

**Oxfordshire Health and Wellbeing Board**  
**12 March 2026**

**Update on the establishment of a Working Group on an  
Independent Patient Voice.**

**Report by Director of Law and Governance and Monitoring Officer**

**RECOMMENDATION**

The Health and Wellbeing Board is **RECOMMENDED** to:

1. **AGREE** to formally establish a working group on an independent patient voice.
2. **AGREE** that the working group will explore and evaluate models for a future independent patient voice function in Oxfordshire following the imminent abolition of Healthwatch by government legislation.
3. **AGREE** to the proposed membership of the working group outlined in this report below.
4. **DELEGATE** to the working group the power to oversee the commissioning of a public engagement exercise to explore the future of an independent patient voice, using the available Healthwatch grant underspend prior to April 2026.
5. **AGREE** to receive an update from the working group on a likely future independent voice function subsequent to the passing of government legislation to formally abolish Healthwatch.

**Executive Summary**

1. This report invites the Oxfordshire Health & Wellbeing Board (HWB) to formally agree to the establishment of a working group of the Board to explore options for maintaining an independent patient voice function in Oxfordshire following the decision nationally to abolish Healthwatch. Board members have met once informally on 23 January 2026 to explore this issue. This paper provides the Board with the full strategic context, national developments, local democratic mandates, stakeholder discussions, and the emerging principles and programme of work that has ensued.

**Context**

2. In July 2025, national proposals outlined in the *Dash Report* signalled the government's intention to abolish Healthwatch nationally and locally, alongside the abolition of the Councils of Governors of acute Trusts, which currently provide formal avenues for staff and patient representation across NHS Foundation Trusts.

3. Subsequent correspondence shared with local system partners and the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) confirmed this position. The Department of Health and Social Care (DHSC), via local Oxfordshire MPs, reiterated that Healthwatch will not continue as a statutory entity and that any local response or decisions must align with national legislation.
4. These changes represent the most significant restructuring of statutory patient voice architecture in more than a decade, prompting the need for local system partners to consider how to preserve core principles of an independent patient voice despite changes mandated nationally.
5. On 9 September 2025, Oxfordshire County Council unanimously passed a cross-party motion calling 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.”*
6. The motion was subsequently discussed by Cabinet on 18 November 2025, where 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 executive leadership of Dr Veronica Barry.
  - Supported system-wide work to safeguard the independent patient voice, while noting that any redesign must remain within emerging national legislation.
7. Cabinet did not take an executive decision itself, and instead referred this matter to system partners — including the HWB — to progress work that would protect independence in whatever new model emerges.
8. At the 4 December 2025 HWB meeting, the Board agreed to establish a working group to explore future arrangements for an independent patient voice, and agreed that this Working Group should report back to the wider Board. The purpose of this report is to formalise the agreement to establish this working group through outlining the rationale, membership, and scope of its activities.

## Formation and Purpose of the HWB Working Group

9. The purpose of the independent patient voice working group is to:
  - Map the statutory functions currently performed by Healthwatch.
  - Identify which core principles must be preserved.
  - Explore feasible future models suitable for Oxfordshire.
  - Oversee a public engagement process to test these principles with residents.
10. Membership of this working group will be drawn from key system partners including the County Council, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, the Buckinghamshire Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB), and primary care representation.
11. The working group membership would include the following individuals:
  - Councillor Liz Leffman (in her capacity as Chair of the HWB and Leader of Oxfordshire County Council).
  - Professor Sir Jonathan Montgomery (in his capacity as Vice-Chair of the HWB and Chair of Oxford University Hospitals NHS Foundation Trust).
  - 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 General Practitioners)
  - Matthew Tait and Dan Leveson (as representatives of the BOB ICB).

## Why an Independent Patient Voice remains essential

12. Oxfordshire has benefited for over a decade from a patient voice function that has operated independently of commissioners and providers, maintained trusted relationships across communities, brought forward seldom-heard voices, and produced high-quality evidence that has directly shaped system decisions and service improvement.
13. Healthwatch Oxfordshire has often gathered, represented, and amplified the views of patients in ways that rely on independence, credibility, and local presence.
14. Academic research also highlights the significance of the autonomy of patient voices and their input. One study published in the *European Heart Journal* highlights that patient input must be grounded in lived experience to be effective, and that patient voices introduce critical perspectives often absent from institutional decision-making. These insights “weave a golden thread of patient experience” through system processes and expose gaps invisible to clinicians or policymakers<sup>1</sup>. Additionally, a 2025 *British Medical Journal* article on the NHS

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<sup>1</sup> [essential role of patients in advocacy and policy | European Heart Journal | Oxford Academic](#)

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 attention<sup>2</sup>. Furthermore, 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 are crucial for effective engagement<sup>3</sup>.

15. National legislation will remove Healthwatch as a statutory entity. Centralising patient voice within provider or commissioner structures could risk: diluting independence, reducing candour in feedback from the public, weakening influence in multi-agency forums, losing neighbourhood-level insight, and eroding trust - particularly among communities that already feel marginalised. Failing to use the agency (available to local system partners) to explore an alternative patient voice function means that the unique strengths of Healthwatch—its independence, local engagement, and ability to reach seldom-heard voices—could be lost.
16. The working group will therefore view the retention of an independent patient voice function not just as a local business need, but also as a function essential for ensuring residents continue to be heard as health and care systems evolve.

### **Activity to date:**

17. Prior to the publication of this report, in order to keep up with rapid developments taking place nationally around the impending abolition of Healthwatch, the proposed working group membership convened on 23 January 2026. This meeting also invited Veronica Barry (Executive Director of Healthwatch Oxfordshire) and Barbara Shaw (Chair of Healthwatch Oxfordshire). The purpose of the meeting was to identify what the business need might be for each system partner organisation from a future independent patient voice function, and to determine what a future local patient voice function might look like once legislation is passed which abolishes Healthwatch. Whilst no ultimate local solutions for a patient voice function can be determined until legislation is passed, there is significant value in exploring and outlining the viable options beforehand.

### Key Principles for a Future Independent Patient Voice Function

18. During the 23 January working group meeting, participants explicitly listed and discussed core design principles that should shape any future independent patient voice function in Oxfordshire. It was agreed that the following principles should underpin this function:

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<sup>2</sup> [BMJ, 2025; 390:r1949](#)

<sup>3</sup> [Healthwatch England Literature Review](#)

- *Brand* – Recognition that retaining a trusted, recognisable brand (even if not “Healthwatch” in future) should be considered as a principle.
- *Trust and relationships* – The service must preserve the trust built with communities, patients, and system partners.
- *Independence* – Independence was repeatedly emphasised as the core requirement, including the ability to set focus areas and issue recommendations freely.
- *Consolidation of functions and avoiding duplication* – The new model must map and avoid duplication between system partners, voluntary sector organisations, engagement teams, and patient involvement mechanisms.
- *Capacity-building in communities* – Strengthening community capability and supporting long-term community engagement was framed as essential.

19. Whilst the above constitute the core principles agreed, there were four additional/supplementary principles that the working group highlighted as being crucial components of the core principles. These include: preserving the “bridge” function between the public and the system; maintaining a local focus and voice; triangulation of patient experience, staff insight and quality data; and ensuring value for money and sustainability in a financially constrained environment.

Engagement Exercise to determine a future independent patient voice:

20. A small amount of budget from existing service budgets for consultation and engagement can be made available for commissioning an engagement exercise that could inform the design principles and future model of an independent patient voice in Oxfordshire. Given the impending legislative changes and the local impetus to establish a model that retains independence, local credibility, and reach into seldom-heard communities, the group concluded that commissioning structured, professionally supported public engagement work, capable of producing high-quality qualitative insights would be of great value. The informal working group concluded that the following avenues could be beneficial for public engagements:

- *Commissioning an external provider* with expertise in public deliberation, insight gathering, or qualitative community research.
- *The Community Research Network (CRN)*, which has established methods for working with communities experiencing health inequalities. There may also be an opportunity for Local Policy Labs to support any research, subject to application cycles.

## Financial Implications

21. There are no direct financial implications arising from this report. Any funds that are used to commission the engagement exercise to help determine a future Independent Patient Voice function would be sourced from existing service budgets for consultation and engagement.

Comments checked by: Drew Hodgson, Strategic Finance Business Partner – Resources, FRCS and TDCE.

## Legal Implications

22. Pursuant to Part 5.1B of Oxfordshire County Council's constitution:

*“The Board may also appoint advisory groups, working groups or informal ‘task and finish groups’ to make recommendations to it on any of its functions.”*

*“The rules on political proportionality do not apply to the Health & Wellbeing Board nor to any sub-committees set up by it.”*

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March 2026.