

Local Healthwatch funding

- What we know
- What we've done and what we're doing
- What comes next
- Some collective challenges - what do you think?

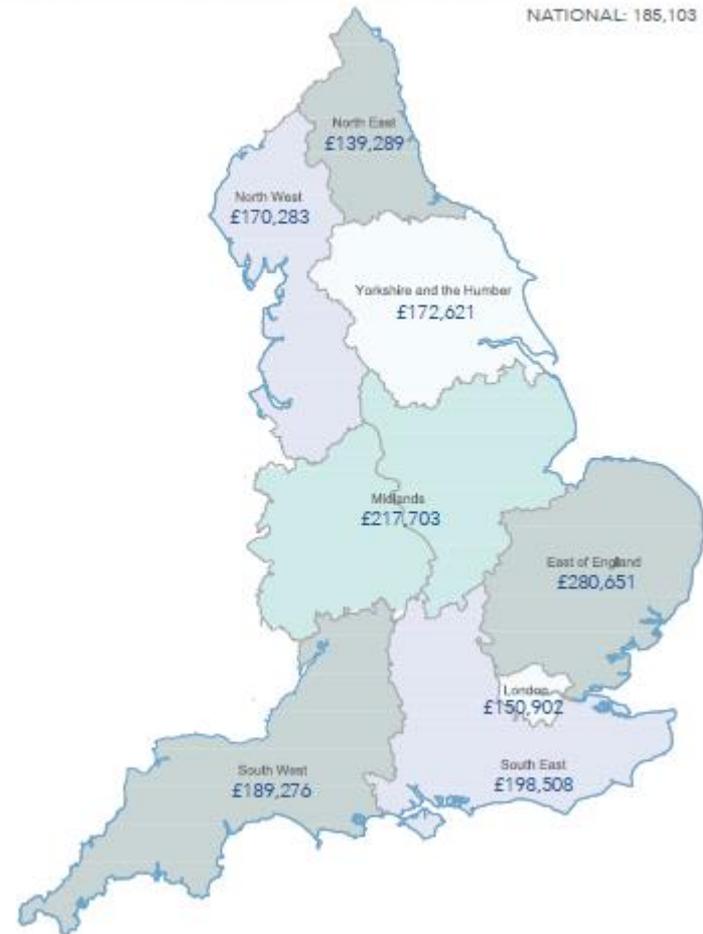
What local Healthwatch look like

- **Stand-alone organisations running a single contract**
Strong understanding and focus on local patch but more likely to have resource / capacity issues.
- **Multi-contract stand-alone organisations**
Broader scope for strategic thinking in work with the system but face challenges managing competing commissioner priorities.
- **Hosted local Healthwatch**
Access to wide range of skills and experience and improved resilience but challenge to the brand with Healthwatch sometimes seen as secondary function.

Funding

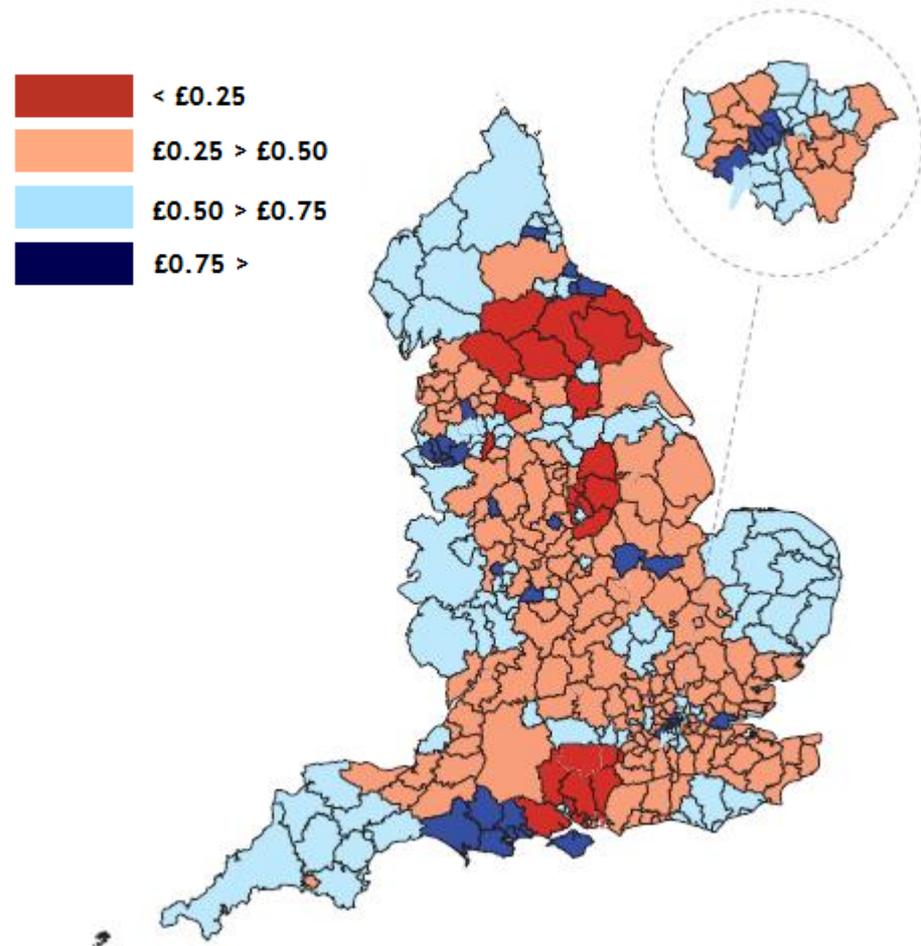
- Average funding fell by 6.9% in 2017/18 - but wide variation
- Overall reduction since 2013/14 now 37%
- Average amount a local Healthwatch receives £185k
- Two thirds expect further reductions in next 3 years
- 9 in 10 looking to take on commissioned work

AVERAGE LHW FUNDING BY REGION 2017/18



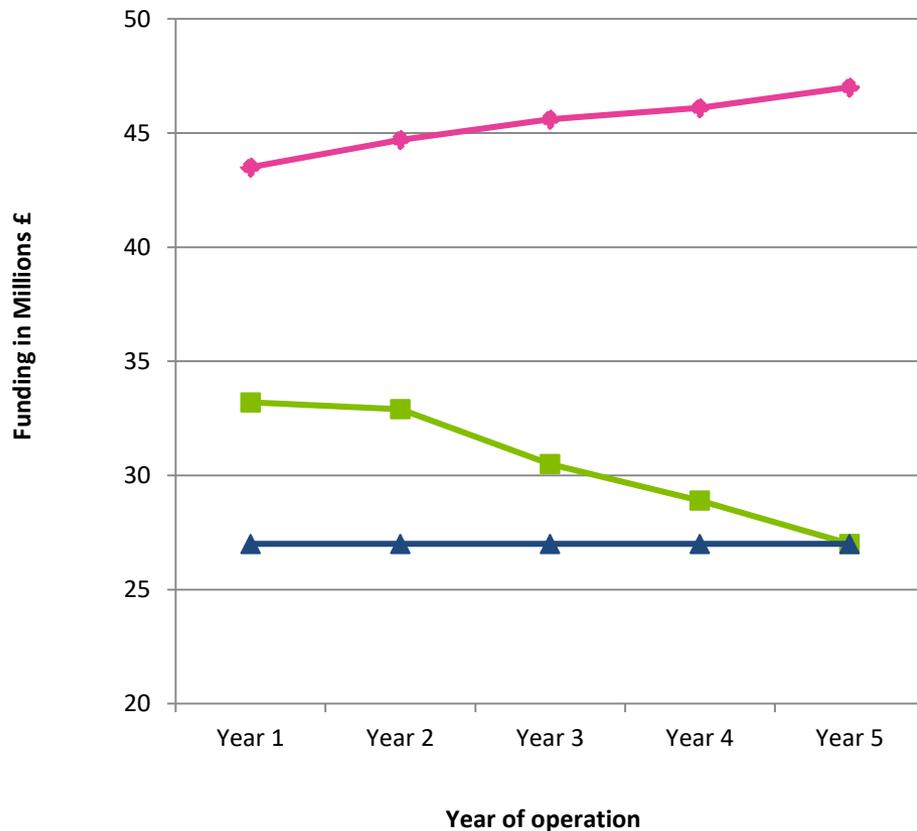
Funding

- The spend per head analysis shows significant variation in funding
- Expected to get worse in areas of deprivation as councils move from grant funding to council tax and business rates.



Funding

LINKs v Healthwatch Funding (first 5yrs)



◆ Healthwatch Network
(What the network would have received if original funding had been maintained - adjusted for inflation)

■ Healthwatch Network
(Actual funding)

▲ LINKs - Funding
maintained at a
consistent £27 million

Stakeholder view

- Local Healthwatch seen as distinct from the voluntary sector and internal engagement mechanisms within health and care
- Healthwatch also seen as strategic rather than operational
- However, stakeholders commented that local Healthwatch require additional leadership development to maximise role

Healthwatch England action

- New approach to use of advisory powers:
 1. We advise you and/or get involved in informal discussions to resolve the situation.
 2. If concerns remain, and if the Healthwatch concerned wants this, Imelda can write to senior council officer to explain that, the next step would be formal use of the advisory power - letter to the Leader and relevant publicity.
 3. Issue the formal advice letter and undertake appropriate media and stakeholder activity.
- Continuing work with commissioners, individually and in groups
- Strong messages in State of Support analysis, letter to Secretary of State and media coverage
- Using statutory power - Staffordshire publicity

Healthwatch England action

- Committee focused on the issue at January meeting
- Support for an effective network is a key strand of our new strategy:
 - Developing insight and impact
 - Right relationships with the right officers and elected officials
 - Being indispensable

Collective challenges

- How do we make the most of joint working when there's competition between you?
- Network benefits when everyone's funding is protected, but individual organisations accepting cuts to keep their contract or winning business by bidding at lower price than incumbents
- Healthwatch England has to protect the brand so we need a stable network
- We all want to demonstrate value for money and quality - but that has to include real connections with communities if it's to generate impact