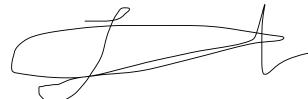


LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Healthwatch Camden and NHS Reforms Impact	
REPORT OF Chief Executive of Healthwatch Camden	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	DATE 10 February 2026
SUMMARY OF REPORT <p>The recent NHS reform announcements are set to impact the health and social care landscape significantly. Part of the impending changes will result in the abolition of many patient safety bodies, including Healthwatch organisations, both locally and nationally. Healthwatch Camden (HWC) seeks to address these changes, what they mean for local residents, HWC, other local organisations and what the future of local health and care may look like as a consequence of the reforms.</p>	
Local Government Act 1972 – Access to Information <p>No documents that require listing have been used in the preparation of this report.</p>	
Contact Officer: <p>Stephen Heard Chief Executive Officer Healthwatch Camden Stephen.heard@healthwatchcamden.co.uk 85-87 Bayham Street NW1 0AG</p>	
RECOMMENDATIONS <p>That the Committee:</p> <ol style="list-style-type: none"> 1. Notes the report; 2. Discusses the future of patient voice from March 2027 and the implications of further digitisation; and 3. Asks North Central London Integrated Care Board and the London Borough of Camden's Executive Director of Adults and Health their plans for capturing patient voice after Healthwatch Camden is disbanded. 	

Signed:



Stephen Heard, Chief Executive of Healthwatch Camden

Date: 27th January 2026

1. Purpose of Report

- 1.1. Statutory patient voice and representation is set to change significantly as a consequence of NHS reforms¹, with Healthwatch Camden (HWC) set to be abolished in March 2027. There is not yet a solidified solution which maintains objective and independent responsibility of patient voice.
- 1.2. There is an opportunity to address the issue and mitigate negative impact of HWC's abolition and the gap HWC will leave by exploring what it means to local people and what could be done to prevent resident voices being unheard.

2 What we know so far

- 2.1. As a result of the announced NHS reforms and Penny Dash review², Healthwatch England and local Healthwatch are to be disbanded by March 2027. A summary of the NHS reforms is provided below.

2.2 Key information from the NHS Reforms includes:

- Three core focuses of transitioning from: Analogue to digital, hospital to community care, sickness to prevention
- Emphasis on use and functionality of NHS app including for patient feedback
- Patient representation to be split across Integrated Care Boards for health and Local Authorities for social care
- Focus on integrated neighbourhood health hubs (future of local healthcare)

2.3 Transitioning from analogue to digital, hospital to community care, sickness to prevention

- Investment and focus on digitisation to support independent management of care
- Decentralising care. More care options closer to home via primary care, virtual wards, neighbourhood health centres
- Prevention of ill health via screening and wider determinants including first smoke free generation
- Screening and prevention payback will likely be longer term due to hospital costs

¹ <https://www.england.nhs.uk/long-term-plan/>

² <https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape>

- This model promotes wellness rather than treating illness and requires active and proactive participation to be effective
- Intended clearer landscape for patients to navigate
- Empowerment of local leadership and decision making central to success
- Access to, alignment of and systemisation of patient data is a key factor in maximising efficacy of Integrated Neighbourhood Teams (INTs).

2.4 **What gap will be left?**

- HWC is the **only local independent** health and social care champion
- Generates approx. **£1.1-£1.2m of social value p/a** (2024/25 annual report figures) OR **£5.50-£6 per £1 spent**
- Contributed **significantly** towards **awareness** and **prevention** of **hypertension, cancer and diabetes**
- Recent insightful research includes youth mental and sexual health, vaping, adult sexual and reproductive health, violence against women and girls, maternity services, endometriosis, diabetes
- Has helped **link Voluntary and Community Sector (VCS) and residents to the health and care system** for nearly 13 years
- Has over 25 team members in the form of paid and volunteer staff
- Volunteers provided over **40 days** of their time to support Camden residents

2.5 **What reforms mean for HWC**

- Already limited resources will be squeezed further leading towards March 2027
- Will legally cease to exist once legislation changes
- Loss of brand and statutory powers
- To focus on connecting the community and VCS to system through integrated neighbourhood teams
- An opportunity to help position the VCS as an integral part of INT's
- Seeking clarity on the changes and how patient voice will be collected and represented
- Push for upwards feedback channels and decision making
- National petition live challenging HW abolition (has had response but remains open)

2.6 **What this means for residents**

- HWC will continue to be here until March 2027
- Patient rights remain the same and in some areas are being strengthened
- Have a right to seek clarity on their care and matters surrounding it (regarding reforms)
- Intended enhancement of patient rights to help manage appointments, referrals and choice providers in non-emergency elective care
- Intended greater collaboration between health and social care
- Digitally excluded residents may face further challenges, especially when feeding back on their care or managing/obtaining appointments

- No guaranteed independent body to channel feedback through from April 2027

3 The future of local healthcare

3.1 Integrated neighbourhood hubs/teams

3.2 Integrated Neighbourhood Teams bring together a range of health professionals, community services, and local partnerships with the aim of tackling ill health and reducing inequalities. In practice, this approach has delivered several benefits, including the development of new professional relationships, quicker referral pathways in some cases, colocation of services, and the use of mechanisms such as duty desks to support coordination. However, feedback also highlights a number of limitations, particularly around IT systems, governance arrangements, the absence of shared accountability, and the challenge of managing competing demands across different organisations.

3.3 Key considerations for the future of INTs:

- How patient voice will transition and ensure no voices are lost and more are gained
- How will local people be able to speak to their Integrated Neighbourhood Team individually and collectively in a timely, specific and relevant dialogue
- How successfully can they be rolled out in the remaining 4 neighborhoods without the same type of host facility or building
- How can elevated VCS involvement, visibility and presence be utilised to maximise the efficacy of INT delivery

4 Summary

4.1 HWC Focuses January 2026 - March 2027

1. Business as usual with strategic adjustments
2. Prioritise supporting residents in as effective ways as possible
3. Continue to grow digital and volunteer presence
4. Plan to operate in full until day of closure
5. Encourage the utilisation of resident voice and the VCS as a central point in integrated neighbourhood care

4.2 Recommendations

4.3 That the Health and Adult Social Care Scrutiny Committee:

1. Notes the report;
2. Discusses the future of patient voice from March 2027 and the implications of further digitisation; and
3. Asks North Central London Integrated Care Board and the London Borough of Camden's Executive Director of Adults and Health their plans for capturing patient voice after Healthwatch Camden is disbanded.

5. Comments of the Director of Finance

5.1. The Director of Finance has been consulted on the contents of the report and has no comments to add to the report.

6. Legal Comments of the Borough Solicitor

6.1. The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

7. Environmental Implications

7.1. There are no environmental implications.

8. Appendices

Appendix A - HWC NHS reforms Impact presentation.

REPORT ENDS