

State of support

Funding for local Healthwatch 2018-19



About this briefing

Healthwatch is the independent champion for people who use health and social care.

Across England, there are 152 local Healthwatch services. Their statutory role is to find out what people want from health and care and to share these views with those running services to help make them better. Local Healthwatch also provide people with information and advice about services.

Our work is funded by the Department of Health and Social Care, which makes money available to local councils so they can commission an effective local Healthwatch service.

To enable the Department to track what is happening to its investment, each year we analyse the funding received by local Healthwatch to carry out their work.

This briefing provides details on the funding available to local Healthwatch for 2018-19, as well as trends in overall funding since Healthwatch was established in 2013-14.

Key Messages

- Demand for Healthwatch services continues to rise, with the network supporting more people to have their say (up 65,000 year on year) and doing more than ever to ensure these views lead to positive changes.
- While demand is increasing, both from people and from professionals seeking our help, investment in our work to understand what people really want from care has fallen by over a third (35 per cent) since 2013.
- This falling investment in the NHS and social care's single biggest source of user insight is happening at a time when services are undergoing significant change.
- Never has it been more important to invest in user research to help ensure the improvements being introduced are informed by what people want and need.
- We are concerned that cuts in specific areas could put the Healthwatch service at risk, denying local communities an independent champion to raise their concerns.
- We are addressing this issue in the short-term by:
 - Supporting local authorities to commission an effective Healthwatch service;
 - Putting in place the tools communities need to monitor the quality and impact of their Healthwatch; and
 - Exercising our statutory powers where the viability of a service is at risk.



Headline numbers for 2018-19

- The 152 Healthwatch in England are projected to collectively receive £26,064,086 from local authorities to carry out their statutory activities in 2018-19.
- Reported funding for local Healthwatch has therefore fallen by 4.3 per cent when compared to the £27,230,687 they received in 2017-18.
- This is an improvement on our early estimates, which had suggested budgets would fall by as much as 10 per cent.
- However, the reported funding reductions affecting local Healthwatch are concentrated in just a third (56) of services.
- Local Healthwatch affected are facing an average cut of 10.4 per cent.
- 18 local Healthwatch have seen their funding fall above the average, with some seeing funding reduced by almost 50 per cent this year.
- There are signs that continued reductions to funding are having a significant impact on staffing. Data provided by local Healthwatch indicates that the number of full time equivalent posts across the network has fallen by 22 per cent over the last two years.
- Despite this, local Healthwatch collectively engaged over 400,000 people last year, 65,000 more than the previous year.
- Almost three quarters of the network (72 per cent) report they are now regularly approached by health and social care stakeholders for patient and user insight.

In Focus: Impact on staff resources

On the surface, staff resourcing across the network looks positive. Headcount has gone up over the last year reaching about 885 paid staff across England.

However, when we dig deeper we see that the majority of these posts are now part-time.

The total staff resource in terms of full-time equivalent posts has fallen by 22 per cent over the last two years, representing a big reduction in the capacity of the workforce.

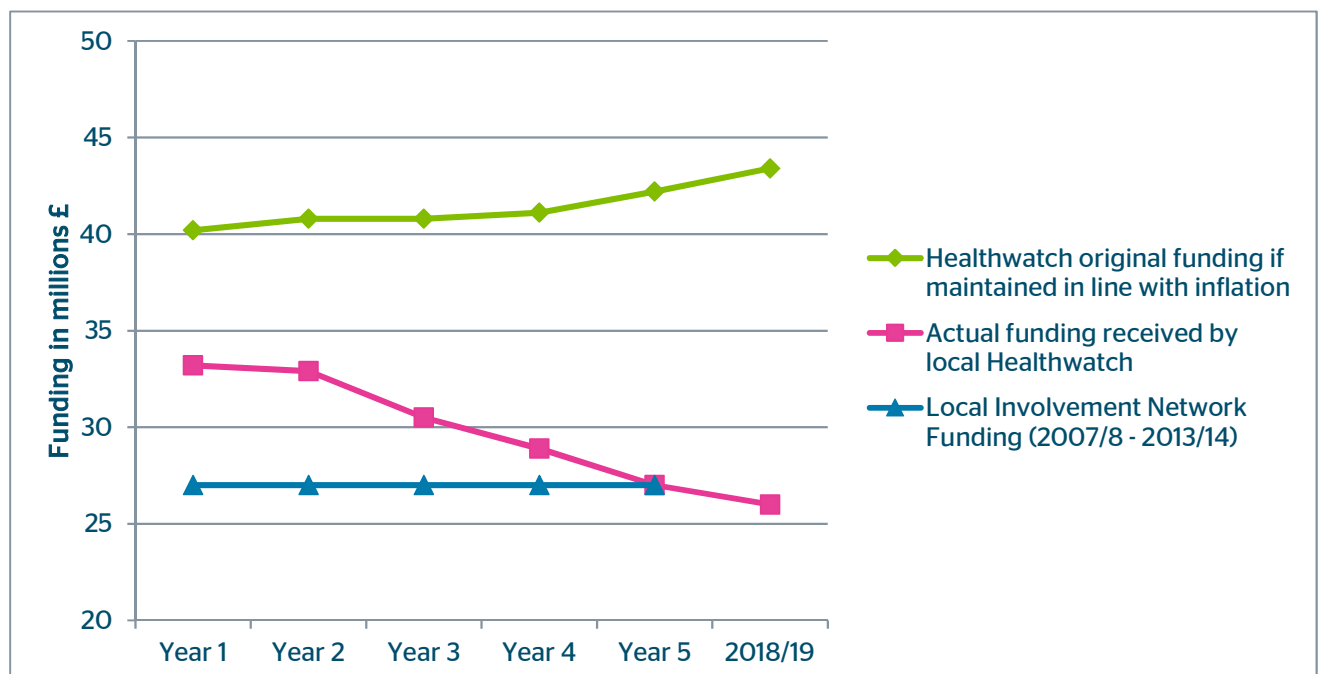
	2015-16	2017-18
Total FTE staff	525	408
Average FTE staff	4.4	3.6
Survey response rate	79 per cent	76 per cent

Figures above taken from the Healthwatch network annual data return. We have compared 2015/16 results with 2017/18 as the responses rates for the FTE staff questions are more comparable.



Changes to funding since Healthwatch was set up

- The original allocation made by the Department of Health and Social Care to fund local Healthwatch in 2013-14 was £40.3 million¹
- This means that reported funding for 2018-19 is 35.3 per cent less than was deemed necessary to run local Healthwatch services when the legislation establishing the network was passed.
- Spending on the NHS during the same period has risen from £116.5 billion² to £126.4 billion³, an 8.5 per cent increase.
- 86 local Healthwatch (57 per cent of the network) now receive less funding than their predecessor organisations did, despite providing more services to the public⁴.



¹ A total of £43.5 million was allocated for Healthwatch by the Department of Health for the first year but this included £3.2 million to support with initial set-up costs.

² <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>

³ <https://www.health.org.uk/sites/health/files/AutumnBudgetWhatItMeans.pdf#page=3>

⁴ The Health and Social Care Act 2012 replaced the Local Involvement Networks (LINKs) with Healthwatch. As well as picking up the responsibilities of the LINKs, Healthwatch were also given responsibility for additional statutory functions including providing information and advice about local health and social care services.



Early analysis of impact on local Healthwatch

Establishing the precise impact of budget reductions on local Healthwatch services is not straightforward. This is partly because the national figures hide local impact, but also because local Healthwatch are constantly finding new ways to do more with less.

However, to help provide the Department of Health and Social Care with a more detailed understanding, we have analysed the trends across four key indicators which help to show the resources available to a Healthwatch and the subsequent volume of insight they are able to generate.

1. The number of staff they employ (FTE posts)
2. The number of volunteers they recruit and support
3. The number of people they engage
4. The number of insight reports they share with health and social care services.

It is worth noting that local Healthwatch vary significantly in the size and diversity of the communities they serve. This has an effect on how they do their job. To carry out the analysis we therefore split the network into four even quarters based on population size.

For each group we looked at average scores for each of the four indicators and compared this with the scores for those Healthwatch who had received higher than average funding reductions over the last five years.

Impact on Healthwatch serving areas with the largest populations:

- When we look at the Healthwatch serving the largest populations, it seems those subject to significant cuts have tried to offset this by recruiting more volunteers.
- This means they have been able to continue to engage with roughly the same number of people as similar sized Healthwatch who have not had to face the same sort of funding reductions.
- Where the money does appear to have had an impact is on their ability to produce reports about people's experiences of care. Healthwatch subjected to above average cuts generated half as many reports as the average Healthwatch in the last year.
- While the use of volunteers is clearly enabling these Healthwatch to continue gathering evidence, the reduced capacity in paid staff appears to be limiting their capacity to turn this into insight that can be used by the health and care system.

Impact on Healthwatch serving areas with the smallest populations:

- Funding reductions do not seem to have had the same impact the Healthwatch serving the smaller populations.
- Overall these Healthwatch have managed to continue to produce the same volume of reports as others in their cohort who have not received such significant cuts.



- However, where the funding has had an impact is on the number of people they are able to engage, which has fallen by 74 per cent. This is potentially affecting the quality and breadth of the insight they are able to generate.

Reducing the impact of cuts

Under the Health and Social Care Act 2012, Healthwatch England has a statutory responsibility to ensure the quality of the Healthwatch network.

As part of our new strategy, we want to ensure that every community has an effective and independent champion for health and care in place, which can help services hear and act on what matters most to local people.

To deliver this commitment, our activity in 2018-19 has included:

Support for commissioners

Support for local authorities on how to commission an effective local Healthwatch service. This includes one-to-one advice, learning events and updated guidance.

Monitoring quality and impact

Introducing a new approach to help communities, local authorities and Healthwatch monitor the quality and impact of local Healthwatch services.

Use of statutory powers

Taking action when a local Healthwatch believes that a proposed budget reduction may lead to it being unable to fulfil its statutory functions adequately.

In these instances, we work with both the Healthwatch and local authority concerned to find a resolution and, if necessary, use our statutory powers to try and resolve the issue.

The data we gathered

The figures in this briefing are based on financial and performance information supplied to Healthwatch England by local Healthwatch between July and August 2018.

Where information has not been supplied, we have used the previous figures provided by the local Healthwatch.

It is worth noting that the funding made available to individual Healthwatch services can be subject to changes during the financial year. Because of this it is important to note that funding figures for some services may have decreased or increased since the information was provided.



Please note: On the following table boxes marked in pink indicate a year-on-year funding reduction of more than 10.4 per cent.

What does funding look like in my area? *

Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Barking and Dagenham	£113,591	£131,126	-13.4%
Barnet	£128,000	£128,000	0.0%
Barnsley	£150,000	£150,000	0.0%
Bath and North East Somerset	£80,000	£80,000	0.0%
Bedford Borough	£93,380	£93,380	0.0%
Bexley ¹	£100,000	£104,164	-4.0%
Birmingham	£445,382	£445,382	0.0%
Blackburn with Darwen	£165,000	£165,000	0.0%
Blackpool	£58,000	£58,000	0.0%
Bolton	£175,000	£175,000	0.0%
Bracknell Forest	£65,000	£65,000	0.0%
Bradford and District	£180,000	£180,000	0.0%
Brent	£149,000	£140,000	6.4%
Brighton and Hove	£190,000	£199,000	-4.5%
Bristol	£160,720	£198,912	-19.2%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Bromley	£80,181	£85,000	-5.7%
Bucks	£170,000	£187,500	-9.3%
Bury	£122,000	£122,000	0.0%
Calderdale	£78,000	£51,000	52.9%
Cambridgeshire	£287,602	£287,602	0.0%
Camden	£200,000	£218,815	-8.6%
Central Bedfordshire	£144,200	£144,200	0.0%
Central West London	£450,000	£450,000	0.0%
Cheshire East ²	£168,503	£168,503	0.0%
Cheshire West and Chester ³	£167,487	£167,487	0.0%
City of London ⁴	£55,000	£54,678	0.6%
Cornwall	£300,000	£300,000	0.0%
County Durham ⁵	£197,500	£197,125	0.2%
Coventry	£195,616	£195,616	0.0%
Croydon	£185,154	£206,000	-10.1%
Cumbria	£250,173	£250,173	0.0%
Darlington	£73,000	£78,000	-6.4%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Derby	£235,000	£235,000	0.0%
Derbyshire	£320,000	£321,114	-0.3%
Devon	£390,995	£410,000	-4.6%
Doncaster	£213,000	£225,130	-5.4%
Dorset	£372,030	£402,030	-7.5%
Dudley	£206,000	£206,000	0.0%
Ealing	£140,000	£140,000	0.0%
East Riding of Yorkshire	£160,000	£160,000	0.0%
East Sussex	£376,000	£374,000	0.5%
Enfield	£204,525	£218,666	-6.5%
Essex ⁶	£420,000	£420,000	0.0%
Gateshead	£150,000	£150,000	0.0%
Gloucestershire	£209,907	£219,907	-4.5%
Greenwich	£129,000	£129,000	0.0%
Hackney	£150,000	£159,000	-5.7%
Halton	£121,715	£134,715	-9.7%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Hampshire ⁷	£249,518	£309,517	-19.4%
Haringey	£160,000	£160,000	0.0%
Harrow	£75,000	£75,000	0.0%
Hartlepool	£129,056	£129,056	0.0%
Havering	£117,359	£117,359	0.0%
Herefordshire	£140,000	£140,000	0.0%
Hertfordshire	£376,593	£376,593	0.0%
Hillingdon	£156,000	£166,250	-6.2%
Hounslow	£85,000	£85,000	0.0%
Isle of Wight ⁸	£147,000	£151,500	-3.0%
Isles of Scilly	£45,507	£45,507	0.0%
Islington	£155,000	£165,000	-6.1%
Kent	£511,000	£511,000	0.0%
Kingston upon Hull ⁹	£161,000	£177,443	-9.3%
Kingston upon Thames	£122,000	£122,000	0.0%
Kirklees	£185,000	£185,000	0.0%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Knowsley	£171,000	£171,000	0.0%
Lambeth	£225,115	£225,115	0.0%
Lancashire	£406,588	£438,000	-7.2%
Leeds	£374,000	£374,000	0.0%
Leicester	£143,086	£192,000	-25.5%
Leicestershire	£156,570	£187,391	-16.4%
Lewisham	£107,428	£107,428	0.0%
Lincolnshire	£299,600	£300,000	-0.1%
Liverpool	£401,543	£401,543	0.0%
Luton	£119,325	£128,876	-7.4%
Manchester	£80,000	£80,000	0.0%
Medway	£128,000	£128,770	-0.6%
Merton	£125,000	£125,000	0.0%
Middlesbrough	£85,000	£113,373	-25.0%
Milton Keynes	£158,644	£158,644	0.0%
Newcastle	£207,578	£210,078	-1.2%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Newham	£120,000	£120,000	0.0%
Norfolk	£338,000	£458,000	-26.2%
North East Lincolnshire	£112,340	£109,218	2.9%
North Lincolnshire	£115,640	£121,000	-4.4%
North Somerset	£119,300	£125,179	-4.7%
North Tyneside	£131,898	£148,953	-11.4%
North Yorkshire	£142,460	£142,459	0.0%
Northamptonshire	£195,000	£245,000	-20.4%
Northumberland	£199,666	£199,000	0.3%
Nottingham	£138,000	£160,000	-13.8%
Nottinghamshire	£198,000	£198,000	0.0%
Oldham	£135,000	£138,700	-2.7%
Oxfordshire	£235,948	£235,948	0.0%
Peterborough	£187,500	£187,500	0.0%
Plymouth	£111,899	£111,899	0.0%
Portsmouth	£79,938	£79,938	0.0%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Reading	£110,500	£110,500	0.0%
Redbridge	£116,309	£150,000	-22.5%
Redcar and Cleveland	£85,000	£113,373	-25.0%
Richmond upon Thames	£146,000	£146,000	0.0%
Rochdale	£136,000	£136,000	0.0%
Rotherham ¹⁰	£156,735	£174,150	-10.0%
Rutland	£66,500	£66,282	0.3%
Salford	£166,000	£166,000	0.0%
Sandwell	£195,000	£195,000	0.0%
Sefton	£143,281	£143,281	0.0%
Sheffield	£209,960	£209,960	0.0%
Shropshire	£143,650	£191,487	-25.0%
Slough	£90,000	£90,000	0.0%
Solihull	£157,675	£157,573	0.1%
Somerset	£190,000	£198,000	-4.0%
South Gloucestershire	£100,000	£100,000	0.0%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
South Tyneside	£103,409	£103,409	0.0%
Southampton	£132,000	£130,000	1.5%
Southend	£121,500	£123,000	-1.2%
Southwark	£120,000	£120,000	0.0%
St Helens	£149,500	£149,614	-0.1%
Staffordshire ¹¹	£210,000	£415,109	-49.4%
Stockport ¹²	£88,000	£88,000	0.0%
Stockton-on-Tees	£130,000	£128,554	1.1%
Stoke ¹³	£162,500	£195,000	-16.7%
Suffolk	£484,014	£484,014	0.0%
Sunderland	£150,000	£150,000	0.0%
Surrey	£504,120	£504,141	0.0%
Sutton	£110,000	£110,000	0.0%
Swindon	£143,424	£143,424	0.0%
Tameside	£135,805	£115,000	18.1%
Telford and Wrekin	£100,000	£100,000	0.0%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Thurrock	£124,000	£124,000	0.0%
Torbay	£114,000	£125,000	-8.8%
Tower Hamlets	£179,716	£179,716	0.0%
Trafford	£118,500	£118,500	0.0%
Wakefield	£214,301	£217,268	-1.4%
Walsall	£150,800	£175,000	-13.8%
Waltham Forest ¹⁴	£135,000	£141,025	-4.3%
Wandsworth	£185,810	£197,512	-5.9%
Warrington	£129,999	£160,000	-18.8%
Warwickshire	£215,000	£262,000	-17.9%
West Berkshire	£108,924	£108,924	0.0%
West Sussex	£269,100	£262,600	2.5%
Wigan ¹⁵	£200,000	£200,000	0.0%
Wiltshire	£181,349	£190,000	-4.6%
Windsor, Ascot and Maidenhead	£65,000	£65,000	0.0%
Wirral	£170,000	£170,000	0.0%



Local Healthwatch	Funding 2018-19	Funding 2017-18	Percentage change
Wokingham	£102,507	£107,000	-4.2%
Wolverhampton	£194,289	£194,289	0.0%
Worcestershire	£289,000	£289,000	0.0%
York	£120,149	£117,520	2.2%
TOTAL	£26,064,086	£27,230,687	-4.3%

* Although local Healthwatch operate in 152 local areas, we only report funding for 148. This is because funding for Healthwatch Bournemouth, Dorset and Poole is combined under Healthwatch Dorset, and funding for Healthwatch Hammersmith and Fulham, Kensington and Chelsea, and Westminster is covered by Healthwatch Central West London.

A small number of local Healthwatch receive NHS complaints advocacy service funding which cannot be split out from funding to deliver Healthwatch statutory activities. Endnotes below indicate where this is the case.

1 2017/18 figure reported previously has been updated from £90,000 to £104,164.

2 2017/18 and 2018/19 figures include NHS complaints advocacy service funding which cannot be split out from funding to deliver statutory activities.

3 2017/18 and 2018/19 figures include NHS complaints advocacy service funding which cannot be split out from funding to deliver statutory activities.

4 2017/18 figure reported previously has been updated from £70,000 to £54,678.

5 2017/18 figure reported previously has been further updated from £147,675 to £197,125.

6 2017/18 figure has been updated from £680,000 to £420,000.

7 2017/18 figure reported previously has been updated from £303,075 to £309,517.

8 2017/18 figure reported previously covered funding from April 2017 to December 2017. The figure now covers funding from April 17 to March 2018.

9 2017/18 and 2018/19 figures include NHS Complaints Advocacy service funding which cannot be split out from funding to deliver statutory activities.

10 2017/18 and 2018/19 figures include NHS complaints advocacy service funding which cannot be split out from funding to deliver statutory activities.

11 2018/19 figure taken from tender notice.

12 2017/18 and 2018/19 figures do not include funding for advice and information statutory activities.

13 2018/19 figure covers funding from April 2018 to January 2019.

14 2017/18 figure reported previously has been updated from £141,000 to £141,025. 2017/18 and 2018/19 figures include NHS Complaints Advocacy service funding which cannot be split out from funding to deliver statutory activities.



15 2017/18 and 2018/19 figures include NHS Complaints Advocacy service funding which can't be split out from funding to deliver statutory activities.

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