

Paper 3: Report from Healthwatch Rutland Manager

I am pleased to submit this report to the Board of Healthwatch Rutland (HWR), covering the period since my last report in September 2025.

Healthwatch Rutland Annual Meeting

The Healthwatch Rutland Annual Meeting was held on 6 October. We presented our work and hosted guest speakers from the local NHS and Rutland County Council to discuss the Government's 10-year Health Plan, changes to NHS commissioning and the development of neighbourhood health and care in Rutland.

The online meeting was well attended by members of the public and partners in local health and care. Attendees were asked to evaluate the meeting arrangements with and gave the following feedback:

- All rated the organisation of the meeting and their experience of attending online as excellent or good
- All rated the presentations as excellent or good
- When asked what format attendees preferred for future meetings (online, in person, hybrid, or no preference) the responses were equally split between online, in-person and hybrid.
- Suggestions to improve future HWR annual meetings included just 2 comments:
"Great meeting, no comments"
"The small, but significant quotes from people are important and need to be fed to ICB, how will this occur if HWR is closed down?"

The presentation slides and notes from the questions and answers session are entered into the board documents as paper 4.

Outreach and Engagement

We had a great day at the Know More, Live Well event in September at Oakham Castle. The event aimed to raise awareness of preventable long-term conditions and how to get support to live healthily. It was estimated that overall, around 200 people attended the day-long event with 56 visiting the Healthwatch table to share their experiences of women's services, using the NHS app, or to find advice or information on finding the services and support they need.

Huge thanks to Shirley, Alan and Janet for helping to run the stand and engage with the public.

Residents at the Lonsdale House retirement living complex were keen to give feedback on a range of areas of health and care during our coffee drop-in session in October. Feedback on access to General Practice, getting appointments and results for blood tests and discharge from hospital stays were all discussed. Residents were keen to receive the recent list of clinics at Rutland Memorial Hospital and

asked for similar information on Melton Community Hospital. Thanks to Elizabeth for setting up the visit.

In October, we took part in the OMP Patient Participation Group's open meeting, which focused on helping people better understand how to access health and wellbeing services in Rutland beyond their GP practice.

November saw HWR "on the road" with the Rutland Dementia Participation Group at Wing Village Hall. The session gave families living with dementia the chance to drop in for advice, signposting, peer support—or just a chat over a cup of tea. It proved a great success, with plenty of new people joining in.

Women's survey

The survey seeks to understand how women and girls use and experience healthcare, whether in universal services or those designed specifically for women.

The survey has been shared widely in Rutland through the HWR website, events and groups such as armed forces, dementia and patient participation groups. It runs through to the spring with chat groups starting in the new year.

Hospital discharge project

Work on the planning has been slow. The project plan and survey drafts have been created and will be sent out for review by volunteers shortly.

Investing in Volunteers

HWR's contract holder, Connected Together CIC is in the process of renewing our Investing in Volunteers accreditation which HWR has been a part of since 2018. The award is the UK quality standard for good practice in volunteer management - meaning we have a strong vision for volunteering, a positive approach to inclusion, equality and diversity, and offer good support to our volunteers.

Our external assessor has arranged short meetings with a sample of volunteers and staff to discuss their experiences of the Connected Together volunteering process – thank you to those taking part!

Dismantling of Healthwatch

The [petition](#) calling for Minister for Health and Social Care to reconsider plans to dismantle Healthwatch has reached the 10,000 signatures required to trigger a response from Government. The response, posted on November 21 (see link above), confirmed the Government's intention to abolish local independent Healthwatch bodies and centralise patient voice functions within NHS and local authority structures. It argues that it would streamline oversight and reduce duplication.

We continue to engage with HWE and the local Healthwatch response group to monitor developments.

NHS 10 Year Health Plan and changes to NHS Integrated Care Systems

The Government set out its requirement for ICBs to reduce running costs and redefined their remit to be strategic commissioners, rather than operational delivery organisations, in the Model ICB Blueprint earlier this year. This has led to the creation of a cluster arrangement between the Northamptonshire and Leicester, Leicestershire and Rutland (LLR) ICBs under a single executive team, aiming to bring economies of scale and manage costs. As a result, a new ICB board in common was formed in October that made no provision for Healthwatch representation.

In response to the new cluster arrangements, HWR pulled together a regular meeting between the 5 Healthwatch organisations in the cluster, to understand how we can work together to ensure the best representation for patients and the public in the new arrangements.

Our first action was to formally request that provision be made on the new board in common for a Healthwatch seat for Northamptonshire and for LLR (entered as paper 5 on the agenda for noting). The conversation continues following proposals that the ICB would offer a single Healthwatch seat on the board.

Paper prescriptions at Oakham Medical Practice

The practice is encouraging patients to move to online repeat prescriptions to improve efficiency, safety, and privacy, in line with the NHS 10-year Health Plan. Healthwatch Rutland supports the move to digital access to healthcare for those that can use it but raised concerns that relocating the paper prescription box behind reception created accessibility barriers for older and vulnerable patients. Following discussions, the practice agreed to ensure seating is available for those queuing, with the expectation that the box may later return to the waiting area for those unable to use online methods.

Following a review in September the practice agreed to relocate the paper prescriptions box away from reception, with clear notices explaining its digital-first policy. Patients should use online methods unless assessed as unable; those assessed will have paper requests processed as usual, while others will be contacted and supported to move online, ensuring that only patients genuinely unable to order electronically continue using paper.

HWR sought clarification (correspondence entered in the agenda as paper 2), of how the assessment process would work and what process of appeal would be available to patients in October. We await a response.

Same Day Access to healthcare in Rutland

We still await the outcome of how the ICB has meaningfully considered the results of the public consultation and our feedback on the proposals outlining public concern over X-Ray availability, opening hours and walk-in options. A public update on this is expected at the next Health and Wellbeing Board meeting on 2 December.

Consultations

A response to the CQC's consultation on improving how the assess and rate providers was submitted in November. The response was broadly supportive of proposals to refine assessment frameworks and strengthen the clarity of judgements and ratings. Caveats included strongly advocating for incorporation of systematic checks that organisations can demonstrate learning from complaints and feedback. Importance of plain language to make inspection reports meaningful and accessible to all, was emphasised. The response also included disagreement with the proposal to scrap ratings at location level for large trusts on the basis that people identify with their local hospitals and clear information on the quality of care and patient experience helps them to make informed decisions.

A response was also submitted to the LPT engagement on the short breaks service currently operated at The Grange and Gillivers Bungalows on the Glenfield site.

Meetings

The following is a record of the partner meetings that were attended during the period since the last report:

Rutland Health and Wellbeing Board	9/9/25	JU
Rutland Neighbourhood Strategy Commissioning Group (was IDG)	Monthly	TA-J
Rutland Mental Health Neighbourhood group	11/9/25	TA-J
Rutland PCN PPG	2/10/25	TA-J
Rutland Dementia Participation Group	Every 2 months	TA-J
OMP PPG Open meeting	22/10/25	TA-J
Root and Branch Out	12/9/25	TA-J
OMP prescriptions management meeting	9/9/25	TA-J
Local Link catch up with VAR & CAR	10/11/25 17/11/25 27/11/25	AW, TA-J
Local Link Task & Finish Group	20/10/25 3/11/25 17/11/25	AW

Leicestershire & Rutland Oral Health JSNA Steering Group	29/9/25	TA-J
LLR Integrated Care Board	11/9/25	JU
LLR Primary Care Transformation board	20/11/25	TA-J
LLR Community Care Partnership	12/11/25	TA-J
LLR Transferring Care Safely	Monthly	JU
LPT/HW meeting	1/10/25	JU, TA-J
LPT Peoples Council	27/10/25	TA-J
LLR Pre Hospital Model of Care Steering Group	16/10/25	TA-J
HW/Commissioners/LDN chairs meeting	8/9/25	TA-J
LLR Dementia Programme Board	14/10/25 11/11/25	TA-J
LLR Neighbourhood Health lead	8/10/25	TA-J
LLR Maternity & Neonatal Voices Partnership	20/11/25	TA-J
LLR System Engagement	8/10/25 12/11/25	TA-J
LLR Cancer Design Group	23/9/25	JU
CQC/HW quarterly	10/11/25	TA-J
HWR/HWLL catch-up	Monthly	JU, TA-J
HW in LLNR Cluster meeting	Monthly	JU, TA-J
LLNR HW / ICB CEO	15/9/25 4/11/25	JU
East Midlands HW network	19/9/25 21/11/25	TA-J
HWE/local HW chairs	2/9/25	JU
Local HW Response group	Monthly	TA-J
DHSC/Local Healthwatch meeting	22/10/25	TA-J

Acronyms:

ASC	Adult Social Care
CAR	Citizens Advice Rutland
COPD	Chronic Obstructive Pulmonary Disease

CYP (P)	Children and Young People (Partnership)
DHSC	Department of Health and Social Care
DHU	Derbyshire Healthcare
ED	Emergency Department
EDI	Equality, Diversity, Inclusion
EMAS	East Midlands Ambulance Service
E&V	Enter and View
HOSC	Health Overview and Scrutiny Committee
HWB	Health and Wellbeing Board
HWE	Healthwatch England
HWLL	Healthwatch Leicester & Leicestershire
HWP	Health and Wellbeing Partnership
HWS	Health and Wellbeing Strategy
ICB	Integrated Care Board
ICS	Integrated Care System
IDG	Integrated Delivery Group
IMP	I nformation M anagement system of P atient experiences – HWR feedback collection system
LDN	Local Dental Network
LHW	Local Healthwatch
LPT	Leicestershire Partnership Trust
LLR	Leicester, Leicestershire and Rutland
LLNR	Leicester, Leicestershire, Northamptonshire and Rutland cluster
LRI	Leicester Royal Infirmary
NEPTS	Non-Emergency Patient Transport Services – currently EMED Patient Care
NHSE	National Health Service England
NWAFT	North West Anglia Foundation Trust
OMP	Oakham Medical Practice

PCH	Peterborough City Hospital
PCN	Primary Care Network
PMS	Primary Medical Services
PPG	Patient Participation Group
RCC	Rutland County Council
RISE	Rutland Integrated Social Empowerment team
SEND	Special Educational Needs and Disabilities
UEC	Urgent and Emergency Care
UHL	University Hospitals of Leicester NHS Trust
VAR	Voluntary Action Rutland
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise