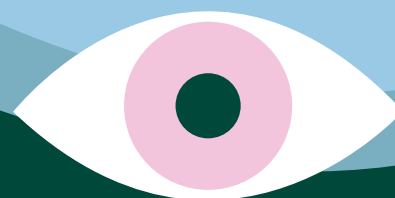


June 2026

Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC)



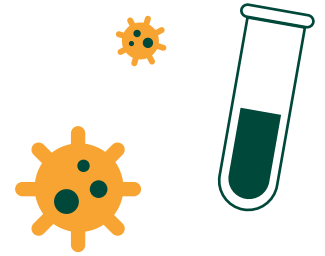
Annual Report

2025/26



OXFORDSHIRE
COUNTY COUNCIL

1 Chair's introduction



This Annual Report covers the Oxfordshire Joint Health Overview and Scrutiny Committee's (JHOSC) work during the municipal year from June 2025 to May 2026.

The year saw pressure across the NHS and social care system, with rising demand alongside workforce, estate and financial constraints. These national challenges have had clear local impacts in Oxfordshire, including access pressures, long waits and negative consequences for patient experience and staff wellbeing. Throughout the year, the JHOSC has scrutinised these pressures across multiple arenas within the Health and social care system, with a clear focus on improving outcomes for residents, and acting as a constructive “critical friend” to those commissioning and providing services.

The JHOSC's scrutiny has remained grounded in what residents experience when seeking safe, timely and effective care. A priority of the Committee was to focus on the need of residents for timely GP appointments and this was taken forward by a working group. The Committee scrutinised performance and delivery across a range of priority areas during the year—including on mental health services for both children and adults, and on actions taken by Oxfordshire system partners to reduce health inequalities through prevention.

Early scrutiny was also undertaken on local implementation of the ten year plan for neighbourhoods. Additionally, the Committee focused on core system pressures: recruitment and retention; urgent and emergency care resilience; reducing planned care and diagnostics backlogs; the sustainability of primary and community services; and communication and coordination at transitions of care. We also reinforced that improvement must be shaped by meaningful involvement of patients, carers and communities—particularly where health inequalities are greatest.

The Committee also contributed to scrutiny at the wider Buckinghamshire, Oxfordshire and Berkshire West (BOB) level through Oxfordshire County Council members' participation in the BOB Joint Health Overview and Scrutiny Committee (BOB JHOSC) With ongoing organisational and policy change affecting integrated care systems—including significant financial pressures and proposals to reshape local commissioning arrangements — system level scrutiny has remained essential. Committee members maintained a strong focus on protecting effective locally-based services, recognising that centralisation and reorganisation can weaken local relationships, intelligence and responsiveness. Where proposals could have a materially adverse effect on commissioning or oversight in Oxfordshire, members have sought early clarity on resident impact, governance arrangements and the assurance in place to protect quality, safety and access.

Despite the scale of challenge across health and care, the JHOSC has worked to maintain strong relationships with partners across the Oxfordshire system. Democratic oversight is essential to public trust, transparency and accountability, and is delivered through public meetings, formal



recommendations and follow up, and engagement between meetings—including through the Committee’s working groups. This year’s work has been strengthened by constructive input from NHS partners, Oxfordshire County Council Cabinet Members and senior officers, Healthwatch Oxfordshire and many members of the public who have written to, or spoken at, the Committee. I am grateful to all who have contributed time, evidence and expertise to support effective scrutiny. Although the Committee’s remit does not extend to the resolution of individual complaints, it has taken a critical interest in the management of complaints through offering a one-off facilitation between Oxford University Hospitals NHS Foundation Trust (OUH) and a group representing patients, with a view to exploring an agreed process of facilitation which would be acceptable to all. The experience this year of a rising number and complexity of engagements with the Committee about the NHS has emphasised the importance of the work done by the JHOSC since the announcement last year that local Healthwatch is to be abolished.

The Committee wrote to the Secretary of State for Health and Social Care in relation to this, and in line with the JHOSC recommendation to explore a local future independent patient voice function, the Health and Wellbeing Board set up a working group to action a plan towards ensuring this.

NHS (key officers and representatives who supported the Committee’s work during 2025/26):

NHS

Susannah Butt (Transformation Director – Community Health Services, Dentistry and Primary Care, Oxford Health NHS Foundation Trust)

Julie Dandridge (Deputy Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board)

Olivia Clymer (Director of Strategy and Partnerships, Oxford University Hospitals NHS Foundation Trust)

Daniel Leveson (former Oxfordshire Place Director, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Oxfordshire County Council (Cabinet Members and senior officers who engaged with the Committee during 2025/26):

Cllr Sean Gaul (Cabinet Member for Children, Oxfordshire County Council)

Ansaf Azhar (Director of Public Health, Oxfordshire County Council)

Karen Fuller (Director of Adult Social Care, Oxfordshire County Council)

Lisa Lyons (Director of Children’s Services, Oxfordshire County Council)

I also wish to record my thanks to all members of the Committee (including District Cllr Dorothy Walker as vice-chair) who served during 2025/26 and contributed to the JHOSC's work programme, lines of enquiry and recommendations. The Committee's strength lies in its mix of County, District and City representation, and in the local knowledge members bring about the lived experience of residents in communities across Oxfordshire—urban and rural alike.

Councillor Jane Hanna OBE (Chair)

District Cllr Dorothy Walker
(Vice-Chair 2025-2026)

Councillor Ron Batstone

Councillor Imade Edosomwan

Councillor Judith Edwards

Councillor Gareth Epps

Councillor Emma Garnett

Councillor Paul Austin Sargent

District Councillor Katharine Keats-Rohan

District Councillor Elizabeth Poskitt

District Councillor Val Shaw

City Councillor Louise Upton

Sylvia Buckingham

Barbara Shaw

Special thanks goes to Dr Omid Nouri, Health Scrutiny Officer, for the breadth and quality of support provided to the Committee throughout 2025/26—from research and briefing, to supporting stakeholder engagement, and ensuring that recommendations and follow-up are tracked effectively.



Councillor Jane Hanna OBE
Chair of the Oxfordshire Joint Health
Overview and Scrutiny Committee
(2025/26)

A handwritten signature in black ink that reads "Jane Hanna". The signature is written in a cursive, flowing style.

2 About the committee

The Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) is a statutory committee of Oxfordshire County Council established to provide democratic oversight of health services affecting residents of Oxfordshire. The Committee operates within the legislative framework governing local authority health scrutiny and plays a central role in ensuring transparency, accountability and public interest are upheld within the local health and care system.

As a joint committee, the JHOSC brings together elected members of Oxfordshire County Council alongside representatives nominated by each of the District Councils and Oxford City Council. This joint composition ensures that scrutiny of health services reflects both countywide strategic considerations and district-level intelligence about local populations, community assets and service accessibility. The Committee also benefits from the participation of co-opted members who are not councillors but are appointed on the basis of their professional expertise or lived experience relevant to health and care services. The presence of co-optees strengthens the Committee's capacity to interrogate clinical, operational and patient-experience issues in a rigorous and informed manner.

The Committee does not make executive decisions, allocate funding, or directly manage services. Instead, its role is to examine, challenge and influence decisions made by bodies responsible for the commissioning and delivery of NHS services in Oxfordshire, including Oxfordshire County Council, the BOB Integrated Care Board (now Thames Valley ICB since April 2026), and NHS Provider Trusts.

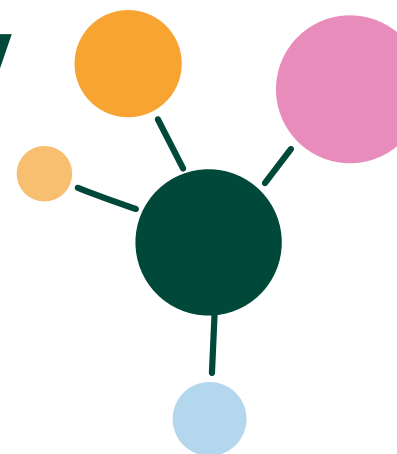
The Committee is empowered to require relevant bodies to attend meetings, submit reports, and respond formally to recommendations. In accordance with statutory requirements, responses to Committee recommendations must be provided in writing within prescribed timescales, enabling the Committee to track actions and hold system partners to account.

The Committee makes structured use of standing working groups alongside formal public meetings. These arrangements also enable scrutiny of areas undergoing substantial service changes, including primary care access and estates, and the implementation of new models of community health provision.



3 Summary of activity

HOSC activity in brief



The Committee convened five public meetings in the municipal year 2025/2026. Over the course of these meetings it scrutinised 15 substantive items. Key items of scrutiny involved:

- ▶ **Eyecare services.**
- ▶ **NHS Reforms.**
- ▶ **General Practice Services.**
- ▶ **Maternity Services.**
- ▶ **Children's Emotional Wellbeing and Mental Health and CAMHS.**
- ▶ **Adult/Older Adult Mental Health Services.**
- ▶ **Oxfordshire Neighbourhood Health Plan.**
- ▶ **All-Age Autism Strategy.**
- ▶ **Oxfordshire Learning Disability Plan.**
- ▶ **Director of Public Health Annual Report.**
- ▶ **Services and estates being planned and delivered as part of the Oxford Community Health Hubs project led by Oxford Health NHS Foundation Trust.**
- ▶ **The ongoing development of the Oxfordshire Neighbourhood Health Plan in light of national directives to local systems to formulate neighbourhood and community health provision.**



Within the past municipal year, the Committee has issued 46 formal recommendations to the NHS as well as Oxfordshire system partners. Of these 46 recommendations, 19 were accepted, 13 were partially accepted, and 0 rejected. At the time of writing this report, the JHOSC is awaiting responses to 10 recommendations, which it expects to receive by the time of publication.

The Committee also received briefings from the NHS on a number of areas including:

- ▶ **Maternity Services delivered by Oxford University Hospitals NHS Foundation Trust in light of findings from previous Care Quality Commission (CQC) inspections and ongoing concerns that the Committee has been hearing around maternity services both nationally and locally.**

The Committee's substantial change working group had also held three online check-in briefings with representatives from the ICB and Oxford Health NHS Foundation Trust (OH) and OUH in the municipal year 2025/2026. This was to receive updates on the progress being made in implementing the Committee's recommendations for the NHS to deliver on its promises following the permanent closure of rehabilitation beds Wantage Community Hospital.

In addition, the Committee's Oxford Community Health Hubs working group held three briefings with representatives of OH in the past year for the purposes of examining progress being made on establishing three community health hubs in Oxford City for the provision of an array of outpatient services to the North, Central, and Southern parts of the City.

Also, the Committee's newly formed Primary Care Access and Estates working group met seven times since its formation in January 2025; having held sessions with representatives of the ICB, the BOB Local Medical Committee, South Oxfordshire and the Vale of White Horse District Council planning and estates Officers, and Healthwatch Oxfordshire.

Key accomplishments

Over the past year, the JHOSC has devoted significant time to scrutinising developments and decisions with direct implications for the health and wellbeing of Oxfordshire residents. As in the preceding year, the Committee has taken a broad view of health and wellbeing—reflecting both national direction and local priorities. It has supported continued integration across health and care and reinforced a wider approach that looks beyond clinical services alone. The Committee also championed the importance of the work of Healthwatch, and the value of an independent patient voice function to Oxfordshire and to democratic health scrutiny.

The impact of the Committee's work is best demonstrated through the outcomes it has helped to influence across the system. Set out below are the areas where the JHOSC's scrutiny and recommendations have made the most notable contribution over the year.

i. Safeguarding Oxfordshire's Place Based Voice during NHS Reform

During 2025/26, the Committee devoted particular attention to the implications of national NHS reforms for Oxfordshire, with a particular focus on safeguarding effective local 'place based' leadership, accountability and responsiveness at a time of significant organisational change. This work took place against the backdrop of major reductions in Integrated Care Board (ICB) running costs and further changes to the ICB operating model, which had the potential to create clear risks around loss of local capacity, diluted decision making, and potentially reduced visibility of Oxfordshire specific priorities within larger system structures.

The Committee scrutinised NHS reform and system governance issues directly through its agenda items on NHS reforms, System Urgent Emergency Care Pressures, and the development of the Oxfordshire Neighbourhood Health Plan, returning repeatedly to how national policy requirements were being implemented locally and what this meant in practice for Oxfordshire residents. Members consistently tested whether commissioning changes risked weakening place based relationships, slowing delivery, or reducing the system's ability to identify and respond to local pressures early.

Across these items, the Committee made formal recommendations seeking assurance that, despite reductions in ICB running costs, Oxfordshire would retain sufficient commissioning presence and leadership at place level; that governance arrangements would remain clear and transparent; and that system partners would continue to engage meaningfully with local authorities, providers and communities. These recommendations (which were accepted) were framed not as requests for information, but as expectations around how reforms should be implemented in a way that protected service quality, access and accountability for Oxfordshire residents.

The Committee also reinforced place based scrutiny through its routine public meeting items, standing working groups, and follow up activity. By tracking how national reforms intersected with delivery on priority issues such as primary care access, urgent and emergency care pressures, discharge and flow, workforce sustainability, and the rollout of neighbourhood level models of care, the Committee ensured that organisational change remained anchored in real world impact rather than abstract restructuring. This approach helped to highlight where reduced capacity or altered operating arrangements could have unintended consequences for delivery, engagement or inequalities.

Taken together, this strand of work around securing the interests and centrality of Oxfordshire place in the context of significant national and system-level changes represents a substantive contribution by the Committee during 2025/26. Through repeated scrutiny, formal recommendations and system level engagement, the Committee played an active role in ensuring that NHS reform and cost reduction measures did not erode Oxfordshire's place based voice, democratic oversight or focus on local outcomes — reinforcing the principle that efficiency and reform must be balanced with responsiveness, accountability and meaningful local partnership working.



ii. Wantage Community Hospital: Securing Services and Maximising Benefits for the Community

A further significant accomplishment has been the Committee's continued role in securing and maximising the future of services to be delivered at Wantage Community Hospital. Building on the formal support the Committee gave in January 2024 to the NHS Project Delivery Plan to expand hospital like services at Wantage, the Committee has maintained sustained scrutiny throughout the past year to ensure that commitments secured in principle were translated into tangible progress on the ground.

Over the year, this work has been led primarily through the Committee's Substantial Change (Wantage) Working Group, which has remained closely engaged with Oxford Health NHS Foundation Trust, the Integrated Care Board and other system partners. During the 2025/26 municipal year, the Working Group held three structured online check in meetings specifically focused on the future of Wantage Community Hospital and progress against the agreed Project Delivery Plan. These sessions provided continuity of oversight between public Committee meetings and enabled detailed testing of delivery, risks and governance.

The working group examined delivery of the five phase refurbishment programme, including delays arising from the discovery of lead paint and the actions taken by Oxford Health to mitigate programme slippage and minimise disruption to patients. Members scrutinised the revised timeline and funding position, and in line with recommendations made by the working group, the Trust committed to investment remaining protected despite wider NHS financial pressures and organisational change.

Across the check in meetings held during the year, the Working Group scrutinised not only the physical redevelopment of the hospital but also progress in expanding and restoring services in line with the 2024 Project Delivery Plan. In response to the working group and the wider committee's previous recommendations, both OH and OUH expressed commitments to providing a wide range of audiology, ophthalmology, ultrasound and other outpatient services. On the basis of the working group's recommendations, the NHS is also giving consideration to potential new services including chemotherapy pilots and community based specialist clinics. Further, it is exploring the extent to which commissioning and workforce capacity were supporting timely service rollout. Particular attention was also given to the dependency on ICB contracting decisions and the risks posed by system reorganisation and reduced commissioning capacity.

Crucially, this scrutiny took place against a backdrop of significant NHS reform and a near 50% reduction in ICB running costs. The Committee therefore used the Wantage programme as a practical test of whether place based commitments could still be delivered in a more constrained and centralised operating environment. Through its working group activity, the Committee reinforced the expectation that Wantage Community Hospital would remain a priority, that previously agreed ambitions would not be diluted, and that local accountability for delivery would be maintained despite organisational change.

Essentially, the Committee's work during 2025/26 has moved beyond safeguarding Wantage Community Hospital in principle to actively consolidating its future in practice. By sustaining detailed, place based scrutiny over time — and by returning consistently to progress against the Project Delivery Plan first endorsed in January 2024 — the Committee has played an important role in ensuring that Wantage Community Hospital continues to develop as a viable, valued and expanding asset for the local community.

The work that has involved co-production with the local community is also being scrutinised from the perspective of the positive value that this brings to this neighbourhood. One example has been working together to align a new community bus with the community hospital plans, with local groups helping to resolve parking issues during the refurbishment. Meaningful coproduction has meant the project has built on the existing assets and networks of the local area to amplify what is possible.



iii. Safeguarding a Future Independent Patient Voice for Oxfordshire.

A further significant accomplishment has been the Committee's scrutiny of national proposals to abolish Healthwatch and its work to safeguard a future independent patient voice for Oxfordshire. Throughout the year, the Committee maintained a clear and consistent position that, while national legislation may remove Healthwatch as a statutory body, the core functions it provides – independence, local reach, and the ability to challenge the system credibly – must not be lost.

The Committee examined the risks associated with transferring patient voice functions into commissioner or provider structures, particularly in terms of loss of independence, reduced candour from the public, and diminished trust among seldom heard communities. This took place alongside wider scrutiny of NHS reform and system restructuring, reinforcing the Committee's concern that organisational change should not weaken democratic oversight or public involvement.

Building on this scrutiny, the Committee agreed formal recommendations that Oxfordshire system partners should work collectively to retain an independent, locally rooted patient voice function, even if the Healthwatch organisational form were abolished through legislation. These recommendations were explicitly aligned with a cross party motion agreed by Oxfordshire County Council, which requested that system partners explore mechanisms to preserve the independent patient voice post Healthwatch abolition, and report progress through established governance routes including HOSC.

To reinforce this position beyond the local system, the Committee wrote formally to all Oxfordshire Members of Parliament in October 2025, setting out its concerns and seeking their support in raising the issue with national government and the Department of Health and Social Care (DHSC).

The letter emphasised Oxfordshire's strong track record of independent patient engagement, the risks associated with centralising or internalising patient voice functions, and the importance of preserving independence during a period of significant NHS reform. The correspondence was subsequently escalated to the DHSC through MPs, with responses shared back with the Committee.

The Committee returned to this issue at subsequent public meetings during the year, including its November 2025 and January 2026 discussions on NHS reform, neighbourhood health planning and system governance, where members continued to test how the abolition of Healthwatch might intersect with emerging place based and neighbourhood models of care.

Importantly, this ongoing scrutiny by the JHOSC directly informed and influenced system level decision making. In its 4 December 2025 public meeting, the Health and Wellbeing Board agreed to establish a working group on a Future Independent Patient Voice, explicitly recognising the concerns and recommendations raised through JHOSC scrutiny and the Full Council motion. The working group was tasked with exploring future models for an independent patient voice in Oxfordshire, identifying the core principles that must be preserved, mapping existing engagement functions, and overseeing public engagement activity to inform future arrangements.

Updates on the establishment and early work of the Working Group were reported to the Health and Wellbeing Board in March 2026, including confirmation of its remit, membership and planned programme of work. The Committee's earlier recommendations were explicitly reflected in the working group's focus on independence, avoidance of duplication, and maintaining trust and legitimacy in engagement – particularly as national legislation continues to develop. The Committee will therefore continue to engage on the national and local plans as they develop.

As such, this strand of work demonstrates how the Committee has used its scrutiny role not only to scrutinise national reform, but to shape a proactive local response. From public scrutiny and formal recommendations, through Council support and national correspondence, to tangible system action via the Health and Wellbeing Board, the Committee's work during 2025/26 has helped to ensure that the future of patient voice in Oxfordshire remains firmly anchored in independence, accountability and local credibility, even in the context of significant national change.



iv. Securing the future of access and estates for GP services

During 2025/26, the Committee devoted consistent attention to the future of primary care access and estates in Oxfordshire, recognising that the availability and suitability of premises is a critical determinant of capacity, workforce sustainability and patient access. This work reflected growing concern that, without concerted system wide action, pressures on general practice—particularly in areas of population growth and relative deprivation—risk being exacerbated by longstanding estate constraints and fragmented accountability.

The Committee explored how limitations in physical estate capacity were constraining the ability of practices to expand workforce, offer additional appointments, or deliver new models of care. Particular attention was given to the uneven distribution of estate pressure across Oxfordshire, with some communities facing persistent difficulties in securing appropriate premises or delivering promised infrastructure alongside major developments.

Following this scrutiny, the Committee agreed formal recommendations aimed at strengthening system wide planning, accountability and collaboration around primary care estates. These included recommendations which secured earlier engagement between the Integrated Care Board (ICB) and local planning authorities; ensuring clearer ownership of estate strategy at local, place level; and strengthening assurance that estate constraints would not undermine commitments around access, workforce resilience and neighbourhood working. Though the Committee received responses from the ICB, which drew attention to constraints relating to capital funding, national policy and regulatory frameworks, it views these issues as requiring ongoing scrutiny rather than one off consideration.

In recognition of the complexity and persistence of these challenges, the Committee established a Primary Care Access and Estates working group. The rationale for creating the Working Group was explicitly to move beyond episodic discussion at public meetings and instead provide a forum for detailed, sustained and place based scrutiny of the structural issues affecting general practice access. This included the relationship between estates, workforce capacity and commissioning decisions, and the interaction between health planning and local authority housing and infrastructure processes.

Since its establishment, the working group has met on several occasions and has engaged with a range of system partners, including representatives from the ICB, the BOB Local Medical Committee (LMC), Healthwatch Oxfordshire, and district council planning and estates officers. Through these discussions, members examined evidence on population growth and list size pressures, variations in access across practices, and the practical constraints faced by practices operating from outdated or insufficient premises. The working group also explored how national funding mechanisms, Section 106 arrangements and capital approval processes can impede timely delivery of primary care infrastructure, even where need is clearly evidenced.

A consistent observation emerging from the working group's work has been that estate constraints are frequently the limiting factor in expanding access, even where workforce funding or additional roles are theoretically available. Members noted that without sufficient clinical rooms, compliant facilities and long term security of tenure, practices cannot fully utilise available staff or invest confidently in service development. The working group also highlighted the importance of earlier and more strategic engagement between health partners and local planning authorities, particularly at the pre application stage of major developments, to avoid reactive and piecemeal solutions.

Through its working group activity, the Committee has reinforced the need for clearer governance and transparency around responsibility for primary care estates at place level—particularly in the context of NHS reform, reduced ICB running costs and evolving neighbourhood based models of care. Members have consistently tested how system partners are mitigating the risk that estate shortcomings could undermine delivery of neighbourhood health ambitions, exacerbate inequalities, or place additional strain on already pressured practices.

At the time of writing this report, the Committee is planning site visits to both urban and rural GP practices in Oxfordshire, with a view to understand the barriers and enablers around primary care access and estates. The working group also plans to submit its final report with a finalised list of findings and recommendations to the wider JHOSC in its September 2026 public meeting. The working group's findings will also be shared with the Secretary of State for Health and Social Care to seek government's support for local efforts to address challenges relating to access and estates in primary care.

Taken together, the Committee's work during 2025/26 has demonstrated a consistent and structured approach to securing the future of primary care access and estates in Oxfordshire. Through public scrutiny, formal recommendations, and the establishment of a dedicated Working Group, the Committee has sought to ensure that primary care estates are treated not as a peripheral technical issue, but as a core system enabler requiring coordinated, place based leadership, long term planning and continued democratic oversight.

v. Securing support from MPs to Safeguard the Sustainability of NHS Eyecare and Escalate Systemic Risks to Government

The Committee undertook focused scrutiny of eyecare services in Oxfordshire, reflecting the significant and persistent concerns being raised by residents, clinicians and system partners about access, waiting times and the sustainability of NHS ophthalmology services. This work has been grounded in the Committee's responsibility to examine not only performance pressures, but also the wider system factors shaping the availability and quality of NHS eyecare locally.

The Committee considered eyecare services as a substantive public meeting item, during which it examined the scale of unmet need, growing waiting lists and the practical impact of long delays on patients' quality of life and clinical outcomes. Members tested how current commissioning and delivery arrangements were responding to rising demand, and how pressures within ophthalmology were interacting with wider workforce shortages and estate constraints. Particular concern was expressed about the cumulative risk posed by prolonged waits for diagnosis and treatment, especially for conditions where delayed intervention can result in irreversible sight loss.

A key strand of the Committee's scrutiny focused on the position of the Oxford Eye Hospital within the local eyecare pathway, and the wider implications of commissioning increasing volumes of activity from independent service providers. While recognising that independent providers are used nationally as part of capacity management, the Committee repeatedly examined whether the balance of activity risked undermining the sustainability of NHS ophthalmology services, fragmenting patient pathways, or destabilising training, workforce recruitment and specialist capacity at the Oxford Eye Hospital. Members consistently tested whether system decisions were being taken with sufficient regard to long term resilience, continuity of care and the maintenance of a comprehensive NHS service locally.

Following this scrutiny, and in light of the seriousness of the issues raised, the Committee agreed that the concerns extended beyond matters that could be resolved solely at local system level. The JHOSC wrote formally to the Secretary of State for Health and Social Care and DHSC, setting out its concerns about the current state of NHS eyecare services, the pressures facing ophthalmology departments, and the unintended consequences that an over reliance on independent provision can have for NHS providers such as the Oxford Eye Hospital. The correspondence emphasised that the Committee's concerns were grounded not only in system intelligence, but also in the lived experiences being reported to the Committee by Oxfordshire residents waiting for care.

In parallel, the Committee sought and received support from Oxfordshire's Members of Parliament, who agreed to raise these concerns with the Secretary of State and to assist in chasing a response given the urgency of the issues. The involvement of local MPs was an important step in reinforcing the seriousness of the challenges facing eyecare services in Oxfordshire and ensuring that local scrutiny concerns were amplified within national policy and accountability structures.

Throughout this work, the Committee has maintained a strong focus on the impact of eyecare service pressures on residents, and on the need for national policy approaches to support, rather than inadvertently weaken, NHS ophthalmology services. By escalating its concerns formally to the Secretary of State and DHSC, and by working with Oxfordshire MPs to pursue national engagement, the Committee has used its scrutiny role not only to highlight local service pressures, but to advocate for systemic solutions that safeguard the sustainability and integrity of NHS eyecare provision in Oxfordshire.

In essence, this strand of work demonstrates how the Committee has responded proactively to emerging risks within eyecare services—moving from local scrutiny and challenge, to formal escalation and national engagement—reflecting both the urgency of the issues facing patients and the Committee's commitment to protecting safe, timely and sustainable access to NHS ophthalmology for Oxfordshire residents.

4 Other key highlights of HOSC activity

Sustained Scrutiny and Engagement on Maternity Services in Oxfordshire:

During the 2025/26 municipal year, the Committee undertook significant scrutiny of maternity services in Oxfordshire, reflecting both national concerns about maternity safety and the specific experiences being raised locally by families who had used services provided by OUH. This work has been characterised by a focus on transparency, accountability, and the importance of what is meant by engagement with families affected by maternity care.

The Committee scrutinised maternity services as a substantive public meeting item in January 2026, where it examined performance data, quality and safety issues, and the Trust's response to previous regulatory concerns. Members scrutinised the information provided by OUH, the correspondence and testimony the Committee had received from families who had experienced maternity services, and information provided by the public speaker from Keep the Horton General Hospital. This enabled the Committee to test whether reported improvements aligned with lived experience and whether the system was responding effectively to concerns being raised by patients and families.

Following this scrutiny, the Committee agreed a series of formal recommendations aimed at strengthening assurance around maternity safety, improving governance and accountability, and ensuring that learning from adverse incidents is embedded consistently across the service.

These recommendations emphasised the need for transparency in reporting, robust data quality, and clear mechanisms for engaging with and supporting families affected by maternity care failures or poor experience.

A key development arising from the January 2026 scrutiny was the Committee's response to concerns regarding errors and inaccuracies in data submitted by OUH as part of its report for the meeting. In light of the seriousness of these issues, and the potential impact on the Committee's ability to undertake effective scrutiny, the Chair of the JHOSC wrote formally to the Chief Executive and Chair of OUH. The correspondence set out concerns raised by families, sought an explanation for the incorrect data presented, and requested assurance regarding how the Trust would rectify these issues and ensure accuracy in future submissions as well as seeking an update on meaningful engagement with groups.

Through this correspondence, the Committee made clear that accurate, complete and transparent information is a prerequisite for effective democratic oversight—particularly in relation to services as sensitive and high risk as maternity care. The Committee also emphasised the importance of the Trust maintaining open and constructive engagement with families who have been affected by maternity service failures, including listening to concerns, offering appropriate responses, and demonstrating how learning is being implemented.

Alongside formal recommendations and correspondence, the Committee has consistently promoted the need for improved engagement between OUH and affected families, recognising that rebuilding trust requires more than procedural compliance. Members have stressed that families' voices must inform service improvement, and that meaningful engagement is essential both for accountability and for restoring confidence in maternity services. There have been concerns about the process for meaningful engagement, and the JHOSC has offered one-off facilitation with a view to an agreement between groups of families on what would be an agreeable process for future engagement between families and the Trust.

Looking ahead, the Committee has made clear that maternity services will remain under active review, including at the Horton General.

The Committee will continue to monitor progress against its recommendations, seek further assurance from OUH and system partners, and consider additional scrutiny where concerns persist or new issues emerge. This reflects the Committee's commitment to continued scrutiny of maternity services—recognising that long term improvement requires consistent oversight, challenge and follow up.

Taken together, this work demonstrates how the Committee has used its scrutiny role to address serious concerns in maternity services through public examination, formal recommendations, direct engagement with Trust leadership, and ongoing monitoring. The Committee's approach during 2025/26 has reinforced the importance of accountability, transparency and patient engagement in safeguarding maternity services for families across Oxfordshire.

Shaping Oxfordshire's Progress Towards Becoming a Marmot Place

On 25 November 2024, Oxfordshire County Council agreed to become a Marmot Place, meaning that Oxfordshire is now an area that formally recognises that health and health inequalities are mainly shaped by the social determinants of health. As part of this process, the Committee has undertaken detailed scrutiny around the Council (and its partners) plans relating to becoming a Marmot Place. The Committee's work in this area has been driven by a clear understanding that improving population health outcomes cannot be achieved through healthcare services alone, and that progress depends on sustained, cross system action aligned to the Marmot principles.

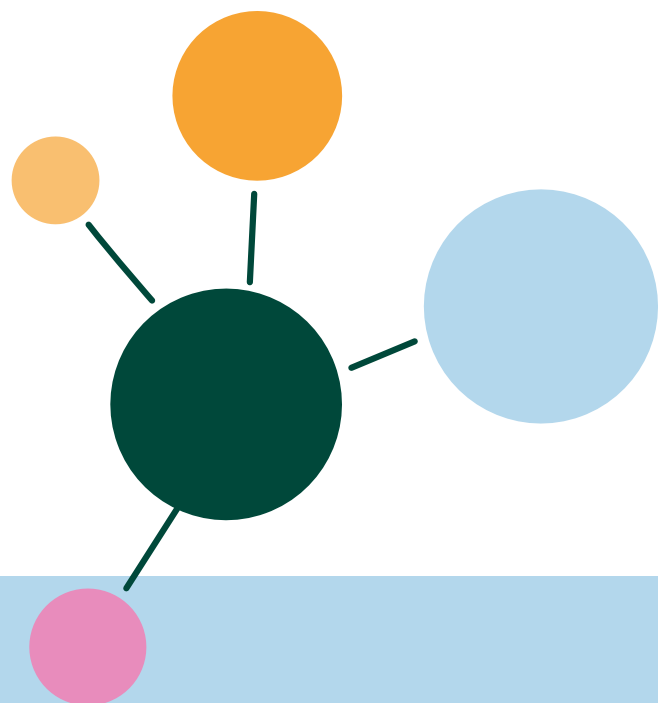
The Committee considered this issue formally at its public meeting in June 2025, where it received an update on Oxfordshire's emerging Marmot Place approach and how the principles were being translated into local strategy, delivery and governance. Members examined how the Marmot framework was being embedded across partner organisations, how progress would be measured, and how the approach would ensure a tangible focus on reducing inequalities experienced by communities facing the poorest health outcomes.

Following this scrutiny, the Committee agreed formal recommendations emphasising the importance of maintaining clear accountability for Marmot delivery, ensuring that the approach was embedded consistently across system priorities, and demonstrating how Marmot principles would shape decision making rather than sit alongside existing strategies in isolation. The Committee welcomed the positive responses received, including commitments from system partners to continue developing the Marmot Place approach, align it with wider population health and prevention strategies, and reflect Marmot principles within emerging plans such as neighbourhood health and place based delivery models.

Hence, due to the Committee's intervention, Marmot delivery is expected to be more clearly accountable to Oxfordshire County Council and the JHOSC, and more fully integrated into the health and social care system.

The Committee also made clear through its recommendations that meaningful progress on Marmot required sustained visibility, transparent reporting and a willingness to test whether actions were genuinely reducing inequalities over time. This included an expectation that partners would articulate how Marmot principles were influencing commissioning, service design and prioritisation, particularly for communities experiencing the greatest disadvantage. Through this, the Committee has ensured that Marmotisation in Oxfordshire is more transparent over its impacts on residents.

Importantly, the Committee has retained a consistent thread of focus on Marmot principles across a range of other scrutiny items and themes during the municipal year since June 2025. This has included scrutiny of urgent and emergency care pressures, primary care access and estates, neighbourhood health planning, discharge and flow, and prevention and population health activity—where members have repeatedly tested whether disadvantaged groups are disproportionately impacted, and whether system responses are aligned with the Marmot ambition of proportionate universalism.



Through this approach, the Committee has deliberately avoided treating Marmot as a standalone policy label, instead using it as a critical lens through which wider system activity is examined. Members have consistently challenged system partners on how inequalities are identified, prioritised and mitigated in practice, and how progress on Marmot commitments is being tracked and owned across organisations.

Looking ahead, the Committee has made clear that Marmot Place will remain an enduring area of scrutiny, rather than a time limited initiative. The Committee will continue to return to Marmot through relevant agenda items and working group activity, seeking assurance that commitments translate into action, measurable outcomes and improved health equity for Oxfordshire residents.

Therefore, this work demonstrates how the Committee has used the Marmot framework to anchor its wider scrutiny of population health and inequalities—ensuring that strategic commitments are reinforced through democratic oversight, challenge and follow up, and that reducing health inequalities remains central to system decision making throughout Oxfordshire.

Supporting development of a Neighbourhood Health Plan for Oxfordshire

Another key area of scrutiny focus by the Committee is the development of the Oxfordshire Neighbourhood Health Plan, recognising neighbourhood working as a central pillar of national NHS policy and a key mechanism for delivering more preventative, integrated and community centred care. In line with government guidance, a Neighbourhood Health Plan is a locally developed plan that sets out how health and care services will be organised, integrated and delivered at neighbourhood level to improve population health, access to services and prevention, while reducing reliance on acute hospitals.

Local systems, including Oxfordshire, are required to develop a Neighbourhood Health Plan. As part of this process, Committee's approach has been grounded in a strong emphasis on place, equity and accountability—seeking assurance that neighbourhood models would respond effectively to local need rather than operate as abstract system level constructs.

The Committee considered the Oxfordshire Neighbourhood Health Plan as a substantive public meeting item in November 2025, where it examined the very early emerging vision, governance arrangements, the proposed delivery approach, and the resources available. Members scrutinised how neighbourhood footprints were being defined, how local population need and health inequalities were being reflected, and how the plan would translate into meaningful changes for residents at community level. Particular attention was given to the relationship between neighbourhood working and existing primary care, community and voluntary sector services, and to the risk that insufficient clarity or resourcing could limit the effectiveness of implementation.

A clear theme of inquiry was also what the values would be that would underpin neighbourhood health, with concern by the committee that neighbourhood health should be based on understanding the needs and assets of any local community, and working to amplify and support local community leadership and grass-roots organisations who connect with public services across health and care. The JHOSC emphasised the important role of local parish and town Councils that have insights into local eco-systems that underpin every community and the public services accessible to communities. The concern raised by the JHOSC was that it was imperative that any reforms to local health arrangements were done with communities, so that existing neighbourhoods can be improved. There was also scrutiny of the resources available for neighbourhood health, and how the funding mechanism would be the Better Care Fund.

Following this scrutiny, the Committee agreed formal recommendations aimed at strengthening clarity, accountability and local assurance around neighbourhood health delivery. These recommendations emphasised the importance of clearly defined neighbourhood footprints; visible leadership and ownership at neighbourhood and place level; alignment with wider population health, prevention and Marmot Place commitments; and meaningful engagement with local communities through town and parish councils and local members, local authorities and the voluntary sector. The Committee also stressed that neighbourhood models must be supported by realistic workforce and estate capacity if they were to succeed in reducing pressure on acute services and addressing inequalities (and that there was not yet necessary assurance at this early stage that this was available).

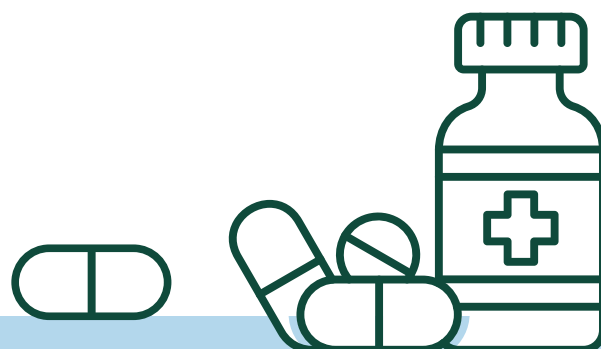
The Committee subsequently received positive responses to these recommendations from system partners, including commitments to refine neighbourhood definitions, strengthen links with place based governance arrangements, and ensure that neighbourhood health development would be aligned with existing strategies rather than duplicating or fragmenting delivery. Partners also acknowledged the Committee's emphasis on engagement, inequality and local accountability, and committed to continuing dialogue with HOSC as neighbourhood delivery matured.

Importantly, the Committee has retained a consistent thread of focus on neighbourhood health across a range of other scrutiny items during the municipal year from June 2025 to the present.

This has included consideration of neighbourhood health principles within scrutiny of urgent and emergency care pressures, primary care access and estates, discharge and flow, prevention and population health activity, and the Marmot Place approach. Across these items, members have repeatedly tested whether neighbourhood level models are sufficiently resourced, whether they are reducing avoidable pressure on acute pathways, and whether they are reaching communities experiencing the greatest disadvantage.

Through this cross cutting approach, the Committee has sought to ensure that neighbourhood health is not treated as a standalone policy initiative, but as a practical delivery framework that must be consistently reflected in commissioning decisions, service design and system priorities. Members have emphasised that progress on neighbourhood health must be evidenced through tangible improvements in access, coordination and outcomes at community level, and through clear accountability for delivery across partners.

Looking ahead, the Committee has made clear that the Oxfordshire Neighbourhood Health Plan will remain under active and ongoing review. The Committee will continue to return to neighbourhood health through relevant agenda items and working groups, seeking assurance that commitments made at system level are translating into sustained implementation, meaningful community engagement and measurable impact for Oxfordshire residents.



Focus and Advocacy around Autism and Learning Disabilities

Given the increased awareness of the impacts of autism, ADHD, and Learning Disabilities, the Committee undertook sustained scrutiny of adult autism and ADHD services, alongside detailed examination of the Oxfordshire Learning Disability Plan, reflecting longstanding concerns about access, waiting times, service coordination and the lived experience of adults with neurodivergence and learning disabilities. This work has been grounded in the Committee's commitment to safeguarding equity, dignity and inclusion for people with complex needs, and to ensuring that system plans translate into tangible improvements in outcomes and experience.

The Committee scrutinised adult autism and ADHD services. It examined the scale of unmet need, extended waits for assessment and diagnosis, and the challenges individuals face in accessing timely post diagnostic and ongoing support. Members explored how current service pathways were operating in practice, the extent to which demand was outstripping capacity, and the implications for individuals' mental health, employment, independence and interaction with other parts of the health and care system. Particular attention was given to the need for clearer, more integrated pathways and improved communication with service users.

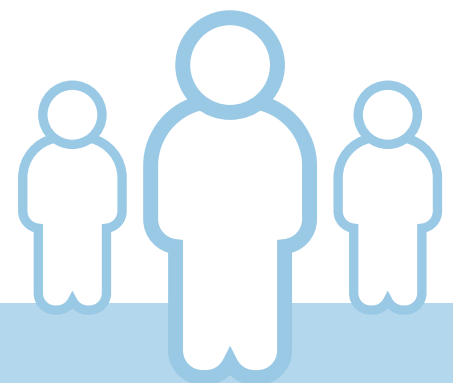
Following this scrutiny, the Committee received positive responses from system partners to its recommendations, including commitments to continue work to improve pathway clarity, strengthen service coordination, and maintain engagement with the Committee as improvement activity progressed.

The Committee returned to learning disability services through its scrutiny of the Oxfordshire Learning Disability Plan at its public meeting in January 2026.

Members examined the Plan's priorities, governance arrangements and delivery actions, with a particular focus on whether commitments around health inequalities, access to primary and community services, and support for people with complex needs were sufficiently robust and clearly owned. The Committee also tested how the Plan aligned with wider system strategies, including neighbourhood health and prevention activity.

As part of this scrutiny, the Committee agreed formal recommendations seeking assurance that the Learning Disability Plan would result in measurable improvement for people with learning disabilities, particularly in relation to access to healthcare, reasonable adjustments, and consistency of support across the county. The Committee welcomed the constructive responses received, including commitments from system partners to continue developing the Plan, strengthen accountability for delivery, and maintain transparency around progress and outcomes. The Committee also recognised from its annual report in 2025 the importance of recommendations that year on epilepsy (1 in 5 people with a learning disability have epilepsy, and this population has the worst premature life expectancy). A particular recommendation made by the Committee this year was that the plan was dynamic, and that it should be reviewed again in 2027.

The Committee has sought to ensure that autism, ADHD and learning disability services are not treated as peripheral or specialist concerns, but as core components of a fair and inclusive health and care system. The Committee had consistently emphasised the need for joined up pathways, clear accountability, and meaningful engagement with people who rely on these services.



Moving forward, the Committee has made clear that adult autism, ADHD and learning disability services will remain under ongoing review. The Committee will continue to return to these issues through relevant agenda items and working group activity, seeking assurance that commitments made by system partners translate into ongoing improvement, reduced inequalities and better lived experience for adults with learning disabilities and neurodivergent conditions across Oxfordshire. In essence, the Committee’s work during 2025/26 demonstrates a sustained and structured approach to scrutiny in this area—combining public examination, clear recommendations, positive system engagement and continued thematic oversight to support meaningful and lasting improvement.

Promoting Prevention, Early Intervention and Accountability in Mental Health Services

In the previous municipal year, the JHOSC maintained its ongoing focus on children’s and adults’ emotional wellbeing and mental health. This work formed both a core element of the Committee’s ordinary scrutiny programme/practice and a direct response to the Oxfordshire County Council Full Council motion on mental health agreed in December 2025, which called for strengthened system accountability, improved access, and a renewed emphasis on prevention and early intervention. The Committee’s scrutiny of mental health services was not driven solely by this motion; rather, it reflected the Committee’s long standing commitment to examining mental health provision across the life course as a central element of its statutory role.



In November 2025, the Committee held a public scrutiny item on Children’s Emotional Wellbeing and Mental Health, incorporating focused examination of Children and Adolescent Mental Health Services (CAMHS) and the School Health Nurse (SHN) service. This item provided the Committee with an opportunity to scrutinise both specialist and universal provision, as well as how services were interacting to support prevention, early identification, and timely intervention for children and young people. The Committee’s discussion emphasised concerns around rising demand, variability in access, and the experience of families navigating complex pathways, particularly for neurodivergent children and those awaiting diagnosis or treatment.

In view of Council’s motion, the Committee wishes to draw attention to its work around mental health. The following link contains a JHOSC report outlining the Committee’s scrutiny, evidence received, and recommendations issued as part of the deep-dive on children’s emotional wellbeing and mental health services in Oxfordshire **Agenda for Oxfordshire Joint Health Overview & Scrutiny Committee on Thursday, 29 January 2026, 10.00 am | Oxfordshire County Council**

The Committee heard from the Cabinet member for children services at Oxfordshire County Council, and recognised the 2025 inspection by Ofsted and the CQC had found that the Council and its NHS partners had taken effective action across five priority areas for children. Routine waiting lists for CAMHS had reduced, and extra appointments had been created for long waits. Families were being offered support whilst waiting and a new AI pilot was showing early signs of supporting recognition of neuro-diverse children with simple, complex and very complex needs for intervention.

The Committee heard from all partners about the importance of work with families and schools and early prevention (with a view to children with serious clinical needs being identified and seen earlier), and about early evidence that interventions such as the Telmi App were helping. The Committee also heard that there was strong intention to continue with improvements, but that this was also against a context where financial pressures were severe and were increasing.

As a result of this scrutiny on children's mental health, the Committee issued a set of substantive and forward looking recommendations designed to drive system change rather than seek additional information. These included recommendations that system partners put in place clearer mechanisms to evaluate the deliverability and impact of the Children's Emotional Wellbeing and Mental Health Strategy; secure more sustainable funding sources for early intervention and community based support; and provide more structured, proactive support for families waiting for assessment or treatment, including the scaling up of interim programmes such as Supportive Steps.

The Committee also recommended improved communication and transparency through a more coherent navigation offer for families, embedding the Whole School Approach to mental wellbeing across Oxfordshire schools, and maintaining and strengthening school based health and sexual health provision, particularly in rural areas. Recognising the importance of joined up early help, the Committee further recommended closer alignment between Family Hubs and the wider emotional wellbeing and mental health system, including consideration of how children's voices should be reflected in any future independent patient voice arrangements for Oxfordshire.

System partners responded positively to the majority of these recommendations, with most being accepted and others partially accepted with clear commitments to action.

Responses outlined concrete steps to embed CAMHS transformation workstreams within existing SEND governance, expand interim support for families awaiting diagnosis through both digital and programme based interventions, enhance the role of School Health Nurses through locality based and specialist training models, and strengthen the delivery of Whole School Approaches through mental health leads, training, and public health commissioning. Collectively, these responses demonstrated a willingness across the system to act on the Committee's scrutiny and reinforced the value of sustained, outcomes focused challenge.

The Committee returned to mental health at a system level in April 2026, when it held a further public meeting item on Adult and Older Adult Mental Health. This item enabled scrutiny of progress on community mental health transformation, equity of access, co production, and the interface between mental health services, physical health, and wider system pressures. In keeping with its earlier work, the Committee again framed its recommendations as clear expectations of the system.

These included calls for equity of access to be treated as a core performance objective, for co production to be embedded in neighbourhood mental health models, for access standards to prioritise quality and continuity of care, and for stronger collaborative action on reducing out of area placements and improving physical health checks for people with serious mental illness. The Committee also emphasised the importance of smooth and supportive transitions between children's and adults' mental health services, reinforcing a life course approach to emotional wellbeing.

Previous work of the JHOSC had included a site visit and scrutiny of the Warneford Hospital, where Committee members agreed unanimously that the state of the estate where little has changed for over two hundred years directly hinders therapeutic work, suitable space to support human dignity, prevention and management of challenging behaviour, and reductions in length of stay in hospital.

The JHOSC previously submitted a report/letter on the Warneford estate to the government in support of the proposal for a new vision for the Warneford Estate, as it believes this to be urgently overdue for ensuring there are improvements to mental health estate and in support of the prevention agenda.

Again, and also in view of Council's motion, the Committee wishes to draw attention to its work around adult mental health. The following link contains a **JHOSC report** outlining the Committee's scrutiny, evidence received, and recommendations issued as part of the deep-dive on adult and older adult mental health services in Oxfordshire.

Beyond these two major public scrutiny items, and in keeping with the Council motion on mental health, the Committee retained a consistent focus on emotional wellbeing, prevention, and early intervention across its work programme between June 2025 and April 2026. This included ongoing scrutiny of related areas such as SEND improvement, primary care access and capacity, neighbourhood health models, health inequalities, and the future of independent patient voice in Oxfordshire—all of which intersect directly with mental health outcomes and involve the need for effective mental health services.

Through this cumulative programme of work, the Committee demonstrated that its scrutiny of mental health is not episodic, but embedded, strategic, and responsive, supporting both immediate service improvement and longer term system transformation in line with its statutory responsibilities and the priorities set out by elected Members through the Council's motion on mental health.

5 Looking ahead to 2026/27



As the Committee looks ahead to the 2026–27 municipal year, it does so in the context of ongoing pressure across the health and care system, alongside ongoing organisational reform in the NHS, financial constraint and rising demand. These pressures reinforce the importance of robust, independent and locally grounded scrutiny. The Committee remains committed to providing constructive, evidence based challenge that supports improvement while safeguarding outcomes for Oxfordshire residents.



Co opted Members and Strengthening Expertise

The Committee places significant value on the contribution of its co opted members, whose professional expertise, lived experience and independent perspective strengthen the quality, credibility and depth of scrutiny. As the Committee’s remit continues to encompass increasingly complex clinical, operational and patient experience issues, the role of co-optees in supporting informed, inclusive and rigorous challenge is ever more important.

The Committee is in the process of actively recruiting one more additional coopted member (to fill in the last vacant co-optee post). The aim is to ensure that co opted representation remains relevant to the Committee’s work programme and reflective of the communities and service users affected by the decisions under scrutiny. This includes considering the balance of skills, experience and perspectives needed to support scrutiny effectively, particularly in relation to safeguarding, disability, neurodiversity, health inequalities and patient experience.

Equality, Diversity and Inclusion in ScrutinyCo-optees:

Practising and promoting equality, diversity and inclusion will remain integral to the Committee’s approach—not as a standalone consideration, but as a lens through which all scrutiny activity is undertaken. The Committee recognises that many of the most persistent system pressures disproportionately affect people experiencing disadvantage, including disabled people, neurodivergent people, people living in deprivation, and communities facing barriers to access.



The Committee will therefore continue to:

- ▶ Test how system plans and service changes impact different population groups; through monitoring the implementation of the JHOSC’s recommendations that any systemic level changes (including ICB restructures and the emerging Neighbourhood Health Plan) do not reduce the availability or efficacy of health and care services for local residents in Oxfordshire.
- ▶ Ensure that scrutiny considers the needs and experiences of seldom heard communities through continued focusing on items of relevance to services that ethnic minority or disabled residents with comorbidities heavily rely on (including mental health, learning disability, and maternity services).

- ▶ Promote meaningful engagement with people with lived experience as part of service improvement activity through continuing to examine the degree to which coproduction is at the heart of any service development/ improvement. This is particularly crucial for mental health, learning disability, and maternity services.

This commitment will continue to underpin scrutiny of areas such as neighbourhood health, primary care access, mental health, learning disability and autism services, maternity care and prevention—helping ensure that system level decisions translate into equitable outcomes at community level.



Priorities for Future Scrutiny

In developing its forward work programme for 2026–27, the Committee will retain flexibility to respond to emerging risks and intelligence, while maintaining a focus on issues where continued scrutiny is likely to add the greatest value. Areas will be decided by the Committee’s work programme and areas expected to merit continued or future scrutiny include:

- ▶ **Independent Patient Voice**, and how that can be exercised in a meaningful way consistent with local democratic values through a structure of local governance across local authority and NHS settings.
- ▶ **Children and adult mental health services**, with continued focus on access, waiting times, quality and outcomes, and the effectiveness of prevention and early intervention support and with appropriate mental health estate suitable for the 21st century. This will align with, and help track progress against areas of concern raised by the Council motion on mental health referenced earlier in this report.
- ▶ **Primary care access and sustainability**, including the interaction between estates, workforce capacity and commissioning decisions. Given primary care’s role as the front door to the system, consistent pressure in this area has wide ranging implications for access, inequalities and demand on acute services. The Committee has planned scrutiny of Dentistry because alongside access to GPs this is a high priority for the public.
- ▶ **Neighbourhood based models of care**, including how neighbourhood health arrangements are implemented in practice, how communities experience them, and whether they reduce pressure elsewhere in the system. Ongoing scrutiny is essential to ensure neighbourhood working delivers tangible, place based improvements with local communities rather than becoming a purely structural reform.
- ▶ **Maternity, autism and learning disability services, and epilepsy** where concerns around safety, access, waiting times and lived experience require long term oversight rather than one off examination. These services are high impact, high risk and often involve people at their most vulnerable.
- ▶ **Urgent and emergency care pressures and system flow**, including discharge, community capacity and workforce sustainability. Continued scrutiny will be important where pressures risk becoming normalised rather than addressed.
- ▶ **Prevention, population health and health inequalities**, including Oxfordshire’s Marmot Place commitments. Scrutiny in this area is vital to ensure that strategic ambitions translate into measurable reductions in inequality over time.
- ▶ **The ongoing implementation of NHS reform** and the three planned shifts from hospital to community; analogue to digital and sickness to prevention; with critical consideration of the implications of system level restructuring for place based leadership, democratic accountability and engagement with local authorities and communities.



Continuing the Committee's Role

Overall, the Committee enters the next municipal year with a clear and consistent sense of purpose. It will continue to act as a constructive “critical friend” to system partners—supporting improvement and generating scrutiny outcomes which add value while providing challenge where assurance is insufficient.

The health scrutiny landscape is very broad, multi-layered and complex. The County Council officer support and elected members involved in scrutiny at place are also serving to scrutinise health at the Thames Valley ICB level. All upper-tier local authorities within the new Thames Valley footprint of the ICB will be required to establish a new Thames Valley JHOSC that corresponds to the new geographical ICB boundaries.

In the context of Local Government Reorganisation, the importance and the value of health scrutiny cannot be overstated. The JHOSC will play a central role in continuing to ensure that health and care services continue to serve the best interests of residents at a time of significant change and reform.

To sustain this work, it is vital that the demands on and the capacity of the Committee is understood and not over stretched; that the contribution from district as well as County local members continues to be valued alongside co opted expertise.

By embedding equality and inclusion, and maintaining focus on high impact areas of scrutiny, the Committee aims to remain an effective, credible and trusted part of Oxfordshire's health and care governance landscape.



6 Contacting Oxfordshire Joint Health Overview Scrutiny Committee

If you would like to contact Oxfordshire Joint Health Overview Scrutiny Committee with suggestions, ideas or comments please email scrutiny@oxfordshire.gov.uk.

Meetings of its committees are open to the public and are livestreamed, the link to which can be found on the relevant meeting agenda which can be accessed from this page:

<https://mycouncil.oxfordshire.gov.uk/ieDocHome.aspx?bcr=1>

We also welcome members of the public sharing their views on relevant items on the agenda in person or via Teams.

To know what is coming to a particular committee it is possible to register for updates via :

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For further information on the Committee, and its work, see the links and contact details below:

[Committee details - Oxfordshire Joint Health Overview & Scrutiny](#)



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- Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC)
- Thames Valley JHOSC
- Also supports and coordinates the Oxfordshire Health and Wellbeing Board



Tom Hudson,
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Performance and Corporate Services Overview and Scrutiny Committee