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## **State of Support for the Healthwatch network**

Healthwatch is the health and social care sector's single biggest source of user insight. In a few weeks' time I will be sending you, and laying before Parliament, our annual report which will set out what we have heard from people over the last year.

While the report will highlight the positive impact we have made over the past 12 months, I am writing to you today in my first official act as Chair of Healthwatch England to inform you of the perilous state of the Healthwatch network's funding.

I know officials will have updated you on this matter, and my Vice Chair met with Under Secretary of State, Jackie Doyle-Price MP, earlier in the year to discuss our concerns.

Attached is the fourth annual 'State of Support' briefing which the Department asks us to produce to inform you of what is happening to your investment.

### **The numbers:**

- Between 2017/18 and 2018/19 **funding received by local Healthwatch fell by 4.3 per cent.**
- This means total funding has **fallen by 35 per cent since 2013.**
- This compares with an 8.5 per cent increase in health spending over the same period.
- Half of local Healthwatch are now receiving less than their predecessors the 'Local Involvement Networks' - the ineffectiveness and limited remit of which was apparent in my investigations into the failings at Mid-Staffs NHS Trust.

### **What is the impact of the funding reductions:**

- On the surface Healthwatch are coping well under growing financial strain.
- Demand for our services is growing with the network engaging 400,000 people last year - up 17 per cent.
- Yet estimates suggest the full time equivalent **staffing in the network has fallen by a worrying 22% in the last two years .**
- Whilst we have been able to use volunteers to reach out to more people, **the network's capacity to turn the evidence gathered into insight for the health and care system to use is now being compromised in places.**

### **The importance of a professional infrastructure:**

I am a big supporter of harnessing the value of volunteers to help the NHS and social care sector. Indeed, I believe Healthwatch can be the banner under which we can encourage tens of thousands more people to get involved, share their ideas for improvement and actively help their local hospitals, GPs and care services.



However, if one thing was clear to me from my enquiries into the incidents at Mid-Staffs, it was that to do public engagement well it needs to have a professional infrastructure. Without this, people are too easily ignored and the NHS ignores the voice of patients at its peril.

In just five years the Healthwatch network has established itself at the heart of the health and care sector, combining professional research and leadership with statutory powers and the enthusiasm of over 5,000 local volunteers to create a powerful voice for people.

The value of this insight is self-evident in the way the sector is increasingly turning to us:

- On the NHS Long Term Plan we have been able to share the experiences of over 85,000 people to shape the plan's initial development.
- On the Social Care Green Paper, the National Director of Healthwatch has been acting as an advisor to the Government, bringing 9,000 people's views on current and future services into the discussions.
- On regulation, our local insight is becoming increasingly valuable to the CQC's more targeted approach to inspections to ensure services are safe and high-quality.

### Why is funding falling?

In my final report on Mid-Staffs I warned that the proposed mechanism for funding Healthwatch under the Health and Social Care Act would leave them '*subjected to the vagaries of the health of local authority finances*'.

We of course recognise the Government's position on ringfencing. We also understand the funding pressures on local councils. But the fact remains, my initial concerns have come true and are starting to impair the effectiveness of Healthwatch in certain areas.

As the Department funds Healthwatch, I know you will share our concerns about what is happening to the money you are providing to councils to pay for the network. At Healthwatch England we are trying to offset the reductions by securing commissioned work on behalf of the network but this alone is not enough.

To meet the Government's promise, and continue to give people a strong voice in the big decisions about health and social care, an urgent and sustainable solution is needed.

I look forward to meeting with you to discuss how we can work together over the coming period to address these concerns and support the Department more broadly in its work.

Sir Robert Francis QC  
Chair of Healthwatch England