



Jackie Doyle-Price MP,
Parliamentary Under Secretary of State,
Department of Health and Social Care,
39 Victoria Street,
London
SW1H 0EU

11 June 2018

Dear Minister,

Thank you for your constructive approach to our recent meeting about the financial position of the Healthwatch network and the risks this now presents for the Department and for the Care Quality Commission's intelligence-based strategy.

We were encouraged by your understanding of the key issues and what is driving them, and appreciate your willingness for your officials to work with us to ensure that local Healthwatch are as well-placed as possible to deliver what their communities and the Department need.

In particular, our Committee and local Healthwatch will be pleased to hear about your recognition of the need to send clear messages to local government leaders and your focus on people's experiences being a crucial measure of the outcomes required from current service transformation programmes as well as the forthcoming long-term plan for health and care.

Thank you for asking your team to work with the LGA to ensure that local authorities understand their obligations. As always, we will be happy to continue to work with your officials to synchronise this with our own communications and engagement with the LGA as well as elected and appointed leaders in individual authorities. We are also keen to provide relevant examples of the difference Healthwatch have made to inform communications on specific issues, as a way of reinforcing the value the Department attaches to their activity. We would be grateful for any steer you can provide within the Department to help us to keep relevant teams aware of these opportunities.

Following our explanation of the practical implications of delays to publication of the Local Authority Social Services Letter, including details of the Local Reform and Community Voices Grant, it was good to hear your officials confirm that this will be imminent. Anything you can do to expedite this and to ensure that it stresses that most of the funding provided for local Healthwatch comes to councils through other channels would be very helpful. The forthcoming shift in local authority funding



from the central revenue support grant to full business rate retention will also have implications for the way councils understand and make decisions about Healthwatch funding. We would be very happy to work with the Department and others to understand and prepare for this.

As we discussed during the meeting, there are a number of other areas where we would be very happy to support the Department's activity or to undertake our own activity with the Department's backing. These were included in our briefing document but can be summarised as follows.

There is significant potential in and a strong case for ALBs - particularly NHS England, NHS Improvement and the CQC - to come together to send a strong message to councils about their expectations in relation to local Healthwatch resourcing. There is also scope for the ALBs to identify where their own resources allocated to engagement - and those of the wider NHS - could be brought to bear to provide capacity for and make effective use of Healthwatch, and to deliver real strategic benefits through a co-ordinated approach. We understand that the Department has very limited mechanisms at its disposal in relation to influencing local authorities through funding flows but would be happy to work with officials on the potential for discussions on the future of the Better Care Fund to facilitate this.

We will be glad to keep you updated on the position as things develop and think it would be useful to meet again in six months, around the time we publish our annual State of Support analysis of the network's resources.

Thank you again for your time and the approach you are taking. As I said when we met, we hope you will feel able to call upon us whenever we and our local network can be helpful.

Kind regards,

Imelda Redmond, CBE
National Director, Healthwatch England