Local Healthwatch working together- Health Bill call for evidence

Introduction

This evidence is submitted by a collaborative working group of local Healthwatch from across England in response to the opportunity to submit evidence to the House of Commons Public Bill Committee.

The evidence laid here specifically relates to clause 65 in the bill which seeks to "Abolish Healthwatch and transfer local Healthwatch functions to ICBs and local authorities."[i]

Since the review of patient safety in July 2025[ii], there has been consistent concern expressed by local Healthwatch organisations, councils, stakeholders, members of the House of Lords and Parliament and independent bodies regarding the risks posed by the proposed abolition of Healthwatch. These risks relate to patient safety, independent public voice, and overall effectiveness of future local and national health and care systems. There has been explicit concern over the role of patient experience in future decision-making, the weakening of mechanisms for capturing and escalating concerns, and the loss of trusted, community-based routes for feedback. There has been minimal response to the concerns ~~from~~ expressed across the health and social care landscape, and there urgently needs to be proper consideration of the potential impacts of the Health Bill in its current form and the risks and gaps it creates.

Clauses 64 and 65 in their current form seek to implement the recommendations made in the Dash Review to transfer Healthwatch functions in-house. There is little evidence that the Department of Health and Social Care and Secretary of State have properly consulted with local Healthwatch or other organisations - or collected evidence to inform these policy decisions - since the publication of the 10-year health plan. In this context, this evidence sets out these concerns with examples from the Healthwatch network and provides supporting references from the organisations and stakeholders who have raised concerns.

The value of being independent

Since the Government announced plans to abolish Healthwatch England and transfer local Healthwatch functions to ICBs and local authorities, many organisations and individuals have warned against the risks created by bringing local functions "in-house" and removing an independent route for the public to raise concerns and share feedback about NHS and social care services.

Recognition of an independent and impartial voice for patients and the public in health and social care has been a principle supported by governments for over 50 years.[iii] If it passes into law unamended, the Health Bill will end that recognition. Independence matters because patients, carers and families must be able to raise concerns about poor care, unsafe practice or inaccessible services without fear that doing so could affect their future treatment.

Taken together, Clause 65 (a) and (b) risk weakening essential safeguards in the system. The King's Fund has warned:

> *The Bill centralises more power in Whitehall and the hands of the Secretary of State, and may weaken independent patient voice by abolishing Healthwatch, at the very time Ministers say they want to devolve more to local organisations and empower patients.*[iv]

Crucially, while Clause 65 transfers the functions previously carried out by local Healthwatch, it does not replicate the statutory framework that underpins them. In particular:

- There is no equivalent requirement for independence
- There is no clear duty to demonstrate how public feedback informs decisions
- There is no guarantee of transparency or external scrutiny

This creates a significant gap in the legislation. Responsibility for hearing from the public is retained in principle, but without the safeguards that ensure those voices are heard, protected, and acted upon.

Members of the public regularly come to local Healthwatch because of their independence from the system. Oftentimes, they have already tried to be heard by the NHS or local authority and not been listened to or are fearful of

repercussions if they do. This is a significant barrier to many speaking up about patient safety incidents, and the Health Bill as it stands will silence these voices.

"I have only just found out about your service, just as it is about to be abolished!! This decision alarms me, based on my own observations. Having been able to speak to an independent body would have made a big difference. When a family member was recently in hospital the services, general attitudes to patients/relatives and culture were a lottery... There is more (e.g. further lies) but I think this gives a flavour of what was going on. I dread to think what was going on in that ward outside visiting hours.

Based on the above, I can't trust the NHS anymore and would not want to have intensive treatment if I were in a similar situation. I would literally rather die."

Surrey resident, June 2026

The King's Fund report which reviewed the Healthwatch model, strongly warns that moving local Healthwatch functions into government or NHS bodies could undermine trust and discourage open complaints, and any replacement must remain independent.

"People won't raise concerns if the only place to do so is within the system itself," one expert noted. Embedding the function risks services "marking their own homework."[v]

Community engagement and seeking the voice of those who are seldom heard

This independence is closely linked to local Healthwatch's ability to hear from people whose voices are too often missing from formal engagement activities. Through the conversations they have and the reports they publish, local Healthwatch consistently show that they can build trust with seldom heard communities and bring forward experiences that might otherwise go unheard.

Through development of bespoke easy-read materials, targeted outreach activities, using translation tools, holding events and forums for specific groups, and linking with organisations who represent those in minority groups, local Healthwatch have developed accessible means for people of all ages and

backgrounds to have their voices heard (the public can use SMS Text Relay, email, phone, WhatsApp, Freepost, or visit local Healthwatch in person).

The methodology adopted by local Healthwatch means that people are able to share their experiences of a range of services (and barriers) across health and social care and are not limited to providing feedback only on a service that they have successfully accessed. Engaging in a range of community settings is a very different approach to how the NHS and local authorities gather feedback from their service users.

For example, Healthwatch Rotherham's 2024/25 annual report shows how local Healthwatch can earn the trust of seldom heard communities and translate that trust into action.[vi] Its work with people with learning disabilities, refugees, young people and people experiencing homelessness led to practical outputs including a co-designed communication card and a young people's support directory, while also surfacing barriers to care that may otherwise have remained hidden.

This reflects a wider strength of the local Healthwatch model. As independent social enterprises with governance arrangements that involve the public, local Healthwatch are able to shape their research and engagement around what local people say matters most. That approach is at significant risk if these functions are brought in-house, as the bill does not create any equivalent duty on NHS bodies to reach people who may be unable to access services or unwilling to engage through formal channels. 'In-house' methods used to measure patient experience such as the Friends and Family Test, whose value has been questioned[vii], can exclude people who are digitally excluded or do not have English as a first language.

Furthermore, local Healthwatch often demonstrate tenacity in raising issues that the system is not fully aware of. For example, three Healthwatch organisations across Sussex engaged with residents whose concerns over patient transport services were not being addressed, leading to a new provider, a single point of co-ordination, and improved transport services for mental health patients.[viii] Emerging issues with NHS dentistry and NHS admin are also well cited examples of raising public concerns to a national level.[ix] Escalating and engaging with public concerns is one of Healthwatch's biggest strengths, and moving local Healthwatch functions in-house weakens the community link, as highlighted by the Health Foundation:

The abolition of Healthwatch looks set to diminish rather than strengthen the voice of patients and the public in the health service.[x]

The strongest message the King's Fund heard during their research into the design of a new patient experience function was that it should be independent, or at least there should be robust processes in place to avoid conflicts of interest:

"Independence from government and services has enabled local Healthwatch and Healthwatch England to ***provide objective, impartial and trusted advice and guidance*** *to help people navigate the health and social care system and* ***understand their rights****."*[xi]

*"When providers are defensive or unwilling to engage****, individuals need somewhere trusted and separate to turn for support****."*[xii]

*"****Independence emerged as the single most important theme*** *throughout this work. Stakeholders consistently emphasised the need for an independent body – both locally and nationally – that is* ***able to speak truth to power****."*[xiii]

Gaps in legislation for Healthwatch's statutory powers

Local Healthwatch are also commissioned to provide a statutory service, offering advice and information about access and rights to local services. Annual reports from across the Healthwatch network show the scale and importance of this role.

In 2024/25 alone, local Healthwatch reported an estimated 925,224 people across England[xiv] turning to them for clear, independent advice and information, including 91,669 people in Liverpool, 21,025 in Greenwich, 4,985 in Sheffield, 3,127 in Kensington and Chelsea, 2,761 in Westminster, 2,707 in Islington, and 2,065 in Wokingham. These figures demonstrate that local Healthwatch are not a marginal add-on to the system, but an established and widely used source of practical support for people trying to navigate complex health and care services.

Local Healthwatch provide information in ways that are person-centred and easy for anyone to understand in an increasingly unnavigable health and care landscape (Healthwatch York's annual 'Mental Health and Wellbeing Guide' offers consistent up-to-date, accessible signposting)[xv] The bill's removal of local Healthwatch's information duties, without proposing a clear alternative, means

that people who rely on trusted local expertise may be left without support at the point they most need it.

Local Healthwatch are currently seeing the demand for information and advice services increase in both volume and complexity due to national changes to NHS structures, reductions in local funding, and less effective local communications. By removing this function entirely, the inequalities people face in health and care are likely to worsen.

Quality and Safety

Enter and View is another statutory function currently delivered by local Healthwatch. Authorised Representatives (often with lived experience of using services) visit publicly funded services and make observations about the care delivered, as well as hearing experiences from service users, carers and staff. Findings are shared with the provider, commissioner and CQC to inform their inspections. Reports are also published for members of the public to read. It would be a conflict of interest for local authorities or ICBs to absorb this function, yet this conflict is not addressed within the Health Bill.

Many local Healthwatch use the ability to Enter and View to hear from people who otherwise wouldn't have their voice heard within the system. In 2025 Healthwatch Surrey carried out a series of Enter and View visits to supported living facilities for people with learning disabilities for example. It was widely recognised by the service provider that there was a gap in their feedback from people with learning disabilities who use their services, demonstrating these people would not be heard without local Healthwatch.

One of the shifts outlined in the NHS 10-year plan is to move from analogue to digital access which, along with the Single Patient Record, has the potential to revolutionise access to NHS services. If successful, this will not only benefit patients but also create efficiencies within the NHS. It is for these reasons that we see service providers embracing this shift, but negative consequences are often felt by some patients during systemic changes. Whilst the system presses ahead with these plans, many are at risk of being left behind. Local Healthwatch are often the lone voice speaking up for patients who experience the digital shift as a significant barrier. For example, Healthwatch York collected feedback from over 1,300 residents to understand barriers to phone and online access to their GP

practices.[xvi] They produced tailored reports for practices highlighting issues and recommending improvements. As a result, practices began working to reduce waits and improve continuity of care, resulting in a shared local agenda to improve access pathways across the city. In 2026, a group of 19 local Healthwatch organisations collected data across England to capture people's experiences of using the NHS App, finding that confidence in digital healthcare channels declines significantly with age, and that system changes to access should not risk excluding those who rely on services most.[xvii]

Local Healthwatch have statutory seats on Health and Wellbeing Boards and inform and guide Health Overview and Scrutiny Committees (HOSCs). In addition to these roles, many local Healthwatch are represented at various safeguarding boards, system quality groups and a whole host of other quality, safety and transformation boards and committees- often as the only representative of public voice or lived experience. Unlike national survey results, local Healthwatch insight reflects the real-time experiences of people. Local Healthwatch provide a wealth of insight and evidence, and their removal will undoubtedly impact upon the scrutiny as well as the transformation of services. Independence is also an essential asset in this part of the local Healthwatch role, and without local Healthwatch there will likely be no public engagement representatives within these various structures.

The system cannot replicate the work of local Healthwatch effectively

The Health Bill comes at a time when the role of ICBs is also evolving. The populations served by ICBs have in some cases doubled at the same time as staff numbers have been reduced by more than half. Taking on the function of local Healthwatch has not been considered as part of the latest restructure and the Health Bill does not address how ICBs will be expected or resourced to take on these additional responsibilities. Messaging from ministers on this subject has been confusing, while some have been talking about integrating local Healthwatch, others have talked about closing them (despite them being independent organisations). This lack of clarity and understanding of the landscape will likely lead to a messy transition of functions unless greater clarity is provided.

Around 85% of local Healthwatch organisations receive additional funding from Local Authorities, ICBs, Public Health, and third-party bodies to support activities beyond their statutory duties. Many organisations who provide local Healthwatch services are likely to close or significantly reduce as a result of the Health Bill, which will further weaken the ability for Public Health, ICBs and local authorities to involve people in the design, commissioning and evaluation of their services.

Local Healthwatch organisations collectively represent over a decade of investment in community engagement capability. Abolition risks losing relationships, data, and public trust that cannot easily be recreated. The bill as it currently stands allows for local authorities and/or ICBs to voluntarily commission external, independent organisations to deliver the functions. Without guidelines in legislation, this means that there is the potential for further inconsistencies in delivery across the country as well as eliminating any cost savings by replacing existing infrastructure and services with a similar set up. Furthermore, many organisations who deliver their local Healthwatch service also deliver other services linked closely to the government ambitions for Neighbourhood Health. There is synergy in this work that is also at risk of being lost. For example, East Sussex Community Voice host the East Sussex Voluntary, Community & Social Enterprise (VCSE) Alliance as well as Healthwatch East Sussex. The Alliance has a vision to create an ecosystem where services are designed, commissioned and delivered in true collaboration between the VCSE and statutory partners for the benefit of communities and wider voluntary sector, which closely aligns with the principles that underline local Healthwatch. The Health Bill puts this vision at risk and undermines the National Neighbourhood Health Implementation Programme which aims to "to create healthier, more resilient communities."

The local Healthwatch network comprises nearly 600 full time equivalent jobs and nearly 4,000 volunteers. As well as potentially losing the rich array of system and community expertise, there will be significant loss of the added value that volunteers and staff provide the system. In response to the bill, Nuffield Trust expressed of Healthwatch abolition:

The large job reductions planned will make it hard to secure enough skilled staff, and the element of independent scrutiny will be lost.[xviii]

The information and advice service can help divert demand on already stretched PALs teams by supporting and empowering the public to answer queries about services. Local Healthwatch also take this role into the community and help

support the ambitions behind the shift from sickness to prevention, and wider population health goals. For example, Healthwatch Surrey staff and volunteers are trained in Making Every Contact Count (MECC) which enables them to use interactions with the public to encourage lifestyle and wellbeing changes, such as reducing alcohol intake, stopping smoking and improving diet. Healthwatch Wirral's targeted centre-based outreach shared information and signposting to stop-smoking and support services to promote smoking cessation, capturing parental concerns and engaging with residents by sharing public health messages to reduce youth access to illegal products. These demonstrate the value that local Healthwatch staff and volunteers add in supporting improved population health and healthy life expectancy.

The Government has set out ambitions for a more prevention-focused, neighbourhood-focused and person-centred health and care system over the next decade. Achieving this depends on strong, trusted engagement with communities.

Local Healthwatch organisations:

- Provide detailed insight into local barriers to prevention and early intervention
- Maintain trusted relationships with voluntary, community, faith based and life philosophy groups and organisations
- Help systems understand the needs of minoritised groups
- Translate lived experience into actionable system improvement

Removing this infrastructure risks weakening the community partnership required for long-term reform.

Local and national concerns over these changes

It is not just local Healthwatch speaking out about the risks of losing independent public voice services.

The following local councils have passed motions opposing the government plans: Surrey County Council, Wiltshire Council, South Oxfordshire District Council,

Greater Manchester Integrated Care Partnership, Cheshire West and Chester council, Cheshire East council.

The following organisations have also spoken out about the government plans: The King's Fund, Nuffield Trust, The Health Foundation, NHS Confederation, National Voices, Patients Association, British Medical Journal, Local Government Association.

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[ii] Department of Health and Social Care, *Review of patient safety across the health and care landscape* (London: Department of Health and Social Care, 2025)

[iii] National Health Service Reorganisation Act 1973, c. 32. available at: https://www.legislation.gov.uk/ukpga/1973/32/enacted (accessed 5 June 2026)

[iv] *The King's Fund, The King's Fund responds to the publication of the NHS Modernisation Bill* (14 May 2026), available at: https://www.kingsfund.org.uk/insight-and-analysis/press-releases/tkf-responds-publication--nhs-modernisation-bill (accessed 5 June 2026)

[v] L. Morris, D. Wellings, K. Purbrick-Thompson and L. Tiratelli, *The future of patient voice: Learning from the Healthwatch model* (London: The King's Fund, 2026), pp. 23–24

[vi] Healthwatch Rotherham, *Annual Report 2024–2025* (Rotherham: Healthwatch Rotherham, 2025)

[vii] Potter, O., King, J. and Graham, C. Making the NHS Friends and Family Test 'fit for the future'. (Oxford: Picker Institute Europe, December 2025), p.6

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[ix] L. Wenzel et al, *Still lost in the system: the urgent need for better NHS admin* (London: The King's Fund, 2026) available at https://www.kingsfund.org.uk/insight-and-analysis/long-reads/still-lost-system-urgent-need-better-nhs-admin (accessed 5 June 2026)

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https://www.health.org.uk/media-office/press-releases/health-bill-hands-power-to-ministers-but-misses-the-biggest-health-challenges (accessed 5 June 2026)

[xi] L. Morris et al., *The future of patient voice*, p. 2

[xii] *Ibid*, p. 26

[xiii] *Ibid*

[xiv] Healthwatch England, *Speaking up for better care: Healthwatch England annual report 2024–25* (London: Healthwatch England, 2026), p. 7

[xv] Healthwatch York, *Mental Health and Wellbeing in York 2026*, (Healthwatch York, 2026), available at https://www.healthwatchyork.co.uk/resource-hub/new-mental-health-wellbeing-guide-now-available/ (accessed 5 June 2026)

[xvi] Healthwatch York, *Exploring access to GP Services in York*, (Healthwatch York, 2024), available at https://www.healthwatchyork.co.uk/our-work/access-to-primary-care/ (accessed 5 June 2026)

[xvii] Local Healthwatch Working Together, *Local Healthwatch: NHS App and independent feedback report*, available at https://healthwatchwirral.co.uk/report/nhs-app-and-independent-feedback-report-march-2026/ (accessed 5 June 2026)

[xviii] Mark Dayan, *What's in the new Health Bill?* (London: Nuffield Trust, 2026), available at https://www.nuffieldtrust.org.uk/resource/whats-in-the-new-health-bill (accessed 5 June 2026)