



## Paper 2: (DRAFT) Annual priorities and work plan April 2026–March 2027

### 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 website<sup>1</sup>.

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

There will be major changes across the health and care system nationally, and locally in the Integrated Care Board and in the local authority. These changes, and the moves to a digital-first and neighbourhood-based healthcare system required by the NHS 10

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<sup>1</sup> [www.healthwatchrutland.co.uk/advice-and-information/2021-11-02/our-vision-values-and-strategy](http://www.healthwatchrutland.co.uk/advice-and-information/2021-11-02/our-vision-values-and-strategy)

Year Health Plan, mean that 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. 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 website<sup>2</sup>.

## Background to the 2026–27 plan

The [Penny Dash review](#) published in July 2025, proposes that the statutory functions of local Healthwatch be brought together with the involvement and engagement responsibilities currently held by Integrated Care Boards for healthcare, and by local authorities for social care. Under these proposals, Healthwatch England will be absorbed into the Department of Health and Social Care (DHSC).

Implementing these changes requires primary legislation. A Health Reform Bill is expected to be introduced in Parliament in Spring 2026 to enable the formal closure of Healthwatch. Subject to parliamentary progress, Royal Assent is anticipated around April/May 2027.

During this time, local authorities must continue to commission and maintain an effective Local Healthwatch in every area. Funding for this has been confirmed through to the end of March 2027.

Our planning for 2026–27 thus focuses on continuing to deliver our core work, informed by what we currently know about the Healthwatch closure plans and the resources available to us. We will also ensure that project-completion activities are built into our approach as the contract moves towards its end point in March 2027.

With this in view, HWR volunteers spent the early part of 2026 considering which focused engagement projects – those with clear impact and a manageable turnaround – could realistically be delivered within the next 12 months in addition to our business as usual.

## Planning process

The issues and projects that were considered by volunteers included:

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

- Experiences of Pharmacy First.
- Experiences of ambulance/999 response (history of very poor category 1 ambulance response in Rutland).
- Assess level of understanding of management and use of community defibrillators in Rutland.
- Enter and View visits to hear about specific elements of hospital discharge experiences e.g. at Leicester acute hospitals to hear about patient/carer involvement in discharge planning or Rutland Memorial Hospital or Melton step down care ward to hear experiences of discharge to community hospital.
- Enter and View visits to Rutland care homes.
- Community engagement on use of, and comfort with, digital access tools to primary care.
- CYP engagement – health and care experiences of care leavers.
- Experiences of NHS 111 (in view of it being a main point of entry to Rutland same day access service and the negative feedback gathered by HWR during the same-day access consultation work.)

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

- Experiences of Pharmacy First (positives and barriers) through survey and public engagement in pharmacies.
- Defibrillators in Rutland – public accessibility, information, maintenance, and identifying any risks or gaps in provision.
- Enter and view to Rutland Memorial Hospital to hear about experiences of discharge from acute hospitals to community hospital step down care.

## Our priorities 2026–27

### 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:

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. With the expected closure of Healthwatch by April 2027, creation of the HWR annual report for 2026–27 will be brought forward into quarter 4 (Jan–March 2027)
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 addition to our 'business as usual' work, the 3 work areas identified by volunteers will be progressed between April and December 2026.

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

## Our work plan

| Priority   | Notes  |
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| <b>Volunteers</b>  |  |
| <b>Strategy</b>  | Maintain volunteer capacity to support the workplan and increase reach |
| <b>Training</b>  | Onboarding and development of volunteers as needed                     |
| <b>Engagement &amp; Communications</b>                         |  |
| <b>Create and publish rolling community outreach timetable</b> | Updates via bi monthly newsletter, website, social media               |

|   |   |
|---|---|
| <b>Events</b>   | As opportunities arise – e.g. Carers Week, Dementia Festival, Mental Health Awareness Week, Know more, Live Well events |
| <b>Campaign to maintain independent local voice when Healthwatch closes</b> | Support initiatives of the local Healthwatch Response Group such as petition, letters to Government and MPs etc         |

## Cross Border working

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|--------------------------|--|
| <b>Local Healthwatch</b> | <p>East Midlands HW bi-monthly network meetings</p> <p>Monthly meetings with HW Leicester/shire</p> <p>Monthly meetings with LNR Healthwatch organisations</p> |
|--------------------------|--|

## Research and projects

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|----------------------------------|---|
| <b>Pharmacy First</b>            | <p>Gather insights into public awareness and patient experience of Pharmacy First service in Rutland.</p> <p>Publish results August 2026.</p>   |
| <b>Defibrillators in Rutland</b> | <p>Examining public access, the quality of available information, maintenance processes, and any associated risks or gaps in local provision.</p> <p>Publish results September 2026.</p>      |
| <b>Enter and View</b>            | <p>Exploring patient experiences of the transition from acute hospital discharge to community hospital step-down care at Rutland Memorial Hospital.</p> <p>Publish results December 2026.</p> |

## Partner meetings

### Neighbourhood

Rutland Health and Wellbeing Board

Children and Young People's Partnership

Rutland Neighbourhood Strategy Commissioning Group

Dementia Strategy Delivery Group  
Staying Healthy Partnership  
Neighbourhood Mental Health group  
Rutland Health PCN/HWR info sharing

### **Trusts**

UHL CEO & LLR HW review  
LPT CEO & LLR HW review  
LPT People's Council

### **LNR cluster**

Integrated Care Board Strategy Commissioning group  
Cluster System Quality group  
LNR ICB and cluster Healthwatch leaders meeting

### **LLR System**

LLR Transferring Care Safely  
Dementia Programme Board  
Community Care Partnership  
Pre Hospital Model of Care Steering group  
Oral Health JSNA Steering group  
Joint Health Overview and Scrutiny

### **Other**

CQC & LLR Healthwatch meeting

## 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 2020<sup>3</sup>

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