Written evidence submitted by Healthwatch York to the Health Bill Committee (HB70)

Dear committee members.

I am writing as the Manager of Healthwatch York to urge the committee to amend the Health Bill to make sure Healthwatch can continue its independent, statutory role championing what matters to local people in health and care.

"If Healthwatch were abolished, a key loss would be its strong value for money: relatively small budgets generate system-wide insight that helps prevent repeat failures and supports more targeted service improvement. Its removal would also eliminate a trusted mechanism for capturing rich, qualitative public voices, particularly from people least likely to engage through surveys, digital feedback or formal complaints processes. Together, this intelligence ensures services are shaped by real lived experience rather than assumptions, improving effectiveness and responsiveness to what communities need and value."

Stakeholder feedback.

There is a fundamental problem with the Health Bill. It proposes the abolition of local Healthwatch based on the idea that all we do is gather feedback which can be gathered in other ways, not least using the NHS app. However, the Bill does not consider the full range of activities local Healthwatch undertake. So far through the 10-year plan, the Dash review and other national level activity, many across the network of local Healthwatch feel the scale of our work has not been understood. We want to make sure everyone fully understands what will be lost if we are abolished. We would be very happy to nominate a speaker or speakers from within our local Healthwatch network if the committee would like to hear evidence in person.

Listening function

The idea that our listening functions can be done within the health and care system is at best naïve and at worst a silencing of people's voices.

We hear frequently that Healthwatch staff are the first or only person to really listen to people's experiences. We can do this because we have no agenda when listening – we simply want to understand local people's experiences. We are not

concerned about how the information fits into a complaints process, or if it can be dealt with as a concern or who is to blame. We are not trying to pass them on to someone. We do not say, let me stop you there because this sounds like it involves another organisation so we can't help you. We are not siloed or restricted in how we listen. We listen openly and take people's issues seriously and can often make suggestions about what someone can do next to get a better experience. In doing this people are often happy and don't feel the need to take things further. However, taking voice in-house within ICBs and local authorities perpetuates the silos of health and care.

Increasing workload for those already overwhelmed

We know that our local hospital PALS team often struggles for capacity to answer the phone. In fact they have only just reinstated their phone line which is answered only three hours per day Monday – Friday due to capacity. Our local mental health provider has said their PALS service is effectively a complaints service as they don't have time for anything else.

Removing Healthwatch does not simplify the landscape - instead it funnels people into overstretched services. Our meagre resources (£115,610 per year) won't stretch far if they are redistributed to providers. So, the current plan means leaving more people with nowhere to turn when they can't get the answers or support they need. It will remove a key supporter which helps people find the right route for sharing their concern or complaint in one contact. We signpost people to complaints processes, if that's what they want, get advocacy support where needed, report to the relevant regulatory body where fitness to practice is a concern, and raise safeguarding concerns when necessary.

A consideration for reducing duplication is an expanded future Healthwatch role as the entry point for all feedback about health and care across a local area. This would bring all feedback together and strengthen the Healthwatch role to better explore themes and trends in an area and share findings with key local decision makers.

Sharing difficult messages

Abolishing local Healthwatch loses all the progress made locally in landing the difficult messages and being respected while explaining challenges and failings with honesty and kindness.

York's Health and Wellbeing Board has embraced Healthwatch York's role, giving our reports an automatic right to be on the agenda. This brings the voices of local people directly to strategic decision makers. We've always understood that seat at the table doesn't belong to Healthwatch York, it belongs to the people of our city - our job when we take up that seat is to make sure they are heard. Our local Health Scrutiny Committee looks to us for evidence when they need to challenge providers about services not delivering to the required standard.

Providing information and signposting

One of the aspects of the work of local Healthwatch that Healthwatch York recognises as incredibly valuable, yet is not acknowledged or mentioned in the Health Bill, is signposting. This is more than just giving people leaflets, it is about listening to what people need, knowing what services are available locally and providing the right information about how an organisation can help someone and the information for them to be able to contact that organisation. Sometimes it is about walk alongside people as they find the right support.

This is the work that makes the biggest difference to local people and something that will end if Healthwatch is abolished. Services often don't know about each other and people will be left to flounder as no-one will be there to direct them to someone who can help.

For Healthwatch York this has included:

Six editions of the mental health and wellbeing guide. This is a free 36-page booklet (https://www.healthwatchyork.co.uk/seecmsfile/?id=163) that provides information about statutory and voluntary sector services that can support people's mental health and wellbeing. The new edition was published in May 2026 with 3,000 paper copies and an online version which has already been viewed hundreds of times. The paper copies are shared with the local mental health trust, in the local mental health hubs and with voluntary sector organisations across the city.

People have said:

"How good and useful the mental health guide is." Person wanted more copies to share with patients and particularly students.

"It's a brilliant resource so thank you for putting this together." Local VCSE organisation.

Four editions of our dementia guide. This also provides information for people living with dementia, their friends and family about the condition and local support available. The latest edition was published in 2025. Again we print 3,000 paper copies shared with statutory and voluntary organisations to give out to local people to support them.

Four editions of the winter services list. This document provides information about services and opening times over the Christmas and new year period. It includes health information and more, listing foodbanks, support for homeless people, warm spaces, activities for children amongst other things.
The list is shared with organisations and individuals across the city when available and is further shared on social media including by local councillors, MPs and statutory services. Alongside an electronic copy we shared, the 2025 list was downloaded 648 times with over 200 paper copies circulated locally. Feedback is excellent:

"What an incredibly comprehensive services list Sian, thank you to you and colleagues!"

Feedback from the local mental health partnership co-chair.

"This is brilliant thank you so much for doing the work and sharing."

City of York Council Director of Children's Services.

"Comprehensive list in the link of support services available in York over the festive period. Thanks to Healthwatch York for compiling the list."

Local Councillor

We know many frontline workers use our guides to help their signposting and care coordination roles - from Dementia Forward's helpline staff and care co-ordinators, our social prescribers across the city, and the local area co-ordinators employed by the local authority. At a time where so much is online, people carry these with them. Our core contract does not require us to produce this information, just to signpost people. So we seek additional funding to print the guides as we believe good information empowers people and we want as many people as possible to connect with the right support for themselves.

> *"Healthwatch is the first place I would tell people to go to... I usually carry their newsletter around with me in my bag as a resource."*
>
> Local frontline worker

> *"Healthwatch is very visible in community centres, libraries, leaflets, 1-2-1 support and advice. They have produced excellent guides especially around mental health guides that are online and printed, with regular updates."*
>
> Local stakeholder

We also respond to individuals who call or email us or who talk to us at stalls across the city. We are delighted to be able to help:

> *"Thanks so much, you are the only people who listened to me and tried to help."*
>
> someone who got in touch about trying to get support after an ADHD assessment.

> *"Thank you so much for your support when I phoned, along with the information received by email and by post now too. I am so glad I read the article in the paper."*
>
> someone who got in touch to try and find support for their anxiety.

> *"I am very grateful to all at Healthwatch for the work that you do."*
>
> a response after providing information about a range of conditions.

“I have been in touch before about dentists. While you couldn't help with an NHS dentist, the information I received and support I was given was excellent. Thank you.”

“You very kindly sent me information about gentle exercise classes in the area… I looked into taking the classes but then, unfortunately, had another fall. I am keeping as active as I can at the moment and still take a walk every day. I also do the exercises that the physiotherapist gave me. May I take this opportunity to thank you again for sending me this information.”

“Thank you for the exceptional support.”

someone who was asking for support for their friend who is a carer.

“Thank you very much for your reply. I am so happy to see that information 😊 and to know there are groups!”

providing information about local and national support and groups for people who are neurodivergent.

“Thank you from the bottom of my heart. I know, from experience, that giving someone a voice is a massive part of healing. I really appreciate you taking the time to speak and listen to my sister. I would just like to say that what you do and are committed to is so valuable and gives many a voice in difficult times. Thank you for listening to me too. I wish more people knew about the good you are all there to do and as you are very aware, given the opportunity, I endeavour to let people know know where you are.”

“We would both like to thank you for taking an interest in trying to make life that little bit better and making us feel that there are people that are prepared to put themselves out to help. We hope what ever the future holds for Healthwatch and you personally that you continue to help people like us feel someone out there cares.”

Someone we put in touch with the local frailty hub.

"Just want to say thank you so much. My son was able to text and make an appointment with contact mobile number."

supporting a BSL user to be able to get in touch with their GP surgery to make an appointment when they can't use the phone.

"Just to be listened to is massive , and the advice you have given is invaluable."

supporting someone whose brother is a patient in a mental health hospital.

"As ever, I am enormously grateful for your support."

feedback from someone we have supported to make a complaint to York Hospital.

"Thank you so much for all what you have and are doing for A I am so very grateful. … And thank you again so much it means so much to both A and me."

Feedback following support for a mother and daughter around a series of physical and mental health issues.

"Firstly I just wanted to thank you so very much for calling me yesterday. You restored my faith in humanity when I desperately needed it. You were so kind, so friendly, listened and helped me more than you will ever know. And I wanted to let you know how grateful I am. So you helped me to realise my priorities … you were literally my life saver yesterday."

person was in touch about a relative's treatment for cancer.

"Thank you so much for this I really do appreciate it! "

response after providing information about the ADHD and autism assessment pathway.

"That is so helpful, thank you so much. We were at a total loss as to where to go next! It has been a huge, difficult, very emotional fight! We are so

grateful just to be listened to, to be honest! Your assistance is very much appreciated."

feedback after a call to support someone about the situation with a relative who is in hospital.

"Whilst my GP referral got rejected eight times in six months for treatment, Healthwatch York got me accepted for treatment within 48 hours and I was seen two weeks later. I would be living in severe neurological decline if Healthwatch did not step in."

NHS dentists

Thanks to our local contacts, we have developed a positive relationship with an NHS dentist who will take on people in greatest need as NHS patients. Since this partnership developed we have managed to secure ongoing NHS care and treatment for more than 35 people including adults and children:

"Thank you so much for all your help. We are now NHS dental patients and would not have been without your help. Thank you."

"Thank you for helping to get an NHS dentist for my mother. They have already been in touch and my mother has an appointment this week."

"Thank you both so very much for all of your help with this matter. My mum was delighted when I told her and it will make such a difference. We really had tried all other options and so are very grateful for your prompt and efficient help. Kind regards and heartfelt thanks once again."

"Thank you so much for helping me to get an NHS dentist. It is incredible. Hopefully I will now be able to sleep!"

"Thank you so much for your help in getting me an NHS dentist. I have been and they have done some work but referred me to Selby as some is too complex for them to do."

"I honestly feel indebted to you for your kindness and acting so fast on this for me :) it is much much appreciated!"

Influencing the influencers

It has taken a considerable amount of time, energy and commitment from our very small team (four part time staff and 37 wonderful volunteers) to be seen as an equal partner at the table. Local stakeholders are already fearful of the vacuum that abolishing Healthwatch will leave.

"Sadly one of the most common narratives around marginalised communities is there rights and access to support and services (especially within healthcare) being spoken about without any meaningful engagement of those with lived experience. Healthwatch York plays a crucial role in breaking this cycle."

"It simply should not be disbanded – I fear a centralised approach would lose the credibility and trust Healthwatch York have built up over the years."

"If Healthwatch were no longer present, there is a risk of losing: An independent and trusted patient voice; A consistent mechanism for capturing feedback across organisations; insight from people who may not engage directly with NHS providers; A layer of constructive challenge and system accountability. While organisations do their own engagement, Healthwatch provides a valuable system-wide perspective that would be difficult to replicate."

Stakeholders' feedback

I have been here from before the start of Healthwatch. I have seen Community Health Councils abolished. In York we replaced this by SHINEY (Social and Healthcare INformation and Engagement in York) - to allow us to keep sharing intelligence about what was happening in health and care and how people could be involved in it. The Government similarly recognised the vacuum and established Local Involvement Networks or LINks. I was a steering group member at York LINk and now manage Healthwatch York.

When York CVS submitted the tender for Healthwatch York - with the agreement of the VCSE organisations York CVS supports and represents - it recognised that while Healthwatch might be new,-the role of the VCSE in advocating for the people they support isn't. The Healthwatch York model is built on the understanding we are here to amplify the voices we and other organisations are hearing. We work in partnership with local organisations amplifying the voices of their members.

Rebuilding community awareness, trust and understanding, and establishing a partnership model that works for everyone has taken years. It took several years of being 'Healthwatch' to develop our methods for doing what we do well despite previous involvement in the world of patient and public involvement.

Part of that shift was the establishment of a national body. Being part of a national network, sharing information from across England, has inspired all local Healthwatch to build on our individual and collective successes and learn from each other's mistakes. Healthwatch England's role, having a helicopter view of what feedback is being received across England has been fundamental. Healthwatch York's work on dentistry and ADHD for example helped shape national work highlighting the significant systemic failures in both these areas of healthcare.

As small local bodies, we cannot easily influence national debates, but the power of our collective knowledge harnessed by Healthwatch England can. The briefings for the Health Bill, which intends to abolish them and us, referenced Healthwatch England evidence.

We also have to be lean organisations - having access to everything like the branding, the document templates and standard formats, the buying power for things like online survey software, shared training, peer connections - is an undeniable part of a mostly successful formula.

Volunteers – the unsung heroes

Healthwatch York has 37 active volunteers, providing weeks and weeks of additional activity every year. They have already made it clear they will not do for statutory services what they do for us. Our role as a small project within a local VCSE infrastructure organisation is vital to how they see themselves and the

activities they do on our behalf. I am so proud of what they have achieved with some joining us from the previous local patient voice organisations.

There's lots of different roles, but to highlight a few. We have a readability panel - together we have changed how our hospital provides patient information leaflets. All hospital leaflets must be reviewed by our volunteers before they are published. A local GP did a 20-minute presentation at our Annual Meeting two years ago about how what they thought was a tick-box exercise in getting their leaflets approved fundamentally transformed their understanding of what good information for patients looks like and why it matters.

Vital statutory functions

Our care home visits using our Enter and View powers provide soft intelligence about what life in these homes feels like and provides a route for friends and family and staff to share their experiences too.

Our statutory functions are vitally important. The proposals in the Health Bill also abolish these. The Department for Health and Social Care thinks that local authorities and Integrated Care Boards do not need these powers as they already can complete quality visits. However, those visits are conducted for very different purposes. Our Enter and View powers enable volunteers to enter health and care premises, speak with people about their experiences – those receiving services, their family members, carers and friends, and those working within those services. We listen, we observe, we learn, and we reflect our learning back to organisations.

We also hear from local care homes that our visits are genuinely helpful. One local care home manager told us:

> *"My experience has been very positive, our visit was very empowering to myself and my Team. The focused approach allowed us to show what we do and how we can improve without being "blamed". We had an open and honest approach from Healthwatch which made our experience a pleasure and not to "scare" staff which can happen when inspections or visits take place. We felt empowered and not overpowered."*

We have been told if local areas value Healthwatch they can continue to fund it. But if the Health Bill abolishes our Enter and View powers and much more will be lost.

Listening to young people

We have a team of young volunteers, doing peer interviewing - they are currently working on separate surveys about mental health and vaping, making sure many more young people have the chance to be heard locally. Although we do not count them as volunteers, we also support T-level students, offering placements with our Core Connector volunteers to develop their skills in project management, peer interviewing, social media and communications, report writing and presenting. With the current uncertainty about our future, our current students will likely be our last for the time being.

For more information about what we do see:

Our 2024 – 2025 annual report: https://www.healthwatchyork.co.uk/seecmsfile/?id=23

Our quarterly report for January to March 2026 sharing examples of what we hear in the city through our signposting, information and advice work: https://www.healthwatchyork.co.uk/seecmsfile/?id=161

Digital concerns

Of 308 contacts in our most recents quarterly report, 191 were face to face, and only 22 were received via our website. This indicates why the Healthwatch network has significant fears about the 10-year plan proposals related to digital exclusion and failure to reach the voices that most need to be heard in our health and care system. In 2025 we heard 1,354 pieces of feedback about health and care, 915 shared face to face. We capture these voices through an extensive programme of outreach, linking in with community centres, libraries and health and care settings and people tell us all sorts of things they say they wouldn't tell services direct.

"Not everything from Healthwatch is digital and that is good because a lot of our service users don't have access to technology. The fact that things are still provided on paper is helpful."

Local VCSE partner

"What officialdom is putting out is very difficult for people to get to grips with… now everything is online. The online world isn't as easy or accessible to everyone if wanting to raise a concern… (Healthwatch York) facilitates that face-to-face element which means that they can then act as an advocate or a scribe."

Local stakeholder

Geographical challenges

York is part of the Humber and North Yorkshire ICB, which also contains North Yorkshire, East Riding, Hull, North Lincolnshire and North East Lincolnshire. It is a large area of many rural parts and poor transport connections. The ICBs' focus on deprivation means generally ICB initiatives start elsewhere in the patch.

ICBs are not geared up to do the work Healthwatch currently does. They can't work at the local level we do and following significant reductions to their budgets and staffing will not hear local voices across the region apart from via Healthwatch. We spend more time than we should need to reminding people to add the word York to information resources and reports to make sure York people understand the ICB and other services are for them too.

Trust, change and the importance of independence

Across the network, local Healthwatch have significant concerns about trust in the new landscape - too many parts of the health and care system have lost the faith of the communities they serve. We're close enough to Leeds to be mindful of their maternity challenges. In our area, local demand has led to an independent inquiry into the work of Tees Esk and Wear Valleys NHS Foundation Trust, our local mental health trust.

When we published our Breaking Point report looking at mental health crisis care, many people we spoke with told us it was the first time they felt that their

experiences were listened to, that their experiences were validated. We have been working alongside our local MPs to keep up demands for improvement to services and investment - adding local voices to the call for a change in the model of provision. We supported our local Mental Health Partnership to set up a coproduction network to start informing how we used the transformation funding. This led to investment in a coproduction post, which has shaped the creation of York's first Mental Health hub. This helped York secure national investment to be one of the sites for a 24/7 mental health hub - held up in the 10-year plan as an exemplar, a model for future delivery.

Similarly, when we worked with local partners to hear the experiences of neurodivergent families , the families commented on how they had all been told they were anomalies, outliers, completely unique - yet their experiences of not being listened to were remarkably similar. We worked with four local organisations to bring these voices together. Sharron Smith, Chief Executive Officer at York Carers Centre shared what our role means for partners in the city.

> *"Healthwatch has worked closely with York Carers Centre to ensure that the experiences and needs of unpaid carers are recognised and reflected in the development of local health and social care services. Too often, services focus primarily on the patient, and carers' voices can be overlooked or go unheard. Yet carers play a crucial role and often have a unique perspective—they may feel more able to raise concerns or identify gaps in support that patients themselves may not recognise. It is therefore essential that their views are actively sought and included in feedback processes.*
>
> *Through our partnership, Healthwatch has played a key role in highlighting important local issues and influencing positive change, particularly in areas such as mental health, parent carers and SEND, and neurodiversity. Their independent role has been instrumental in amplifying these insights, ensuring they reach decision-makers and are embedded in service reviews and improvements. Healthwatch brings particular strength in presenting patient and carer experiences in a compelling way that clearly*

illustrates both the challenges and the changes needed, making it difficult for issues to be overlooked. As a result, they are highly respected locally.

This highlights the importance of maintaining an independent body to represent the public within health and social care systems. Healthwatch's contribution to strategic discussions, boards, and service developments adds real value, ensuring lived experience is not only captured but acted upon. At a time when services are under increasing pressure and responding to ongoing policy changes, this role is vital in holding systems to account and identifying what is working well and where improvements are needed. We greatly value our partnership with Healthwatch York, and the way they support us—and many other VCSE organisations—in ensuring that the voices of the people we work with are heard."

This was not the first time we'd raised concerns about a lack of support for local neurodivergent people - when our local health commissioners changed the adult Autism and ADHD adult assessment pathway we worked with partners to raise people's concerns about the new pathway excluding a significant proportion of the people it was meant to be supporting. Together we got a new access pathway for those who were digitally excluded or unable, due to their neurodivergence, to complete a long online access survey. We removed some of the access criteria and gained assurances that people with suspected ADHD or autism would be seen for assessment.

How can an ICB do this effectively itself? We were a bridge between those affected and the ICB. At the time our ICB found our report difficult reading. However, they agreed those voices needed to be heard and could not have been without an independent mechanism to amplify their concerns. Our input has subsequently helped shape the new ADHD and Autism strategy for the city, and the development of the SEND Hub.

It takes time, but what we do has the power to help transform local services. Our independent role is vital in this - if people don't trust the system or the organisations in the system, they will stay silent. Absorbing Healthwatch functions into ICBs and local authorities will leave local areas struggling to do the

very coproduction work they are being told to do. The risk is that the proposed model delivers for those it already works for and fails to hear the voices of those it most needs to engage with. Healthwatch brings constructive challenge and reaches out to those least well-served by existing services and support.

Our powers could be stronger. Sometimes we can't change things, but at the very least we can listen. In 2016, the CQC refused to re-register our mental health hospital in York, Bootham Park, due to safety concerns and after a change in provider. The hospital closed with five days' notice. We called for people's thoughts about the closure: Bootham Park: Have your say | York Press.

What we heard is in a report which sits in the Parliamentary Deposit of reports alongside the other reports on Bootham Park: Annex_3_-_Healthwatch_York_report_Bootham_Park_Hospital.docx.pdf

Alongside Rachael Maskell MP and representatives from Tees Esk and Wear Valleys NHS Foundation Trust, the mental health provider, we received an apology from Alistair Burt MP for the people of York. He promised to make sure if such a situation occurred again there would be a place where the buck would stop.

Our work can coincide with national activity that leads to something we weren't expecting. One of our first reports looked at access to services for deaf people. We received national coverage and ended up on See Hear alongside Sign Health. They had just published a national report about poor health outcomes for d/Deaf people despite them generally having healthier lifestyles than the wider population.

Our report complemented their work, sharing the stories of local people and the impact of the ongoing failure to meet their communication needs. As a result, we were part of a national roundtable event that helped develop the Accessible Information Standard. Accessible information is an issue that the Healthwatch network has continued to raise and led to our local area commissioning interpreting services for primary care services.

Sometimes we must be the nagging voice of good conscience in the health and care system, maintaining constant pressure to do the right things. It doesn’t

upset us if people don’t like us and what we are saying – we see it as showing we are doing the right things.

We are continuing our work with the same commitment as ever because we know it matters.

Thank you for considering our concerns.

Siân Balsom,

Manager, Healthwatch York

June 2026