

# The value of Local Healthwatch



**healthwatch**  
Herefordshire

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# About Local Healthwatch

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## Who We Are:

Local Healthwatch are champions for people using health and social care services. There are over 150 local Healthwatch across the country. We make sure NHS leaders and other decision-makers listen to what people say and use that feedback to improve care. We also help the public find clear, reliable information and advice about health and care. Our goal is simple – to make health and care better for everyone.

## What We Do:

- Support the public through advice and signposting.
- Gather real-time insight into public needs, experiences, and concerns.
- Share public feedback and evidence-based insights to improve planning, commissioning, and services.

## Why We're Unique:

- **Community-led:** We listen directly to local people and make sure their experiences shape the way services are designed and delivered.
- **Partnership Working:** We work closely with the NHS, local councils, and voluntary organisations to make joined-up care a reality.
- **Insight-driven:** Our recommendations are based on real stories and data from our community engagement and research.
- **Rooted in the community:** Local Healthwatch are locally informed, so we understand the unique challenges and strengths of our areas.
- **Voice for all:** We make sure everyone, especially those who are seldom heard, have a say in shaping health and care.
- **Connected and consistent:** We're part of a national Healthwatch network, giving local voices influence at both local and national levels.

## Our Impact

- We identify inequalities in health and social care and highlight how to address them.
- We provide the Integrated Care System (ICS) with meaningful public feedback to shape better services.
- We strengthen accountability and transparency across health and care organisations.
- We help partners meet their statutory duties around public engagement and consultation.

# Legislative Background

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## NHS Reorganisation Act

**1974**

- Created Community Health Councils (CHCs).
- Marked the beginning of independent statutory services.
- Set a 51-year precedent for public involvement.

## Local Government & Public Involvement in Health Act

**2007**

- Created Local Involvement Networks (LINKs).
- LINKs gathered views, influenced commissioning, and reported feedback.
- NHS complaints support outsourced to Carers Federation – costly and ineffective.

## Health & Social Care Act Changes

**2001**

- Introduced Patient and Public Independent Forums (PPIFs).
- Established Commission for Patient & Public Involvement in Health (CPPIH).
- Separated independent complaints services from PPI structure.

## Health & Social Care Act

**2012**

- Replaced LINKs with Healthwatch.
- Healthwatch became the independent consumer champion for health and social care.
- Established Healthwatch England under the Care Quality Commission (CQC).
- Expanded statutory functions: enter and view services, represent local views, make recommendations, and support Independent NHS Complaints Advocacy

# Organisational Background

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## Structure of Local Healthwatch

There are currently 153 local Healthwatch (LHW) in every area of England. They were introduced as part of the 2012 Health and Social Care Act.

Although some Healthwatch organisations are required to be social enterprises, there is no nationally mandated model for Local Healthwatch — creating a flexibility in terms of organisational arrangements.

Some local Healthwatch are jointly commissioned, with contracts and grants to deliver across two or more local authority areas.

- **Around 50% of LHW are individual ‘free-standing’ organisations** that solely or primarily deliver their Healthwatch contract. The other approximately 50% are referred to as ‘hosted’ Healthwatch, where the contract is held by another named organisation that also delivers other things.
- **Of that 50% that are hosted**, around a third are hosted by an organisation that only holds that single Healthwatch contract. The other two-thirds of contracts are held by organisations that hold two or more Healthwatch contracts to deliver in different areas. A few examples of organisations that hold a larger number of contracts are The Advocacy People, People First Cumbria, or The Care Forum. Some local Healthwatch organisations have transitioned from being ‘free-standing’ organisations to establishing themselves as CICs, allowing them to deliver other work in their area.
- **Around 85% of local Healthwatch organisations receive additional funding** from Local Authorities, Integrated Care Boards (ICBs), Public Health, and third-party bodies to support activities beyond their statutory duties. However, the proportion of this additional funding varies widely. For many, it represents a relatively small share of their overall budget, while for a few, it exceeds 50% of their total funding.

The functional scope of each local Healthwatch is shaped by the specific demands of its area. According to King’s College London’s 2022 ethnographic study of local Healthwatch:

- **56.3%** of LHW engage with only one Integrated Care Board.
- **82.3%** of LHW engage with only one Mental Health Trust.
- **62.5%** of LHW engage with only one Community Health Trust.
- **59.4%** of LHW engage with more than one Acute Hospital Trust.



# Funding Overview

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## Funding Sources

1. **Local Reform and Community Voices Grant:** Department of Health & Social Care
2. **Local Government Finance Settlement:** Ministry of Housing, Communities & Local Government

(Neither funding source is ringfenced, allocation is determined by local authorities)

3. **Additional Funding Opportunities:** Local Healthwatch can also secure funding through commissioned work from Integrated Care Boards, Public Health, local authorities, and other third-party organisations.

(This funding can support work beyond statutory duties, provided it aligns with Healthwatch's remit and functions)

## Funding Mechanism

Funding is distributed via the Adult Social Care Relative Needs Formula which supports local authorities in delivering the statutory functions of local Healthwatch, NHS Complaints Advocacy, and Deprivation of Liberty Safeguards.

Since 2014–15, Healthwatch England has tracked funding through annual surveys. Real-terms funding has declined by over £10 million since 2013–14.

- Healthwatch England is part of the Care Quality Commission (CQC), but local Healthwatch are independent.
- Local Healthwatch funding flows directly from the Department of Health & Social Care to local authorities.

## Local Reform and Community Voices Grant Breakdown

- Deprivation of Liberty Safeguards in hospitals: £5.15 million
- Local Healthwatch funding: £14.15 million
- Independent complaints advisory services: £15.11 million

## Key Considerations



Funding for local Healthwatch is small for the scope of its functions and support across England.



Healthwatch's extensive volunteer network enables outreach, data collection, public engagement, visits, and representation at no cost to taxpayer, all the while inputting a diverse range of perspectives.



Without local Healthwatch structures, thousands of hours of unpaid labour would be lost. This would increase the financial burden on other organisations that would need to replicate this work.

# Core Duties of Local Healthwatch

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The following duties are carried out by all local Healthwatch, either as part of their remit, or as part of their statutory functions as written in the Health and Social Care Act 2012.

## Support the Public

- Help people find and access local services.
- Provide clear advice and information for informed care decisions.
- Offer accessibility support for people accessing health and care services.
- Operate physical hubs and drop-ins for advice and support.

## Listening & Engagement

- Community engagement in everyday spaces, such as foodbanks, churches, and community groups.
- Provide online and in-person feedback channels regarding health and social care experiences.
- Attend community projects and forums.
- Co-produce services with the public and professionals.
- Liaise with voluntary organisations, local council and NHS boards (e.g. Health and Wellbeing Board), and other relevant groups regarding referrals, safeguarding, tackling health inequalities, and supporting individuals.

## Advocacy & Complaints

- Support people and provide advice for individuals making complaints about health or care services.

## Service Evaluation & Improvement

- 'Enter and View' visits are carried out in health and care settings such as care homes, GP practices, and hospitals. During these visits, Healthwatch staff and volunteers observe the quality of services and gather feedback from service users, their relatives, and carers about their experiences. The findings, along with any recommendations, are shared with service providers, Healthwatch England, regulators, and NHS & local authorities to improve these services.
- Publish reports by gathering public feedback themes and sharing them with commissioners and providers of health & care services and people responsible for managing or scrutinising local care services.
- Provide Healthwatch England with intelligence and insight, in order for it to run effectively and represent national trends.

## Outreach & Awareness

- Run outreach and social media campaigns to gather feedback and local insight about health and care services.
- Inform and share through various platforms to the public about local health and social care information.

# Additional Duties of Local Healthwatch

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The following duties are not essential to the core delivery of local Healthwatch services. They are undertaken either due to specific local demands, variations in organisational structures, or differences in funding sources.

## Advocacy & Complaints

- Provide independent NHS complaints advocacy (role is statutory, but providers of this service are determined by local authorities).
- Provide advocacy for people who may find it difficult to navigate services, e.g. due to a mental health condition (IMHA).

## Service Evaluation & Improvement

- Independent service reviews for local public health or third-party organisations.
- Bespoke training for health and social care professionals.

## Outreach & Awareness

- Create and share easy-to-understand public information guides.
- Host forums and multi-disciplinary teams, connecting and educating professionals across health and social care sector.

## Examples of Commissioned Projects delivered across the Local Healthwatch Network

- Delivered non-clinical support to improve care and reduce attendances of high intensity users of emergency departments, as part of a cost-avoidance programme.
- Designed and implemented licensing frameworks enabling individuals in prison to access community dentistry services, improving health equity and continuity of care.
- Delivered system programmes to tackle health inequalities by gathering the lived-experience of young parents facing mental health challenges.
- Designed and delivered smoke-free campaigns in collaboration with public health and other organisations.
- Designed and delivered a hospital discharge project which informed resources like Pam's Story, the Move to Improve sheet, and the Working Together guide, helping patients stay active and involved in their care.
- Established Community Health Ambassador programmes which reach under-represented communities to share vital information, support innovative projects such as Safe Surgeries audit, and recruit a wide network of ambassadors.



# The Value of Healthwatch

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## Advocacy & Support

- Mitigate concerns and reduce complaints by facilitating resolution meetings.
- Provide independent advocacy (not part of the Trust or commissioning bodies, like PALS).
- Support those unable to advocate for themselves or others.
- Offer exemplary success in NHS complaints advocacy.



## Statutory Powers & Responsiveness

- Can request NHS responses within 20 days (often faster due to strong relationships) and can rapidly respond to identified issues.
- Use statutory powers to Enter & View health and care providers.



## Navigation & Signposting

- Help people access the right care at the right time and place.
- Follow up to ensure successful referrals and outcomes.
- Focus on prevention by identifying unmet needs early and promoting timely access to care, improving public safety.



## Community Engagement

- Deep engagement across communities to hear diverse voices.
- Outreach days in local areas to share knowledge and learn from services.
- Attend forums and events to strengthen collaboration.
- Meet social value standards by supporting vulnerable people, promoting sustainability, and helping providers deliver equitable, person-centred care across our communities.



## Presence & Accessibility

- Weekly presence and drop-in support in public places across the community to support and signposts individuals.
- Work with Patient Participation Groups in GP practices.



## Strategic Influence

- Represent public voice at: Health & Wellbeing Boards, Place Boards, Primary Care Boards, Mental Health Crisis Care Concordats, Quality Boards (Trusts & Local Authority), Safeguarding Boards, Transforming Care Boards, health overview groups and scrutiny committees.



## Partnerships & Inclusion

- Strong relationships with health and care leaders, frontline staff, and groups within VCFSE.
- Champion the voice of unpaid carers.

# Summary

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## **Local Healthwatch supports all people.**

Navigating health and social care is difficult; people sometimes need a little extra help. We are accessible with in-person, online, on the phone support, and we will go the extra mile to ensure that everyone gets help in the right place at the right time. Without our help and guidance, a large section of the community will be without their first point of contact in terms of finding the care that suits them.

## **Local Healthwatch are responsive and make changes happen.**

Through our deep local knowledge, we deliver public feedback to better influence the planning, commissioning, and delivery of services. We take on new challenges, and our independence allows us to quickly pivot and be able to flex to local need.

## **We seek information and challenge assumptions.**

It is vital that the voice of the public remains independent. Given our statutory roles, we have the unique ability to challenge bias, question decisions, and hold services accountable. Without local Healthwatch, decision makers might miss the real-world impact of their choices, and the health and care system could close lose vital transparency and accountability.

## **We bring services and community groups together.**

We work service-to-service to ensure that professionals are informed about changes and support available. We offer training, host forums, attend community events, and directly engage with other services to help bridge the gap between services.

## **Powered by people who live, work and use services in their areas**

Local Healthwatch staff teams and volunteers live, work and use local health and care services and the organisation buys local resources to support the local economy, as well as connecting and creating relationships with local groups.

## **Focus on prevention**

Through signposting and support, we help connect individuals to the right care, at the right time, in the right place, improving access, safety, and wellbeing and addressing inequalities across our communities: all helping to relieve the burden on stretched services. Our goal is to empower people's choices today to prevent problems in the future.

# National Position on proposed legislative changes

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The secretary of state for health & social care Wes Streeting MP announced in July that there would be health system reforms, including the abolition of Healthwatch England and Local Healthwatch.

This was a recommendation of the DASH review of patient safety, to simplify the landscape of patient experience feedback.

## What we know so far

- Any changes will require a new act of legislation to go through Parliament, until this occurs Local Healthwatch remain a statutory function.
- The function for gathering patient experience will be transferred separately to Local Authorities and Integrated Care Boards locally, and nationally there will be a directorate of patient experience set up within the department of Health & social Care.
- There have been no details released yet outlining the scope of these functions.
- DHSC have indicated that local authorities and ICB's would be able to work together to commission out the new function, but there has been no detail about the permissive nature and scope of the specification.
- There has been no clarification from DHSC whether the c. £25 million that currently funds Healthwatch England and all Local Healthwatch will remain for the replacement functions and how this would be allocated.
- There has been no clarification to confirm whether TUPE of staff will apply to local Healthwatch.
- There has been no timeline or plans released for the transition of the functions.
- It is expected that there will be a white paper outlining the reforms including the future of Healthwatch in the new year-Easter 2026, and that an act of parliament would normally take about 12 months from this point.
- The Local Healthwatch Network are currently assuming the transfer will happen early in 2027.
- There is currently a review being undertaken by The Kingsfund to influence the future functions of the replacement to local & national Healthwatch.

# What is important to consider in future arrangements

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**Based on the experience across the Healthwatch network since Healthwatch was established in 2013, Healthwatch England have advised Government that any new system be based on five tried and tested principles.**

- 1. Be locally driven:** National policymakers will get the full picture only by ensuring the consistent collection of people's experiences on the ground and having the infrastructure in place for this insight to reach them via the NHS and local councils.
- 2. Reach out to communities:** Many people don't trust formal feedback routes and won't talk to organisations unless they are seen as independent and impartial. To hear diverse views and identify inequalities, local and national governments must work hard to reach out to communities and demonstrate that they are listening. Our experience has involved ensuring staff have the right skills to engage communities, working with local groups and harnessing volunteers that local people trust.
- 3. Value qualitative evidence:** Data only tells part of the story. Collecting and analysing people's experiences is essential to understanding the impact of good or poor care, the existing blind spots, gaps in provision, unmet need, and the solutions.
- 4. Make patient experience central to decision-making:** Hardwire links between the NHS, councils and the new Directorate of Patient Experience and ensure that patient experience staff have a strong presence at every policymaking level.
- 5. Be transparent and show you are listening:** The system, from the national Government down, must be transparent about people's top concerns, open to getting views on "difficult" issues, and demonstrate that sharing feedback leads to change. It's also important that the public understands how NHS and social care services can be held to account when they don't listen.

# Healthwatch Herefordshire

## Background

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**Healthwatch Herefordshire has been through 3 iterations since 2013:**

**2013–2016** Healthwatch Herefordshire was a contract held by hvoss and Herefordshire Carers support, delivered as a project within their organisations for the value of £140,000 per year.

**2016–2024** when hvoss handed back the contract to the Local Authority at the end of 2015 the team set up a limited company called Healthwatch Herefordshire, with some administrative support from Healthwatch Worcestershire, to operate as a stand-alone organisation. In October 2020 we were awarded a new contract for 5 years +1 +1 to the value of £140,000 per year.

**2024** Healthwatch Herefordshire set up a charitable Incorporated organisation called Community Power, and the Healthwatch contract was novated from Healthwatch Herefordshire Limited to Community Power from 1 April 2025. At this point all the assets and staff were transferred to the charity Community Power and we are in the process of closing the dormant limited company.

Since 2016 The Healthwatch team have adapted to the rising inflationary costs, and static value Healthwatch contract since 2013, by taking on additional commissioned projects to bring in revenue. Currently the Healthwatch Contract is approximately 50–60% of the charity's income.

### **Community Power**

In addition to the local Healthwatch contract, the charity is currently delivering a range of additional work funded through charitable grants, fundraising, NIHR, University of Worcester, NHS England, ICB, and occasional projects for Public Health and General Practice.



# Healthwatch Herefordshire

## Impact

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The real value of our local work is in how we *apply* the Healthwatch principles, not just *what* we do, but *how* we do it

Crude public feedback on its own can be meaningless. Our expertise leads us to structure each piece of work, so it genuinely reflects the voice of particular communities, of interest or geography. We pride ourselves in adapting our methods thoughtfully so that every project is personalised and methodical. We do not take a one-size-fits-all approach.

For example, we worked for a year alongside the Gypsy, Roma and Traveler community, helping them clear their site as a first step to building trust, showing a practical empathy that no standard engagement exercise could replicate. As a result, the richness of the information obtained was far greater and the relationships achieved far more long-lived than could be achieved through conventional consultation methods.

The team have countless examples of tailored and thoughtful engagement, such as work to understand cultural differences to health access for Ukrainian communities leading to resources to overcome barriers and misunderstanding. Our work with learning-disability groups demonstrates how we actively seek out the voices that are least likely to come forward putting them at the centre of designing video resources for other people to encourage learning disability health checks in general practice.

This thoughtful and flexible approach is rooted in our strong local networks and genuine local insight. It allows projects to uncover deeper, more meaningful findings, often achieving better value for money and richer results than an external communication and engagement consultancy could deliver.

Just as important is the quality of what we produce. The way we design, and frame engagement means the data and narratives we gather form a rich, multi-coloured picture of what is actually happening. It is not adequate to funnel people into expected answers about transactional episodes of care, we leave space for the unexpected in what matters to the public. Often this isn't about the service in front of someone, it is about the gaps and the join up between services and integration.

Our "chatty van" is a perfect example of how we disarm people and make the process of speaking up more accessible rather than intimidating. We have a track record, built up over 12 years working in Herefordshire communities, reaching off the beaten track and beyond traditional methods.

Some Healthwatch services have adopted a combative stance when communicating with local public-sector partners. The unique nature and strength of Herefordshire is in collaboration and partnerships. We have always taken a constructive and mature approach, championing the voice of the public while also recognising the operational pressures and resource constraints providers face. That balance ensures that our insights land better, strengthen trust, and are more likely to lead to improvement rather than defensiveness.





# How we go beyond listening

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As an organisation, our evolution into a charity has been driven by a commitment to work with communities and act on what we hear, ensuring lived experience shapes the design, delivery and improvement of health, care and community services. We pride ourselves on our deep expertise in cross-sector working, our ability to convene diverse partners, and our understanding of the whole health and social care continuum — from statutory services to the voluntary sector and the lived realities of individuals.

The complementary relationship between Healthwatch Herefordshire and Community Power's wider projects delivers exceptional value for money. Every pound invested generates additional social value, strengthened community capacity, and increased reach into groups who do not typically access statutory engagement routes. This integrated model ensures that insight is not simply gathered—it is acted upon, translated into improvement, and embedded within system change.

We have provided consistent **leadership and facilitation of collaborative partnerships** that deliver practical impact:

## Herefordshire Homelessness Forum

Chaired by Healthwatch, this multi-agency forum brings together statutory partners, housing providers, frontline organisations and faith groups to reduce and prevent homelessness. Under our leadership, the Forum co-produced and launched the Herefordshire Homeless Charter, creating a shared countywide framework that centres dignity, safety, and choice for people experiencing homelessness.

## Herefordshire Health Inequalities Collaborative

For over three years, Healthwatch has chaired this multiagency partnership of ICS, Council, NHS and VCSE leaders. The group uses shared insights, lived experience and population data to design collective action on inequalities, culminating in a countywide Health Inequalities Strategy that aligns efforts across the system.

## Herefordshire Community Partnership

In 2021, in response to the development of Integrated Care Systems, Healthwatch led the co-production of a countywide VCSE-ICS partnership forum. This platform strengthens the strategic voice of community organisations, improves cross-sector collaboration, and ensures the VCSE has meaningful influence in ICS decision-making, prevention planning and service redesign.

# The future for Community Power and Healthwatch

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**Here are some of the additional projects and initiatives Community Power provide:**

- Commissioned community engagement & consultation services
- Service evaluation work
- Lee's Place Homeless hot food and support hub in Hereford 7 evenings a week
- Cancer Prevention Projects Herefordshire & Worcestershire
- Community Health Champion volunteer project
- Worcestershire VCSE Alliance
- Wellbeing peer support courses for long term conditions
- Herefordshire Homeless Forum
- Herefordshire Health Inequalities group
- Herefordshire Community Partnership
- Research Engagement Networks National project
- Gypsy Roma Traveler connector project
- Herefordshire & Worcestershire cancer connector project

Whilst it will be challenging, Community Power plans to continue its other work without the local Healthwatch contract when the transition happens.

We do not know if TUPE will apply to Healthwatch staff yet, and we do not know if there is a role for our expertise in the new arrangements that will be made by Local Authorities and Integrated Care boards.

We may need to undertake a review of the operating model of Community Power when we know more, and this could have redundancy implications for some of the team.



# Community Power's Offer to the Local Authority & ICB

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When statutory Healthwatch functions end, **Community Power** is uniquely placed to continue providing **independent, community-rooted insight and engagement** that ensures local voices still shape health and care decisions.

## Our Unique Strengths

**Locally rooted independence:** We are a Herefordshire-based charity with deep connections across neighbourhoods, voluntary groups, and seldom-heard communities. Our staff and volunteers live and work locally, giving us authenticity and trust.

**Evidence-driven listening:** We collect qualitative insight and lived-experience stories that explain the “why” behind data—helping commissioners understand barriers, inequalities, and solutions in real people’s terms.

**Bridge between people and systems:** We translate community experience into practical recommendations for system partners, ensuring accountability and transparency are retained even after Healthwatch ends.

## Our Expertise

**Patient & public engagement:** Twelve years’ experience running Healthwatch in Herefordshire has built strong relationships with GP practices, hospitals, social care providers and the VCSE sector.

**Community research and co-production:** We design and deliver projects on cancer prevention, health inequalities, homelessness, and long-term conditions—demonstrating skill in mobilising local voice into measurable outcomes.

**Volunteer development:** Our Community Champion and Connector models train trusted residents to gather feedback and promote screening, prevention and wellbeing across diverse communities. We have a proven track record of harnessing the value in communities with Lee’s Place with over 70 volunteers.

## What We Can Offer

**Independent local insight service** to support statutory duties for engagement, equality and transparency.

**Commissioned community engagement programmes** focused on tackling inequalities, early diagnosis, and prevention.

**Continuous qualitative intelligence** to inform ICS priorities, quality boards, and Health & Wellbeing Strategies.

**Partnership convening** across VCSE, health, and community groups to ensure inclusion and shared accountability.

## Why It Matters

**We would strongly urge our Local Authority and ICB leaders to come together to commission the future function Jointly to create independence and join up across health & social care for the residents of Herefordshire.**

Without an independent voice, local systems risk losing authentic feedback and early warnings about gaps in care. Community Power offers a ready, trusted, locally embedded infrastructure to keep public experience at the heart of decision-making—ensuring that Herefordshire’s communities continue to be heard, respected, and represented.