OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

10 SEPTEMBER 2026

INDEPENDENT RESIDENT AND PATIENT VOICE UPDATE

Report by Susannah Wintersgill

RECOMMENDATION

1. **The COMMITTEE is RECOMMENDED to:**

a) **NOTE** the work undertaken to date by the Independent Patient Voice Working Group to explore future independent resident and patient voice arrangements in Oxfordshire.

b) **CONSIDER** the principles identified by the Working Group and the ongoing mapping/insight-gathering exercise that will inform the development of future options.

c) **RECEIVE** the emerging findings from the community engagement exercise presented by Remind Research, noting that the final report will follow.

Summary

2. This report updates the Committee on the work of the Oxfordshire Health and Wellbeing Board Independent Patient Voice Working Group, which was established to explore future independent resident and patient voice arrangements for health and social care in Oxfordshire.

3. The report sets out the national and local context for this work, including the Government's proposal, through the Health Bill 2026-27, to abolish Healthwatch England and local Healthwatch organisations. It explains the establishment and activity of the working group to date and outlines the principles identified to guide any future independent resident and patient voice function.

4. The report also describes progress with the system-wide insight-gathering exercise commissioned to inform the working group's consideration of future arrangements. At the meeting, the Committee will receive a presentation from Remind Research on the approach taken and the emerging findings from public engagement with stakeholders and residents, including young people. These findings are emerging and the final report will follow.

Introduction

5. This report provides an update on the activities of the Oxfordshire Health and Wellbeing Board Independent Patient Voice Working Group, which was established to explore future independent voice arrangements for Oxfordshire. It includes a chronological timeline setting out how and why the group was established.

6. This is a timely update in the context of the Health Bill 2026-27 progressing through Parliament, with national policy moving from proposal towards implementation. It also follows recent correspondence between the Secretary of State for Health and Social Care and the Oxfordshire Joint Health Overview and Scrutiny Committee, in which the Committee expressed concern about the proposed abolition of Healthwatch England and local Healthwatch organisations, including Healthwatch Oxfordshire.

7. Specifically, the Committee asked that, should the Government's proposals proceed, local systems retain sufficient flexibility to develop arrangements that preserve genuinely independent, locally rooted patient and resident voice. This request is central to the work of the Health and Wellbeing Board working group.

National context

8. In July 2025, national proposals set out in the Dash Review signalled the Government's intention to abolish Healthwatch nationally and locally, alongside the abolition of Councils of Governors of Acute Trusts, which currently provide formal routes for staff and patient representation across NHS Foundation Trusts. These proposals formed part of a wider programme of reforms intended to simplify the health and care landscape and strengthen accountability for patient experience and service improvement.

9. Subsequent correspondence shared with local system partners and the Oxfordshire Joint Health Overview and Scrutiny Committee confirmed this position. The Department of Health and Social Care, via Oxfordshire MPs, reiterated that Healthwatch would not continue as a statutory entity and that any local response or decision would need to align with national legislation.

10. In May 2026, the Government introduced the Health Bill 2026-27 to Parliament. The Bill includes provisions to abolish Healthwatch England and Local Healthwatch organisations and transfer relevant functions to integrated care boards and local authorities. Following its Second Reading in June 2026, the Bill completed Commons Public Bill Committee scrutiny in July 2026.

11. The next stage of Parliamentary consideration is the Commons Report Stage, scheduled for 7 September 2026, after which the Bill must complete its remaining Commons stages and proceed to the House of Lords for further scrutiny before it can receive Royal Assent.

12. The final legislative arrangements and implementation timetable have therefore not yet been determined. On 2 September 2026, the Department of Health and

Social Care will provide an online update for local authority commissioners on Healthwatch arrangements. An officer representative from Oxfordshire County Council will attend this meeting.

Local context

13. On 9 September 2025, Oxfordshire County Council unanimously passed a cross-party motion calling on the Leader of the Council 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."

14. This motion was subsequently discussed by Cabinet on 18 November 2025where Cabinet:

    - Acknowledged and noted the motion and the impending abolition of Healthwatch.
    - Endorsed the importance of the Healthwatch function, including the contribution of 38 patient-experience reports under the leadership of Dr Veronica Barry, executive director of Healthwatch Oxfordshire.
    - Supported system-wide work to safeguard the independent patient voice, while noting that any redesign must remain within emerging national legislation.

15. At its 18 November meeting, Cabinet did not take an executive decision. Instead, it referred the matter to system partners, including the Oxfordshire Health and Wellbeing Board, to progress work to protect independence in any future model.

16. On 4 December 2025, the Oxfordshire Health and Wellbeing Board agreed to establish a working group to explore future arrangements for an independent patient voice and to report back to the wider Board.

17. At its next meeting on 12 March 2026, the Board agreed the group's membership, its engagement remit, delegated authority to oversee a programme of public engagement, and requested that the working group report back with recommendations.

18. In establishing the working group, the Board recognised that final local arrangements for a patient voice function cannot be determined until any legislation is passed. However, it considered that there was value in developing an evidence base and exploring potential options to understand the implications of different approaches and support future decision-making, should changes be required.

19. On 3 July 2026, the Chair of this Joint Health and Overview Scrutiny Committee wrote to the Secretary of State for Health and Social Care regarding the proposed abolition of Healthwatch England and local Healthwatch organisations. The letter highlighted the importance of maintaining an

independent patient and resident voice and requested that, should the Government proceed with its proposals, local systems be given sufficient flexibility to develop arrangements that reflect local circumstances and community needs.

20. On 31 July 2026, the Department of Health and Social Care responded, confirming the Government's intention to proceed with the abolition of Healthwatch, subject to the passage of the Health Bill through Parliament. The response stated that responsibility for patient and public voice would in future sit with Integrated Care Boards and local authorities, supported nationally through a new Patient Experience Directorate within the Department.

21. On 23 May 2026, an update report was provided to the Health and Wellbeing Board on the establishment and early work of the Independent Patient Voice Working Group. The group currently comprises the members listed below and is supported by Dr Omid Nouri, Scrutiny Officer at Oxfordshire County Council.

- Chair of the Health and Wellbeing Board (To be determined).
- Vice-Chair of the Health and Wellbeing Board and Chair of Oxford University Hospitals NHS Foundation Trust (To be determined).
- Ansaf Azhar (in his capacity as Director of Public Health).
- Karen Fuller (in her capacity as Director for Adult Social Care).
- Grant Macdonald (in his capacity as Chief Executive of Oxford Health NHS Foundation Trust).
- Michelle Brennan (in her capacity as a representative of Oxfordshire's GP Leadership Group)
- Dan Leveson (as a representative of the Thames Valley Integrated Care Board).

22. The working group will provide a second update report to the Board at its next meeting on 24 September 2026, and is expected to report its findings to the Oxfordshire Health and Wellbeing Board on 10 December 2026 when it is hoped that there will be greater clarity on the Government's legislative arrangements and implementation timetable.

Activity of the Independent Patient Voice Working Group to date

23. The working group first met on 23 January 2026. The purpose of the meeting was to consider the current role of Healthwatch in enabling independent resident and patient voice across Oxfordshire, including the scale and breadth of its activity; and to scope the range of other evidence required to inform the group's deliberations.

24. Veronica Barry, Executive Director of Healthwatch Oxfordshire, and Barbara Shaw, Chair of Healthwatch Oxfordshire, contributed to the first item. Dr Omid Nouri, Scrutiny Officer, was nominated to coordinate activity for the group and to undertake a desk research exercise to map existing patient and resident voice activity across Oxfordshire health and social care system partners. In addition, Oxfordshire County Council's Communications, Marketing and

Engagement team was asked to scope and commission a community engagement package.

25. At this meeting, the working group also agreed the following principles for a future independent resident and patient voice function:

- Brand – trusted and recognised. If not the existing Healthwatch brand, will this then be a different brand?
- Trust- especially with communities and patients.
- Ability to act and set areas of focus independently.
- Consolidation of functions and avoiding duplication between system partners, CVS, engagement teams and patient involvement mechanisms.
- Capacity building in communities.

26. The working group also identified supplementary principles to inform the future function. These were:

- Preserving the "bridge" function between the public and system, with local focus and voice.
- Triangulation of patient experience.
- Use of staff insight and quality data.

Independent primary research

27. As requested by the working group, Oxfordshire County Council has commissioned Remind Research, an independent research agency, to undertake a community engagement programme on future independent resident and patient voice arrangements in Oxfordshire.

28. After consideration, it was agreed that this work was best suited to a qualitative approach with segmented target audience groups. This approach enables participants to explore their experiences, needs and expectations in greater depth than would be possible through a survey or at event/on street discussions, helping to identify nuanced views, concerns and opportunities for future arrangements. It also allows the perspectives of groups with differing experiences of health and care services to be understood and compared.

29. At its second meeting on 7 May 2026, the Health and Wellbeing Board working group helped shape the design, methodology and discussion topics for the community engagement programme, ensuring it was focused on the issues most relevant to Oxfordshire residents and stakeholders.

29. Overall, the community engagement programme focuses on three core audiences: a cross-section of Oxfordshire stakeholders with an interest in patient, resident and service user voice; adult residents who are frequent and infrequent users of health and social care services; and young people aged 13 to 17 who are frequent and infrequent users of services. It seeks to reflect a range of backgrounds and experiences, including people with experience of

social care, primary healthcare and existing patient involvement arrangements such as Healthwatch.

30. The methodology comprises a series of qualitative interviews and focus groups. Up to 20 stakeholder perspectives are being gathered through in-depth interviews with representatives from statutory organisations, the voluntary and community sector, and other organisations with an interest in patient and resident voice. Adult residents have participated in focus groups and, where appropriate, individual interviews to support inclusion and accessibility. Separate face-to-face interviews are being held with young people to ensure that their views and experiences are reflected within the findings.

31. At its core, the engagement is designed to test and refine the emerging principles identified by the working group, understand attitudes towards current and future patient voice arrangements, identify any gaps or unmet needs, and explore the characteristics that stakeholders and residents believe should underpin future arrangements.

32. Tailored discussion guides have been developed for different audience groups to explore current experiences of patient and public involvement in health and social care, awareness and perceptions of Healthwatch Oxfordshire, views on the Government's proposed reforms, and expectations for future patient voice arrangements. Participants have been invited to consider the strengths and limitations of current arrangements, identify the functions and characteristics that should be preserved in any successor model, and discuss the balance between independence, influence, accountability and public trust.

33. Through the discussion guides, participants are also sharing their views on the draft core and supplementary principles for a future independent resident and patient voice function developed by the Board. This includes identifying gaps, priorities and potential tensions within the proposed principles to help inform the working group's consideration of future arrangements.

34. At the point of providing this report, this work is still ongoing but emerging findings from all stages of the research undertaken thus far are being brought together through thematic analysis to identify common themes, areas of consensus and differences in perspective between audiences.

35. Rachel McGrail, Director at Remind Research, will present the emerging findings to Committee. The final report will be circulated to committee members and published on the county council's Let's talk Oxfordshire consultation portal.

System-wide mapping of existing patient and resident voice functions

36. In parallel with the independent community engagement programme commissioned from Remind Research, the working group has initiated a system-wide mapping exercise to understand the patient and resident voice functions that already exist across Oxfordshire's health and care system. This exercise is being undertaken because any future local model for independent patient and resident voice must be designed with a clear understanding of the existing landscape. It would not be sufficient simply to consider what may be lost if Healthwatch is abolished as a statutory body; the working group also needs to understand what routes for listening, engagement, feedback, challenge and accountability are already operated by system partners, how those routes are used, where they add value, and where there may be gaps, duplication or fragmentation.

37. The purpose of the mapping exercise is therefore both descriptive and strategic. Descriptively, it seeks to build a shared evidence base about the current patient and resident voice arrangements across the County Council, NHS providers, the Integrated Care Board, district and city councils, and other relevant parts of the local system. Strategically, it is intended to help the working group consider how any future model could complement, strengthen and connect existing functions, rather than duplicate them or create an additional layer of activity without a clearly defined purpose. This is particularly important because the emerging national direction suggests that some responsibilities currently associated with Healthwatch may transfer to local authorities and Integrated Care Boards. In that context, Oxfordshire needs to be able to distinguish between functions that could appropriately sit within statutory organisations and those that require visible independence, local credibility and the ability to challenge commissioners and providers on behalf of residents.

38. The exercise is also intended to support a more informed discussion about what independence should mean in practice. The working group has already identified independence, trust, recognised routes for engagement, community reach, triangulation of evidence and the avoidance of unnecessary duplication as important principles. The mapping work provides a practical means of testing those principles against the services, processes and engagement mechanisms that already exist. For example, it enables the group to consider whether current arrangements are primarily designed to gather feedback for service improvement, support formal complaints and concerns, co-produce services, involve residents in strategic planning, reach seldom-heard communities, or provide independent challenge. These distinctions matter because not all patient voice activity performs the same function, and not all engagement routes are equally able to provide residents with confidence that their views can be raised independently of the organisations responsible for commissioning or delivering services.

39. Methodologically, the mapping exercise is being taken forward as a structured desk-based and partner-led insight exercise, coordinated by the Scrutiny Officer supporting the working group. System partners have been asked to identify the

patient and resident voice functions that exist within their organisations and to provide a short description of how each function operates and what purpose it serves. This includes, for example, formal patient experience mechanisms, engagement and consultation functions, routes for gathering service user feedback, arrangements for involving residents in service design or improvement, patient participation or involvement structures, complaints and concerns routes where these generate wider learning, and mechanisms used to bring community insight into strategic decision-making. The intention is not only to compile a list of activities, but to understand the role each activity plays within the wider system and the extent to which it contributes to listening, learning, accountability, influence and independent challenge.

40. Responses are being sought from the key organisations represented in the working group and from wider local partners where relevant. This includes Oxfordshire County Council, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, the Integrated Care Board, Healthwatch Oxfordshire, district and city council engagement leads, and other local partners whose work contributes to resident and patient voice. The exercise deliberately sits alongside, rather than instead of, the independent community engagement work. The Remind Research work is gathering qualitative insight from residents, young people and stakeholders about expectations for future independent voice arrangements. The mapping exercise, by contrast, is examining the system architecture that already exists. Taken together, these two strands should allow the working group to compare what residents and stakeholders say is needed with what the system currently provides.

41. Once the information from partners has been collated, it will be analysed thematically to identify the principal categories of patient and resident voice activity across Oxfordshire. This analysis will consider where functions are concentrated, where similar forms of engagement are taking place across several organisations, where there are opportunities for better alignment or shared learning, and where there may be gaps in relation to independence, accessibility, geographic reach, seldom-heard communities, feedback loops and escalation routes. Particular attention will be given to whether existing mechanisms enable residents to see how their feedback has influenced decisions, whether insight is routinely shared across organisational boundaries, and whether there is a clear route through which recurring themes in patient experience can be elevated from individual organisational learning into system-wide improvement and scrutiny.

42. The outputs from the mapping exercise will be shared first with the Independent Patient Voice Working Group so that members can consider the findings alongside the emerging evidence from the independent engagement programme. They will then inform the update to the Health and Wellbeing Board at its meeting on 24 September 2026, where the Board will be able to consider the interim evidence base before more developed options and recommendations are brought forward. The findings will also be shared with the Joint Health Overview and Scrutiny Committee, recognising the Committee's established role in considering patient experience, system accountability and the implications of national reforms for Oxfordshire residents. This approach is

intended to ensure that the evidence gathered is not held only within the working group, but is visible to the wider local governance arrangements that will need to understand and scrutinise future proposals.

43. The working group has been clear that the mapping exercise should not pre-empt decisions about any future model. The final shape of local arrangements will depend on the passage of national legislation, any accompanying guidance, future funding arrangements, and the conclusions drawn from the engagement and mapping evidence. However, undertaking this work now places Oxfordshire in a stronger position to respond constructively and quickly once the national position becomes clearer. It ensures that any future proposal can be grounded in evidence about both current system capacity and resident expectations, rather than being developed in isolation or in response to legislative change alone. In doing so, the mapping exercise forms a central part of the working group's broader objective: to protect the strengths of independent patient and resident voice in Oxfordshire while ensuring that any successor arrangements are coherent, locally rooted, influential and capable of adding value across the health and care system.

Next Steps

36. Members of the working group, supported by Dr Omid Nouri, will continue to meet periodically to advance this work. An update report, including the full findings from the primary research conducted by Remind Research and the desk-based mapping exercise, is scheduled to be presented at the Board's next meeting on 24 September 2026. The working group is expected to present its final report to the Health and Wellbeing Board on 10 December 2026, when it is hoped that there will be greater clarity on the Government's legislative arrangements and implementation timetable.

37. Following this, further updates will be brought to the Board and Committee where are key milestones or substantial developments or decisions required.

Financial Implications

38. There are no direct financial implications arising from this update report. The engagement exercise commissioned to help inform a future independent patient voice function has been funded from existing consultation and engagement service budgets.

    Comments checked by:

    Bick Nguyen-McBride, Finance Business Partner

Legal Implications

38. There are no direct legal implications arising from this report.

39. As set out above, the Health Bill is currently progressing through Parliament and is next due to be considered on 7th September. This report sets out local activity in response to the proposed abolition of Healthwatch England and Local Healthwatch, to understand the local picture in anticipation of new arrangements yet to be determined at a national level and for which the timetable is, as yet, unclear.

    Comments checked by:

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Background papers: Nil

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September 2026