Appendix: The future of Healthwatch and independent scrutiny.

The statutory functions of Healthwatch are set out in Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012. The main statutory functions of local Healthwatch are to:

- Promote and support the **involvement of local people** in the commissioning, provision and scrutiny of local care services
- 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 (e.g. Through 'Enter and View' visits to health and care facilities)
- **Obtain the views of local people**, regarding their needs for, and experiences of, local care services and importantly, to make those views known
- 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.

Local Healthwatch (of which there are 152 across England) are currently funded by and accountable to their local authorities in which they carry out the role.

Healthwatch Oxfordshire is an independent charity and currently delivers the Healthwatch functions for Oxfordshire under a contract with Oxfordshire County Council (to 2028). It receives some additional funding from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), to support our engagement work, representation at ICB level and Place Based Partnership.

Healthwatch Oxfordshire has built trusted relationships over twelve years with communities and residents in Oxfordshire and become an independent partner in the health and care system. It continues its work to reach out and listen to the experiences of Oxfordshire residents and communities, provide advice and support, and to make sure that this voice helps shape local health and social care services.

In 2024-25 we achieved the following:

Listening and informing

5,321 people shared their experiences of health and social care services with us.

344 people came to us for advice and information about local health services.

577 people submitted a review of their experience of using health and social care services via our Feedback Centre.

5,734 people received regular news updates from us by subscribing to our newsletter or following us on social media.

Making a difference to care

We published **38** reports about the improvements people would like to see in health and social care services.

(See here to read our Annual Report: https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2024-25/ and here for more details of our impact https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/)

Healthwatch Oxfordshire continues to work to make sure that we hear from all communities, and develop innovative ways bring this voice to support development of health and social care. The work to pioneer **community research** for example has helped to make sure the voices of less heard communities are brought to the fore. In 2025-26 Healthwatch Oxfordshire continues to focus on its priorities engaging with residents on a range of topics, including neighbourhood health, digital technologies and supporting community research to hear from communities experiencing health inequalities. You can read about our priorities and how we set them at https://healthwatchoxfordshire.co.uk/about-us/our-priorities/

The **Dash Report** on patient safety published for the government in July 2025 outlines the future landscape for patient safety including rationalising pathways for patient voice, action, accountability and response (https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape). It aims to ensure that health and care decision-makers and providers are more accountable, and proactive in response to the voice of people who use services, throughout their systems, and that pathways to bringing that voice are rationalised.

This includes proposed dissolution of Healthwatch England and all local Healthwatch. A Patient Experience Unit will be established in the Department of Health and Social Care into which Healthwatch England functions will be transferred. Local Healthwatch statutory functions will be transferred as follows: Recommendation 5 states (Page 93) *"Bring together the work of Local Healthwatch, and the engagement functions of Integrated Care Boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services"* and that *"The statutory functions of Local Healthwatch relating to social care should be transferred to local authorities in order to improve the commissioning of social care."* (See here: https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape

It is envisaged that changes proposed in the Dash Report will be implemented through new Health and Social Care Act legislation, with timelines uncertain, but potentially not until Autumn 2026 or beyond. At present there is limited guidance as to what this means in practice for the future landscape, and to what extent shaping and design for its implementation can be developed at local level. **Until the legislations happens, Oxfordshire County Council remains responsible for ensuring the Healthwatch functions are carried out.**

Healthwatch Oxfordshire are committed to constructive engagement with health and care system partners both at place in Oxfordshire and more widely with the Integrated Care Board. We will actively work collaboratively to explore and contribute to the design of future approaches.

It is important that key principles for independent voice are taken into account by the health and care system in planning this transition. Any new model or approach must retain the following core characteristics if public voice is to remain credible and effective:

- Independence from service providers and commissioners building trust
- Built on local presence, relationship and understanding at neighbourhood level, bringing in the voices of everyone including seldom heard communities – to create meaningful change
- Informed by public need, not solely by system priorities
- Focused on integration, and recognising the patient experience which cuts across health and social care boundaries, and wider determinants
- Influential and confident voice acting as a critical friend

These principles are essential to ensuring that public voice continues to contribute meaningfully improving services and reducing health inequalities.