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**healthwatch**

23 February 2022

To: The Secretary of State for Health and Social Care, the Rt Hon Sajid Javid MP

CC: Minister of State for Health, Edward Argar MP  
Parliamentary Under Secretary of State, Maria Caulfield MP  
Deputy Leader of the House of Lords, the Rt Hon Earl Howe

**By Email**

Dear Secretary of State,

**State of Support**

Every year Healthwatch England writes to the Department of Health and Social Care to formally update on the status of local Healthwatch funding.

This letter and the attached briefing are designed to help the ministerial team and key officials track what exactly is happening to your investment in ensuring patients, service users and the public have a strong and effective voice in the design, commissioning and delivery of health and care services.

**Headline numbers**

- In 2013/14 the DHSC outlined that it would cost £40.5 million to adequately fund the Healthwatch network each year.
- The money is initially provided by the DHSC, but analysis by Healthwatch England suggests at least 82 councils (who are charged with the commissioning of local Healthwatch) are failing to pass on the funds in line with the Department's directions.
- In 2021/22 the amount spent by councils on the 152 local Healthwatch across England was worth 50% of the original allocation<sup>1</sup>.
- This means just 0.01% of the total £190bn investment in health and social care is currently being spent on the statutory part of the system designed to listen to service users and ensure they are getting the experience of care they want and need.
- Variation in funding levels is also a significant issue with 28 local authorities only providing around £100,000 or less to fund local healthwatch. This has resulted in:
  - The average number of Full Time Equivalent staff at these Healthwatch falling to just 1.7.
  - Providers cutting the hours they operate meaning local people no longer have access to advice and information services Monday to Friday, from 9 – 5.

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<sup>1</sup> The spend power of local Healthwatch is 50% less than that in 2012/13 when the impact of inflation is added in. In cash terms, the Healthwatch network received £25,336,584 in 2021/22.

- Reducing amount of senior staff time, with some Healthwatch Chief Officers going down to 2 days a week. This severely limits their capacity to represent communities in key decision-making forums like the Health and Wellbeing Boards or the planned Integrated Care Partnerships.
- This has already created a postcode lottery in terms of the strength of user voice, which is likely to be exacerbated under the new ICS arrangements.

### **Return on current investment**

The 592 staff across the network, supported by over 3,700 volunteers, work incredibly hard to squeeze every ounce of value out of the current investment in Healthwatch. Last year we:

- Engaged with 750k local people gathering their experiences of health and care.
- Supported a further 2 million to find the right help and support through our health and care signposting services.
- Saw use of our evidence by partners across the sector grow by 36%, with 71% of stakeholders stating they value our contribution.
- Ensured the voice of communities, including those who often go unheard, were fed in to health and care decision making forums in all 152 areas across England.
- Provided DHSC and NHSE with near real-time insight throughout the pandemic on everything from [tackling vaccine hesitancy](#) to [how patients want the elective backlog addressed](#).

### **Our role in supporting reform**

It is encouraging to see Government recognise the importance of engaging with communities in the reform agenda it has set out for improving the nation's health.

We believe, that with the right investment and funding mechanisms, the Healthwatch network is well placed to support this.

- Healthwatch is already well established at Place level, and can help ensure the new "single person accountable for delivery" in each area, as outlined in the Integration white paper, is well supported to engage with the whole community, in particular those who have traditionally been overlooked. Our network also provides a valuable mechanism for local people to hold these individuals to account for delivering the services they want and need.

To maintain this, we want to work with the DHSC to find a way of making current local Healthwatch funding more sustainable.

- With regards to the Health and Care Bill, the Healthwatch network can provide an infrastructure to enable ICSs to listen collectively and identify the issues for people that extend beyond individual services and Places. This can sit at the very heart of driving integration in a way that addresses the concerns of service users and communities.

This requires a modest increase in resourcing to level-up listening at this new level of decision making. New money would support coordination and analysis of existing feedback in the ICS context and fund new engagement on ICS wide priorities.

- The Levelling Up white paper makes a clear commitment to improve healthy life expectancy. It states that this will be delivered by more engagement with communities to identify their priorities for improvement.

With the right investment, Healthwatch could become a key support mechanism for the DHSC in delivering this Government wide ambition.

- Lastly, the Government is set to raise an additional £12 billion next year through the Health and Social Care levy to help tackle the backlog and fund social care reforms.

Spending a small amount of this on Healthwatch would provide Ministers and the system with vital insight into whether taxpayers are feeling the return on the investment.

### **Next Steps**

We would like to request a meeting with you and your team to work through potential options to build a more sustainable future for Healthwatch. These could include:

1. DHSC to approve the Healthwatch England business case for ICS activity and enable us to support the network to engage effectively and consistently across the ICS landscape.
2. DHSC to mandate that NHSE, or ICSs on their behalf, adequately fund Healthwatch activities at the ICS level. These would need to be co-commissioned with Healthwatch England to ensure the appropriate commissioning arrangements.
3. DHSC and DLUHC clarify to councils the total amount Government is making available to fund local Healthwatch and then ringfence this money, to help protect against any further erosion of resources at Place level.
4. Change the funding model and run the investment through Healthwatch England giving the DHSC greater direct control on how the network is structured and run. This would require primary legislation.
5. Create a model where-by Healthwatch is funded by fees from commissioners and providers of health and care services in the same way CQC is funded for inspection activity.

Getting the level of investment and the funding mechanisms right for Healthwatch will put the voice of the people at the heart of this Government's mission to level-up health and care services for all.

With best wishes



**Sir Robert Francis QC**  
**Chair, Healthwatch England**