

Paper 7: Annual Plan April 2022 to March 2023

Introduction

Healthwatch Rutland is one of a network of 152 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 the system to account for how well it engages with the public, and the remit covers all publicly funded health and social care services accessed by their service users. 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 for the next 12 months. It is developed with volunteers in the spring Operations and Planning meetings and takes into consideration the areas of health and care where we have received feedback suggesting inequality or gaps in provision of services and priorities that align with work streams of commissioners, local hospital trusts, the Health and Wellbeing Board, Public Health and others.

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.

This plan is a living document which may be modified if and when new, unforeseen work arises, leading to a re-prioritisation of activity. Significant changes will be discussed within the Operations and Planning Group, referred to the Board for approval, and any changes to deliverables reviewed with the commissioner at contract monitoring time.

In the last two years Coronavirus measures have affected how HWR has been able to involve and engage with the public. Where face-to-face engagement has not been possible, we have looked to virtual ways to capture the public voice through online meetings and telephone interviews. With the removal of COVID measures we can modify our approach into a hybrid one that which allows us to work much more in traditional face-to-face situations, as well as utilising digital means where appropriate. In this way we can balance our need to hear as many voices as possible, and in a way that suits individuals access needs. Safety of staff and the public will continue to be at the heart of our planning, and our approach will take account of government guidelines and the public mood at all times.

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

The work will be summarised and showcased in the Healthwatch Rutland Annual report which must be produced by 30th June each year. The [Annual Report for 2020-2021](#) can be found on our website².

Work plan 2021/2022

Work Area	Notes	Timescale	Who
Governance			
Annual Report	To demonstrate impact and report on outputs	30 June 2022	Manager
Board Meetings	Quarterly, June, Sept, Dec, March		Chair
Annual Meeting	September 13 2022		Chair
HWR Contract Monitoring (RCC)	As required by Rutland County Council		CTCIC CEO/HWR Manager
Operations/Planning Group	Quarterly	Ongoing	Manager/HW Officer
Board Planning & Development	As required by HWR board	Ongoing	Manager/Board
Engagement & Communications			
Marketing/Comms		Ongoing	Manager/ Officer/ volunteers
Website & social media	Regular engagement on Twitter and Facebook	Ongoing	Manager/HW Officer/ CTCIC Comms lead
Newsletter	Monthly except Aug & Dec	Ongoing	Manager/CTCIC Comms lead
Events	As opportunities arise - Rutland Show Choices Unlimited?	June 2022 Oct 2022	HWR Officer & Volunteers
HWR presentations to patient groups and parish councils	As per outreach timetable		HWR Officer & Board
Community Outreach	Monthly Oakham drop-ins Libraries, large villages, Uppingham, as per timetable	Apr-Sept 2022 From May 2022	HW Office and Volunteers
Signposting	Web and telephone	Ongoing	HWR Officer
Engaging with hard-to-reach groups	Rebuild links with sensory impairment support groups such as VISTA and Macular Society, paused during COVID. Connect with Gypsy/traveller community and asylum seeker support groups.	Oct 2022	Manager & Officer

² www.healthwatchrutland.co.uk/report/2021-06-30/annual-report-2020-2021-equal-terms

Cross Border engagement with other HW	East Mids HW meetings May, Aug, Nov, Feb	Ongoing	Chair/Manager
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Routine reporting/consultations

Reporting to HWE	Continue reporting to HWE via Customer Relationship Management system (CRM)	Ongoing	Manager / CTCIC research Lead
Quality Accounts	LLR, UHL & NWAFT Trusts, EMAS	May 2022	Chair/Manager
Consultations	HWR Board responses to formal consultations on service change	As required	Board/Manager
Intelligence reporting to CQC	Through scheduled quarterly meetings and ad hoc requests for service feedback prior to inspections	As required	Manager

Work Area**Notes****Timescale Who****Volunteers**

Strategy	Recruit more volunteer capacity to support the workplan and create Community Healthwatch Champions network to increase reach	Ongoing	HW Officer
	Conduct a volunteer satisfaction survey	June 2022	
Training	All Safeguarding training completed for volunteers that need it	July 2022	HW Officer
	Enter and View training for authorised representatives		

Projects

Enter and View	Timetable to be agreed at June Ops and Planning		HWR Manager/Officer & Volunteers
Patient Communication	Scope to be agreed through task and finish group tba	September 2022	HWR Manager
Dementia	Scope to be agreed through task and finish group	January 2023	HWR Manager
Urgent and Emergency care	Start project before the end of the planning year, time permitting	tba	HWR Manager

Let's Talk... engagement on experiences of Maternity Services	Joint engagement and report with HWLL	August 2022	HW Officer
Refresh Quality Framework action plan: Stakeholder survey		Sept 2021	HWR Manager
Extended Primary Care/Urgent Care services consultation	Support ICS & PCN outreach work and encourage Rutland participation	September 2022?	Manager

Committees & Meetings

Importance
High,
Medium, Low

Place meetings

RCC Health and Wellbeing Board	Quarterly	H	Chair
RCC Adult & Health Scrutiny	Quarterly	H	Chair
Children and YP Partnership	Quarterly	H	Manager
Integration Delivery Group	Monthly	H	Manager
Strategic Health Development Programme Board	6 weekly	H	Manager

Provider/info sharing meetings

UHL CEO & local HW review	Quarterly	H	Chair/ Manager
LPT CEO & local HW review	Quarterly	H	Chair/ Manager
NWAFT CEO & local HW review	With HW Lincs & Cambs	H	Manager
LLR ICS/CCG CEO & local HW review	6 weekly	H	Chair
LLR Adult Soc Care Info Sharing	Every 2 months	M	Manager
Primary Care Commissioning Committee	Attend as appropriate	M	Chair
Joint Health Scrutiny	Attend as appropriate	H	Chair
EMAS	Quarterly	M	Chair, Manager
LPT People's Council	Monthly and as required	M	Manager
PCN/HWR info sharing	Monthly	M	Manager

ICS meetings

Integrated Care Board (replaces CCGs Governing body)	Monthly	H	Chair
LLR Health and Care Partnership	Quarterly?	H	Chair
Dementia Programme Board	Every 2 months	M	Manager
Home First Collaborative	Monthly	H	Manager
System Engagement and Experience Group	Monthly	M	Chair/Manager
LD Partnership Board	Every 2 months	M	Vice Chair
Carers Delivery Group	Every 2 months	M	Vice Chair

Regulator meetings

CQC Primary Medical Services	Quarterly	M	Manager
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Other

Local Dental Network Steering	Quarterly	M	HWR Manager
NHSE-I / Local HW	Quarterly	M	HWR Manager
Rutland Voluntary, Community and Faith Networking Group	Monthly	M	HW Officer
HWE E Mids Regional Group	Quarterly	M	Chair / Manager
HWE Conference	November 2022	M	As appropriate
Maternity Voices Partnership	Quarterly	M	HWR Officer

Communications Plan

Purpose: To improve public, stakeholder and partner awareness and understanding of Healthwatch Rutland and what we do.

Objectives

- To exploit all channels of communication, using both electronic and traditional media
- To communicate our activities regularly with volunteers, the community and stakeholders to encourage participation and engagement in health and care issues
- To create an ongoing calendar of activity that is linked to national initiatives, local initiatives and community events
- To raise awareness of Healthwatch Rutland so that people know who we are and what we can do for them

Evaluation of success

- Engagement with social media (grow followers on Twitter and Facebook by 5%)
- Newsletter distribution (grow subscribers)
- Events attended (numbers of people engaged)
- Number of people engaged through outreach activities

Activities 2022-23**Digital**

- Monthly newsletter via Mailchimp (excluding August and December)
- Post reports, meeting dates and meeting minutes
- Post regular news items to website both national and local

Promotional materials

- Review and update printed promotional materials as required
- Publish annual report online (June 30th)
- Arrange display of HWR posters at local outlets such as shops, libraries, parish notice boards

PR/ local media

- Publish press releases to promote HWR news and pitch to local media

- Maintain log of media activity

Social media

- Monitor social media accounts, responding promptly to comments or enquiries
- Re-tweet and share relevant info on HWR Twitter and Facebook accounts
- Create images using Canva and other resources to promote key messages on social media
- Link into other local stakeholder, community groups and provider accounts
- Develop a database of useful media contacts and other partners who can promote our news via their social media channels

Outreach

- Design outreach calendar to cover Oakham, Uppingham and larger rural parishes throughout the year

Appendix

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>

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