healthwatch

Local Healthwatch funding

2023–24

A precarious future for patient engagement

At the request of government, each year Healthwatch England gathers information on funding provided to local Healthwatch. This report contains information on funding of Healthwatch for 2023/24, as reported to Healthwatch England by Healthwatch providers.

Key messages

- Healthwatch has a ten-year track record of using public insight to improve health and social care and address health inequalities. We have given patients a voice in local services and provided essential information and advice to help people understand an ever-changing health and care landscape.
- The Healthwatch network is at breaking point. Its budget in 2023/24 was 43% of what it was in 2013/14 in real terms. Local authorities, themselves under significant financial pressure, often 'top-slice' Healthwatch budgets. We are now seeing tenders where local authorities cannot award a contract due to no viable Healthwatch being willing to deliver for the funding available.
- We are calling for Healthwatch funding through the Local Reform and Community Voices (LRCV) grant to be restored, as a minimum, to 2019 levels in real terms and for Healthwatch funding to be ringfenced to ensure that Healthwatch can deliver its statutory functions. This would represent a budget of £36 million, compared to £25.4 million in 2023/24.

Background

Healthwatch was established ten years ago. In that time, we have ensured that the voices of people who use health and social care are heard in planning and delivering effective services.

Last year alone, the network of 153 Healthwatch supported over one million people to share their experiences of care or access the advice they need. Our work led to improvements ranging from increased access to services for those with disabilities to improved maternity care for people from Black African and Black Caribbean backgrounds.

In the face of enormous pressures on both health and social care, Healthwatch is needed more than ever. We serve as a crucial bridge, enabling health and care decision-makers to comprehend the stark realities confronting people — especially those experiencing inequalities — and act to improve services.

However, as this report sets out, local Healthwatch organisations and Healthwatch England are now struggling to deliver our statutory functions following years of declining budgets in real terms. Urgent action is needed if warm words about the importance of patient engagement is to translate into meaningful action.

Where are we now?

Since 2013, local authorities have commissioned and funded local Healthwatch to deliver their statutory functions[1]. Each year, at the request of the Department of Health and Social Care, we ask local Healthwatch how much funding they expect to receive.

This year, our message is stark. The warning signals, persistently reported in recent years of declining funding and echoed in an independent study[2], now threaten the very foundations and future viability of our network. This has compelled us to urgently seek alternative solutions, including questioning the fundamentals of the Healthwatch model.

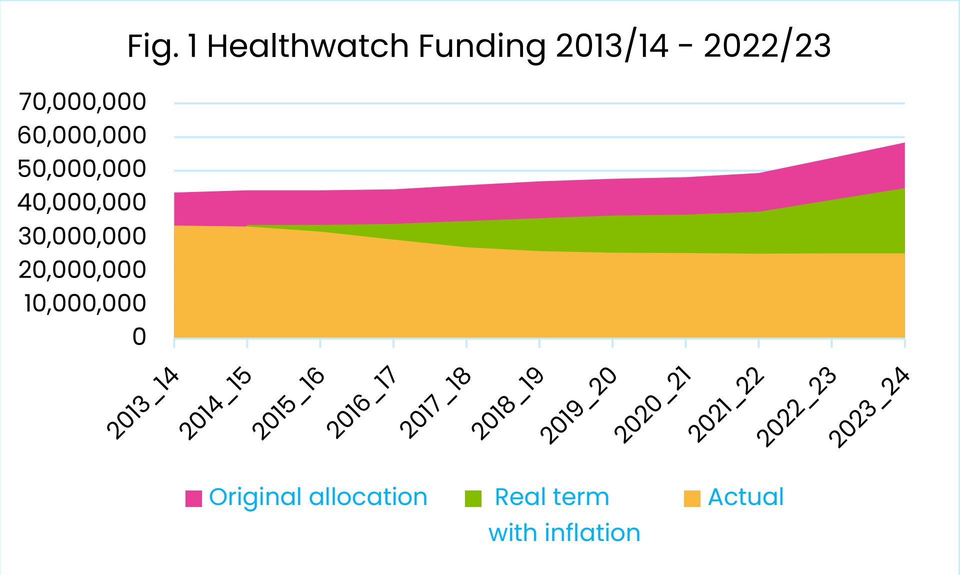
The erosion of capacity, the looming threat of diminished nationwide coverage — a pillar of our strength —and the disparities in commissioning and delivery, collectively undermine the hard-earned successes of Healthwatch. Indeed, these challenges jeopardise individual Healthwatch's ability to fulfil their statutory purpose. This, in turn, has a ripple effect on our functions, as we heavily rely on the insights generated by local Healthwatch across the country to inform national policy.

Recognising the urgency of the situation, we believe there is a limited window for decisive action to secure our future. We have begun conversations with local Healthwatch and other stakeholders to explore solutions but will require input from Government on these.

Any solutions will need to account for several factors:

Declining, inequitable budgets and weak market

- There have been long term budget reductions for local Healthwatch (figure 1). The total Healthwatch budget of £25.4m has seen no change between 2022/23 and 2023/24 – a real terms cut of £2.1 million. £43.4million was originally assigned to Healthwatch in 2013/14[3] – worth £58.4m in today’s money. This means the Healthwatch budget in 2023/24 is 43% what it was in 2013/14 in real terms. These figures demonstrate the disparity between the envisaged support and the reality facing Healthwatch providers in 2024.



- Some Healthwatch have experienced a disproportionate level of cuts (Appendix 1). This has affected the original equitable distribution of Healthwatch funding[4] and consistency in delivery across the network. Ten local authorities fund Healthwatch at levels falling significantly below half of the amount stated by the Department of Health & Social Care as the expected threshold[5]. 23 Healthwatch deliver their statutory functions on budgets of £100,000 or less with just two or less full-time equivalent staff.

- Unattractive budgets fail to entice new providers. One local authority in 2023 was unable to appoint a provider, with impending reports of similar situations which underscore a precarious future for Healthwatch's coverage. In the past five years we are aware of only three new providers anywhere in England. When contracts are exchanged, it is between existing providers, often outbidding each other and resulting in reduced capacity. Aside from Healthwatch which are jointly commissioned, there are at least four Lead Officers who each, by necessity, cover two Healthwatch, diminishing their capacity to have influence.

- Healthwatch are taking counter measures to improve their funding. 55 Healthwatch reported generating more than £10,000 in 2022/23 – but they also report that the driving factor is to supplement resources for delivery of core services, potentially diverting staff from their essential, independently determined work.

Integrated Care Systems (ICSs)

The development of ICSs means local Healthwatch need to work both within their local authority boundary and with their ICS. People and Communities guidance issued by NHS England[6] recognises that Healthwatch are not ordinarily funded to carry out this work at system level and each ICS should consider what additional support is needed.

- Somerset is the first jointly commissioned Healthwatch between a local authority and an ICS. We are aware of other areas considering a similar approach.
- Local Healthwatch reported receiving an increase in funding from £1m in 2021/22 to £1.45m in 2022/23 by Integrated Care Systems (ICS). However, only a select number of Healthwatch are benefiting, adding to the increased variation across the country and within ICS footprints with multiple Healthwatch. Of the 44 ICSs, 16 are not providing funding to Healthwatch.
- There is a mixed picture around support for Healthwatch in the 23 ICS areas with more complex footprints, involving three or more Healthwatch. 13 such ICSs provide no funding to support coordination and representation.

Commissioning trends

- Over the history of Healthwatch we have seen an increasing trend in joint commissioning with 23 local authorities currently jointly commissioning 10 providers of Healthwatch, with a further 12 likely in the pipeline.
- Variable commissioning practice saw 12 local authorities issue contracts of a year or less which create an environment of instability, impeding staff retention and hindering delivery of essential projects and achieving impact.
- Local authorities are increasingly awarding contracts to multiple providers of Healthwatch. In 2023/24, 21 providers deliver the service for 73 Healthwatch.

Standards and consistency

- While the responsibility for commissioning and overseeing the effectiveness of local Healthwatch lies with individual local authorities, Healthwatch England has implemented various measures to bolster standards, offering support to both local authorities and Healthwatch providers[7].
- While these measures are a positive step, additional intervention, including the implementation of more stringent standards, may surpass our current statutory mandate and resources. In the existing model, our efficacy relies heavily on the collaboration of both local authorities and Healthwatch providers, exposing us to the inherent risks as the ultimate custodian of the Healthwatch brand.

What needs to happen next?

Act now to safeguard achievements and build for the future

England is a global frontrunner in public experience driving health and care improvement. Since 1976[8], we have had a statutory body to support public and patient involvement[9]. The establishment of Healthwatch in 2013 incorporated different elements from previous models. Over our ten-year history, we've evolved to be seen as a trusted and influential "critical friend" to the health and care sector.

In the absence of transformation, we face the danger of, at best rapid fragmentation, and at worst complete collapse. We need to act now to safeguard the invaluable progress we've made and reinvigorate Healthwatch so we can be fit to lead public involvement into the next decade and beyond.

We are calling for the following:

1. **Funding for the Healthwatch network to return to at least 2019 levels in real terms and for this to be ringfenced.** Returning Healthwatch funding to at least 2019 levels would represent a budget upwards of £36 million, compared to £25.4 million in 2023/24. Crucially, this budget should be protected through ringfencing to avoid the top slicing of Healthwatch funding that we see across many local authorities.
2. **A review of the Healthwatch England funding model.** The current trajectory is unsustainable, risking the ability of the Healthwatch network to carry out its statutory function. Government should work with us to scope

new ideas, based on those we will present to the Department of Health & Social Care following engagement with local Healthwatch.

3. **The establishment of a commissioning framework.** The introduction of a commissioning framework would not only provide structured support to local authorities, but also actively involve other stakeholders, such as Healthwatch England and Integrated Care Boards, in the commissioning process. This involvement is crucial to ensure the effectiveness of Healthwatch services, address disparities, and allow for local flexibility. The Department of Health and Social Care should use its existing powers to issue guidance to support consistent commissioning.

Appendix 1: Healthwatch funding 2023/24

Local authority	2022/23	2023/24	% change	Notes
Barking and Dagenham	£115,088	£115,088	0%	
Barnet	£121,478	£112,650	-7%	
Barnsley	£150,000	£150,000	0%	
Bath and North East Somerset	£83,622	£80,000	-4%	
Bedford Borough	£95,840	£103,985	9%	
Bexley	£100,000	£100,000	0%	
Birmingham	£407,207	£407,207	0%	
Blackburn with Darwen	£133,650	£133,700	0%	
Blackpool	£61,550	£61,550	0%	
Bolton	£153,000	£125,000	-18%	
Bournemouth, Christchurch and Poole	£103,052	£104,448	1%	Jointly commissioned with Dorset; working as Healthwatch Dorset
Bracknell Forest	£64,439	£64,439	0%	Jointly commissioned with Slough, Windsor and Maidenhead
Bradford and District	£180,000	£196,000	9%	
Brent	£127,861	£121,347	-5%	
Brighton & Hove	£178,600	£178,600	0%	
Bristol	£114,535	£119,506	4%	Jointly commissioned with North Somerset and South Gloucestershire
Bromley	£74,000	£74,000	0%	
Buckinghamshire	£184,320	£190,975	4%	
Bury	£122,000	£122,000	0%	
Calderdale	£152,134	£102,134	0%	There is a correction to the figure provided for 2022/23 in the previous report (2023). This figure of £152,134 included funding of £50,000 for the provision of independent advocacy services, which are separate to Healthwatch services. The figure of £102,134 for 2023/24

				therefore is represented as no change
Cambridgeshire	£287,602	£302,557	5%	Jointly commissioned with Peterborough
Camden	£187,000	£187,000	0%	
Central Bedfordshire	£161,252	£161,252	0%	
Cheshire East	£151,126	£151,126	0%	Jointly commissioned with Cheshire West
Cheshire West	£151,126	£151,126	0%	Jointly commissioned with Cheshire East
City of London	£92,722	£92,722	0%	
Cornwall	£300,000	£300,000	0%	
County Durham	£180,600	£183,704	2%	
Coventry	£201,000	£201,000	0%	
Croydon	£152,000	£151,000	-1%	
Cumberland	£146,945	£173,117	N/A	From 1 April 2023, Cumbria Council was replaced by two unitary authorities: Cumberland and Westmorland and Furness. The figure for Cumbria of £267,173 has been apportioned in line with the amounts allocated by each of the two new unitary authorities
Darlington	£76,709	£76,709	0%	
Derby	£235,000	£235,000	0%	
Derbyshire	£321,114	£321,114	0%	
Devon	£350,000	£348,573	0%	Jointly commissioned with Plymouth and Torbay
Doncaster	£176,000	£176,000	0%	
Dorset	£97,480	£97,480	0%	Jointly commissioned with Bournemouth, Christchurch and Poole; working as Healthwatch Dorset
Dudley	£206,000	£218,360	6%	
Ealing	£120,000	£120,000	0%	
East Riding of Yorkshire	£172,697	£172,696	0%	
East Sussex	£376,000	£364,470	-3%	
Enfield	£144,973	£144,973	0%	

Essex	£420,000	£420,000	0%	
Gateshead	£140,250	£140,250	0%	
Gloucestershire	£212,252	£214,452	1%	
Greenwich	£140,000	£145,000	4%	
Hackney	£150,000	£150,000	0%	
Halton	£121,715	£133,726	10%	
Hammersmith & Fulham	£122,000	£110,000	-10%	
Hampshire	£249,518	£249,518	0%	
Haringey	£152,000	£152,000	0%	
Harrow	£65,000	£65,000	0%	
Hartlepool	£116,150	£121,958	5%	
Havering	£117,359	£117,359	0%	
Herefordshire	£140,000	£140,000	0%	
Hertfordshire	£401,603	£429,715	7%	
Hillingdon	£158,000	£158,000	0%	
Hounslow	£84,667	£84,667	0%	
Isle of Wight	£153,000	£153,000	0%	
Isles of Scilly	£45,480	£48,891	8%	
Islington	£156,100	£156,098	0%	
Kensington and Chelsea	£153,685	£149,589	-3%	Jointly commissioned with Westminster
Kent	£511,000	£507,131	-1%	
Kingston Upon Hull	£135,817	£135,817	0%	
Kingston upon Thames	£122,000	£122,000	0%	
Kirklees	£185,000	£185,000	0%	
Knowsley	£171,000	£171,000	0%	
Lambeth	£242,115	£219,645	-9%	
Lancashire	£322,000	£322,446	0%	
Leeds	£374,000	£374,400	0%	
Leicester	£142,705	£149,714	5%	Jointly commissioned with Leicestershire
Leicestershire	£157,285	£149,714	-5%	Jointly commissioned with Leicester
Lewisham	£105,000	£105,000	0%	
Lincolnshire	£299,600	£299,600	0%	
Liverpool	£409,259	£409,259	0%	
Luton	£122,000	£122,000	0%	
Manchester	£140,000	£147,000	5%	
Medway	£121,550	£121,550	0%	
Merton	£125,000	£125,000	0%	

Middlesbrough	£92,500	£92,500	0%	Jointly commissioned with Redcar and Cleveland
Milton Keynes	£158,644	£173,644	9%	
Newcastle	£209,179	£228,667	9%	
Newham	£124,000	£112,650	-9%	
Norfolk	£355,300	£355,300	0%	
North East Lincolnshire	£112,340	£112,340	0%	
North Lincolnshire	£115,640	£113,325	-2%	
North Northamptonshire	£97,500	£97,500	0%	Jointly commissioned with West Northamptonshire
North Somerset	£57,268	£54,450	-5%	Jointly commissioned with Bristol and South Gloucestershire
North Tyneside	£151,970	£166,924	10%	
North Yorkshire	£167,460	£167,460	0%	
Northumberland	£200,000	£200,000	0%	
Nottingham	£108,000	£108,000	0%	
Nottinghamshire	£198,000	£198,000	0%	
Oldham	£135,000	£139,200	3%	
Oxfordshire	£290,833	£290,833	0%	
Peterborough	£187,500	£196,875	5%	Jointly commissioned with Cambridgeshire
Plymouth	£114,200	£115,427	1%	Jointly commissioned with Devon and Torbay
Portsmouth	£116,432	£112,107	-4%	
Reading	£100,000	£98,386	-2%	
Redbridge	£116,309	£116,400	0%	
Redcar & Cleveland	£92,500	£92,500	0%	Jointly commissioned with Middlesbrough
Richmond upon Thames	£146,000	£146,000	0%	
Rochdale	£136,066	£140,000	3%	
Rotherham	£108,911	£108,911	0%	
Rutland	£72,600	£72,600	0%	
Salford	£166,520	£166,520	0%	
Sandwell	£180,250	£180,250	0%	
Sefton	£143,281	£143,281	0%	
Sheffield	£209,952	£209,952	0%	
Shropshire	£144,198	£144,000	0%	
Slough	£64,439	£64,439	0%	Jointly commissioned with Bracknell Forest,

				Windsor and Maidenhead
Solihull	£155,322	£155,322	0%	
Somerset	£191,912	£191,192	0%	
South Gloucestershire	£57,268	£55,114	-4%	Jointly commissioned with Bristol and North Somerset
South Tyneside	£114,995	£121,895	6%	
Southampton	£133,260	£133,260	0%	
Southend	£119,995	£119,095	-1%	
Southwark	£155,000	£155,000	0%	
St Helens	£145,427	£145,427	0%	
Staffordshire	£215,000	£199,000	-7%	
Stockport	£150,000	£165,000	10%	
Stockton-on-Tees	£130,000	£129,997	0%	
Stoke-on-Trent	£128,000	£91,749	-28%	
Suffolk	£436,500	£414,500	-5%	
Sunderland	£155,250	£163,797	6%	
Surrey	£477,143	£487,591	2%	
Sutton	£89,962	£89,979	0%	
Swindon	£107,000	£107,000	0%	
Tameside	£115,600	£115,600	0%	
Telford & Wrekin	£100,000	£100,000	0%	
Thurrock	£125,186	£131,987	5%	
Torbay	£95,800	£96,000	0%	Jointly commissioned with Devon and Plymouth
Tower Hamlets	£149,965	£149,965	0%	
Trafford	£124,500	£128,858	4%	
Wakefield	£211,295	£231,157	9%	
Walsall	£190,450	£190,450	0%	
Waltham Forest	£111,690	£111,690	0%	
Wandsworth	£185,810	£167,229	-10%	
Warrington	£146,000	£160,600	10%	
Warwickshire	£227,427	£243,000	7%	
West Berkshire	£98,000	£97,161	-1%	
West Northamptonshire	£97,500	£97,500	0%	Jointly commissioned with North Northamptonshire
West Sussex	£230,899	£234,694	2%	

Westminster	£153,685	£153,554	0%	Jointly commissioned with Kensington and Chelsea
Westmorland and Furness	£120,228	£141,641	N/A	From 1 April 2023, Cumbria Council was replaced by two unitary authorities: Cumberland and Westmorland and Furness. The figure for Cumbria of £267,173 has been apportioned in line with the amounts allocated by each of the two new unitary authorities
Wigan and Leigh	£200,000	£200,000	0%	
Wiltshire	£179,619	£179,000	0%	
Windsor, Ascot & Maidenhead	£64,439	£64,439	0%	Jointly commissioned with Bracknell Forest, Slough
Wirral	£170,000	£170,000	0%	
Wokingham	£108,141	£115,711	7%	
Wolverhampton	£169,000	£168,950	0%	
Worcestershire	£265,000	£289,000	9%	
York	£105,580	£115,610	10%	
TOTAL	£25,374,472	£25,495,262	0.41%	

References

1. Funding for local Healthwatch is from two sources: The Local Reform and Community Voices (LRCV) grant and through the local government finance settlement, overseen by the Department of Levelling Up, Housing and Communities.

2. Exploring the work and organisation of local Healthwatch in England: a mixed methods ethnographic study. (2022) Giulia Zoccatelli, Amit Desai, Glenn Robert, Graham Martin, Sally Brearley. King's College.

3. Comprising reallocation of £27 million for Local Involvement Networks; £3.2m from the Learning Disability and Health Reform Grant and £13.3 million new funding for the Local Reform and Community Voices Grant

4. Allocation of the LRCV grant is based on the Adult Social Care Relative Needs Formula

5. DHSC in the Local Authority Social Services Letter sets out he expectation that the LRCV constitutes the smaller part (i.e. under half) of the overall funding allocated to Healthwatch.

6. People and Communities NHS England (2022)

7. We support local authorities by reviewing tender specifications to check compliance with the legislation and regulations and share practice examples; we introduced a self-assessment 'Quality Framework' for Healthwatch providers to evaluate their effectiveness; we've led programmes to improve data quality and support effective working between Healthwatch providers and ICSs.

8. Community Healthwatch Councils operated between 1976-2002. The Commission for Patient and Public Involvement in Health and Patient and Public Involvement Forums operated between 2003-2007. Local Involvement Networks (LINKs) operated between 2008-2013.

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