



Delegated Decisions by Cabinet Member for Adults

***Tuesday, 16 December 2025 at 9.00 am
Online***

If you wish to view proceedings, please click on this [Live Stream Link](#).
However, that will not allow you to participate in the meeting.

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on 19 December unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public

A handwritten signature in blue ink that reads "Reeves".

Martin Reeves
Chief Executive

December 2025

Committee Officer: **Email:**
committeedemocraticservices@oxfordshire.gov.uk

Note: *Date of next meeting: 27 January 2026*

<p>If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.</p>
--

Items for Decision

1. Declarations of Interest

See guidance below.

2. Minutes of the Previous Meeting (Pages 1 - 4)

To confirm the minutes of the meeting held on 21st October 2025 to be signed by the Chair as a correct record.

3. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet Member's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

4. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to committeesdemocraticservices@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Oxfordshire Community Links (Pages 5 - 16)

Report by Director of Adult Social Care (CMDA5)

RECOMMENDATION

The Cabinet Member is RECOMMENDED to

- a) Approve the proposal for Adult Social Care to extend the Community Network Service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028.
- b) Approve the proposal for Adult Social Care to extend the Urgent Community Link service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028 with a reduction in contributory funding to the contract from Oxford Health.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships

- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

This page is intentionally left blank

DELEGATED DECISIONS BY CABINET MEMBER FOR ADULTS

MINUTES of the meeting held on Tuesday, 21 October 2025 commencing at 9.00 am and finishing at 9.05 am.

Present:

Voting Members: Councillor Tim Bearder – in the Chair

Other Members: Councillor James Robertshaw

By Invitation:

Officers:

Whole of meeting Bhavna Taank – Head of Joint Commissioning, LC Live Well
Sharon Paterson – Commissioning Manager
Jack Ahier – Democratic Services Officer

The Cabinet Member considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

11/25 DECLARATIONS OF INTEREST

(Agenda No. 1/25)

There were no declarations of interest.

12/25 QUESTIONS FROM COUNTY COUNCILLORS

(Agenda No. 2/25)

There were no questions from county councillors.

13/25 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 3/25)

There were none.

14/25 MINUTES OF THE PREVIOUS MEETING

(Agenda No. 4/25)

The minutes of the meeting held on 16 September 2025 were approved as an accurate record of proceedings.

15/25 PROCUREMENT OF REPLACEMENT CONTRACTS FOR HOWDAB2 BRANDON TRUST

(Agenda No. 5/25)

The recommendations were approved.

RESOLVED to:

- a) Agree that the Council extend the Henley, Oxford, Witney, Didcot, Abingdon and Banbury (HOWDAB)2 Supported Living contracts Lot 1, 2, 4, 8 and 9 that are currently delivered by the support provider Brandon Trust for 3 months;
- b) Agree that the Council procure two replacement contracts (based on the needs of the people supported) for the HOWDAB2 Brandon Trust Supported Living contracts using the call-off contract award process under the Live Well Supported Services (Adults) Framework Agreement; and
- c) Delegate authority to the Corporate Director for Adult Social Care, in consultation with the Head of Legal, to enter such call-off contracts following the completion of the procurement process for the replacement contracts.

16/25 CONTRACT EXTENSIONS OF HOWDAB2 SEEABILITY (FARINGDON ROAD, NEW ROAD) AND CREATIVE SUPPORT (HOPE HOUSE)
(Agenda No. 6/25)

The recommendations were approved.

RESOLVED to:

- a) Agree to the extension of the Henley, Oxford, Witney, Didcot, Abingdon and Banbury (HOWDAB)2 Seeability supported living contract using 3 of the maximum 5-years available as part of the extension provision within the existing contract; and
- b) Agree to the extension of the HOWDAB2 Creative Support supported living contract using 3 of the maximum 5-years available as part of the extension provision within the existing contract.

17/25 PROCUREMENT OF A REPLACEMENT CONTRACT FOR HOWDAB2 COMMUNITY INTEGRATED CARE (CIC), AND REAL LIFE OPTIONS (RLO)
(Agenda No. 7/25)

The recommendations were approved.

RESOLVED to:

- a) Agree to the procurement and award of a new call-off contract as a replacement contract for supported living services currently provided by Community Integrated Care at Banesberie Close and Millers Yard, and by Real-Life Options at Brasenose Driftway using the call-off contract award process under the Live Well Supported Services (Adults) Framework Agreement; and

- b) **Delegate authority to the Director for Adult Social Care, in consultation with the Head of Legal, to enter such a call-off contract following the completion of the procurement process for the replacement contract.**

..... in the Chair

Date of signing 200

This page is intentionally left blank

Delegated Decision by Cabinet Member for Adults

16 December 2025

Budget approval for two-year extension of Community Network Service contact and Urgent Community Link contract with Age UK Oxfordshire

Report by Director of Adult Social Care

RECOMMENDATION

1. **The Cabinet Member is RECOMMENDED to**
 - a) Approve the proposal for Adult Social Care to extend the Community Network Service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028.
 - b) Approve the proposal for Adult Social Care to extend the Urgent Community Link service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028 with a reduction in contributory funding to the contract from Oxford Health.

Executive Summary

2. This paper provides details on the proposal to extend the Community Network Service (branded Community Links Oxfordshire) and Urgent Community Link contracts provided by Age UK Oxfordshire. The Community Network Service is fully funded by Oxfordshire County Council (the Council). The Urgent Community Link service is funded by the Council and Oxford Health. The contracts are for three years plus a possible further two years extension. The first three years expire on 31 March 2026, and a three-month extension has already been awarded to both contracts from 1 April 2026 until 30 June 2026. This paper recommends that both contracts are further extended. This paper provides a review of the services covering cost, demand, quality, impact, strategic priorities, followed by options for service provision from 1 July 2026.
3. The review concludes that although there are some areas where improvement and further evidence of impact is required, the services are performing well, and the Service Provider is engaged in the strategic priorities to support people to remain independent and in their communities.

4. The Council, Oxford Health and Integrated Care Board (ICB) are facing significant financial pressures. Any decision to extend the contracts must recognise these pressures and seek to mitigate them where possible.
5. Both contracts are funded via Better Care Fund (BCF) and Oxford Health jointly funds the Urgent Community Links service contract with the Council and ICB. The Urgent Community Links contract has two elements:
 - Urgent Hospital Discharge element supporting people being discharged from hospital and follow-up support in the community,
 - Urgent Care Response element supporting the elderly, most frail already in the community, to avoid hospital admissions.
6. The annual funding contribution for the Urgent Community Link contract from Oxford Health is £75,000. From 1 April 2026, Oxford Health has taken the decision to withdraw funding from the contract for the Urgent Care Response element, supporting elderly frail people in the community, and retain the community hospitals element. The reason for this is that the acuity of the patients in the community is too high for what Age UK Oxfordshire can offer, and it has been mutually agreed to withdraw this element of the contract. This is explored further below.
7. Following the review, it is recommended that the two contracts should continue (excluding the Urgent Care Response element), should address the improvement and evidence of impact objectives set out below, and continue to underpin the strategic priorities of the Oxfordshire Way.

Decision table

Board	Date	Decision
Commercial Board	13 November 2025	Agreed
Adult Social Care Directorate Leadership Team	17 November 2025 1 December 2025	Agreed
Key decision at Cabinet	16 December 2025	

Contract details

Introduction

8. The Council and NHS have a duty under the Care Act 2014 to ensure that people:
 - Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
 - Can get the information and advice they need to make good decision about care and support
 - Have a range of provision of high quality, appropriate services to choose from.
9. The Oxfordshire Way is the Council's Adult Social Care strategic vision, focused on:

- Supporting people to live happy, healthy and independent lives
 - Building community resilience and reducing reliance on formal care
 - Delivering care closer to home, through strengths-based and person-centred approaches.
10. The key strategic direction for the Community Network Service and Urgent Community Link service is to facilitate the delivery of the Oxfordshire Way to help people remain independent in their communities. The two services achieve the following:
- Prevent escalation of need by offering early help and support
 - Promote independence through activities and social engagement
 - Build community capacity by strengthening local networks and encouraging volunteering
 - Support integrated care by working across health, social care and voluntary sectors
 - Reduce hospital stays, improve flow and free up beds by addressing non-medical concerns and providing support to enable discharge.

Background

11. In 2023, the Community Network Service (branded as Community Links Oxfordshire service) and the Urgent Community Link service were commissioned and following a competitive tender process, the contracts were awarded to Age UK Oxfordshire. The two contracts commenced on 1 April 2023. The contracts are for three years and were due to expire on 31 March 2026. There are options to extend for a further two years in both contracts.
12. In September 2025, the decision was approved to extend the two contracts for 3-months while a review of the services and future of the contracts could be considered. The Council has given 6-months notice of this extension, and the two contracts will now expire on 30 June 2026. There is an option to extend for a further 21 months until 31 March 2028.

Contract value

13. The Community Network service is funded by the Council and ICB through the BCF. The Urgent Community Link service is largely funded by the Council and ICB through the BCF, with a £75,000 annual contribution from Oxford Health for the work the service does with the Ageing Well team and community hospitals. The Council contracts on behalf of the two partners.
14. The contracts contain an Annual Price Review mechanism. Age UK Oxfordshire submitted Price Review Requests in 2024 and 2025 for the Council and ICB to consider. These requests were made due to changes to the actual costs to the Service Provider of delivering the services that have been caused by external pressures such as the impact of changes to National Living Wage and Employer's National Insurance contributions. The Council and ICB considered these requests and awarded 5.8% inflation in 2024-25 and is considering 4.1% inflation for 2025-26, in line with inflation awarded to other contracts the Council holds.

Community Network Service (Community Links Oxfordshire)

Year	Year 2	Tendered price	Inflation / uplifts	Total	Comments
1	2023/2024	£577,597	£0.00	£577,597	Approved
2	2024/2025	£577,597	£33,500	£611,097	Approved (5.8% uplift)
3	2025/2026	£577,597	£58,555	£636,152	To be approved (4.1% uplift yr on yr)
4	2026/2027	£577,597	£58,555	£636,152	April to June 26 approved £159,038. July to Mar 26 £477,114 to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£577,597	£58,555	£636,152	Any uplift TBD
Total		£2,887,985	£209,165	£3,097,150	

Urgent Community Link

Year	Year 2	OCC	Oxford Health	Tendered value	Inflation / uplifts	Total	Comments
1	2023/2024	£492,000	£75,000	£567,000	£0.00	£567,000	Approved
2	2024/2025	£492,000	£75,000	£567,000	£32,886	£599,886	Approved (5.8% uplift)
3	2025/2026	£492,000	£75,000	£567,000	£57,481	£624,481	To be approved (4.1% uplift yr on yr)
4	2026/2027	£492,000	£8,616 (TBC)	£500,616	£57,481	£558,097	April to June 26 approved £137,370 (+ OH £2,154). July to Mar 26 £412,110 (+ OH £6,462) to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£492,000	£0.00	£492,000	£57,481	£549,481	Any uplift TBD
Total		£2,460,000	£233,616	£2,693,616	£205,329	£2,898,945	

Funding reduction

15. Oxford Health currently contributes £75,000 per year to the Urgent Community Link contract. This has contributed to the Urgent Care Response element (£66,834pa) and the Community Hospitals (£8,616pa). Oxford Health has taken the decision to no longer fund the Urgent Care Response element from 1 April 2026. This means the contribution from Oxford Health will reduce by £66,834 in 2026-27 and funding will then cease for 2027-28, which impacts on the funding which Age UK Oxfordshire will receive in both the 3-month extension, and the recommended extension from 1 July 2026.
16. The consequence is a reduction in capacity of 2 Full Time Equivalent staff members (FTEs) which is explored further below. However, Oxford Health will

continue to fund 4 hours of support per week in community hospitals for 12 months from 1 April 2026 until 31 March 2027 at a cost of £8,616.

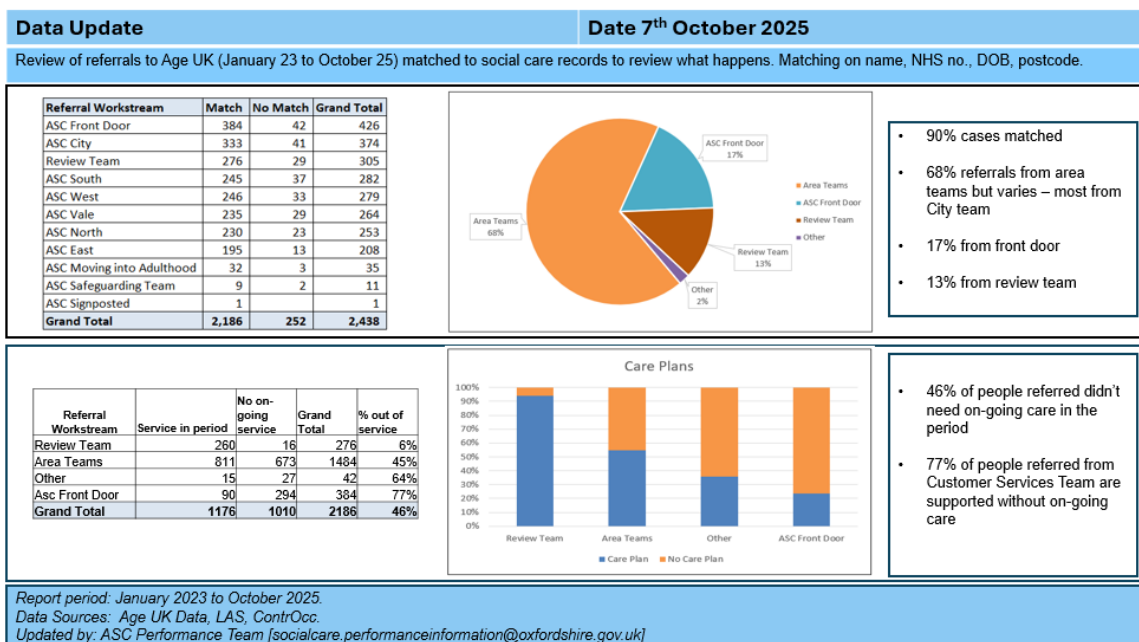
The Service Offers

Service A: Community Network service (branded Community Links Oxfordshire) contract

17. The Community Links Oxfordshire service provides information and advice and is available and accessible to all adult residents in Oxfordshire with health and wellbeing needs, creating easy access to the wide range of information and support that already exists in communities. This supports the culture change from reliance on formal statutory services to a connected approach using community and personal assets. This reduces or delays the need for more intensive health and social care support.
18. There are four elements of the Community Links Oxfordshire service:
 - Community Connectors – working within the community
 - Community Connectors working with Adult Social Care and Customer Service Centre
 - Community development of Good Neighbour Schemes and Community Assets
 - Live Well Oxfordshire platform enhancement.

Impact of Community Network service

19. Community Connectors are embedded within Adult Social Care (ASC) teams and the Customer Service Centre to deliver cost effective interventions, reducing pressure on health and care services. This Locality Teams Oxfordshire Way part of the service has been a very successful addition to the referral pathway process which enables a reduction in contacts going to ASC or further support being required from ASC following a referral to Community Links.
20. Analysis has been undertaken comparing the referrals to Age UK Oxfordshire Community Links service between January 2023 and October 2025. Almost three years of referrals have been matched with Adult Social Care records, and the table below demonstrates the impact of the service over this period.



21. Over the period of January 2023 to October 2025, of those being referred to the Community Links Oxfordshire service, **46% no longer needed a service from the Council**. Whilst not all of this may be attributable to Age UK Oxfordshire, it is reasonable to conclude that a large portion of it will be.
22. A Key Performance Indicator (KPI) in the contract is a **target of 60 referrals per month** (on average) from the locality teams which equates to around 720 referrals per year. In 2023-24, the localities made 652 referrals, followed by 928 in 2024-25 **which exceeds this target**.
23. The graphic below demonstrates the complexity of cases the service is managing, and provides examples of other targets the contract has exceed.

Performance Community Network service

Target: number of people being supported 1:1 = 2,000pa
Target exceeded

Community Network Service							
Year 1 (23/24)				Year 2 (24/25)			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
544	635	507	579	548	565	543	566
Total 2265				Total 2222			

Duration	Complexity Proxy	Proportion of all cases
Less than 4 weeks	Average	59%
4 – 8 weeks	Moderate	24%
8 – 12 weeks	High	8%
More than 12 weeks	Very High	9%

Target: number of sessions & views on Live Well Oxfordshire = 10% increase on monthly average
Target exceeded

Live Well Oxfordshire	No. of Sessions	No. of Page views
(Baseline) Mar-23	12452	28455
Mar-25	17006	34671
Increase of	37%	22%

Service B: Urgent Community Link contract

24. People that are medically fit to return home from hospital may be at risk of longer stays because of a lack of support at home or due to challenges with discharge arrangements. Conversely, some people living in the community have insufficient support to enable them to remain at home which can result in avoidable hospital admission. The service is designed to address both of these issues and **support people to return home and stay home safely** and has two elements.
- Urgent Hospital Discharge element supporting people being discharged from hospital and follow-up support in the community,
 - Urgent Care Response element supporting the elderly, most frail already in the community, to avoid hospital admissions.

Urgent Hospital Discharge element

25. Benefits of the Urgent Hospital Discharge service include:
- Reduction in delays by expediting hospital discharge for medically fit people
 - Improvement in peoples experience of discharge and maximised ability to thrive post discharge
 - Increased use of community assets and support by older people
 - Reduction of pressure on health and social care services

Impact of Urgent Hospital Discharge

26. The service supports people being discharged in different areas such as support with mental or physical health, practical support, housing, social, activities etc. An example of support provided by the service can be seen in the [short video around Stephen's story](#) and the support he got from the service after he had a heart attack.
27. Like with Stephen, individuals have goals they set with support from the service, such as maintaining independence, mental/physical health improvements, financial wellbeing and social connections. 82% of people supported achieved their goals and 13% partially achieved their goals which shows a high success rate.
28. The table below shows the **numbers of people being supported** by the service both before discharge, to allow them to leave hospital, and the number of people being followed up with and further supported once they are at home in their communities. Baselines were set in 2023/24. In 2024-25 the number of people supported in the hospital reduced by 6%. Therefore, the service is currently RAG rated as Amber. People supported in hospital and followed up with support in the community for the first two quarters of 2025-26 are ahead of the baseline so the forecast is positive.

	Year 1 (2023/24)				Year 2 (2024-25)			
	Baseline				Q1	Q2	Q3	Q4
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

People supported in hospital	566	498	564	595	573	536	490	495
Totals				2,223				2,094
Of which followed up post discharge and supported in community	347	325	385	415	419	378	331	334
Totals				1,472				1,462
Community Hospital referrals			19	31	47	32	25	39
Totals				50				143

Further impact work

29. Work will commence with health providers and Age UK Oxfordshire to further establish ways to add value to the Services and produce an action plan. As part of this plan, data including NHS numbers is being collected by the service and compared with the Electronic Patient records to look at the numbers of people who received a service to see if they have **returned to hospital**. A caveat to this data is that despite support to engage with community and practical tasks, ill-health may remain an issue and a return to hospital unavoidable.
30. Funding
Oxford Health has agreed to continue to fund this element of the service from 1 April 2026 to 31 March 2027 for two to four hours a week in Didcot and Witney Hospitals for a yearly cost of £8,616. Funding from Oxford Health will cease from 1 April 2027.

Urgent Care Response element

31. The service is embedded in three Ageing Well teams (Oxford Health) to improve the outcomes for individuals with a focus on identifying and getting early, multi-faceted support to the frailest people in each locality who are most at risk of an episode leading to costly institutional care, so that they can stay happily and actively in their community for as long as possible.
32. Benefits of the Urgent Care Response service:
- Improved ability to manage at home, leading to increased independence
 - Increased social connections and reduced isolation, enhancing quality of life
 - Improved access for Ageing Well team (Oxford Health) to information about local voluntary and community resources
 - Reduction in hospital admissions

Impact of Urgent Care Response

33. Oxford Health has experienced a reduction in referrals from the Ageing Well team to the Service Provider. Oxford Health has assessed capacity, budget position and intent and has decided to withdraw funding for the Urgent Care Response service from 1 April 2026. The acuity of the patients in the community is too high for what Age UK Oxfordshire can offer and it has been mutually agreed to withdraw this element of the contract. Oxford Health has concluded that funding is better invested in support for hospital discharges.

34. **Funding**
Therefore, from 1 April 2026 the service will withdraw the Urgent Care Response element of the contract. This will be a reduction of funding of £66,384. This will be a reduction of the equivalent of two Full Time Equivalent (FTE) Community Link Workers, however, the current model has been flexed to create more delivery capacity at the expense of a layer of management and is overstaffed by approximately 2FTEs Community Link Workers. Therefore, the impact on the service delivery should be mitigated by this reduction in management.

Quality and impact conclusion

35. Routine contract monitoring, through quarterly contract review meetings, demonstrates that the services are well-run, meeting or exceeding some performance expectations and achieving positive outcomes for residents. Work is planned with the Service Provider to improve outcomes where they have not been reached and further increase the value and impact of the services.

Options analysis

36. The **preferred option** is 2B: extend both contracts for 21 months which is the fullest extent available in the contracts, with the contracts expiring on 31 March 2028.
37. This approach could be easily actioned. A further 21 months will allow partners to refine in more detail how to evaluate impact. The Service Provider will look for greater efficiencies to improve outputs.

Cost of preferred option

38. The cost for a further 21 months of funding for each contract is shown in the two tables below. The funding for the two contracts has been identified in the Better Care Fund 26/27 and 27/28. Oxford Health has been contributing £75,000 per year for the Urgent Community Link contract and has decided to withdraw funding for the Urgent Care Response part of the Urgent Community Link contract from 1 April 2026. This is £66,384 per year and the impact is the equivalent of 2 FTEs. The funding for the Urgent Hospital Discharge element of £8,616 per year from Oxford Health will cease from 1 April 2027. All parties are working together to agree the model.

Community Network service

Year	Year 2	Tendered price	Inflation / uplifts	Total	Comments
4	2026/2027	£577,597	£58,555	£636,152	April to June 26 approved £159,038. July to Mar 26 £477,114 to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£577,597	£58,555	£636,152	Any uplift TBD
Total		£1,155,194	£117,110	£1,272,304	

Urgent Community Link

Year	Year 2	OCC	Oxford Health	Tendered value	Inflation / uplifts	Total	Comments
4	2026/2027	£492,000	£8,616	£500,616	£57,481	£558,097	April to June 26 approved £137,370 (+ OH £2,154). July to Mar 26 £412,110 (+ OH £6,462) to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£492,000	£0.00	£492,000	£57,481	£549,481	Any uplift TBD
Total		£984,000	£8,616	£992,616	£114,962	£1,107,578	

Benefits of investing further in these contracts

39. Early help and prevention contracts enhance the opportunity for people to stay well in their communities and reduce demand on the system as a whole. Benefits accrue to both social care and the health system and additional work to further track this impact is ongoing. The support provided in hospitals supports discharges and reduces delays, and the support in the community helps reduce readmissions. The signposting from the Customer Service Centre and the referrals from Adult Social Care have an impact on demand for assessments and reviews.

Corporate Policies and Priorities

40. The continuation of the Community Network service and the Urgent Community Link service for a further 21 months supports the Council's Corporate Plan. Many of the nine priorities have an impact on people remaining independent, and specifically number four which is to prioritise the health and wellbeing of our residents, an objective of which is to help people to live independently and support themselves using the Oxfordshire Way approach.

Financial Implications

The financial implications section should be completed by a member of the finance service

41. This contract is currently funded from the social care element of the Better Care Fund; this will continue for the duration of this contract extension.

Oxford Health has confirmed that they will withdraw the Urgent Care Response element of the contract. This will be a reduction of funding of £66,384, equivalent to two FTE Community Link Workers. This has been mitigated by flexing the current staffing model at the expense of a layer of management, therefore, the impact on the service delivery should be mitigated by this reduction in management.

The provider will still pick up referrals from Oxford Health but previous trends show the referral numbers were minimal – this will be monitored and reviewed with Oxford Health if this position changes during the length of this extension.

Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,
stephen.rowles@oxfordshire.gov.uk

Legal Implications

42. Under s 4 (1) of the Care Act 2014 the Council has a statutory duty to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. The services commissioned under the contracts for which extensions are sought fall under this duty.
43. The contracts were originally competitively procured in accordance with the Council's Contract Procedure Rules and the Public Contract Regulations 2015 (as amended). The extension options were incorporated into the contract terms and so the exercise of these options by the Council does not constitute a modification and is therefore lawful under procurement law.

Comments checked by: Jonathan Pool, solicitor (contracts),
Jonathan.pool@oxfordshire.gov.uk

Risk Management

44. Risk summary table

Criteria	Option 1: Do nothing	Option 2: Retender (New Procurement)	Option 3A: Extend 9 Months	Option 3B: Extend 21 Months (Preferred)	Option 4: Extend and consider combining
Service Continuity	Service would cease	Risk of disruption during transition; potential loss of trusted provider	Maintains current services for short term	Maintains current services for longest period; maximises stability	Maintains current services for short term
Impact on Users	Increased demand for high-cost statutory services due to loss	Uncertainty and possible disruption; risk of losing established relationships	Minimal disruption, but only short-term certainty	High continuity; supports ongoing user relationships and outcomes	Minimal disruption, but only short-term certainty

Criteria	Option 1: Do nothing	Option 2: Retender (New Procurement)	Option 3A: Extend 9 Months	Option 3B: Extend 21 Months (Preferred)	Option 4: Extend and consider combining
	of preventative opportunities				
Resource Implications	Short-term budget pressure reduction however the risk is deferred needs would intensify	High resource demand for procurement process; may not yield savings	Delays resource- intensive procurement for 9 months	Delays procurement for 21 months; allows focus on service delivery	Delays resource- intensive procurement for 9 months
Risks	Reputational risk. Loss of confidence in the Council to support community based delivery.	Uncertainty, instability, possible loss of innovation and external funding	Provider may be less willing to invest in short extension	Future NHS/neighbourhood model changes may require contract variation	Provider may be less willing to invest in short extension

NAME: Karen Fuller, Director of Adult Social Care

Background papers: Nil

Contact Officer: John Pearce, Commissioning Manager
John.pearce@oxfordshire.gov.uk
07775 824765
Lorraine Donnachie, Joint Senior Commissioning Officer
Lorraine.donnachie@oxfordshire.gov.uk
07795291338

December 2025