was then followed by a Question & Answer session.

The event was extremely well received by all that attended, comments included:

> *"It was a brilliant event with lots of interesting, relevant information"*
>
> *" Really good event, answered lots of questions and a really good opportunity to network."*

Complaints Advocacy

Healthwatch Hartlepool works collaboratively with People First Advocacy service. This is an NHS Independent Complaints Advocacy service. We signpost residents if they feel they have not had the service they expect from the NHS and want to complain. Over the last year the majority of referrals into this service came from Healthwatch Hartlepool. These NHS complaints cover care and treatment in respect of hospitals, GP's, dentists, pharmacies, opticians and NHS funded care homes.

'The long-standing partnership we have with Healthwatch Hartlepool is invaluable, we work closely with the Team supporting Hartlepool residents with NHS complaints and also raising awareness about the benefits of the advocacy service on offer . This close working relationship has allowed us to ensure all referrals to the advocacy service are dealt with quickly and efficiently, this enables the residents of Hartlepool to receive a swift, seamless service.

Information and signposting

We also value the opportunity to attend local events arranged by the Healthwatch Team and this recently included an opportunity for us attend a lunchtime briefing session, which offered a great platform for networking with other local organisations, to ensure that NHS Complaints Advocacy reaches the people that need it. This session also gave People Frist the opportunity to promote the new maternity and neonatal advocacy service, which supports people to have their voice heard throughout investigations and complaints into care received in maternity and neonatal departments '."

Sue Ewington NHS Complaints Advocate – People First

Healthwatch Hartlepool Coffee Mornings

Healthwatch Hartlepool has continued to build on the success of it's virtual coffee mornings. We strive to be as inclusive as possible in the ways in which we communicate with and provide information to residents in Hartlepool. For some people, attending meetings in person can be challenging so we have continued to hold regular virtual coffee mornings. This gives various health, care and community & voluntary sector service providers the opportunity to talk about services and developments to an audience they otherwise would not reach. It can also provide a secure setting, in which a difficult issue can be discussed in a sensitive and supportive environment.

Example -

Following enquiries received about the Do Not Attempt Cardio-Pulmonary Resuscitation, Zoe Booth, Lead Nurse for Palliative and End of Life Care at North Tees and Hartlepool, attended a virtual coffee morning to discuss DNACPR. She explained that cardio pulmonary resuscitation (CPR) is an emergency treatment, which can sometimes restart the heart and breathing but is not appropriate in all cases. For example, if someone is coming to the end of their life because of an advanced and irreversible illness, their heart and breathing should be allowed to stop as part of the normal process of dying. She advised about various aspects of DNAPCR, dispelled common myths and answered questions on the topic. She shared the importance of raising public awareness about discussing DNACPR and crucially that a DNACPR discussion or document does not mean that treatment and care will not be given.

Other Contributors at virtual coffee mornings have included –
Neil Harrison – Adult Services (Hartlepool Borough Council)
Catherine Wakeling – Starfish Health and Wellbeing
Abigail Ray – Public Health – (Hartlepool Borough Council)
Jane Harvey – Community Pharmacy – (Tees valley)
Joan Stevens – Health Scrutiny – (Hartlepool Borough Council)

Together with our in-person events, workshops and regular newsletters, our virtual coffee mornings will continue to play an important part in our developing communication and engagement approaches.

Showcasing volunteer impact

Our fantastic volunteers have given many hours and days to support our work. They provide Healthwatch Hartlepool with a rich mix of talent and 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:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve

"Presentation of cheques with Stagecoach to The Haven and LilyAnne's from the funds raised for World Mental Health day."

Showcasing volunteer impact

"My name is Bernie Hays and I am a volunteer with Healthwatch Hartlepool.

Volunteers with Healthwatch Hartlepool come from all walks of life. They come from having the experience of supporting a family member or friend or just having that compassion to listen and support when needed.

My own experience has been working as a bus driver/inspector. Then at 46 years of age I then went on to work for the NHS and trained as an Occupational Therapist.

Just like myself, they also may be at retirement age and just want to continue to remain active and be involved as and when able. To talk to people and work as part of a team and have that support when needed.

As a volunteer I have been involved and visited Care Homes completing Enter & View visits, meeting the staff, residents, carers and family members. Following the visits, the Enter & View team gather all the information together and put a report together based on all the factual information received.

I have also been involved in Discharge Planning of our local hospitals. This has involved speaking to staff, patients who are ready for discharge on the day and their family members.

Each year on October 10th it is World Mental Health Day. Hartlepool Healthwatch with the support of Hartlepool Borough Council and other organisations and volunteers support this event.

It takes a lot of organising, and in October 2024 the venue had to be changed. I arranged with Stagecoach Hartlepool, who kindly supported the event providing a free bus for the local community. They also had collection buckets on the buses for a number of weeks and raised almost £500 for two local town charities.

I must not also forget I managed to get a retired nurse to come along who sang a few songs and brought that community spirit together."

Bernie Hays
Older People representative
Volunteer Steering Group

Showcasing volunteer impact

"The last year has seen some rewarding times and some changes.

I am the mental health lead for Healthwatch Hartlepool and also a public governor for the Tees, Esk Wear Valley (TEWV) Mental Health Foundation Trust. I have also been the Chair of the Hartlepool Mental Health Forum. As the local mental health organisations have evolved and taken on wider responsibilities, it was decided that the role of Forum would also change, it would focus on World Mental Health Day, and any associated events. To promote and inform the people of the local and national mental health services.

The new planning group is a collaborative of Hartlepool Healthwatch and the Local Authority with support from various other organisations and volunteers.

We held our Annual World Mental Health Day event on October 10th at the Centre for Independent Living. This was a new venue and was very successful. There were the usual activities, plus some new, such as the Wellbeing Champions Awards for young people. We had the honour of welcoming the Mayor and Consort and our local Member of Parliament. I must convey my many thanks for the support of the local people, and enthusiasm of so many organisations, which made for a very busy but informative and successful day

In March we held a community Wellbeing Event. The TEWV Mental Health Foundation Trust brought a team of specialist officers who came and addressed the meeting with several presentations and discussions about the present and future of mental health services in Hartlepool and its surrounding areas. It was well received and thanks to all those involved. We hope to repeat this at some future date.

So, October 10th, 2025.World Mental Health Day event is booked, look for the publicity.

To everyone who has supported us, especially our very valued volunteers and all the people and organisations, Thank you."

Zoe Sherry
Mental Health representative
Volunteer Steering Group

Showcasing volunteer impact

Volunteering with Enter and View

In 2024/25 Healthwatch Hartlepool undertook 4 visits to care homes in Hartlepool, Merlin Manor, Sheraton Court, Brierton Lodge and West View Lodge. Each visit was carried out by a team of staff and volunteer visitors, all of whom had completed Healthwatch Hartlepool's Enter and View training programme and undertaken a DBS check.

Each E&V visit is unique, depending on the place visited (Care home, hospital, surgery, pharmacy) and the reasons or circumstances which have led to the visit taking place. However, as Enter and View visits have been part of our core Healthwatch remit for many years now, consequently, their preparation and execution follows a tried and tested pathway.

A visit may be undertaken as a result of concerns raised about the quality of a service, poor patient/resident experience or in some cases, feedback indicating outstanding practice, which through our report we hope to highlight and share. Visits can also be focused on a particular theme, such as Dementia care and provide feedback and insight into a wider piece of work within our workplan.

The four reports which followed our visits to Merlin Manor, Sheraton Court, Brierton Lodge and West View Lodge all reflected the feedback we received from residents, staff and family members, and each report contained recommendations based on our findings and observations.

Enter and View group member Margaret Wrenn, who was lead visitor on several of the visits said of her experiences –

"I enjoy meeting people who are using the services available to all in our Community. It is enlightening to listen to the compliments, complaints and concerns which arise in our conversations with users of the services and their relatives. (In the case of a Care home visit, sometimes the resident's opinion differs with that of their relative when asked the same question, and naturally both answers are expressed in our finished reports).

We have been working together as a group for quite some time now and each have our strengths, which come to the fore in every visit, so the information which is collected, is as factual, comprehensive, and concise as possible".

Our reports are shared with the service provider, commissioners, CQC and Healthwatch England, and the service visited is always invited to provide a comment on our findings and recommendations which is included in the final report."

"I would like to thank the Healthwatch team for the respect shown to the Home, residents, relatives and staff during their visit."

Hollie Rhodes – Manager Sheraton Court Care Home

Showcasing volunteer impact

Finally, it is always rewarding when our visits help to improve standards, make positive changes to service provision and promote and share good and innovative practice. The high regard and respect with which our visits are viewed by commissioners and partners organisations is reflected in the testimonial below:

"From a social care perspective, Enter & View visits are a really useful tool that Healthwatch carry out. These visits allow discussions with people using services and allow an independent observation of services being delivered on the ground in social care settings. They have the potential to highlight areas where improvement or changes are required, but they can also show good and innovative practice, which can be shared with others. The learning from these visits is invaluable and has been used in the past to help make a real difference to people receiving these services every day."

Trevor Smith
Head of Commissioning (Adult Services)
Hartlepool Borough Council

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.healthwatchhartlepool.co.uk
0800 254 5552 | 07749688795
yoursay@healthwatchhartlepool.co.uk
Facebook.com/HealthwatchHartlepool

Finance and future priorities

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

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£124,397	Expenditure on pay	£127,545
Additional income	£47,836	Non-pay expenditure	£21,480
		Office and management fee	£8,040
Total income	**£172,233**	**Total Expenditure**	**£157,065**

Additional income is broken down into:

- £9,500 from the North East Commissioning Support unit for a project 'Growing Older Planning Ahead' for people living with a Learning Disability over the age of 40.
- £9,500 from the North East Ambulance Service (NEAS) for our work to review their Clinical Strategy.
- £200 Donation from Hartlepower C.I.C. for World Mental Health day.
- £200 Donation from the PFC Trust for World Mental Health day.
- £263 from CQC bursary for Healthwatch England event
- £119 refund on bank charges

Integrated Care System (ICS) funding:

Healthwatch across the North East & North Cumbria also receive funding from our Integrated Care Board (ICB) to support new areas of collaborative work at this level, including

Purpose of ICS funding	Amount
Regional Coordinator	**£23,804**
Intelligence gathering and monitoring	**£3,500**
Womens Health	**£350**
NHS 10 year plan	**£400**

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of Hartlepool, 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. Healthwatch Hartlepool would like to work with Hartlepool Borough Council, Inclusion North Tees, Esk & Wear Valley (Mental Health) NHS Foundation Trust and the ICB to examine the patient pathways involved in Annual Health checks for those living with a Learning Disability and/or Autism. This piece of work is currently in its infancy, but we are hoping to examine the communications strategy around appointments, access and associated Health Plans. It is very much hoped this piece of work in Hartlepool can be a pilot within the Tees Valley and feed into the work of the ICB more broadly.

2. To complement our work, we shall be undertaking planned visits to the University Hospital Tees to examine cardiovascular patient pathways and transfers of care. Other visits will be based around Primary Care with a focus on access and improvements.

3. Our third strand of work will be working alongside the ICB – Our focus will be based around the findings of our engagement into the NHS 10-year plan. Working with the ICB we hope to undertake further engagement around delivery of the plan whilst examining those areas within the plan that we can influence with regards to improving population health. In addition to this work, we shall be looking at the ICB's Primary Care Access Recovery Plan and what resources could be utilised by Healthwatch to enhance access.

Statutory statements

Healthwatch Hartlepool CIO holds the local Healthwatch contract.
Healthwatch Hartlepool CIO uses the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.
Charity Number: 1165402

The way we work

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

Our Healthwatch Board consists of 5 members who work voluntarily to provide direction, oversight, and scrutiny of our activities. We also have a Volunteer Steering Group that oversees the delivery of our work programme.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met 8 times and made decisions on matters such as endorsing our submission to Healthwatch England regarding the Quality Framework and receiving updates on our 'Enter & View' activity. We ensure wider public involvement in deciding our work priorities.

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 2024/25, we have been available by phone, text and email, provided a web form on our website and through social media, and attended many meetings of community groups and forums.

Two groups that have proved to be of significant importance is our attendance at the North Tees & Hartlepool NHS Foundation Trust's Patient Carer Experience Council and the People with Lived Experience Group.

"At a time of great change in health and care services we would like to thank Healthwatch Hartlepool for their continued support and input to both our patient carer experience council and people with lived experience group. We have particularly appreciated the way in which relevant key information has been shared and reported back, not only through these meetings but also from the support provided to the PLACE visits held within the Trust. The valuable suggestions and feedback from the representatives who attend these visits in person, often contribute to positive changes being made. This crucial partnership role has also enabled us in these groups, to hear clearly the voices of the population of Hartlepool, ensuring that we use that feedback when considering the needs of the locality in any improvement work that we undertake in the Organisation."

Melanie Cambage RN DN QN PNA
Group Deputy Director of Patient Experience and Involvement
University Hospitals Tees

Statutory statements

Responses to recommendations

We only had 2 providers who did not respond to requests for information or recommendations. This is a significant improvement on the previous year when 14 providers failed to respond. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

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 Hartlepool, we take information to:

- The Health & Wellbeing Board
- Audit & Governance
- The Health & Wellbeing Alliance

We also take insight and experiences to decision-makers in the North East & North Cumbria (NENC) Integrated Care Board. We hold a place on the ICB Place sub-committee and share our work on a quarterly basis. Our Chief Executive is also a member of the Integrated Care Board and a member of the Strategic Integrated Care Partnership in his role as Regional Coordinator for the NENC Healthwatch Network.

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

Healthwatch representatives

Healthwatch Hartlepool is represented on the town's Health and Wellbeing Board by our Chair of the Healthwatch Volunteer Steering Group Margaret Wrenn and our Chief Executive Christopher Akers-Belcher.

During 2024/25, our representative has effectively carried out this role by providing details of the Healthwatch work programme, collaborating on the review of the Pharmaceutical Needs Assessment and raising the concerns of residents in respect of Mental Health in-hospital provision.

Healthwatch Hartlepool is represented on North East & North Cumbria (NENC) Integrated Care Board and Strategic Integrated Care Partnership by our Chief Executive Christopher Akers-Belcher. Other positions held within the Integrated Care system are on:

- Primary Care Strategy & Delivery sub-committee.
- Healthy & Fairer Advisory Group
- Patient Voice Group
- Quality & Safety Committee
- System Quality Group
- Equality and Diversity
- Ethics committee

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Merlin Manor Care Centre	Review progress on previous visit December 2023	Wrote a report with recommendations including acknowledgement of the developments that have taken place since our last visit.
Sheraton Court Care Home	Gain insight into care provision with a particular focus around dementia	Wrote a report with recommendations including reference to accidents/incidents must be recorded in a timely manner.
Brierton Lodge Nursing Home	To observe and gauge any improvements since our 2019 visit. Focus on support afforded residents living with dementia	Wrote a report with recommendations including the need to record visitors and the requirement to record falls/injuries immediately. Also to encourage the use of the 'This is me' booklet with families and staff.
West View Lodge Care Home	Focus on care provision in the care home including intermediate care	Wrote a report with recommendations including highlighting the facility is not a good location for those with drug/alcohol dependency

Statutory statements

Training & Development

Healthwatch Hartlepool has a deep commitment to continuous improvement and for this reason we invest in our staff and volunteers.

During 2024/25 we continued to provide a wide range of training and developmental opportunities to volunteers and staff. The aim of our training offer is two-fold, to address identified organisational requirements, and to provide personal and skills-based development opportunities.

This year saw a focus on the recruitment and development of our new volunteers and the development of our in-house IT capabilities, which are both reflected in the training that was accessed and delivered over the course of the year.

Summary of Key Training and Development Events 2024/25

New Volunteer Induction Training – (7 x 1:1 sessions)

Enter and View Refresher Training – (1 session x 7 participants)

Introduction to Enter and View – (4 x 1:1 sessions)

Smart Survey Training – (3 sessions x 2 participants)

Data Upload and Management Training (3 sessions x 2 participants)

Disability Awareness Training – (2 sessions, x 2 participants)

Challenging Health Inequalities (1 session x 1 participant)

Dementia Awareness (1 session x 8 participants)

Sensory Loss and Communication (1 session x 2 participants)

Equality, Diversity and Inclusion – (2 sessions x 2 participants)

Disability Awareness – (2 sessions x 2 participants)

Modern Day Slavery Awareness Training – (1 session x 5 participants)

Young Adults Mental Health – (1 session x 1 participant)

Mental Health and Deafness – (1 session x 1 participant)

North Tees and Hartlepool Hospital Trust Discharge Workshop – (1 session x 8 participants)

CQC Intermediate care Workshop – (1 session x 3 participants)

Improving Dementia Care Skills (Teepa Snow) (1session 2 x participants)

healthwatch

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Service Profile

Provided at the University Hospital of Hartlepool

NHS
North Tees and Hartlepool
NHS Foundation Trust

Diagnostic services

CARDIOLOGY
24-hour tapes
Echocardiogram
Electrocardiogram (ECG)
Myocardial perfusion scans
ENDOSCOPY
Bowel scope
Bowel screening
Colonoscopy
Endoscopy
RADIOLOGY
Bone density scan (Dexa)
Breast diagnostics and screening
Computed tomography (CT) scanning
Magnetic resonance imaging (MRI)
Nuclear medicine
Obstetric ultrasound
Plain film
Ultrasound
OTHER TESTS
Elderly care tilt testing (syncope)
Lung function
Parkinson's disease - DaTscan imaging technology

Inpatient/day case services (Routine and cancer services)

INPATIENTS
Breast surgery
Foot surgery
Hand and wrist procedures
Hip replacements and revision surgery
Knee replacement and revision surgery
DAY CASE
Arthroscopies
Breast procedures
Colorectal procedures
Gynaecology procedures
Hand and wrist surgery
Hernias
Laporoscopic cholecystecomy
Pain services
Specialist sport surgery
Urology procedures
Vascular procedures (outreach service)
DAY CASE SERVICES
Chemotherapy
Elderly care rehabilitation
Haematology
Rheumatology
PAEDIATRIC SERVICES
General surgery
Orthopaedic
Urology

Outpatients (routine and cancer services)

MEDICAL SPECIALITIES
Cardiology
Diabetes
Elderly
Endocrinology
Gastroenterology
General medicine
Haematology
Oncology
Parkinson's
Respiratory
Rheumatology
Stroke
SURGICAL SPECIALITIES
General Surgery
- General surgical
- Rectal bleed
- Endocrine (thyroid)
- Teeswide breast service (suspected cancer)
- Upper gastrointestinal

Othopaedic
- Hand and wrist
- Joint replacement (hip and knee)
- Upper limb

Urology
- Bladder dysfunction
- Erectile dysfunction
- General urology
- Prostrate assessment

WOMEN AND CHILDREN'S
Assisted reproduction unit
Gynaecology
- Chronic pain
- Incontinence
- Preconception
- Urogynaecological

Obstetrics
- Antenatal
- Early pregnancy assessment
- Obstetric clinics
- Obstetric ultrasound
- Pregnancy assessment
- Birthing unit (Rowan unit)

Paediatrics
- Allergy
- Constiptation
- Development
- Epilepsy
- Respiratory
- Surgery
- Urinary tract infection

ALLIED OUPATIENT SERVICES
Allied health professionals (Physio/OT/Dietitian)
- Physiotherapy
- Occupational therapy
- Dietetics

Audiology (complex hearing)
Pain management
Pharmacy
Psychology
SPECIALIST OUTPATIENT SERVICES
Clinical oncology
Dermatology
Ear, nose and throat
Nephrology
Neurology
Opthalmology
Oral surgery
Plastic surgery
Vascular

Out of hospital (Community and One Life)

Audiology
Cardiac services
Community integrated assessment team (CIAT)
Community matrons
Community midwifery
Community respiratory service
Community stroke
Continence advisory service
Dental
Dementia liaison service
Diabetic retinopathy screening service
Diabetes team
Ear, nose and throat (ENT)
Holdforth/Home First
Hospital at home
Leg ulcer clinic
Musculoskeletal services
Nutrition and dietetics
Occupational therapy (adult and paediatrics)
Orthotics
Physiotherapy (adult and paediatrics)
Podiatry
Podiatry surgery
Rapid response
Safeguarding children
Skin/minor surgery
Specialist palliative care/Macmillan nursing
Speech and language therapy
Teams around the practice (TAPS) (incl. out of hours)
Wheelchair and orthotics (Adult and paediatric)

Urgent Care Centre (Since April 2017)

Community diagnostic centre
Minor illnesses
Minor injuries
Out of hours GP

Caring Better Together

Maternity provision

Provided at the University Hospital of Hartlepool

North Tees and Hartlepool
NHS Foundation Trust

In 2017 NHS England's concept proposal: a team of midwives to provide care in the antenatal, birth and postnatal period to a caseload of women that is smaller than the traditional model.

In September 2020: the trust established **Maternity Continuity of Care** know as the Rowan team based at University Hospital of Hartlepool, offering birth at the Rowan suite.

113 **Births have been facilitated at the Rowan Suite since opening.**

82 **of the women were from Hartlepool.**

Nov 23 to Apr 25 time frame:

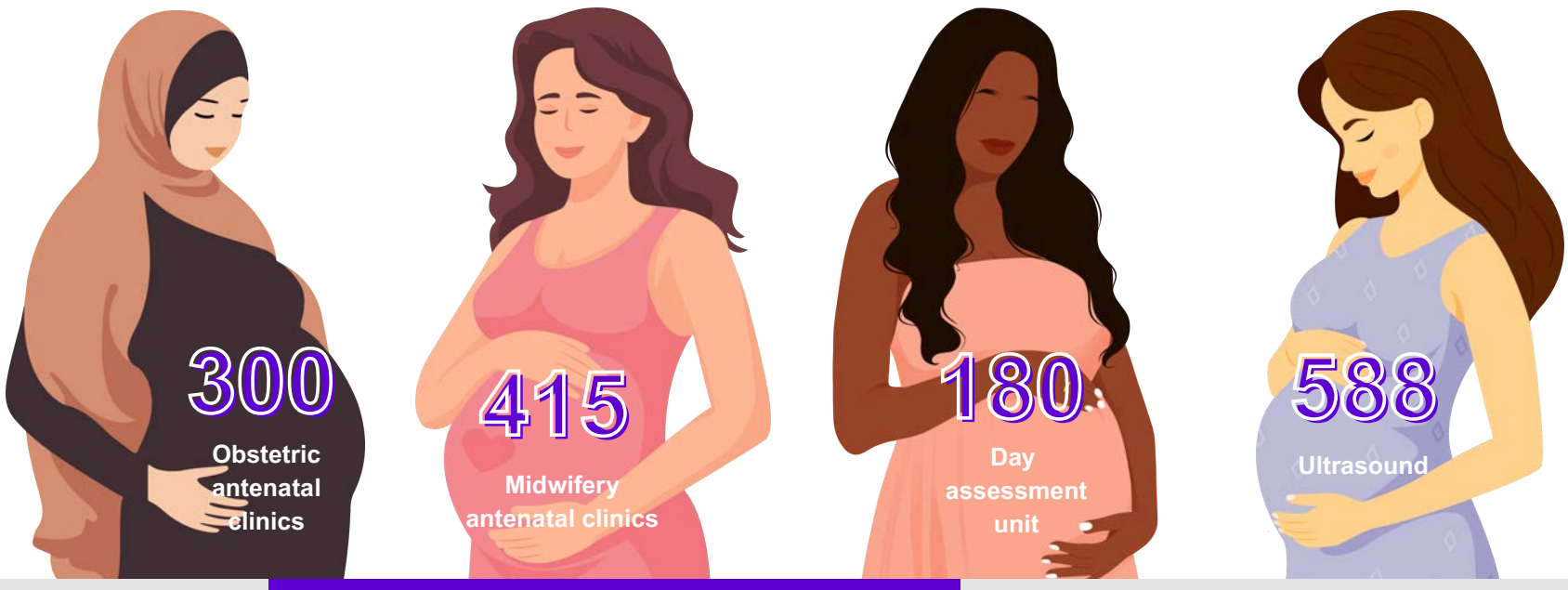
1209 **of all births for the trust who live within a Hartlepool postcode.**

1175 **of which gave birth at North Tees.**

34 **gave birth at Rowan Suite.**

The Rowan Suite is a midwifery-led only unit and is offered as a choice for birth to those considered as low-risk throughout their pregnancy.

Monthly average footfall



Birth in Hartlepool can be facilitated through the traditional community midwifery Homebirth service

North Tees delivery unit has two rooms to replicate the low dependency environment as would be expected at the Rowan Suite

Waterbirth remains an option as North Tees has a birthing pool

Fit for the Future

The 10 Year Health Plan for England

July 2025

Summary

- The NHS Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- This will fundamentally reinvent our approach to healthcare, so that we can guarantee the NHS will be there for all who need it for generations to come.
- This plan has been shaped by the experiences and expectations of members of the public, patients, our health and care workforce and our partners.
- Through the 'Change NHS' engagement exercise – the biggest ever conversation about the future of the NHS, with over 1 million insights - we heard about the changes people wanted to see.
- In the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners under the leadership of the Health and Wellbeing Board and ICPs will be abolished.

The three shifts

This is the 10 Year Health Plan to get the NHS back on its feet and to make it fit for the future, delivered through three big shifts.

- **From hospital to community**; transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

What we heard

GETTING THE CARE YOU NEED

People told us:

- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

The 10 Year Health Plan delivers:

- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

SEAMLESS HEALTHCARE

People told us:

- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

The 10 Year Health Plan delivers:

- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

FIXING THE BASICS

People told us:

NHS systems are outdated, inefficient and time consuming.

The 10 Year Health Plan sets out how we will:

- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

SICKNESS TO PREVENTION

People told us:

The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

The 10 Year Health Plan sets out how we will:

- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

GREAT PLACE TO WORK

People told us:

NHS staff are overworked, undervalued, and burdened by bureaucracy.

The 10 Year Health Plan sets out how we will:

- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.

What will we deliver by 2028/29?

While this is a plan for the next 10 years, much of what is in the plan will be delivered more quickly than this.

HOSPITAL TO COMMUNITY

- **Same-day digital and telephone GP appointments will be available and calls to GPs will be answered more quickly – ending the 8am scramble.**
- **A GP led Neighbourhood Health Service** with teams organised around groups with most need.
- **Neighbourhood Health Centres in every community; increased pharmacy services and more NHS dentists.**
- **Redesigning outpatient and diagnostic services**.
- **Redesigning urgent and emergency care,** allowing people to book into UEC services before attending via the NHS App or NHS 111.
- People with complex needs will have the offer of a **care plan by 2027** and the **number of people offered a personal health budget will have doubled.**
- **Patient-initiated follow-up will be a standard approach.**

ANALOGUE TO DIGITAL

- **The NHS App** will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children.
- **'HealthStore' to access approved health apps:** Enabling innovative SMEs to work more collaboratively with the NHS and regulators.
- **A Single Patient Record** will mean patient information will flow safely, securely and seamlessly between care providers.
- **Digital liberation for staff** with the scale of proven technology to boost clinical productivity.

SICKNESS TO PREVENTION

- **Health Coach will be launched** to help people take greater control of their health, including smoking and vaping habits later this year.
- **New weight loss treatments and incentive schemes to help reduce obesity.**
- **The Tobacco and Vapes Bill will be passed, creating the first smoke-free generation.**
- **Women will be able to carry out cervical screening at home using self-sample kits from 2026.**

What does it mean for staff by 2028/29?

It is a clear aim of this plan is to make the NHS the very best place to work – setting new standards for flexible, modern NHS employment, expanding training opportunities and reducing the burden of admin:

- **A new set of Staff Standards for modern employment in the NHS will be introduced.**
- **The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.**
- **Single sign-on for NHS software will be introduced to reduce the administrative burden on staff.**
- **We will further liberate staff from admin and free-up time for patient care and, starting in 2027, we will roll out validated AI diagnostic tools and deploy AI administrative tools NHS-wide.**
- **New advanced practice models will be developed for nurses, midwives and allied health professionals.**
- **We'll have streamlined the NHS operating model, by reducing the number of organisations involved and simplifying decision-making.**
- **We will also support staff to focus on quality, working with clinicians and patients to develop a new series of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.**

NHS
North East and North Cumbria

What does this mean for ICBs?

Core functions for ICBs…

Model ICB - System leadership for improved population health

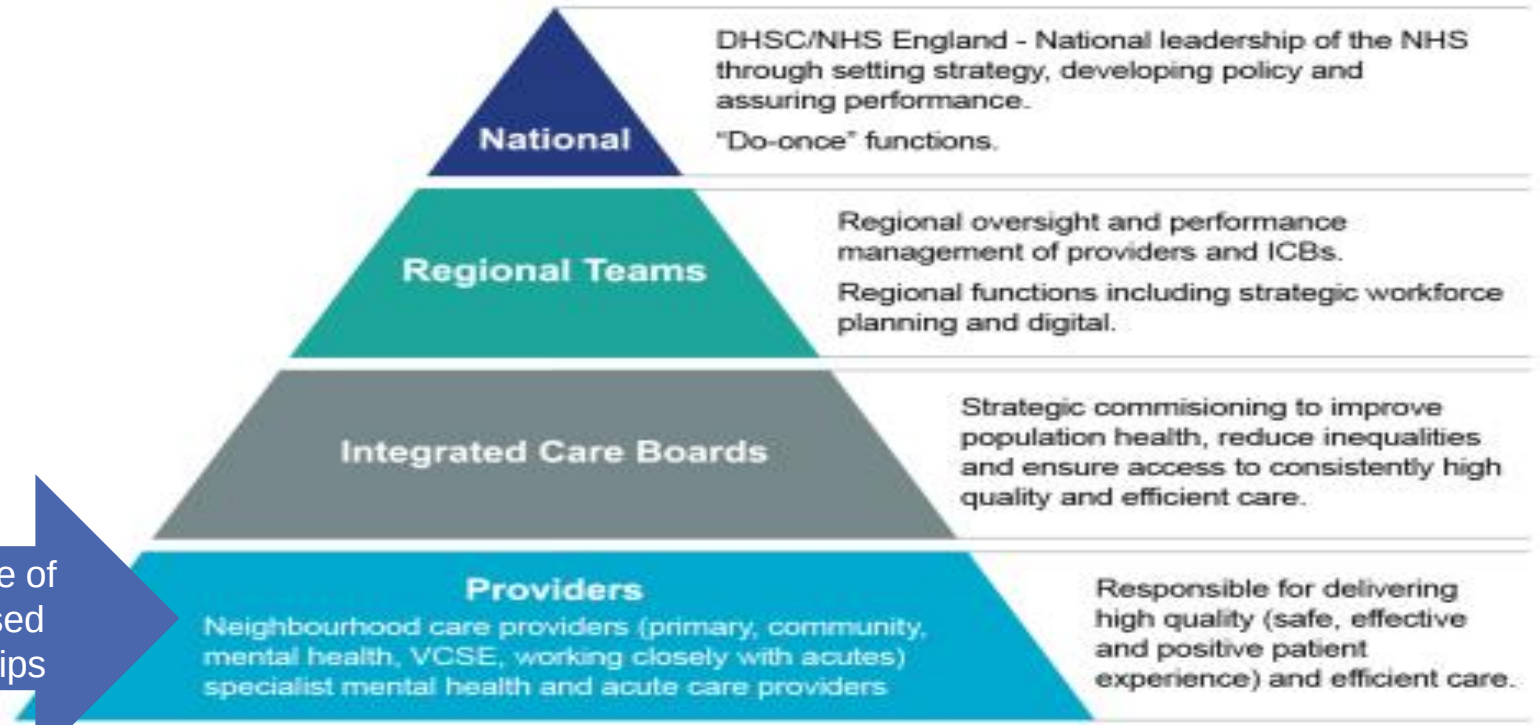
1. **Understanding local context**
   Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

2. **Developing long-term population health strategy**
   Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

3. **Delivering the strategy through payer functions and resource allocation**
   Oversight and assurance of what is purchased and whether it delivers outcomes required

4. **Evaluating impact**
   Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

How the infrastructure fits together…



Cost reduction ask…

- NHS England is setting a broadened spend cap for ICBs, covering running costs plus programme staff spend, of **£19** per head of population
- NENC has proportionately one of the **smallest reduction targets** of the 42 ICBs, due to our current costs being lower than most

Current:

£100.307m

(£27.69 per head)

Future:

£67.969m

(£19 per head)

Reduction:

£32.338m

(32%)

ICB functional changes…

Grow

- Population health management, data analytics, predictive modelling, risk stratification, understanding inequalities
- Epidemiological capabilities
- Strategy and strategic planning
- Health inequalities and inclusion
- Neighbourhood health commissioning
- Commissioning clinical risk management
- Commissioning end to end pathway
- Vaccinations and screening
- Core payer functions
- Evaluation
- Strategic partnerships

ICB functional changes…

Selectively retain and adapt

- **Quality management** – embed in commissioning cycle and avoid duplication with Providers and CQC
- **Board governance** – look to streamline Boards and reduce headcount at Board
- **Clinical governance** – strengthen focus on embedding management of population clinical risk
- **Corporate governance** – Maintain good governance and look to deliver some functions at scale
- **Core organisational operations** (HR, Communications, internal finance, internal audit, procurement, complaints, PALs) – Look to streamline and deliver some functions at scale

Review to transfer list for local providers…

- **Local workforce development** and training including recruitment and retention – transfer to providers over time
- **Green plan and sustainability** – Transfer to providers over time
- **Digital and technology leadership and transformation** – transfer digital leadership to providers over time
- **Infection prevention and control** – Test and explore options to streamline and transfer some activities out of ICBs
- **Safeguarding** – test and explore options to streamline and transfer some activities out of ICBs
- **SEND** - test and explore options to streamline and transfer some activities out of ICBs
- **Development of neighbourhood and place partnerships** to providers over time
- **Primary care operations and transformation** (including primary care, medicines management, estates and workforce support) transfer to neighbourhood health providers over time
- **Medicines optimisation** – transfer delivery to providers over time whilst retaining strategic commissioning
- **Pathway and service development** - test and explore options to streamline and transfer some activities out of ICBs
- **NHS Continuing Healthcare** – Test and explore options to streamline and transfer out of ICBs
- **Estates and infrastructure strategy** – transfer to providers over time, retain strategic commissioning overview
- **General Practice IT** – Explore options to transfer out of ICBs ensuring consistent offer

What partners told us

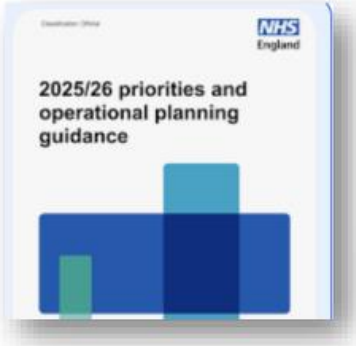
- Partners welcome the opportunity to shape future ways of working, and will support the ICB to mitigate any disruption to service delivery during this transition
- As one of the most cohesive health and care systems in the country, we could be at the forefront of developing models of care that deliver the shift towards prevention
- Recognition that the current model of place leadership and governance needs to be revised, with greater flexibility to manage local resources
- The ICB should be the strategic commissioner for access and outcomes, with proper delegation to local providers to manage service delivery
- Neighbourhood health models need to deliver intelligent, all-age health and care services that meet current and future needs
- Need to ensure primary care is engaged throughout this process and part of the leadership of neighbourhood health
- The VCSE sector is a key partner that delivers significant impact through prevention, but remains financially vulnerable

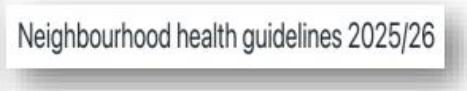
New models of Neighbourhood Health

Policy into practice

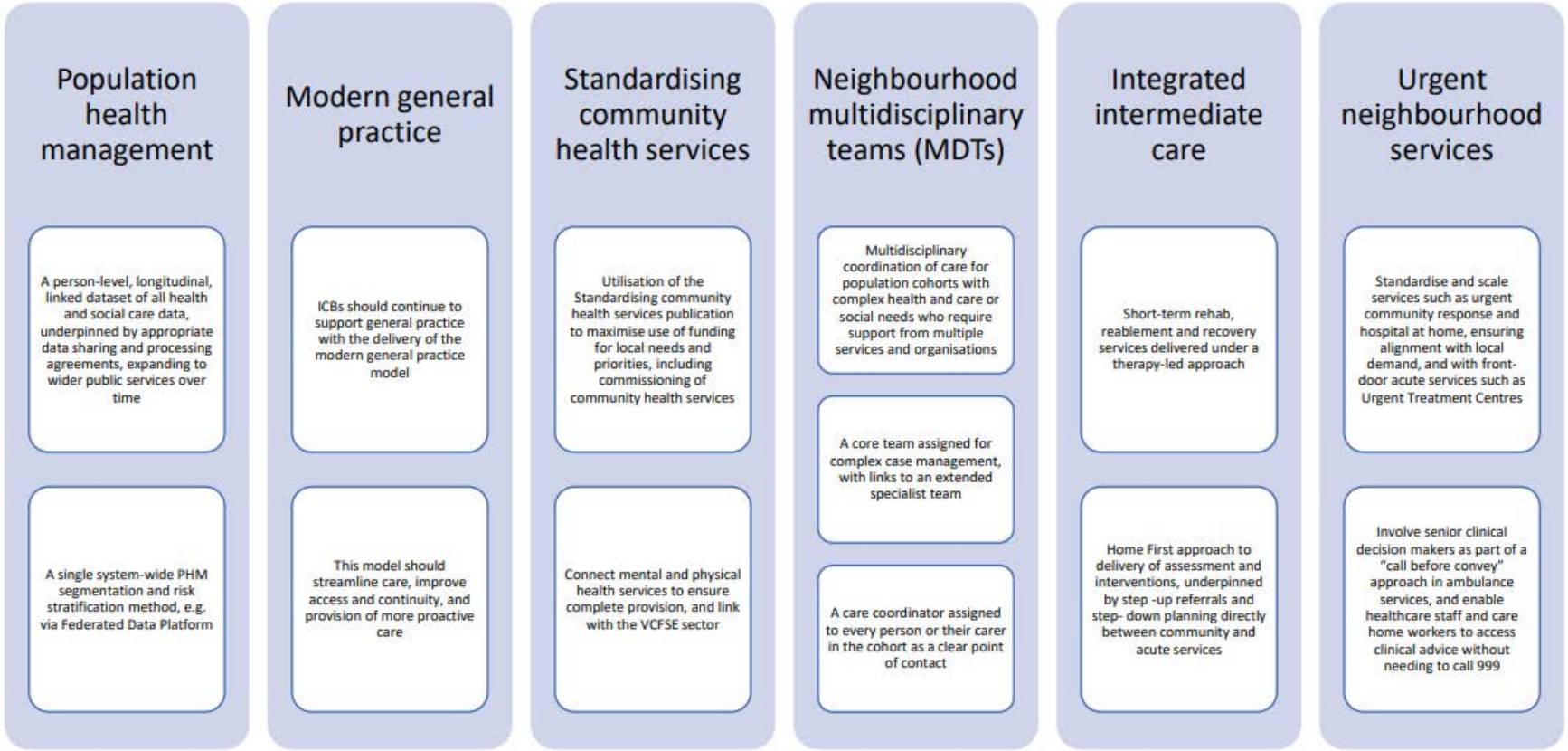
- The government's health mission:
  - **from hospital to community**
  - **from treatment to prevention**
  - **from analogue to digital**

- 25-26 NHS planning guidance, Better Care Policy and the Neighbourhood Health guidelines highlight that the NHS 10-year plan will describe a 'shift' to Integrated Neighbourhood Health.





Integrated Neighbourhood Health – six core components



What does all this mean for our HWB?

- Lots of system change, challenging timescales (includes Tees Hospitals changes) detail / implications still emerging
- Direction fits very well with the revised HWB & H&W Strategy, and with direction of many partners re: integration, neighbourhood-based delivery, working more closely with communities, ongoing regeneration programmes,
- Early discussion through ICB place sub-committees on ICB functional changes - further national detail awaited
- Specific role for HWB in the Plan: direction & oversight of neighbourhood health approach; opportunity to provide assurance re: how approach addresses inequalities
- Significant local opportunities, including linking health to place-shaping, and opportunity to apply for National Neighbourhood Health Implementation Programme
- The changes pose some challenges re: partnership working, workforce, localism vs larger footprints and pace of change. More detail is needed to understand implications. Ongoing partnership & communication key to collectively working through this

Neighbourhood health implementation

- 42 implementation pilots. Application 08/08/25. Multi-agency approach, primary care is key. No additional funding but opportunity to shape local approach & influence national direction / share good practice
- Hartlepool application; opportunity to focus on specific neighbourhoods linked to Town plan
- Initial focus on chronic disease & ‘rising risk’ with opportunity to focus on prevention & build on frailty work
- Strong local foundation
- Implications for delivery and future commissioning of services e.g. neighbourhood teams (health, social care, public health services in neighbourhoods, alongside VCSE / community delivery) with some more specialist delivery (e.g. hospitals / key hubs / CDC)

HEALTH AND WELLBEING BOARD

29 September 2025

Report of: *Let's Connect* – CEO and Community Mental Health Transformation Coordinator

Subject: HARTLEPOOL COMMUNITY MENTAL HEALTH TRANSFORMATION

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1. **COUNCIL PLAN PRIORITY**

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 CMHT Progress Update:

1) Realigned governance

- **What's done:** Governance document updated and passed by steering group. Programme governance clarified into a Steering Group (strategy/assurance),and a single Mental Health Provider Forum bringing together statutory, VCSE and lived-experience partners. Funding Panel restructured with informed and expert individuals.
- **Improvements:** One agenda and action log; quarterly assurance to the HWB; lived experience as a standing item; refreshed Terms of Reference and conflicts register.
- **Being developed:** Updated forward plan and publishing cycle for papers.

2) Funding pathway (revised)

- **What's done:** Streamlined to a single full-application route with a standard scoring matrix, clear timelines, and a conflicts protocol (panel members step out where conflicted; coordinators attend without voting).
- **Improvements:** Short applicant guidance covering eligibility, outcomes and evidence standards; transparent decision/feedback timeframes.
- **Being developed**: Panel calibration sessions for consistency. Efficient Scoring Matrix in development.

3) Visioning Session (15 July 2025)

- **What it was for:** To agree the shared direction of travel - simplify access, test co-location options (single central Help Hub and multiple

locality hubs), embed trauma-informed practice, and bring housing/money advice in-reach alongside mental health.

- **What should be done (improvements):**
  - Publish and maintain a shared referral/navigation map; establish consistent drop-ins with warm handovers.
  - Implement a trauma-informed practice programme (training, supervision, service design, fidelity checks).
  - Embed housing and money-advice pop-ups within CMHT settings with agreed metrics.
- **Being developed (potential areas):**
  - Appraisal of **single hub vs multi-hub** (and hybrid) against equity, demand, costs and risks.
  - Shared access/handover/outcomes data standards.
  - Peer roles and lived-experience governance within day-to-day delivery.

4) Shared Language workshop

- **Session done:** Cross-sector workshop held to surface terms and principles for dignity-first, trauma-informed communication and reduce jargon.
- **Discussion:** Agreement to plain-English first contact, consistent signposting phrases, and integrating prompts into letters/texts and frontline scripts; next step is embedding through team briefings and supervision.

5) Primary care voice

- **Purpose:** Gathered views from GPs, practice managers and social prescribers on CMHT—current access, referral clarity/feedback loops, and training needs (including trauma-informed practice and navigation).
- **What's done / next:** Named GP lead and social-prescribing link into the Delivery Group; PCN touchpoint in place;
- **Being developed:** PCN survey on training priorities and a quarterly primary-care round-up.

6) Pathway of support for funded projects (via coordinators)

- **What's done:** Standard onboarding (KPIs, safeguarding, data expectations), warm links to partners, and a troubleshooting route; coordinators support delivery but do not vote on funding decisions.
- **Improvements:** Quarterly meetings with current funded projects. Light touch covering outputs, handovers and early outcomes; shared issues log.
- **Being developed:** Simple escalation ladder for delivery risks; half-termly peer-learning huddles across projects. Trauma informed self assessment.

7) Case-study building

- **What's done:** Common template (situation → support → change) with consent and data-protection checks.
- **Improvements:** Blend short text with quotes; optional audio (where consented); tag by theme (housing, debt, isolation) to evidence contribution to outcomes.
- **Being developed:** case study reporting, gathering of information

3. BACKGROUND TO THE NHS COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

3.1 The **NHS Long Term Plan (2019)** set out a clear ambition to transform mental health care across England, recognising that existing community mental health services were under-resourced and often fragmented. It called for a **radical redesign of core community mental health teams**, placing an emphasis on **integrated, person-centred, and place-based care**. The goal is to develop a **new community-based offer** that moves away from traditional models of care and builds a system rooted in local needs, lived experiences, and collaborative approaches.

3.2 To deliver this transformation, NHS England, NHS Improvement, and the **National Collaborating Centre for Mental Health** developed a national framework that supports local areas in redesigning their mental health systems. This framework promotes **flexibility**, **accessibility**, and **collaboration** across **health, social care, and the voluntary, community and social enterprise (VCSE) sector**.

3.3 The transformation includes the development of multidisciplinary teams aligned with **Primary Care Networks (PCNs)**and the integration of services to provide **seamless support for individuals with complex emotional, psychological, and social needs**. It aims to address the **social determinants of mental ill-health**, tackle **health inequalities**, and respond to **coexisting conditions** such as trauma, substance misuse, and physical health issues.

3.4 **Key Features of the Community Mental Health Transformation Programme:**

- **Integrated Care:** Breaking down the traditional barriers between mental health and physical health, health and social care, statutory and non-statutory services, and between primary and secondary care.
- **Place-Based Delivery:** Services are developed and delivered at a local level, reflecting the unique needs and assets of each community.
- **Co-Production:** People with lived experience, carers, and communities co-design and shape services.
- **Personalised Support:** A shift from reactive, diagnosis-led care to **proactive**, **needs-based** and **strengths-based** support.
- **Continuity of Care:** Removing the “cliff-edge” of care transitions by creating seamless support pathways without arbitrary thresholds or discharges to no support.
- **Focus on Prevention:** Promoting both mental and physical health and preventing crisis by providing early and ongoing support.

3.5 **The Role of the VCSE in Community Transformation**

The **VCSE sector is a key strategic partner** in this transformation. In Hartlepool, the VCSE has a long-standing reputation for **working with citizens, in communities, and in collaboration** with a broad range of partners. The COVID-19 pandemic further highlighted the agility, responsiveness, and collaborative power of the VCSE, as it mobilised rapidly

to address emerging community needs, including mental health crises and increased risk of suicide.

As part of the Community Mental Health Transformation, the VCSE will:

- Deliver **place-based, relational support** for individuals experiencing trauma, psychological distress, and social isolation.
- Facilitate **asset-based community development (ABCD)** by recognising and supporting the resources and strengths that already exist within communities.
- Help **bridge the gap** between informal and formal support systems.
- Work collaboratively with **Primary Care**, **Secondary Mental Health Services**, **Community Hubs**, and **Substance Misuse Teams**.
- Champion a system of support based on **co-production, inclusivity, empowerment**, and **no wrong door** approaches.

4. UPDATES FROM 2025

4.1 Community Mental Health Leads

Hartlepool Community Trust has decided not to renew the contract for hosting the Community Mental Health Transformation (CMHT) Leads. Following this, The PFC Trust managed the recruitment process for the new CMHT Lead roles and subsequently invited Let's Connect to host the newly appointed staff.

During this period, The PFC Trust conducted a strategic review, which resulted in the decision to transfer the employment of the CMHT Leads to Let's Connect.

4.2 Rationale for Governance Review

The previous governance arrangements for Hartlepool's Community Mental Health Transformation (CMHT) programme lacked the **robust structure, clarity, and operational mechanisms** necessary to ensure transparency, accountability, and effective partnership working. Key limitations included:

- **Ambiguity in decision-making roles and responsibilities**, leading to confusion and inefficiencies.
- **Insufficient integration of VCSE voices and lived experience**, which are essential for meaningful co-production.
- **Lack of structured processes for monitoring**, conflict resolution, risk management, and commissioning, making it difficult to ensure consistency and alignment with national transformation goals.
- **Limited mechanisms for escalation, funding oversight, and programme adaptation**, particularly in response to service pressures or emerging needs.

Given the increasing complexity and ambition of the CMHT programme, a revised and comprehensive governance framework was developed to ensure that all partners—statutory, VCSE, and community—can collaborate effectively in a shared system of accountability.

This revised governance framework provides a **stronger foundation for partnership working**, ensures greater **accountability and adaptability**, and reflects the **core principles of co-production, transparency, and community ownership** central to the transformation agenda.

4.3 **Shared Language workshop**

The **Shared Language Workshop** brought together partners from across the health, VCSE, and social care sectors to explore how different roles, services, and communities understand and describe mental health and transformation. The aim was to develop a common foundation of language and meaning to improve collaboration and service integration.

4.4 **Key Themes Explored:**

1. **Defining Mental Health and Transformation**
   Participants explored how mental health is perceived across sectors, challenging traditional models rooted in diagnosis and individual pathology. Discussions highlighted the need for a shift toward **holistic**, **relational**, and **community-informed** understandings of mental health.
2. **Challenging Assumptions**
   The group reflected on assumptions within existing systems, including over-reliance on clinical language and deficit-based narratives. There was consensus on the importance of **trauma-informed**, **strengths-based**, and **inclusive** language.
3. **Cross-Sector Perspectives**
   The workshop created space to hear from statutory, VCSE, and lived experience voices. This surfaced key differences in how terms like “support,” “risk,” and “recovery” are interpreted, and highlighted the need to **build shared meaning across diverse professional identities**.
4. **Barriers to Shared Understanding**
   Participants identified language barriers that limit collaboration, such as jargon, diagnostic labels, and system-specific terminology. These can create confusion, misaligned expectations, and exclusion from care pathways.
5. **Commitment to Ongoing Dialogue**
   There was strong agreement that shared language must be an **ongoing, co-created process**. Participants committed to continuing these conversations through future Community Connector Hub meetings and collaborative service design.

4.5 **Outcomes:**

- Agreement to co-develop a **glossary of shared terms** grounded in lived experience, community insight, and cross-sector input.
- Recognition of language as a **transformative tool** that shapes service culture, accessibility, and equity.
- A foundation for **further workshops** focused on system challenges, role clarity, and co-production.

5. VISIONING PLAN 2025/2025

5.1 CMHT Visioning Session — Summary (15 July 2025)

Purpose & participants

Cross-sector session bringing together statutory services, VCSE organisations, primary care/social prescribers, and lived-experience voices to set priorities for Hartlepool's Community Mental Health Transformation (2025/26).

Context & challenges identified

- **Navigation:** fragmented, confusing referral routes; no shared, town-wide referral map.
- **Access model:** absence of a visible, non-medicalised, **co-located** offer.
- **Availability:** inconsistent **drop-ins**; access largely 9–5 and appointment-based.
- **Practice:** variable understanding and application of **trauma-informed** care.
- **Wider needs:** support often misses **housing, debt, and welfare** alongside mental health.
- **Voice:** lived experience not consistently embedded in governance and service design.

Shared vision for 2026

- A **"no wrong door"** model that meets people where they are, with dignity and choice.
- **Co-located support** bringing statutory, VCSE, and peer-led help together.
- **Early help** via consistent drop-ins and warm handovers.
- A town-wide commitment to **trauma-informed practice** and shared language.

Service model options discussed (co-location)

- **Single central Help Hub:** strong visibility, one clear front door, coordination and consistency.
- **Multiple locality hubs:** closer to neighbourhoods, tailored to local needs, stronger community ownership.
  Both options embed peer support and in-reach for **housing/money advice** alongside mental health support.

Priority actions for 2025/26

1. **Access & navigation:** create and maintain a **shared referral/navigation map**; pilot **weekly VCSE-led drop-ins** in three neighbourhoods to remove appointment barriers.
2. **Help Hub development:** convene a **multi-agency working group** (statutory, VCSE, lived experience) to appraise **single vs multi-hub**, agree site criteria, and produce costs, risks, and an implementation plan.

3. **Trauma-informed practice:** deliver a **cross-sector training and implementation** programme (beyond awareness) covering behaviours, supervision, and service design; adopt a local TI charter with baseline and follow-up assessment.
4. **Social determinants in-reach:** embed **housing and money-advice pop-ups** within community mental health settings with trusted partners.
5. **Lived-experience governance:** formalise representation and two-way feedback between the **Lived Experience Forum** and **CMHT Steering Group**.

Measures of success (illustrative)

- **Access & reach:** drop-in attendance, time-to-first contact, uptake of advice pop-ups.
- **Pathways:** staff-reported **referral clarity**; reduction in "referral bounce."
- **Trauma-informed practice:** staff confidence; **fidelity checks**; user feedback on **safety, dignity, choice**.
- **Outcomes:** fewer crisis escalations; improved engagement with housing/benefits/employment support.

Summary: Simplify access, co-locate practical and emotional support, embed trauma-informed practice, and hard-wire lived experience—under governance capable of delivering and evidencing impact.

6. HEADING

6.1 List of Current funded projects under CMHT

- Teesside mind
- Lets Connect
- Lived Experience Forum

7. RECOMMENDATIONS

7.1 As part of the ongoing Community Mental Health Transformation programme, Hartlepool is progressing with the formation of a **new Mental Health Provider Forum**. This integrated structure aims to bring together the existing **CMHT Delivery Group**, **Community Connector Group**, and we would like to include the **Hartlepool Mental Health Forum** into a **single, unified body**.

7.2 **Purpose of the New Forum**

The Hartlepool Mental Health Provider Forum aims to:

- **Strengthen collaboration** across VCSE, statutory partners, and lived experience representatives.
- **Improve governance** and alignment with strategic priorities such as the **Health & Wellbeing Board (HWB)** and the **Joint Strategic Needs Assessment (JSNA)**.
- **Promote co-production** and community-led service design.
- **Ensure more efficient service delivery**, communication, and evaluation.

The development of the Mental Health Provider Forum represents a significant step forward in creating a **cohesive, accountable, and inclusive mental health system** in Hartlepool—one that is **responsive to local need**, values **community insight**, and is aligned with both **local strategy** and the **NHS Long Term Plan**.

8. BACKGROUND PAPERS

None

9. CONTACT OFFICERS

Iain Caldwell
CEO
Let's Connect

Natalie Frankland
Community Mental Health Transformation Coordinator
Let's Connect

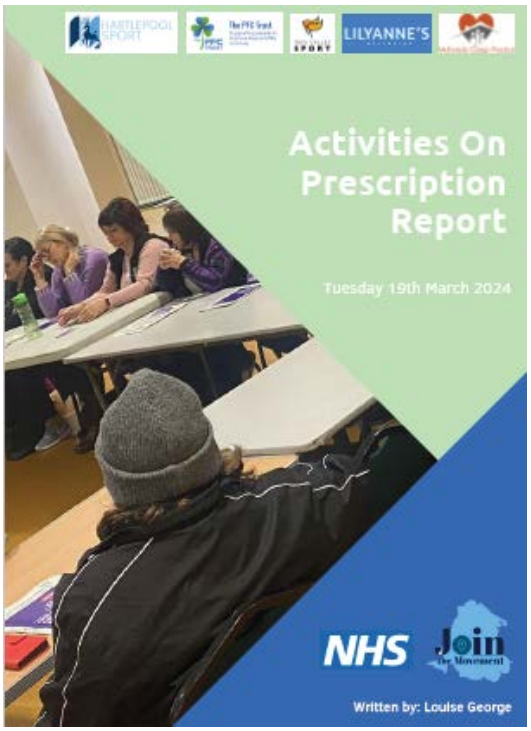
HARTLEPOOL SPORT

Long Term Health Coffee & Chat Report

19.3.24 - 27.6.25

Join the Movement

01 Background & Context



Background (April 2023 - 19th March 2024)

In April 2023, the, 'Activities On Prescription' project was born.

A cross sector working group that consisted of Hartlepool Sport, PCN Clinical Director & Senior Social Prescriber, COO of The PFC Trust, Tees Valley Sport Officer (active partnership), LilyAnne's Wellbeing Directors and local authority representatives joined forces with the aim of exploring creative ways primary care could be integrated into community provision to enable patients to become more active and improve their **long term health conditions (LTH)**.

From this body of work, the following outcomes were achieved:

- Recruitment of the first Activities On Prescription Officer, joint funded by Hartlepool Sport and Tees Valley Sport.
- Creation of the Activities on Prescription booklet/resource
- Creation of a specific COPD Activity Timetable for patients
- Delivery of community based COPD Coffee & Chat sessions.
- Strong partnership links between the statutory and voluntary sectors established.
- Access to NHS led, COPD training and upskilling for all community providers.

Click on the web icon to read the 'Activities on Prescription Report' on our website -

19th March 2024 - Present

The 'Activities On Prescription' project has since diversified to include other LTH conditions and has evolved into, 'LTH Coffee & Chat' to reflect the change.

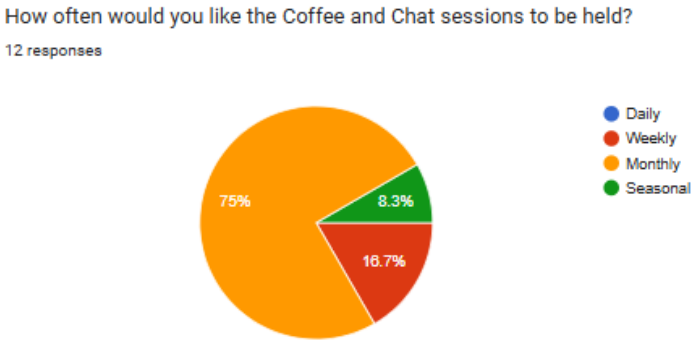
The aim of the LTH Coffee & Chat sessions is to break down health literacy barriers by going into community spaces and educating people on the role activity and movement can have in managing LTH conditions and the feel good boost it has proven to have on both physical and mental wellbeing.

We also hope to empower people living with LTH conditions to adopt a sit less, move more culture by inviting guest speakers with lived experience to tell their stories and create a friendly, supportive space that encourages peers to open up and share their own experiences such as tips and tricks they have found for managing their LTH conditions on a daily basis.

Engagement & Impact 02

LTH Coffee & Chat Sessions

Initially, we had intended to run the LTH Coffee & Chat sessions bimonthly (once every two months), but we soon discovered from the uptake and feedback forms that attendees wanted the sessions to run monthly as they felt they were of great value, especially in terms of the knowledge and lived experience guest speakers and peers brought to the table.



As a result, we approached Marnie Ramsey - Head of Service (Community Hubs and Wellbeing) to discuss if there was scope for us to host the LTH Coffee & Chat sessions at the Community Hubs.

At that time, Community Hub Central had extended its Wednesday opening hours and was building on its wide offering of wellness services, which we felt LTH Coffee & Chat would add value to.

Marnie agreed and allowed us free use of Community Hub Central and South depending upon room availability.

In return, our LTH Coffee & Chat sessions have included the Community Hubs logo and are publicised monthly on our Facebook page.

What was your favourite part of today's session and why?

'Speaker very knowledgeable + information could be useful for everyone'

'The video - I will use this at home'

'Games rather than just talking'

'How interactive and engaging the session was'

This is an example of how a positive relationship across sectors can add or compliment service provision and showcases what can happen when organisations actively work together to achieve the same or similar goals.

LTH Coffee & Chat Session Figures

Date	Venue	Focus	Number of Attendees
Wednesday 31st January 2024	Belle Vue Community Sports & Youth Centre	NHS Pulmonary Rehabilitation Team	22
Tuesday 30th April 2024	High Tunstall College of Science	COPD Breathe Easy Darlington	21
Friday 28th June 2024	Community Hub Central	Mental Health EEBP Practitioner Changing Futures	13
Monday 1st July 2024	Hornby Park	COPD CPD Victoria McFaull	20+
Monday 29th July 2024	Community Hub South	Heart Support	10
Saturday 28th September 2024	Community Hub South	Flippin' Pain	13
Monday 28th October 2024	Community Hub Central	Hartlepool Sport Family Activities	5+
Friday 31st January 2025	Community Hub Central	Cancer Care MacMillan Cancer Care Team	11
Friday 21st February 2025	Community Hub Central	Hartlepool Diabetes Group	18
Wednesday 26th March 2025	Community Hub Central	Dementia Friends	12
Friday 30th May 2025	Community Hub Central	Neurodiversity Daisy Chain	8
Friday 27th June	Summerhill Country Park	New Perspectives Wellness Walking Group	25
		Total number of attendees	**178+**

COPD CPD

In the first report, it was highlighted in ‘Exit Strategy and Future’ that we were looking to run a COPD CPD for sports clubs and local community groups and develop a 'COPD Friendly' mark/stamp to identify coaches and instructors who had completed the training.

On the evening of Monday1st July 2024, we ran a COPD CPD for 20+ coaches and instructors at Hornby Park, delivered by Victoria McFaull, a Vixi Level 4 Exercise Therapist specialising in respiratory fitness, who talked about what COPD is, the signs to look for if someone is in distress and what coaches and instructors can do to help should someone become unwell during their session.

All coaches and instructors left feeling more confident in their ability to tailor their sessions for those with COPD, which in turn will allow patients with COPD to access mainstream activity sessions in the local community while continuing to grow the COPD Activity Timetable and increasing our COPD specific activity offer.

What is the most valuable ‘take away’ or thing you have learnt today?

‘That not all COPD sufferers have the same level of needs’

‘Knowing the “warning” signs & how to deal with’

‘Characteristics of people who are struggling and need to stop exercise’

Case Study 1

A attended the Cancer Care Coffee & Chat session ran by Alan Chandler - Macmillan Information and Survivorship Manager for North Tees and Hartlepool NHS Foundation Trust.

A is an older gentleman and is the last living male member of his family. He has many LTH conditions including a recent prostrate cancer diagnosis.

By his own admission, he had chosen to 'bury his head in the sand' with regards to the matter because he did not want to burden other family members reliant on him with his problems.

A points out that it took great courage for him to come along to the Coffee & Chat session, but did so as the venue is one he visits regularly to meet up for other social activities and was warmly welcomed at the door.

At the end of the Coffee & Chat session, A and Alan had a chat and exchanged contact details.

A few days afterwards, Alan followed up with A providing him with resources he had requested on diet and healthy eating plans and also provided him with contact information for who he could contact if he wanted to talk to someone as well as details on how to join the MacMillan's 'Men's Only' WhatsApp Group Chat.

Case Study 2

B attended the Dementia Friends Coffee & Chat session ran by Catherine Cook from The Greatham Foundation.

B is an older gentleman, who cares for his wife. She is in the early stages of being tested for Dementia by doctors. There is also a history of Dementia in his family.

After listening to the stories Catherine shared, B realised he needed to approach activities and discussions with his wife with more empathy and patience.

Furthermore, during the session, Catherine mentioned the 'Dementia Fans Group' ran by Hartlepool United Community Foundation for those living with Dementia and their families. B enthusiastically expressed his interest in wanting to join the Tuesday morning sessions as they 'fit in nicely' with his schedule and the activities Catherine described e.g. bowls, darts, trips away etc. had piqued his interest.

After the session, I took B's email and contacted Hartlepool United Community Foundation to find out exact days and timings for the Dementia Fans Group, which I then passed on. B has been a regular attendee at the Dementia Fans Group.

Case Study 3

C is the leader of a community organisation that delivers free, walking provision across Hartlepool for all ability levels.

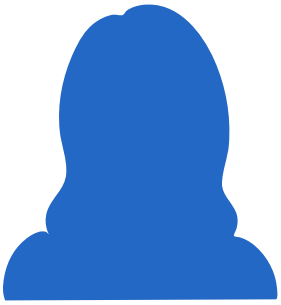
C was invited to the Heart Support Coffee & Chat session to talk to attendees about her walking group.

Claire, a friend of the Heart Support leader, who shared her heart support journey during the session, shared C's walking group details with her Stepfather. Claire's Stepfather then emailed C and agreed to attend one of her wellness walks.

From there, Claire's Stepfather expressed an interest in becoming a Walk Leader for C's wellness walking group and wanted to lead on some walks. It turns out, he had lots of walking experience as he was once a Walk Leader for another walking group that had disbanded and had completed many walking challenges including hiking to the top of Kilimanjaro.

Claire's Stepfather has since completed his Walk Leader Training with C and leads on some of her wellness walks as well as joining in from time to time with Claire on some of the other walks.

C was nominated by Hartlepool Sport to complete Rambler Walk Leader Training, which means she is able to upskill Walk Leaders in house and run regular Walk Leader Training for volunteers like Claire's Stepfather as well as a extending the offer to include community groups and organisations.



Case Study 4

D is a Social Prescriber and is a regular attendee at the LTH Coffee & Chat sessions.

As well as signposting her patients to the sessions, she sometimes attends the LTH Coffee & Chat with patients to help and support.

D found out about the Walk Leader training through the LTH Coffee & Chat sessions and emailed Hartlepool Sport to find out what the process entailed and how to sign up.

D is now fully Walk Leader trained and is going on walking meetings with patients and wellbeing walks during her break and lunch times with other staff.

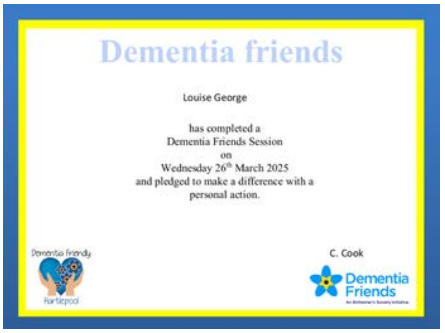
03 Feedback

'Really enjoyed the session, especially when people started to open up and talk about their personal experiences. The feedbacks great, which is brilliant'

Flippin' Pain

Overview		
Reach	Impressions	Interactions
7,882	10,226	46

What was your favourite part of today's session and why?



'Insightful and interesting presentation I can relate to'

'Session was amazing and very informative and interactive'

'Meeting different people'

'Cake :-) And all the interesting + educational info'

'I found it all knowledgeable. However, I really enjoyed listening to people's life story - their journey'

'Lived experience stories'

'The information on what we can do to help ourselves'

Brenda Smith Top contributor
Loved it today. Could've done another half n hour walking round through the trees x

1w Like Reply

Natalie Sian Frankland
Admin All-star contributor · 27 June at 11:55 ·

What a brilliant morning!

What a walk! 🌿🌧️

This morning we were joined by the fantastic Hartlepool Sport team and the brilliant Claire from Summerhill Country Park and Visitor Centre for a wellness walk with a twist — and it didn't disappoint!

It was a real treat to have both Calvin and Louz join us, bringing their Long Term Health Coffee and Chat session along for the adventure. Great chats, even better company, and a proper mix of fresh air and feel-good energy.

Claire treated us to a special off-road tour through the stunning woodlands, wetlands, and grasslands of Summerhill, sharing fascinating facts about the history of the park and everything we could see along the way. Who knew a walk could be this informative and this relaxing?

It was definitely a walk with a difference today — and everyone loved it! Big thank you to everyone who came along and made it such a brilliant morning. 🌞

We love when partnerships like this come together – it shows how powerful collaboration can be when we all bring something unique to the table. Here's to more mornings like this, where connection, community, and nature go hand in hand. 🌳💬

#WellnessWalks #CommunityMatters #HartlepoolSport #SummerhillMagic #CollaborationInAction

Carol Slattery
Admin All-star contributor · 27 June at 13:57 ·

Summerhill Walk 27.06.25

Lovely walk and talk this morning round Summerhill! Who would have thought it was that big and so much to see!!

Thanks for a lovely walk everyone

Cath Barnard
Admin All-star contributor · 27 June at 12:37 ·

What a gorgeous walk this morning at Summerhill, it was good to go though the woods with a knowledgeable guide pointing out the different areas about how they are maintaining the vegetation, trees and wildlife also the history of Summerhill, throughly enjoyed it giving me a new appreciation for the place. ❤️

04 Exit Strategy & Future

From the high uptake in attendees for the LTH Coffee & Chat sessions and case studies, it is clear that there is demand for the sessions from those living with LTH conditions as well as from organisations that use the sessions as a community engagement and recruiting platform, CPD opportunities or to signpost patients to.

In my opinion, I believe we should continue the offer of LTH Coffee & Chat sessions and now that we have covered a wide range of diverse LTH conditions, it may be worth exploring the option of running the sessions as a generic session. This would entail opening them up to anyone with a LTH condition rather than gearing sessions around a specific need each month.

In doing so, we could build a base of regular Coffee & Chat attendees, making the sessions a point of contact for them on a monthly basis as it would seem there is little to no opportunities currently for individuals living with different LTH conditions to meet up as one. For example, we were contacted by a woman, who had just completed a pain management course and wanted to know if she could come along to the LTH Coffee & Chat sessions with her friends from the course as they wanted to continue meeting up even though it had ended.

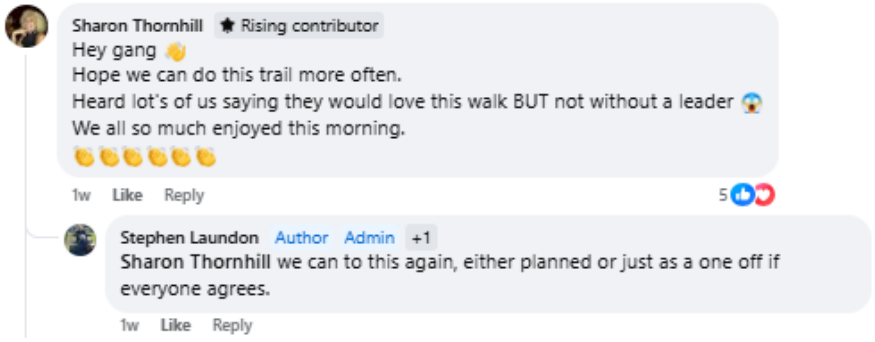
Once this base was established, we could then look at the LTH conditions of the attendees and invite guest speakers in on an ad hoc basis, based on the particular conditions of the attendees, feedback or interests and co-design the service with the people that use it. It is also worth noting that many individuals live with multiple long term health conditions and rarely do symptoms exist in isolation.

The LTH Coffee & Chat sessions would also be an opportunity to bring in other clubs, groups and organisations to deliver a 'bolt-on' activity/movement element to them as the benefits physical activity can have on physical and mental health, particularly for those living with long term health conditions, is encouraged and well documented.

Successes of the LTH Coffee & Chat Sessions

- The Activities on Prescription booklet/resource is now being utilised by the Flippin' Pain team at Durham and other parts of the North East. We are currently, in talks with North Tees and Hartlepool NHS Trust to explore how the resource can be used by patients that have completed the 1:1 home rehabilitation aspect of their care or look at developing a new version of the booklet/resource based on the Trust's input.

- We have continued to build strong partnerships across the statutory and voluntary sectors. The LTH Coffee & Chat session in collaboration with New Perspectives NE Wellness Walking Group and Summerhill's Senior Outreach Team Leader, is evidence of this. We contacted Claire McDonald, who agreed to come along to our LTH Coffee & Chat session in collaboration with New Perspectives' NE Wellness Walking Group that meet at the site every Monday and Friday morning to gave a talk on the fauna and flora found there. This in turn, added value to the walkers' usual session as they were taken along routes many had not visited before and discovered new things about an area they previously thought they knew well. We also introduced two new walkers to the weekly meet ups. For Claire, the group have offered to use one of their Monday or Friday walking slots to volunteer and help with site maintenance after she talked to them about the history of the site and how much upkeep it requires. What is more, the walk was a chance for Claire to tell the group about the process involved for reporting a fire, a prevalent problem at Summerhill, after it came up in conversation during the walk. This is vital in tackling the ongoing problem of arson at the site as the more eyes and ears on the ground, particularly if those are regular visitors and have a strong connection with Summerhill, the greater the chance of culprits being caught and fires being reported and stopped before any real damage is done.



- By inviting a range of guest speakers, we have instigated conversations around LTH conditions with different people in the room e.g. coaches, members of the public, social prescribers etc. and in doing so, have identified gaps in provision. For example, there is currently, only one Cancer Care group in the town and it is full. In this instance, Alan Chandler - Macmillan Information and Survivorship Manager was able to suggest who to contact. Since the session, one of the social prescribers in attendance has contacted the charity and is in the early stages of setting a second group up. Hopefully, it will succeed with her hard work driving it.

05 Special Mentions

Hartlepool Sport would like to thank all the clubs, groups and organisations that collaborated with us to make the LTH Coffee & Chat sessions possible.

The sessions would not have been as successful without your effort and hard work.

Hartlepool Sport would like to thank:

- Marnie Ramsey - Head of Service (Community Hubs and Wellbeing)
- New Perspectives North East Wellness Walking Group
- Huskies Basketball
- Breathe Easy Darlington
- Victoria McFaull - Vixi Level 4 Exercise Therapist specialising in respiratory fitness
- Madge Preston & Heart Support
- Christopher Shepherdson - Clinical Specialist Pain Practitioner & Flippin' Pain
- Alan Chandler - Macmillan Information and Survivorship Manager for North Tees and Hartlepool NHS Foundation Trust. & Macmillan Cancer Care team
- Denice O'Rourke - Chair Person for Hartlepool Diabetes Group & Hartlepool Diabetes Group
- Catherine Cook - Dementia Advisor & The Greatham Foundation
- Rebecca Blakey - Sleep Coordinator & Daisy Chain
- Claire MacDonald - Senior Outreach Officer at Summerhill Country Park
- Community Hub Central & South Staff

To find out more about the work Hartlepool Sport does or to join one of our networks, please visit the website - www.hartlepoolsport.co.uk

HARTLEPOOL SPORT

Report written by Louise George and the Hartlepool Sport Team.

Join the Movement

HEALTH AND WELLBEING BOARD

29th September 2025

Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2025

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To:

i) Update the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022.
ii) Report progress towards statutory publication of a new PNA (2025) by 29th September 2025 deadline.
iii) Seek approval of the PNA 2025* for publication.

**The draft PNA can be accessed via the flowing link (https://www.hartlepool.gov.uk/downloads/download/447/pharmaceutical-needs-assessment) with paper copies available on request from the Democratic Services Team.*

3. BACKGROUND

3.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on 30th September 2022. The HWB are reminded of their statutory duties and responsibilities[1] for maintenance following publication of the PNA 2022. In summary, the Board must:

a) Publish a revised statement of need (i.e. subsequent pharmaceutical needs assessments) on a three-yearly basis, which complies with the regulatory requirements.
b) Publish a subsequent pharmaceutical needs assessment sooner, when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and

[1] To comply with NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

c) Produce supplementary statements as required, which on publication become part of the PNA 2022. Supplementary Statements explain changes to the availability of pharmaceutical services since publication of the PNA, in certain conditions.

3.2 The HWB also has duties related to other regulatory processes managed previously by NHS England, now by the NENC ICB, e.g., applications (from service providers) to provide new or amended pharmaceutical services or to consolidate two pharmacies. The current process maintains a scheme of delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board and with specialist pharmaceutical advice, for use if it is not possible for any reason to obtain HWB approval in advance of the required response to meet statutory timelines.

3.3 A PNA Maintenance Report is submitted to every Health and Wellbeing Board meeting to:

a) report any action taken under delegated authority and seek ratification where necessary.
b) seek approval for Supplementary Statements prior to publication, including any required update to PNA maps.
c) report on notification or decision-making for changes to pharmaceutical services which fall outside of the requirement to publish a Supplementary statement.
d) report for information, or for decision where necessary, on actions towards meeting the duty to publish a revised statement by 30th September 2025 and at least 3-yearly after that and identifying changes to the need for pharmaceutical services that might require earlier publication of a revised PNA.

4. NOTIFICATION OF ACTION, APPLICATIONS OR DECISIONS MADE SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

4.1 There are no notifications of action, applications or decisions made regarding maintenance of the PNA 2022 since the last meeting if the HWB in July 2025.

5. PROCESS LEADING TO PUBLICATION OF A NEW PHARMACEUTIAL NEEDS ASSESSMENT FOR 2025

5.1 In July 2024 the HWB confirmed that the process of preparing a new PNA had commenced, with publication required by 29th September 2025.

5.2 The primary purpose of the PNA is for the North East and North Cumbria Integrated Commissioning Board (NENC ICB), to use when responding to applications to either join the statutory 'Pharmaceutical List' or to amend conditions or characteristics of being included in it (such as location, opening hours or to merge premises under consolidation). The legislative framework that covers what must be included in the PNA as well as how

NHSE will use it, directs the content and some of the language used, reflecting that used in the legislation and decision-making processes[2].

5.3 Engagement during the development of this draft PNA generated valuable insight into the current and future provision of pharmaceutical services in Hartlepool. Following the conclusion of engagement processes undertaken in December 2024 / January 2025, a draft PNA for 2025 was approved by the HWB in July 2025. A link to the draft PNA 2025 is located in Section 1.

5.4 The 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development and this consultation must last for a minimum of 60 days. Regulation 8 lists those persons who must receive notification and access to a copy of the draft PNA and be consulted on it.

5.5 Statutory consultation on the PNA 2025 was undertaken from 4th July to 4th September 2025. HWBs are also required to publish a report on the consultation in their PNA, including analysis of the consultation responses and reasons for acting or otherwise upon any issues raised. The extracted full results of submissions received from collation of electronic and paper responses are summarised in the attached draft PNA 2025 Consultation Summary and Report (**Appendix A**). This consultation report, once approved, will therefore be included in full as an Appendix to the PNA.

Outcomes of the consultation

5.6 During the consultation period there were 215 visitors to the PNA consultation webpage hosted on the Hartlepool Council website; there were 63 visitors to the PNA consultation response framework in 2022.

5.7 Of these 215 visitors;

- 97 completed at least one action via the web page which included:
- 43 downloaded the draft PNA
- 79 visited multiple pages.
- 17 engaged with the electronic survey tool to the conclusion of submitting their response.

5.8 None of the required[3] consultation questions were 'skipped' i.e., all 17 respondents to the electronic survey answered each question. This does simplify the analysis when expressing answers to quantitative questions as a proportion of those who completed them.

5.9 Eight of the 17 respondents who completed the electronic survey tool provided a written response to at least one part of the consultation framework where the opportunity to do so was made available.

5.10 Paper copies were made available in community hubs across the town and x responses were received via that route making the total number of responses 17 +x This is a comparable response to the PNA consultation surveys of 2022 (fourteen responses), 2015 (fourteen responses) and 2011 (six responses).

[2] The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Department of Health, 2013) sets out the legislative basis for developing and updating PNAs and can be found at: http://www.legislation.gov.uk/uksi/2013/349/contents/made. Throughout the PNA, this legislation is referred to as 'the 2013 Regulations' and implies reference to those Regulations as amended.

[3] All the questions included for equality monitoring purposes were optional.

Consultation feedback and HWB response – key points.

5.11 Quantitative responses are reported as percentages for ease and convenience but may be viewed with caution given the small numbers. Opportunity to add comment in explanation of any response was also provided. Written comments are quoted verbatim in the Consultation Report.

5.12 It is important to acknowledge all feedback received but nevertheless consider the weight that might be attributed to any individual view presented in the context of the whole process of data collection, engagement and development of the PNA.

5.13 Recognising the size and complexity of the document, opportunity to express uncertainty in how to respond to a given question was offered throughout where applicable i.e., to respond either 'yes', 'no' or 'not sure'. Up to a third of respondents were unsure in answering some consultation questions, which may impact on the magnitude of a positive response, and comments reflecting that are noted.

5.14 *The great majority (88%) think that the purpose of the PNA has been explained, and this positive feedback is acknowledged*.

No known discrepancies or inaccuracies in the description of pharmaceutical services were identified. The majority (71%) think that current pharmaceutical services available in Hartlepool are described accurately in the PNA and this positive feedback is acknowledged.

The majority of respondents (76%) agreed that an appropriate process had been followed in developing the PNA; no-one disagreed with this statement.

A smaller majority (65%) again influenced by uncertainty, think that the draft PNA reflects local pharmaceutical needs. Uncertainty in response is noted.

Although one third of respondents did not have a view, 91% of those who expressed a view, agree with the conclusions of the PNA.

Comments and experiences shared throughout are also acknowledged and considered including those regarding access to medicines in the out of hours period or from new housing developments and access to pharmaceutical services by people with disabilities or without personal transport; all these issues are included in the PNA.

The majority of respondents thought that the PNA provided enough information to inform 'near future' pharmaceutical services provision and plans for pharmacies and the majority did not identify any 'near future' needs for pharmaceutical services they consider to be unmet or not included in the PNA, but there was greater uncertainty.

5.15 The draft PNA will be updated as required in response to the consultation by inclusion of an outline summary of the consultation outcomes in the body of the report and the inclusion of the Consultation Report as an Appendix.

5.16 The PNA is concerned with NHS pharmaceutical services. The definition of pharmaceutical services included in the 2013 Regulations does not include any services commissioned from pharmacy contractors by local authorities, or sub-contracted by other lead organisations e.g., for substance misuse or

sexual health services. Nevertheless, the HWB must have regard to 'other NHS services and other local services when making its assessment of any gaps in provision of pharmaceutical services. A full description is in the PNA.

5.17 Financial viability is not a direct part of the needs assessment; however, the impact of local/ national policy may influence service uptake of locally contracted services and may influence nationally contracted NHS services as in all areas of primary care. NHS Pharmacies are not paid to open and no contributions to staff costs are funded centrally; they are reimbursed for the medicines they supply and renumerated for the pharmaceutical services they deliver under national NHS contractual arrangements known as the Community Pharmacy Contractual Framework (CPCF).

5.18 As reported previously, five pharmacies in Hartlepool changed ownership since PNA 2022 but with no changes in location. Hartlepool has experienced a reduction in the availability of pharmaceutical services because of reduced opening times, but importantly no permanent closure of any pharmacy, as has been the case across England. In some parts of the country this is causing very real difficulties, forcing people to travel significant distances to access essential pharmaceutical services in person on the premises, even on weekdays in the in-hours period (from 9am to 6.30 pm). In the Hartlepool public survey, 85% of all of those who responded to the survey had either not noticed or been unaffected by recent changes to opening times.

5.19 In making this assessment, the HWB had regard, in so far as it is practicable to do so, to the all the matters included in Part 2 Regulation 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and has defined necessary and other relevant services in accordance with the 2013 Regulations and had regard to the demography, protected characteristics and health needs of the population.

5.20 Following the conclusion of the consultation, the draft PNA will be updated; primary conclusions and the Statement of Need will be unchanged.

5.21 Following approval of the HWB, the PNA 2025 will be published on the Hartlepool Council website by the statutory deadline of 29th September 2024.

5.22 The Hartlepool PNA 2025 will then be maintained in accordance with 3.1 a), b) and c) above, as before.

6. OTHER CONSIDERATIONS

RISK IMPLICATIONS / LEGAL CONSIDERATIONS	To fulfil the requirements of Section 128A of the National Health Service Act 2006 (NHS Act 2006) for each Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA). PNAs are used by NHS England for the purpose of determining applications for new premises. It is therefore important that PNAs comply with the requirements of the regulations, due process is

	followed in their development and that they are kept up to date.
FINANCIAL CONSIDERATIONS	None
SUBSIDY CONTROL	None
SINGLE IMPACT ASSESSMENT	None
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None
CONSULTATION	(a) Public engagement including internal engagement and subsequent statutory consultees undertaken December 2024/January 2025 (b) Public consultation on the draft PNA has been undertaken through an online survey 4th July to 4th September 2025 (c) Consultation comments have been invited from the following statutory consultees (minimum 60 days) As detailed in Appendix 1 of the PNA 2025.

7. RECOMMENDATIONS

7.1 That the Health and Wellbeing Board:

(i) note there are no further notifications of action, applications or decisions made regarding maintenance of the PNA 2022.
(ii) approve the Hartlepool Pharmaceutical Needs Assessment PNA 2025 for publication.

8. REASONS FOR RECOMMENDATIONS

8.1 To fulfil the requirements of Section 128A of the National Health Service Act 2006 (NHS Act 2006) for each Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA).

9. BACKGROUND PAPERS

Pharmaceutical Needs Assessment 2022 (link to PNA https://www.hartlepool.gov.uk/downloads/download/447/pharmaceutical-needs-assessment)

Draft Pharmaceutical Needs Assessment 2025 (link to PNA https://www.hartlepool.gov.uk/downloads/download/447/pharmaceutical-needs-assessment)
Draft PNA 2025 Consultation Summary and Report
National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 as amended (the 2013 Regulations).
The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (the 2023 regulations).

10. CONTACT OFFICERS

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Hartlepool HWB Pharmaceutical Needs Assessment 2025
60-day Formal Consultation from 4th July to 4th September 2025

Summary and Feedback

Key outcomes of the consultation:

During the consultation period there were 215 visitors to the PNA consultation webpage hosted on the Hartlepool Council website. There were 63 visitors to the PNA consultation response framework in 2022.

Of these 215 visitors;

- 97 completed at least one action via the web page which included:
- 43 who downloaded the draft PNA
- 79 who visited multiple pages
- 17 who engaged with the electronic survey tool to the conclusion of submitting their response.

Paper copies were made available in community hubs across the town. One consultation response was submitted on paper their answers are included in the final summary – a total of 18 reponses. This is a comparable response to the PNA consultation surveys of 2022 (14 responses), 2015 (14 responses) and 2011 (6 responses).

Respondents:

Based on their answer to the question *"…select the option that best represents you. I am answering these questions as…",* the self-assigned designation of all responders is shown in Table 1.

Table 1. Self-assigned designation of responders to PNA consultation (2025)

Hartlepool 'pharmacy user'	Hartlepool pharmacy contractor or representative	HWB	Total responses
16	**1**	**1**	**18**
Hartlepool 'pharmacy user'			A 'pharmacy user' – a patient, carer, or member of the public living or using pharmaceutical services in this (Hartlepool) area
Hartlepool pharmacy contractor or representative			A pharmacy contractor or representative of a pharmacy contractor(s) in Hartlepool
HWB			Neighbouring HWB representative

Consultation feedback and HWB response.

A summary of respondent feedback to each consultation framework question follows.

- None of the required[1] consultation questions were 'skipped' on the electronic survey i.e., all 17 respondents answered each question. This does simplify the analysis when expressing answers to quantitative questions as a proportion of those who completed them. The answer to one question was missed from the paper response.

[1] All the questions included for equality monitoring purposes were optional.

- Responses are reported as percentages for ease and convenience but should be viewed with caution given the small numbers. It is important to acknowledge all feedback received but nevertheless consider the weight that might be attributed to any individual view presented here in the context of the whole process of data collection, engagement and development of the PNA.
- Written comments are quoted verbatim. Eight of the 18 respondents provided a written response to at least one part of the consultation framework where the opportunity to do so was made available.
- Consultation feedback was shared with the PNA Steering Group for reflection and response with respect to the final content of the PNA.
- Response, on behalf of Hartlepool HWB, to each question is shown *in italics*.

1. Do you think that the purpose of the PNA has been explained?

Do you think that the purpose of the PNA has been explained?		
Answer	**Count**	**% of answered**
Yes	16	89%
No	1	
Not sure	1	
Answered	18	

HWB response: The great majority think that the purpose of the PNA has been explained and this positive feedback is acknowledged.

If you wish to provide a comment on your understanding of the purpose of the PNA please do that here...
All comments follow a 'Yes' response to Q1
improving the offer
statutory requirement so little choice; although the needs assessment has shown that services have shrunk in Hartlepool but particularly in stockton
whether residents of Hartlepool feel like there's enough pharmacy services
should be visible without downloading and presented simply using bullet points

HWB response: Comments are noted. The draft PNA was visible without downloading, though this may have appeared differently on a mobile device. It was available to download if required. It is recognised that the statutorily required content and purpose of the PNA does easily lend itself to presentation using bullet points. The challenges this presents are acknowledged.

2. Do you think that the draft PNA accurately describes the current pharmaceutical services available in Hartlepool?

Do you think that the draft PNA accurately describes the current pharmaceutical services available in Hartlepool?		
Answer	**Count**	**% of answered**
Yes	13	72%
No		
Not sure	5	28%
Answered	18	

If no or not sure, please use this space to tell us of any discrepancies or inaccuracies (providing evidence where possible)
Comments follow 'not sure' responses to Q2
it is a complex document that should have been summarised for public viewing
should be visible without downloading and use bullet point briefly and simply for public to decide or make comments

HWB response: No known discrepancies or inaccuracies in the description of pharmaceutical services were identified. The majority think that current pharmaceutical services available in Hartlepool are described accurately in the PNA and this positive feedback is acknowledged. One third of respondents were unsure and comments reflecting that are noted. The complexity and purpose of the PNA is set out in legislation. The full version must be fit for the statutory purpose without compromise by summary. A short accessible companion document may prove useful to support public awareness during on-going maintenance of the PNA.

3. Do you think that the draft PNA reflects local pharmaceutical needs?

Do you think that the draft PNA reflects local pharmaceutical needs?		
Answer	**Count**	**% of answered**
Yes	12	67%
No	2	
Not sure	4	
Answered	18	

If not, please explain why you think that...
Comments follow a 'no' response to Q3
I myself have needed urgent medication out of hours and have found it impossible to find a pharmacy open out of hours in Hartlepool to do so.
I support multiple people many of whom have no transport and or limited online skills. The current provision is biased towards people with access to transport (private or public) and the financial ability to pay for this.

HWB response: The majority think that the draft PNA reflects local pharmaceutical needs. Uncertainty in response is noted. Comments and experiences shared are also acknowledged and considered. The need for, and availability of, pharmaceutical services in Hartlepool in the out of hours period is defined, described and assessed in the PNA. People with access to transport and other resources have better access and choice to all goods and services. This assessment also has regard to the pharmaceutical needs of people without personal transport, and how those needs may be met.

4. Are you aware of any pharmaceutical services provided in Hartlepool that are not currently included in the PNA?

Are you aware of any pharmaceutical services currently provided in Hartlepool that are not included in the draft PNA?		
Answer	**Count**	**% of answered**
Yes		
No	14	78%
Not sure	4	22%
Answered	18	
If yes, can you please tell us what they are?		
There were no YES answers, so no explanations needed or given. On reflection, it is not applicable to offer a 'not sure' option since you are either aware or not. Yes/No is sufficient in this case.		

HWB response: The responses suggests that the PNA includes all current pharmaceutical services available in Hartlepool.

5. Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?

Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?		
Answer	**Count**	**% of answered**
Yes	12	67%
No		
Not sure	6	33%
Answered	18	
no option for comments offered		

HWB response: The majority answered in the positive. It is acknowledged that this question might require expertise beyond that of a lay person to answer with confidence, so uncertainty in response is understandable. Nevertheless, a smaller percentage answered with this uncertainty in 2025 than in 2022 when the response of 'not sure' was given by 50% of respondents.

6. Is there any other information which you think should be included in the PNA?

Is there any other information you think should be included in the PNA?		
Answer	**Count**	**% of answered**
Yes	3	see comments
No	8	44%
Not sure	7	39%
Answered	18	
If yes, can you please tell us what they are?		
Three YES answers led to these comments;		
1. *More information on providing facilities for new housing estates on the outskirts of town, which need to have a provision added to the planning applications*		
2. *With the explosion in Ozempic and Mounjaro there should be an assessment of the penetration of on line pharmacies, particularly ones that are in flagrant breach of regulations and the identification of "pharmacies" that may be responsible for supplying illicit and or fake POMs.*		
3. *For future PNAs, it would be helpful to have a section on pharmacies and disabled people - e.g., whether most can access, can antibiotics be procured all week even if prescribed by urgent care/OOH (currently, no)*		

HWB response: almost half of those who responded did not identify any other information to be included in the PNA. The proportion of those who responded 'not sure' was the same as in 2022. Three respondents have suggested other information they considered should be included in the PNA; their comments/experiences are acknowledged and considered. In response: (1) the potential impact of new housing on the outskirts of the town on the need for pharmaceutical services within the timeframe of this PNA is included in the assessment. (2) For the avoidance of doubt, it is not a requirement of the PNA to report on counterfeit medicines/ breaches of the Medicines Act; the purpose of the PNA is not to assess the quality of pharmaceutical services provided. Professional standards of pharmaceutical services (including online services) are established and monitored by the General Pharmaceutical Council and national (NHS) contractual service specifications for essential services such as

dispensing are monitored by NHS England. It is possible, that evidenced, substantially inadequate service delivery could be considered to affect whether or not pharmaceutical needs continue to be met in the longer term. (3) The pharmaceutical needs of people with disabilities are considered in the PNA. Reasonable adjustment for both premises access and other support for people with disabilities to manage their medicines should now be universal, covered by requirements under the Equality Act and pharmaceutical professional guidance. There have been no new pharmacy premises this PNA. Also in comment (3), regarding access to antibiotics (or any other medicine), where any medicine is considered urgent and necessary following access to medical services in the out of hours period, that medicine should be provided by the service attended, e.g., the urgent care service. A person would not therefore need to access a community pharmacy to dispense a prescription in those circumstances. For non-urgent medicines, a prescription may be provided to be dispensed when a convenient pharmacy is next open. Further understanding of people's experience of pharmaceutical services in Hartlepool with respect to support for those living with disabilities, or accessing services in the out of hours period may be explored during the on-going maintenance of the PNA[2].

4. **Do you think that the process followed in developing the PNA was appropriate?**

Do you think that the process followed in developing the PNA was appropriate?		
Answer	**Count**	**% of answered**
Yes	13	76%
No		
Not sure	4	24%
Answered	17*	
If no and you have any comments on the process then add them here		
No 'no' answers; one comment received from a YES answer;		
Extensive report last time with 217 pages to digest and a sizeable executive summary		

*response on paper missed this question

HWB response: the majority of respondents did think that an appropriate process had been followed in developing the PNA.

5. **Do you agree with the conclusions of the pharmaceutical needs assessment?**

Do you agree with the conclusions of the pharmaceutical needs assessment?		
Answer	**Count**	**% of answered**
Yes	10	56%
No	1	
Don't have a view	7	39%
Answered (denominator)	18	
Denominator excluding those who 'do not have a view'	11	

HWB response: the majority of respondents agreed with the conclusions of the PNA, however, two fifths of respondents did not have a view. 91% of those who expressed a view, agree with the conclusions of the PNA.

[2] See concluding paragraph

If you have any comments on the conclusions please add them here...

comments from pharmacy-users; these respondents agreed with the conclusions:
whether this is relevant, pharmacies advertise that their staff can provide basic health advice etc but many people don't have very positive experiences of this
I feel that pharmacies are under threat and having signed a petition to save local pharmacy services I suspect that they feel the same. I also deplore the fact that the local pharmacy service is being used to bolster the deficient GP / Primary care service
The Wynyard bit was good - the pharmacy here is brilliant, but opening on weekends would be really beneficial, and there is danger with the planned population expansion that if it was to close, too many would be left without a nearby pharmacy.

HWB response: comments and experiences are acknowledged and considered.

6. **Are there any current needs for pharmaceutical services that you consider to be unmet?**

Are there any current needs for pharmaceutical services you consider to be unmet?		
Answer	**Count**	**% of answered**
Yes	5	28%
No	9	50%
Not sure	4	
Answered	18	

HWB response: one third of respondents indicated they considered there are current unmet needs for pharmaceutical services.

The responses to this question need to be considered alongside to the responses to the secondary question:
Are these current unmet needs for pharmaceutical services identified in the PNA?

Of the five respondents who answered yes to question 6, two then indicated that (yes) the unmet needs were already identified in the PNA and also added a comment. The other three were 'not sure'; two of these expanded with a comment (all shown below) when invited to:
Please add any comments you may have on current unmet pharmaceutical needs.

Yes/Yes response:
Out of hours
I have several times ended up in OOH/urgent care with an infection requiring antibiotics on a Sunday and been unable to get to a pharmacy (as none are open) so my infection has progressed and I have been very unwell until Monday afternoon when that is the earliest I can get antibiotics.
Yes/Not sure response:
I am unable to read the entire document, but I did not see the provision of 24 hour, 7 days a week provision, enabling to retrieval of prescriptions.
New housing developments should include reasonable access to pharmacy without having to travel a significant distance

HWB response: feedback and comments or experiences shared are acknowledged. Pharmaceutical needs with respect to out of hours and new housing developments are already noted above. The need for a community pharmacy in Hartlepool open 24 hours, 7 days a week for FP(10) prescription dispensing has not been identified. Such a service would be unlikely to be sustainable; legislation even changed in recent years to permit pharmacies previously required to open 100 hours a week to reduce their total opening hours to 72 hours.

7. **Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans for pharmacies?**

Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans?		
Answer	**Count**	**% of answered**
Yes	14	78%
No		
Not sure	4	22%
Answered	18	

HWB response: this positive feedback is acknowledged.

8. **Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?**

Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?		
Answer	**Count**	**% of answered**
Yes	13	72%
No		
Not sure	5	28%
Answered	18	
Please add any comments you may have on future pharmaceutical services or plans here		
From a Yes response		
I think a better delivery service would be beneficial and would prevent pharmacy staff being over whelmed with people wanting and needing to collect medications at the same times. Also when addicts are prioritized in receiving there medication over usually ill people it isn't on		
From a not sure response		
I do not have the hardware to download and read a large complex document		

HWB response: feedback is acknowledged.

9. **Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		
Answer	**Count**	**% of answered**
Yes	1	6%
No	7	39%
Not sure	10	56%
Answered	18	
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		
No comments added		

HWB response: feedback is acknowledged, and the understandable uncertainty.

10. Are there any 'near future' needs for pharmaceutical services you consider to be unmet?

Are there any 'near future' needs for pharmaceutical services you consider to be unmet? (part a)		
Answer	**Count**	**% of answered**
Yes	1	
No	9	50%
Not sure	8	44%
Answered	18	
Are these 'near future' unmet needs for pharmaceutical services identified in the PNA? (part b)		
Answer	**Count**	**% of answered**
Yes	1	
No	5	28%
Not sure	12	67%
Answered	18	
Please add any comments you may have on future unmet needs here		
No comments added		

HWB response: the great majority (94%) of respondents have not identified any 'near future' needs for pharmaceutical services they consider to be unmet. However, there is lots of uncertainty. With no comments added and responses to part b perhaps inappropriately permitted by all (and not only those who answered part a in the positive), there is less confidence in the interpretational value of these responses to part b.

11. Do you have any other comments about the Hartlepool Health and Wellbeing Board draft PNA 2022?

Two responses were offered:
A shorter, summary document should have been available for public viewing (alongside this one). This complex and large document will stop people completing the survey properly, which you should know.
Directing Hours- if a contractors doesn't adjust their hours to reflect local needs then NHS England will direct them to open to meet the needs...does this therefore generate a gap if contractors don't adjust their hours? *Page 19.. facilitate better access to services in a community setting...is this relating to existing contractors OR is this a gap?* *Page 30...5 weeks notice to supplementary hours changes however this only relates to decrease in hours whereas an increase can be actioned overnight* *Page 56 & 57...whole paragraph repeated....'whilst prescriptions...and ends stop smoking services' is repeated on page 57* *Page 108...5 weeks notice repeated again.* *Page 179....existing contractors and opening hours...HWB is satisfied that GP appointment times match pharmacies however if pharmacies don't match and they don't adjust then does this create a GAP*

HWB response: The challenges of presenting the PNA as a statutory document for consultation which includes the opportunity for public comment, are acknowledged. Factual corrections have been made. Responses related to clarity of statement of need or potential service gap have been addressed in the final PNA.

Concluding information:

After publication, the HWB continues to seek and evaluate updated information by which it may monitor and identify the impact of any potential changes to need, or whether identified needs continue to be met. On-going work may seek a more detailed understanding of the views and experiences of service providers (including out of hours service providers), patients, carers and their representatives as part of PNA maintenance and wider quality management and enhancement of local pharmaceutical and other services. Healthwatch may often support such on-going work in HWB areas. Feedback from PNA engagement and consultation may be considered by service providers locally.

The PNA is concerned with NHS pharmaceutical services and will also seek to understand other services e.g., some local government commissioned services where those impact on meeting the population needs for pharmaceutical service for the purposes of the PNA. Financial viability and the impact of local/ national policy may influence service uptake of locally contracted services and may influence nationally contracted NHS services in all areas of primary care.

What must be assessed by the PNA is whether pharmaceutical needs are met in a given area, taking into account (where applicable) those factors included in Regulations i.e.,

- the different needs of different localities in its area
- the different needs of people in its area who share a protected characteristic and having regard to
- any other NHS services provided or arranged by a local authority, NHS England or the ICB, an NHS trust or an NHS foundation trust which affect

a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

HEALTH AND WELLBEING BOARD

29 September 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Executive Director of Adult and Community Based Services

Subject: BETTER CARE FUND UPDATE

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- Where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To update the Health and Wellbeing Board on approval of the 2025-2026 Better Care Fund Plan and performance in the first quarter of 2025/26.

3. BACKGROUND

3.1 The Better Care Fund (BCF) has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning. The BCF brought together ring-fenced budgets into a single pooled budget that has been focused on integration of health and social care services for older people, delivering system wide improvements and better outcomes for local people.

3.2 The BCF Plan for 2025 to 2026 was developed in line with the Better Care Fund Policy Framework that was published in January 2025 with revised objectives that reflect the government's commitment to reform by shifting from sickness to prevention, supporting people to live independently and to shift from hospital to home.

The objectives are:

1. Reform to support the shift from sickness to prevention

Plans must help people remain independent for longer and prevent escalation of health and care needs, including:

- Timely, proactive and joined-up support for people with more complex health and care needs.
- Use of home adaptations and technology.
- Support for unpaid carers.

2. Reform to support people living independently and the shift from hospital to home

Plan must:

- Help prevent avoidable hospital admissions.
- Achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence).
- Reduce the proportion of people who need long-term residential or nursing home care.

3.3 The new framework also set out three headline metrics for 2025/26:

- Emergency admissions to hospital for people aged over 65 per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of:
  - proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)
  - for those adult patients not discharged on their DRD, average number of days from the DRD to discharge.
- long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population.

3.4 Health and Wellbeing Boards were required to submit a narrative plan, a completed planning template and an intermediate care capacity and demand plan by 31 March 2025. The draft Hartlepool plan was approved by the Health & Wellbeing Board on 17 March 2025.

4. PROGRESS UPDATE

4.1 Confirmation that the Hartlepool BCF Plan for 2025 – 2026 had been approved was received on 2 June 2025.

4.2 A quarter 1 reporting template covering the period April – June 2025 was required to be submitted by 15 August 2025. The Hartlepool submission

identified that all national conditions continue to be met and that expenditure was in line with the plan for the year.

4.3 In relation to performance, data was not yet available for two of the national metrics, but updates were provided as follows:

Emergency Admissions
Q4 data shows the area of non-elective admissions as being a challenging metric having been outside the 24/25 target.

The Hartlepool BCF plan remains focussed and committed to the reduction of appropriate non elective admissions. System partners continue to promote the integrated Single Point of Access (iSPA) for referrals to support non elective admissions to hospital for adults and predominantly older people. The iSPA which includes the Urgent Community Response (UCR) team, continues to provide alternative support for people to remain in their own home, avoiding unnecessary admissions. UCR and the hospital at home service also support the transfers of care pathways from acute to community.

The Enhanced Health in Care Homes (EHiCH) scheme provides additional support for both staff and residents living in care homes through an integrated neighbourhood health approach. In addition, there are a number of other commissioned services funded from BCF supporting care homes including a training and education programme to support staff to enable more focussed proactive care. Training programmes include Is My Resident Unwell which provides additional training for staff to support residents more effectively and reduces unnecessary hospital admissions.

In Q4 of 2024/25 non-elective admissions from care homes decreased by 29.4% compared to the same period in 2023/24.

Acute Respiratory Infection (ARI) hubs were also in place to provide an alternate referral and treatment/support mechanism for patients with respiratory issues, again preventing unnecessary hospital attendance and potential admission.

Work is ongoing in relation to falls with a pilot project in care homes - iSTUMBLE, and evaluation of the project is due in Q2 of 2025/26.

Discharge Delays
Full Q1 data is currently unavailable. However, BCF Exchange data for April 2025 shows that Hartlepool is currently achieving the 2025/26 target with performance comparing positively with regional and national averages.

In Hartlepool the average delay following the discharge ready date is 2.9 days, slightly above our 2.8 days ambition for 2025/26 but still positive in terms of the National & Regional averages of 6.23 days and 5.6 days respectively.

We continue to focus on discharge collaboratively through our local weekly

discharge meeting with system partners, where we routinely discuss the discharge position and work towards proactively mitigating issues. We also provide continued focus on all our BCF metrics and feed information for assurance via our newly established Health & Social Care Integration Collaborative Meetings.

Residential Admissions
The number of admissions in Q1 is slightly above target (with 33 admissions against a target of 29) due to a number of self-funding residents requiring support from the local authority after their funds fell below the self-funder threshold. This has led to a review of expected performance across the year which is still expected to achieve the year end target. Performance is being closely monitored over the next 3 months for reporting in Qtr2.

5. RISK IMPLICATIONS

5.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This has routinely been reviewed and updated as the plan has been revised.

6. FINANCIAL CONSIDERATIONS

6.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.

6.2 The Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.

6.3 Allocations for Hartlepool for 2025/26 are shown below:

Funding	**2025/26**
BCF (Minimum NHS Contribution) #	£10,739,809
Disabled Facilities Grant	£1,516,148
Local Authority Better Care Grant *	£6,610,259
BCF Balance Brough Forward	£594,963
TOTAL	**£19,461,179**

- Now incorporates the ICB Discharge Grant
* - New grant consisting of former iBCF and ASC Discharge Grants

7. LEGAL CONSIDERATIONS

7.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None identified.

9. STAFF CONSIDERATIONS

9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No asset management considerations have been identified.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATION

12.1 It is recommended that the Health and Wellbeing Board notes the approval of the Hartlepool Better Care Fund Plan for 2025 – 2026 and Quarter 1 performance against the national metrics.

13. REASON FOR RECOMMENDATION

13.1 It is a requirement that Health & Wellbeing Boards approve BCF plans and returns.

14. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

29 September 2025

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD – FACE THE PUBLIC ARRANGEMENTS

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1. **COUNCIL PLAN PRIORITY**

Hartlepool will be a place:
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

2.1 To outline a proposed arrangements for the Health and Wellbeing Board Face the Public event.

3. BACKGROUND

3.1 Part 1 of Hartlepool Borough Council's Constitution requires that the Safer Hartlepool Partnership and the Health and Wellbeing Board each hold one Face the Public Event a year. These events are open to Elected Members and the public. The statutory partners will undertake to be responsible for:

(a) Updating those attending on their work during the last year.

(b) Inform those attending on their future plans including future challenges.

(c) Consulting and engaging with residents on the development of key partner strategies and plans for the Borough; and

(d) Receiving and responding to questions from those attending on their work, future plans and priorities.

3.2 In accordance with the requirements of the Constitution, Face the Public events have been held annually since the establishment of the Health and Wellbeing Board in 2013. The exception to this being 2020, which saw the unavoidable cancellation of the event following the outbreak of the Covid-19 pandemic.

3.3 The event has been provided in a number of differing formats, including in person daytime and early evening session, joint events with the Safer Hartlepool Partnership and remotely. Consideration now needs to be given to the format for the 2025/26 face the public event.

4. PROPOSALS

4.1 The Board is asked to consider the below proposal for the conduct of the 2025/26 Face the Public.

Location – Central Hub (Health and Wellbeing Board to also be held in the Hub)

Date – 16th February 2026 (to commence immediately following the Health and Wellbeing Board)

Format - 'Drop-in' session with key partner representatives to be present.

Aim / Focus - To provide an opportunity to engage about the HWB priorities / Action Plan / Outcomes. An area of focus for the event needs to be confirmed from the Boards identified priorities (as identified in the Joint Local Health and Wellbeing Strategy 2025-2030) and respective Action Plan.

Topic – To be agreed by the Board

Promotion - A plan to be agreed with the Council's Communications and Marketing / Performance and Partnerships teams.

6. OTHER CONSIDERATIONS

RISK IMPLICATIONS	None
FINANCIAL CONSIDERATIONS	None
SUBSIDY CONTROL	None
LEGAL CONSIDERATIONS	None
SINGLE IMPACT ASSESSMENT	None
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None
CONSULTATION	None

12. RECOMMENDATIONS

12.1 That the Board:

i) Approves the proposed arrangements for the 2025/26 Face the Public event (as outlined on Section 4 above).

ii) Approves a topic / area of focus for the face the public event.

13. REASONS FOR RECOMMENDATIONS

13.1 To fulfil the requirements of the Constitution in relation to the conduct of a Face the Public event for 2025/26.

14. BACKGROUND PAPERS

Hartlepool Borough Council Constitution
Joint Local Health and Wellbeing Strategy 2025-2030 (and Action Plan)

15. CONTACT OFFICERS

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NHS
North East and
North Cumbria

Pemberton House
Colima Avenue
Sunderland
SR5 3XB

14 August 2025
Ref: 511/SA

Dear colleague,

Oral Health and Dental Strategy 2025-2027

I am pleased to share with you the North East and North Cumbria Integrated Care Board's ambitious plans for improving oral health across the region.

Our Oral Health and Dental Strategy 2025-27, which was approved by our Board in July, sets out a clear vision to reduce health inequalities, prevent dental disease and improve access to high-quality NHS dental care.

It has been produced in collaboration with a range of partners and, for the first time, brings together the initiatives we are delivering together into one place. The strategy is fully focused on protecting and growing NHS dentistry by supporting our fantastic dental teams and helping patients get the care they need.

Work so far

Since the ICB took over responsibility for NHS dentistry in 2023, we have made steady progress in addressing the challenges we face in our region. Through our Dental Access Recovery Plan, we have:

- Increased capacity of out-of-hours urgent dental treatment on an annual basis with more than **1,000 extra out-of-hours urgent dental sessions secured for 2025-26 in the North East.**
- Expanded the Out of Hours Dental Clinical Assessment Service workforce and triage capacity.
- Treated more than 6,000 patients with urgent and emergency care needs at Urgent Dental Access Centre pilots in Darlington and Carlisle.
- Increased the minimum unit of dental activity (UDA) rate paid to dentists to over £3 more than the national minimum.
- Commissioned additional UDAs from practices with workforce and surgery capacity.
- Worked with dentists to assess the true cost of delivering NHS dental care and implemented recommendations within the first tranche of pilot sites to stabilise the contracts and service delivery.
- Funded and supported initiatives to train and upskill the dental workforce.
- Agreed payment of a non-recurrent loyalty bonus to experienced dentists to recognise long-term commitment to the NHS.
- Supported preventative initiatives, such as supervised toothbrushing for children.

Our priorities

We have four priorities to improve our population's oral health:

- Improve access to routine dental care, like check-ups.
- Increase the number of urgent care appointments.
- Tackle dental workforce recruitment and retention issues.
- Focus on preventing poor oral health.

We will work closely with local authorities, combined authorities and other partners in the public and voluntary sectors to deliver services that work for patients and dental professionals. This includes:

- Securing **additional general dental access capacity** from practices who have available workforce and surgery capacity and where required going out to formal procurement to try to secure new NHS contracts.
- Securing where possible additional **out-of-hours urgent dental sessions** to improve access for patients.
- Supporting **community dental services** to give vulnerable people care closer to home.
- Launching a network of **Urgent Dental Access Centres** that will provide up to 109,000 urgent care appointments every year.
- Working with partners to **support people to look after their gums and teeth**.
- Supporting NHS 111 to deal with dental calls by continuing to **expand the Out of Hours Dental Clinical Assessment Services (DCAS) workforce** where required.
- Reducing waiting times for **specialist minor oral surgery and orthodontic services where required.**
- Working with partners on **education and training schemes** that keep our dental workforce engaged and skilled.
- **Investing in local NHS dental services** by targeting funds and support to the most deprived communities.

Much of this work is already underway – and the strategy sets out how we will continue to drive our vision forward over the next two years.

Supporting the national agenda

I was pleased to see a focus on 'fixing the foundations of dentistry' in the NHS 10-Year Health Plan and our strategy is well-placed to support the Government's three shifts – particularly by delivering more dental services in our communities and focusing on preventing dental disease.

Our strategy also makes us ready and able to respond to any changes resulting from the Government's current consultation on the NHS dental contract quality and payment reforms.

There is still a lot of work to do to address the challenges we face in NHS dentistry across the North East and North Cumbria. I appreciate this will continue to be a high priority for your residents, so I hope you welcome our ongoing commitment to protect, retain and stabilise NHS dentistry across the region.

The Oral Health and Dental Strategy 2025-27 is available at: https://northeastnorthcumbria.nhs.uk/our-work/oral-health-and-dental-strategy-2025-27

Yours sincerely,

Samantha Allen
Chief Executive