



# Healthwatch North East Lincolnshire update Presentation to The Health and Wellbeing Board.

February 2026

# Our Role

**We are a statutory, independent champion for people who use health and social care services.**

Functions:

- Listening:** Collecting feedback from local residents and service users
- Influencing:** Driving service improvements.
- Informing:** Providing clear signposting and advice.

# Our year in numbers June 2024-June 2025

**3495 local residents** shared their experiences with our team.

- We produced **16 evidence-based reports** which were shared with commissioners and providers.
- **We attended 123 community and engagement events**, spending **191.3** hours of time to talk to the public ensuring visibility and accessibility

# Engagement

- Diana Princess of Wales Hospital
- Franklin College
- St Hughes Community Centre
- Val Waterhouse Centre
- Nurtrio
- Cromwell Road Day Centre
- Grimsby Town Hall
- Assisted living centre
- Café Aspire
- Grimsby Leisure Centre

# Enter and View visits.

Local Healthwatch have powers of entry to visit health and social care services and see them in action.

This power to *Enter and View* a service offers a way for Healthwatch to:

- Meet statutory functions
- Identify what is working well with services
- Identify where services could be improved

Enter and View is a visit and **NOT** an inspection and can be announced or unannounced.

Visits completed during the last 2 quarters **Yarborough House, The Kensington, The Grove, Kirklees.**

# Research Projects

- Focus Adult Social Care
  - Non emergency patient transport Project
  - G.P Practice Website review project
  - Physiotherapy Department
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- Pharmacy Accessibility Project
  - Maternity and neo natal BAME inequality project
  - Carers Support Service

# System and strategic function

We submit feedback and highlight any issues that are arising from North East Lincs. Contribute to and attend meetings and represent Healthwatch across NEL.

- Safeguarding Adults Board
- Health and Wellbeing Board
- VCSE Forum
- Joint Place Quality Group
- Patient Experience Group
- Humber and North Yorkshire ICS (System Quality Group)
- Local Pharmacy Committee meeting
- NNEL MNVP
- LeDer
- All Age Learning Disability Partnership Meeting
- Carers Partnership
- Dementia Strategy Group
- Mental Health Strategy Board

# How we've made a difference

A review of the condition and provision of wheelchairs was instigated at DPOW following this issue being raised by Healthwatch at The Joint quality place meeting

*We fully accept the recommendations made and have already begun incorporating them into our ongoing improvement work. An internal action plan has been established to monitor progress, with accountability assigned to relevant leads and progress reviewed through our governance processes. Yarborough House Care Home.*

*We are grateful for the constructive recommendations provided, and we will take these forward as part of our ongoing commitment to continuous improvement. We look forward to the report being published on the Healthwatch NEL website next week, and we hope it will help encourage further referrals and recommendations our way. Thank you once again for your time, effort, and the lovely report. The Kensington care Home*



# Future of independent voice

What's next for Healthwatch?

1

**Move the functions of Healthwatch England to Directorate for Patient Experience in the Department for Health and social care**

2

**Split the functions of local Healthwatch between the Integrated Care Boards and Local Authorities.**

3

**Further development of the NHS app for patients to provide feedback on services.**

# What we know so far

## July 2025

We joined other local Healthwatch to sign an open letter to the Secretary of State for Health and Social Care, Wes Streeting. We asked the government to rethink its proposals and set out our concerns.

## September 2025

Healthwatch and the King's Fund are working together to explore how public experience and involvement might look without Healthwatch. [Read more.](#)

## November 2025

The public petition passed 10,000 signatures. The [Government responded](#) and confirmed local Healthwatch will be here until March 2027. We will continue to make local voices heard as more information becomes available.

## January 2026

We will meet the Department of Health and Social Care to confirm how we will work together and what our plans will be up to March 2027.

## Ongoing in 2026

We expect a King's Speech to take place in the Spring which will include a new Health Reform Bill. This will include the abolition of Healthwatch. The Bill will then need to be approved by Parliament. This is expected to take 12 months.

## June 2025

The government announced that it [planned to close local Healthwatch](#). They said the functions of our work would move to the local NHS and North Yorkshire Council.

## August 2025

Local Healthwatch [launched a public petition](#) asking the government to review the decision to close independent Healthwatch, and to protect the public's independent voice in health and social care.

## October 2025

Local Healthwatch met with the Department of Health and Social Care. Any agreed changes to Healthwatch must be approved by Parliament and will require new legislation.

## December 2025

We are responding to the Government's letter and will continue working with Healthwatch network across the country to plan for the future.

## February 2026

The Healthwatch and King's Fund report will be published. It will outline recommendations for how people should be involved and listened to in future decisions about care.

## By Spring 2027

We expect the new Health Reform Bill to have received Parliamentary approval. This will mean it becomes an Act, which will confirm the end of Healthwatch.

# The risks of losing independence

Potential erosion of scrutiny and accountability, especially for vulnerable populations.

Over-reliance on digital feedback mechanisms, which may exclude digitally underserved groups.

Echoes of past failures, such as those exposed in the Francis Inquiry, where lack of independent advocacy led to systemic harm.

Widening health inequalities- lost voices of the most vulnerable

# What we are unclear about

There has been no guidance for LA's or ICBs on what the future of public voice will look like, including which of Healthwatch's functions will need to be fulfilled.

There has been no guidance about TUPE or redundancy

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