

The Healthwatch Network: A National Picture of Key Trends

March 2024







Introduction

Our Future Focus sets out our ambition to enhance our effectiveness and strengthen the Healthwatch movement. Our entire network's success hinges on each Healthwatch's accomplishments. We must demonstrate our credibility to be listened to by the health and care system and make a compelling case for investment in Healthwatch, ensuring our sustainability for the future.

In line with these goals and to assess progress towards our strategic objective, Healthwatch England's National Committee requested the development of a 'State of the Network' report, consolidating information we collect from Healthwatch.

We have a lot to be proud of regarding the network's reach into different communities, the quality of work and impact it has had. We have selected six indicators, some of which use proxy measures, which are shown below as a balanced scorecard. As well as information on each indicator, including areas with challenges, we set out steps that Healthwatch can take and the actions we will take in 2024/25.

Balanced Score Card

<p>Impact</p> <p>Range and depth of impact evident – contributing to local, regional and national change.</p> <p>Overall increase in Healthwatch demonstrating impact.</p>		<p>Income Generation</p> <p>Some Healthwatch secure commissioned work, including funding from ICSs, though this may be used to subsidise core staff.</p> <p>75% of Healthwatch generate income over £1,000.</p> <p>Total £5m 22/23 – up from £3.5m 21/22</p>	
<p>Core Funding</p> <p>Overall funding remains at £25.4m. Most Healthwatch have experienced real terms cut, highlighting fragility of network foundations.</p>		<p>ICB Relationships</p> <p>Strong relationships with Integrated Care Systems (ICSs), with increased funding noted, albeit with regional variations</p>	
<p>Core activities</p> <p>Over a million individuals provided with information and signposting and 370,000 people shared their experiences with Healthwatch.</p> <p>Variation in the measures used by Healthwatch due to model makes it difficult to compare.</p> <p>Choice of priorities suggests increasing focus on tackling inequalities.</p>		<p>Data Sharing and Demographics</p> <p>The number of Healthwatch sharing data has more than doubled to 117 since introduction of new systems in April 2023.</p> <p>Some improvement in sharing of demographic data, but there is a need for further effort and support.</p>	

Demonstrating impact

Healthwatch plays a vital role in ensuring that decision-makers in health and care understand people's experiences. This understanding leads to improvements locally, nationally, and increasingly at the regional level through collaboration at ICS levels.

Our analysis of Healthwatch annual reports shows a significant improvement in outcome reporting, from 50% in 2020/21 to 92% in 2022/23.

Tackling inequalities comes out strongly in the work Healthwatch undertake. We will work with you throughout 2024/25 to deepen our understanding of the impact you achieve, enabling us to communicate your achievements effectively, including when advocating for investment.

Here are some of the diverse outcomes you achieved:

- **Influencing strategies and forward plans** - Healthwatch Gateshead's recommendations on children and young people were reflected in the area's joint commissioning strategy.
- **Improving local service quality** - The work of Healthwatch Milton Keynes on the experiences of neurodiverse people and vaccination led to service providers creating a new, bespoke vaccination team for families.
- **Supporting co-production** - Many Healthwatch reported their role in supporting co-production. For example, Healthwatch Sheffield worked with adults with learning disabilities and professionals to develop an 'adults with a disability' framework.
- **Future services and improved service specifications** - Healthwatch Dorset's report on dental access informed commissioning, including a child-friendly dental pilot practice and an additional 100 urgent care appointments every week for people who do not have a regular dentist.
- **Accessible Information Standard** - In collaboration with our Accessible Information Standard campaign, many Healthwatch reported local changes arising from their work. For example, Healthwatch York's work led to significant service changes to ensure recipients understand all correspondence.
- **Influencing at ICS level** - Work by Healthwatch Devon, Plymouth and Torbay on elective care waiting resulted in, among other changes, commitments to mitigate travel challenges faced by people, especially those who already face health inequalities.
- **Contributing to enhanced patient safety** - Healthwatch Birmingham helped bring attention to serious patient safety issues in local hospitals and was among the first to call for an independent investigation. Healthwatch

Barnsley's work on falls in care homes resulted in improvements to falls risk assessments.

- **Improved access to services** – Many Healthwatch cited examples of people being able to access care as a result of their information and signposting service, together with undertaking reviews of websites resulting in making it easier for people to find service information on a health centre's website.

Nationally

- **Maternal mental health** – Healthwatch Brighton and Hove, Cambridgeshire and Peterborough and Bristol each provided insight to inform our work on maternal mental health. This resulted in NHS updating guidance for GPs on six-week postnatal checks and ICBs on monitoring checks.
- **Dentistry** – Many Healthwatch have contributed to our work on dentistry. For example, Healthwatch Lincolnshire, along with us, gave evidence at the Health and Social Care Committee looking at dentistry – a crucial step towards the announcement of the Dental Recovery Plan, after our data drawn from local Healthwatch showed widening inequalities.

What are we doing?

- Meeting with individual Healthwatch to share our findings and support you in communicating your impact.
- Regularly informing you when we have used your reports or insight for our national work.
- Celebrating Healthwatch impact at our [National Awards on 11 March](#). Inviting applications in September for our National Awards 2025.

Relationships with ICSs and CQC

Healthwatch have fostered strong ties with ICSs, with 78% reporting your relationships as 'very effective' or 'somewhat effective'. Additionally, 67% of local Healthwatch are represented on Integrated Care Boards (ICBs), and 84% on Integrated Care Partnership (ICP) boards.

Investment from ICSs has increased by £0.5m since 2021/22 to a total of £1.5m in 22/23. This new source of income was used to fund various engagement and project work, and in some cases, funded hosted workers for coordinating project work and insight across local Healthwatch within an ICS footprint. However, funding distribution varies, with only 38% of Healthwatch receiving funding.

As for the CQC, given the recent structural changes and introduction of the single assessment framework, we paused the evaluation of your relationships with them for 2023/24.

Nationally, we brought Healthwatch together to discuss patient safety matters and what more we can do, in light of significant investigations such as East Kent, Shropshire, Nottingham and Morecambe Bay. As a result, we are introducing a new escalation process in Spring 2024 for your Healthwatch to raise matters with CQC, and if unresolved to your satisfaction, Healthwatch England.

What can your Healthwatch do?

- Communicate any concerns about local collaboration between your Healthwatch and CQC to your regional manager

What are we doing?

- We will communicate with ICBs in the spring to share how some ICBs are funding and working with Healthwatch.
- With CQC, we will set a baseline evaluation of the Healthwatch/CQC relationship in the first half of 2024/25 and use the results to target support.
- We will be reaching out to help you prepare for your role in CQC assessments of local authorities and ICSs.
- We are introducing an escalation process in spring 2024 for when your concerns remain unresolved.

Funding and commissioning

The overall budget for local Healthwatch for both financial years 2022/23 and 2023/24 stood at £25.4 million, representing a real-terms cut of £2.1 million once inflation is accounted for.

This perpetuates a concerning longer-term trend, with Healthwatch funding shrinking substantially from the original allocation of £43.4 million in 2013/14. This is highlighted in our latest [report on funding for local Healthwatch 2023-24](#).

Other trends in 2023/24 included:

- 29 new contracts.
- An increasing tendency for contract length to be at least three years.
- 23 local authorities jointly commissioned their Healthwatch.
- Somerset is the first jointly commissioned Healthwatch by the ICB and local authority.

Local Healthwatch raised over £5.4 million in additional income from various sources, including the NHS, charitable trusts, and commissioned work. This includes £1.2 million received from ICBs or ICPs. In total, this is £1.5 million more than the additional income received by local Healthwatch in 2021/22.

What are we doing?

- We have a programme of work to address the future sustainability of the network
- We continue to support local authorities with commissioning Healthwatch

Feedback and information and signposting

In total, local Healthwatch reported 373,371 people sharing their experiences with them and Healthwatch providing 1,021,785 people with information and advice in 2022/23.

There are variations in how data is collected – often driven by contractual requirements. Some approaches focus solely on information and signposting data while others incorporate data from proactive engagement, social media, and engagement platforms such as Care Opinion. This variation introduces challenges to national data analysis, potentially skewing results and leads to discrepancies in quality and completeness across datasets.

What are we doing?

- We will explore the introduction of a commissioning framework with local authorities to improve consistency.

Collaboration, current and future priorities

Healthwatch collaborate in several ways, including within ICS footprints. Collaborative projects supported by us include several Healthwatch sharing learning on projects on the quality and equality of care around maternity services and working with young people.

We asked you to tell us about your current and future project priorities. Improving access to primary care was the largest category with over half of Healthwatch, reflecting what we hear most about from the public nationwide. 46% of Healthwatch selected 'tackling inequalities' and 'seldom heard' as current or future priorities.

What are we doing?

- We will introduce an easy way for you to share and update your priorities to support collaboration and inform our national work by March 2025.
- We now offer regular opportunities for Healthwatch to discuss patient safety matters.

Data sharing up by 400%

Since the launch of new systems in March 2023, we've seen the number of Healthwatch sharing data leap from about 50 to 117 by January 2024. The gains are notable. We received 16,000 feedback items in January 2024 – a 400% increase from our old system.

Healthwatch data informs our monthly insight reports and was pivotal in our major report, [The public's perspective: the state of health and social care](#).

What can your Healthwatch do?

- If your Healthwatch has not yet shared data, book a session by emailing DataSharing@healthwatch.co.uk
- Regularly share your data with us.
- Please discuss with your regional manager any challenges you have with sharing your data and we will do our best to resolve them.

What are we doing?

- We have prioritised staff resources to onboard and support the remaining Healthwatch.
- We will introduce access for local Healthwatch to national, regional and ICS level statistical reporting on data supplied by local Healthwatch in 2024.
- We will strengthen how we share data collected through our website with the relevant local Healthwatch.

Demographic data

Collecting demographic data helps us all understand health inequalities and barriers to accessing services.

The number of Healthwatch sharing demographic data has increased from 10% in 2020 to 30% in 2024. While 70% of Healthwatch are confident in collecting such data for research and engagement, this drops to 44% for information and sign-posting due to factors like the type of engagement, caller stress and privacy concerns.

Of those Healthwatch reporting confidence in collection of demographic data, 24% did not share this data with us. We want Healthwatch to consider this mismatch and how to overcome barriers to sharing demographic data, which is vital to Healthwatch England's work.

What can your Healthwatch do?

- A reminder that we have asked you to report on demographics of your staff/board and volunteers by completing [the Annual Healthwatch Survey and Healthwatch People Diversity Survey](#).

What are we doing?

- Provision of e-learning, webinars, and opportunities for Healthwatch to share their approaches through peer networks.
- Our Research Team offer research clinics, including on how your Healthwatch collects demographic data.

Staffing and volunteers

While staffing levels have remained relatively stable at 574 full-time equivalent, funding constraints have led to staff reductions in 11% of Healthwatch and additional income may be subsidising core staffing costs.. There are 4,140 volunteers in the network – little change on 21/22 figures. The average Healthwatch has four staff members and 20 volunteers.

Healthwatch staff, volunteers and board members are at the centre of sharing learning and skills across the network whether through seven peer networks, training delivery or contributing to resource development. For example, Healthwatch Milton Keynes delivered 'Introduction to Enter and View', Healthwatch Redbridge delivered training on the Accessible Information Standard and Healthwatch Buckinghamshire on call handling.

Overall, we've seen a real commitment to learning and improvement with every Healthwatch participating in either a training webinar or e-learning opportunity.

What are we doing?

- Offering behind-the-scenes help if you face challenges such as relationship management or governance matters that impede your ability to fulfil contractual obligations.
- Commissioning Healthwatch to deliver training as part of our learning and development programme in 2024/25.

Our focus in 2024/25

- We'll continue our work to improve the future sustainability of the network. We'll feedback what we heard from Healthwatch and other stakeholders and call future meetings in spring 2024 to talk about potential proposals on the Healthwatch model.
- We'll announce the shared values that Healthwatch have helped to develop and provide opportunities to support embedding them across the network.
- We will continue to provide support through the Quality Framework.



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