



Public Bill Committee – response to a call for evidence on the Health Bill

June 2026



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healthwatch
Brighton and Hove

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Introduction

1. This evidence is submitted by [Healthwatch Brighton and Hove CIC](#) and relates to Clause 65 and Schedule 10 of the Health Bill, which if enacted, would abolish local Healthwatch and end 52 years of independent representation for people who use health and social care services. This call for evidence is in three parts:
 - Reconsideration of the abolishment of local Healthwatch (Section 2, pages 2–3)
 - The importance of Healthwatch Brighton and Hove to local people (Section 3, pages 4–7)
 - 8 suggested questions for the Committee to ask of government to clarify their policy intent (Section 4, pages 8–10).

1.1 About Healthwatch Brighton and Hove CIC

The Healthwatch network was created by the [Health and Social Care Act 2012](#) and is made up of 153 Healthwatch organisations, operating in every local authority area of England. [Healthwatch Brighton and Hove CIC](#) has been performing this role since 2013, and over that time we have gathered more than 40,000 pieces of engagement, published 380 reports and helped over 4,000 people through our helpline. Our work on behalf of local people has been shortlisted eight times for its innovation and impact, winning a [national award](#).

2. Reconsideration of the abolishment of local Healthwatch

- 2.1 **Along with local residents and stakeholders (see Section 3 for detail) and numerous national bodies¹, we believe that independence from the NHS and care services should be maintained and strengthened, not lost.** As stated in a recent [King's Fund](#) report, any model of patient/user representation must:



“maintain a level of independence from the health and care system to ensure that [it] can speak truth to power and raise difficult messages.”

¹ [Kings Fund](#), [BMJ](#), [Local Government Association](#), [Nuffield Trust](#), [Patients Association](#), [National Voices](#). Reported by the [BBC](#)

2.2 A more recent article in the [BMJ](#) states that:



“...scrapping it [Healthwatch] entirely and bringing its functions ‘in house’ means patients are losing an institutionally independent voice...Government could choose to do more to listen to their views without reorganising anything. An independent body with sufficient infrastructure to gather local data and influence national decisions is needed.”

- 2.3 Healthwatch was established in response to failures at a hospital trust where warning signs were ignored for years and patient complaints were dismissed. **While we support placing patients’ voices at the centre of NHS reform, we are concerned these voices may be diminished if Healthwatch functions are absorbed into Integrated Care Boards (ICBs) and local authorities.** These organisations deliver the very services people currently provide feedback to us about, often without fear of reprisal or impact on their care. We are particularly concerned that people facing health inequalities, including those who are digitally excluded, will be least heard under proposals that rely heavily on the NHS App to gather insight. If these voices are lost, there is a real risk of future patient harm.
- 2.4 **We believe the decision to abolish Healthwatch conflicts with the [Civil Society Covenant](#), a new framework which commits to respecting the independence of civil society organisations so they can advocate for those they serve and hold government accountable without fear.** Local Healthwatch organisations, as grassroots social enterprises, play a key role in representing and empowering communities to have their voices heard. They use this insight to hold local and national government, as well as service providers, to account—precisely the function the Covenant seeks to protect.
- 2.5 **We believe the draft legislation should be deleted so that a full review of the patient and user landscape can be conducted, supported by a public consultation, a crucial element that was missing from the review carried out by Dr Penny Dash** (see Appendix A ‘[Contributors to the review](#)’). We note that Healthwatch was created solely to act on behalf of patients and service users, yet the government has not consulted the public about its abolition.

3. The importance of Healthwatch Brighton and Hove

- 3.1 Our evidence submitted to the Public Bill Committee draws on our extensive experience as the local independent champion for patients, carers, and diverse communities for Brighton and Hove. It includes testimony from local people and stakeholders.
- 3.2 **While the Dash report suggests that the patient representation landscape is confusing, local residents consistently tell us they value our role. Our recent report, '[Why independence matters](#)', includes extensive unsolicited feedback demonstrating that local people do not support the abolition of Healthwatch or the loss of an independent channel through which they can share their concerns and views.**



"We went to Healthwatch because we've been repeatedly stonewalled and failed by the existing NHS complaints system. We wanted a calm, detached and unbiased assessment of our case. We did not want to be forced down the path of litigation to get to the facts."

"Healthwatch has helped me personally on two occasions to access the correct medical provision when GPs have got it wrong. We need someone for our residents to go to, to push back and get the services they are entitled to."

"I met a lovely lady at the local community festival who listened to my horrible experience and provided me with lots of useful information. She encouraged me to not let the issue go, but to speak to her colleague [at the Healthwatch Helpline] who eventually helped me to resolve all my issues."

"When I heard the Government announcement about closing 201 organisations I was stunned. The fact there has been no thought really gone into this decision, no consultation, and really not knowing what fantastic work organisations like Healthwatch do."

- 3.3 **Similarly, stakeholders we work closely with across the NHS and social care system consistently praise our work, our independence, and the positive impact we have made on their programmes:**



"Healthwatch provides an essential independent route for patient voice that supports constructive challenge and is a great partner for us to work with as a team focused on reducing health inequalities."

"Healthwatch provides a valuable role in holding statutory organisations to account and offering some objectivity to decision-making processes that are primarily otherwise led by these statutory organisations."

"Healthwatch shares views and difficulties dental patients face and current reality on the ground from a patients' perspective."

"I found the input from the Healthwatch person we worked with fantastic; he was thoughtful, considered, and reasonable and found the time for a smile and kind word through a complex process. Thank you for your support."

"The service we receive from Healthwatch is excellent and they have been integral to our programme."

3.5 The Dash report suggests that local Healthwatch does not achieve sufficient impact and produces too many recommendations. However, we are committed to delivering work that provides clear, evidence-based impact and helps partners to continuously improve services. This is supported by the results of our [2024 stakeholder survey](#):

- 88% said that our insight positively impacts their organisation
- 82% said that we provide a useful information and signposting service
- 80% said we make a positive contribution to meetings we attend
- 76% said we enable service users to speak directly with providers and commissioners of health and social care services
- 76% said we provide unique patient views that their organisation would otherwise not have access

3.6 In addition, through listening to local people and working collaboratively with stakeholders, we have delivered measurable impact. This has been recognised through eight award shortlistings, four commendations, and one win. Three examples are outlined below, with further detail available in our report '[Why independence matters](#):

3.6.1 In partnership with Healthwatch teams in East and West Sussex, we embedded patient voice in the re-commissioning of the Sussex Non-Emergency Patient Transport Service (NEPTS).



"The contract currently being tendered reflects ... feedback from system partners..., with Healthwatch in Brighton playing a significant role in service design, development and evaluation of the bids received."

"I've recently worked with a Healthwatch staff member on the new Non-Emergency Patient Transport Service procurement. As someone whose role it is to make sure patient concerns are central to decision-making, I can honestly say that I have never seen a more meticulous, patient-centric contribution than he made."

- 3.6.2 **We spoke up on behalf of patients of a local surgery, helping them overturn a decision to reduce opening hours, resulting in our work being shortlisted for a national award and winning a commendation.**



"I would like to thank you from the bottom of my heart for the sterling work you put in on our behalf. Now we have the final findings from you and consequently, the resulting actions from the CCG and GPs at the surgery."

- 3.6.3 **We have spoken to over 1000 people about their experiences of receiving homecare services funded by the Council, with our findings used by them to support contract management reviews and the appointment of new care providers.**



"Visiting people to talk about their experiences of the care they receive at home .. makes you aware of the many challenges people face and how care givers can really make a difference to their well-being. It also allows people to share any concerns they have, and you realise that even small changes in their care arrangements can make a big difference to them. Part of the work of a volunteer is feeding back such issues to care provider organisations, via the Healthwatch core team, who are then able to act upon these."

- 3.7 **Finally, we believe it is important to bring to the Committee's attention some of the additionality that will be lost with the abolishment of Healthwatch.**

3.7.1 Loss of social value. Healthwatch Brighton and Hove delivers far more than its statutory functions, with strong evidence of our [social value](#) in supporting the local community. For example, we have supported over 150 people to become volunteers, including university students. These volunteers contribute to our engagement work, develop valuable skills, and build social connections. They also help bring about immediate improvements in people's experiences by referring individuals to social prescribing services and identifying safeguarding concerns. Our volunteers have said:



"Independent and effective assessment of local health services in a practical and positive way is Healthwatch's strength. I am proud to be a volunteer and to have contributed to their many successes in improving services."

"It's fantastic to help provide a valuable service whilst also increasing my skills and learning about my career interests through volunteering opportunities."

"Recent individual 'Homecare Check' cases which I have been involved with strongly indicate how help for service users can experience a notable difference and positive changes in their self-perceived quality of life."

3.7.2 Loss of partnerships. Brighton and Hove has a diverse population; one local area within Brighton is the 118th most deprived in England (out of 33,755), 20% of its local residents were born outside the UK, and we have one of the highest proportions of LGBTQ+ populations outside of London. In response, we have built strong partnerships with a range of local charities and community groups to engage people experiencing health inequalities including [LGBTQ+ people](#), [carers](#) and [refugees and asylum seekers](#). We have recently connected with a community group who represent people living in one of the most deprived areas of the city who are supporting us to reach local people to gather insights on their experiences of GP care. Our [equalities data](#) reflects our extensive community reach. These established partnerships – and the insights they generate – are at real risk of being lost if Healthwatch were to be abolished.

4. Suggested questions for the Committee to ask of government

4.1 Healthwatch was created solely to act on behalf of patients and service users, yet the government has chosen not to consult the public about its abolition, why is this? [Appendix A](#) of the Dash report lists those who were consulted as part of the review, the majority of whom were representatives of ICBs, health providers (e.g. trusts) bodies and other institutions, but only a handful of individuals. The consultation which supported development of the 10-year Health plan ([Change NHS: help build a health service fit for the future](#)) did not include a specific question about the abolition of Healthwatch.

4.2 Can the Department for Health and Social Care clarify why, in respect of the decision to abolish Healthwatch, that the [Impact Assessment](#) published by the government states, as “policy decisions have not yet been made it is not possible to fully quantify costs and benefits at this stage”? Is the draft legislation therefore fundamentally flawed if policy decisions have not been finalised? The text of the Impact Assessment in full reads as follows:

“There is substantial uncertainty on the impacts because it will depend on the approach to implementing this legislation. For example, this includes the exact design of the new patient experience directorate in DHSC, and guidance provided to local authorities and ICBs to fulfil the functions previously associated with LHW organisations. As those policy decisions have not yet been made, it is not possible to fully quantify costs and benefits at this stage.”

4.3 Can the Department for Health and Social Care explain how their intention to remove independent review has been informed by the contrary evidence outlined in the King’s Fund report and other commentaries by the Nuffield Trust, National Voices, BMJ, Local Government Association, and as also raised in the Second Reading of the Bill?

- 4.4 Can the Department for Health and Social Care clarify why funding is not being made available to ICBs to deliver their new engagement functions (health), when this is being made available to local authorities (social care)?** The Impact Assessment accompanying the Health Bill which assesses the abolition of Healthwatch, highlights the following risk:

"ICBs, who do not currently collect patient feedback may incur opportunity costs between £33k and £451k per year and per ICB (subject to scenarios and upper and lower bounds) to carry out this duty. This cost will potentially also apply to local authorities should funding not continue after the financial year 2026 to 2027 (noting the intention is for funding to continue)."

- 4.5 Can the Department for Health and Social Care clarify why funding for local authorities is not ring-fenced, given the risk that it may be diverted?** The Impact Assessment accompanying the Health Bill which assesses the abolition of Healthwatch, highlights this a risk:"

"Any potential savings on LHW functions could be re-allocated to fund other services for local authority residents or support the local authority's overall financial position." This could mean that engagement is not adequately funded going forward.

- 4.6** The draft legislation provides discretion to ICBs and local authorities in the delivery of their statutory engagement functions. The Impact Assessment accompanying the Health Bill states that the Department for Health and Social Care *"will issue guidance to ICBs and local authorities, who will be legally required to have due regard to that guidance and direction."*

- 4.6.1 Can the Department for Health and Social Care explain why the draft legislation is not more prescriptive, so as to ensure consistency around public engagement at a national level?**
- 4.6.2 When does the Department expect guidance to be published and which external bodies will be involved in its development?**
- 4.6.3 How will the guidance be legally enforceable?**
- 4.6.4 What measures will be taken against those bodies who do not comply?**
- 4.6.5 Why are ICBs required to report annually on patient voice, while local authorities are only required to report on request by the Secretary of State?**
- 4.6.6 Why is there no requirement for DHSC to report to Parliament on how patient voice duties are being delivered by ICBs and local authorities?**

4.7 Can the Department for Health and Social Care clearly identify where the current statutory responsibility for Healthwatch to provide a free, impartial information and signposting will sit in the new system, given that it is not referenced in the Bill, the Impact Assessment, or the Equality Impact Assessment?

4.8 The Impact Assessment accompanying the Health Bill, states:

“It is worth noting that patients and service users may have more confidence in providing feedback to ICBs and local authorities as the commissioners of services if they do not wish to communicate with providers directly.”

What is the Department for Health and Social Care’s evidence to support this contention?



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Click here to share your experiences and feedback with us, or if you need help or advice. **Thank you!**

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