



# Trustees' Annual Report for the period

	Period start date			Period end date			
	01st	April	2024		31st	March	2025
From				To			

## Section A Reference and administration details

Charity name

Other names charity is known by

Registered charity number (if any)

Charity's principal address

### Names of the charity trustees who manage the charity

	Trustee name	Office (if any)	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee (if any)
1	Jane Tilly	Chairman		
2	Tony Raine	Director of Finance		
3	Margaret Wrenn	Director		
4	Jan Weedall	Director		
5	Carol Sherwood	Director		
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### Names of the trustees for the charity, if any, (for example, any custodian trustees)

Name	Dates acted if not for whole year

## Names and addresses of advisers (Optional information)

Type of adviser	Name	Address

## Name of chief executive or names of senior staff members (Optional information)

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# Section B Structure, governance and management

## Description of the charity's trusts

Type of governing document (eg. trust deed, constitution)	Governance Framework
How the charity is constituted (eg. trust, association, company)	Healthwatch Hartlepool is a Charitable Incorporated Organisation established in 2016 and is governed according to the Governance Framework, which is reviewed annually.
Trustee selection methods (eg. appointed by, elected by)	Recruitment and appointment of Trustees: The board consists of no fewer than 3 trustees and has no maximum. The necessary quorum for the transaction of any business is 3. Trustees are recruited from the local population and all have an interest in the aims and objectives of Healthwatch Hartlepool CIO.

## Additional governance issues (Optional information)

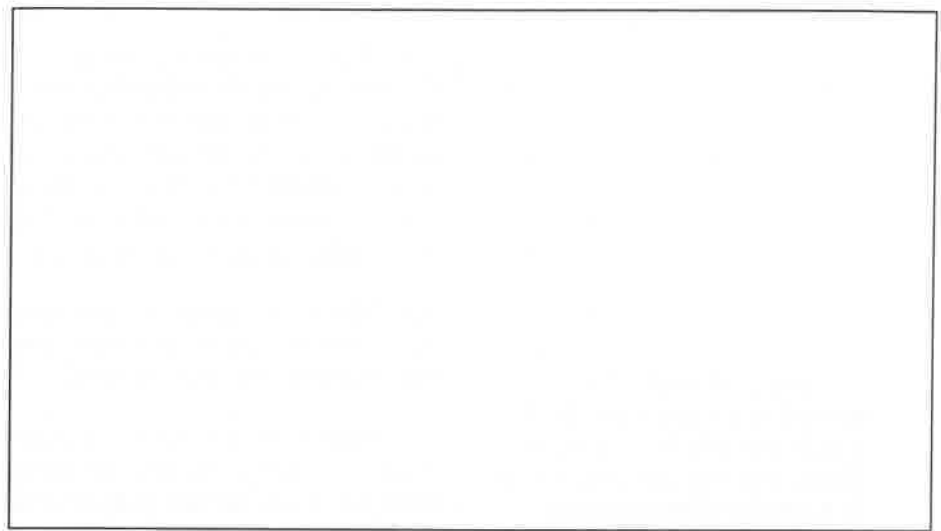
You **may choose** to include additional information, where relevant, about:

- policies and procedures adopted for the induction and training of trustees;
- the charity's organisational structure and any wider network with which the charity works;
- relationship with any related parties;
- trustees' consideration of major risks and the system and procedures to manage them.

Healthwatch Hartlepool has developed an induction programme using its own material, material & resources from both Healthwatch England & Hartlepool Borough Council plus material/guidance from the Charity Commission. All Trustees are additionally encouraged to attend external courses, which are relevant to their role.

**Risk Management** – During the year the Trustees met predominantly monthly. The meetings considered all aspects of service delivery, staffing, complaints and risk management. These meetings enable the Trustees to identify any risks to which the Charity may be exposed and put in place measures to mitigate those risks. Throughout the year regular updates were provided to Board members by our Chief Executive.

**Organisational Structure** – Healthwatch Hartlepool is an autonomous body. The Trustees make strategic decisions about the organisation and the day-to-day operating model is delegated to the Chief Executive. The Chief Executive is responsible for ensuring the aims and objectives of the organisation are met. The board in the main meets monthly to consider reports & updates from the Chief Executive and two of the Trustees are also members of our Volunteer Steering Group. The Volunteer Steering Group (VSG) is responsible for monitoring the delivery of our Annual Work Programme.



## Section C

## Objectives and activities

### Summary of the objects of the charity set out in its governing document

Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean Healthwatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of residents and service user groups.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public regarding accessing health and social care services also ensuring they are aware of the relevant choices available to them.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Integrated Care Board Pace sub-committee for Hartlepool.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping that body carry out its role as national champion.
- Make recommendations to Healthwatch England regarding any special reviews or investigations deemed necessary to be carried out by the Care Quality Commission (CQC) or, if the circumstances justify it, go direct to the CQC with such recommendations.

All functions must be delivered in line with the Care Act 2014 and associated guidance in respect of Safeguarding.

Summary of the main activities undertaken for the public benefit in relation to these objects (include within this section the statutory declaration that trustees have had regard to the guidance issued by the Charity Commission on public benefit)

In all that Healthwatch does its Trustees have complete regard for the Charity Commission's public benefit guidance when exercising their powers or duties. An Annual Report is produced articulating how this obligation is met, as well as monitoring the delivery of services commissioned by Hartlepool Borough Council. Full details of this Annual Report are available on the Healthwatch Hartlepool website [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

***"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."***

Healthwatch Hartlepool is the umbrella organisation which brings together existing and new consultation groups, networks, organisations and individuals in Hartlepool to enable them to have a voice in improving health and social care services.

Healthwatch Hartlepool does this by working in a collaborative and inclusive way across Hartlepool taking account of the rich diversity of the people of Hartlepool and their needs.

#### Additional details of objectives and activities (Optional information)

You **may choose** to include further statements, where relevant, about:

- policy on grant making;
- policy programme related investment;
- contribution made by volunteers.

There is no formal 'membership' of Healthwatch Hartlepool as it exists as a volunteer led, open network that can be accessed by:

- a) Individuals - anyone living in, or receiving health and social care services in the Borough of Hartlepool
- b) Groups - any voluntary/community group or business organisation which operates in the Borough of Hartlepool

Healthwatch Hartlepool will maintain a database of people who have expressed an interest in being involved in developing and supporting Healthwatch Hartlepool.

Healthwatch Hartlepool will aim to make use of existing consultation groups, networks and organisations in Hartlepool to enable them to have a voice in improving health and social care services.

When necessary Healthwatch Hartlepool will establish new consultation groups, networks and organisations in Hartlepool to enable them to have a voice in improving health and social care services.

### Summary of the main achievements of the charity during the year

During 2024/2025 we remained extremely active and undertook a wide range of projects within our published work programme. Below are some of our main pieces of work and achievements albeit more information is available in our published Annual Report, which is on our website [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

#### Enter and View

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

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

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

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

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

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

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

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

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

Hollie Rhodes – Manager Sheraton Court Care Home

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

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

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

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

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

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

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

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

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

Our collaborative approach is recognised nationally as best practice.

### Integrated Care Strategy

We received over 400 responses during our engagement period.

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

#### **Impact:**

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

### Refreshing the ICB Involvement Strategy

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

#### **Impact:**

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

- Meaningful involvement
- Removing barriers
- Listening to feedback

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

### Listening to People's Dental Care Challenges

Over 3,800 people shared their views with us.

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

#### ***The ICB has provided the following response:***

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

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

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

#### Listening to Women's Health Needs

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

#### **What We Learned:**

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

#### **Impact:**

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

#### NHS 10 Year Plan

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

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

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

#### North East Ambulance Service clinical strategy engagement

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

**Key Strengths:** Compassionate and professional staff, Community Involvement, Patient Transport service and effective emergency care.

**Areas for Improvement:** Response times, mental health support, communication transparency, resources & staffing limitations and coordination with other services.

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



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

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

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

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

Chris McCann, Deputy Chief Executive, Healthwatch England.

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

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

#### **Our Focus:**

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

#### **Our Approach:**

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

#### **This Partnership Includes:**

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

#### **Our Goals:**

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

## **Shaping Outcomes Together**

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

### **Partnership Details:**

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

### **Special Thanks:**

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

Read more about the Partnership launch here: [Multi-million-pound investment tackling healthcare workforce challenge](#)

### **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 too, which supports forum members to have a voice. Also, by having Healthwatch on the Forum's standard agenda allows time for Healthwatch to update members of our work, which gives forum members the opportunity to be involved in activities that they have experience of, e.g. the Community Wellbeing Event, which gave a voice to people with lived experience of poor mental health.

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

Catherine Wakeling

Starfish Health and Wellbeing

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

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

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

Stacey Hunter - Chief Executive of University Hospitals Tees

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

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

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

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

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

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

We conducted a comprehensive study to:

1. Ensure that peoples experiences of receiving home care services is captured, and that this lived experience is made available to service providers and commissioners of home care services.
2. Identify and promote areas of good practice in home care service provision and highlight areas in which users of home care services feel change or improvement is required. Home Care Healthwatch Hartlepool
- 6 3. Gain insight into the challenging climate in which home care services are commissioned and delivered, with the backdrop of increasing demand, workforce recruitment and retention issues and ever-present financial pressures.

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

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

- Promoted the survey via local social work teams.

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

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

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

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

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

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

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

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

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

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

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

*One carer said 'My mother-in-law was on end of life, we received 3 calls per day, the girls that looked after her were exceptional, went above and beyond to support us all, working professionally and maintaining my mother in law's dignity at all times, we will be forever grateful' However, we hear in some cases, families cancelling packages of care due to support not being at times that are suitable for them. Some families also shared that the option for direct payments, enabled them to independently employ support workers to help within their homes, these families were complimentary with the flexibility and control they had over their own care.*

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

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

1. When care workers are running more than 15 minutes late, the next person to receive care should be contacted and advised of the likely time of arrival to avoid anxiety and distress on the part of the cared for person, and risks associated with late/missed visits minimised. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.11 – NICE Guideline Sept 2015)
2. Care providers must ensure that communication with those receiving care is robust and when changes to care arrangements are proposed, the cared for person is fully aware of proposals and has been properly consulted about any new care arrangements. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.3.10 – NICE Guideline Sept 2015)
3. Care providers must ensure that those receiving care are informed and periodically reminded of the ways in which

complaints/compliments can be made. Procedures should also be available on the care organisations website. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.4, 1.4.5, 1.4.6 – NICE Guideline Sept 2015)

4. Identification badges should be always worn by care workers whilst on duty.
5. Care providers should ensure that as far as is practicably possible cared for people are familiar with the person providing their care services and have been introduced to the individuals who will be providing their care in future. This, and general communication should be overseen by a care co-ordinator. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.7 – NICE Guideline Sept 2015)
6. As part of induction and ongoing staff development processes, all care workers should undertake training which enables them to recognise and respond appropriately to conditions such as dementia, physical and learning disabilities and sensory loss. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.7.4 – NICE Guideline Sept 2015)
7. When carers are regularly running late between appointments, appointment timings should be reviewed to ensure enough time has been allocated to cover completion of care tasks and travel time. (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.1 – NICE Guideline Sept 2015)
8. Hartlepool Borough Council should review the accessibility and content of home care related information on its website and consider introducing financial guidance in line with the NHS example shown in Appendix 1 of our published report available via [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk) (Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.2.1 – NICE Guideline Sept 2015)
9. Social care providers should liaise with Hartlepool Borough Council social workers if a person receiving home care is isolated and has said that they would like more opportunities to socialise.

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

This year, we've helped people by:

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

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

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

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

Example -

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

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

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

#### Training & Development

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

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

requirements, and to provide personal and skills-based development opportunities.

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

#### **Summary of Key Training and Development Events 2024/25**

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

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

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

Smart Survey Training – (3 sessions x 2 participants)

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

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

Challenging Health Inequalities (1 session x 1 participant)

Dementia Awareness (1 session x 8 participants)

Sensory Loss and Communication (1 session x 2 participants)

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

Disability Awareness – (2 sessions x 2 participants)

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

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

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

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

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

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



**Brief statement of the charity's policy on reserves**

Per our Annual Report Healthwatch Hartlepool holds reserves in respect of liabilities and in respect of any future redundancy costs.

**Details of any funds materially in deficit**

N/A

**Further financial review details (Optional information)**

You **may choose** to include additional information, where relevant about:

- the charity's principal sources of funds (including any fundraising);
- how expenditure has supported the key objectives of the charity;
- investment policy and objectives including any ethical investment policy adopted.

Healthwatch Hartlepool is solely funded by Hartlepool Borough Council as a commissioned service to deliver Local Healthwatch in accordance with the statutory requirements laid out in the Health & Social Care Act 2012. From time to time, we do undertake additional, commissioned, consultation pieces of work if they fit in with our strategic objectives and published work programme.

All monies have been directed to achieve our strategic objectives within the specification of our contract with Hartlepool Borough Council and articulated in our Governance Framework.

At the present time we do not hold an investment policy due to the nature of our work.

## **Section F Other optional information**

**A message from our Chairman Jane Tilly:**

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

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

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

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

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

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

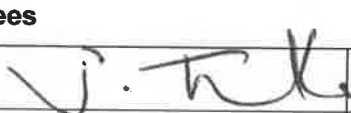
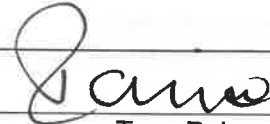
Looking ahead, I am hopeful for continued progress and success in the coming year as we navigate the new NHS 10 year plan.

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

## Section G Declaration

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)		
Full name(s)	Jane Tilly	Tony Raine
Position (eg Secretary etc.)	Chairman	Director of Finance
Date	27 <sup>th</sup> November 2025	



CHARITY COMMISSION  
FOR ENGLAND AND WALES

Healthwatch Hartlepool

1165402

## Receipts and payments accounts

CC16a

For the period  
from

1st April 2024

To

31st March 2025

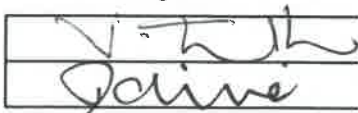
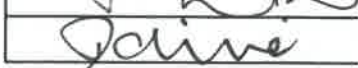
### Section A Receipts and payments

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest £
<b>A1 Receipts</b>					
Commissioned service from	124,397	-	-	124,397	-
Hartlepool Borough Council	-	-	-	-	-
Other Income - Consultations/Grant	48,307	-	-	48,307	-
Interest from Bank	761	-	-	761	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total (Gross income for AR)</b>	<b>173,465</b>	<b>-</b>	<b>-</b>	<b>173,465</b>	<b>-</b>
<b>A2 Asset and investment sales, (see table).</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total receipts</b>	<b>173,465</b>	<b>-</b>	<b>-</b>	<b>173,465</b>	<b>-</b>
<b>A3 Payments</b>					
Operational Costs	32,452	-	-	32,452	-
Staffing Costs	128,405	-	-	128,405	-
Premises, Room hire and telephone	8,040	-	-	8,040	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>168,897</b>	<b>-</b>	<b>-</b>	<b>168,897</b>	<b>-</b>
<b>A4 Asset and investment purchases, (see table)</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total payments</b>	<b>168,897</b>	<b>-</b>	<b>-</b>	<b>168,897</b>	<b>-</b>
<b>Net of receipts/(payments)</b>	<b>4,568</b>	<b>-</b>	<b>-</b>	<b>4,568</b>	<b>57,317</b>
<b>A5 Transfers between funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>A6 Cash funds last year end</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Cash funds this year end</b>	<b>4,568</b>	<b>-</b>	<b>-</b>	<b>4,568</b>	<b>57,317</b>

## Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B1 Cash funds</b>	Cash at Bank	57,317	-	-
		-	-	-
		-	-	-
	<b>Total cash funds</b>	<b>57,317</b>	<b>-</b>	<b>-</b>
	(agree balances with receipts and payments account(s))	Agreement Error	OK	OK
		Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B2 Other monetary assets</b>	N/A	-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>B3 Investment assets</b>	N/A			
			-	-
			-	-
			-	-
			-	-
			-	-
<b>B4 Assets retained for the charity's own use</b>	N/A			
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
<b>B5 Liabilities</b>	N/A			
			-	
			-	
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees	Signature	Print Name	Date of approval
		Jane Tilly	29.1.26
		Anthony Raine	29/1/26



**Section A**

**Independent Examiner's Report**

**Report to the trustees/  
members of**

Charity Name  
Healthwatch Hartlepool CIO

**On accounts for the year  
ended**

31<sup>st</sup> March 2025

**Charity no  
(if any)** 1165402

**Set out on pages**

(remember to include the page numbers of additional sheets)

**Respective  
responsibilities of  
trustees and examiner**

The charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

The charity's trustees consider that an audit is not required for this year under section 144 of the Act and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the applicable Directions given by the Charity Commission (under section 145(5)(b) of the Act, and
- to state whether particular matters have come to my attention

**Basis of independent  
examiner's statement**

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

**Independent  
examiner's statement**

In connection with my examination, no material matters have come to my attention (other than that disclosed below \*) which gives me cause to believe that in, any material respect:

- accounting records were not kept in accordance with section 130 of the Charities Act or
- the accounts do not accord with the accounting records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in order to enable a proper understanding of the accounts to be reached.

*\* Please delete the words in the brackets if they do not apply.*

**Signed:**

**Date:**

21/01/2025

**Name:**

LESLEA JACKSON

**Relevant professional  
qualification(s) or body  
(if any):**

Finance Manager.

**Address:**

117 Stockton Road

Martlepool TS25 1SZ.

**Section B**

**Disclosure**

Only complete if the examiner needs to highlight matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

**Give here brief details of any items that the examiner wishes to disclose.**