
Impact of the proposed closure of local Healthwatch services across Leicester, Leicestershire and Rutland

Leicester, Leicestershire and Rutland Joint Health
Scrutiny Committee

Date of meeting: 28th September 2026

Lead Director/Officer: Harsha Kotecha Chair of
Healthwatch Leicester & Leicestershire
Alan Walters Chair of Healthwatch Rutland,

Useful information

■ Ward(s) affected: All

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■ Report version number: version 1.0

1. Summary

1. This paper sets out the concerns of the three local Healthwatch organisations regarding Government proposals set out in the Health Bill 2026/27 that would result in the closure of Healthwatch services across Leicester, Leicestershire and Rutland (LLR). Healthwatch is the statutory, independent champion for people who use health and social care services. The proposed changes would remove the independent mechanism for gathering, representing and escalating the health and care experiences of patients, carers and communities.
2. The paper sets out its purpose, provides background and context on the Healthwatch role, outlines the risks associated with discontinuing Healthwatch provision, highlights the value Healthwatch delivers and presents recommendations for the Committee.

2. Recommended actions/decision

1. To note the statutory duties that would be compromised or lost.
2. To note the current operating model.
3. To note the national picture, including the current progress of Government proposals in the Health Bill 2026/27.
4. To note the implications of the proposed closure of Healthwatch services across Leicester, Leicestershire and Rutland.
5. To note the outline of the risks to patients, the public and the wider health and care system.
6. To note the evidence of the value and impact of Healthwatch in improving services and safeguarding patient voice.
7. Seek assurance that the Government will provide genuine opportunities for public engagement and coproduction in designing the new post-Healthwatch arrangements and the Patient Experience Directorate, including clarity on how independent scrutiny will be protected within any future framework.
8. Request clear and robust transition plans from the Integrated Care Board (ICB) and local authorities to safeguard the continued collection of independent patient voice and lived experience.
9. Recommend that the LLR ICB and local authorities collaboratively design and commission jointly funded Independent Patient Voice Services to replace statutory Healthwatch. A single, trusted and independent source of public insight, aligned

with Neighbourhood Models and accessible to all communities, will be essential to maintaining independence, reach and credibility.

10. Recognise that Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland stand ready to work constructively with partners to help shape the new post-Healthwatch system. Our organisations bring deep expertise in patient voice, community engagement and independent scrutiny and we are committed to ensuring that any future model is genuinely accessible, inclusive and trusted by local people.

3. Scrutiny / stakeholder engagement

Healthwatch was established under the Health and Social Care Act 2012 to act as the independent consumer champion for health and social care.

Its statutory duties include:

- Gathering and representing the views of patients, carers and the public.
- Visiting services to observe care and speak with service users (“Enter and View”).
- Providing evidence-based recommendations to commissioners and providers.
- Escalating concerns to regulators, including CQC and NHS England.
- Supporting people to obtain clear information about services and to navigate them effectively.
- Ensuring diverse communities have a voice in shaping services.

Healthwatch is required to be independent, publicly accountable and accessible to all communities.

Between the 3 Healthwatch organisations in Leicester, Leicestershire and Rutland Healthwatch:

- Engages thousands of residents each year through surveys, outreach and community events.
- Provides insight reports that influence commissioning and service redesign.
- Works closely with Integrated Care System partners, local authorities, VCSE organisations and providers to bring patient experiences into decision-making.
- Provides a trusted route for people to raise concerns safely, anonymously if they wish and independently of service providers.
- Supports system transformation with patient experience insights at Health & Wellbeing Boards and subgroups, Primary Care Transformation Board, Mental Health Collaborative, System Quality Group, Safeguarding Board, Transferring Care Safely Group, Adults & Communities Overview & Scrutiny and Health Overview and Scrutiny committees.

Context

4. Detailed report

Proposed Changes

- At a national level, Healthwatch England functions will transfer to a new Directorate of Patient Experience within the Department of Health and Social Care.
- Local Healthwatch services across all local authority areas of England will close. The
- current statutory duties of Healthwatch in LLR will be transferred to the Integrated Care Board and local authorities. In practice, this would strip away the current independent mechanism for representing patient and public views.
- So far there is no clarity on how independent patient voice will be safeguarded during these major service changes.

Progress of the Health Bill through Parliament and next steps

1. The Bill was introduced on 14 May 2026, passed its Second Reading in June with the detailed Committee Stage concluding on 16 July 2026. In spite of repeated concerns raised by MPs about the loss of independent patient voice if Healthwatch is abolished, no Government amendments were tabled during the transit through the Commons.
2. During Commons consideration of the Bill at Report Stage on 7th & 8th September, the Minister for Secondary Care, Karin Smyth, stated that in passing the Bill into the House of Lords, the Government would 'review these provisions [on the abolition of Healthwatch] and ensure that our approach sufficiently empowers and devolves to local populations'.
3. The Bill was introduced in the Lords on 9th September and is scheduled for Second Reading on 13th October 2026, after which it will progress to Committee Stage for detailed scrutiny.

Parliament has not published an expected date for Royal Assent to bring the final Bill into law. However, the Department of Health and Social Care has indicated to local Healthwatch that it expects Royal Assent to be achieved in Spring 2027.

Healthwatch Engagement on proposals

- During 2025, the Local Healthwatch Working Together Group collaborated to challenge the Governments proposals with a national petition of 10,000+ signatures and an [open letter](#) to the then Secretary of State.
- During 2026 the group raised the issues in a letter to the new Prime Minister, Andy Burnham. This was followed up by a Parliamentary Briefing by local Healthwatch leaders on 7th September, the day before the final stage in the Commons.

Locally, Healthwatch has raised these matters with MPs, who have in turn shared our concerns with the Secretary of State for Health and Social Care to seek clarity on the planned changes and make the case to preserve independent patient voice.

Risks to patients and the public

The closure of local Healthwatch services would have several implications for patients, carers and communities across Leicester, Leicestershire and Rutland:

- The current independent route for people to share their experiences of health and social care would no longer exist.
- Opportunities for patient voice to inform decision-making may be reduced, particularly for people who are less likely to engage directly with statutory bodies.
- Vulnerable and marginalised groups, including older people, carers, disabled people and those experiencing health inequalities, may face additional barriers to being heard.
- People who are not digitally enabled may find it harder to provide feedback as systems move towards “digital-first” approaches as required by the [NHS 10 Year Health Plan](#)
- Many patients and service users are less likely to report concerns directly to the organisation providing their care. These risks reducing the visibility of issues that would otherwise be raised independently.

Risks to system accountability and quality

The removal of local Healthwatch would also affect how the Integrated Care System (ICS) identifies and responds to issues:

- The ICS and local authorities would lose an independent source of intelligence on patient experience, quality and access.
- Routine scrutiny currently provided through Healthwatch participation in system meetings and partnerships would no longer be available.
- Emerging safety or quality concerns identified through Healthwatch community engagement may be harder to detect at an early stage.
- The division of feedback mechanisms between NHS and local authority social care bodies may make it more difficult to understand experiences across whole care pathways, such as hospital discharge into community and home-based care.

Long-term insight and organisational memory held by Healthwatch on patient experience trends in LLR communities would be lost.

Loss of social Value

The closure of local Healthwatch will also result in a significant loss of social value currently generated across LLR including:

- Healthwatch has established trusted connections with communities and grassroots organisations that enable people to speak openly about their experiences in a way they may not feel able to with statutory bodies in the future.
- Healthwatch volunteers play a key role in engagement, Enter and View activity and reaching seldom-heard groups, contributions that would not be replicated within statutory structures.
- Loss of reach into marginalised communities. Healthwatch’s independence and community-based approach enables engagement with people who are

less likely to participate in formal consultations or engage directly with statutory services.

- The insight generated through Healthwatch continuous community engagement helps identify emerging issues early and supports preventative approaches. Without this independent intelligence, opportunities for early action may be reduced.

The Value of Local Healthwatch

The value of local Healthwatch organisations as a body are set out in detail in Appendix A which further describes the duties and funding mechanisms whilst highlighting the social value, community reach and system benefits that will be lost without local Healthwatch provision.

A recent, [nationally compiled report](#) highlights the collective impact and full breadth of the work of the Healthwatch network.

Closer to home, the value of Healthwatch achievements in LLR are demonstrated in our annual reports each year:

2023-24 The value of listening:

[Rutland](#)

[Leicester and Leicestershire](#)

2024-25 Unlocking the power of people driven care:

[Rutland](#)

[Leicester and Leicestershire](#)

2025-26 Speaking up for better care:

[Rutland](#)

[Leicester and Leicestershire](#)

Examples of the Impact of Local Healthwatch (Leicester, Leicestershire and Rutland)

Improving access to hospital care

Following our joint Enter & View visits to the Leicester Royal Infirmary Ophthalmology department, the hospital has made several improvements. These include increasing ophthalmology capacity, using SMS reminders and telephone calls to improve communication, reviewing signage for visually impaired patients, progressing an electronic calling system and improving patient comfort through refreshments, water provision, volunteer support and help with navigation while waiting.

Every woman's health matters

With support from the Women's Health Team, we have engaged more than 2,700 women and girls across LLR to understand their health priorities. Their experiences are helping shape local plans, including access to services, community-based clinics, specialist training and greater awareness of women's health issues. This work feeds into the LLR ICB Women and Girls' Health Programme, ensuring local insight informs future service development.

Strengthening support for people living in temporary accommodation

Healthwatch Leicester and Leicestershire (HWLL) gathered insight from people living in temporary accommodation in Leicester City and those experiencing homelessness, focusing on access to services and continuity of care. Our findings informed system discussions on safe discharge, GP registration and continuity of care. This group is now better reflected in local planning and service design conversations.

Shaping the local Dementia Strategy

HWLL and HWR together engaged people living with dementia and their carers to understand their experiences and priorities for support.

Our insight directly informed the Leicester, Leicestershire and Rutland Living Well with Dementia Strategy (2024–2028).

The strategy now better reflects real experiences of diagnosis, support and caring responsibilities. There is stronger emphasis on equitable and person-centred dementia care, including underserved communities.

Influencing suicide prevention and male mental health work

HWLL explored barriers to men accessing mental health support, including stigma and cultural factors, through community engagement.

- Our findings contributed to local suicide prevention priorities and partnership discussions.
- Partners have strengthened their focus on engaging men earlier and reducing stigma.

Improving information and guidance for self-funders of social care

Healthwatch Rutland (HWR) highlighted that self-funders of social care in Rutland often face their care journey feeling unprepared, unsupported and overwhelmed, with many describing confusion, emotional strain and a lack of clear, accessible guidance.

- The challenges faced by self-funders are now recognised and reflected in quality improvement planning and development of social care.
- Clearer information about choices and guidance on care and funding has been incorporated in the new, co-produced social care website.

Strengthening NHS communication and administration processes between services and with patients

HWR's exploration of Rutland residents' experiences of NHS communication and administration showed that poor coordination between services leaves people anxious, frustrated and, at times, unsafe. Many participants pointed to confusing appointment systems, delayed test results and unclear medication updates, demonstrating the urgent need for better joined-up working and clearer, more accessible information across the NHS in LLR.

- Digital systems development at UHL has brought in a new Patient Administration System to support the coordination of care and reduce duplication and error,

- The ICB and local GP practices have actively worked to increase awareness and use of the newer communication methods including call back functionality, online consultations and online prescription management.

Reaching and representing seldom-heard communities

Healthwatch in Leicester, Leicestershire and Rutland engage widely with communities less likely to be heard, including ethnic minority groups, LGBTQ+ people, members and families of the Armed Forces, people with disabilities, carers and those facing social exclusion.

- Thousands of experiences have been shared directly with decision makers, strengthening the local evidence base on health inequalities.
- Commissioners and providers are using our insight to inform service improvements and reduce inequalities.
- Our work continues to ensure that services are shaped by the people who use them, especially those most at risk of being overlooked.

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

Local Healthwatch is funded through local authorities.

The grant is funded through the Ministry of Housing, Communities and Local Government to local authorities to support the delivery of the local Healthwatch functions. The grant is provided for this purpose and is not discretionary general funding for local authorities. The funding therefore must be used to secure provision of local Healthwatch services in line with the County Council's statutory duties under the Health and Social Care Act 2012.

The current grant is funded until March 2027.

Signed: Tracey Allan-Jones

Dated: 15th August 2026

5.2 Legal implications

There are no direct legal implications arising from this report.

Signed: Tracey Allan-Jones

Dated: 15th August 2026

5.3 Equalities implications

There are no equality implications arising from the recommendations in this report.

Local Healthwatch work actively supports inclusion, community cohesion and reducing health inequalities across diverse communities.

Local Healthwatch is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community, and our aim is to harness the talent within the community to help improve our service provision further. We understand

that our services have to be delivered in a different way to meet the legitimate needs of different communities. We operate an Equality and Diversity Policy in service delivery and employment.

Signed: Tracey Allan-Jones

Dated: 15th August 2026

5.4 Climate Emergency implications

None

Signed: Tracey Allan-Jones

Dated: 15th August 2026

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

6. Background information and other papers: Healthwatch Leicester and Leicestershire Annual Report 2025-26, Healthwatch Rutland Annual report 2-25-26

7. Summary of appendices: Appendix A – The Value of Local Healthwatch. This appendix demonstrates the value of local Healthwatch in representing independent community views. Influencing service improvement and promoting accountability across local health and care systems. The appendix outlines Healthwatch standards in maintaining independence whilst fulfilling statutory duties.

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No

9. Is this a “key decision”? If so, why?