

## **CABINET – 18 NOVEMBER 2025**

### **Response to motion by Councillor Hanna on Healthwatch Oxfordshire**

#### **Report by Director of Public Health and Communities**

### **RECOMMENDATION**

**1. The Cabinet is RECOMMENDED to**

**To note the response to the Motion by Councillor Jane Hanna on  
Healthwatch Oxfordshire at Council on 9 September 2025**

“Council notes with concern that Oxfordshire Healthwatch and local Councils of Governors of Oxfordshire hospitals are to be abolished within a new Health and Social Care Act, and integrated into existing local departments, with queries diverted to the NHS App.

The Council endorses the work of Healthwatch Oxfordshire for listening and helping thousands of patients each year, recognising that many vulnerable residents do not use the NHS App. Their team shared patient and carer experiences in thirty eight reports influencing local improvements through the Health and Wellbeing Board, the Place Based Partnership and contributions to the Joint Health Overview and Scrutiny Committee.

As part of the ten year NHS plan, Health and Wellbeing Boards are required to develop neighbourhood plans with NHS partners to shift more resource to prevention and from hospitals to a neighbourhood health service model. The financial, workforce and integration challenges are significant. Patients and the public will need

- A trusted and credible local body, to speak for patients, offering constructive challenge and supporting communities’ engagement
- their elected members and lower tier councils with relevant local knowledge engaged
- Safe public spaces, including scrutiny, to speak up

Council calls on the Leader and Cabinet to urgently consider how the Council working with NHS partners can safeguard and develop the Healthwatch function and engage and meaningfully consult with all local stakeholders to ensure the local delivery of national reforms at neighbourhood level best meet patient and community need.”

### **Response**

- 2. The Health and Wellbeing Board are grateful for the work that Healthwatch have done over the years, and fully recognise the need and benefits of independent voice from residents, whether they are using the current users of health and**

social care services or not. Healthwatch have enabled community engagement through a variety of routes, including community based research, and accessible consultation on a variety of agendas. Through their approach, they have advocated for the residents voice both at strategic and grass roots level, taking the role of critical friend to highlight areas of need in the services.

3. We are committed to work with Healthwatch, to fully map the approaches and services they offer, and ensure the Oxfordshire continues to enable a route for the independent resident voice beyond the engagement led by health and social care services. With the reform of local health services, through neighbourhood health plans as defined in the Governments 10 year health plan, this is an important time to ensure meaningful and effective communication with communities and the voluntary care sector, in early development of plans.

## **Corporate Policies and Priorities**

4. This response supports the priorities set out in the Health and Wellbeing Strategy, Oxfordshire 2024-2030, particularly in relation to the principle of Closer Collaboration.

## **Financial Implications**

5. **There are no financial implications to this response**

Comments checked by:

Emma Percival, Finance Business Partner, [emma.percival@oxfordshire.gov.uk](mailto:emma.percival@oxfordshire.gov.uk)

## **Legal Implications**

6. Healthwatch was set up under the Health and Social Care Act 2012 (the Act) and the Healthwatch nationally is led by Healthwatch England, a committee of the Care Quality Commission. Under the Act, the Council is responsible for arranging the provision of "Local Healthwatch Services" to capture feedback on health and care services. The Council has appointed Healthwatch Oxfordshire which is financed by it under a funding contract. The current contract detailing statutory duties and local priorities commenced on 1 April 2023 and expires at the end of March 2028.
7. In July 2025 the Government published the Dash review which is included in the government's 10-Year Health Plan. This was a review, led by Dr Penny Dash, into patient safety across the whole health and social care landscape. The Dash Review proposed the transfer of Healthwatch England's functions to a new directorate within the Department of Health and Social Care and of local Healthwatch functions to Integrated Care Boards (ICBs) and local authorities for health and care, respectively.

8. As the implementation of these proposals will require legislation, local Healthwatch and Healthwatch England will continue to deliver their statutory functions during this interim period. The speed of these changes is dependent upon the timetable with which legislation progresses through Parliament.

Comments checked by:

Anita Bradley, Director of Law & Governance and Monitoring Officer  
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## **Staff Implications**

9. The commitment stated in this response will be managed within existing staffing resources.

## **Equality & Inclusion Implications**

10. Equality and inclusion is an important part of the Health and wellbeing strategy, and will be considered with individual actions of the board.

## **Sustainability Implications**

11. There are no sustainability implications for this response

## **Risk Management**

12. There are no risks associated with this response.

## **Consultations**

13. No consultants are required for this response.

Ansaf Azhar, Director of Public Health

Background papers: Health and wellbeing strategy. [Health and wellbeing strategy - 2024-2030](#)

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October 2025