



Annual priorities and work plan April 2025– March 2026

Introduction

Healthwatch Rutland is one of a network of 153 local Healthwatch bodies established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. Local Healthwatch have a duty to hold service providers and commissioners to account for how well they engage with the public. Our remit covers all publicly funded health and social care services accessed by Rutland residents. The appendix describes in more detail, the requirements that are placed on every local Healthwatch.

The Healthwatch Rutland (HWR) annual plan is designed to provide an overview of planned activity during the financial year from April to March. It is developed with volunteers in the spring Operations and Planning meetings. The rationale for including topics in the work plan can include:

- Areas where we have received public feedback suggesting gaps or inequality in the provision of services.
- Priorities that align with the workstreams of the Integrated Care Board, local hospital trusts, the Rutland Health and Wellbeing Board and local authority commissioners.
- Areas of concern raised by Healthwatch England, NHS England or the Care Quality Commission.

The plan aligns with the vision and values contained in our [strategy](#), which can be found on our website¹.

The work undertaken by Healthwatch Rutland is monitored by Rutland County Council (RCC), the commissioners of the Healthwatch Rutland service.

With the huge challenges and changes across the health and care system nationally, and locally in the Integrated Care Board and in the local authority, putting people at the heart of decision-making is more important than ever.

Our plan is a living document which may be developed and modified as necessary. As the health and care landscape around us changes, Healthwatch Rutland will keep the flexibility in our plans that we need to respond at pace.

¹ www.healthwatchrutland.co.uk/advice-and-information/2021-11-02/our-vision-values-and-strategy

Significant changes to the plan will be discussed within the Operations and Planning Group and referred to the Advisory Board for approval.

Each year our work is summarised and showcased in the Healthwatch Rutland Annual report which must be produced by 30 June. The [Annual Report for 2024-25](#) can be found on our website².

Planning process

Discussion at this year's planning workshop with volunteers looked at issues across the whole health and care system including:

- Primary care and experiences of access from all communities
- Mental health – adults
- Young peoples' mental health
- Experiences of hospital discharge
- Opportunities for digital inclusion and barriers created by digital exclusion
- Cancer pathways
- Carers experiences of end-of-life care
- Experiences of Maternity and discharge from maternity services
- Hospital appointment cancellations
- Experiences of social care at home
- Challenges faced by carers & barriers to support
- Joined up care between NHS & social care
- Access & where to go for good information on services, self-care, prevention

After discussion and ranking, the following areas for further work were prioritised:

1. **Hospital discharge:** understand experiences of discharge, both positive and negative, including post discharge administration and therapy, delays to discharge, premature discharge before patients are fit.
2. **Carers:** the experiences and challenges they face.
3. **Young people's mental health** – understanding the rise in poor mental health and what young people need to better support them.
4. **Primary care** – experiences and access from all communities.

Our priorities 2025–26

Ongoing 'business as usual'

There are things we must do on an ongoing basis as part of our remit as a statutory organisation. This 'business as usual' includes the following:

² [Unlocking the power of people-driven care: HWR Annual Report 2024-25](#)

1. **Annual Report:** this reports on our activities throughout the year and showcases the impact of our work. Must be published by 30 June each year.
2. Hold **3 board meetings in public** to transact the business of the Advisory Board and to enable public input to our decision making.
3. Hold an **annual meeting** to present our annual report, with speakers on topical health and care issues to facilitate public conversations.
4. **Contract monitoring** with commissioners at Rutland County Council as per their requirements.
5. **Operations and planning group:** quarterly meetings for volunteers to help scope and steer work plans.
6. Seeking out public feedback and experiences of health and social care services, particularly from **seldom heard communities** that do not push themselves forward to be heard, through our research, events and outreach work.
7. Attend boards and committees to **build and maintain our influence with health and care decision-makers** and share insights from engagement and research.
8. Provide a **signposting and feedback service** to help the public find the right services for them and to share their experiences of care.
9. **Recruit and support volunteers** to help us deliver our work plan and extend our reach into Rutland communities.
10. Respond to health and care related **public consultations** on service change, reflecting public experiences and views on proposals.
11. Share public feedback and signposting reports with **Healthwatch England** to contribute to their national health and care service insights and monitoring.
12. **Share public feedback and insight** with provider and commissioner organisations to drive service improvement
13. Share intelligence with the **Care Quality Commission** through regular meetings and responding to ad hoc requests for public feedback.

In additional to our 'business as usual' work, experiences of hospital discharge will become the area of focus for our research this year. Scoping this project will begin in July. Following on from that, scoping for the Carers' experiences priority is expected to begin in quarter 3.

Opportunities to engage on young people's mental health will be sought through our engagement and outreach work once the Engagement Officer role is filled.

Primary Care has continued to be the main topic for public feedback to Healthwatch Rutland over recent years and we will continue our watching brief on access to General Practice and NHS dentistry.

Our work plan

Priority	Notes	Responsible
Volunteers		
Strategy	Recruit more volunteer capacity to support the workplan and increase reach	HWR Officer
Training	<p>Onboarding and development of new Advisory Board members May 2025</p> <p>All safeguarding training completed for volunteers who need it</p> <p>Enter and View training for authorised reps as needed</p>	HWR Officer
Engagement & Communications		
Create and publish rolling community outreach events timetable	Updates via bi monthly newsletter, website, social media	HWR Officer
Events	As opportunities arise – e.g. Carers Week, Dementia Action Week	HWR Officer & Volunteers
HWR presentations to community groups to increase awareness	As per outreach timetable	HWR Officer and volunteers

Priority	Notes	Responsible
Cross Border engagement		
Local Healthwatch	East Midlands HW bi-monthly network meetings	HWR Manager
	Reinstate monthly meetings with HW Leicester/shire from May 2025	HWR Manager/Chair HW Manager
	Set up quarterly meetings with HW Lincs and Peterborough and Cambridgeshire from May 2025	HW Manager
	Explore joint interests with HW North Northamptonshire and West Northamptonshire August 2025	
Research and Engagement Projects		
Urgent Care services consultation	Reflect patient voice gathered through previous engagement in response to published results June 2025	HWR Manager
Adult Social Care Customer Service monitoring	Commissioned monthly calls to Adult Social Care (ASC) users - ongoing	HWR Manager/Officer
Hospital discharge research project	Scoping July 2025	Chair/HWR Manager
	Report completion December 2025	

Priority	Notes	Responsible
Carers engagement project	To be scoped in Q3	HWR Manager
Enter and View aim 2–3 visits per year	TBA	HWR Officer
Special Interest Areas for monitoring and engagement	Young people's mental health, Primary Care Access, NHS Dentistry	HWR Manager
Women's Health survey	Collaborate with HWLL on ICS wide survey on women's health	HWR Manager
Quality improvement		
Advisory Board Development	Review Quality Framework action plan Summer 2025	HWR Manager/Board
	Refresh HWR vision, values and strategy by November 2025	HWR Manager/Board
Cyber Essentials	Annual re-accreditation September 2025	HWR Manager
Investing in Volunteers	Re-accreditation October 2025	CT Office Manager, HWR staff & volunteers

Appendix 1: Regular boards and partnerships attended by HWR

Rutland Place/Neighbourhood meetings

Health and Wellbeing Board	Quarterly	HWR Chair
Children and Young People's Partnership	Quarterly	HWR Manager
Integration Delivery Group	Monthly	HWR Manager
Dementia Strategy Delivery Group	Bi monthly	HWR Manager
Staying Healthy Partnership	As required	HWR Manager
Neighbourhood Mental Health Group	As required	HWR Manager

Trust/service provider/information sharing meetings

UHL CEO & local HW review	Quarterly	Chair/ Manager
LPT CEO & local HW review	Quarterly	Chair/ Manager
LLR Adult Soc Care Info Sharing	Every 2 months	HWR Officer
LPT People's Council	Monthly	HWR Manager
PCN/HWR info sharing	Monthly	HWR Manager

Integrated Care System meetings

Integrated Care Board	Monthly	HWR Chair
LLR Transferring Care Safely	Quarterly	HWR Chair
Dementia Programme Board	Every 2 months	HWR Manager
Community Care Partnership	Monthly	HWR Manager
LLR ICS CEO & local HW review	Quarterly	HWR Chair
Joint Health Scrutiny	Quarterly	HWR Chair

Other

Care Quality Commission service user insights	Quarterly	HWR Manager
Dental commissioners / Local HW meeting	Quarterly	HWR Manager

Rutland Voluntary, Community and Faith Networking Group	Monthly	HWR Officer
LLR Maternity and Neonatal Voices Partnership	Quarterly	HWR Officer

Appendix 2

What does the legislation say local Healthwatch must do?

1. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. Provide advice and information about access to local care services so choices can be made about local care services.
6. Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

A Guide to running Healthwatch, February 2020³

³ <https://network.healthwatch.co.uk/guidance/2020-02-12/guide-to-running-healthwatch>