Hartlepool
Borough Council

Health and Wellbeing Board

Agenda

16 July 2026

Time: 10.00am

Location: Council Chamber

Members: Health and Wellbeing Board

Prescribed Members:
Elected Members, Hartlepool Borough Council - Councillors Darby, B Harrison, Jorgeson and Roy (C).
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 - Chris Woodcock
Executive Director of Children's Services, Hartlepool Borough Council - Alison Sutherland
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:
Chief Executive, Hartlepool Borough Council – Matt Wilton
Director of Development, Neighbourhoods and Regulatory Services, Hartlepool Borough Council - Kieran Bostock
Director of Housing, Growth and Communities, Hartlepool Borough Council - Gemma Ptak
Assistant Director for Early Intervention, Performance and Commissioning - Rebecca Stephenson
Representative of Hartlepool Voluntary and Community Sector - Christine Fewster (Hartlepool Carers) and Kelly Brooks (PFC Trust)
Representative of Tees, Esk and Wear Valley NHS Trust - Jamie Todd
Representative of University Hospitals Tees - Neil Atkinson
Representative of Cleveland Police - Helen Wilson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Vacancy
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Vacancy

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 16 February 2026.

4. Items for Consideration

4.1 Health and Wellbeing Board Peer Review - Review of Health Protection Board Terms of Reference – *Director of Public Health*

4.2 Embedding Neighbourhood Health: Integration, Collaboration and Transformation – Presentation - *Deputy Director of Delivery – Tees Valley Local Delivery Team*

4.3 Changing Futures Presentation - *Assistant Director of Early Intervention, Performance and Commissioning*

5. Items to Note

5.1 Better Care Fund Update - *Executive Director of Adult Services & Public Health*

5.2 Healthwatch Hartlepool Annual Report - *Chief Executive - Healthwatch Hartlepool*

6. Items for Information

6.1 Hartlepool Community Mental Health Transformation – *Let's Connect Hartlepool*

7. Any other business which the chair considers urgent

For Information

Date of next meeting – 8 October 2026 @10am

Hartlepool
Borough Council

Health and Wellbeing Board
Minutes and Decision Record

16th February 2026

Meeting commenced

Time: 10:00 am

Location: Committee Room B, Civic Centre, Hartlepool

Present:

Councillor Allen (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Darby, Little, Roy
Representative of North-East and North Cumbria Integrated Care Board – Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Chris Woodcock
Executive Director of Adults Services and Public Health, Hartlepool Borough Council - Jill Harrison
Representative of Healthwatch – Christoper Akers-Belcher

Other Members:
Director of Housing, Growth and Communities – Gemma Ptak
Assistant Director of Development, Neighbourhoods and Regulatory Services – Sylvia Pinkney
Hartlepool Voluntary and Community Sector – Kelly Brooks
Hartlepool and Stockton Health GP Federation – Fiona Adamson
North Tees and Hartlepool NHS Trust – Neil Atkinson
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

Also in Attendance:
Stephanie Worn – University Hospitals Tees
Stuart Irvine – North Tees and Hartlepool NHS Trust
Nicola Haggan – Alice House Hospice
Observer Councillor Brenda Harrison – Elected Member, Hartlepool Borough Council

Officers:
Scott Campbell – Service Manager – Education, Employment and Skills
Joan Stevens – Democratic Services and Statutory Scrutiny Manager
Claire Mcpartlin – Democratic Services and Legal Support Officer

40. Apologies for Absence

Denise McGuckin (Chief Executive HBC), Margaret Wrenn (Healthwatch), Helen Wilson (Superintendent, Cleveland Police)

41. Declarations of Interest

None.

42. Minutes

Minutes from 8th December 2025 – approved.

43. Review of Health Protection Board Terms of Reference - *Director of Public Health*

The Director of Public Health sought approval for the refreshed Hartlepool Protection Board Terms of Reference. A review was undertaken following the appointment of a new Director of Public Health. The updated Terms of Reference were attached at Appendix 1. The main changes included the frequency of meetings and how the Board would report back to the Health and Wellbeing Board.

The Representative of North-East and North Cumbria Integrated Care Board requested that the representation of the Integrated Care Board (ICB) be changed to read A Representative rather than specific roles due to the changes within the organisation.

Decision

That:

i) The Terms of Reference be approved with the requested amendment.
ii) An annual report on the activities of the Health Protection Board be presented to the Health and Wellbeing Board.

44. Rowan Unit – Maternity Services Update – *Group Director of Midwifery and Service Director for Family Health Clinical Service Unit, University Hospitals Tees*

The Group Director of Midwifery and Service Director for Family Health Clinical Service Unit updated the Board on the planned reopening of the Rowan Suite. Births at University Hospital of Hartlepool had been temporarily suspended due to significant staffing pressures in May 2025. Interim birth options were offered including homebirth and low-dependency and waterbirth rooms at North Tees.

There had been a reduction in workforce pressures including sickness absence and the recruitment into midwifery vacancies.

The re-opening of the Rowan Suite was to take place over a three-phased period between January and June 2026. The importance of communication in terms of what can be offered and where along with managing expectations was highlighted.

The representative from Healthwatch offered to assist with this and the Trust accepted this offer.

The Group Director of Midwifery and Service Director for Family Health Clinical Service Unit reported no concerns with Phase 1 of the re-opening model. This was progressing well with regular engagement with teams.

Several Members noted their disappointment that there were no plans for University Hospital of Hartlepool to become a Consultant Led Maternity Unit. Members expressed that Hartlepool people wished for the return of a full maternity service from University Hospital Hartlepool so their children could be born in their hometown and have Hartlepool listed on their children's birth certificates. The Group Director of Midwifery and Service Director for Family Health Clinical Service Unit advised that the service, how and where it is delivered, were influenced by the complex nature of maternity requirements and changing maternity standards, the need for consultant pathways where required and co-location of other wrap round services that cannot be effectively located across multiple sites. Emphasis was placed upon the delivery of safe services.

Decision

i) That the report be noted and a further update provided at the first meeting of the Health and Wellbeing Board in the new municipal year.

45. Hartlepool Board – Presentation – *Director of Housing, Growth and Communities*

The Director of Housing, Growth and Communities presented the Board with an update on the Pride in Place Programme. This programme is a major community regeneration and empowerment initiative led by Government. As part of this, from April 2026, Hartlepool will receive £2m a year over the next 10 years, this would include 75% Capital Funding and 25% Revenue Funding. Hartlepool would receive £1.5m of capital funding for immediate improvements with £750k received to date.

The Pride in Place Programme had three strategic objectives – Stronger Communities, Thriving Places and Empower People.

The Hartlepool Board oversee this programme and includes a number of partner agencies as well as Elected Members from Hartlepool Borough Council.

Several innovation days were scheduled to take place in March 2026. These would be facilitated by Hartlepool Board members.

The Representative of North-East and North Cumbria Integrated Care Board advised a 10-year plan had been released around Integrating Neighbourhoods, work had begun with primary care networks which could include schemes such as blood pressure checks. Discussions would be needed to ensure this work does not sit in isolation and the best value is achieved for resources both in workforce and financially.

Decision

i) That the report be noted.
ii) That the Health and Wellbeing Board be utilised to inform the development and delivery of Health and Wellbeing priority interventions as part of the Hartlepool Board's activities.

46. Health and Wellbeing Board Peer Review – *Director of Public Health*

The Director of Public Health sought approval for the Local Government Association (LGA) to undertake a peer review of the Health and Wellbeing Board. The review was nationally funded and free of charge to Local Authorities. The Local Government Association would meet with various partners and take collective views.

A member noted a concern around the timing of the review, in light of ongoing health reforms (including progress of the Health Bill and Kings Fund / Ten Year Health Plan), Integrating Neighbourhoods work from the Integrated Care Board and how this may impact on how Health and Wellbeing Boards are set up in the future. The Director of Public Health noted the concerns however advised the support from the Local Government Association was only in place until March 2026 to undertake this review.

The Representative of North-East and North Cumbria Integrated Care Board was in support of the review and reassured members that this had been done in other areas and had helped with self-reflection. It was accepted there would be lots of changes this year however the opportunity to review what we have in Hartlepool was welcomed to make the Health and Wellbeing Board fit for purpose in the future.

Decision

i) That the Health and Wellbeing Board Peer Review be approved.

The meeting concluded at:

Time: 10:55 am

CHAIRMAN

Hartlepool Borough Council

Health and Wellbeing Board

16 July 2026

Report of: Chris Woodcock, Director of Public Health

Subject: HEALTH AND WELLBEING BOARD PEER REVIEW

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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

1.1 To provide an update on the Local Government Association (LGA) facilitated a peer review of the health and wellbeing board (HWB).

3. Background

3.1 The Health and Social Care Act 2012 set out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the borough.

- Responsibility for ensuring the development and use of comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

3.2 The last few years have been a time of significant and complex change, with the Health and Care Act 2022 introducing major reforms to the NHS landscape, and a greater focus on 'place' level activity. Health and Wellbeing Boards need to evolve and adapt to operate within this new context.

4. Peer review

4.1 The LGA provided tailored support to leadership for health and care through the Partners in Care and Health Programme (ADASS and LGA), which is funded by DHSC and provided free of charge to councils. The approach aimed to support the HWB to explore and gain clarity on the role of the board as a strategic partnership, with clarity on statutory role as well as support to navigate partnership working and governance complexity at system, place, and neighbourhood levels for maximum collective impact.

4.2 Drawing on expertise from working around the country, the LGA spent time with the HWB partners to understand the governance/partnership arrangements for health and care. Through a process of individual conversations with partners the aim was to understand what works well and the potential for improvement. Combining local insight with national learning should enable the health and wellbeing board to agree its best way forward for future working. The LGA delivered the review in March 2026.

5. Peer review outcomes

5.1 The LGA review highlighted key opportunities for the HWB.

- Support from members for reviewing and resetting how the board works to maximise its impact.

- The HWB has the potential to play a stronger strategic leadership role in the system and to be at the forefront of reducing inequalities, neighbourhood health and Integration, pride in place.
- Hartlepool benefits from strong partnership relationships and goodwill across organisations and with VCSE.
- Community and partnership voices shaped the Joint Local Health and Wellbeing Strategy (JHWS) and reducing inequalities is at the heart of the strategy.

5.2 Common Areas of Challenge

The HWB needs a bold vision and purpose and to provide a strategic approach to improving health and wellbeing and addressing inequalities. It can default to service level reports across a wide range of areas. There are statutory requirements of the HWB (the Pharmaceutical Needs Assessment, the Better Care Fund, the delivery of the Joint Health and Wellbeing Strategy), which whilst necessitate appropriate governance by the HWB, may have inadvertently diverted the capacity of the board. This may impact the partnership of the HWB as well as duplicating reports presented at other committees.

The HWB relies on wide partnership involvement to deliver its key priorities. All agencies agree that defaulting to certain organisations or departments, creates the current scenario of focus on specific agendas. Whilst all partners may not be directly accountable to the HWB, a more considered approach to partnership, may ensure improved collaboration and delivery.

The environment itself may not be conducive to strategic partnership approaches. The exact operation and delivery of the HWB is for local determination and could be adapted to better suit the outcomes of the HWB.

5.3 Opportunities

The review highlighted several possibilities for the future direction of the board.

Governance changes across the local system provide a timely opportunity to consider the future governance and strategic function of the HWB. The ICB place committee will no longer convene and there are national priorities for the implementation of neighbourhood health.

Changing national and local priorities could enable to board to focus on fewer and more ‘complex’ priorities which require a system/partnership approach.

In agreeing a refreshed set of priorities, the HWB and its members also agree to prioritise the outcomes and impact of the HWB across their organisations and for our residents.

The operation of the board requires commitment and possibly resource from the HWB member organisations. Without this it may default to its current approaches.

Above all there is a strong commitment from participants to improve the strategic function of the HWB.

5.4 Workshop

The review findings enabled HWB partners to develop some initial concepts for future HWB operations in an informal workshop.

- Far fewer strategic priorities and the endeavour to minimise duplication and maximise participation. Partners will agree those priorities though current local priorities suggest key areas for consideration. There was a consensus to transition the HWB from transactional to transformational.
- The realignment of the statutory requirements towards a more formalised approach of receiving reports. The board may convene less regularly to provide the formal governance of certain required functions.
- Partners commit to their participation and their role as champions of the health and wellbeing board. Partners should consider the capacity of the HWB. It is resourced through the LA and may benefit from wider partner support.

5.5 Suggested governance

Diagram 1 is a proposed governance structure for the HWB. The enables the delivery of the statutory requirements through public meetings as required per year. Reporting into the HWB will be two HWB development groups reflecting two key local priorities which require a strategic partnership approach to deliver the outcomes. These development groups may have a range of subgroups to deliver their wider agendas, but the development group provides the opportunity for wider partnership working.

- Hartlepool Health and Wellbeing Board

Meetings held as required throughout the year fulfilling its public function through these meetings. The HWB agrees the strategic priorities for the

forthcoming year. It receives update reports on its statutory requirements (Pharmaceutical Needs Assessment, Better Care Fund etc) for approval. It can receive updates or emerging priorities as required, whilst recognising efforts to avoid duplication.

- Development groups

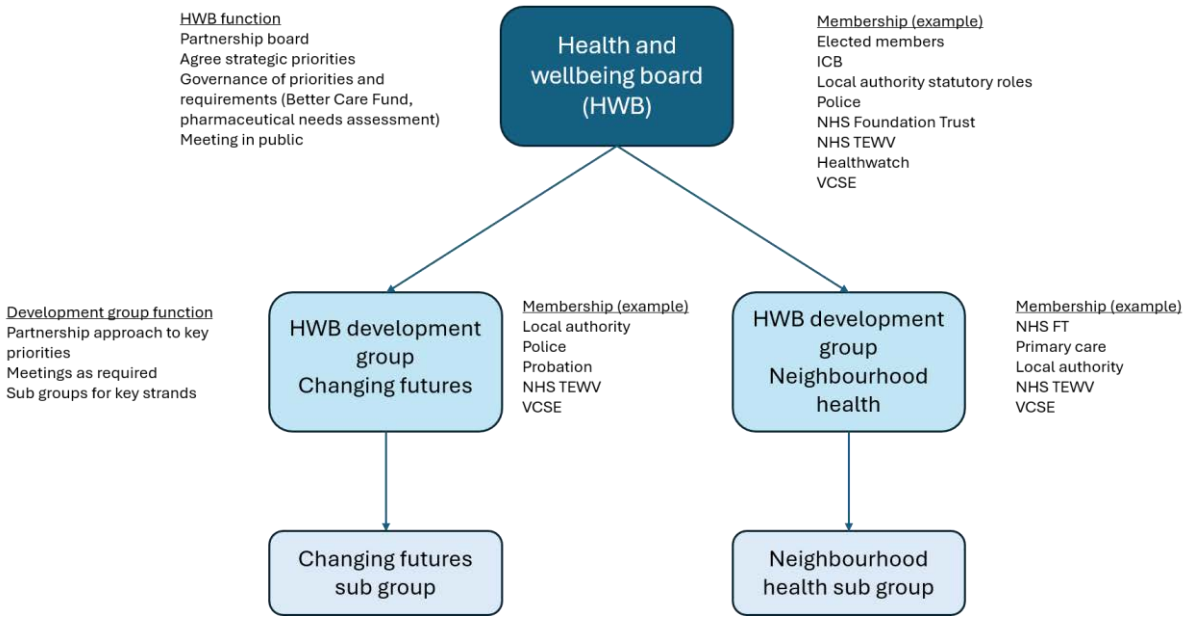
Development groups deliver the focused strategic priorities of the HWB and will report into the HWB. These groups will meet as required and develop their own strategic and operational structures to deliver their required outcomes. Membership will be relevant for that strategic priority and will be flexible to meet changing demands. Their form and function will be defined by those group members. Whilst these groups will require resourcing, they are current priorities for stakeholders and ideally are prioritised accordingly.

The two proposed areas of focus are:

- Changing futures
- Neighbourhood health

It may be beneficial to consider these two agendas as part of any future scrutiny programme. They will fulfil scrutiny obligations whilst also providing clarity to the role of the HWB as a governance board.

Diagram 1. Health and wellbeing board governance



5.6 A compact

The review highlighted all partners commitment to partnership approaches to improving health and wellbeing and the acknowledgement of the conditions which enable the current function of the board. As such, a HWB compact has been proposed for all members for high level commitment such as:

- Partners commit to attending the board and development groups as required. Attendees have the required authority to enable that partnership group to progress.
- Partners commit to participation within the HWB and the development groups and are outcome focused. The HWB success will depend on the partnership, and the partnership will depend on each other.
- Partners commit to HWB outcomes which may be delivered through the partnership. Acknowledging some partnership priorities may not be current priorities of the individual organisations but the wider prevention approaches will ultimately benefit Hartlepool residents. Partnership is a known strength in Hartlepool and should be built upon through the HWB.

5.7 Next steps

Given the delivery requirements of the neighbourhood health and changing futures programmes, partners have begun to progress these agendas.

Future developmental sessions with the HWB may be beneficial to ensure it adopts a more transformational approach, whilst fulfilling its statutory duties. This will help to ensure that the learning and recommendations from the review process are adopted across the HWB and embedded in our partnership approaches.

6. Other Considerations/Implications

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

7. Recommendations

7.1 To progress towards the improved governance approach and partnership commitment to the health and wellbeing board.

7.2 To agree the strategic priorities of changing futures and neighbourhood health.

8. Reasons for Recommendations

8.1 To obtain formal approval from the Health and Wellbeing Board to progress the proposed governance arrangements.

9. Background Papers

9.1 None

10. Contact Officers

Chris Woodcock
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01429 284104

NHS
North East and North Cumbria

Embedding neighbourhood health: integration, collaboration and transformation

NHS
North East and
North Cumbria

Neighbourhood Health Guidance

NHS
North East and North Cumbria

6 core components

Population Health Management:

Using data to identify local health needs and risks to target interventions effectively.

Modern General Practice:

Strengthening primary care services, including GP practices, as the foundation of the local health system.

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6 core components

Local Standardised Community Health Services:

Ensuring consistent, high-quality community-based services such as district nursing and health visiting.

Neighbourhood Multidisciplinary Teams (INTs):

Integrating professionals from health, social care, and the voluntary sector to work together.

6 core components

Integrated Intermediate Care:

Providing services that prevent unnecessary hospital admissions and facilitate timely discharge (e.g., "home first" approach).

Urgent Neighbourhood Services:

Offering prompt, local care to manage acute needs and reduce pressure on emergency departments.

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Government Guidance for Neighbours

- Measuring success
- Aims
- Delivering neighbourhood health
- Contacting models
- Changes for 2026/27

STAGE 1: IMMEDIATE FOUNDATIONAL ACTIONS (2026-27)

ICBs Ensure Delivery of Basic Foundations & Begin Joint Planning with HWBs and Partners

REDUCING HOSPITAL DEMAND

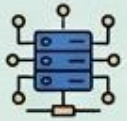
- Develop initial plan: non-elective admissions & bed days
- Expanded urgent care, rehab, reablement (neighbourhood level)
- Informed by risk register analysis

ESTABLISHING NEIGHBOURHOOD STRUCTURES

- Agree neighbourhood footprints (natural communities)
- Plan INT development for high-priority cohorts (explore devolved budgets)

REDUCING COMMUNITY HEALTH WAITING TIMES

- Confirm plans to meet 18-week waits & eliminate 52-week waits



DATA & EVALUATION

- Robust data-sharing for patient ID, monitoring & evaluation

IMPROVING GENERAL PRACTICE ACCESS

- Agree plans to tackle unwarranted variation & improve access
- Ensure GP practices meet core hours & new urgent requirements (GMS contract)

ELECTIVE CARE REFORM

- Begin planning neighbourhood-based elective pathway
- Support RTT standards & use devolved commissioning budgets

FUNDING & PARTNERSHIP

- Confirm pooled Better Care Fund (BCF) use
- Improve primary-secondary interface (Red Tape Challenge)
- Confirm organisational ownership of deliverables

OVERSIGHT

- Regional NHS teams work with ICBs to monitor implementation

STAGE 2: LONGER-TERM REFORM (APRIL 2027 – MARCH 2029)

ICBs, HWBs and Local Partners Develop locally owned Neighbourhood Health Plan for fundamental reform and delivering national objectives

REQUIREMENTS FOR THE NEIGHBOURHOOD HEALTH PLAN

(A) THE THREE NATIONAL REFORM AGENDAS

- **Reform agenda 1:** improve services for people who need routine healthcare, so neighbourhood health benefits everyone

- **Reform Agenda 2:** Proactive care for people with complex needs

- **Reform Agenda 3:** Deliver better alternatives to hospital care

(B) WIDER LOCAL GOALS & INEQUALITIES

- Describe local delivery of the three agendas
- Support wider goals, reduce health inequalities, contribute to broader reform

(C) INFORMED BY ASSESSMENTS

- Local objectives informed by JSNA & other assessments

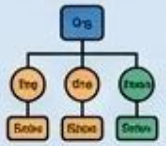
(C) INFORMED BY ASSESSMENTS

Local objectives informed by JSNA & other assessments

(D) CONFIRM GEOGRAPHIES

Confirm final neighbourhood geographies for delivery

(E) ORGANISATIONAL RESPONSIBILITIES



Set out responsibilities: who delivers what

(F) GOVERNANCE & PARTNERSHIP

Define governance & operational arrangements

(G) ALIGN WITH LOCAL INITIATIVES

Align with Best Start Family Hubs, mental health hubs, housing, Pride in Place, employment support

Neighbourhood Health Framework
- Key Outcomes and Benefits -

Neighbourhood Health Framework
- Key Outcomes and Benefits -

Neighbourhood Health Framework
- Key Outcomes and Benefits -

NHS
North East and North Cumbria

How this will be delivered

- Integrated Neighbourhood Teams (INTs) as the delivery engine
- New provider / contracting models to support integration
- Stronger joint working between NHS and local authorities
- Use of data and population health management to target need
- Financial incentives to enable the “left shift” to community care

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What this means operationally

- Establishing / strengthening neighbourhood footprints + INTs
- Improving the health outcomes of priority cohorts: people with frailty, care home residents, housebound patients, those receiving end of life care, those with CVD, diabetes, COPD, dementia and mental health conditions
- Implementing proactive care pathways
- Expanding community-based alternatives to hospital care
- Aligning partners around shared outcomes and metrics
- Beginning resource shift from acute → community services

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Challenges

- Ongoing organisational change
- Potential partnership-wide capacity challenges at neighbourhood level
- Defining neighbourhoods (geographic / non-geographic)
- Scarce resource across all key partners
- Governance mechanisms (decision-making, resource etc.) need further clarity

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Opportunities

- Ongoing strong partner relationships & commitment at local place
- Maximise joint working & experience for residents / patients
- Maximise scarce resource across system
- Tailor support & prevention approach further to local community need & voice
- Work at-scale where this adds value
- Maximise links to wider place / neighbourhood working

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BCF

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Local progress

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North East and North Cumbria

Hartlepool

- Hartlepool Place Partnership being established, with leadership still to be determined. Key collaborative partners will include:
  - LA, TEWV, NTHFT, PCNs, GP Federation, VCSE, ICB
- Hartlepool current operating model is town wide however for the purpose of developing neighbourhood health they have aligned the NH approach with the Pride in place arrangements and 8 mission critical neighbourhoods

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North East and North Cumbria

Hartlepool

- An Integrated Neighbourhood Team (INT) pilot is taking place with two practices (Havelock and McKenzie Group) working with system partners to support patients who have been identified as patients residing in 'mission critical neighbourhoods' aged 50-80, with 6+ co-morbidities, a frailty code and with 10+ GP attendances or a hospital discharge in the previous 12 months.
- There is a plan to expand the pilot to one additional practice (from the remaining PCN area) from July 2026.

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North Cumbria

Hartlepool BCF highlights

- Broadening BCF funded Trusted Assessor capacity and providing additional access via BCF funded Additional Therapies services to engage earlier with people, supporting more people in the community, reducing pressures on hospitals and primary care, improving people's quality of life and providing support to family carers.
- Continue significant investment in the use of community-based overnight support to provide short term support following a period of hospitalisation or a health crisis as part of recovery model; longer term - overnight support to reduce the necessity for people to unnecessarily move into residential care.

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Hartlepool BCF highlights

- Continuing investment in Medication Optimisation, Care Homes Connected and Care Home Education & Training Scheme to support providers who are caring for vulnerable and frail people more effectively and to enable people to stay healthier for longer.
- Discussions ongoing to review/evaluate all schemes in place to ensure they are all aligned to expected BCF outcomes, and change/decommission any plans as needed based on this evaluation. Pressures in discharge to assess and spot purchase funding.

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Hartlepool BCF highlights

- Integrated Neighbourhood Teams (INTs) and proactive case finding to support further reductions in long term care home admissions by identifying people earlier who are at risk of crisis, loss of independence and unplanned placement.
- Using risk stratification, shared data insights and intelligence from community networks, INTs will bring together primary care, community health, adult social care and VCSE partners to complete joined-up, strengths-based assessments and put in place timely support (including reablement, therapy, community services, carer support and Technology Enabled Care).

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Neighbourhood Health Centres

Guidance

A vehicle to deliver integrated, preventative, community-based care, with ICBs required to develop a prioritised, deliverable pipeline of estate schemes aligned to neighbourhood service models and population need.

Core purpose: Support the shift to:

- Prevention and early intervention
- Integrated care
- Services delivered closer to home

Strategic role: A key enabler of the neighbourhood health model within the 10-Year Plan

- Supports transition from:
  - Hospital → community
  - Reactive → preventative care

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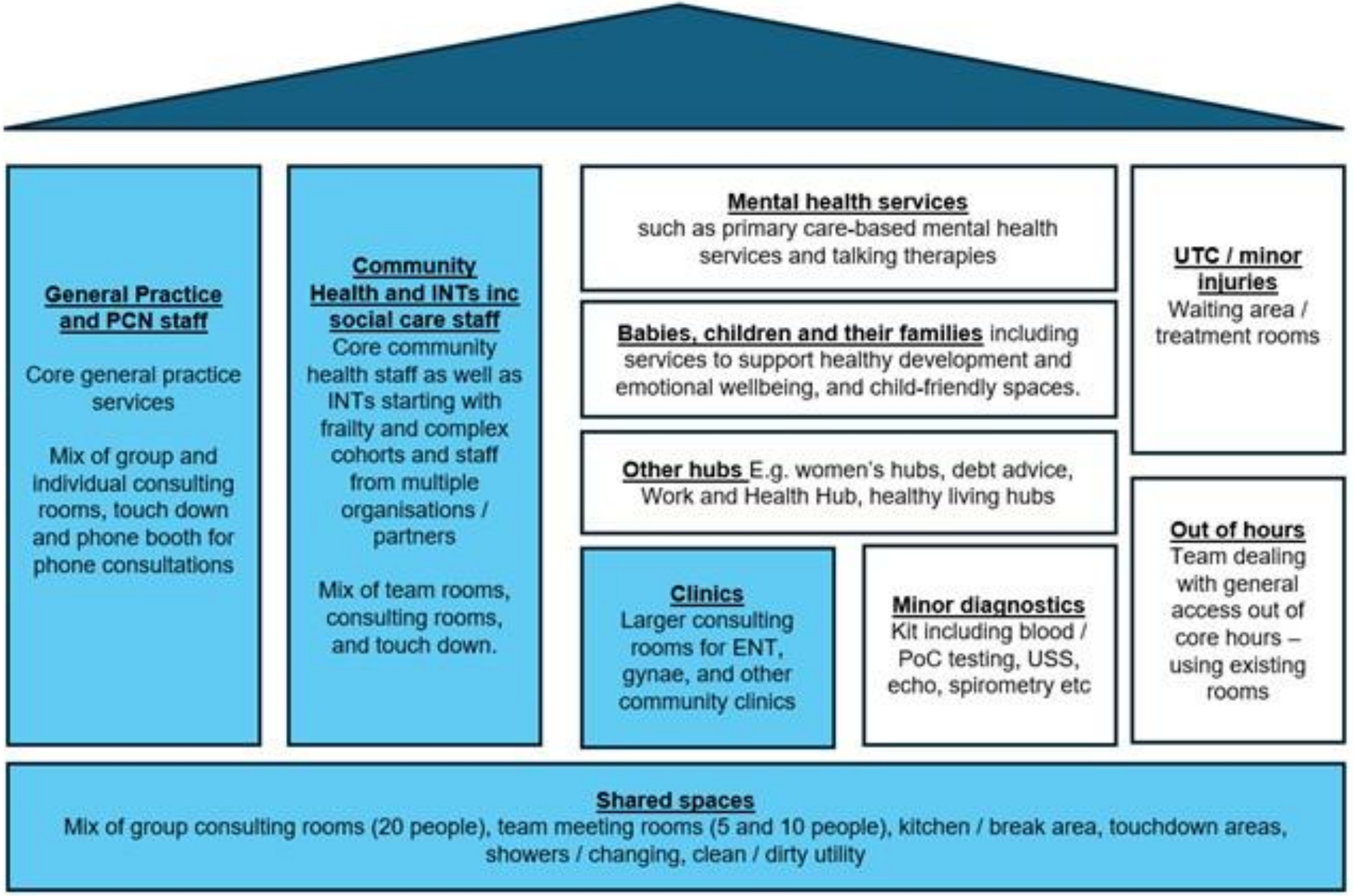
Guidance

"One-stop" community hubs bringing together:

- General practice
- Community services
- Social care and local authority partners


General Practice and PCN staff
Core general practice services
Mix of group and individual consulting rooms, touch down and phone booth for phone consultations
Community Health and INTs inc social care staff
Core community health staff as well as INTs starting with frailty and complex cohorts and staff from multiple organisations / partners
Mix of team rooms, consulting rooms, and touch down.
Mental health services
such as primary care-based mental health services and talking therapies
Babies, children and their families including services to support healthy development and emotional wellbeing, and child-friendly spaces.
Other hubs E.g. women's hubs, debt advice, Work and Health Hub, healthy living hubs
Clinics
Larger consulting rooms for ENT, gynae, and other community clinics
Minor diagnostics
Kit including blood / PoC testing, USS, echo, spirometry etc
UTC / minor injuries
Waiting area / treatment rooms
Out of hours
Team dealing with general access out of core hours – using existing rooms
Shared spaces
Mix of group consulting rooms (20 people), team meeting rooms (5 and 10 people), kitchen / break area, touchdown areas, showers / changing, clean / dirty utility

Actions

NHS
North East and North Cumbria

Immediate priorities

- Define neighbourhood footprints and priority populations
- Align NHC proposals to existing neighbourhood plans and INT model
- Ensure estates proposals support (not drive) service redesign

Operational actions

- Coordinate place discussions (LA + PCN + providers) on:
  - Future neighbourhood health centre proposals
  - Service model integration
- Develop/validate pipeline submissions with clear prioritisation

Strategic considerations

- Strong link to:
  - Frailty / complex cohort models
  - INT development
  - Community capacity uplift

What is Changing Futures?

Background

Hartlepool Borough Council

People with multiple and complex needs have two or more overlapping intersecting issues including:

- homelessness,
- substance use,
- poor mental health,
- domestic abuse or
- involvement with the criminal justice system.

Underlying complicating factors often include trauma, communications challenges, poverty and stigma.

The co-existence of several overlapping and intersecting issues faced by an individual, significantly impact their overall wellbeing and ability to function effectively in society.

National estimates suggest 363000 people with multiple and complex needs are concentrated in areas of high deprivation.

Outcomes

Hartlepool Borough Council

Health outcomes

- Mortality in high-income countries was approximately 12 times higher in women in inclusion health groups than the general population, and 8 times higher in men.
- The average age of death for patients experiencing homelessness and rough sleeping is 43 years for women and 45 years for men.

System outcomes

- High use of reactive care
- Repeated and long-term demand – cost five times a ‘usual’ service user
- Poor outcomes and inequity

Service challenges

- Colleagues can feel stuck, unable to help with issues beyond their remit or ability to resolve
- Managing frustration, withdrawal of trust and other behaviours arising from trauma
- Seeing the same people without really being able to help them

Evidence review

Hartlepool Borough Council

From a service provision perspective, two key components: breadth and depth.

- Breadth refers to the presence of multiple needs across different domains that are interrelated and interconnected, rather than existing in isolation.
- Depth indicates that the individual needs are profound, severe, serious or intense in nature.

<u>Service usage</u>

- Rely heavily on reactive services and responses, such as crisis welfare support, temporary housing, emergency care, neighbourhood policing, safeguarding response and social care. These responses are rarely co-ordinated or designed to work with an individual collectively, moving them to a more stable situation.
- Frequently experience a revolving door of crisis intervention, emergency services, and temporary solutions, failing to address the underlying root causes and continuing the cycle of vulnerability.

Barriers to support

Hartlepool Borough Council

- Many services, teams and partnerships working with this cohort. Each trying to resolve the individual challenge, whilst recognising the many other competing challenges which they may not have the capacity or remit to resolve.

- Barriers to effective support include statutory and legal frameworks with high or inconsistent thresholds for invention or support, a lack of knowledge of services, roles and responsibilities, lack of self-referral, challenges to recruitment and retention of staff, existing demand outstripping supply of services.

Outcome challenges

Hartlepool Borough Council

- Given the complexity of the cohort and their erratic service usage it is challenging to specifically define outcomes.
- There may be no consistent pathway as recovery journeys are irregular. It will be difficult to identify which intervention had the desired impact given the volume required and the intersectionality. (However, the reliance on those services clearly highlights the needs.)
- The challenges of sharing data, linking data and analysing data across a range of agencies exaggerates this difficulty.
- Given the resources and capacity required, long term investment will be a challenge.
- Therefore change is key!

What works

Hartlepool Borough Council

- Collaborative models – multi disciplinary teams (within this, improved data and intelligence)
- Assertive outreach
- Trauma informed approaches
- Integrated care models
- Peer support models
- Person centred approaches

Hartlepool Borough Council

Health and Wellbeing Board

16 July 2026

Report of: Executive Director of Adult Services & Public Health

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 present the 2026-2027 Better Care Fund Plan and to provide an update on performance in 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 is 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 aim of the BCF is to support ICBs and local authorities in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs, helping people stay independent for longer. This includes - but is not limited to - developing integrated intermediate care services that help people retain or recover their independence. It also covers other health and social care services that

support independence, prevent avoidable admission to hospital or long-term residential care, and enable timely and effective acute, community and mental health hospital discharge.

3.3. A Better Care Fund Policy Framework for 2026 to 2027 was published in February 2026 and aims to help local areas go further in joining up delivery of health and social care services, in line with the government's objectives for neighbourhood health and devolving more responsibilities.

3.4. Health and Wellbeing Boards were required to submit a narrative plan and completed planning template by 19 May 2026.

4. Proposals

4.1. The Hartlepool BCF Plan for 2026 – 2027 is attached as **Appendix 1.**

4.2. In 2025/26 performance targets there was a requirement to set targets in three areas:

- Non elective admissions to hospital for people aged 65 and over.
- Proportion of adult patients discharged on their discharge ready date, and for those adults not discharged on their discharge ready date, the average number of days between discharge ready date and discharge.
- Admissions to residential and nursing care for people aged 65 and over.

4.3. All performance targets for 2025/26 were achieved and a summary of performance against targets is shown in the tables below:

	Admissions (rolling 12 months)	Population	Rate / PI
Emergency Admissions to hospital for people aged 65+ per 100,000	344	19,648	1750.8

The target for 2025/26 was 1853, so this target was achieved (as lower is better).

	Average length of discharge delay for all acute adult patients	Proportion of adult patients discharged from acute hospital on their discharge ready date	For those adult patients not discharged on DRD, average number of days from DRD to discharge
Delayed Discharge	0.50	82.9%	2.92

The target for 2025/26 was 82%, so this target was achieved (as higher is better).

	Admissions 2025/26	Population	Rate / PI
Admissions to residential and nursing care for people aged 65+ per 100,000	108	19,648	549.7

The target for 2025/26 was 600.6 per 100,000 population (118 admissions), so this target was achieved (as lower is better).

4.4. Performance targets are required to be set for 2026/27 against each of these indicators and are shown below. Performance will be monitored on a quarterly basis.

	Target
Emergency Admissions to hospital for people aged 65+ per 100,000	1,695
Delayed Discharge	82%
Admissions to residential and nursing care for people aged 65+ per 100,000	554.8 (109 admissions)

5. Other Considerations/Implications

Risk Implications	None
Financial Considerations	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. The Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board. Allocations for Hartlepool for 2026/27 are:
Subsidy Control	Not relevant.

Funding	**2026/27**
BCF (Minimum NHS Contribution)	£11,147,198
Disabled Facilities Grant (DFG)	£1,570,574
Local Authority Better Care Grant	£6,610,259
BCF Revenue – Brought Forward	£104,022
DFG – Brought Forward	£182,616
TOTAL	**£19,614,669**

Legal Considerations	The Better Care Fund is implemented using powers under: • section 223GA of the NHS Act 2006 • section 31 of the Local Government Act 2003 The requirements set out above are the national funding conditions that apply to funding that is made available by NHS England to local authorities and ICBs for the BCF. Grants to local government - the Local Authority Better Care Grant and the DFG - are paid under section 31 of the Local Government Act 2003, with the conditions that they are pooled into local BCF budgets and the national funding conditions set out above will be met. The legal framework for the pooled budget is a Section 75 Partnership Agreement.
Single Impact Assessment	Not required
Staff Considerations	None
Asset Management Considerations	None
Environment, Sustainability and Climate Change Considerations	None
Consultation	Not required

6. Recommendations

6.1. It is recommended that the Health and Wellbeing Board notes the submission of the Hartlepool Better Care Fund Plan for 2026 – 2027 and the achievement of all 2025/26 performance targets for the national metrics.

7. Reasons for Recommendations

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

8. Background Papers

8.1. Better Care Fund Policy Framework 2026 – 2027: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027

9. Contact Officers

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Karen Hawkins
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Choose an item.

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Better Care Fund 2026-27
Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.

- The deadline for completing this narrative return is **19 May 2026.**
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	**HWB area 1**	**HWB area 2**
HWB	**Hartlepool Health and Wellbeing Board**	**N/A**
ICB	**North East and North Cumbria**	**N/A**
ICB	**N/A**	**N/A**
ICB	**N/A**	**N/A**

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

The rationale for using the Better Care Fund (BCF) funding to maximise delivery of integrated and preventative care is that it encourages collaboration between all aspects of health and social care and assists with the continued development from previous operating models to a new and more dynamic approach to service delivery which no longer means that people are passed from 'pillar to post' in a fragmented and at times chaotic system.

The use of the BCF funding in 2026 – 2027 will consider the requirements outlined in the 10 Year Health Plan and new neighbourhood health guidance, which both have an emphasis on ensuring effective implementation of neighbourhood health services which makes health and social care systems accountable to residents and service users.

The increased investment in BCF funding will enable a greater focus on innovation and sustainability in the health and care system enabling individuals to receive more bespoke interventions to maintain them in the community, promote independence and support family carers.

The BCF funding will be utilised to support the NHS 3 strategic shifts:

- moving care from hospitals to communities,
- transitioning from analogue to digital,
- shifting from treating sickness to focusing on prevention.

These strategic shifts are in response to societal changes including rising demand due to an ageing population, an increasing number of people living longer with long-term health conditions and the need for more community-based services. BCF plans will also ensure that strong foundations are laid for future reform and begin alignment with emerging neighbourhood health plans.

The key to making positive progress will be how we strengthen and maximise the link between the use of the BCF funding to developments already underway locally, such as our approach to neighbourhood health, 'home first', 'virtual ward', intensive overnight home support, various digital platforms and active engagement with Primary Care Networks across the town.

With increased investment in our community response capacity and a focus on early intervention and preventative approaches we will reduce avoidable attendances to hospital and where this is not possible ensure timely discharges.

To reduce the pressure on hospitals, one of our ambitions is to assist people with mid to severe frailty, in a care home or housebound, to stay healthier, manage escalating conditions and maintain greater impendence for longer. This 'Home First' approach will reduce non-elective admissions and associated bed days and in doing so free up some capacity for the hospital to manage more elective interventions going forward.

All of which directly collate with the ambitions set out in the NHS 10-Year Plan and neighbourhood health approaches which provides us with a framework for scaling best practices, promoting innovation, and embedding these shifts across all aspects of the NHS, the Council, and Partners including the VCSEs.

The BCF funding will assist us to implement a broad strategic shift to reform health and social care, improve health outcomes and care provision. This strategic shift will enable us to make a radical change and rather than patients having to attend hospital, the NHS and partners will focus on enabling more patients to have more interventions in the community. The intention is to enhance patient experience and outcomes, as well as reduce health inequalities in a financially sustainable and efficient model of service delivery.

There have been no significant changes to spend plans from 2025-26 to 2026-27 and the requirement around HWB assessment of Capacity & Demand is still a gap to be addressed. We are developing our Power Bi tools to include this specific reference.

To summarise our ambition is to use the BCF funding to support a fundamental transformation of local Partnerships and services to make health and social care in Hartlepool more patient centred, technology focussed, with care delivered closer to home with targeted neighbourhood and community interventions which promote independence and reduce health inequalities.

2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

In relation to our goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges, this links to our commitment to the implementation of the 10 Year Health Plan, our systematic approach to early and proactive intervention with a focus on promoting independence and supporting family carers. Also, our emphasis on utilising neighbourhood working, including Primary Care Networks, to deliver care and support care closer to home and reduce any delays in the transfers of care from the acute setting to the community.

Our Non-Elective Admissions (NEL) trajectory is based on historic performance – rolling 12-month baselines. Our 26/27 trajectory is based on the average 3-year growth/performance highlighting the continued expected impact of existing BCF funded schemes. These projections have been profiled across the year based on historical seasonality trends and also include the historic 3.2% efficiencies we have seen. The position proposed maintains this consistent positive reduction in NEL across Hartlepool. Although we expect some growth in our population, specifically within the target cohort, we believe that we can maintain the level of reduction seen last year across Hartlepool via the schemes we have in place and plans to continually monitor and expand these wherever possible throughout the year

BCF funded schemes supporting Care Homes across Hartlepool continue to provide confidence around this metric, cumulatively reducing emergency admissions from Care Home residents. In addition our integrated Single Point of Access (iSPA), Urgent Community Response (UCR) and Virtual Wards are all part of a wider, collaborative approach to support Non-Elective admissions further.

Our DRD goals align with local discharge planning trajectories as required by national planning principles. We have increased our % DRD ambition for 26/27 to build upon on our achievements this year, whilst maintaining our positive average days delay trajectory, as we consider this may be impacted by system work to establish the correct and most appropriate support for individuals which could affect this metric. North Tees and Hartlepool NHS Foundation Trust have strengthened discharge pathways and our BCF funded Trusted Assessor and Additional Therapy workforce continue to provide support for timely discharge, promotion of health and independence via rehabilitation to patients at home or in a residential setting, reduction of readmission as well as reduced length of stay. As a system we continue to focus on discharge collaboratively through our local weekly Transfer of Care meeting with systems partners where we routinely discuss the discharge position & work towards proactively mitigating any issues highlighted. MDT meetings for complex case management are ongoing to support effective and appropriate proactive discharge planning

It is expected that through the work applying Home First principles we will:

- Improve continuity of care
- Reduce duplication across services

- Ensure intervention in deprived neighbourhoods through our neighbourhood approach to address inequalities and proactive case finding

This will all be supported through the inception of Integrated Neighbourhood teams

This approach is emerging, and all system partners are well engaged. However, due to the emerging nature of this aspect of the transformation programme, there may be some implications on delayed discharges until the improvement work is fully embedded.

We will proactively monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including locally agreed goals for long term admissions to residential and nursing care.

We have agreed the following goals, to have 107 permanent admissions for 2026–27 (which is a further reduction on the target from 2025-26. To achieve these ambitions operationally we have an Integrated Single Point of Access (ISPA) which enables us to collaborate and co-ordinate assessments of need and interventions daily to maximise our health, social care and VCSE resources.

Neighbourhood Health Integrated Neighbourhood Teams (INTs) and proactive case finding will also support further reductions in long term care home admissions by identifying people earlier who are at risk of crisis, loss of independence and unplanned placement. Using risk stratification, shared data insights and intelligence from community networks, INTs will bring together primary care, community health, adult social care and VCSE partners to complete joined-up, strengths-based assessments and put in place timely support (including reablement, therapy, community services, carer support and Technology Enabled Care).

This will enable rapid escalation and de-escalation of support in people's own homes, reduce avoidable hospital admissions and ensure that where needs increase, all home-based and community options are exhausted before residential care is considered. By improving coordination at the 'front door' and during discharge planning, and by providing consistent MDT oversight for people living with frailty and multiple long term conditions, INTs will help maintain independence, reduce reliance on pathway 2 bed-based assessment and prevent unnecessary transitions into long term residential and nursing care.

Also we have further developed specific reporting tools such as Power BI dashboards to enable us to monitor and analyse our performance on a live, dynamic and interactive basis – this gives managers the ability to understand any changes in performance at very short notice, and then react as a Partnership. The information is available to managers for drill down into specific cohorts and to understand short and longer term trends.

From a strategic perspective our performance is challenged and crucially 'held to account' on a number of levels which include, the Health and Well-being Board, Pooled Budget Partnership Board and Hartlepool Health and Care Collaborative Meeting, as well as performance clinics with the HBC Chief Executive and regular joint weekly meetings with NT&HFT, local partners and HBC.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Regarding the planned impact of using BCF funding, we are increasing our strategic and operational emphasis on the provision of neighbourhood health services and increasing our investment in our health and adult social care community response capacity to enable us to innovate and transform health and adult social care in the town.

We have a particular focus on broadening our BCF funded Trusted Assessor capacity and providing additional access via our BCF funded Additional Therapies services to engage earlier with people, supporting more people in the community, reducing the pressure on hospitals and primary care, improving people's quality of life and providing support to family carers. The use of additional therapy services and the trusted assessor model within the hospital setting increases our capacity to support people back into the community in a more timely manner, promoting their independence – this is an integral part of our strategic direction of travel. Both of these schemes support our continuing focus on DRD and support our continued positive performance in this area.

Additionally, we have agreed to continue our significant investment in the use of community-based overnight support to provide both short term support following a period of hospitalisation or a health crisis as part of our recovery model and in the longer term we are making available overnight support to reduce the necessity for people to unnecessarily move into residential care. The intervention we have introduced regarding overnight support has been remarkably successful, supporting approx. 100 people to return home (where they would have gone into short and/or long-term residential provision. We are planning to increase this further in 2026-27, with an internal expectation of increasing the number of people using the overnight service initially by 10%, but with the possibility of extending the capacity of the service further, using both the council run and independent sector providers.

We believe these interventions will enable us to manage effectively our performance linked to NI125 – 91 days after discharge from hospital and continue to improve our performance regarding admissions to residential care for 65+ cohort. Our recently produced 2025-26 figure for NI125 is 85.3%, which is an improvement on the 2024-25 figure of 81.1%. We would want to maintain this increased 85% level of performance in 2026-27.

To support people currently in residential and nursing care we are continuing our investment in Medication Optimisation, Care Homes Connected and our Care Home Education & Training Scheme to support Providers who are caring for vulnerable and frail people more effectively. We see these support systems as being crucial to enable people to stay healthier for longer, manage escalating health conditions 'at place' rather than having to potentially having to spend time in a hospital setting which may be unnecessary some people.

The care homes education scheme has helped drive the development of training and support around key health conditions such as dementia, via accessing training & support via both face to face and on-line methods.

Care homes have been continually positive about the benefits of these schemes and our Quality Standards Framework (QSF) monitors this across the year to ensure consistency and quality across all care homes. The Care Homes connected support ensures that 100% of care homes across Hartlepool have effective, efficient and secure methods of communications between themselves and health and care services.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below:

In Hartlepool, the North East and North Cumbria Integrated Care Board (ICB) and Hartlepool Borough Council work jointly to ensure that services funded through the Better Care Fund (BCF) represent value for money and deliver measurable improvements in outcomes for residents. This assurance is achieved through strong joint governance, clear financial oversight, outcome-focused performance management and a shared commitment to continuous service improvement.

The Hartlepool BCF operates under formal Section 75 pooled budget arrangement, with agreed risk-sharing and clearly defined responsibilities between partners. Strategic oversight is provided through established partnership governance, aligned to the Health and Wellbeing Board and the wider Integrated Care System, ensuring that BCF investment supports Hartlepool's agreed priorities.

These priorities include maintaining more people to live independently in the community, reducing the pressure on hospitals and primary care, reducing the number of people unnecessarily residing in residential, nursing care, improving the quality of people's lives and providing support to family carers.

Confidence in value for money is underpinned by robust financial management. Each BCF-funded scheme in Hartlepool has a clear service purpose, allocated budget and expected level of activity. Regular in-year monitoring reports provide assurance on spend, forecast outturn and emerging pressures. This enables the Council and ICB to test whether funding remains proportionate to demand and whether services continue to deliver system benefit. Financial scrutiny also considers unit costs and trends over time, supporting informed decisions about service redesign or reprioritisation where required.

Performance assurance is driven by a strong focus on outcomes rather than inputs alone. Hartlepool monitors delivery against national BCF metrics and locally agreed measures, including delayed discharges, reablement outcomes, admission avoidance and customer experience. Performance dashboards and agreed escalation routes allow any under-performance to be identified early, with joint action plans put in place to address issues and maximise impact. Our statutory returns confirm that we are performing well in comparison to most health and social care systems in England.

In terms of the ability to benchmark against difference councils, both within the region and further afield, we use tools such as the West Midlands National data hub (i.e. link is: Finance Profiles VIP - Power BI) to compare and contrast a range of different measures for Hartlepool, as well as the development of local Power BI dashboards, and the LG Inform Plus tool (Link is: https://www.local.gov.uk/our-support/research-and-data/lg-inform-data-benchmarking/lg-inform-plus) and the national ASC Analytical hub (https://app.powerbi.com/view?r=eyJrIjoiMGM5OGRlOTAtY2QxYy00YzAxLWEyZWEtNjI3ZWRmOTE2OWI4IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9). All of these tools are regularly used by our performance team to compare to WGLL (What Good Looks Like).

Improving productivity is a core expectation of BCF-funded services in Hartlepool. We have worked closely with all of our care homes to ensure they are digitised (and they use electronic systems) and were the first in the Tees Valley areas to have all care homes using

NHA mail. Partners continually review and refine care pathways to reduce duplication between health and social care, improve coordination and productivity, and ensure people receive the right support at the earliest opportunity. Emphasis is placed on integrated discharge arrangements, crisis response and reablement, (and the use of electronic systems to help monitor this, e.g. OPITICA) where timely intervention can reduce lengths of stay and prevent longer-term dependency.

Workforce collaboration especially via our Integrated Single Point of Assessment (ISPA) supports and enables effective productivity. Our focus on integrated teams and aligned assessment processes help minimise repetition for residents and professionals, while enabling staff to operate at the top of their competence. In addition as a partnership we increasingly use local data and population insights to target support at those most at risk of escalation into high-cost services.

Finally, value for money is considered across the whole system. In Hartlepool, BCF investment is assessed on its contribution to improved patient flow, reduced pressure on acute services and better outcomes for residents. Where services no longer demonstrate sufficient impact or efficiency, they are subject to review, redesign or de-commissioning. This approach ensures the Better Care Fund remains a dynamic programme, supporting productivity, prevention and long-term sustainability for Hartlepool’s health and social care system.

5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Hartlepool Borough Council and NHS colleagues have worked together to plan and manage Better Care Fund (BCF) arrangements collectively since the national roll-out of the BCF in 2013. Robust joint governance arrangements are in place to ensure effective oversight of expenditure, impact, value for money and continuous improvement. Each partner organisation operates its own internal governance in line with organisational requirements, which support the shared governance framework agreed when the BCF was implemented.

Bi-monthly meetings of the Health and Social Care Collaborative, established in 2025/26, further strengthen governance of the BCF. Membership includes commissioning, finance and BCF leads from Hartlepool Borough Council and the North East and North Cumbria Integrated Care Board (NENC ICB), with representation from University Hospital of Tees (UHT), Tees Esk and Wear Valley (TEWV), North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Primary Care Networks. The Collaborative considers new and emerging BCF business cases, potential expenditure and anticipated outcomes, fostering system-wide collaboration to ensure that BCF funding is used to maximum effect.

Weekly Discharge (Transfers of Care) meetings take place involving the ICB, HBC, TEWV and NTHFT, alongside colleagues from Stockton-on-Tees Borough Council Adult Social Care. For Hartlepool, this includes both operational and commissioning roles to ensure we address issues as they arise to ensure an efficient and joined up discharge process for all hospital patients. This group has been in place for a number of years and is very successful in terms of fantastic working relationships, performance monitoring and issue resolution ensuring a truly joint way of working.

The BCF Delivery Group, comprising senior representatives from Hartlepool Borough Council and the NENC ICB, provides an operational and assurance function within the governance framework. The group develops and reviews proposals and business cases for BCF-funded schemes, ensuring alignment with national BCF conditions, local priorities and agreed outcomes. It monitors delivery of approved schemes, including expenditure against plan, performance against BCF metrics and achievement of agreed benefits, ensuring a strong focus on impact and delivery.

Strategic oversight is provided through bi-monthly meetings of the Pooled Budget Partnership Board (PBPB), formed of senior finance and operational/commissioning managers from Hartlepool Borough Council and the NENC ICB. The PBPB receives recommendations from the BCF Delivery Group, sets strategic direction and approves business cases and funding decisions in line with agreed Better Care Fund outcomes.

The Hartlepool Health and Wellbeing Board provides system-wide leadership and assurance. It is responsible for signing off and overseeing delivery of the Hartlepool BCF Plan, ensuring the plan reflects local needs, aligns with the Health and Wellbeing Strategy and supports integration across health and social care. The Board agrees the use of funding within pooled budget arrangements, addresses strategic risks and issues and considers any joint commissioning implications arising from the BCF. Membership includes Hartlepool Borough Council, the NENC ICB, NHS Trust partners, primary care, voluntary and community sector representatives, Cleveland Police and education representation.

Decisions on BCF funding allocations, priorities and performance metrics are agreed jointly by Hartlepool Borough Council, the NENC ICB and system partners. BCF leads work closely with colleagues across acute, mental health, housing and voluntary and community sector organisations to develop proposals that support BCF objectives and system priorities. Throughout all stages of scheme development, approval and delivery, there is a strong and consistent focus on impact, continuous improvement and value for money, ensuring the BCF delivers sustainable benefits for local residents.

Hartlepool Borough Council

Health and Wellbeing Board

16 July 2026

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 2025 – 26 (**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/Implications

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 2025 – 2026 (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

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healthwatch

Healthwatch Hartlepool

Annual Report 2025/2026

Speaking up for better care

Raising voices across the North East and North Cumbria

This report gives an overview of the diverse work that Healthwatch Hartlepool has been involved in throughout the year.

Contents

"The NHS plays a vital role in our lives, and we know it faces real challenges. Listening to people's thoughts about their care is one of the best ways to improve services. Every comment, concern, and compliment helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone.

"We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community."

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

A message from our Chairman

Hello everyone,

Here we are again, and another year passed since I last wrote about Healthwatch Hartlepool.

It has been an extremely busy year for us all at Healthwatch Hartlepool. I firmly believe we have successfully delivered our statutory duties as well as building on our work with the North East & North Cumbria (NENC) Integrated Care Board (ICB). We have undertaken some very meaningful work across the Integrated Care System and this has been recognised regionally as of great benefit. Please see our 'Working Together for Change' section of our report for more details.

Once again, we have continued to engage with residents and our volunteer steering group digitally and in-person. Learning throughout the year has confirmed our belief that communication is key and this has been confirmed when we published our reports in respect of Modern General Practice and Palliative & End of Life Care. These were a collaboration with all 14 Healthwatch across the North East & North Cumbria. Further collaboration continues across the Tees Valley, County Durham and North Yorkshire in respect of the University Hospitals Tees as they move on from their clinical boards with their case for change.

We conducted more work covering Enter & View activity across dentistry and pharmacy each with a detailed report outlining our findings. We held awareness raising events covering the Primary Care Access Recovery Plan, promoting the NHS App, Pharmacy First and Extended Access appointments. Once again, our sincere thanks go to North Tees & Hartlepool NHS Foundation Trust, the ICB, Hartlepool & Stockton Health (HASH), Tees, Esk and Wear Valley (TEWV) NHS Mental Health Trust and Hartlepool Council's Public Health team for working collaboratively with us in informing residents what services are available across the town.

We again actively celebrated 'World Mental Health' day by collaborating with a host of partners through some very successful engagements. We have continued to promote our Healthwatch Hartlepool resource for G.P. Access, which has been very well received by both our partners and the wider public. This is great source of information for sign-posting residents to relevant services.

The Volunteer Steering Group remained active utilising monthly face to face meetings in addition to on-line meetings to carry out prodigious amounts of work and increase their own learning by welcoming guest speakers across the spectrum of Health & Social Care.

I must thank all the Board members who give their time unstintingly and are always there to help when needed. My sincere thanks also go to our Chief Executive Christopher and staff team whose roles have had to adapt to the new way of working in respect of the reorganisation of the Integrated Care Board, but they have certainly risen to the challenge.

I am hoping it will be onwards and upwards in the next year and look forward to seeing you all at our next AGM in July 2026.

Jane Tilly
Healthwatch Hartlepool Chairman

"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 includes some much need engagement to improve the pathways for people accessing Cardiovascular disease pathways in Hospital and in the community."

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.

Our values are:

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

In 2025/2026 we supported more people to have their say and get information about their care. We employed **4** part-time staff and, our work was supported by **15** volunteers.

Reaching out:

Over **600** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

56 people came to us for clear advice and information on topics such as **outpatient hospital services** and **G.P Access.**

We have moved a great deal of our communications to digital. We had over **600** interactions with our social media platforms, had over **31,900** views on our Facebook page and over **4100** visits to our website **www.healthwatchhartlepool.co.uk.** We published **124** articles on our Facebook page and **42** articles on our website. Overall our social media reach was up **300%** from the previous year.

Championing your voice:

We published **4** key reports about the improvements people would like to see in areas such as **Modern General Practice** and **Pharmacy**.

Our most popular report was our report on the **Palliative and End of Life Care.**

Statutory funding:

We are funded by **Hartlepool Borough Council**. In 2025/26 we received **£126,885** which is **2% more** than last year.

A year of making a difference

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

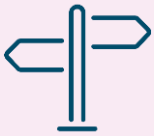
Spring

We worked with our volunteers to respond to the draft Quality Accounts for North Tees & Hartlepool Hospital Trust, NEAS and Tees, Esk & Wear Valley Mental Health Trust.

We once again supported Dementia Awareness week, which was incredibly important given our involvement in the development of the town's first Dementia Strategy.

Summer

We hosted an event to celebrate all the work articulated in our Annual Report & presented our findings to Hartlepool's Health & Wellbeing Board.



We attended the Healthwatch England AI training as part of our Training & Development programme.

Autumn

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

We supported North Tees & Hartlepool NHS Foundation Trust with their place-based inspections & hosted an event for them also showcasing the progress being made around Clinical Boards.

Winter

We held a lunch-time 'Learn & Listen' event with the public and partners focusing on 'Think Pharmacy First'.

We promoted the commissioning decisions borne out of our collaborative work with the North East & North Cumbria (NENC) Integrated Care Board and the other 13 Healthwatch across the NENC Integrated System in respect of Dentistry.

Working together for change

We have worked with all 14 North-East and North Cumbria Healthwatch to ensure that people's experience of care are heard at the Integrated Care System (ICS) level and they influence decisions made about services at the Integrated Care Board (ICB).

During 2025–2026, the Healthwatch North East and North Cumbria (NENC) network brought together insight from local communities to inform decision making across health and care. Working as a coordinated network of 14 local Healthwatch, we supported the system to understand what people experience in real life. What works, what doesn't, and what needs to change.

Our role is to be an independent, trusted voice. Sometimes that means leading large scale engagement. Sometimes it means supporting early service design, testing communications, or carefully gathering lived experience on sensitive issues.

Across all this work, one thing is clear, people are more willing to share their experiences when they feel listened to, included, and able to take part through people and organisations they trust, in ways that work for them.

Primary Care Access

Primary care access: understanding what works and what doesn't

Healthwatch NENC supported the rollout of Modern General Practice Access (MGPA) across all 14 local areas.

As changes to GP access were being introduced, Healthwatch teams worked together to help raise awareness and support understanding across local communities.

Teams went out into GP practices, pharmacies, libraries, warm spaces, foodbanks and other community venues. Using MGPA leaflets alongside face-to-face conversations, we were able to give people time to ask questions and better understand their options, particularly those often missed by digital only campaigns.

People told us they welcome having more choice, including the NHS App, Pharmacy First and Extended Access appointments. When systems work well, people experience quicker access and less stress.

Primary Care Access

Primary care access: understanding what works and what doesn't

Many people were unaware of Extended Access or told us they were never offered it. Understanding of Pharmacy First varied, with some people unsure what it could help with or receiving inconsistent information. Digital access worked for some but excluded others, particularly older people, Disabled people and those without confidence, devices or reliable internet access.

The biggest concern raised, continues to be getting a GP appointment. People told us about long waits on phone lines, frustration with online forms, the '8am rush', and difficulties maintaining continuity for ongoing or complex conditions.

Why this mattered

Bringing insight together across the region helped highlight where system intentions were not yet landing in people's real experiences. This strengthened the focus on clearer communication, more consistent offers, accessible information from day one, and non digital routes that work for everyone, not just those who find systems easy to navigate.

> **"I didn't know about Extended Access until Healthwatch explained it. No one had ever mentioned it before."**

> **"Online works for some people, but if you're not confident or don't have the right phone, it just shuts you out."**

> **"I still go to the surgery in person because I can't get through on the phone, but then you're told there's nothing available."**

Winter Care

Helping people understand winter care and pharmacy options

Working with the North East and North Cumbria Integrated Care Board (ICB), Healthwatch supported work to understand whether information about winter care and pharmacy services was clear and useful for local people.

People told us that while some messages were helpful, others were confusing or easy to miss, particularly for those who don't use digital channels or who rely on clear, simple explanations. Testing information face-to-face helped show where messages needed to be clearer, more consistent and easier to act on.

This insight was shared with the ICB to support improvements to winter communications, helping ensure information about pharmacy options and access routes was easier to understand and more likely to reach people who might otherwise be missed.

What this helped change

Testing information with local people helped the ICB understand which messages were working and where clarity was missing, supporting improvements to how winter and pharmacy information was shared across the region.

"I'd seen the posters, but I didn't really understand what they were asking me to do until someone explained it."

"Pharmacies can help with more than people realise, but the information isn't always clear."

"If you're not online, it's easy to miss important messages."

WorkWell

Shaping WorkWell: early service design through lived experience

Healthwatch supported the North East and North Cumbria Integrated Care Board (ICB) with early engagement to inform the development of WorkWell, a new service designed to help people with long term health conditions stay in or return to work.

At the ICB's request, Healthwatch helped gather targeted feedback from people with lived experience of managing health, disability and work. Given tight timescales and a limited number of sessions, this was delivered through a small number of focus groups, either directly by Healthwatch or through trusted community partners.

People shared the real barriers they face when trying to balance health and work, including caring responsibilities, mental health challenges, stigma and the difficulty of navigating joined up support. Their feedback highlighted the importance of flexibility, trauma informed approaches, and better awareness and understanding from employers.

This work helped ensure that early service design was grounded in lived experience, demonstrating how Healthwatch adds value at the earliest stages by supporting services to be shaped around people's real lives and needs.

What this influenced

This insight helped ensure that WorkWell was shaped early around people's real circumstances, rather than assumptions, particularly for those balancing health, work and caring responsibilities.

> **"It's not just about my health, it's juggling work, appointments and caring responsibilities."**

> **"Employers don't always understand what people are managing alongside their job."**

Palliative Care

Listening on sensitive issues: Palliative and end of life care

Healthwatch supported system led engagement to inform future palliative and end of life care planning across the region.

While the primary approach relied on a regional survey, Healthwatch involvement focused on engaging people who are least likely to share their views through standard engagement routes. Conversations about death, dying and end of life care are deeply personal and can be especially difficult for people facing multiple disadvantage.

Healthwatch's contribution highlighted important learning for the system, people do not all engage in the same way. Meaningful insight comes from trusted relationships, safe and supportive environments, and the right approach for the people involved.

Feedback gathered through Healthwatch helped complement survey findings and ensured that voices often missed were considered in future planning.

What this reinforced

This work reinforced the importance of using trusted, supportive approaches when engaging on sensitive topics, ensuring insight from people least likely to take part in surveys was considered alongside wider findings.

> **"Talking about end of life isn't easy, you need time and people you trust."**

> **"I wouldn't have taken part in a survey, but I was able to talk openly in person."**

> **"You don't speak up unless you feel safe."**

NHS Digital

Influencing national policy: Developing NHS Online

During 2025–2026, the Healthwatch NENC network submitted a joint response to a national consultation on Developing NHS Online, bringing together what people across the region have told Healthwatch about digital health services.

Based on what people have told Healthwatch over several years, the response reflected mixed experiences of digital health services. Many people value the convenience of online access, particularly the NHS App.

However, people also raised ongoing concerns about:

- digital exclusion
- communication
- continuity of care
- having real choice about how they access services

Healthwatch highlighted that online services must remain an option, not an expectation. Essential to ensure people are not excluded or disadvantaged as services change are:

- clear communication
- meeting the Accessible Information Standard
- strong non-digital alternatives

This work demonstrates how collective Healthwatch insight helps ensure local people's experiences are heard in national discussions about the future of health and care.

Why this mattered

By bringing together experiences from across the region, Healthwatch helped ensure national discussions about digital health reflected both the benefits people value and the risks of exclusion if choice and accessibility are not protected.

Workforce Voices

Making national work more accessible

Through the National Institute for Health & Care Research (NIHR)-funded Workforce Voices programme, Healthwatch across the North East and North Cumbria played a direct role in improving how national projects involve people with real experience of health and care.

Healthwatch helped challenge the way information is usually written and shared. We pushed for clearer language, simpler formats and more accessible ways of involving people, so they can understand what's being asked of them and feel confident giving their views.

What difference this made

This work led to clear, practical guidance and tools that show project teams how to communicate better and involve people more meaningfully. It helps prevent people being excluded because information is too technical, unclear or overwhelming.

Why this matters

By working together at a network level within a national programme, Healthwatch showed how lived experience from across the region can change how involvement is done. This helps ensure people's voices are a core part of how national work is designed and delivered.

Mental Health Rehabilitation

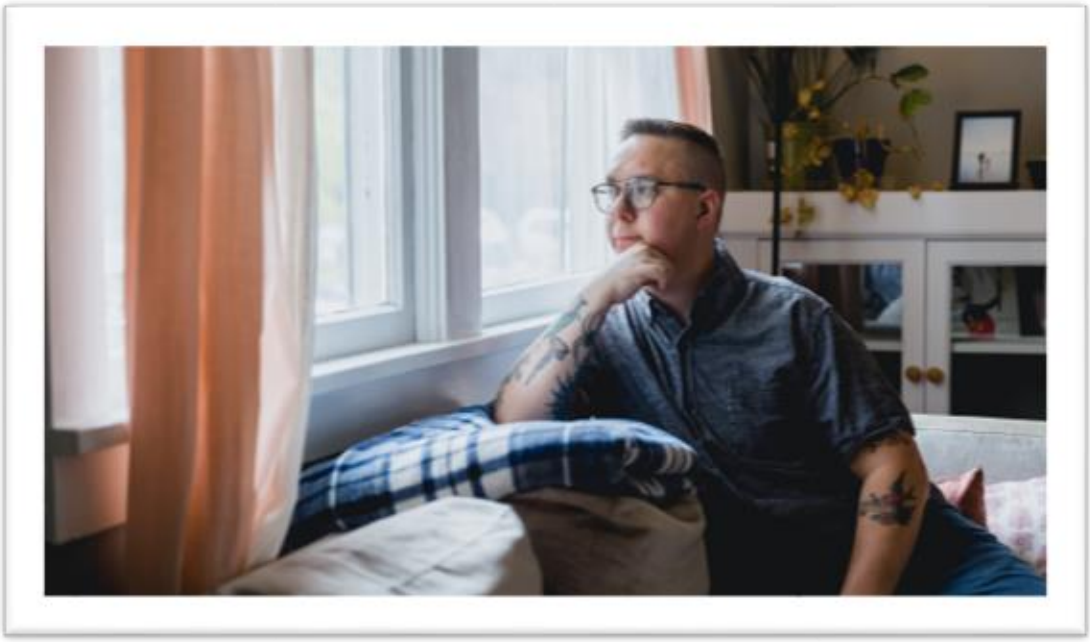
Mental health rehabilitation: what helps people recover – and what puts them at risk

This year Healthwatch supported Tees, Esk and Wear Valleys NHS Foundation Trust to gather in-depth lived experience insight to inform mental health rehabilitation and reablement services across County Durham and Tees Valley.

This work focused on people's stories, not statistics, capturing what it actually feels like to move through crisis services, inpatient care, discharge and community mental health support.

Across all areas, people consistently told us about:

- Long waits for help
- Calls and appointments that didn't happen
- Being passed between services with no one clearly responsible
- Discharge feeling rushed, unsafe or unclear



> **"Discharge feeling rushed, unsafe or unclear."**

Mental Health Rehabilitation

Mental health rehabilitation: what helps people recover – and what puts them at risk

These experiences often left people frightened, isolated and less likely to seek help again.

At the same time, people were very clear about what makes recovery possible.

They told us they need:

- One person or team who stays involved
- Face to face contact when distressed
- Clear follow up and communication that actually happens
- Safe, joined up discharge planning
- Support that understands trauma and neurodiversity
- Strong links to trusted voluntary and community organisations

"As part of our commitment to co production and improvement, we approached Healthwatch to gather insight on people's experiences of mental health rehabilitation services. This feedback has directly shaped a programme of investment responding to the issues and opportunities identified.

"As we move forward, rehabilitation teams will continue to work collaboratively with partners across our local communities to ensure services are embedded in ways that promote equitable access and respond to local need."

Jamie Todd
Director of Operations and Transformation
Tees, Esk and Wear Valleys NHS Foundation Trust

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Mental Health Rehabilitation

Mental health rehabilitation: what helps people recover – and what puts them at risk

Families and carers described carrying huge responsibility, often managing risk alone. Many said the only consistent support came from local VCSE organisations, offering familiarity, safety and continuity when statutory services could not.

The findings were brought together in a published insight report with practical, constructive recommendations focused on continuity, safe transitions and community-based support.

System partners have welcomed this insight as a powerful reminder that rehabilitation succeeds when relationships, not just pathways, are in place.

This work shows the unique role Healthwatch plays in bringing lived experience into mental health service design, safely, independently and with the depth needed to drive meaningful change.

What this changed

The report provided system partners with a clear, human picture of how continuity, communication and safe transitions affect recovery, helping reinforce the importance of relationship-based approaches alongside pathway redesign.

> **"I just want someone to listen."**

> **"I don't fit anywhere in the system."**

> **"I was discharged without a plan and didn't know who to contact."**

> **"They saved my life."**

University Hospital Tees

Keeping people involved during system change: University Hospitals Tees

Healthwatch continued to support University Hospitals Tees and system partners as they developed and implemented their Group Model. Although the main community research took place in 2024 and was published in 2025, Healthwatch's role continued into 2025, and shall continue throughout 2026. This included supporting follow up work, reflecting on what was learned, and helping shape public facing engagement so people could see how their feedback was being used. Healthwatch hosted an event for the Trusts December 2025 highlighting the vision for new patient pathways following the work undertaken by the University Hospitals Tees clinical boards.

Healthwatch Hartlepool's involvement helps maintain trust with local communities by ensuring conversations remained open, transparent and focused on 'you said, we did'. This reinforced the importance of ongoing dialogue, not one-off consultation, when major service changes are being planned and delivered.

"We want to know what happened after we shared our views."

"It makes a difference when you can see change, not just be asked again."

"Keep involving people, don't just consult once."

Looking Ahead

Across this work, one thing comes through clearly, engagement makes the biggest difference when it is inclusive, trusted and built in from the start.

As services and policies change, the Healthwatch NENC network has shown it can respond quickly and meaningfully, working across 14 local Healthwatch to bring together what people are experiencing in real time.

Our independence means people are willing to speak honestly, especially when things are confusing, difficult or not working as planned.

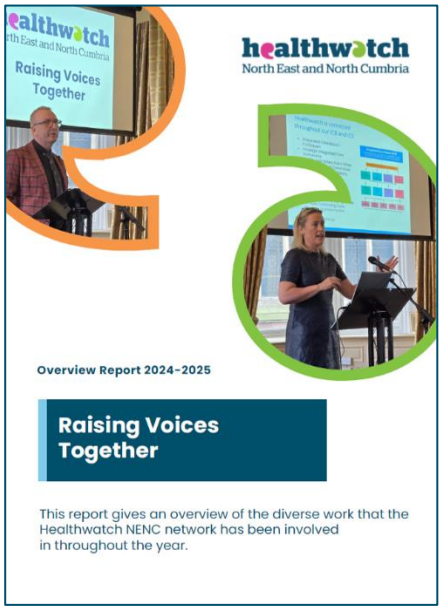
Looking ahead, Healthwatch will continue to build on this position of trust. This includes contributing to Fit for the Future, an ICB-led programme focused on strengthening the health and care workforce and supporting services to meet future demand.

Healthwatch's role in this work is to bring forward the experiences of people and staff, particularly where access, communication and everyday experiences shape how care is received.

Looking Ahead

We are also continuing our involvement in workforce work linked to the National Institute for Health & Care Research (NIHR), building on the Healthwatch NENC partnership set out in last year's Raising Voices Together report.

For Healthwatch, this means helping ensure learning about the health and care workforce is grounded in lived experience, from patients, communities and staff themselves. This includes understanding the everyday realities of roles such as GP reception and practice teams, and how these experiences affect access to care.



By connecting local insight with regional and national conversations, Healthwatch NENC helps ensure decisions are shaped by real lives. This can be seen clearly in areas such as dentistry, where people's experiences have helped drive change.

As the system continues to evolve, we will remain independent, responsive and firmly focused on making sure people's experiences lead to meaningful change.

Dentistry: making a difference

People told Healthwatch they were struggling to access NHS dental care and didn't know where to go for urgent help.

Healthwatch brought these experiences directly into system discussions. At ICB Board level, leaders confirmed that progress in dentistry would not have been possible without Healthwatch's involvement. This has led to clearer urgent dental pathways, online booking for urgent care, and improved access across the region.

> **"By connecting local insight with regional and national conversations, Healthwatch NENC helps ensure decisions are shaped by real lives."**

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:

Improving Care Over Time
The Hartlepool Dementia Strategy 2026 -2031

Change takes time. We at Healthwatch work behind the scenes with services to consistently raise issues and bring about change. In 2025 Healthwatch Hartlepool played a leading role in the facilitation and development of a coherent, co-produced Dementia Strategy for Hartlepool.

With dementia numbers projected to rise substantially and already affecting around 1,300 residents locally, the strategy ensures that services, communities and partners are prepared to meet increasing demand in a planned, compassionate and sustainable way. It goes beyond clinical care, recognising that dementia impacts every aspect of a person's life, as well as their families and carers, and therefore requires a whole community approach. By focusing on early diagnosis, timely support, reducing stigma and enabling people to live well for longer, the strategy sets out a shared vision where individuals are supported with dignity, independence and respect throughout their journey.

A key strength of the strategy is that it has been co produced, with Healthwatch Hartlepool playing an important role in ensuring that the voices of local people and those with lived experience of the condition are central to its development. Working alongside statutory partners, the voluntary sector, and people with lived experience, Healthwatch helped gather insight, amplify community perspectives and shape priorities that truly reflect local needs. This contribution has helped embed a person centred approach throughout the strategy, ensuring it is not something designed "for" people but "with" them. As a result, the strategy is grounded in real experiences, making it more responsive, inclusive and effective in improving outcomes for people living with dementia and those who care for them.

The Strategy was formally adopted by Hartlepool Borough Councils Health and Wellbeing Board in December 2025 and in January was endorsed by the Councils Adult Services and Public Health Committee. A Steering Group has been established to oversee the roll-out of the Strategy and ensure its objectives become realities for those residents of the town who either live with dementia or care for a loved one with the condition.

Making a difference in the community

"Healthwatch Hartlepool played a key role in shaping and delivering the Dementia Strategy. Their chairing of the partnership helped bring people together with a shared purpose, creating a clear direction and a collective sense of responsibility to improve the lives of people affected by dementia.

By fostering a truly collaborative approach, Healthwatch ensured that the voices of people living with dementia, as well as their families and carers, were at the heart of everything. Their leadership enabled people with lived experience to share what matters most to them, and these insights directly shaped strategy development and action planning.

This person-centered approach has led to a strategy that not only works at a system level but also reflects real experiences, needs, and priorities. Healthwatch has helped build strong, trusting relationships across partners, supporting meaningful co-production and ensuring the work remains inclusive, responsive, and focused on improving everyday experiences and outcomes for people living with dementia and those who care for them".

Leigh Keeble | Head of Service Transformation
Adult Services and Public Health
Hartlepool Borough Council

Creating empathy by bringing experiences to life

"May I just say, that while I've been attempting to raise awareness of the lack of post discharge services available to those of us who have survived brain injury, and find themselves living in a community that has no support dedicated to the survivors of brain injury. Healthwatch Hartlepool, and in particular their Patient & Public Engagement Officer Tony Leighton, have had an attendance at nearly every monthly meeting, offering support from their wealth of knowledge, and contacts within the field of support, I have been put in contact with professionals within the field of neuro support and development. The 1492 Group numbers continue to grow, with the continued support of Healthwatch Hartlepool"

Jonathan Purnell
Founder & Brain Injury Advocate | **1492 Group**

Making a difference in the community

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 to, 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

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.

Championing community concerns to restore access to pharmacy care

Last year, we championed the voices of our community in our work to promote Modern General Practice Access (MGPA). MGPA is the new national framework that replaces the former Primary Care Access Recovery Plan (PCARP).

People across Hartlepool are using a growing number of ways to get help from primary care, including the NHS App, Pharmacy First, GP practices and evening and weekend Extended Access appointments. Many of the 310 people told us they appreciate having more choice.

Key things we heard:

59% (178 people) said they found it easy to access their GP. However, experiences vary, and some people continue to face long waits, uncertainty and confusion. Awareness of newer services is still developing.

80% (248 people) who had recently contacted their GP said they were not offered an Extended Access appointment, and **41% (143)** told us they have never used this option.

Awareness of Pharmacy First also varies, with **32% (117)** saying they haven't used it and **7% (26)** unsure what it offers.

Digital tools can help, and people who use the NHS App value quick access to prescriptions and results. But **21% (77 people)** told us they do not use the App, with some saying technology, confidence or device limitations make it difficult.

Our full published report on www.healthwatchhartlepool.co.uk brings together what people told Healthwatch teams across the North East and North Cumbria during community visits, conversations and through the shared MGPA survey.

It highlights what is working well, where people still struggle, and what could make accessing GP care clearer and less stressful for people. The recommendations in the report are based directly on what people shared. They focus on clearer communication, easier navigation of services, and making sure support works for everyone, including people who face the biggest barriers.

Championing community concerns to restore access to pharmacy care

"**80% (248)** of recent GP users say they were not offered Extended Access (EA)."

What difference did this make?

Statement from the North East & North Cumbria Integrated Care Board

"The ICB is pleased to receive this initial feedback from our collaboration with Healthwatch to promote access to, and understand experiences of, General Practice and Community Pharmacy. This report highlights areas where progress has been made and where we need to focus our attention on in the future to ensure equity of access to North East and North Cumbria's primary care services.

"We look forward to continuing to work with Healthwatch through this initiative to promote access to primary care in our region, build on the insights provided, and consider the recommendations within this report."

Pamela Phelps, Deputy Director of Strategy and Transformation
on behalf of the North East & North Cumbria Integrated Care Board

Action on Health Equity & Access by the North Tees and Hartlepool NHS Foundation Trust Access and Attendance Collaborative

Health inequalities in Hartlepool are significant and closely linked to deprivation, with the town among the most deprived in England and experiencing worse-than-average health outcomes. Life expectancy is substantially lower, with men and women in the most deprived areas living around 12.5 and 10.4 years less than those in the least deprived areas,

These inequalities are worsened by barriers to accessing healthcare, including difficulty getting GP appointments, transport costs, and digital exclusion, which can delay people from seeking help until conditions become more severe.

Key things we heard:

Inequalities are evident in outpatient and hospital appointment. People from more deprived communities are more likely to wait longer for planned care and outpatient treatment. In October 2014 the Nuffield Trust produced a report showing that around **21% of people** in the most deprived areas experience waits of a year or more **compared to 12%** in the least deprived areas.

This shows a clear gap in access to timely care. Longer waits and missed or delayed outpatient appointments can lead to worsening conditions, higher emergency admissions, and ultimately contribute to the persistent cycle of poorer health and shorter life expectancy seen in places like Hartlepool.

Residents in Hartlepool have often told us about such barriers which can impair their ability to attend hospital appointments and Healthwatch were delighted to play a key role in NTHFT Access and Attendance Group. The group was established in 2025 to support the reduction of missed hospital appointments (DNA's) and promote equitable access to care. The group has a broad membership, including health professionals, VCSE organisations and local authority representatives.

Action on Health Equity & Access by the North Tees and Hartlepool NHS Foundation Trust Access and Attendance Collaborative

What difference did this make?

The group has overseen the development of an Health Equity and Access Questionnaire. This will enable patients to provide information about support needs they may have which if addressed will enable them to attend appointments without worry, stress or anxiety.

The questionnaire looks at areas such as whether the patient is clear about appointment arrangements, communication, transport, caring responsibilities and reasonable adjustments. This ensures that the main barriers to attendance are removed, decision making is shared and the patient knows who to contact if things change. The questionnaire is currently being piloted with a view to full roll out later this year.

"The collaborative support and input of Healthwatch Hartlepool have been instrumental in shaping the Trust's initiatives around patient inclusion. Serving as Co-Chair of our joint Access and Attendance Collaborative, the Healthwatch Development Officer plays a pivotal role in leading key initiatives and driving the strategic development of our patient-facing tools.

A prime example of this impact is his direct involvement in creating our Health Equity Access Questionnaire. This vital tool empowers patients to express personal concerns regarding attendance, allowing our teams to respond with proactive, individualised support. During its development, Stephen Thomas, the Healthwatch Development Officer's insight was crucial in identifying the necessity of a clear privacy notice. This ensured patients fully understand how their sensitive data is used, fostering the trust and transparency required for authentic engagement.

By actively identifying and removing systemic barriers, our partnership ensures that patient voices directly influence hospital operations. Championing these adjustments has streamlined our appointment pathways, minimised exclusion, and contributed to a measurable reduction in Did Not Attend (DNA) rates. Ultimately, this collaboration maximises clinical capacity and ensures fairer, more equitable healthcare access for our entire community".

Tobi Daniels
Personalised Care Coordinator | Community & Neighbourhood Health Services | University Hospitals, Tees.

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 involving them in our work around Palliative & End of Life Care

A mixed-methods approach was used to maximise inclusion and reduce barriers to participation. This included:

- A region-wide public survey
- Focus groups and one-to-one qualitative conversations
- Targeted engagement through Healthwatch organisations
- Community-led engagement delivered by Northern Cancer Voices
- A supporting desktop review of relevant research and reports
- Additional responses shared

For Healthwatch organisations, we were commissioned by the ICB to lead targeted engagement with seldom heard and inclusion groups, carers (including young carers), LGBTQ+ communities, disabled and neurodivergent people, people with learning disabilities, migrants and asylum seekers, people experiencing homelessness, people in rural and coastal communities, veterans, faith groups, and people affected by substance misuse.

This approach ensured participation from people who may face barriers to digital engagement, formal consultations, or traditional involvement methods.

Easy Read materials assisted survey completion, and culturally sensitive conversational approaches were used to widen access.

Response and reach

In total, **2,651** people across the North East and North Cumbria contributed to this work:

- **2,395** survey responses
- **212** participants through **22** focus groups and **40** one-to-one Healthwatch led qualitative conversations
- **44** participants through Northern Cancer Voices community engagement

A comprehensive communications campaign supported participation, including regional press coverage, social media promotion, partner networks, newsletters and direct outreach through community organisations.

Key findings

Across all engagement activity, people were clear and consistent about what matters most. Core themes included:

Comfort and pain relief are the highest priorities

- Freedom from pain and good symptom control were described as fundamental to a dignified death.

Dignity, respect and not being alone matter deeply

- People want to be treated as individuals, with kindness, privacy and honest communication.

Strong preference for home or hospice care

- Most people would prefer to be cared for at home if adequate support is available. Hospices are widely valued. Hospitals are generally seen as a last resort.

Earlier conversations are needed

- Many people have not discussed their wishes but believe that proactive, compassionate conversations would reduce fear and crisis-led decisions.

Carers carry significant burden

- Families often experience exhaustion, system complexity and lack of practical support.

Communication quality shapes experience and grief

- Clear, timely and culturally sensitive communication improves trust and outcomes.

Inequalities affect access and experience

- Some communities face additional barriers related to identity, geography, poverty or discrimination.

Public awareness of palliative care is limited

- Understanding improves when explained, but knowledge is currently low.

More detail on these themes is included in the section: Key findings (Cross-cutting themes). These themes inform the system-wide implications set out below.

Implications for the system to be actioned by the ICB

The findings from this involvement work highlight consistent priorities alongside clear structural challenges. Together, they point to several system-wide implications for commissioning, service design and partnership working across the region.

Strengthen early conversations and advance care planning

Many people value planning but do not know how to start conversations about death and dying. The system should:

- Normalise earlier conversations following serious diagnosis
- Increase awareness and understanding of advance care planning
- Improve communication about the GP palliative care register
- Ensure documentation of wishes is clear, accessible and actively used
- Support professionals with training and confidence to initiate compassionate conversations

Proactive planning can reduce crisis-led decision making and improve alignment with people's wishes.

Improve coordination and continuity of care

People consistently described frustration with fragmented systems, repetition of information and delays in funding or equipment. The system should:

- Strengthen coordination between primary care, community services, hospitals, social care and voluntary sector partners
- Improve timeliness of Continuing Healthcare funding decisions
- Ensure smoother transitions between settings
- Reduce administrative burden on families
- Explore named coordinator or key worker models where appropriate

Joined-up care is central to dignity, confidence and quality.

Address workforce pressures and care consistency

Concerns about staffing levels, weekend cover and care variability were common. To maintain public confidence, the system should:

- Prioritise workforce sustainability in palliative and end-of-life services
- Strengthen training in compassionate communication and culturally competent care
- Improve consistency of care standards across settings
- Recognise and elevate the professional status of care workers

Compassionate care depends on a supported and skilled workforce.

Strengthen support for carers

Carers described significant emotional and practical burden.
The system should:

- Improve information and guidance for carers early in the pathway
- Expand access to respite and practical support
- Ensure carers are included in communication and decision-making
- Recognise young carers and provide age-appropriate support

End-of-life care quality cannot be separated from carer wellbeing.

Tackle inequalities and improve inclusive access

The involvement work identified differential risks for certain communities. The system should:

- Strengthen culturally competent care and identity-sensitive practice
- Improve outreach to communities less likely to access services
- Address digital exclusion and language barriers
- Work with trusted community organisations to build confidence
- Monitor and reduce postcode variation in service access

Reducing inequalities is both a statutory duty and essential to equitable care.

Improve public awareness and understanding of palliative and hospice care

Awareness of palliative care and the GP register was low, despite positive views once explained. The system should:

- Improve public information about what palliative care is and when it begins
- Clarify the role and benefits of hospice care
- Use plain language and accessible formats
- Consider community-based awareness campaigns to reduce stigma

Better understanding supports earlier engagement and informed choice.

Ensure dignity and compassion are consistent standards

Across all feedback, dignity, kindness and not being left alone were non-negotiable expectations. The system should:

- Embed dignity and person-centred care as core quality standards
- Ensure privacy and calm environments wherever possible
- Monitor experience measures alongside clinical outcomes
- Maintain focus on the emotional and relational aspects of care.

High-quality end-of-life care is defined not only by clinical effectiveness, but by humanity.

Conclusion

Our involvement work demonstrates strong public consensus about what matters most at the end-of-life. It also highlights areas where system pressures, inequalities and fragmented processes undermine confidence and choice.

Responding to these findings will require coordinated action across commissioning, providers, voluntary partners and community organisations. By strengthening early planning, improving coordination, supporting carers, addressing inequalities and reinforcing compassionate standards, the North East and North Cumbria system can deliver palliative and end-of-life care that is equitable, person-centred and aligned with the expectations of the population it serves.

Information and signposting

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

This year 600 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

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

The reach of our patient & public engagement is always varied and at times very much tied to our collaborative approach of working with system partners as well as the invaluable Voluntary, Community & Social Enterprise Sector. During the last year we have worked alongside a number of key organisations to support their work in the community at the same time as promoting the important Health & Social Care advice & guidance we offer.

Carers Charter

Working in partnership with Hartlepool Carers, Healthwatch Hartlepool offer a regular presence at North Tees hospital and we also attended the launch and promotion of the new Carers Charter at the hospital. The Carers Charter serves as a commitment to carers of all ages, to provide the best possible care to the person cared for.

Hartlepool Lived Experience Group

Facilitated by Starfish Mental Health service, Healthwatch worked in partnership with other mental health organisations, providing ongoing support and guidance, to hear the voices of those directly affected, in order to guide policies, design better services, and shape meaningful research.

Hartlepool Transport Users Forum

Healthwatch were involved in the Hartlepool Community Trust patient exercise of traveling from Hartlepool to North Tees Hospital via the stagecoach bus service, to evaluate time scales of travel from various locations in Hartlepool, and the ability of patients to arrive in time for their pre – arranged appointments.

Hartlepool College of Further Education – Freshers` Fair

The annual Freshers' Fair is a key part of introducing students to the role of Healthwatch, to learn about local health and wellbeing services, and advise on how they can get involved in their local Healthwatch.

North Tees & Hartlepool NHS Trust – North Tees Place Visit

Healthwatch and hospital staff visited various wards, thinking about the patient's and visitor's perspective of cleanliness, privacy and dignity, accessibility, dementia friendly environment, condition & maintenance, and patients' food.

Complaints Advocacy

"We continue to work closely with Healthwatch Hartlepool to ensure that Hartlepool residents receive the necessary Advocacy support with their NHS complaints. The partnership we have with Healthwatch Hartlepool is extremely valuable in also raising awareness about the benefits of the advocacy service on offer . This close working relationship has allowed us to ensure all referrals to People First are dealt with quickly and efficiently, this enables the residents of Hartlepool to receive a swift, seamless service.

It is important that the NHS Complaints Advocacy service reaches the people that need it, therefore having the opportunity to attend local events arranged by the Healthwatch Team offers a great platform for networking with other local organisations, ensuring that the residents of Hartlepool are aware of the service on offer and can access our service, if needed."

Sue Ewington
NHS Complaints Advocate: Teesside

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

Becoming a volunteer with Healthwatch Hartlepool enables you to speak to people and listen to people about their experience of Health & Social Care. It also helps you to have an understanding of different people's situations and perspectives.

Having that understanding, helps to engage with people in a community setting. Working alongside other volunteers.

I have attended many events, meetings, including monthly volunteer steering group meetings. This has helped to share feedback gathered from the public with other volunteers and staff.

Topic for discussion:

One topic that has inspired me to talk about is **Early Onset Dementia.** If I had not been a volunteer with Healthwatch, I would not have met an amazing group of health professionals, volunteers, carers and people living with dementia.

I was invited to The Young Onset Dementia Group who meet weekly by a lady called Lyn. Lyn formed this group having lived experience as a carer of someone living with dementia. The group session includes, a quiz, bingo, memory box games, and other activities. They also meet once a week to play Ten Pin Bowling.

There is one gentleman whom I met at this group who gave me permission to talk about, and his name is Michael Booth. Michael is a former carer and now a person living with dementia.

Michael has written a book **DEMENTIA; YOU ARE NOT ALONE!** From a perspective of a former carer and now a person living with dementia.

Although I had lived experience of my own mother having dementia. Having read this book it gave me a better understanding and answered the questions that I was unable to ask my own mother.

Michael has now written a second book **FORGET ME NOT: THE LETTER IN THE HEADBOARD**

However, it does not stop there Michael has been nominated for a **Hartlepool Heroes 2026 AWARDS.**

A special thanks go to Michael.

"In recognition of his friendship, encouragement, and inspiration to others."

Bernie Hays
Older People representative
Volunteer Steering Group

“Last year was another fabulous opportunity to host a day of celebration for World Mental Health day, with more than 250 people visiting our collaborative event.

We were delighted to welcome the deputy Lord Lieutenant of County Durham Dr Kate Gillen. Dr Gillen enjoyed the relaxed atmosphere and spent time talking to people. Dr Gillen also presented the awards and certificates to this year’s community health & wellbeing champions.

We welcomed the Mayor Carol Thompson, and consort, who officially opened the new sensory room at the centre.

We had our usual Bingo, music, Yoga, stalls, and free refreshments. It is thanks to the support of staff and volunteers who make the day possible.

Once again, the St Teresa’s school art works were a big draw, and we were able to visit the school to present the prizes and certificates.

The World Mental Health Day planning Group chaired by the Healthwatch Mental Health representative , has already begun the preparation for the 2026 event. This year the date is October 9th 9.30 am to 3.00pm and with our ever grateful thanks to the Borough Council and Hartlepool Healthwatch that once again we will be at The Centre for Independent Living, (CIL) in Burbank Street.

To date we have an acceptance from Jonathan Brash our MP. We have invited the new Lord Lieutenant of County Durham , Mike Butterwick, and the date is in the mayor elect’s diary.

There are plans to widen the scope of the Art competition to involve more schools. We like to take the time to inform, and educate, and enjoy our day of mental health celebration.”

Zoe Sherry
Mental Health representative
Volunteer Steering Group

Volunteering with Enter and View - Activity 2025/26

All local Healthwatch organisations have legal powers that allow them to visit health and social care services in order to observe them in practice. The main purpose of a visit is to capture real experiences by observing services first hand, speaking with patients and carers, and assessing service quality in a balanced, non-judgmental way. The findings are always put into a report which is shared with providers, commissioners and regulators to support service improvements and inform wider system change. All of our published Enter and View reports can be found and read via our website.

This year Healthwatch Hartlepool completed two visits, to Well Pharmacy (Victoria Road, Hartlepool) and my dentist (Grange Road, Hartlepool). Both visits were the first we have undertaken to pharmacy or dentistry services for some time.

Well Pharmacy Visit

The Enter and View visit to Well Pharmacy took place in December 2025. The process began with a pre-visit meeting with the Pharmacy Manager at which the Enter and View process was explained, the reasons for the visit discussed and reporting process clarified. The Pharmacy Manager found the meeting helpful as she was unfamiliar with the Healthwatch Enter and View role.

The visit was conducted by two authorised representatives who spoke to patients about their experience of prescription services, accessibility issues, staff interaction and awareness of additional services such as Pharmacy First.

The overall findings were very positive with strong levels of patient/customer satisfaction. Staff were consistently observed to be friendly, professional and efficient. Most patients reported that prescriptions were ready on time with all respondents confirming that medication received was correct.

The environment was found to be accessible, spacious and with ample seating. Services such as text notifications when prescriptions were ready and a home delivery service were available and valued by patients.

However, some patients did report odd delays receiving prescriptions and occasional stock shortages of prescribed items. A significant finding was limited patient awareness of the "Think Pharmacy First" initiative with over half of respondents unaware of the service despite national promotion.

Overall, the pharmacy was viewed as busy, but well managed, with a strong reputation amongst regular users.

We found both Enter and View visits to be useful and insightful. Staff at both locations were very helpful and customers/patients were keen to answer our questions. Our reports have been well received and efforts have clearly been made to implement our recommendations wherever possible."

Margaret Wrenn - Lead Enter and View Visitor – Healthwatch Hartlepool

mydentist Visit

The Enter and View visit to mydentist took place in December 2025. The process began with a pre-visit meeting with the Practice Manager at which the Enter and view process was explained, the reasons for the visit discussed and reporting processes clarified. The Practice Manager found the meeting particularly helpful as he was unfamiliar with Healthwatch and our Enter and View role.

The visit was conducted by two authorised representatives, combining direct observation with discussions with patients and staff. Patients were approached during the visit and invited to complete questionnaires. Areas discussed included patient experience of dental care and treatment, access issues, communication and the quality of services.

Overall, patient experience at my dentist was very positive. Patients reported that staff were friendly, welcoming and professional. This was also observed and noted by the team whilst conducting the visit. Patients reported that dentists explained procedures and costs clearly prior to treatment. Satisfaction levels were high, and clinical communication was identified as a key strength of the service, together with advice around aftercare and general oral health advice.

However, several challenges were identified. The most significant was limited access to NHS appointments. The practice was not accepting new NHS patients at the time of the visit, reflecting wider regional capacity issues. Some patients reported switching to private treatment primarily to access quicker care, often at extra cost.

Some concerns were also raised regarding long waiting times for appointments and the worn state of seating in the reception.

Despite these issues, the overall perception of care quality, professionalism and patient centered communication was very strong. All findings were fully reflected in the findings and recommendations in the final visit report.

“It has been a pleasure to meet both Stephen and Margaret from Healthwatch Hartlepool who recently visited the practice. Feedback from our patients is always very welcome, encouraged and extremely important to us as a practice. I am always very proud of the team here at the practice and reading some of the feedback obtained from the patient interaction at the recent visit and questionnaire responses this is certainly great to hear and we do pride ourselves in practice on the overall service we provide to our patients from reception to our dental team to enable patients to have a pleasant and comfortable experience when visiting us in practice.

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We have already taken the opportunity based on feedback obtained regarding some of the seating in the waiting area we are awaiting new seating to arrive at the practice and due to the material of the current seating and the high level of use, some do appear worn.

We recognise that the shortage of NHS dentists at the practice can be frustrating within the local community, and we share that concern. Recruiting clinicians to the Hartlepool area remains challenging. However, we remain hopeful that additional NHS clinicians can be placed at the practice in the future. To conclude I thank Healthwatch Hartlepool for the interaction we have had recently it has certainly been very effective".

Comments from Craig Brodie-Myers (my dentist Practice Manager) extract taken from final mydentist report provider narrative

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

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. We also strive to undertake additional, collaborative work across the Tees Valley and the wider North East & North Cumbria Integrated Care System.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£126,885	Expenditure on pay	£123,556
Additional income	£32,314	Non-pay expenditure	£20,350
		Office and management fee	£8,040
Total income	**£159,199**	**Total Expenditure**	**£151,946**

Please note expenditure on pay includes payroll for part-time Regional Coordinator for the North East & North Cumbria (NENC) Healthwatch Network & additional income includes funds that offset that cost.

Additional income is broken down into:

ICB Regional Coordinator	£24,892
ICB Healthwatch Network	£4000
VONNE	£257.10
Wharton Trust (WMH day)	£250
Hartlepower (WMH Day)	£200
ICB – PCARP	£300
Greatham Foundation (WMH Day)	£100
PFC Trust (WMH Day 2026)	£349
ICB Pharmacy	£350
Donation Stagecoach re WMH Day	£375
ICB – PEOLC	£600
Interest at bank	£641
Total	£32,314.10

Integrated Care System (ICS) funding:

All 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 and for specific roles within the Healthwatch Network. For Healthwatch Hartlepool this funding is as follows for 25/26:

Purpose of ICS funding	Amount
Regional Coordinator	**£24,892**
Intelligence gathering and monitoring	**£4,000**
Project work i.e. PCARP, Pharmacy and PEOLC	**£1250**

Next steps:

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

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

Our top three priorities for the next year are:

1. Cardiovascular Disease - Continue to work with Neighbourhood Health, Public Health and other stakeholders to raise awareness of Cardiovascular Disease. Follow up on the research from Teesside University re healthy heart checks and the level of take-up rates. Healthwatch Hartlepool would like to help host an event to promote self-help & care. To complement our Cardiovascular work, we shall be undertaking further planned visits to Hartlepool Hospital and community settings, responsible for cardio-rehabilitation. This will be in addition to our already conducted visits to the University Hospital Tees and the University Hospital of South Tees to examine cardiovascular patient pathways and transfers of care.

2. Our focus of work across the integrated Care System for this coming year will initially be based around supporting the North East & North Cumbria (NENC) Integrated Care Board's (ICB) work on Modern General Practice formerly under the Primary Care Access Recovery Plan. Essentially, we are continuing our research of 25/26 when we were one of 14 Healthwatch having engagement events and surveys to promote greater community awareness of Extended Access, the NHS APP and Pharmacy First.

3. Learning Disability Annual Health checks – Healthwatch Hartlepool are working with the North East & North Cumbria ICB, Tees, Esk and Wear Valley NHS Mental Health Trust, Hartlepool Borough Council and Inclusion North to examine the patient pathways involved in Annual Health checks for those living with a Learning Disability and/or Autism. This piece of work will 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. The work will initially commence to better understand the people who did not achieve an annual health check for 25/26 and seek improvements for the benefit of all within the cohort to be offered an annual health check.

4. Cancer Patient Experience Project - Cancer is a significant health challenge for many individuals and families in Hartlepool. While clinical outcomes are essential, understanding patient, carer, and family experiences across the entire cancer pathway is equally vital to improving services. This project will gather personal insights into how cancer services are accessed, delivered, and experienced locally. It will focus on the full care journey, from initial symptoms and diagnosis through treatment, recovery, and ongoing support. By capturing lived experiences, the project will support service providers, commissioners, and community organisations in identifying strengths, addressing gaps, and improving cancer care pathways. During the project we will:

    - Listen to cancer patients, carers, and family members in Hartlepool, providing a comprehensive understanding of their experiences across all stages of cancer care.

    - Explore experiences of diagnosis, including access to GP services and referral pathways.

    - Seek to understand experiences of treatment and clinical care, including hospital services and specialist care.

    - Capture experiences of operative process (where applicable).

    - Explore patient and carer experiences of recovery, rehabilitation, and aftercare.

    - Explore experiences of ongoing support, including physical, emotional, and social care.

Healthwatch Hartlepool CIO holds the local Healthwatch contract.

Healthwatch Hartlepool CIO uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

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

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 together with our Volunteer Steering Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met **5** times and made decisions on matters such as endorsing our submission to Healthwatch England regarding our new 'Shared Values' and a revised Communication & Engagement Strategy. 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 2025/26, we have been available by phone and email, provided a web form on our website and through social media, and attended many meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and distribute copies as part of our patient & public engagement activity.

Responses to recommendations

We did not have any provider who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

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
- 'Pool Together for Wellness' formerly the Health & Wellbeing Alliance

We also take insight and experiences to decision-makers in the North East & North Cumbria (NENC) Integrated Care Board. For 25/26 we held 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 ICB's Quality & Safety committee 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, participating in the review of the board and raising the concerns of residents in respect of Maternity.

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 were on:

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

Our Enter and View work

Location	Reason for visit	What you did as a result
Well Pharmacy Victoria Road	Primary Care access – Pharmacy First	Wrote a report outlining strong levels of patient satisfaction albeit over half of respondents had limited awareness of the "Think Pharmacy First" that had been given national promotion.
My Dentist Grange Road	Follow-up on our Dentistry regional work, general access for routine NHS treatment	Wrote a report outlining very positive patient experience, however several challenges identified i.e. limited access to NHS appointments and not accepting new NHS patients.

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 in respect of Enter & View. Staff and volunteers also engaged in refresher training in the subjects of safeguarding as well as some staff utilising the Healthwatch England training in IT capabilities.

Reflecting on impact: recognition and moving forward together

Healthwatch's impact is often built over time. Through sustained engagement and trusted relationships, earlier work across the North East and North Cumbria is now influencing system priorities and discussions.

Over the past year, Healthwatch insight has been recognised at system level, including through ICB Board discussions on women's health, dentistry and University Hospitals Tees. This reflects the value of Healthwatch's independent role in bringing people's experiences into decision making beyond one off consultations.

Messages people have consistently shared with Healthwatch, about access, communication, continuity and meaningful engagement, are now visible in current system priorities, including the growing focus on Neighbourhood Health and care closer to home.

This provides a strong foundation for continued collaboration as the system moves forward.

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Hartlepool Borough Council

Health and Wellbeing Board

16 July 2026

Report of: Let's Connect Hartlepool

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 Progressing a Relational, Place-Based Mental Health System in Hartlepool

This report provides the Health and Wellbeing Board with an update on the transition of the Community Mental Health Transformation (CMHT) programme into a sustainable whole-system partnership and outlines the key developments emerging from the Hartlepool Mental Health Provider Forum. It highlights progress, emerging opportunities and strategic recommendations for consideration by the Board. Attached is **appendix 1** showing all work undertaken since the previous meeting.

3. Background

3.1 Executive Summary

Hartlepool has reached an important point in the evolution of its mental health transformation work. What began as a funded transformation

programme has matured into a collaborative system focused on relational practice, neighbourhood working and community-led solutions.

Across both the Mental Health Strategic Partnership, previously known as Community Mental Health Transformation, and the Provider Forum there is strong consensus that future success depends upon:

- strengthening neighbourhood approaches
- improving coordination across partnerships
- embedding VCSE organisations as equal strategic partners
- improving understanding of unmet need
- building trusted community access points
- reducing duplication across programmes
- supporting prevention and early intervention rather than crisis response alone.

The work aligns closely with emerging national policy around neighbourhood health, integration and community power.

4. Proposals

4.1 **Strategic Context**

Members recognised that national policy is increasingly emphasising:

- neighbourhood health
- integrated place-based care
- prevention
- community resilience
- reducing dependence on hospital services.

Hartlepool's Community Mental Health Transformation Programme has already developed many of these approaches through relational practice, flexible support, community leadership and partnership working.

Rather than creating new programmes, the priority is now to embed these principles as the normal way of working across organisations.

4.2 **Transition to a Mental Health Strategic Partnership**

The Steering Group agreed that the title "Community Mental Health Transformation" no longer reflects the breadth of the work.

The partnership has evolved beyond programme delivery and now provides leadership across:

- prevention
- community development

- neighbourhood working
- strategic influence
- integrated mental health and wellbeing.

Members therefore supported transitioning to the Hartlepool Mental Health Strategic Partnership, providing a permanent mechanism for whole-system leadership with direct links into the Health and Wellbeing Board.

4.3 **Neighbourhood Mental Health and Helping Hubs**

Both meetings demonstrated significant alignment around neighbourhood-based support.

Common themes include:

- supporting people closer to home
- using existing community assets rather than developing new buildings
- reducing stigma associated with clinical environments
- developing neighbourhood hubs based on local identity
- ensuring support is available where people naturally spend their time.

Provider Forum discussions emphasised that Helping Hubs should:

- build upon trusted organisations
- offer multiple community access points
- utilise community connectors
- provide warm introductions rather than signposting
- remain flexible to neighbourhood needs whilst maintaining
- consistent quality standards.

Members recognised that successful neighbourhoods depend more upon relationships than physical infrastructure.

4.4 **Partnership Coordination**

A recurring issue across both meetings was the increasing number of programmes pursuing similar objectives.

These include:

- Pride in Place
- Place Partnership
- Sea Change
- VCSE programmes
- Community Cohesion
- neighbourhood health initiatives
- community engagement projects.

Whilst this demonstrates positive momentum, partners recognised risks of duplication, fragmented investment and competing engagement activity.

A coordinated mapping exercise has therefore been commissioned to identify overlap, improve alignment and establish clearer strategic leadership across the town.

4.5 **Suicide Prevention and Understanding Unmet Need**

One of the most significant developments is the proposed Suicide Crisis Data Sharing Pilot.

Partners recognised that many people experiencing suicidal distress are supported within community organisations rather than statutory mental health services.

The proposed pilot will collect proportionate anonymised information to better understand:

- who is seeking help
- where people present
- referral pathways
- repeat presentations
- unmet need
- outcomes.

This represents an important opportunity to improve commissioning by understanding community demand rather than relying solely on statutory datasets.

Members emphasised that learning should improve prevention whilst avoiding unnecessary bureaucracy for VCSE organisations.

4.6 **Mental Health Quality Mark**

Both meetings highlighted the importance of strengthening quality across the voluntary and community sector whilst preserving flexibility.

The proposed Mental Health Quality Mark aims to:

- recognise trusted organisations
- improve safeguarding
- strengthen governance
- identify workforce development needs
- improve referral pathways
- support continuous improvement.

Importantly, partners agreed that the framework should be developmental rather than regulatory, with mentoring support available for smaller organisations to participate fully.

4.7 **Community Intelligence and Shared Evidence**

Partners recognised that several organisations are independently gathering valuable insight from residents.

Rather than undertaking repeated engagement exercises, work is underway to combine this intelligence into a single shared evidence report to support future planning.

This approach will:

- reduce consultation fatigue
- improve understanding of neighbourhood priorities
- provide stronger evidence for commissioning
- align investment decisions across programmes.

4.8 **Sustainability and Future Governance**

Members agreed that maintaining coordination capacity is essential if momentum is not to be lost following the conclusion of transformation funding.

Future hosting arrangements are being explored, including Hartlepool Opportunity Partnership (HOP) acting as an independent host organisation.

Members also confirmed continuation of key coordination resources, including funding for the Liberated Method project until October 2027 and the Coordinator role until March 2027.

4.9 **Overall Assessment**

The Board can take assurance that Hartlepool has developed a mature partnership model characterised by:

- strong cross-sector relationships
- growing trust between statutory and VCSE partners
- increasing neighbourhood integration
- community-led approaches
- relational practice
- shared strategic leadership.

Rather than creating additional structures, partners are increasingly focused on aligning existing assets, reducing duplication and strengthening collaboration across the whole system.

5. Recommendations

5.1. Note the successful transition from the Community Mental Health Transformation Programme to the Hartlepool Mental Health Strategic Partnership.

6. Reasons for Recommendations

6.1 This report demonstrates that Hartlepool is well positioned to build on the legacy of the Community Mental Health Transformation Programme by embedding a coordinated, community-led and relational approach to improving mental health and wellbeing across the borough.

7. Background Papers

None

8. Contact Officers

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Mental Health Provider Forum – Summary of Progress and Forward Priorities

Report to Hartlepool Health and Wellbeing Board

Purpose

This appendix provides a summary of the work undertaken by the Hartlepool Mental Health Provider Forum over the past nine months. It demonstrates how the Forum has evolved from a provider engagement mechanism into the operational delivery arm of the Hartlepool Mental Health Strategic Partnership, supporting system integration, collaborative leadership and community-led mental health transformation.

Summary of Activity Over the Past 9 Months

1. Strengthening System Collaboration

The Forum has brought together statutory organisations, VCSE providers, primary care, public health and lived experience representatives into a single collaborative partnership.

This has strengthened relationships, improved communication, reduced organisational silos and created a shared commitment to improving mental health through partnership rather than isolated organisational activity.

2. Embedding Trauma-Informed Practice

Trauma-informed practice has moved beyond awareness raising to become a core operating principle across the local mental health system.

Cross-sector training has established a common understanding of safety, trust, choice, collaboration and empowerment across VCSE organisations, statutory services and lived experience partners. This has supported more consistent practice, improved first contact experiences and encouraged a shift from deficit-based approaches towards strengths-based, relational support.

3. Developing a Shared Vision for Community Mental Health

The Forum has contributed to the development of a shared strategic vision for community mental health by bringing together providers, commissioners, communities and people with lived experience.

This work has informed priorities for prevention, early intervention, neighbourhood working, access models and future investment, ensuring that future service development reflects community need rather than organisational boundaries.

4. Improving Access Through Neighbourhood Helping Hubs

A significant focus has been placed on designing neighbourhood-based Helping Hubs that make support easier to access.

Partners have agreed that future services should:

- build upon trusted community assets
- provide multiple local access points
- utilise community connectors
- strengthen warm handovers between organisations
- reduce barriers created by traditional service models.

This work supports the ambition of creating a more accessible and community-centred mental health system.

5. Creating a Shared Language Across Services

The Forum has supported system-wide work to reduce professional jargon and develop consistent, person-centred language.

Shared communication standards are improving accessibility, reducing confusion for residents and reinforcing trauma-informed, dignity-first practice across organisations.

6. Strengthening VCSE, Lived Experience and Primary Care Integration

The Forum has strengthened collaboration between voluntary organisations, primary care and statutory services.

GPs, social prescribers, VCSE organisations and people with lived experience now have clearer routes into governance, service design and pathway development, improving system navigation and ensuring that commissioning is informed by community intelligence.

7. Improving Quality and Workforce Development

The Forum has led development of the proposed Mental Health Quality Mark, designed to support consistent standards across community mental health provision.

The framework will promote:

- organisational governance
- safeguarding
- workforce development
- partnership working
- quality improvement
- continuous learning.

Importantly, the approach is developmental, supporting organisations to improve rather than acting solely as an accreditation process.

8. Supporting Better Understanding of Community Need

The Forum has begun development of a Suicide Crisis Data Sharing Pilot to improve understanding of people who seek help outside statutory mental health services.

The pilot will strengthen intelligence regarding:

- unmet need
- referral pathways
- repeat presentations
- community demand
- preventative interventions.

This will provide valuable evidence to inform future commissioning and service improvement.

9. Building Evidence for Commissioning

A more consistent approach to capturing outcomes and impact has been established.

Common case study frameworks, improved monitoring arrangements and shared learning processes are strengthening the programme's ability to evidence prevention, early intervention and wider social value, supporting future commissioning decisions.

10. Supporting Collaborative Delivery

The Forum has helped move provider relationships from competition towards collaboration.

This has included:

- shared learning
- joint problem solving
- alignment of community engagement
- coordinated planning
- stronger partnership working.

The result has been a more coherent and integrated provider network capable of responding collectively to local need.

11. Aligning Place-Based Mental Health Development

The Forum has worked closely with wider place-based programmes including Pride in Place, neighbourhood development and community engagement initiatives.

This has improved alignment across multiple programmes, reducing duplication while ensuring that mental health remains embedded within wider community development and prevention agendas.

12. Supporting the Transition to Long-Term System Transformation

Collectively, the Forum has supported the transition from a time-limited transformation programme towards a sustainable, community-led Mental Health Strategic Partnership.

This represents a significant shift from project delivery to long-term system leadership, with stronger governance, greater collaboration and increased readiness for commissioning.

Priorities for the Next 12 Months

The Forum will continue to act as the operational delivery arm of the Hartlepool Mental Health Strategic Partnership. Its priorities will include:

- Embedding neighbourhood Helping Hubs and community access models.
- Strengthening access, navigation and warm handovers across services.
- Progressing the Suicide Crisis Data Sharing Pilot and using learning to inform commissioning.
- Developing and implementing the Mental Health Quality Mark.
- Embedding trauma-informed practice through supervision, leadership and organisational culture.
- Strengthening integration with primary care, housing, public health and wider VCSE partners.
- Expanding the use of shared outcome measures, case studies and evaluation.
- Supporting commissioning-ready provider development and workforce capability.
- Continuing to align mental health transformation with wider neighbourhood, prevention and place-based initiatives.
- Strengthening community voice and lived experience within governance and service redesign.
- Scaling successful community-led models that demonstrate impact.
- Supporting the Mental Health Strategic Partnership to provide strategic leadership, coordination and assurance to the Health and Wellbeing Board.

Conclusion

Over the past 9 months, the Mental Health Provider Forum has matured into a key partnership mechanism supporting collaboration, innovation and system transformation across Hartlepool. It has strengthened relationships between statutory services, primary care, the VCSE sector and communities, while embedding trauma-informed, relational and neighbourhood-based approaches into everyday practice. As Hartlepool transitions to a Mental Health Strategic Partnership, the Forum is well placed to continue driving operational improvement, supporting commissioning readiness and ensuring that future mental health services are accessible, preventative, community-led and informed by lived experience.