

**Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)**  
**17<sup>th</sup> September 2026**

Presented by Healthwatch Oxfordshire Research and Projects Officer, Katharine Howell

**Purpose / Recommendation**

- For questions and responses to be taken in relation to Healthwatch Oxfordshire insights.

**Background**

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We build on our social media presence and output to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

**Key Issues**

Since the last meeting in June 2026:

- We published a research report on **Views and experiences of palliative and end-of-life care in Oxfordshire**, based on what we heard from 110 local residents about their hopes and fears around death, and experiences of palliative and end-of-life care services.
  - We heard that many people had **clear and consistent priorities** about what mattered to them most at the end of life: being close to loved ones, feeling safe and comfortable, and receiving good quality care. Most people said they would **prefer to die at home or in a hospice** rather than in a care home or hospital. Although many people had thought about or discussed their wishes, not everyone had made formal plans and some people said they were **unsure about how and when to have end-of-life conversations**.



- People told us about positive aspects of palliative and end-of-life care, including having **control over decisions, management of symptoms and pain**, being treated with **dignity and compassion**, and receiving support that recognised both **the patient as a whole person** and those close to them.
  - However, some people had experienced challenges including **difficulties accessing support** and services, **gaps in communication, lack of coordination** between different health and care providers, **poor communication**, and **inadequate quality and continuity** of care.
  - People suggested improvements including around **information** and **access to support and services; communication** and encouraging **earlier conversations** about end-of-life wishes; strengthening **coordination** between services; strengthening **staff capacity and skills**, and increasing **support for families**. Throughout, we heard about the importance of care and support that builds on people's existing networks, assets and communities, that is culturally appropriate, and that takes into account the wishes of people who are dying and their loved ones, supporting them to live and die well.
  - We welcomed **responses to our recommendations** from system partners, including commitments from Oxford Health to create a map of what services are available in different areas and at what times, and to establish a 'key coordinator' for each person receiving end-of-life care; and from Oxford Health, Oxford University Hospitals and Oxfordshire Community Council to work with diverse communities to ensure that care is culturally appropriate.
- We finalised our report bringing together insight from **850 people** across 14 **rural areas** (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the **Marmot focus on health inequalities**.
- Key themes include gaps around transport, housing and provision for young people, the wealth of community groups supporting health and wellbeing in rural areas and the precarity of these groups and organisations due to challenges including funding.
  - The report will be published shortly, ahead of the September meeting of the Health and Wellbeing Board.

- We ran **skills training workshops for aspiring community-based researchers**
  - Building on the success of our new co-produced [Community Research: How-to Guide](#), in July 2026 we delivered two practical skills workshops, giving participants the opportunity to put the guide into action.
  - During two interactive, hands-on training sessions at Rose Hill Community Centre, 15 aspiring community-based researchers worked through the 9 steps of community research helping to develop the skills, knowledge and confidence to carry out research within their own communities, and supporting each other to develop their own ideas for community research projects.
  - Together, we are now working to plan and develop ongoing support for community researchers as they put what they have learned into action.
  - We will be running a second cohort of community research training sessions for grassroots community members in October.



**All reports** are available to read via [our website](#), together with Easy Read, provider responses, and examples of [the impact of our research](#).

**Enter and View** reports and visits continue. Once complete, all reports and provider responses are available [on our website](#).

- Since the last meeting we made an Enter and View visit to the Minor Injuries Unit at Abingdon Community Hospital.
- We were also delighted to hear that feedback we'd shared with Oxford Health following our **Enter and View** visit had helped shape plans for a major refurbishment project **at Abingdon Community Hospital's Emergency Multidisciplinary Unit**.

### Other activity:

- We held a **public webinar** on Palliative and End-of-Life Care, 15<sup>th</sup> September – with speakers from Oxford Health and Oxford University Hospitals. Recordings of this and previous webinars are available to watch [on our website](#).
- We took part in the **Director of Public Health's Annual Report launch event**, supporting community involvement in the event where partners from across the county came together to share learning, **celebrate community-led action** and strengthen collective efforts to **reduce health inequalities**.
- In **Quarter 1 (April to June)** we engaged directly with approximately 419 people across the county through being on the streets, attending events, hospital stands, community gatherings and Patient Participation Group meetings. Our focus during this time was around hearing from women about their experiences of using maternity services. We have also had great days out talking to people at Play Days across the county.
- We have been participating in Neighbourhood Health workshops, to highlight the need for pathways for patients and residents to be part of the design of this shift towards care closer to home.
- Our most recent [Board Open Forum](#) was on **Wednesday 16<sup>th</sup> September** online.



### ➤ Future of Healthwatch

Healthwatch Oxfordshire continues an independent charity to be here to listen to people using health and care services and ensuring their voices are heard by decision makers – [sign up to our news bulletin](#) to hear about our work.

The recent publication of the Health Bill <https://bills.parliament.uk/bills/4124> includes removal of statutory function of Healthwatch as an independent voice. We are working closely with health and social care system to explore future iterations for our charity.