The closure of Healthwatch Sandwell

July 2025











Health and Wellbeing Board Information Paper The closure of Healthwatch Sandwell: Implications and next steps

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Purpose

To inform the Board about the recent Government decision to close Healthwatch England and all local Healthwatch, including Healthwatch Sandwell, outline the anticipated impact on patients and public involvement, identify key risks, and suggest initial recommendations and actions.

Background

Healthwatch was established under the Health and Social Care Act 2012 as an independent body to champion the views of patients and the public in health and social care. Recent Government policy developments, as outlined in the NHS 10-year plan and DASH review have led to a decision to close all local Healthwatch and Healthwatch England.

The recommendations which have been accepted by the government will make the following two significant changes:

- 1. Transferring the functions of Healthwatch England to the Department of Health and Social Care (DHSC).
- 2. Transferring the health functions of local Healthwatch to Integrated Care Boards (ICBs) and social care functions to local authorities.

The Government has accepted these recommendations and intends to introduce legislation to implement them when parliamentary time allows.

In the meantime, DHSC informed us that should continue local authorities to commission local Healthwatch services as they do now, as the changes above require legislation.

This document summarises the current position, expected implications for stakeholders and initial considerations for how we might adapt to ensure continued patient involvement and feedback.

Executive Summary

The recent decision to abolish Healthwatch in what has been outlines as sometime in 2026, will remove a key statutory mechanism for capturing patient and public views across the health and social care landscape. This document outlines the anticipated implications for local engagement, highlights key risks, including reduced independent oversight and intelligence gaps and suggests recommendations to ensure we continue to hear and respond effectively to patient voices. The Board is asked to take note of these developments, endorse proactive engagement and support strengthening our internal feedback process.

Announcements

On the morning of June 27, 2025, Healthwatch England were briefed on the content of the NHS 10 year Plan (published on July 3, 2025) and the Dash Review (published on July 7, 2025) On the late afternoon of Friday 27 June 2025, Healthwatch England held a briefing meeting for all local Healthwatch as the abolishment of Healthwatch was to be announced in the media on Saturday 28 June 2025. The Secretary of State had also confirmed closure of Healthwatch in response to Parliamentary/select committee questions.

On Friday July 4, 2025, Healthwatch England and local Healthwatch were invited to a thirty-minute meeting with William Vineall, a Director at the Department of Health and Social Care. William Vineall explained that Healthwatch was being closed but there was no timescale for this as it will require a change in legislation. It has been suggested the closure of Healthwatch will be around October 2026

Healthwatch England (HWE)

Many people have asked why HWE are not opposing the changes. HWE and its Committee are part of the Care Quality Commission, a public body. As public servants, staff and committee members must support the implementation of the elected Government's policy.

HWE have advised Commissioners via email, week beginning July 14, 2025, that the Government intends to introduce legislation to implement the reforms to Healthwatch when parliamentary time allows. In the meantime, the DHSC has informed us that local authorities should continue to commission local Healthwatch services as they do now and we understand the government will provide further information to local authorities in due course.

HWE near-term planning

Nationally, HWE have been examining what the outcome of the DASH Review means for HWE in the near term and what work it would benefit HWE to pause or continue.

HWE explained that although the strategic functions of Healthwatch will be transferred to the Government over the next 12-18 months or so, HWE staff will be subject to the CQC's Management of Change process and are not expected to move to the Department of Health and Social Care (DHSC).

HWE have also been seeking answers to local Healthwatch questions about what this means. As previously advised, local authorities are expected to continue commissioning local Healthwatch until the law changes. HWE have asked DHSC and Ministry of Housing, Communities and Local Government (MHCLG) to be clear and communicate this to local Commissioners. HWE have written to local authority commissioners to inform them of this government advice

It has been agreed with HWE committee that:

- **HWE** will continue to gather insight, analyse it, and share key findings with national health and social care decision makers. Local Healthwatch data will be shared until further notice.
- HWE will continue to provide support and training.
- HWE will continue supporting key systems, including the national and local websites, online community, Smart Survey and the National Data Store.
- HWE will publish the current pipeline of reports and continue to publish insights from ongoing analysis of data.
- HWE will pause work where it will not realise the benefit in the near term or where it falls
 outside our core statutory activity. For example, we have paused work on our national
 conference and the Healthwatch Impact Awards.

Local Healthwatch

An open letter to the secretary of State has been developed to show unified support across our network in response to the government's proposed changes to public voice initiatives. In addition, a public petition to capture the public's feelings about the proposed changes has been produced and is ready to be circulated.

The letter and petition aim to send a clear, collective message about the importance of maintaining independent, trusted, and community-rooted public voice in health and social care.

The plan is to **publish the open letter in the national press** before Parliament's summer recess on **22 July**.

Open letter - FINAL

Healthwatch Sandwell part of Engaging Communities Solutions (ECS)

ECS is an independent Community Interest Company that specialises in Healthwatch service delivery, community engagement and consultation, social research, and independent advocacy. ECS are one of the largest providers of local Healthwatch services in the country, supporting hundreds of thousands of people every year to have their voices heard.

ECS has been delivering Healthwatch in Sandwell since 2019 and has developed an integrated approach to partnership working throughout Sandwell, ensuring local voices are captured and feedback shared.

In 2024–2025, Healthwatch Sandwell reached an incredible 24,117 people through outreach, face-to-face engagement, and digital platforms. We continued to listen to local people, amplifying their voices across health and social care. Our team has worked consistently to ensure that the experiences and concerns of Sandwell residents help shape and improve local services.

ECS bring considerable experience of delivering successful Healthwatch to seven areas across England – Healthwatch Sandwell, Healthwatch Bedford Borough, Healthwatch Halton, Healthwatch Warrington, Healthwatch Stoke-on-Trent and Healthwatch Telford and Wrekin.

Healthwatch Sandwell Work Programme 2025/26.

While there is uncertainty regarding the future date for closure of Healthwatch, Healthwatch Sandwell will continue to deliver on our work programme 2025/26 until we are told otherwise or there is a change in staffing resources.

https://www.healthwatchsandwell.co.uk/key-projects

Summary of Implications

The abolishment of Healthwatch is expected to significantly affect the way patient and public voices are captured and represented. Without a statutory body dedicated to this function, there is a risk of reduced independent oversight, fewer formal opportunities for local communities to influence decision making, and potential gaps in intelligence that inform service improvement.

The change also places greater onus on providers and commissioners to ensure robust systems remain in place for hearing and responding to patient and public feedback.

Key risks

- Reduced patient voice: loss of a dedicated mechanism for patients and carers to raise concerns or shape services.
- Gaps in intelligence: potential shortfall in independent insight into patient experiences and local needs.
- Reputational risk: perceptions of weakened engagement could erode trust in local health and care services.
- Compliance concern: possible challenges in fulfilling statutory consultation and equality duties without structured input.
- Resource pressures: other organisations may face increased demands to fill gaps left by Healthwatch.
- Fragmentation: risk of inconsistent approaches to patient involvement across different sectors.
- Digital exclusion: a large part of the NHS future plans to capture patient feedback and access services focuses on the NHS App, leaving a large cohort of people facing further digital exclusion.

Recommendations

Healthwatch Sandwell would like to ask that the Board:

- Note the implications and associated risks arising from the abolishment of Healthwatch.
- Support proactive engagement with the Local Authority, Integrated Care Board and Voluntary Sector partners to identify alternative mechanisms for maintaining strong patient and public involvement.
- Request updates on the issue, including any new national guidance or local arrangements.

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Get in touch

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Share your feedback on Health and Social Care services in Sandwell by using the "Have Your Say" section on our website.

https://www.healthwatchsandwell.co.uk/share-your-views





The contract to provide Healthwatch Sandwell is held by Engaging Communities Solutions C.I.C. www.weareecs.co.uk Tel: 01785 887809 Email: contactus@weareecs.co.uk @EcsEngaging