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.

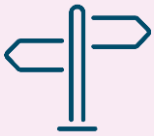
Spring

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

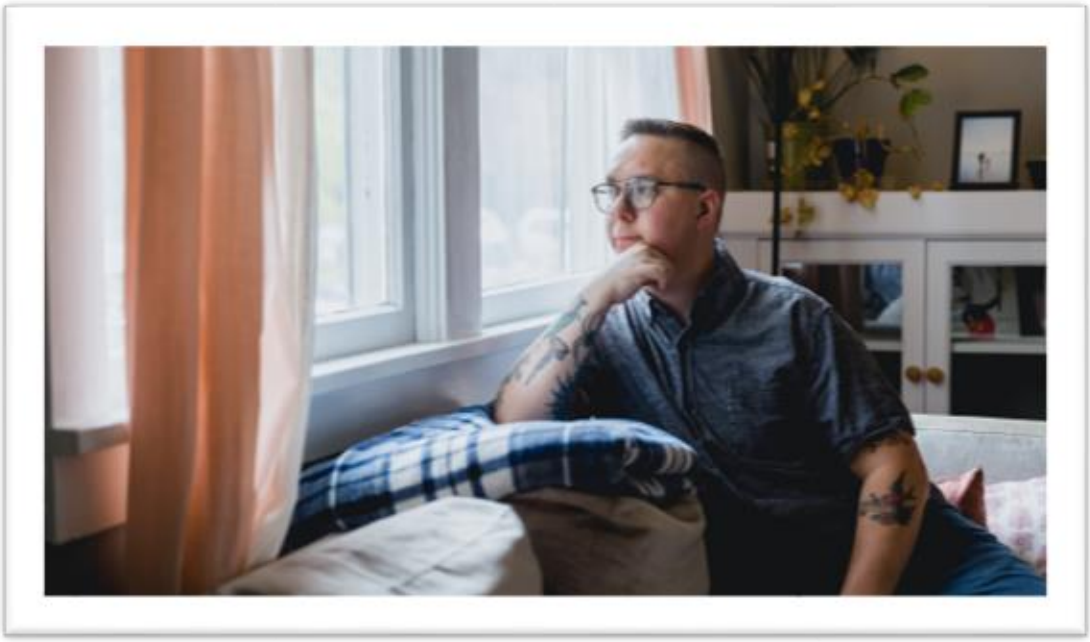
Mental health rehabilitation: what helps people recover – and what puts them at risk

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.

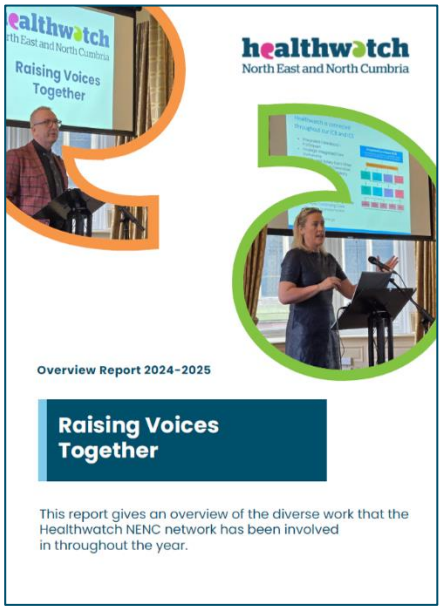
Looking ahead, Healthwatch will continue to build on this position of trust. This includes contributing to Fit for the Future, an ICB-led programme focused on strengthening the health and care workforce and supporting services to meet future demand.

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

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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.

Statutory statements

Healthwatch Hartlepool CIO holds the local Healthwatch contract.

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

Statutory statements

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.

Statutory statements

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.

Statutory statements

Training & Development

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

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

This year saw a focus on the recruitment and development of our new volunteers 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.

healthwatch

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