



February 2026



HWC Response to NHS Reforms

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What We Know So Far

As a result of the announced NHS reforms / Dash review, Healthwatch England and local Healthwatch are to be disbanded by March 2027.

Key info includes:

1. Three core focuses of transitioning from: Analogue to digital, hospital to community care, sickness to prevention
2. Emphasis on use and functionality of NHS app including for patient feedback
3. Patient representation to be split across ICB for health and LA's for social care
4. Focus on integrated neighbourhood health hubs (future of local healthcare)

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 incl. first smoke free generation
- Screening and prevention payback will likely be longer term due to hospital costs
- 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 INT's.

Will there be a gap left?

- HWC is the **only local independent** health and social care champion
- Generates approx. **£1.1-£1.2m of social value p/a** (24/25 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 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

What reforms mean for HWC

- Already limited resources will be squeezed further leading towards March 27
- 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 neighbourhoods
- 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)

What this means for Residents

- HWC will continue to be here until March 27
- 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 27

The Future of Local Healthcare

Integrated neighborhood hubs/teams

- Collection of health professionals, community services and partnerships designed to tackle ill health and inequality
- In practice, benefits such as new relationships, some speedier referrals, colocation, duty desk,
- Some feedback suggests limitations around IT, governance, lacking shared accountability, competing demands

Key considerations:

- 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

Summary

HWC Focuses Jan 26 – March 27

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

Ask's / Recommendations

That the board:

1. Notes the report; and
2. Discusses the future of patient voice from March 2027
3. Asks Integrated Care Board and Local Authority their plans for capturing patient voice after Healthwatch Camden is disbanded
4. Discusses the implications of further digitisation

Questions? 