

The value of Local Healthwatch



healthwatch

About Local Healthwatch

Who We Are:

Local Healthwatch are champions for people using health and social care services. There are over 150 local Healthwatch across the country. We make sure NHS leaders and other decision-makers listen to what people say and use that feedback to improve care. We also help the public find clear, reliable information and advice about health and care. Our goal is simple – to make health and care better for everyone.

What We Do:

- Support the public through advice and signposting.
- Gather real-time insight into public needs, experiences, and concerns.
- Share public feedback and evidence-based insights to improve planning, commissioning, and services.

Why We're Unique:

- **Community-led:** We listen directly to local people and make sure their experiences shape the way services are designed and delivered.
- **Partnership Working:** We work closely with the NHS, local councils, and voluntary organisations to make joined-up care a reality.
- **Insight-driven:** Our recommendations are based on real stories and data from our community engagement and research.
- **Rooted in the community:** Local Healthwatch are locally informed, so we understand the unique challenges and strengths of our areas.
- **Voice for all:** We make sure everyone, especially those who are seldom heard, have a say in shaping health and care.
- **Connected and consistent:** We're part of a national Healthwatch network, giving local voices influence at both local and national levels.

Our Impact

- We identify inequalities in health and social care and highlight how to address them.
- We provide the Integrated Care System (ICS) with meaningful public feedback to shape better services.
- We strengthen accountability and transparency across health and care organisations.
- We help partners meet their statutory duties around public engagement and consultation.

Legislative Background

NHS Reorganisation Act

1974

- Created Community Health Councils (CHCs).
- Marked the beginning of independent statutory services.
- Set a 51-year precedent for public involvement.

Local Government & Public Involvement in Health Act

2007

- Created Local Involvement Networks (LINKs).
- LINKs gathered views, influenced commissioning, and reported feedback.
- NHS complaints support outsourced to Carers Federation – costly and ineffective.

Health & Social Care Act Changes

2001

- Introduced Patient and Public Independent Forums (PPIFs).
- Established Commission for Patient & Public Involvement in Health (CPPIH).
- Separated independent complaints services from PPI structure.

Health & Social Care Act

2012

- Replaced LINKs with Healthwatch.
- Healthwatch became the independent consumer champion for health and social care.
- Established Healthwatch England under the Care Quality Commission (CQC).
- Expanded statutory functions: enter and view services, represent local views, make recommendations, and support Independent NHS Complaints Advocacy

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Organisational Background

Structure of Local Healthwatch

There are currently 153 local Healthwatch (LHW) in every area of England. They were introduced as part of the 2012 Health and Social Care Act.

Although some Healthwatch organisations are required to be social enterprises, there is no nationally mandated model for Local Healthwatch – creating a flexibility in terms of organisational arrangements.

Some local Healthwatch are jointly commissioned, with contracts and grants to deliver across two or more local authority areas.

- **Around 50% of LHW are individual ‘free-standing’ organisations** that solely or primarily deliver their Healthwatch contract. The other approximately 50% are what referred to as ‘hosted’ Healthwatch, where the contract is held by another named organisation that also delivers other things.
- **Of that 50% that are hosted**, around a third are hosted by an organisation that only holds that single Healthwatch contract. The other two-thirds of contracts are held by organisations that hold two or more Healthwatch contracts to deliver in different areas. A few examples of organisations that hold a larger number of contracts are The Advocacy People, People First Cumbria, or The Care Forum. Some local Healthwatch organisations have transitioned from being ‘free-standing’ organisations to establishing themselves as CICs, allowing them to deliver other work in their area.
- **Around 85% of local Healthwatch organisations receive additional funding** from Local Authorities, Integrated Care Boards (ICBs), Public Health, and third-party bodies to support activities beyond their statutory duties. However, the proportion of this additional funding varies widely. For many, it represents a relatively small share of their overall budget, while for a few, it exceeds 50% of their total funding.

The functional scope of each local Healthwatch is shaped by the specific demands of its area. According to King’s College London’s 2022 ethnographic study of local Healthwatch:

- **56.3%** of LHW engage with only one Clinical Commissioning Group.
- **82.3%** of LHW engage with only one Mental Health Trust.
- **62.5%** of LHW engage with only one Community Health Trust.
- **59.4%** of LHW engage with more than one Hospital Trust.

Funding Overview

Funding Sources

- 1. Local Reform and Community Voices Grant:** Department of Health & Social Care
- 2. Local Government Finance Settlement:** Ministry of Housing, Communities & Local Government

(Neither funding source is ringfenced, allocation is determined by local authorities)

- 3. Additional Funding Opportunities:** Local Healthwatch can also secure funding through commissioned work from Integrated Care Boards, Public Health, local authorities, and other third-party organisations.

(This funding can support work beyond statutory duties, provided it aligns with Healthwatch's remit and functions)

Funding Mechanism

Funding is distributed via the Adult Social Care Relative Needs Formula which supports local authorities in delivering the statutory functions of local Healthwatch, NHS Complaints Advocacy, and Deprivation of Liberty Safeguards.

Since 2014–15, Healthwatch England has tracked funding through annual surveys. Real-terms funding has declined by over £10 million since 2013–14.

- Healthwatch England is part of the Care Quality Commission (CQC), but local Healthwatch are independent.
- Local Healthwatch funding flows directly from the Department of Health & Social Care to local authorities.

Local Reform and Community Voices Grant Breakdown

- Deprivation of Liberty Safeguards in hospitals: £5.15 million
- Local Healthwatch funding: £14.15 million
- Independent complaints advisory services: £15.11 million

Key Considerations



Funding for local Healthwatch is small for the scope of its functions and support across England.



Healthwatch's extensive volunteer network enables outreach, data collection, public engagement, visits, and representation at no cost to taxpayer, all the while inputting a diverse range of perspectives.



Without local Healthwatch structures, thousands of hours of unpaid labour would be lost. This would increase the financial burden on other organisations that would need to replicate this work.

Core Duties of Local Healthwatch

The following are duties are carried out by all local Healthwatch, either as part of their remit, or as part of their statutory functions as written in the Health and Social Care Act 2012.

Support the Public

- Help people find and access local services.
- Provide clear advice and information for informed care decisions.
- Offer accessibility support for people accessing GPs, dentists and appointments.
- Operate physical hubs and drop-ins for advice and support.

Listening & Engagement

- Community engagement in everyday spaces, such as foodbanks, churches, and community groups.
- Provide online and in-person feedback channels regarding health and social care.
- Attend community projects and forums.
- Co-produce services with the public and professionals.
- Liaise with voluntary organisations, local council boards (e.g. Health and Wellbeing Board), and other relevant groups regarding referrals, safeguarding, tackling health inequalities, and supporting individuals.

Advocacy & Complaints

- Support people and provide advice for individuals making complaints about health or care services.

Service Evaluation & Improvement

- 'Enter and View' visits are carried out in health and care settings such as care homes, GP practices, and hospitals. During these visits, Healthwatch staff and volunteers observe the quality of services and gather feedback from service users, their relatives, and carers about their experiences. The findings, along with any recommendations, are shared with service providers, regulators, and sometimes local authorities to improve these services.
- Publish reports by gathering public feedback themes and sharing them with commissioners and providers of care services and people responsible for managing or scrutinising local care services.
- Provide Healthwatch England with intelligence and insight, in order for it to run effectively.

Outreach & Awareness

- Run outreach and social media campaigns to gather feedback and local insight about health and care services.
- Inform and share through various platforms to the public about local health and social care information.

Additional Duties of Local Healthwatch

The following duties are not essential to the core delivery of local Healthwatch services. They are undertaken either due to specific local demands, variations in organisational structures, or differences in funding sources.

Advocacy & Complaints

- Provide independent NHS complaints advocacy (role is statutory, but provider of this service are determined by local authorities).
- Provide advocacy for people who may find it difficult to navigate services, e.g. due to a mental health condition (IMHA).

Service Evaluation & Improvement

- Independent service reviews for local public health or third-party organisations.
- Bespoke training for health and social care professionals.

Outreach & Awareness

- Create and share easy-to-understand public information guides.
- Host forums and multi-disciplinary teams, connecting and educating professionals across health and social care sector.

Examples of Commissioned Projects delivered across the Local Healthwatch Network

- Delivered non-clinical support to improve care and reduce attendances of high intensity users of emergency departments, as part of a cost-avoidance programme.
- Designed and implemented licensing frameworks enabling individuals in prison to access community dentistry services, improving health equity and continuity of care.
- Delivered system programmes to tackle health inequalities by gathering the lived-experience of young parents facing mental health challenges.
- Designed and delivered smoke-free campaigns in collaboration with public health and other organisations.
- Designed and delivered a hospital discharge project which informed resources like Pam's Story, the Move to Improve sheet, and the Working Together guide, helping patients stay active and involved in their care.
- Established Community Health Ambassador programmes which reach under-represented communities to share vital information, support innovative projects such as Safe Surgeries audit, and recruit a wide network of ambassadors.

The Value of Healthwatch



Advocacy & Support

- Mitigate concerns and reduce complaints by facilitating resolution meetings.
- Provide independent advocacy (not part of the Trust or commissioning bodies, like PALS).
- Support those unable to advocate for themselves or others.
- Offer exemplary success in NHS complaints advocacy.



Statutory Powers & Responsiveness

- Can request NHS responses within 20 days (often faster due to strong relationships) and can rapidly respond to identified issues.
- Use statutory powers to Enter & View health and care providers.



Navigation & Signposting

- Help people access the right care at the right time and place.
- Follow up to ensure successful referrals and outcomes.
- Focus on prevention by identifying unmet needs early and promoting timely access to care, improving public safety.



Community Engagement

- Deep engagement across communities to hear diverse voices.
- Outreach days in local areas to share knowledge and learn from services.
- Attend forums and events to strengthen collaboration.
- Meet social value standards by supporting vulnerable people, promoting sustainability, and helping providers deliver equitable, person-centred care across our communities.



Presence & Accessibility

- Weekly presence and drop-in support in public places across the community to support and signposts individuals.
- Work with Patient Participation Groups in GP practices.



Strategic Influence

- Represent public voice at: Health & Wellbeing Boards, Place Boards, Primary Care Boards, Mental Health Crisis Care Concordats, Quality Boards (Trusts & Local Authority), Safeguarding Boards, Transforming Care Boards, health overview groups and scrutiny committees.



Partnerships & Inclusion

- Strong relationships with health and care leaders, frontline staff, and groups within VCFSE.
- Champion the voice of unpaid carers.

Summary

Local Healthwatch supports all people.

Navigating health and social care is difficult; people sometimes need a little extra help. We are accessible with in-person, online, on the phone support, and we will go the extra mile to ensure that everyone gets help in the right place at the right time. Without our help and guidance, a large section of the community will be without their first point of contact in terms of finding the care that suits them.

Local Healthwatch are responsive and make changes happen.

Through our deep local knowledge, we deliver public feedback to better influence the planning, commissioning, and delivery of services. We take on new challenges, and our independence allows us to quickly pivot and be able to flex to local need.

We seek information and challenge assumptions.

It is vital that the voice of the public remains independent. Given our statutory roles, we have the unique ability to challenge bias, question decisions, and hold services accountable. Without local Healthwatch, decision makers might miss the real-world impact of their choices, and the health and care system could close lose vital transparency and accountability.

We bring services and community groups together.

We work service-to-service to ensure that professionals are informed about changes and support available. We offer training, host forums, attend community events, and directly engage with other services to help bridge the gap between services.

Powered by people who live, work and use services in their areas

Local Healthwatch staff teams and volunteers live, work and use local health and care services and the organisation buys local resources to support the local economy, as well as connecting and creating relationships with local groups.

Focus on prevention

Through signposting and support, we help connect individuals to the right care, at the right time, in the right place, improving access, safety, and wellbeing and addressing inequalities across our communities: all helping to relieve the burden on stretched services. Our goal is to empower people's choices today to prevent problems in the future.