

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Retaining the functions of Healthwatch Oxfordshire

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Dan Leveson (Director of Places & Communities, BOB ICB)
- Stephen Chandler (Deputy Chief Executive and Executive Director for People, Oxfordshire County Council).
- Ansaf Azhar (Director of Public Health, Oxfordshire County Council).
- Karen Fuller (Director of Adult Social Care, Oxfordshire County Council).

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered two reports from Healthwatch Oxfordshire during its public meeting on 11 September 2025. The first report provided a summary of what Healthwatch Oxfordshire heard from service users in relation to GP services, Muscular Skeletal Services, and the NHS app. The second report provided a brief summary of national developments and plans to abolish local Healthwatch organisations, and highlighted the importance of upholding the functions that Healthwatch provides and the role of the independent patient voice.
2. The Committee would like to thank Veronica Barry (Executive Director, Healthwatch Oxfordshire) for attending the meeting and providing a summary of the importance of the Healthwatch function. The Committee also thanks Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board [BOB ICB]) for his input and for reiterating the value that the Healthwatch function provides in gathering feedback from patients and service users.
3. The Committee notes that a motion was unanimously agreed by Oxfordshire County Council in its Full Council meeting on 09 September 2025, which called for the:

‘Leader and Cabinet to urgently consider how the Council working with NHS partners can safeguard and develop the Healthwatch function and engage and meaningfully consult with all local stakeholders to ensure the local delivery of national reforms at neighbourhood level best meet patient and community need.’
4. This motion was proposed by Cllr Jane Hanna (HOSC Chair), and the full wording of it can be found at the bottom of this report below.

5. This matter is of significant concern and interest by the HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the Council and its partners to not only deliver services promptly and efficiently, but to also invest time and resource into supporting and listening to the voices of service users.

SUMMARY

6. During the 05 June 2025 meeting, the Executive Director of Healthwatch Oxfordshire introduced the Healthwatch item by highlighting recent issues, such as problems with school transport for children with Autism, and explained the broad and unique role Healthwatch played in bridging the gap between the public and the health and care system, including signposting, engagement, and scrutiny. The Committee also emphasised the value of Healthwatch's contributions to both its own scrutiny as well as to decision-making by system partners in Oxfordshire, noting the strong local support for its continued function following recent national announcements about its future.
7. Both the District and County Council members of the Committee highlighted their support for Healthwatch Oxfordshire, and praised the valuable insights the organisation provides through gathering patient feedback.
8. The BOB ICB Chief Delivery Officer stated that his organisation valued Healthwatch highly, especially its role in the Place-based Partnership, and shared concerns about the direction of travel regarding its future. He confirmed that they were keen to work with Healthwatch Oxfordshire across the region to design a future model that retained its expertise and independence, acknowledging that independence was a real issue in any redesign.
9. The Committee discussed the importance of system partners safeguarding and developing the Healthwatch function. It was also agreed that there should be meaningful consultation with local stakeholders, and that the Committee should have the opportunity to review any local decisions prior to their implementation. The Committee also agreed to write to local MPs about their concerns, and supported the core characteristics of the independent patient/public voice underpinned by Healthwatch.

KEY POINTS OF OBSERVATION:

10. The proposed abolition of local Healthwatch bodies, as outlined in the July 2025 *Dash Report*, presents a pivotal moment for the future of independent patient and public voice in health and social care. While these national reforms might aim to rationalise patient voice pathways and improve accountability, there is significant risk that the unique strengths of Healthwatch—its independence, local engagement, and ability to amplify seldom-heard voices—could be lost. This report draws on recent reports from Healthwatch Oxfordshire, national Healthwatch evidence, and academic studies to support the Committee's recommendation: that system partners safeguard and develop the Healthwatch function within Oxfordshire, engaging and consulting with all stakeholders, and ensuring local scrutiny of any changes.

The Value of Healthwatch Oxfordshire: Local Impact and Evidence

Healthwatch Oxfordshire has, over more than a decade, established itself as a trusted, independent partner in the local health and care system. Its statutory functions, as set out in the Local Government and Public Involvement in Health Act 2007 (amended by the Health and Social Care Act 2012), include promoting public involvement, monitoring standards, gathering and representing patient views, and making recommendations for improvement. These functions are not merely bureaucratic; they are the foundation for meaningful change.

In 2024–25 alone, Healthwatch Oxfordshire engaged 5,321 people who shared their experiences of health and social care, and 577 submitted reviews via the Feedback Centre¹. The organisation published 38 reports on improvements people want to see, and pioneered community research to ensure seldom-heard voices—such as those from the Sunrise Multicultural Centre and Chinese community groups—are brought to the fore².

The impact of this work is tangible. The July 2025 *Women's Health Services Report* led directly to the development of a women's health strategy for Buckinghamshire, Oxfordshire and Berkshire West ICB, and prompted commitments from Oxford University Hospitals NHS Foundation Trust to reduce waiting times, improve patient information, and train staff in cultural competency. Similarly, the June 2025 *Urgent and Emergency Care Report* informed winter planning and resulted in the development of a new online service for urgent and emergency care. These are not isolated examples; they reflect a consistent pattern of Healthwatch Oxfordshire's evidence-based advocacy leading to real improvements in local services.

Healthwatch Oxfordshire's independence is central to its effectiveness. As an organisation not entirely beholden to service providers or commissioners, it has built trusted relationships with communities and acted as a critical friend to the system. Its reports and recommendations have influenced provider responses and system planning, with all reports available in accessible formats to ensure transparency and inclusivity.

Healthwatch's National context and value: The value of Healthwatch is not confined to Oxfordshire. Across England, 152 local Healthwatch organisations operate as statutory bodies, funded by and accountable to their local authorities. Their core functions—promoting public involvement, monitoring standards, obtaining views, and making recommendations—are replicated nationwide³.

Local Healthwatch bodies have conducted thousands of 'Enter and View' visits to health and care facilities, enabling direct monitoring and

¹ <https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2024-25/>

² <https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/>

³ The future of Healthwatch and independent scrutiny.pdf,

improvement of services. Healthwatch England and local Healthwatch organisations have published numerous reports that have shaped national policy and local service delivery, such as influencing the NHS Long Term Plan and improvements in patient safety⁴.

Collaboration is another hallmark of Healthwatch's value. Healthwatch groups work together at Integrated Care Board (ICB) level, providing insight to committees such as the Quality Committee, Population and Patient Experience Committee, and Prevention and Health Inequalities Committee⁵. Their evidence has been used to inform strategies and planning at both local and national levels, ensuring that reforms are shaped by real patient and community experiences.

Independent evaluations, such as that conducted by Healthwatch York, have highlighted Healthwatch's effectiveness in partnership working and influencing health and social care across Humber and North Yorkshire⁶. The risks of losing this independence are well documented: Healthwatch Richmond's analysis warns that losing the independent patient voice undermines the credibility and effectiveness of feedback, which is essential for system improvement⁷.

The value of the Healthwatch function and the independent patient voice is further supported by a growing body of academic literature. A 2025 *British Medical Journal* article on the NHS 10-year health plan for England emphasises "patient choice, voice and feedback at the heart of how we define and measure quality." The study warns that the closure of local bodies championing public engagement risks weakening the impact of patient voices, noting that in almost every serious case of failure, patients and families had raised concerns long before problems reached public attention⁸.

In a 2018 research project entitled *Public Engagement in Health*, Healthwatch England summarises academic evidence showing that public engagement improves health outcomes, service design, and accountability. The study concluded that independent patient voice mechanisms, such as Healthwatch, are crucial for effective engagement⁹.

Additionally, research from *Kingston University* and *King's College London* has found that local Healthwatch organisations act as 'consumer champions' in health and social care, with their daily practices vital for representing citizen views and influencing systems¹⁰. These studies

⁴ [GOV.UK: Strengthening Peoples Voices in Health and Social Care](#)

⁵ Healthwatch Oxfordshire Report to HOSC Sept 2025.pdf

⁶ [Healthwatch York Evaluation](#)

⁷ [Healthwatch Richmond](#)

⁸ [BMJ, 2025; 390:r1949](#)

⁹ [Healthwatch England Literature Review](#)

¹⁰ [Kingston University Research](#); [King's College London](#)

highlight the importance of independence and local presence for effective advocacy and system change.

Furthermore, Healthwatch Surrey and Healthwatch Kingston have also published analyses warning that centralising patient voice functions risks creating significant gaps in understanding the public's perspective, as people's experiences are more than singular interactions with providers¹¹.

Risks of Losing Independence and Local Engagement: The *Dash Report* proposes dissolving Healthwatch England and local Healthwatch bodies, transferring statutory functions to local authorities and integrating engagement with ICBs. While the intention is to rationalise patient voice pathways and improve accountability, there is uncertainty about how these changes will be implemented and the risk of losing the independent, locally-rooted voice that Healthwatch provides. Therefore, losing this independence undermines the ability to provide honest feedback and drive system improvement. Centralising or entirely abolishing the local Healthwatch function risks losing the nuanced, locally-rooted understanding of patient needs and experiences.

Hence, any new model for patient and public engagement that local system partners agree on must retain key principles for an effective public voice, which should include:

- Independence from service providers and commissioners, building trust.
- Local presence and understanding, especially at neighbourhood level and among seldom-heard communities.
- Public need as the driver, not just system priorities.
- Integration across health and social care boundaries.
- An influential, confident voice acting as a critical friend.

These principles are essential for maintaining credibility, trust, and effectiveness in representing public views and driving service improvement.

Local Delivery of National Reforms: The case for Safeguarding the Healthwatch function should also be seen in the context of the local system's delivery of other national reforms at Place. If system partners are to embark on implementing reforms (including around the creation of a new Neighbourhood Health Model for Oxfordshire), then the value of an independent patient voice function is also pivotal in this regard. The Healthwatch function's approach—grounded in local engagement, evidence, and independence—can help to ensure that reforms are shaped by the real experiences and needs of residents. The organisation's ability to reach seldom-heard groups, support digital

¹¹ [Healthwatch Surrey](#); [Healthwatch Kingston](#)

inclusion, and address inequalities is vital for effective local delivery of national reforms.

The Committee's recommendation for system partners to engage and consult with all stakeholders is supported by Healthwatch's track record of transparent reporting, collaborative working, and responsiveness to public feedback. Scrutiny by the Oxfordshire HOSC before any local decisions are made will help to complement the integrity and effectiveness of the independent patient voice function.

In essence, retaining and developing the Healthwatch function in Oxfordshire is essential to ensure that the public voice remains credible, effective, and influential in shaping health and social care services. The evidence from Healthwatch Oxfordshire's work, national Healthwatch activity, and academic studies demonstrates the value of independence, local engagement, and meaningful consultation. As national reforms progress, safeguarding these principles will be critical to meeting patient and community need at Place and neighbourhood level.

RECOMMENDATION:

11. Below is the recommendation issued by the Committee to Local system partners in Oxfordshire:

'For system partners to safeguard and develop the Healthwatch function, and to 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. It is recommended that the Oxfordshire JHOSC has an opportunity to scrutinise any local decisions on this before they are made.'

FULL WORDING OF COUNCIL MOTION:

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

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

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

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

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

Legal Implications

12. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.
13. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
14. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.
15. The recommendations outlined in this report were agreed by the following members of the Committee:
 - Councillor Jane Hanna OBE – (Chair)
 - District Councillor Dorothy Walker (Deputy Chair)
 - Councillor Ron Batstone
 - Councillor Judith Edwards
 - Councillor Gareth Epps
 - Councillor Emma Garnett
 - District Councillor Paul Barrow
 - District Councillor Katharine Keats-Rohan
 - District Councillor Elizabeth Poskitt
 - City Councillor Louise Upton
 - Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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