OXFORDSHIRE COUNTY COUNCIL

Notice of a Meeting

People Overview & Scrutiny Committee
Thursday, 17 September 2026 at 10.00 am
Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

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

Membership

Chair:	Councillor Ian Snowdon		
Deputy Chair:	Councillor Toyah Overton		
Councillors:	James Barlow	Andy Graham	Vacancy
	Imade Edosomwan	Jenny Hannaby	
	Lee Evans	Georgina Heritage	

Date of Next Meeting: *3 December 2026*

For more information about this Committee please contact:
Committee Officer: *Scrutiny Team*
Email: *scrutiny@oxfordshire.gov.uk*

Martin Reeves OBE
Chief Executive

September 2026

What does this Committee review or scrutinise?

The People Overview and Scrutiny Committee focuses on the following key areas: (a) all services and preventative activities/initiatives relating to adults in potential need of social care; (b) statutory functions in relation to, adult social care and safeguarding. Includes public health matters as they relate to adults where they are not covered by the Joint Health Overview and Scrutiny Committee. (c) Council educational support for adults with learning difficulties

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am 4 working day before the date of the meeting.**

About the County Council

The Oxfordshire County Council is made up of 69 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 763,200 residents.

These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £1.2 billion of public money in providing these services. Most decisions are taken by a Cabinet of 10 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:

- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 4 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

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, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

To receive any apologies for absence and temporary appointments.

2. Declaration of Interests

See guidance note on the back page.

3. Minutes (Pages 7 - 14)

The Committee is recommended to **APPROVE** the minutes of the meeting held on 04 April 2026 and to receive information arising from them.

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 speak must be submitted no later than 9am, 13 September 2026.

Requests should be submitted to the Scrutiny Officer at scrutiny@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 Safeguarding Adults Board Annual Report 2025-26 (Pages 15 - 58)

Cllr Rebekah Fletcher, Cabinet member for Adults, Karen Fuller, Director of Adult Social Care, Dr Jayne Chidgey-Clark, Independent Chair of Oxfordshire Safeguarding Adults Board, and Steve Turner, Strategic Partnerships Manager – Adult Social Services, have been invited to present a report on Oxfordshire Safeguarding Adults Board Annual Report 2025-26.

The Committee is asked to consider the report and raise any questions, and to **AGREE** any recommendations it wishes to make to Cabinet arising therefrom.

6. Update on the Council's Connect to Work Programme (Pages 59 - 70)

Cllr Rebekah Fletcher, Cabinet member for Adults, Karen Fuller, Director of Adult Social Care, Victoria Baran, Deputy Director of Adult Social Care, and Will Gardner, Programme manager – Connect to Work Oxfordshire, have been invited to present a report on the Update on the Council's Connect to Work Programme.

The Committee is asked to consider the report and raise any questions, and to **AGREE** any recommendations it wishes to make to Cabinet arising therefrom.

The annex to the report is exempt from disclosure. The information in this case is exempt in that it falls within the following prescribed categories: 3. Information relating to the financial or business affairs of any particular person (including the authority holding that information) and since it is considered that, in all the circumstances of the

case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that a negotiation is ongoing and would prejudice the position of the authority in the process of that negotiation and the Council's standing generally in relation to such matters in future, to the detriment of the Council's ability properly to discharge its fiduciary and other duties as a public authority.

7. Response to the Care Quality Commission Assessment and Improvement Programme (Pages 71 - 114)

Cllr Rebekah Fletcher, Cabinet member for Adults, Karen Fuller, Director of Adult Social Care, Victoria Baran, Deputy Director of Adult Social Care, and Ramone Samuda, Adult Social care Assurance Lead have been invited to present a report on the Response to the Care Quality Commission (CQC) Assessment and Improvement Programme.

The Committee is asked to consider the report and raise any questions, and to **AGREE** any recommendations it wishes to make to Cabinet arising therefrom.

8. Committee Forward Work Plan (Pages 115 - 118)

The Committee is recommended to **AGREE** its work programme for forthcoming meetings**,** having heard any changes from previous iterations, and taking account of the Cabinet Forward Plan and of the Budget Management Monitoring Report.

The latest publication of the Cabinet Forward Plan can be found here.

9. Committee Action and Recommendation Tracker (Pages 119 - 124)

The Committee is recommended to **NOTE** the progress of previous recommendations and actions arising from previous meetings, having raised any questions on the contents.

10. Responses to Scrutiny Recommendations (Pages 125 - 132)

Attached are the Cabinet responses to the People Overview and Scrutiny Committee reports on Domestic Abuse - Safe Accommodation Provision, and Consultation on Proposed Changes to Adult Social Care Contributions Policy.

The Committee is asked to **NOTE** the responses.

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.

PEOPLE OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 4 June 2026 commencing at 10.00 am and finishing at 1.18 pm.

Present:

Voting Members:	Councillor Ian Snowdon - in the Chair Councillor Ron Batstone Councillor Andrew Coles Councillor Imade Edosomwan Councillor Lee Evans Councillor Jenny Hannaby Councillor Georgina Heritage
Other Members in Attendance:	Cllr Rebekah Fletcher, Cabinet Member for Adults
Officers:	Victoria Baran, Deputy Director of Adult Social Care Isabel Rockingham, Head of Joint Commissioning – Age Well, Laura Price, CEO of Oxfordshire Community & Voluntary Action Zoe Springs, CEO of Oxfordshire Community Foundation Emily Lewis-Edwards, Joint CEO of Community First Oxfordshire Sam Harper, Head of Service Sally Ellis, Shared Lives Team Manager Nikki Oleksiw, Shared Lives Social Worker Jane Whitaker, Shared Lives Carer Sarah Hopwood, Shared Lives Scheme "Expert by Experience" Level Chingalembe, Head of Social Care Finance Tom Hudson, Scrutiny manager

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

18/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Overton, substituted by Cllr Batstone, and Cllr Barlow.

19/26 DECLARATION OF INTERESTS

(Agenda No. 2)

There were none.

20/26 MINUTES
(Agenda No. 3)

The minutes of the meetings held on 19 March 2026, and 12 May 2026 were **AGREED** as a true and accurate record.

21/26 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were none.

22/26 COMMUNITY CAPACITY GRANTS PROGRAMME
(Agenda No. 5)

Cllr Rebekah Fletcher, Cabinet Member for Adults, Victoria Baran, Deputy Director of Adult Social Care, and Isabel Rockingham, Head of Joint Commissioning – Age Well, were invited to present a report on the Community Capacity Grants Programme.

Laura Price, CEO of Oxfordshire Community & Voluntary Action, Zoe Springs, CEO of Oxfordshire Community Foundation, and, Emily Lewis-Edwards, Joint CEO of Community First Oxfordshire, were invited to support the Committee.

The Cabinet Member introduced the report by outlining the programme's role in supporting the Council's preventative agenda, helping residents to remain independent and connected within their communities. Officers explained that the programme had operated since 2022, funding voluntary and community organisations through the Connected Communities Fund and larger grants administered by established sector partners. More than 275 projects had been supported, reaching over 30,000 residents, with an annual value of around £900,000.

In discussion, Members first examined the delivery model and asked why funding was routed through intermediary organisations rather than awarded directly. Officers explained that partner bodies brought established local relationships, knowledge of community need, and the capacity to run accessible application processes, particularly for smaller organisations. Representatives of those partners added that they provided practical support to applicants, including help to shape bids and understand criteria, which had broadened participation and improved the quality of submissions.

Members then considered demand for the programme, noting that it was consistently oversubscribed. Officers confirmed that demand substantially exceeded available funding and that many unsuccessful applications were nevertheless strong. They explained that decisions were based on alignment with preventative outcomes, value for money, and reach into priority communities.

The Committee also asked whether the programme was reaching rural areas and underserved groups effectively. Officers said targeted engagement was undertaken to encourage applications from underrepresented areas and communities, and that the funding model allowed flexibility to respond to local circumstances. Members

nevertheless emphasised the need for continued monitoring to ensure equitable distribution.

Members explored how impact was measured and whether stronger evidence could be developed to demonstrate wider preventative benefits, including reduced demand on statutory services. Officers explained that monitoring currently combined quantitative data with qualitative evidence such as case studies and user feedback. They acknowledged that demonstrating longer-term preventative impact remained challenging, noting that more detailed evaluation would require additional resource and could place a disproportionate burden on smaller organisations. Officers also highlighted that many funded interventions were based on established evidence and confirmed that work was underway to strengthen evaluation arrangements in a proportionate manner.

Members welcomed the support available to smaller organisations, including one-to-one advice and feedback for unsuccessful applicants, but queried whether this created capacity pressures for delivery partners. Officers and partner representatives acknowledged that the approach was resource-intensive but said it was important to maintain accessibility and a diverse provider base.

The Committee also discussed the programme's sustainability in the context of wider financial pressures. Officers advised that future funding at current levels could not be guaranteed and would depend on budget decisions. Members raised concern that uncertainty could affect both the voluntary sector and the continuity of preventative support. Members also expressed interest in stronger links with funded organisations in their divisions to improve local visibility and accountability, which officers and partners welcomed.

The Committee **AGREED** to the following actions:

- Further detailed reports containing qualitative and quantitative evidence be circulated to Members to support scrutiny of the programme's impact.

- Opportunities for Members to engage directly with funded organisations, including attendance at relevant forums, be explored.

The meeting adjourned at 11:00 and reconvened at 11:08.

23/26 UPDATE ON THE COUNCIL'S SHARED LIVES SERVICE

(Agenda No. 6)

Cllr Rebekah Fletcher, Cabinet Member for Adults, Sam Harper, Head of Service, Sally Ellis, Shared Lives Team manager, Nikki Oleksiw, Shared Lives Social Worker, Jane Whitaker, Shared Lives Carer, and Sarah Hopwood, Shared Lives Scheme "Expert by Experience", presented the update on the Council's Shared Lives Service.

The Cabinet Member introduced the report by outlining Shared Lives as a community-based model of care in which individuals are supported to live within family environments with approved carers, rather than in more traditional residential settings. Officers advised that the service currently supported over 100 individuals,

was regulated by the Care Quality Commission with a “Good” rating and delivered both improved personal outcomes and lower costs in many cases when compared with residential care. The presentation also highlighted the service’s role in supporting people with learning disabilities, mental health needs, and care leavers transitioning to adulthood, alongside ongoing work to expand capacity.

Members began by asking how consistently Shared Lives was considered through assessment and care planning. Officers said it formed part of standard care planning and was considered at an early stage where appropriate, but stressed that suitability depended on individual need, preference, compatibility with carers, and safeguarding considerations. Members asked whether earlier identification of suitable candidates could increase uptake, and officers agreed that further awareness among practitioners remained important.

The Committee then explored the scale of the service and the constraints on growth. Officers advised that recruitment of carers remained the principal constraint and that the approval process had to be robust to ensure quality and safety. This involved assessment, training, and careful matching, which could take several months. Members asked whether the Council had clear growth ambitions and whether progress was sufficient. Officers said there was a clear ambition to expand the service, but that growth had to be managed carefully to maintain quality and appropriate matches.

Members raised questions about recruitment and public awareness, noting that the model was not widely understood. Officers acknowledged this and said that successful recruitment was still often driven by word-of-mouth and informal networks. Members asked what more could be done to promote the scheme, including the role councillors might play locally. Officers welcomed Member support and said that clearer, more consistent messaging would help recruitment.

The Committee also discussed the uneven geographic distribution of carers across the county and the risk that people in some rural or less well-served areas might have more limited access to placements. Officers acknowledged this variation and advised that targeted recruitment activity was taking place in areas with lower provision, though this remained dependent on suitable individuals coming forward.

Members explored the financial and wider system benefits of the model, asking how Shared Lives compared with residential care. Officers confirmed, and was supported by the Expert by Experience, that placements were often significantly less expensive than residential care packages while also producing better personalised outcomes. They emphasised, however, that the service should not be seen solely as a cost-saving measure, as its main purpose was to provide a more suitable and independent form of support where appropriate.

Members sought further detail on support for carers, including training, professional support, and respite. Officers explained that carers were subject to ongoing monitoring and review and were supported through training, professional advice, and peer networks. Members also asked about retention. Officers said retention was generally good, but that the demands of the role meant continued support was essential to sustain the workforce.

Members were particularly interested in the lived experience shared during the meeting and noted the positive testimony from those directly involved in the service. The Committee recognised the value of lived experience in shaping future service development and emphasised the importance of continuing to gather and reflect user feedback in future reporting.

The Committee **AGREED** to the following actions:

- A Member briefing note be developed to support councillors in promoting the Shared Lives service within their divisions.

- Officers would review opportunities to strengthen awareness and communication channels to support recruitment.

The meeting adjourned at 11:51, and reconvened at 11:57

24/26 CONSULTATION ON PROPOSED CHANGES TO ADULT SOCIAL CARE CONTRIBUTIONS POLICY

(Agenda No. 7)

Councillor Rebekah Fletcher, Cabinet Member for Adults, Victoria Baran, Deputy Director, and Level Chingalembe, Head of Social Care Finance, introduced a report on the consultation regarding proposed changes to the Adult Social Care Contributions Policy.

The Cabinet Member introduced the report by outlining the scale of financial pressure facing Adult Social Care, with rising demand, increasing complexity of need, and wider reductions in government funding requiring the Council to identify savings whilst continuing to meet its statutory duties under the Care Act 2014. Officers advised that the Council supports over 6,800 adults and spends approximately £330 million per annum on Adult Social Care services.

The report set out three principal proposals. First, reducing the Disability Related Expenditure (DRE) allowance from 35% to 25% of disability benefits, while retaining the ability for individuals to request a full assessment where their actual costs exceed the standard allowance. Secondly, introducing a flat-rate charge of £10 per day for transport arranged by Adult Social Care. Thirdly, introducing a charge for all users of telecare services, increasing from the current £6 per week to the full cost of approximately £9.87 per week.

Officers explained that benchmarking indicated Oxfordshire's current 35% DRE allowance was significantly higher than most other authorities, and that the proposed 25% rate would align more closely with typical levels of disability-related expenditure. It was emphasised that this would operate as a standard allowance rather than a fixed cap, with individuals still able to undergo a full assessment and receive a higher allowance where their disability-related costs exceed the standard rate.

The proposals formed part of a wider package of measures to address a forecast £5.4 million funding gap in 2026/27 and were expected to generate approximately

£0.5 million in that year, rising to around £1.2 million on a full-year basis in future years.

Members sought clarification on the policy intent and justification for the proposals. Whilst Officers emphasised that the changes would improve consistency, fairness, and alignment with national guidance, Members questioned the extent to which the proposals were driven by financial pressures. Officers advised that both factors were relevant, noting that the Council was required to take action to ensure financial sustainability whilst maintaining a lawful and equitable charging framework.

The Committee explored the proposal to reduce the DRE allowance from 35% to 25%, with Members acknowledging the benchmarking evidence that Oxfordshire's current rate was comparatively generous. However, Members raised concerns that the proposed reduction would represent a tangible financial impact on many service users, citing examples from the report which showed reductions of approximately £11.46 per week for higher-rate benefits and £7.67 for standard rates.

Members questioned whether alternative approaches, including a more gradual reduction, had been fully considered. Officers confirmed that alternative scenarios had been modelled at a high level but advised that the proposed approach reflected the scale and immediacy of the financial challenge. Members noted that limited comparative detail had been provided, which constrained the Committee's ability to assess proportionality.

A significant part of the discussion focussed on the operation of the revised DRE model. Members sought reassurance regarding the extent to which service users would be required to evidence expenditure. Officers clarified that the proposed model retained a standard 25% allowance which would apply automatically, with individual assessments only required where a person's costs exceeded that figure.

Members nevertheless expressed concern that this approach would increase reliance on case-by-case assessment and could therefore lead to greater administrative complexity for both staff and service users. Officers acknowledged that individual assessments were more resource-intensive but reiterated that the "top-up" model was intended to balance administrative efficiency with fairness.

The Committee then examined the proposal to introduce a £10 per day charge for transport arranged by Adult Social Care. Members noted that transport provision was already limited to circumstances where individuals could not reasonably access alternative options and queried the extent to which the proposed charge would generate additional income. Officers advised that, in many cases, transport costs could be met through disability benefits or considered as Disability Related Expenditure within financial assessments, meaning that income generation may vary.

Members raised concerns about the potential impact of transport charges on access to services and social participation, particularly where individuals relied on transport to access day opportunities or community support. Officers confirmed that exemptions and discretionary adjustments would remain available where required.

The Committee also considered the proposal to introduce charges for telecare services, noting that approximately 3,500 residents currently used the service. Members acknowledged that telecare provided preventative support but raised concerns regarding the potential impact of increasing charges from £6 to £9.87 per week and extending them to all users.

Members referred to the consultation material which identified mixed evidence regarding the extent to which telecare reduces demand on other services and queried whether the proposals risked creating a false economy if increased charges reduced uptake of preventative support services. Officers advised that benchmarking indicated such charges were common across other authorities but acknowledged that behavioural impacts and wider system effects were difficult to predict with certainty.

Members also considered the cumulative impact of the proposals, particularly for individuals affected by multiple changes simultaneously, including reduced DRE allowance alongside new or increased charges. Concerns were raised regarding affordability for those just above eligibility thresholds. Officers confirmed that statutory safeguards would remain in place, including Minimum Income Guarantee requirements, and that discretionary adjustments could be applied on a case-by-case basis.

The Committee **AGREED** to make recommendations under the following heading:

- That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.

- That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.

- That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out the mitigations or safeguards available, taking into account the risk of additional administrative burden.

25/26 COMMITTEE FORWARD WORK PLAN
(Agenda No. 8)

The Committee **AGREED** to the forward work programme. Officers would discuss the scope and potential for an item of Disabled Facilities Grant (DFG).

26/26 COMMITTEE ACTION AND RECOMMENDATION TRACKER
(Agenda No. 9)

The Committee **NOTED** the action and recommendation tracker.

27/26 RESPONSES TO SCRUTINY RECOMMENDATIONS
(Agenda No. 10)

The Committee **NOTED** the Cabinet response to the report on the Unpaid Carer Strategy.

..... in the Chair

Date of signing .....

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

17TH SEPTEMBER 2026

OXFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2025-26

Report by Karen Fuller, Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
   Note the findings of the Oxfordshire Safeguarding Adults Board (OSAB) Annual Report 2025-26. It is a requirement of statutory guidance that this report is shared with the Local Authority hosting the Safeguarding Board in their area.

Executive Summary

2. The Oxfordshire Safeguarding Adults Board (OSAB) Annual Report 2025-26 sets out how the Board and its member organisations discharged their statutory safeguarding responsibilities between 1 April 2025 and 31 March 2026. The report highlights a year of system change, including NHS reorganisation, Local Government Reorganisation proposals, and emerging national reforms to adult safeguarding. Despite these challenges, the Board delivered progress against its Strategic Plan, strengthened its governance arrangements, expanded its quality assurance framework, undertook a programme of Safeguarding Adults Reviews and Homeless Mortality Reviews, and continued to promote learning and improvement across the partnership.

Background

3. The Oxfordshire Safeguarding Adults Board is a statutory multi-agency partnership established under the Care Act 2014. Its role is to coordinate safeguarding arrangements, assure itself that local safeguarding

arrangements are effective, and protect adults in its area with care and support needs who are experiencing or at risk of abuse or neglect and are, as a consequence, unable to protect themselves. The Board's core statutory partners are Oxfordshire County Council, NHS Thames Valley ICB and Thames Valley Police, supported by a wider range of public, voluntary and community sector organisations.

Key Achievements During 2025-26

4. During 2025-26 the Board approved and implemented a new Strategic Plan, established a Board-level Risk Register, strengthened governance through the creation of a Business Group, launched the MARM+ approach for adults experiencing multiple disadvantage, and enhanced mechanisms for measuring safeguarding impact. The Board also completed and published four Homeless Mortality Reviews, strengthened arrangements for learning from reviews, and developed nationally recognised work on self-neglect and professional curiosity.

Safeguarding Activity and Performance

5. Safeguarding demand continued to increase during the reporting year. The local authority recorded 10,865 safeguarding concerns, 1,584 Section 42 safeguarding enquiries and 553 other safeguarding enquiries. This represents the highest level of safeguarding concerns recorded in Oxfordshire for many years and reflects both increased awareness and increasing complexity of need. The Board has continued to strengthen its performance framework to ensure that safeguarding activity is accompanied by quality assurance and outcome-focused evaluation.

Learning from Reviews

6. A significant focus of the Board's work has been ensuring that learning from Safeguarding Adults Reviews (SARs) and Homeless Mortality Reviews (HMRs) is translated into practice improvement. Recurring themes identified through reviews included self-neglect, executive functioning and mental capacity, professional curiosity, advocacy, financial exploitation, homelessness and transitional safeguarding. The Board introduced new

mechanisms requiring agencies to provide commitment statements demonstrating how review findings are being implemented and monitored.

Partnership Assurance and Independent Scrutiny

7. The Board continued to benefit from independent scrutiny provided by Dr Dawne Garrett. Scrutiny activity during the year focused on self-neglect, barriers to professional curiosity, transitional safeguarding and the impact of safeguarding interventions. This work resulted in the development of a countywide principles framework for safeguarding adults experiencing self-neglect and a new partnership approach to promoting "safe curiosity" amongst practitioners.

Prevention, Engagement and Community Voice

8. The Board strengthened its engagement activity throughout the year, including delivering its most extensive Safeguarding Adults Awareness Week programme to date. The Engagement Subgroup significantly increased partner participation and expanded engagement with community organisations. The Board also continued to emphasise the importance of lived experience and has identified strengthening direct engagement with adults with care and support needs as a priority for 2026-27.

Future Priorities

9. Key priorities for 2026-27 include maintaining safeguarding assurance through Local Government Reorganisation and NHS restructuring; strengthening evidence of the impact of learning from reviews; further developing data and performance reporting; integrating Drug and Alcohol Related Death Reviews into existing review structures; recruiting a new Lay Member; and strengthening the voice of people with lived experience.

Implications for Oxfordshire County Council

10. The Annual Report demonstrates that Oxfordshire County Council continues to play a central leadership role within safeguarding arrangements and has been transparent in reporting both achievements and areas requiring

improvement. The report notes positive outcomes from the Care Quality Commission assessment of Adult Social Care and highlights improvements in safeguarding performance, whilst recognising ongoing pressures arising from increasing demand, workforce challenges and system transformation programmes.

Conclusion

11. The Annual Report provides assurance that safeguarding partners in Oxfordshire continue to work effectively together to protect adults at risk of abuse and neglect. While increasing demand and ongoing structural reforms present challenges, the Board has demonstrated strong partnership working, robust governance, a commitment to learning and improvement, and a clear focus on safeguarding outcomes. The report evidences continued compliance with the Board's statutory responsibilities under the Care Act 2014 and identifies clear priorities for further improvement during 2026-27.

Corporate Policies and Priorities

12. The report outlines the Oxfordshire Safeguarding Adults Board priorities, the learning from statutory case reviews, the outcomes of quality assurance work and the work of partner agencies in the protection of adults in Oxfordshire. The report supports the vision, values, objectives and strategic priorities in the County Council's Corporate Plan (see Corporate Plan).

Financial Implications

13. The board is currently funded by contributions from 3 organisations, £324,300 from the County Council – which is built into the Council's core budget, £40,100 from the City Council and £42,000 from the Thames Valley Police.

Comments checked by:
Stephen Rowles, Strategic Finance Business Partner
Stephen.rowles@oxfordshire.gov.uk

Legal Implications

14. The Care Act 2014 set out the statutory responsibilities of Safeguarding Adult Boards, one of which is to publish an annual report setting out:
    - what it has done during that year to achieve its objective,
    - what it has done during that year to implement its strategy,
    - what each member has done during that year to implement the strategy,
    - the findings of the safeguarding adults reviews (SARs) arranged by it which have concluded in that year,
    - details of any SARs which are ongoing at the end of that year,
    - what it has done during that year to implement the findings of its SARs, and, - where it decides not to implement a finding of its SARs, the reasons for its decision.

    That report is attached.
15. The Board is further required to provide a copy of that report to the
    - Chief Executive and Leader of the Local Authority
    - local policing body for the area
    - Local Healthwatch organisation for the area, and
    - Chair of the Health and Wellbeing Board.

    Comments checked by: Janice White, Principal Solicitor – ASC, SEND and Education.

Staff Implications

16. There are currently no staff implications for this report.

Equality & Inclusion Implications

17. The Safeguarding Adults Board in its planning, monitoring and evaluating of its work and the work of its partners, ensures equality and diversity issues are being appropriately considered from the outset.

Sustainability Implications

18. There are no sustainability implications.

Risk Management

19. There are no risks or opportunities for the County Council highlighted in the report.

Consultations

20. The content of the report has been shared and consulted upon with all member organisations of the Safeguarding Adults Board.

Karen Fuller
Director of Adult Social Care

Annex 1: OSAB Annual Report

Contact Officer: Steven Turner, Strategic Partnerships Manager, 01865 328993, steven.turner@oxfordshire.gov.uk

September 2026

Oxfordshire Safeguarding Adults Board

Annual Report 2025–26

1 April 2025 to 31 March 2026

Published under the Care Act 2014, Schedule 2, paragraph 4

Contents

Foreword from the Independent Chair

Welcome to the Oxfordshire Safeguarding Adults Board (OSAB) Annual Report for 2025–26. This report sets out what the Board and its member organisations have done over the past year to help protect adults in Oxfordshire who have care and support needs and who, because of those needs, may be unable to protect themselves from abuse or neglect.

This has been a year of extraordinary change in the national landscape: the interim findings of Baroness Casey's independent review of Adult Social Care, and the Government's commitment to establish a National Safeguarding Adults Board; the reorganisation of NHS structures, including significant changes to our Integrated Care Board; consultation on Local Government Reorganisation in Oxfordshire; and proposals to reform further policing. Against that backdrop, the strength of Oxfordshire's adult safeguarding partnership has mattered more than ever. Throughout the year, the Board has kept a deliberate focus on the people behind our work: the adults whose lives, and in some cases whose deaths, have taught us what we must do better.

There is much in this report of which the partnership can be proud, including the Care Quality Commission's assessment of Oxfordshire County Council's Adult Social Care as 'Good', with safeguarding identified as an area of strength; the publication of our Principles for Safeguarding Interventions for People Experiencing Self-Neglect; the launch of the MARM+ approach (see page 10) for people at high risk who sit below statutory safeguarding thresholds; and a substantial programme of Safeguarding Adults Reviews and Homeless Mortality Reviews completed with care and rigour. There has also been transparency about where we could do things better, including the backlog of unprocessed referrals identified within the local authority during the autumn, which was escalated openly to the Board, resolved at pace, and has led to lasting changes in how referrals are triaged.

I want to record the Board's particular thanks to Tamsin Jewell, who steps down this year after nine years as our Lay Member and as chair of the Engagement Subgroup. Her independent challenge and her insistence that the voice of people with lived experience remains at the heart of the Board's work have shaped this partnership for the better.

My thanks go to all Board members, subgroup chairs, the Board team, and above all to the practitioners across Oxfordshire who safeguard adults every day. I commend this report to you.

1. Introduction: purpose of this report

Safeguarding Adults Boards have three core duties under the Care Act 2014: to publish a strategic plan setting out how the Board will meet its main objective and what each member will do to contribute; to publish an annual report; and to arrange Safeguarding Adults Reviews (SARs) where the statutory criteria in section 44 of the Act are met.

This report is published to meet the requirements of the Care Act 2014, Schedule 2, paragraph 4, and Chapter 14 of the Care and Support Statutory Guidance. It sets out, for the year 1 April 2025 to 31 March 2026:

- what the Board has done during the year to achieve its objective and to implement its strategic plan;
- what each member organisation has done during the year to implement the strategy;
- the findings of Safeguarding Adults Reviews which concluded in the year, and details of reviews which were ongoing at the end of the year;
- what the Board has done to implement the findings of reviews, and, where the Board has decided not to implement a finding, the reasons for that decision.

In line with the statutory guidance, this report will be sent to the Chief Executive and Leader of Oxfordshire County Council, the Police and Crime Commissioner for Thames Valley and the Chief Constable, Healthwatch Oxfordshire, and the Chair of the Oxfordshire Health and Wellbeing Board, and will be presented to the local authority's People Overview and Scrutiny Committee. It will be published on the OSAB website alongside an Easy Read summary, prepared with the support of the Engagement Subgroup, so that the report is accessible to the widest possible audience.

As in previous years, the Board has chosen a narrative style for this report. Feedback from partners and from scrutiny last year was that a readable, plainly written account helps senior leaders and frontline staff alike to understand and share the Board's work. An easy-read version is in production for the public. A glossary of terms and abbreviations is provided at Appendix B.

2. About the Oxfordshire Safeguarding Adults Board

2.1 Our objective

The Board's objective, set by section 43 of the Care Act 2014, is to help and protect adults in Oxfordshire who have needs for care and support (whether or not the local authority is meeting any of those needs), who are experiencing, or are at risk of, abuse or neglect, and who, as a result of those needs, are unable to protect themselves against the abuse or neglect or the risk of it. The Board seeks assurance that safeguarding arrangements across the county are in line with Making Safeguarding Personal (that they are effective, person-centred and outcome-focused), and that partners learn and improve when things go wrong.

2.2 Membership

The Board's statutory core partners are Oxfordshire County Council, NHS Thames Valley ICB (formerly Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)), and Thames Valley Police. The wider membership reflects the breadth of the safeguarding system in Oxfordshire and during 2025–26 included: the five city and district councils (Oxford City, Cherwell, South Oxfordshire, Vale of White Horse, and West Oxfordshire, the latter supported by Publica); Oxford Health NHS Foundation Trust; Oxford University Hospitals NHS Foundation Trust; South Central Ambulance Service; the Probation Service; HMP Bullingdon; Oxfordshire Fire and Rescue Service; Public Health; Healthwatch Oxfordshire; and voluntary and community sector partners including Connection Support and Age UK Oxfordshire. During the year the Board welcomed the Department for Work and Pensions (DWP) as a member, reflecting the growing national focus on the DWP's safeguarding role, and strengthened links with the Prevention of Homelessness Directors' Group and the Making Every Adult Matter (MEAM) programme.

The Board is chaired by an Independent Chair, Dr Jayne Chidgey-Clark, and is supported by an Independent Scrutineer, Dr Dawne Garrett, whose work programme is described in Chapter 6. The Board has also benefited throughout the year from the contribution of its Lay Member, Tamsin Jewell, who provides independent, unaffiliated challenge and has chaired the Engagement Subgroup. The Board's business is supported by the Strategic Safeguarding Partnerships Manager, Steve Turner, and a Board Support Team.

2.3 How the Board organises its work

The Full Board met six times during 2025–26: on 21 May, 23 July, 30 September (the annual in-person meeting), and 19 November 2025, and on 21 January and 18 March 2026. The Board's work between meetings is carried out through its subgroups:

- the Business Group, which supports the Chair in planning the Board's work, monitoring the strategic plan, and managing governance;
- the Safeguarding Adults Review (SAR) Subgroup, which manages SARs, including discretionary SARs such as Homeless Mortality Reviews (HMRs), and the interfaces with Domestic Homicide Reviews and other statutory review processes;

- the Performance, Information and Quality Assurance (PIQA) Subgroup, which oversees safeguarding data, audits and quality assurance;
- the Learning, Development and Training (LDT) Subgroup, re-established in 2025 with a refreshed membership and remit, and prepares, commissions, and provides safeguarding-related training and learning across the partnership;
- the Policies, Procedures and Practice (PPP) Subgroup, which maintains multi-agency policies and horizon-scans emerging practice issues; and
- the Engagement Subgroup, which leads community engagement, public awareness and the voice of people with lived experience.

2.4 Strengthening our governance during the year

The Board made three significant improvements to its own governance in 2025–26. First, in June 2025 the former subgroup chairs' meeting was reconstituted as the Business Group, with a widened membership designed to ensure that all key perspectives, including Adult Social Care, are represented in the planning of the Board's work. The Group deliberately retains a supportive rather than decision-making role, so that decisions remain with the Full Board and duplication is avoided.

Second, the Board developed and, at its March 2026 meeting, adopted a strategic Risk Register. This is deliberately framed as a Board-level assurance tool, articulating risks to the Board's ability to discharge its statutory functions rather than duplicating partners' organisational risk registers. It is treated as a live document, reviewed through the Business Group, and includes explicit mitigations relating to Local Government Reorganisation: the Board will seek ongoing assurance on executive accountability for safeguarding, continuity of statutory functions during any transition, maintenance of independent scrutiny, and safeguarding workforce stability. Partners noted that few comparable board-level risk registers exist nationally, and the Board intends to share the approach through regional and national networks.

Third, the Board progressed a Joint Working Protocol with the Oxfordshire Safeguarding Children Partnership and other strategic partnerships, prompted in part by findings from a joint targeted area inspection that cross-partnership awareness of shared risks was insufficient. An informal summit of Oxfordshire's partnership chairs was convened during the autumn to map common risks, pressures and opportunities, and the protocol work continues into 2026–27. The Board also reviewed the embedding of 'Think Family' across its work with the Children's Partnership.

3. The year in context

The Board cannot assess the effectiveness of local safeguarding without understanding the environment in which partners are working. In July 2025, the Board made national changes a standing agenda item, so that every meeting includes structured feedback from partners on the local impact of national reform. The most significant developments during the year were:

3.1 The Casey Review and a National Safeguarding Adults Board

Baroness Casey's interim review of Adult Social Care, considered by the Board in March 2026, identified longstanding systemic weaknesses, including the absence of national-level oversight of safeguarding adults arrangements in contrast to the more developed national structures for children's safeguarding. The review recommended the urgent establishment of a National Safeguarding Adults Board and a review of existing statutory duties and powers under the Care Act, including powers of entry and whether current frameworks give practitioners sufficient leverage in high-risk situations. The Secretary of State endorsed these recommendations, committing to a national board chaired by the Chief Social Worker for Adults and reporting to the Minister of State for Care. Board members welcomed this as a step change in the profile of adult safeguarding, while noting the importance of understanding how national arrangements will align with local assurance. The Independent Chair will feed learning from the National Chairs' network back to the Board as arrangements develop.

3.2 NHS reorganisation

The NHS 10-Year Plan, the abolition of NHS England, and a required reduction of around 35 per cent in Integrated Care Board running costs have had a direct effect on safeguarding leadership locally. During the year, BOB ICB confirmed that it would cluster with a neighbouring ICB, with Thames Valley ICB forming from April 2026. Although the current leadership and representation has not changed, and this has allowed for work to continue and for there to be consistency of a 'health' voice in the membership of both the Board and sub-groups. The Board has received updates at every meeting, and the ICB's self-assessment (Chapter 11) is candid that priorities for the new organisation must be ratified by its incoming executive team. Separately, the announced abolition of Healthwatch England and the transfer of local Healthwatch functions to local authorities and ICBs raise questions about the future of independent patient voice; Healthwatch Oxfordshire continues business as usual pending legislation, and the Board will monitor the implications for independent scrutiny of care.

3.3 Local Government Reorganisation

Oxfordshire is subject to proposals for Local Government Reorganisation (LGR). At its March 2026 meeting the Board took the unusual step of hearing presentations on all three proposed models, one-, two-, and three- unitary configurations, specifically examining how each would sustain safeguarding accountability, partnership arrangements and governance. The Board did not advocate for any model. Instead, the Chair consistently reframed discussion towards assurance: whichever model is chosen must demonstrate clear executive accountability, preserved independent scrutiny, uninterrupted statutory safeguarding functions, explicit transition planning, and workforce stability. The Board submitted a response to the statutory consultation on this basis, and LGR-related risks are now held on the Board's Risk Register.

3.4 Policing and other national reform

The Police Reform White Paper signals a potential reduction in the number of police forces in England and Wales from 43 to between roughly 12 and 18, alongside changes to Police and Crime Commissioners. Thames Valley Police has briefed the Board on the possible implications and on significant budget pressures. The Board has also tracked: the Government's review into grooming and exploitation; sustained parliamentary scrutiny of the DWP's safeguarding practice, including the recommendation of a statutory safeguarding duty for the Department (the DWP presented its five-year safeguarding improvement programme to the Board in January 2026); updated national guidance on deaths of people experiencing homelessness, which changed the criteria for reviews (Chapter 5); and the transfer of responsibility for Drug and Alcohol Related Death Reviews (DARDRs) into local review structures, which in Oxfordshire will be hosted by the Board's SAR Subgroup from 2026–27 with dedicated Public Health funding.

Throughout these changes the Chair has asked partners to maintain transparency with one another about proposed changes so that impacts on other organisations, and above all on people with care and support needs, are understood early. The Board's horizon-scanning reports, prepared by the Board team for each meeting, have been repeatedly praised by partners and are cascaded within member organisations.

4. Delivering our Strategic Plan

4.1 The Strategic Plan 2025–27

In July 2025 the Board approved its Strategy and Action Plan for 2025–27, developed with subgroup chairs so that every subgroup workplan aligns with the Board's priorities and timelines. At its heart, the Strategy and Action plan is a full learning cycle: the Board's central commitment is that learning from reviews, audits, data and the experience of people with care and support needs is reliably identified, shared, embedded in practice, and evaluated for impact. The plan's priorities include:

- Identifying the learning: integrating learning from Board members' own governance and quality assurance, and facilitating cross-agency learning as a matter of routine;
- Sharing the learning: ensuring clear routes from reviews and audits into multi-agency training and directly to frontline practitioners;
- Embedding and evaluating the learning: building robust mechanisms to assess whether changes made as a result of learning have actually improved practice;
- Collaborative problem-solving: understanding and strengthening escalation routes for complex cases that sit across or between agencies; and
- Strategic governance: establishing effective executive-level connection across Oxfordshire's safeguarding landscape, including with the Children's Partnership and community safety structures.

In January 2026, the Board reviewed progress and concluded that delivery was generally on track, with only minor adjustments required and no major risks identified. The sections below, and the subgroup chapters that follow, describe the main achievements against the plan.

4.2 MARM and the launch of MARM+

The Multi-Agency Risk Management (MARM) framework supports adults with complex needs (often involving self-neglect, substance use, mental ill-health or homelessness) whose circumstances do not meet the threshold for a statutory section 42 enquiry, but who still face a high level of risk. The MARM Officer reported to PIQA twice during the year. Reporting in December 2025 covered 33 new referrals in the period, of which 23 did not meet the threshold (most because concerns were already being addressed by Adult Social Care or met statutory criteria), with 15 people open to the MARM pathway. Several people progressing through the MARM process have attended the meetings themselves, and have asked to attend again. The MARM officer has identified that the process works best when the person themself attends, which is a tangible expression of Making Safeguarding Personal. Identified complexities in presentation include people with co-occurring mental health and substance use needs (dual diagnosis), housing options for people with complex needs, and the availability of mental health expertise at MARM meetings.

Building on this foundation, and in response to a proposal from the MEAM programme for a 'Creative Solutions Forum', the Board chose not to create a new panel but to extend the existing framework. MARM+ was launched in January 2026, enabling the partnership to take on work relating to individuals who fall below statutory safeguarding thresholds but carry high associated risk, drawing in members of MEAM, homelessness services and other partners to find solutions, with case leadership to pass to

partner agencies over time. Two people had been referred before the January Board meeting; the Board judged this measured start as appropriate and will continue to monitor activity levels and manageability during 2026–27 before deciding whether criteria or capacity need to change. This is a deliberate test-and-learn approach rather than a permanent commitment.

4.3 Measuring quality and impact

Two linked pieces of work matured this year. PIQA finalised a Quality Assurance Framework for the Board, aligned with the equivalent framework in the Children's Partnership, which sets out how the Board gains assurance, including outcome measures rather than raw performance indicators, and embeds the question of how adults feel after a safeguarding intervention. At the Board's request, the Independent Scrutineer produced an Impact Measurement paper, agreed in January 2026, which establishes consistent definitions and shared language across the partnership, distinguishing audit, sampling and other evaluative approaches, so that partners of every level of experience can take part in quality assurance on a common footing. Both documents now underpin the revised partner self-assessment and peer review process described in Chapter 11.

4.4 Other strategic plan actions

- Recorded interviews with Board members were agreed as a means of making the Board's work more visible and accessible, with guidance developed by the Chair and Board Manager.
- The Engagement Subgroup reviewed the public directory of services to consider a simplified, more accessible version for the public.
- The Board agreed to defer a formal peer review challenge exercise pending the CQC assessment of the local authority, and revisited the question once the CQC report was published; peer self-assessment has instead been embedded within the revised annual self-assessment process.
- Direct lines of communication with the chief executives of statutory partners, and senior strategic meetings across Oxfordshire's partnerships and boards, replaced the previous action on MASA attendance, reflecting where strategic adult safeguarding influence can genuinely be exercised.

5. What the data tells us

5.1 Safeguarding activity in 2025–26

Demand for adult safeguarding in Oxfordshire continued to rise. Data reported to PIQA during the year showed the number of safeguarding concerns received running approximately a third higher than the previous year, at more than 200 concerns per month on average and the highest levels recorded since 2016. Between May and August 2025 alone, around 2,500 concerns were received. Importantly, the proportion of concerns converting to section 42 enquiries also rose year on year, from around 22 per cent to around 26 per cent at points in the year, suggesting that the increase reflects genuine need and improved recognition rather than only inappropriate referrals, although monthly conversion varied (26 per cent in April 2025, 22 per cent in May 2025, and around 20 per cent across May to August). Total referrals into the local authority's front door across all routes rose from around 11,000 to around 18,000.

The safeguarding activity recorded by the Local Authority, as the body with the statutory responsibility for safeguarding, is as follows:

Counts of Safeguarding Activity	Count
Total Number of Safeguarding Concerns	10865
Total Number of Section 42 Safeguarding Enquiries	1584
Total Number of Other Safeguarding Enquiries	553

In previous years, The Board has been asked about the demographics of those experiencing safeguarding. As such, the following tables have been included to provide a fuller picture of those experiencing safeguarding issues in Oxfordshire:

Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+	Not Known	Total
Individuals Involved In Safeguarding Concerns	2959	824	1468	1520	316	0	**7087**
Individuals Involved In Section 42 Safeguarding Enquiries	626	190	289	268	39	0	**1412**
Individuals Involved In Other Safeguarding Enquiries	222	70	103	92	13	0	**500**

Counts of Individuals by Gender	Male	Female	Not Known	Total
Individuals Involved In Safeguarding Concerns	3096	3971	20	**7087**
Individuals Involved In Section 42 Safeguarding Enquiries	605	802	5	**1412**
Individuals Involved In Other Safeguarding Enquiries	273	227	0	**500**

Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Individuals Involved In Safeguarding Concerns	5243	101	189	130	91	37	1296	**7087**
Individuals Involved In Section 42 Safeguarding Enquiries	1121	25	38	26	21	10	171	**1412**
Individuals Involved In Other Safeguarding Enquiries	399	7	13	12	3	4	62	**500**

	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Counts	Source of Risk			Source of Risk				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Physical Abuse	45	133	161	7	51	37	**339**	**95**
Sexual Abuse	6	41	70	0	11	12	**117**	**23**
Psychological Abuse	17	230	216	5	106	69	**463**	**180**
Financial or Material Abuse	23	225	206	4	99	62	**454**	**165**
Discriminatory Abuse	0	5	13	0	4	2	**18**	**6**
Organisational Abuse	42	38	58	6	10	12	**138**	**28**
Neglect and Acts of Omission	177	212	294	37	71	78	**683**	**186**
Domestic Abuse		209			83		**209**	**83**
Sexual Exploitation	0	13	20	0	2	4	**33**	**6**
Modern Slavery	0	7	13	0	3	2	**20**	**5**
Self-Neglect		407			199		**407**	**199**

The most frequent sources of referral remained care homes, health services and the police. Themes highlighted to PIQA during the year included a rise in domestic abuse concerns relating to women aged 20 to 40; rising self-neglect concerns among people aged over 50, with district council data showing hoarding-related casework up by around 25 per cent over two years; and increases in referrals from care homes relating to unwitnessed falls and pressure ulcers. Only a minority of concerns convert to statutory enquiries, and partners were candid that a 'notification culture', where the same event is reported to multiple agencies, and referrals reflecting unmet care needs rather than safeguarding, both add noise to the system. Understanding and improving the quality of referrals has therefore been a standing priority (section 5.3).

5.2 Member Transparency on Data Issue

In September 2025, the local authority identified a backlog of more than 2,200 police and ambulance notifications which had accumulated, some for up to three months, in an email inbox within the Social and Health Care customer service function. The issue was escalated immediately to the Board's September meeting by Social and Health Care. A corporate response was mobilised with chief executive and senior leadership oversight, with additional staffing procured. By January 2026, the backlog was cleared, with every case reviewed. Although no case in the backlog resulted in a SAR or HMR, the service was clear with the Board that this was incidental. By January 2026, all new referrals were being read and triaged within one working day, intake processes had been redesigned to remove duplication, training had been improved, and higher rates of recruitment were agreed to protect resilience. Partners have been asked to support the system by marking communications as 'urgent' or 'notification only', and the Board sought commitment statements from members that this had been cascaded. The Board will continue to seek assurance on the sustainability of the front door in 2026–27, including the planned use of automation to support triage. The Board Members appreciate the transparency in raising and sharing this and the actions taken to resolve it, which also acted a good role modelling for transparent working practices across the organisations.

5.3 Quality of referrals and audit activity

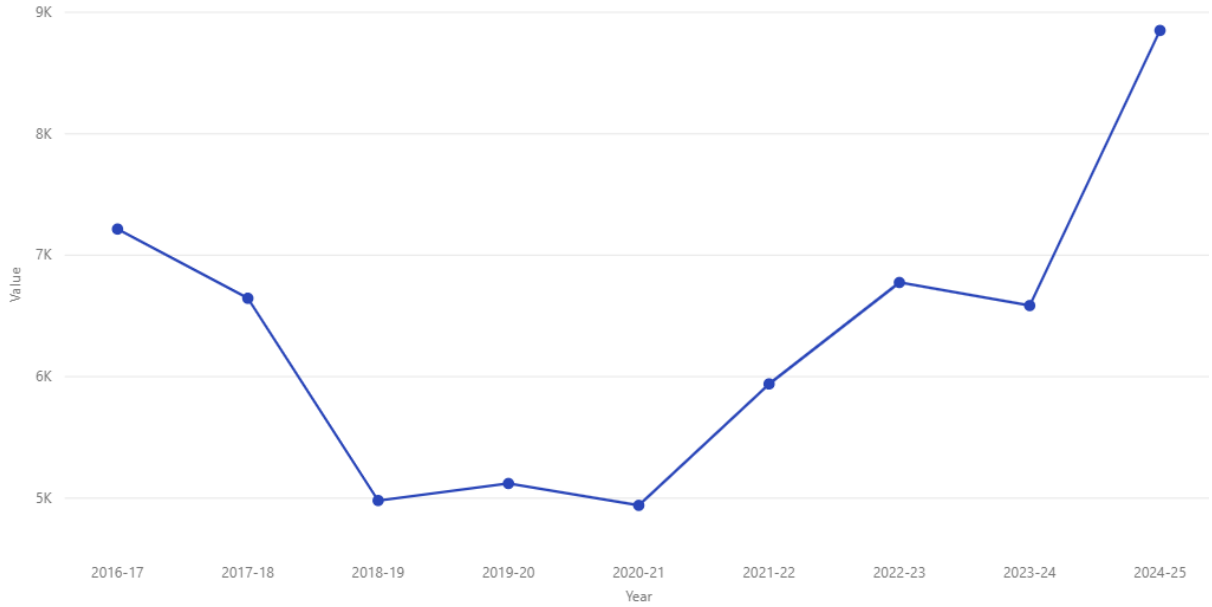
PIQA worked on an initiative to create a rota of focused agency-level audits, allowing for specific and actionable findings from referral themes. Oxford Health presented an audit of five referrals across mental health and community services, showing largely timely referrals with clear recording of care and support needs, but weaker and less consistent recording of consent, an honest finding that mirrors the wider partnership picture. South Central Ambulance Service reported an improvement plan for referral quality, including strengthened training for call handlers and a move to digital referral routes. The local authority planned an audit of concerns that do not meet threshold criteria, delayed by the autumn backlog and rescheduled into 2026. Audit findings across the year consistently indicated that the application of Mental Capacity Act assessments, particularly executive functioning, and the consideration of advocacy require continued attention; PIQA's assessment is that this reflects confidence and opportunity to apply training rather than lack of awareness, and partners are responding through action plans, re-audit cycles and targeted Mental Capacity Act learning sessions.

5.4 Building a better dataset

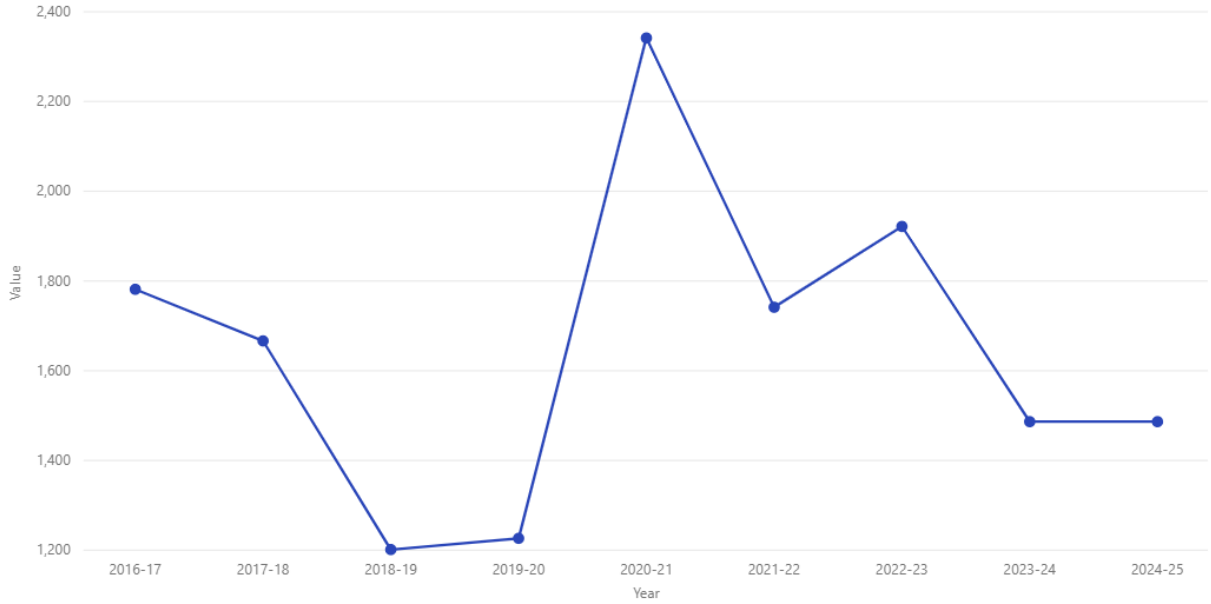
PIQA has invested significant effort in the Board's future dataset. The local authority's Power BI safeguarding dataset has been redeveloped with filtering, methodology notes and alignment to the national Safeguarding Adults Collection, with health data separable by organisation. In December 2025, PIQA held a dedicated information workshop, scoping what data the whole partnership, not just the local authority, holds and what the Board genuinely needs for assurance, guided by proportionality and meaningfulness rather than volume. This work, together with the Quality Assurance Framework, will produce a regular performance and quality report to the Full Board from 2026–27. The Board is aware that its current data cannot yet provide a full picture of the partnership's workstreams; being explicit about that gap, and fixing it, is itself an assurance activity.

5.5 Safeguarding Across the Years

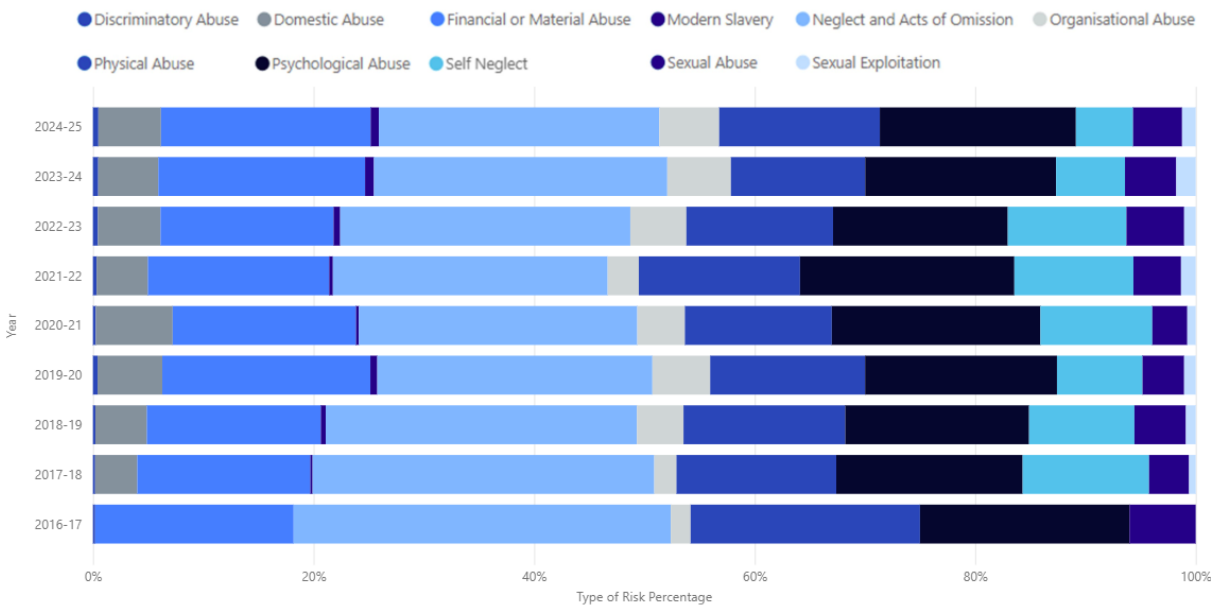
In 2025-26, the total number of safeguarding concerns was 10,865. When we put this in context of the total number of concerns over the past 10 years, we see a continued upward trend that has emerged since COVID-19:



Despite this upward trend in concerns, the number of safeguarding enquiries has not tracked this trend. The 2025-26 figure is 1,584 safeguarding enquiries. This puts the figure as a slight increase on the previous two years but still below the figure since COVID. It should be noted that if we look back to 2016-17 and 2017-18, the 2025-26 figure is not out of line. The line chart below shows change over time.



If we look at the trends in the types of abuse over the years, the categories have broadly remained the same year on year. The percentage breakdown for 2025-26 is an almost identical match with the years from 2022-23 and before. The variance in self-neglect has not been investigated but does align with the broader promotion of the MARM process, which may be a contributory factor.



6. Safeguarding Adults Reviews and Homeless Mortality Reviews

6.1 Our approach

Section 44 of the Care Act 2014 requires the Board to arrange a Safeguarding Adults Review (SAR) where an adult with care and support needs has died or suffered serious harm as a result of abuse or neglect (known or suspected), and there is concern that partner agencies could have worked more effectively to protect them. The Board may also arrange discretionary reviews in other cases where there is multi-agency learning. In Oxfordshire, the Board additionally undertakes Homeless Mortality Reviews (HMRs): locally-developed, proportionate reviews of the deaths of people experiencing homelessness, so that learning is captured from their lives and deaths . Oxfordshire's HMR programme remains at the forefront of national practice, and this year the Board aligned its scoping with the updated national position, under which reviews focus on people at high risk of death who were known to agencies for at least six months. Applying the new criteria retrospectively to 21 referrals from 2024–25 confirmed the existing programme's judgements, with only two closed cases that would have been assessed differently.

All reviews are managed through the SAR Subgroup, chaired by the Head of Adult Safeguarding at the ICB, with the dedicated HMR Coordinator managing the homelessness reviews. During the year the subgroup introduced a strengthened governance process under which draft overview reports receive formal senior leadership sign-off in every involved agency before anonymisation and publication. Partners have told the Board this supports internal review, early identification of learning needs, and constructive challenge between agencies before reports enter the public domain. Pseudonyms are used throughout to protect the identity of the people concerned; unpublished and ongoing cases are described in aggregate only.

6.2 Reviews concluded in 2025–26

The Board approved four Homeless Mortality Review reports for publication during the year. Each is, or will be, available on the OSAB website in full anonymised form with an accessible summary. A short summary of the people who were subject to a review can be found below. **Section 6.5 covers the learning from the reviews**.

Harry

Harry was an man in his 50s. The review generated significant learning about the safety of staff and community members working alongside people in crisis and prompted a distinct workstream with Thames Valley Police and voluntary sector partners on staff and community safety, on which the Board received a follow-up report. Because children were involved with agencies connected to Harry's case, the learning was also formally shared with the Oxfordshire Safeguarding Children Partnership, in line with the Board's Think Family commitment.

Jenny

Jenny was a woman in her 50s with a long history of housing support who entered the homelessness pathway following complex financial and personal circumstances. Her review was approved by the

Board in March 2026, subject to a minor clarification in the public summary, raised through lay challenge, regarding references to her children.

Kane

Kane was a man in his 30s. His review, approved in March 2026, identified the safeguarding risks associated with large backdated benefit payments and the heightened vulnerability to financial exploitation and abuse that can follow, alongside learning about aggression, environmental risk, and the safety of professionals working in high-risk settings. The findings have directly informed the Board's engagement with the Department for Work and Pensions, which has provided named escalation contacts for financial abuse and 'cuckooing' concerns in Oxfordshire.

Leos

Leos was a man in his 60s. His review, approved in March 2026, captured positive examples of practice as well as areas for improvement, particularly examples of professional persistence and communication. This review deliberately captured what practices worked well in the case of Leos; reviews that only catalogue failure teach practitioners to fear scrutiny rather than engage with it.

Other Reviews

In addition, the reviews of Florian and Eric, approved at the end of 2024–25, were published at the start of this year. Learning from Eric's review about the assessment of people transitioning from 24/7 supported accommodation to dispersed accommodation was followed through during the year, with a review of the transition process and of every agency's incorporation of the learning.

6.3 Reviews ongoing as of 31 March 2026

The table below summarises the position at year end. This has been a year of exceptional review activity: the subgroup has repeatedly reported the sustained volume and complexity of cases and the cumulative impact on partner agencies, which the Board has acknowledged and kept under review.

Review	Type	Position as of 31 March 2026
Ivy	HMR	Overview report signed off by agencies; final anonymised report and summary in preparation for Board approval and publication. Learning shared with the Children's Partnership.
Matthew, Paul and Oliver	HMR (amalgamated)	Three thematically linked reviews conducted through a single joint process examining temporary accommodation, staff support and risk assessment. Anonymised and summary reports in preparation.
Nadine	HMR	Overview report signed off; anonymised and summary reports in preparation.
Four further HMRs	HMR	Multi-agency review meetings completed during autumn 2025; draft overview reports at senior sign-off or final drafting stage.
Two HMRs (desktop)	HMR	Proportionate desktop reviews in progress following return of scoping information.
One HMR	HMR	Proceeding to full review with a new triage-meeting model, the first case to use this approach.

Review	Type	Position as of 31 March 2026
Three potential HMRs	HMR	On hold pending cause of death, a criminal trial, and a provider Patient Safety Incident Investigation respectively, and will be reconsidered when those processes conclude.
SAR 'A'	SAR	Independent author appointed after earlier difficulty securing authorship; documentation reviewed and panel process nearing completion.
SAR 'B'	SAR	Independent author identified; documentation reviewed and panel process nearing completion.
SAR 'C'	SAR	Escalated from the HMR programme to a full SAR focusing on hospital discharge and support for C as an amputee living alone, and on the interface with Right Care Right Person.
SAR 'D'	SAR	Author being sought; the subject's wish not to participate is being respected while the statutory review proceeds.
SAR 'E & F'	SAR (desktop)	Desktop review circulated; comments received and being incorporated ahead of a final sign-off period.
SAR 'G'	SAR	Learning under consideration regarding an out-of-area placement discharge and divergent mental capacity assessments between the placing and receiving areas.

6.4 Decisions not to proceed

The statutory guidance requires the Board to explain decisions not to implement findings or not to proceed with reviews. The Board is transparent about these judgements:

- A referral concerning an elderly couple, in which the husband, who had dementia, killed his wife before taking his own life, was carefully scoped with all agencies. The subgroup concluded there was no evidence of multi-agency failure or learning and the statutory criteria were not met; the decision and reasons were fed back personally to the referring district council.
- The death of 'AA', a man who died shortly before taking up a long-term tenancy, did not meet HMR criteria. Rather than closing the case, the subgroup asked the involved provider, Connection Support, to conduct an internal review and present it to the subgroup, which it did in August 2025. The review found well-recorded support, appropriate professional curiosity and proportionate inter-agency working, and identified positive learning about record-keeping and risk-assessment skills. The subgroup has adopted this provider-led review-and-present model for future cases that sit below review thresholds but merit examination.
- A case referred from another area's board, concerning a person placed in Oxfordshire, was reviewed with local agencies, who accepted the findings; the learning was assessed as principally relevant to the placing area, and no separate Oxfordshire action was required.
- One case initially considered as an HMR was accepted instead by the relevant Community Safety Partnership as a domestic homicide-related review.

6.5 Learning from reviews

Recurring themes across this year's reviews will be familiar to safeguarding partnerships nationally, and the Board's response is described in section 6.6:

- *Self-neglect, and the assessment of executive function within mental capacity assessments*: people may be able to describe what they should do while being unable to carry it out, and assessments that miss this gap create risk.
- *Homelessness and multiple disadvantage:* the interaction of housing instability, substance use, mental ill-health and physical illness, including the adequacy of temporary accommodation, support during moves to independent accommodation, and palliative and end-of-life care for people with complex needs.
- *Professional curiosity and multi-agency working:* role clarity, escalation between agencies, and the courage to ask further questions.
- *Advocacy:* ensuring access to advocacy is actively considered, and recognising when family members may not be best placed to act as advocates.
- *Financial abuse and exploitation:* including the risks that follow large backdated benefit payments and 'cuckooing'.
- *Transitional Safeguarding:* between children's and adults' services, between 24/7 and dispersed support, and on discharge from hospital or out-of-area placements.

The Board's strategic plan is explicit that identifying learning is worthless unless it changes practice. During 2025–26 the Board built a substantially stronger implementation architecture:

- A Summary of Learning document, drawing together repeated themes across HMRs, was produced and agreed in October 2025 and shared with all member agencies. Each agency is asked to return a formal commitment statement setting out how it will address the learning relevant to it, and agencies are explicitly not asked to respond to learning that does not affect them. The subgroup is extending the same commitment mechanism to follow-up actions from individual reviews.
- Where a learning theme recurs (i.e., professional curiosity), the SAR subgroup now asks first whether previous actions have had time to embed, and if they have, if/why they were ineffective, rather than layering new actions on old. A scrutiny process has been laid out to evaluate whether these processes have been effective over time, and whether an increase in theme identification is a reflection of increasing awareness or a real trend. Partners have challenged one another to avoid 'training' and 'supervision' becoming default answers that bypass genuine service improvement.
- The learning from reviews flows into the LDT Subgroup's training programme (Chapter 10), and each partner now presents to LDT in rotation on how it disseminates and applies review learning internally.
- Work is underway, reported to the Board in March 2026, to develop a clear mechanism for partners to evidence how learning from reviews has been successfully implemented, closing the loop from finding to changed practice; this will be finalised during 2026–27.
- Recurring findings on mental capacity and advocacy will now be discussed explicitly with independent review authors so that recommendations are consistent and actionable.

The subgroup has also innovated in method: amalgamating three thematically similar reviews into a single joint process, which participants found more efficient and more revealing than three separate reviews; trialling proportionate desktop reviews; introducing a triage meeting before commissioning full reviews; and inviting presenters from reviews to inform public health planning. Finally, the interface with Domestic Homicide Reviews has been strengthened through the Domestic Abuse Strategic Board following a year in which nine domestic-abuse-related death notifications were received in a single week, and the subgroup escalated regionally the pattern of deaths in temporary accommodation to test whether this is a national rather than purely local issue.

7. Independent scrutiny

The Independent Scrutineer, Dr Dawne Garrett, delivers a rolling programme of focused scrutiny agreed with the Board, and reported formally to the Board in May and July 2025 and through PIQA thereafter. The 2025–26 programme comprised:

7.1 Principles for Safeguarding Interventions for People Experiencing Self-Neglect

Prompted by the prominence of self-neglect in national and local reviews, the Scrutineer led the development of a principles document for first responders and frontline professionals, built on a year of local data and a survey of frontline workers.

The five principles are: **Making Safeguarding Personal** for people who self-neglect, including preferred communication, sensitivity to power dynamics, consistent access to advocacy, and recognition of carers and protected characteristics; **multi-agency and multi-disciplinary working**, including a coordinating chair function that can cut across agencies; **flexibility of service provision**, allowing for and encouraging multiple methods of outreach, care, and follow-up; **staff support and training**, including support for professional curiosity; and **commissioning and service development**. The Board approved the Principles in May 2025; a task and finish group completed dissemination and operationalisation during the year, producing resources partners can use in training and practice, with an accessible voiceover version published on the OSAB website. Evaluation mechanisms have been identified and incorporated into PIQA's quality assurance, with formal evaluation planned across 2026 and 2027. The work has attracted interest beyond Oxfordshire, and the Chair and Scrutineer have shared it with other Boards, including in dialogue prompted by Somerset's thematic review of self-neglect SARs.

7.2 Barriers to professional curiosity, and 'safe curiosity'

The Scrutineer's Barriers to Professional Curiosity Report was finalised and presented during the year, complemented by a partnership-wide Professional Curiosity Survey (which drew responses from children's as well as adults' practitioners) and a Learning from Reviews workshop. The synthesis, presented to the Board in September 2025, was clear: practitioners report high workloads, over-use of quick fixes, fear of blame, power imbalances, emotional burnout, leadership disconnects, and review processes that can feel mechanical and sanitised. The resulting framework, 'Curiosity and Learning to Improve Safeguarding Practice', sets out differentiated actions: for senior leaders, promoting a just culture, addressing workload pressures, encouraging near-miss reporting and modelling non-defensive responses; for team managers, protecting reflection time and providing psychologically safe supervision; and for frontline practitioners, fostering safe curiosity, peer support, and collaborative inter-agency relationships. Board members agreed to seek commitment statements from their organisations on safe curiosity, and a joint task and finish group with the Children's Partnership's quality assurance group has been established. The work has attracted national interest, and a professional curiosity webinar is in development.

7.3 Transitional safeguarding, Deprivation of Liberty Safeguards and other scrutiny

Scrutiny of transitional safeguarding, the journey from children's to adults' services and other transitions of care, continued throughout the year. This includes a presentation to PIQA on the Moving into Adulthood service, which supports around 405 young people with eligible needs, and work on the data challenges of tracking whether adults in safeguarding services were previously known to children's safeguarding. The scrutiny goals for Deprivation of Liberty Safeguards backlogs set in 2024 were completed. On care home referral conversion rates, the Board accepted the local authority's position that this is primarily a matter for the authority and the regulator, with ongoing feedback through PIQA rather than a standalone Board project, an example of the Board deciding deliberately where its scrutiny adds value and where it duplicates. The Scrutineer also authored the Impact Measurement paper (Chapter 4) and, at the year end, handed over the interim chairing of PIQA to the local authority's Head of Safeguarding with Oxford Health's Head of Safeguarding as deputy, strengthening the separation between scrutiny and operational assurance.

8. The work of our subgroups

8.1 Performance, Information and Quality Assurance (PIQA)

PIQA met five times in the reporting year. Its principal achievements, the Quality Assurance Framework, the redeveloped dataset, the December information workshop, the MARM oversight role, and the agency-by-agency referral quality audits, are described in Chapters 4 and 5. PIQA also received the transitional safeguarding presentation and dataset work, oversaw the self-neglect audit undertaken by Cherwell District Council (a 25 per cent rise in hoarding casework over two years, a slight male predominance in self-neglect reporting, and evidence that improved training in distinguishing neglect from self-neglect has increased recognition), and agreed that the Prevention of Homelessness Directors' Group will report its homelessness outcome measures to PIQA twice yearly rather than duplicating the analysis. From March 2026 the subgroup has a new chair and deputy chair and a mandate to deliver a regular performance and quality report to the Full Board.

8.2 Learning, Development and Training (LDT)

The LDT Subgroup was re-established in mid-2025 with new Terms of Reference, an agreed workplan aligned to the strategic plan, and a Learning, Development and Training Framework describing how learning moves from identification to frontline delivery. Its work, including quarterly training reports, the move to bite-size sessions, and rotating partner 'highlight reports' on how each organisation embeds learning, is described in Chapter 10. Learning from SARs is now explicit in the subgroup's objectives at partners' request.

8.3 Policies, Procedures and Practice (PPP)

The PPP Subgroup finalised the refresh of the multi-agency procedures document, continued the programme of policy work on hoarding, and led horizon scanning on emerging practice issues including assisted dying, the implications of artificial intelligence and robotics in care, devolution, and harm reduction. The subgroup reviewed the updated Pan-London safeguarding procedures (which now cover cultural competence, professional curiosity, digital risk, online harm and homelessness) to identify content for local adoption, alongside external materials such as Bromley's advocacy procedure and Cheshire West's self-neglect prompts. A new chair took office in February 2026, and the subgroup is trialling an innovative operating model; the subgroup will now have a reduced meeting frequency supported by digital governance for routine policy approvals, retaining face-to-face discussion for complex matters. The Board noted that this approach may hold lessons for and potential use in other subgroups.

8.4 Engagement Subgroup

A year ago, declining attendance at the Engagement Subgroup was a standing escalation to the Board. This year the position transformed: 18 organisations were represented at the January 2026 meeting, and the subgroup delivered the most extensive Safeguarding Adults Awareness Week programme to date (Chapter 11) alongside the Easy Read version of the annual report. The one persistent attendance gap, the commissioned advocacy provider, has been pursued through multiple routes and escalated through the Business Group, and advocacy engagement was re-established by the year end. The

subgroup began a review of its Terms of Reference focused on strengthening the capture of service-user voice, which members judge less developed than community-level engagement, and explored bringing community organisations, including African Families in the UK, into the subgroup. Oxford Health offered alignment with its developing lived-experience governance structures. Tamsin Jewell stepped down as chair after the year end, with the Board's Connection Support representative taking on the role, keeping the chairing of the subgroup outside the statutory agencies.

8.5 Business Group

The reconstituted Business Group met five times, supporting the Chair on agenda planning, the strategic plan, the risk register, the response to Local Government Reorganisation, subgroup escalations, and preparation for the National Chairs' and Managers' networks. It also handled matters including the Board's engagement with the national LeDeR (Learning from Lives and Deaths of people with a learning disability and autistic people) position (below) and Person in a Position of Trust (PiPoT) leadership arrangements in the local authority.

8.6 Holding the wider system to account

Beyond its own structures, the Board used its convening power during the year to seek assurance on system issues:

- **LeDeR** (Learning from Lives and Deaths of people with a learning disability and autistic people): the Board identified and escalated a backlog which had reached 206 unreviewed cases, driven by staffing loss and ICB reorganisation. The position was escalated within the ICB to chief executive level and by the Chair and Board Manager through the national chairs' and managers' networks. An interim Local Area Contact has been appointed, prioritisation and automation approaches agreed, and families contacted transparently. The Board was clear about its concern that learning drawn only from deaths, rather than lives, risks missing key insights, and has scheduled a further update for 2026-27. It should be remembered that there are internal review processes of the health organisation (PSIRF, PSII) in place and any identified learning is put into place together with additional front line staff training
- **Homelessness**: the Prevention of Homelessness Directors' Group presented its strategy and annual report to the Board, and the Making Every Adult Matter programme presented case-based evidence of what it takes to support people facing multiple disadvantage, which led directly to the MARM+ development.
- **Suicide prevention**: Public Health presented the county's suicide prevention strategy, noting around 350 deaths by suicide in Oxfordshire between 2017 and 2023, 75 per cent of them men, and its five focus areas including priority groups such as men in their thirties and survivors of domestic abuse. The Board pressed on the interface between domestic abuse and suicide and on data sharing with review processes.
- **Integrated Neighbourhood Teams**: the ICB presented the developing neighbourhood health model, and the Board pressed for safeguarding to be designed in from the start, including access to statutory records and measurement through conversion rates rather than raw counts of concerns.
- Following horizon scanning in November 2025, the Board issued **three formal assurance asks of partners:** that training on executive dysfunction in self-neglect is commissioned and delivered

and that local policies explicitly reference assessment of executive function; that a multi-agency protocol for cuckooing and home invasion exists or is in development with clear intelligence-sharing pathways; and that professional curiosity about housing status, including sofa surfing, and robust escalation pathways are embedded. Responses were tracked back through the Board during early 2026.

- **Community Safety:** The Board has continued to strengthen links with the Safer Oxfordshire Partnership, recognising the overlap between adult safeguarding, domestic abuse, exploitation, homelessness, substance misuse, cuckooing and community safety priorities.

9. Learning, development and training

9.1 The multi-agency training programme

The Board's multi-agency training programme is overseen by the LDT Subgroup and delivered by the Board's training lead with growing contributions from partner agencies themselves. The subgroupnow receives a quarterly training report covering bookings, completions, attendance and learner feedback. Illustrative activity reported during the year included, in a single quarter, 706 e-learning bookings with 629 passes across Level 1–3 safeguarding, Making a Safeguarding Referral and Modern Slavery; and a trauma-informed practice webinar series (trauma and language; trauma, stigma and belonging; advanced trauma-informed practice; and preventing burnout and secondary trauma) attended by 67 practitioners in its first two sessions, with feedback describing the sessions as relatable, supporting strengths-based development, and confidence-building, alongside requests for more scenario-based content which have been incorporated.

9.2 Accessible learning: the bite-size model

Attendance data and practitioner feedback showed that staff struggle to protect time for longer sessions, driving cancellations and no-shows. The LDT subgroup responded by introducing bite-size sessions of no more than an hour, beginning with a well-received MARM session during Safeguarding Adults Awareness Week, with a forward programme co-delivered by partner agencies covering topics such as hoarding, housing-related safeguarding, and modern slavery and exploitation. A blended model for Level 2/3 training, e-learning as a prerequisite followed by shorter face-to-face sessions built around case discussion, is in development. A pre-recorded learning disability awareness resource produced by My Life My Choice was promoted across the partnership, and culturally aware, trauma-informed e-learning for staff working with refugees and people seeking asylum is being explored.

9.3 Non-attendance

In March 2026, the LDT subgroup examined non-attendance, distinguishing unavoidable cancellations from no-shows, which carry direct licence costs (currently absorbed centrally), deny places to others on fully booked courses, and blunt the system's learning capacity. Options under evaluation for 2026–27 include organisational-level (not individual) reporting of attendance patterns, mandatory line-manager details in the booking system, line-manager notifications, and, informed by the Children's Partnership's experience of a non-attendance charge, whether financial recovery mechanisms would change behaviour without adding blame or administrative burden. The subgroup was deliberate that accountability must not be confused with blame, and that any response must be proportionate to workforce pressures.

9.4 Learning from each other

A rotating 'highlight report' now sees each member organisation present to the LDT subgroup on how it identifies, disseminates and embeds safeguarding learning. Oxford Health opened the series, describing learning prioritised in its annual plan, tracked through its risk management system, cascaded through committees, learning huddles, supervision groups, a monthly newsletter and thematic webinars, and reported to the ICB. The subgroup also pursued a shared understanding of

Level 4 safeguarding training, sharing organisational interpretations and addressing practitioner confidence in applying learning, particularly on mental capacity, which echoes the audit findings in Chapter 5.

10. Engagement, voice and prevention

10.1 Safeguarding Adults Awareness Week 2025

Safeguarding Adults Awareness Week in November 2025, on the national theme of prevention, was the Board's most extensive to date, described by the Chair of Engagement Subgroup as the most well-organised yet. The programme included a daily partnership newsletter; webinars including a session on preventing the next generation of rough sleepers; podcasts and case stories; the first bite-size MARM training; briefings across partner organisations; and public-facing activity including a local authority stall at Westgate Library in Oxford. The week also generated learning for the Board itself: most public conversations at the library concerned social isolation and loneliness rather than 'traditional' safeguarding categories, and the Board has agreed to consider social isolation within its future prevention activity. Honest evaluation identified that session timings limited turnout for some public events and that newsletter reach beyond the partnership was limited, which will shape the next year's planning.

10.2 Community engagement and the voice of lived experience

The Engagement Subgroup's recovery in attendance and reach is described in Chapter 8. During the year, the Board deepened engagement with community organisations, including African Families in the UK, whose route into the partnership is being developed through the Engagement Subgroup with clear ground rules, so that community voice is genuinely embedded rather than tokenistic. The Board also reflected on national safeguarding cases in which neighbours did not report concerns for fear of being perceived as discriminatory, and has emphasised in its public messaging that people should raise concerns even when uncertain. Strengthening the direct voice of adults with care and support needs, as distinct from community-level engagement, is a priority the subgroup has set itself for 2026–27, with Oxford Health offering alignment with its developing lived-experience governance structures. Work continues with advocacy providers, whose renewed engagement with the subgroup the Board welcomed, alongside recognition in reviews and audits that advocacy must be actively considered in safeguarding practice.

10.3 Resignation of the Lay Member

The Lay Member notified the Board during the year of her intention to step down after nine years as Lay Member. The Board formally recorded its thanks for her independent challenge, leadership of the Engagement Subgroup, and sustained focus on lived experience and public voice. The Board confirmed its clear support for retaining a lay role, alongside the Independent Chair and Independent Scrutineer, as a third strand of independence, and a role description and recruitment approach, drawing on partner and community networks, is being developed for 2026–27.

11. What our member organisations have done

11.1 A strengthened self-assessment and peer review process

In 2025–26, the Board substantially strengthened how it gains assurance from each partner that they are implementing the strategy of the Board. A revised self-assessment template was developed through PIQA and its children's counterpart, comprising 29 questions across seven domains: Leadership and Accountability; Strategy and Working Together; Service Delivery and Practice; Commissioning and Quality Assurance; Recruitment, Training and Learning; Listening and Personalisation; and Reflection and Improvement. Each response requires evidence from the past year, a RAG (red, amber, green) rating, and, for any amber or red rating, the actions being taken. Additionally, each return requires senior manager or board-level sign-off. Returns are followed by peer review discussions in small clusters of organisations, so that partners test and challenge one another's assurance rather than simply filing returns. This approach responds directly to many members' calls for more system-level scrutiny of each organisation's safeguarding arrangements.

11.2 The overall picture

Fourteen member organisations submitted self-assessment returns covering 2025–26. No organisation rated itself Red against any question. The great majority of ratings were Green, with Amber ratings concentrated, tellingly and consistently, in three areas: enabling diverse service-user involvement in designing and improving services; converting learning into demonstrable impact; and questions affected by organisational transition (most notably for the ICB and for organisations preparing for Local Government Reorganisation). The Board draws two conclusions. First, the fundamentals of safeguarding leadership, governance, policy and training are well embedded across the partnership. Second, the partnership's collective development areas, voice, impact, and resilience through change, precisely mirror the Board's strategic priorities, which gives the Board confidence that its strategy is aimed at the right problems. The Board also notes, as a matter of honest reporting, that a small number of returns were submitted without RAG ratings selected or were incomplete at the time of drafting, and these are being followed up through the peer review process.

NB: It should be noted that the returns were received in year 2026-27 but are commenting on work undertaken during 2025-26.

11.3 Member summaries

The summaries below are drawn from each organisation's own return and its contribution to the Board's work during the year. They are necessarily brief; the peer review discussions consider the full returns.

Oxfordshire County Council – Adult Social Care

The lead statutory safeguarding agency reported sustained commitment through clear governance, oversight of complex cases and a strong learning culture, evidenced most powerfully this year by the CQC assessment: an overall 'Good' rating (a score of 64 under the new assurance framework), with the safeguarding quality statement rated Good and governance and safeguarding described as strong, and a reduction in people waiting over 12 weeks for safeguarding enquiries from 286 to 18 despite a 33

per cent rise in demand (the service's own priority tracking shows enquiries over 12 weeks falling from over 70 to 16 in the year). The service was equally honest about its Amber areas: embedding co-production and diverse service-user involvement, converting constructive challenge and SAR learning into tracked improvement, and sustaining practice under rising demand and complexity, notably self-neglect and hoarding and provider-related concerns. Its priorities for 2026–27 include strengthening frontline practice and supervision, performance grip and quality assurance, and the response and transparency shown over the autumn referral backlog (Chapter 5) demonstrated its accountability to the partnership in practice.

Oxfordshire County Council – Public Health

Public Health, whose safeguarding role is principally exercised through commissioning, reported safeguarding embedded in all contracts and grants through dedicated safeguarding schedules, director-level representation on the Board, and leadership of the suicide prevention strategy presented to the Board in November. It was candid that its assurance is necessarily indirect, rating several commissioning-assurance questions Amber, and its priorities for the coming year are strengthening safeguarding oversight within contract management and more consistent embedding of learning across commissioned services. Public Health has also funded the coordinator post that will enable Drug and Alcohol Related Death Reviews to be hosted by the SAR Subgroup, and the Oxfordshire Migration Partnership prioritised the safety and voice of refugees across its delivery.

Oxfordshire County Council – Children's Services and Education

Children's Social Care reported a year of stabilisation and improvement: reduced reliance on agency social workers, a permanent senior leadership team for the first time in eight years, navigation of joint targeted area and SEND inspections, a review of the exploitation team, and an updated quality assurance framework, with development areas in service-user involvement and refreshing staff awareness of safeguarding contacts. Its participation in this Board's self-assessment reflects the partnership's Think Family commitment and the growing joint work on transitional safeguarding described elsewhere in this report.

Oxfordshire Fire and Rescue Service

The Service reported safeguarding embedded across prevention, protection and operational activity, particularly through Safe and Well visits and targeted work with vulnerable residents, with clear designated safeguarding lead arrangements aligned to county council policies. Its priorities centre on early identification of hidden vulnerability, including hoarding, social isolation and unmet care and support needs, themes that align closely with the Board's own findings this year. Through PIQA, the Service has also prompted the Board to reconsider the routine collection of Safe and Well visit data within the partnership dataset. The Service has also strengthened routes for identifying and escalating safeguarding concerns through Safe and Well activity, supporting earlier intervention for adults experiencing self-neglect, hoarding, social isolation and other vulnerabilities.

Thames Valley Police

The Oxfordshire Local Command Unit reported safeguarding as a visible priority driven through performance boards, daily management meetings and tasking, with increased supervisory oversight of vulnerability-related incidents and improvement in the quality of risk assessments, domestic abuse

submissions and referrals. The year's priorities included risk assessment quality in domestic abuse, capturing the voice of the child, and improving justice outcomes; priorities for 2026–27 focus on protecting those most at risk, preventing harm from domestic abuse, exploitation and fraud, and reducing repeat victimisation. TVP restructured to a single county-wide operating model during the year, absorbed significant budget pressure, and was open with the Board about the workload impact of the growing review programme. Its challenges back to the Board centre on timeliness and consistency of information sharing and joint training.

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

BOB ICB reported statutory accountabilities discharged in line with the NHS Safeguarding Accountability and Assurance Framework, system-wide policy development including a new stand-alone Prevent policy, and chairing of the Board's SAR Subgroup through a year of exceptional review volume. It has done this while planning its own reorganisation: its return is honest that, as a new clustered organisation from April 2026, safeguarding priorities must be ratified by the incoming executive, and that website and contact information for safeguarding leads needs re-establishing, both rated Amber with actions attached. The Board will seek early assurance from the new organisation on safeguarding leadership capacity and records its recognition of the ICB safeguarding team's contribution under sustained uncertainty for the coming year.

Oxford Health NHS Foundation Trust

Oxford Health reported Board-level safeguarding oversight through its Chief Nurse, priorities delivered on the Mental Capacity Act (including for 16- and 17-year-olds and improvements to electronic record forms for MCA, DoLS and best interests decisions), a structured learning architecture (annual planning, action tracking, learning huddles, supervision groups and thematic webinars) presented to the LDT Subgroup as the first partner highlight report, and developing structures for embedding lived-experience voice in governance. Its 2026–27 priorities put patients, families and carers first, focusing on domestic abuse, neglect and self-neglect, exploitation, Prevent, and Making Safeguarding Personal. Its challenge to the Board is to keep information simple and navigable, provide multimedia access to review learning, and pair innovation with disciplined, project-managed practice change.

Oxford University Hospitals NHS Foundation Trust

Oxford University Hospitals reported strong engagement across the partnership's groups, joint working on hospital discharge, where a high proportion of section 42 enquiries relate to discharge quality and improvement work is in hand with partners, and rising DoLS activity managed through effective cross-agency working. It was open about staffing pressures in its safeguarding and MASH health teams, with mitigation plans monitored through its Safeguarding Strategic Group, and its priorities include staffing, DoLS compliance following audit, and more face-to-face teaching built around complex case discussion. Its challenges to the Board concern the volume and duration of review processes and earlier escalation of the safeguarding impact when funding arrangements for services end.

Oxford Probation Service

Probation reported its safeguarding responsibilities discharged in line with the HMPPS framework, with priorities including refining self-serve safeguarding checks with robust quality assurance,

improving practice among trainees and newly qualified officers, strengthening the voice of the child in risk assessment, and better use of Board resources including the revised threshold of needs. Probation has also asked the Board for a multi-agency dataset and dashboard, a request that aligns directly with PIQA's data programme.

Oxford City Council

The City Council reported a well-established Safeguarding Champion network of 21 officers trained to Level 3 in both adults' and children's safeguarding, an annual all-staff safeguarding survey with strong response rates, and a completed review of safeguarding practice in its restructured Youth Ambition service. Its forward plan includes a referrals audit, a further service audit, and its 2026 staff survey. Through Board channels, it has led community safety engagement on exploitation and 'cuckooing', including securing named DWP escalation contacts, and it asked the Board to increase MARM capacity and offer bookable webinars sharing learning from reviews.

Cherwell District Council

Cherwell District Council has been among the most active district contributors to the Board's practice development this year: its self-neglect audit for PIQA evidenced a 25 per cent rise in hoarding casework over two years and improved staff recognition of self-neglect following targeted training, and its safeguarding lead has driven the partnership's hoarding policy work and the district-level perspective in MARM development.

South Oxfordshire and Vale of White Horse District Councils

The councils reported safeguarding is treated as business as usual, with corporate plan ownership, four Designated Safeguarding Leads and embedded processes, and highlighted the value of the new self-neglect and hoarding forum in bringing partners together. Their reported pressures (i.e., rising domestic abuse related death reviews, increasingly complex self-neglect, and mental health and suicide risk) match the Board's own data picture, and their priorities include appointing safeguarding champions/networks, and embedding learning from audits and peer challenge. Their asks of the Board are partnership-friendly data dashboards, clearer multi-agency thresholds messaging, and expanded joint training.

West Oxfordshire District Council and Publica

The council and its service delivery partner reported chief executive accountability for safeguarding with member-level sign-off of assurance reports, an updated safeguarding policy implemented, increased training completion, and the creation of a District and City Safeguarding Officer Working Group. It was honest about its development areas: supporting staff to distinguish wellbeing concerns from safeguarding concerns amid rising volume and complexity, and assurance over safeguarding within commissioned leisure and waste contracts. Oversight of safeguarding is transferring back into direct council delivery as part of Local Government Review preparations. Its asks of the Board include an induction pack for new representatives, a review of subgroups for relevance and duplication across the adults' and children's partnerships, and less jargon.

11.4 What members asked of the Board

The self-assessment asked every organisation what changes the Board itself should make. Recurring answers, better multi-agency data and dashboards; simpler, clearer communication with less jargon; more joint training and shared learning formats including webinars and multimedia; streamlined and less protracted review processes; clearer thresholds messaging; and stronger mechanisms to turn learning into measured impact, have been consolidated by the Business Group and are reflected in the Board's 2026–27 priorities in Chapter 12. A Board that asks its members to accept challenge must model the same behaviour.

12. Looking ahead: priorities for 2026–27

The Board's Strategic Plan 2025–27 remains the framework for next year. Within it, the Board has agreed the following focus areas for 2026–27:

1. **Safe transition through structural change:** seeking continuing assurance, using the Board's Risk Register, on executive accountability, continuity of statutory safeguarding functions, independent scrutiny and workforce stability through Local Government Reorganisation, the new ICB arrangements, and police reform; and engaging early with the new National Safeguarding Adults Board and any review of Care Act powers.
2. **Closing the learning loop:** implementing the mechanism for partners to evidence how review learning has changed practice; embedding commitment statements; evaluating the self-neglect Principles (2026–27); and delivering the professional curiosity webinar and safe curiosity commitments.
3. **Data and assurance:** delivering the regular PIQA performance and quality report to the Board, the redeveloped dataset, and the first full cycle of the revised self-assessment with peer review clusters.
4. **Drug and Alcohol Related Deaths:** integrating Drug and Alcohol Related Death Reviews into the SAR Subgroup's governance from 2026–27, using coroner-file-based methodology to minimise burden on agencies, and managing the cumulative workload of the review system, which partners have asked the Board to keep under explicit review.
5. **The Voice of Lived Experience and the Lay Member:** recruiting a new Lay Member; strengthening the direct voice of adults with care and support needs; developing community organisation participation; and exploring the Board's role in responding to social isolation as a safeguarding prevention issue.
6. **Responding to members' asks:** induction for new Board representatives, plainer communication, review of subgroup structures for duplication, and accessible multimedia learning from reviews.

The Board will report on progress against each of these in next year's annual report.

Appendix A: Glossary

Term	Meaning
BOB ICB	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
CQC	Care Quality Commission
Cuckooing	The takeover of a person's home by others for exploitation or criminal activity
DARDR	Drug and Alcohol Related Death Review
DHR	Domestic Homicide Review (now Domestic Abuse Related Death Review)
HMPPS	His Majesty's Prison and Probation Service
HMR	Homeless Mortality Review: Oxfordshire's local review of deaths of people experiencing homelessness
LDT	Learning, Development and Training Subgroup
LeDeR	Learning from Lives and Deaths of people with a learning disability and autistic people
LGR	Local Government Reorganisation
MARM / MARM+	Multi-Agency Risk Management framework for adults at high risk below statutory thresholds; MARM+ extends this to complex multi-agency cases
MASH	Multi-Agency Safeguarding Hub
MCA / DoLS	Mental Capacity Act 2005 / Deprivation of Liberty Safeguards
MEAM	Making Every Adult Matter: partnership approach to multiple disadvantage
MSP	Making Safeguarding Personal: person-led, outcome-focused safeguarding practice
OSCP	Oxfordshire Safeguarding Children Partnership
PiPoT	Person in a Position of Trust
PIQA / PAQA	Performance, Information and Quality Assurance Subgroup (adults) and its children's partnership counterpart
PPP	Policies, Procedures and Practice Subgroup
s.42 enquiry	A statutory safeguarding enquiry under section 42 of the Care Act 2014
SAB	Safeguarding Adults Board
SAC	Safeguarding Adults Collection: the national statutory data return
SAR	Safeguarding Adults Review: a statutory review under s.44 Care Act 2014

Appendix B: Board Support Team

Strategic Safeguarding Partnerships Manager
Board Support Officer
Learning & Engagement Officer
Homeless Mortality Review Officer
Research & Intelligence Officer
Multi-Agency Risk Management (MARM) Officer

Appendix C: How to raise a safeguarding concern

If you are worried that an adult with care and support needs is being abused or neglected, or is at risk, please report it. In an emergency always call 999.

- Contact Oxfordshire County Council's Adult Social Care team to raise a safeguarding concern, or use the online reporting form on the Oxfordshire County Council website : https://www.oxfordshire.gov.uk/residents/social-and-health-care/social-and-health-care-information-professionals/raising-safeguarding-concern-0
- You do not need to be certain. Professionals would rather hear a concern that turns out to be nothing than miss one that mattered.
- Further information, published Safeguarding Adults Reviews and Homeless Mortality Reviews, the Board's strategy, and the Easy Read version of this report are available on the OSAB website.

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

17th September 2026

Update on the Council's Connect to Work Programme

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   Consider the Council's Connect to Work programme in Oxfordshire, including how the programme will support eligible residents to access employment support, build effective links with employers, and deliver positive outcomes for people who face barriers to work. The Committee is also asked to support wider promotion of the scheme across Oxfordshire, helping to raise awareness among potential participants, referral partners and employers.

Executive Summary

2. Oxfordshire County Council is committed to delivering a high-quality and innovative Connect to Work programme offer for Oxfordshire residents. The Council is required by the Department for Work and Pensions (DWP) to act as the Accountable Body for the Oxfordshire provision of Connect to Work, ensuring appropriate local oversight, governance and assurance for delivery of the programme. The programme is designed to empower eligible participants to access, move into and sustain meaningful employment, while supporting employers to create inclusive opportunities for people who face barriers to work.

3. This approach aligns with the principles of the Oxfordshire Way by promoting independence, strengths-based support, community connection and better outcomes for residents. This report summarises the actions taken by the Council and its partners to design, launch and deliver the programme, including the development of local delivery arrangements, referral pathways, employer engagement activity, governance and assurance processes.

Background

4. Connect to Work is a national supported employment programme funded by the DWP and delivered locally through upper-tier local authorities. In Oxfordshire, the programme has been designed to help residents who face significant barriers to work to access, move into and sustain paid employment. The programme will support up to 2,000 participants over its lifetime in Oxfordshire, with support tailored to individual circumstances and delivered

through evidence-based supported employment approaches. Eligible participants may include disabled people, people with health conditions and others who require additional, personalised employment support. It is a structured employment support offer that works with participants, referral partners and employers to create realistic routes into work and to sustain employment once secured.

5. Oxfordshire County Council has led the local design and implementation of Connect to Work in Oxfordshire, working with partners to put in place the delivery model, referral routes, eligibility arrangements, employer engagement approach, governance and assurance processes required for a safe and effective launch. The local model has been developed to reflect Oxfordshire's labour market, the needs of residents who are furthest from employment, and the Council's wider commitment to prevention, independence and inclusive communities through the Oxfordshire Way.

6. Implementation has included establishing programme management arrangements, developing pathways for referrals from health, social care, employment and community partners, and preparing delivery partners to provide consistent, high-quality support across the county. The programme is intended to strengthen the local employment support system by connecting specialist support with real employer opportunities and by helping employers to recruit and retain a more inclusive workforce.

The Oxfordshire Overview

7. Oxfordshire's Connect to Work programme has one of the smaller cohorts nationally, reflecting the county's comparatively high levels of overall economic activity and employment. The programme will nevertheless make a significant local contribution by supporting up to 2,000 eligible participants over its lifetime. It is being jointly delivered by Oxfordshire County Council and Enterprise Oxfordshire, combining the Council's experience in supported employment and public service delivery with Enterprise Oxfordshire's employer engagement, skills and economic development expertise.

8. The programme was designed by a local project team, with a strong focus on best practice and innovation. The team worked closely with stakeholders and people with lived experience to develop an innovative programme shaped around Oxfordshire's local needs.

9. The programme became fully live in January 2026 and has had a highly successful start in the county, performing strongly against the indicators set out in the table below, including programme starts, conversion from expressions of interest to employment starts, caseload levels, first earnings, lower and higher earnings outcomes, and in-work retention support earnings thresholds. This early performance provides strong assurance that the local delivery model, referral arrangements and partnership approach are enabling eligible residents to access support and progress towards employment outcomes.

10. The Oxfordshire model includes both recognised supported employment fidelity pathways: the Supported Employment Quality Framework (SEQF) and Individual Placement and Support (IPS). SEQF is a quality framework for supported employment services, helping providers follow a structured approach to understanding a person's goals, matching them to suitable work, supporting employers and providing help before and after someone starts a job. IPS is a more intensive employment support model that focuses on helping people move quickly towards paid work that matches their interests and providing continuing support so that the job can be sustained. The Council's own SEQF fidelity-accredited supported employment provider is delivering the SEQF pathway. The IPS pathway is being delivered, following a tender process, by The Palladium Group and Ways into Work. This mixed model allows the programme to draw on complementary expertise and to offer participants support that is appropriate to their needs, circumstances and employment goals.

11. The lower participant cohort has enabled Oxfordshire to focus on more targeted and innovative approaches to engagement and support. This includes the development of a successful young jobseeker pathway and a migrant and resettled jobseeker pathway, both designed to respond to identified local need and to improve access for groups who may not engage through more traditional employment support routes. The Council has also contracted locally with Style Acre to support a dedicated pathway for people with both learning disabilities and autism, strengthening the programme's ability to provide specialist, person-centred support.

Performance

12. Performance for Connect to Work is closely monitored by the DWP against key performance indicators. These indicators are used to track participant starts, first earnings and employment outcome performance, including lower and higher earnings outcomes.

Criteria	*Unredacted* Performance levels *in Annex 1*
Total participants joining programme	[redacted]
Conversion rate: expressions of interest to programme start	[redacted]
Total number of participants on caseload	[redacted]
Percentage against target of participants achieving first earnings (rolling 3 months)	[redacted]
Percentage against target of participants achieving a low earnings outcome (rolling 3 months)	[redacted]
Percentage against target of participants achieving a high-level earnings outcome (rolling 3 months)	[redacted]
Percentage against target for in work retention support participants reaching earnings threshold (rolling 3 months	[redacted]

Notes: Figures are correct at 31st July 2026 and represent the preceding three months of programme delivery. Source: DWP performance data.

Outcome criteria are based on participants achieving first income, reaching the lower and higher income cumulative thresholds as reported by HMRC,

Data shown is embargoed by The Department for Work and Pensions and has been redacted. Data for this period is due to be published in December 2026

Ensuring equitable access to the scheme

13. The Council is committed to ensuring equitable access to Connect to Work across Oxfordshire and to meeting the DWP's requirements for participant entry into the scheme. All potential participants are required to complete an online expression of interest, which captures their own details and, where relevant, the details of any person or organisation supporting them to access the programme. This provides a consistent front door into the service and ensures that eligibility, consent and referral information can be recorded appropriately from the outset.

14. To support accessibility and recognise the wide range of participant needs, the programme does not rely solely on digital self-referral. The programme's customer relationship management system (CRM) provides data on participant location, protected characteristics and a wealth of other information, helping the Council understand who is accessing the programme and ensuring delivery responds to the challenge of rurality across Oxfordshire.

15. The programme's pop-up front door sessions and strategy of embedding access routes within local services also help to combat digital exclusion by enabling residents to seek support through accessible, trusted and familiar community settings. The programme has also been embedded as a referral pathway with a range of Oxfordshire community groups, enabling residents to seek support through trusted local organisations that can help them access employment support, sustain work or move closer to work.

16. Following receipt of an expression of interest, the participant will receive a welcome call to confirm their details, explain the next steps and identify any immediate access or support needs. They will then be triaged to the appropriate fidelity support pathway, ensuring they are matched to the model of supported employment best suited to their circumstances, needs and employment goals.

17. Programme delivery is supported by a stakeholder forum which sits alongside the Programme Delivery Team. The forum provides advice, challenge and co-production support, helping to ensure that the programme remains responsive to participant experience, community insight and local labour market need. This strengthens oversight of access routes and supports continuous improvement in how the scheme reaches and engages eligible residents.

18. The Council has developed operational pathways for groups who may be furthest from employment, including young people who need additional support to access, move into or sustain work. This reflects the Council's wider ambitions for young people by creating earlier, more accessible routes into employment support and by working with partners who are already trusted by young people, families and local communities. These pathways are based on the views of people with lived experience and local stakeholders, and use a range of approaches to improve access and engagement. This includes building contractual relationships with local specialist support providers, strengthening links with trusted community organisations, and exploring innovative technology that can help people understand the programme, express interest and access support in ways that work for them.

19. Connect to Work makes the programme accessible to participants from first contact by offering clear information, accessible formats, support to complete an expression of interest, telephone or face-to-face contact where needed, additional time for appointments, meetings in accessible or familiar venues, adapted communication methods and support to identify any immediate access needs.

20. The programme also supports employers to understand what reasonable adjustments are, when they may be needed, and how they can be applied in a practical and proportionate way. Employment specialists work with employers to identify barriers within recruitment, induction, job design, communication, working hours, supervision or workplace arrangements, and provide guidance on simple changes that can help participants start, retain and progress in work.

21. Examples may include adapting recruitment processes, offering working interviews or work trials, providing interview questions in advance, allowing extra time for tasks or training, adjusting start and finish times, reducing or sequencing duties during induction, providing written instructions or visual prompts, identifying a workplace buddy or mentor, agreeing regular check-ins, adapting communication methods, reviewing sensory or environmental factors, and making changes to equipment, workspace or supervision arrangements.

22. These adjustments help ensure that participants are not excluded by the way the programme is accessed or delivered, and that support can be tailored from first contact through to job start and in-work support. They also provide a practical way for employment specialists and employers to remove barriers, build confidence and sustain inclusive employment outcomes.

23. The programme also has a dedicated employer engagement lead and a clear process for engaging, briefing and socialising employers with Connect to Work. This includes explaining the aims of the programme, identifying inclusive employment opportunities, supporting employers to understand the benefits of supported employment, and building confidence in how reasonable adjustments and in-work support can help participants to sustain paid work. This employer-facing activity is central to ensuring that participant pathways

are connected to real labour market opportunities and that employers are active partners in delivering inclusive employment outcomes.

Ensuring sufficiency and scale of Connect to Work programme delivery

24. Connect to Work provision in Oxfordshire is delivered under a funding agreement with the DWP, based on an agreed bell curve of increasing funded capacity over the life of the programme. This means delivery is expected to scale in a planned and controlled way, rather than operate at full volume from the outset. The programme currently sits at around 60% of funded capacity and is expected to accept 65 new participants each month once full operating capacity is reached in early 2027.

25. The programme is delivered by a large team of skilled supported employment practitioners, with caseload sizes determined by the relevant fidelity requirements. These mandated caseload levels are an important feature of the delivery model because they protect the quality and intensity of support available to participants. Although the programme is currently fully recruited against its planned establishment, the Council has successfully bid for additional DWP funding in the current financial year to bring forward recruitment. This will allow more time to identify suitable candidates, complete onboarding and provide the upskilling required before additional capacity is needed.

26. The ability to operate at the required scale also depends on a steady flow of eligible participants whose needs and circumstances match the capacity available. A detailed marketing and communications plan is in place to ensure that participant demand is built progressively and aligned with the funded growth profile. The plan supports awareness raising with potential participants, referral partners, community organisations and employers, whilst avoiding demand being generated significantly ahead of available capacity.

27. Strong embedded links with local support organisations are central to sustaining participant interest and maintaining an appropriate referral flow. These relationships help ensure that Connect to Work is understood as a practical pathway for people who want to find or return to work, or sustain employment, and that referrals are generated through trusted local routes. This approach supports both sufficiency of delivery and the quality of participant engagement as the programme moves towards full capacity.

Broadening the Connect to Work Offer

28. The Council remains committed to broadening and strengthening the Connect to Work offer so that the programme can reach full operating capacity in early 2027. This will be achieved through a balanced approach that maintains an open to all front door for eligible residents, while also developing further participant pathways for those who may be furthest from employment and least likely to access support through traditional routes. The aim is to ensure

that people across all eligible groups have clear, accessible and trusted ways to understand the programme, express interest and join with confidence.

29. This will be achieved by using the open front door as a single and consistent route into Connect to Work, while actively connecting that route to wider local employment activity, including Get Oxfordshire Working. The Council will use its extensive employer and stakeholder engagement to raise awareness of the programme, identify inclusive vacancies and work trials, and build trusted referral routes through organisations already supporting residents in local communities. This will allow Connect to Work to remain accessible to all eligible residents, while also developing targeted pathways for groups who may need additional support, confidence or encouragement to engage and progress towards paid employment.

30. Where possible, and within the terms of the DWP grant funding available, the Council will continue to contract with local support organisations to secure additional participant support. By contracting with local organisations, the programme is able to bring in key local expertise, add assurance to delivery, and ensure that, wherever possible, Connect to Work invests in Oxfordshire organisations that are well placed to support residents, referral partners and communities. These arrangements will complement the core supported employment delivery model and strengthen the programme's ability to reach people who are eligible for Connect to Work but may require additional encouragement, preparation or specialist support to take part.

Governance

31. The Council has a strong programme governance structure in place to support the safe, effective and accountable delivery of Connect to Work in Oxfordshire. Core to programme leadership is the Programme Delivery Team, which meets weekly and provides the primary forum for programme oversight, coordination and executive operational decision making. The Programme Delivery Team reports through the Programme Manager to the Council's Head of Future Economy on a monthly basis, ensuring regular senior oversight of delivery, risks, performance and programme development.

32. The Programme Delivery Team is chaired by the Programme Manager and includes senior leads from Oxfordshire County Council and Enterprise Oxfordshire, fidelity programme leads, and representation from the supply chain. This composition ensures that operational decisions are informed by strategic oversight, delivery expertise, fidelity requirements and provider insight.

33. The Programme Delivery Team is supported by the Stakeholder Panel, which provides additional advice, challenge and partner insight. The programme also reports regularly to the DWP and to the Council's Head of Future Economy, ensuring that both grant-funding requirements and local strategic oversight are maintained.

34. The programme is currently undergoing the DWP Provider Assurance Audit, through which delivery and governance structures are being tested. This provides an additional layer of external assurance over the programme's arrangements and supports continued improvement as Connect to Work scales towards full operating capacity.

Corporate Policies and Priorities

35. The Council's policies are shaped by its corporate vision and priorities, with particular focus on tackling inequalities and ensuring that residents who face the greatest barriers are able to access the right support at the right time. Connect to Work directly supports this ambition by strengthening routes into employment for eligible residents who may be furthest from work, including disabled people, people with health conditions and others who require personalised support to move towards, enter or sustain paid employment.

Financial Implications

36. The Connect to Work programme will be subject to ongoing performance monitoring by DWP against agreed delivery and outcome measures. Where performance falls below expected standards, DWP will normally provide a period of enhanced monitoring, support and performance improvement activity.

37. Where poor performance is sustained and insufficient improvement is demonstrated, DWP may apply contractual remedies, including financial sanctions, the withholding or recovery of funding, and, in severe cases, termination of the funding agreement. Such action would normally follow a formal performance management process and opportunities for improvement.

38. The council will build in robust governance processes to reduce the risk of performance failure.

39. The DWP can cancel this programme at any time with variable notice which the council have mitigated against through our supply chain. It's expected that the DWP will defray any reasonable committed costs if the programme is cancelled.

Comments checked by:

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

Legal Implications

40. The Connect to Work programme is underpinned by Grant Guidance issued by the DWP, which provides detailed policy and delivery information to support

Accountable Bodies (Oxfordshire County Council) to develop local Connect to Work offers. As an Accountable Body, the authority is expected to work within the requirements, expectations and process set out in the Grant Guidance.

41. This report provides an update on the work being delivered under the Oxfordshire Connect to Work Programme.

Comments checked by:
Janice White, Principal Solicitor – ASC, SEND and Education

Staff Implications

42. There are no additional staffing implications arising from this report.

Equality & Inclusion Implications

43. Equity in experiences and outcomes is a key priority for Adult Social Care arising from our statutory duties under Care Act 2014 and CQC Assurance Framework. We take a person-centred approach to supporting people and any protected characteristics they have would be part of this framework.

Sustainability Implications

44. There are no sustainability implications in relation to this report.

Risk Management

45. Adult Social Care Directorate Leadership Team has oversight of the risks and maintains a risk register and reports to Senior Leadership Team and Informal Cabinet through monthly updates.

NAME Karen Fuller, Corporate Director of Adult Social Care

Annex: Nil

Background papers: Nil

Contact Officer:

September 2026

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People Overview and Scrutiny Committee
17 September 2026

Response to the Care Quality Commission Assessment and Improvement Programme

Report by Director of Adult Social Services

RECOMMENDATION

The Committee is RECOMMENDED to:

I. **NOTE** progress made since the publication of the Council's CQC assessment in September 2025

II. **NOTE** the Council's approach to improving the four areas rated *Requires Improvement* by CQC

III. **NOTE** the role of the Adult Social Care Improvement Programme in coordinating improvement delivery, assurance, organisational learning and continuous CQC readiness.

Executive Summary

1. In September 2025 the Care Quality Commission (CQC) published its assessment of Adult Social Care as delivered by the Council. CQC assessed Oxfordshire County Council as Good but identified 4 areas *Requires Improvement*

    (a) Assessing Needs,
    (b) Supporting People to Lead Healthier Lives,
    (c) Equity in Experience and Outcomes,
    (d) Care Provision, Integration and Continuity.

2. This report builds on the update presented to the People Overview and Scrutiny Committee in November 2025, which outlined the findings of the Council's CQC assessment and the initial improvement actions put in place in response.

3. Since the CQC assessment, the Council has moved away from preparing for periodic inspections and towards a more continuous approach to understanding and improving Adult Social Care services.

4. To support this, the Council has established the Adult Social Care Improvement Programme (ASCIP). ASCIP provides the framework through which the Council identifies areas for improvement, agrees priorities, delivers change and monitors whether those changes are improving outcomes for residents.

5. The programme brings together improvement projects, quality assurance activity, performance information, feedback from people who use services and governance arrangements into a single approach to learning and improvement

6. Through ASCIP, the Council has strengthened its approach to quality assurance, improvement planning and performance monitoring. These arrangements are at different stages of development and embedding, and the next phase will focus on demonstrating that they lead to measurable and sustained improvements in people's experiences, outcomes and equity

7. The CQC is also changing its approach to assessment and assurance. Future assessments will place greater emphasis on evidence that improvements are delivering better outcomes for people who draw on care and support, rather than simply demonstrating that improvement activity has taken place. ASCIP has been designed to support this approach by ensuring that performance, feedback, quality checks and improvement activity are routinely reviewed and used to drive better outcomes for Oxfordshire residents.

Background

8. The Health and Care Act 2022 introduced a new role for the CQC to assess how local authorities discharge their adult social care duties under the Care Act 2014. Oxfordshire received its assessment during 2024/25 and published in September 2025.

9. The CQC assessment recognised several strengths across Adult Social Care and rated Oxfordshire County Council as Good overall. It also identified four quality statements requiring improvement:

Area	Quality statement	Score
Overall assessment	Local authority rating	Good
Theme 1: How Oxfordshire County Council works with people	Assessing needs	Requires improvement
	Supporting people to lead healthier lives	Requires improvement
	Equity in experience and outcomes	Requires improvement
Theme 2: Providing support	Care provision, integration and continuity	Requires improvement
	Partnerships and communities	Good
Theme 3: How Oxfordshire County Council ensures safety within the system	Safe pathways, systems and transitions	Good
	Safeguarding	Good
Theme 4: Leadership	Governance, management and sustainability	Good

	Learning, improvement and innovation	Good

10. The Council accepted the findings and incorporated them into the Adult Social Care Improvement Programme (ASCIP), which provides the framework for coordinating improvement activity, monitoring progress and demonstrating sustained improvement. The programme is supported by an Integrated Improvement Plan that sets out the key priorities, actions and measures for success.

11. In July 2026, CQC published its first nationwide analysis of local authority assessments. The report found that most authorities were rated Good overall, a third rated Requires Improvement and a small number rated Outstanding.

12. Oxfordshire's overall CQC score of 64 places at the national midpoint. This provides assurance that Oxfordshire is not an outlier nationally.

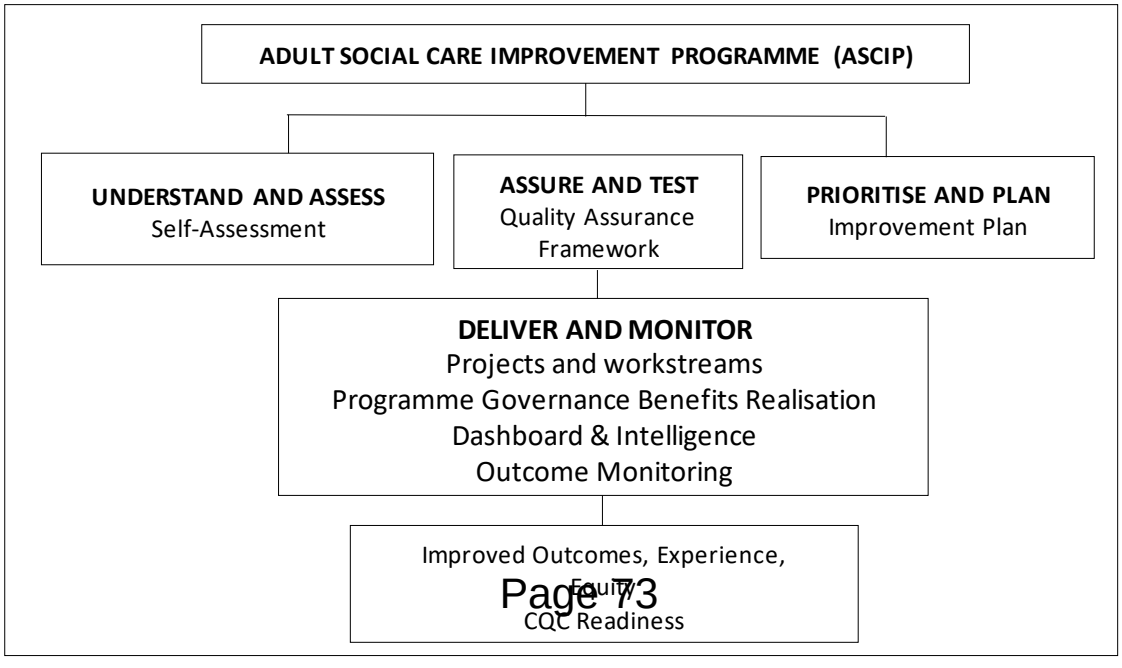
Responding to CQC assessment: the Adult Social Care Improvement Programme [ASCIP]

13. Since the assessment, the Council has moved away from preparing for periodic inspections and towards a more continuous approach to understanding and improving Adult Social Care services.

14. To support this, the Council has established the Adult Social Care Improvement Programme (ASCIP). The programme provides a structured approach for identifying areas requiring improvement, agreeing priorities, delivering change and monitoring whether those changes are improving outcomes for residents.

15. The programme is supported by an Integrated Improvement Plan, included at Appendix 1, which sets out the actions, timescales and measures used to deliver and monitor the Council's response to the CQC findings. Figure 1 provides a summary of how the programme operates.

Figure 1. How ASCIP supports continuous improvement



16. Through ASCIP, the Council has strengthened its approach to quality assurance, improvement planning and performance monitoring. These arrangements are at different stages of development and embedding, and the next phase will focus on demonstrating that they lead to measurable and sustained improvements in people's experiences, outcomes and equity.

17. The CQC is also changing its approach to assessment and assurance. Future assessments will place greater emphasis on evidence that improvements are delivering better outcomes for people who draw on care and support, rather than simply demonstrating that improvement activity has taken place. ASCIP has been designed to support this approach by ensuring that performance, feedback, quality checks and improvement activity are routinely reviewed and used to drive better outcomes for Oxfordshire residents

Response to the CQC: Areas Rated Requires Improvement

18. **Assessing Needs**

CQC Positives	• Clear access to assessment, care planning and review • support to "front door" to enable people to find community support through strengths-based approaches • person-centred assessment and planning • clear financial assessments • support for carers and for people with non-eligible needs
Areas Requiring Improvement	• inconsistent experiences and sharing of information • support for young carers • access to advocacy • evidence that outcomes reflected what matters to people
Changes Made In Response To CQC Finding	• Redesigned self-assessment form which will launch October 26. The new process empowers people to tell their story in their own words, improving the quality of information gathered and reducing the frustration of having to repeat themselves • Adult Services redesign in Feb 26 acted on feedback from users and their families to create a dedicated team for people living with Learning Disability to improve co-ordination, response and practice and improve person-centred outcomes

	• Adult Services redesign in Feb 26 moved response to safeguarding enquires to locality teams enabling a single, coordinated approach to assessment, intervention and risk management and improving person-centred outcomes • In Oct and Nov 26, the Council is delivering a programme of training around "gloriously ordinary lives" through adult social care to improve person-centred, strengths-based practice, enhance professional confidence and consistency, and support people to tell their story and what matters to them • Working on feedback from users and carers and with Healthwatch additional information has been developed to support patients and families through the Home First discharge process from hospital, especially in relation to chargeable and non-chargeable services. • Adult Social Care is working with Communications and Engagement colleagues to map how people's voices and experiences are captured across the Council, including whose voices may be missing. The work will help establish a more consistent approach to using feedback to shape decisions, service improvement and future planning. • Case audit reviews are evidencing increased confidence and more localised safeguarding support to people. • Complaints and compliments re Home First discharge processes are reviewed in the wider health and care system escalation meetings and are informing practice • Complaints from people and informal carers of those with a Learning Disability have decreased.
Areas In Development	• The Council is developing the Adult Social Care Dashboard to evidence this impact, analyse lived experience feedback and monitor outcomes. • Continued focus on waiting lists and demand management is a key activity through 26/27

19. **Supporting People to Lead Healthier Lives**

CQC positives	• Strong prevention and early intervention offer supported by The Oxfordshire Way, • Effective partnership working with health and voluntary and community sector partners, and a broad range of community-based services, designed to promote independence.

	• Positive evidence included locality-based practice, reablement services, community equipment, assistive technology, reduced delayed discharges, use of community assets, and generally positive feedback regarding information, advice and support
Areas requiring improvement	• Opportunities to strengthen support for people with complex mental health needs • Improve communication and consistency across hospital discharge and community rehabilitation pathways • Make information and advice more accessible through both digital and non-digital routes, • Improve understanding and uptake of direct payments, • Strengthen evidence demonstrating the impact and outcomes of preventative services
Changes made in response	• Since March 26 Commissioners have been working with City and District council housing teams to improve the pathways for some of the most complex people who fall between mental health and homelessness services. This is improving understanding of these needs and is leading to changes in service design. As part of this work, Adult Social Care teams have been working with housing officers to increase understanding of the options available to support complex homeless people under the Care and Mental Health and Mental Capacity Acts • After review in June 26 of performance and needs the planned replacement to the Council's homecare framework will include specialist support for people with mental health presentations • Since April 26 Hospital discharge pathways from both acute, mental health and community pathways continue to be the focus of Better Care Fund [BCF] investment and operational delivery led by BCF funded system Transfer of Care and Home First leadership roles. Oxfordshire has a complex discharge pathway for homeless people that is supported by teams drawn from housing, mental health and adult social care. • In response to previous findings, the Council has strengthened the Direct Payments offer through improved workforce training, greater integration of the Direct Payments Advice Team within frontline services, enhanced information and guidance, and the continued provision of a countywide advice service. Direct Payment numbers have remained stable despite market pressures, while current improvement activity

	is focused on quality assurance, CQC readiness, simplifying access and increasing uptake • Commissioned research through Local Policy Lab '26 to help us better understand the impact of community capacity grants. The findings confirmed the well-known challenges of measuring population-level impact, while showing meaningful improvements on people's outcomes through local support delivered by the voluntary and community sector. We will continue to build on this learning, as well as other programmes such as Well Together to find meaningful measures to demonstrate impact. • We are working with providers, such as the Age UK Oxfordshire, to explore how we can go beyond contract performance indicators and towards a more outcomes focused approach. An example of this was embedding community connectors within the Customer Service Centre to ensure strengths based preventative approaches at this point. • All of this work will continue with our voluntary and community partners and learning will continue to be embedded in our practice.
Impact of changes	• At this stage the work between housing, mental health and social care is improving strategic approaches but will inform commissioning of new pathways to support people with complex mental health issues. No homeless people are discharged to the street in Oxfordshire. • The length of stay for people in hospital beds has reduced significantly and Oxfordshire is rated 3rd on performance amongst south-east Local authorities by DHSC. This data is reported into the Health & Wellbeing Board as part of BCF reporting. • The number of people discharged home from hospital who achieve full independence after reablement has increased from 76% in 2025/26 to 79.4% in 2026/27. • Targeted reviews and training in the West and Vale team have reduced the risk of falls in the first 2 weeks post discharge, a period when people are most at risk of readmission to hospital. This metric is monitored at a system level in partnership with the NHS.
Areas in development	• Work is ongoing to strengthen the measurement of prevention impact by mapping existing grants, projects and services across county, district and neighbourhood levels, and by

	working with Public Health, district councils, health partners and academic partners to evaluate outcomes, identify overlaps and gaps, and improve understanding of what is making the greatest difference for residents.

20. **Equity in Experience and Outcomes**

CQC positives	• Oxfordshire had a range of equality, engagement and community-focused activities in place to support diverse communities. This included partnership working, community engagement and a commitment to promoting equality, diversity and inclusion across Adult Social Care. • The assessment found evidence of activity intended to understand and respond to the needs of different communities and population groups
Areas requiring improvement	• The assessment identified opportunities to strengthen the Council's understanding of inequalities and demonstrate more clearly how differences in people's access, experiences and outcomes are identified, understood and addressed. • In particular, the assessment highlighted the need to move beyond describing diverse communities towards demonstrating how insight and evidence are used to influence decision-making, service improvement and outcomes.
Changes made in response	• Since July 2026 Equity has been embedded as within ASCIP across assessment, prevention, safeguarding, commissioning, customer experience, performance reporting and improvement activity. • July 2026.The Council has also commissioned and completed Local Policy Lab research into equity in Adult Social Care. The research explored people's journeys through access, assessment, services, outcomes and safeguarding, identifying areas where further analysis and improvement activity may be required. The project found evidence that some communities may be less likely to access Adult Social Care services, particularly at the point of first contact, but identified fewer differences once people were within the system. It also highlighted significant gaps in demographic data that limit understanding of inequalities. The findings are now informing future work on community engagement, equity monitoring, data quality and service improvement.

	• June 2026, Demographic questions have been incorporated into the *Let's Talk* survey to improve understanding of who is engaging with Adult Social Care, whether feedback is representative of local communities and whether experiences differ across groups. • Following engagement with OXFSN and families in Feb 2026, the Council redesigned financial assessment outcome letters to improve clarity and accessibility. Changes included clearer wording, a more user-friendly format, and the development of a separate FAQ booklet based on feedback from people with lived experience. This co-design approach helped ensure communications better meet the needs of those receiving care and support. • The Council is in its third year of delivering the Social Care Workforce Race Equality Standard (SC-WRES). This programme supports the Council's wider commitment to improving equality, diversity and inclusion by strengthening understanding of workforce inequality, promoting inclusive leadership and ensuring that equity considerations are embedded within Adult Social Care. This has resulted in the creation of a quarterly dashboard looking at ethnicity through the recruitment and employment process, from application onwards, including the introduction of stay interviews for Global Majority staff to better understand what factors encourage staff to stay with Oxfordshire County Council. • The Council leads on the Oxfordshire Carers Strategy which is focussed in 2025/26 on targeted engagement with underrepresented communities and actions to strengthen workforce inclusion, cultural competence and understanding of the barriers that affect access to support.
Impact of changes	• This work is still being embedded, and it is therefore too early to demonstrate measurable changes in access, experience or outcomes for different communities. Progress to date has strengthened the Council's understanding of inequalities, identified gaps in demographic data, and established the foundations for routine equity monitoring.
Areas in development	• The next phase of ASCIP will demonstrate how the insights gathered to date should be translated into action and impact. • Future activity will focus on embedding routine equity analysis into assurance and governance arrangements, implementing the findings of the Local Policy Lab research, strengthening

	demographic and outcome measures, and using the Adult Social Care Dashboard to provide greater visibility of variation in access, experience and outcomes.

21. **Care provision, integration and continuity**

CQC positives	• Oxfordshire had strong foundations in its relationships with providers and partners, with established arrangements for working across health, social care and the provider market. • The assessment recognised the commitment of partners to supporting people with care and support needs and identified positive foundations
Areas requiring improvement	• The assessment identified opportunities to strengthen strategic commissioning, market shaping, provider engagement and the use of intelligence to better understand current and future demand. • It also highlighted challenges relating to specialist provision for people with mental health needs, learning disabilities, autism, physical disabilities and sensory impairments, alongside wider pressures affecting housing, supported living and elements of the care market
Changes made in response	• March 2026: the Council commissioned an independent commissioning-focused peer review through Partners in Care and Health (PCH). The review highlighted strong foundations in workforce capacity, provider relationships and links with procurement and finance, whilst identifying opportunities to strengthen commissioning intelligence, data, provider engagement and the consistent application of commissioning practice. • The Council has co-produced both a Learning Disability Plan (March 26) and an Oxfordshire Autism Strategy (July 26) with service users, carers and families and partners including the voluntary and community sector. These strategies have identified priority areas that are now being implemented • The Learning Disability Plan includes the development of a *Safe Space* as an alternative to secure hospital for people living with learning disability and/or autism (due July 27), additional complex needs supported living (Phase 1 due Jan 27 and Phase 2 due Nov 2027). These developments are supported by £5.9m of Council capital investment. • As noted above the Council is working with mental health and District and City councils to analyse needs for the most complex individuals and work with clinicians and providers to create pathways to improve outcomes. This is due March 2027. • The redesign of the homecare framework (due 2027) has highlighted the needs for specialist mental health support. It

	has also identified opportunities to increase efficiency for the market by working in a more consistent way with a smaller number of high-quality providers who can support the delivery of the Oxfordshire Way and help people stay at home in their own communities. • The Council has developed in partnership with South and Vale Council a new Extra Care Housing facility in Faringdon that has incorporated features and approaches developed with the local community, including the connectivity to allow the site to be used by the local GP practice. The facility was fully open in April 26. • The continued high performance from April 26 of local hospital discharge pathways is driven by system wide partnership approaches, joint-funded roles and the performance of local reablement and home care providers
Impact of changes	• The number of people needing out of area or spot-purchased placements outside of frameworks has reduced to 109. As Council frameworks have been developed in partnership with the Integrated Care Board, this is also benefiting Oxfordshire residents funded by the NHS. • Increase in local options for people with the most complex needs including the 50 people at any one time supported on the Dynamic Support Register to remain safe and well in the community • Understanding of the needs of complex homeless people across mental health and other needs and improved provider capability to meet those needs • Reduced length of stay in hospital discharge pathways • Ongoing and significant interest from independent commercial providers to join the Council's Care Homes, Supported Living and Home Care frameworks • Greater resilience in our provider markets to respond to needs and low levels of provider failure and hand backs
Areas in development	• The Council needs to demonstrate the long-term impact of its market development, commissioning improvement, housing investment, co-production and workforce programmes on continuity of care and outcomes for Oxfordshire residents.

Risks, Dependencies and Delivery Challenges

22. The Council recognises that several of the improvements associated with achieving and sustaining stronger CQC performance rely upon activities beyond Adult Social Care. The improvement programme therefore depends on effective working across council departments, partners, providers and wider system stakeholders.

23. This reflects the increasing emphasis within the CQC framework on partnership working, whole-system approaches and the ability of local authorities to demonstrate how they understand and respond to risks, inequalities, demand and outcomes across the system.

24. Oxfordshire is well placed to maintain this improvement. There are strong cross organisation and cross sector partnerships from both practice (Adult Safeguarding, Home First, Dynamic Support Register) and strategic/commissioning perspectives (Prevention of Homelessness Directors Group, Place-Based Partnership and Better Care Fund) as well as with service users and carers (Learning Disability and Autism Delivery Boards, Carers Reference Group, Oxfordshire Mental Health Partnership) and with the provider sector (Oxfordshire Association of Care Providers).

25. A key risk for both ASCIP and these delivery partnerships is the impact of Local Government Reorganisation. The focus in Adult Social Care on ASCIP delivery and assuring an improved and effective service to the future Unitary Authorities is a priority for the Service. Commissioners and operational staff will be working closely with our residents and partners to assure that high-quality services will continue to be developed and delivered from April 2028.

26. These risks will be managed through ASCIP and quarterly review of the Integrated Improvement Plan by Adults Directorate Leadership Team.

Conclusion

27. The CQC assessment provided an important external independent view of Adult Social Care in Oxfordshire, recognising many areas of strong practice whilst identifying four quality statements where Further Improvement was required. Since the assessment, the Council has responded through both targeted improvement activity and the wider ASCIP programme of assurance, quality improvement and organisational development designed to support sustained improvement over time

28. Progress is evident across the areas rated Requires Improvement as set out above. ASCIP has delivered quality assurance arrangements, improved evidence review, refreshed improvement planning, increased programme capacity and development of the Adult Social Care Dashboard.

29. Whilst these foundations are important, the key measure of success will be whether they lead to demonstrable and sustained improvements in people's experiences and outcomes. The Council now needs to show that improvements are consistently delivering benefits across assessment and review pathways, prevention, equity, care provision, communication, and whole-system partnership working

30. The next phase of ASCIP will focus on evidencing impact as well as delivery. Emphasis will be placed on strengthening outcome measures, improving the use of lived experience, complaints, compliments and performance intelligence, and demonstrating how improvement activity is translating into better experiences and

outcomes for people who draw on care and support, unpaid carers and communities across Oxfordshire.

31. The Service will retain a focus on delivery of ASCIP as it moves into Local Government Reorganisation. See 43 below.

Financial Implications

32. There are no direct financial implications arising from this report.

Comments checked by: Stephen Rowles, Strategic Finance Business Partner

Legal Implications

33. This report provides an update on the work done in response to the assessment by CQC to address areas for improvement and ensure continuous improvement across the service. As such there are no specific legal implications arising from this report.

Comments checked by: Janice White, Principal Solicitor – ASC, SEND and Education

Staff Implications

34. The Deputy Director of Adult Social Care serves as the Senior Responsible Officer for assurance preparation. The Adult Social Care Assurance lead oversees ongoing monitoring, improvement plan delivery, and inspection readiness, all within current budget constraints. There are no direct Staff Implications.

Equality & Inclusion Implications

35. The Adult Social Care Improvement Plan takes a broad approach to integrating equality, diversity, and inclusion (EDI) into service delivery, focusing on EDI initiatives that involve people with lived experience and underserved communities.

36. The plan aims to use better demographic data, address barriers for rural and underserved groups, and partner with community organisations to reduce access gaps. It also emphasises co-producing strategies with diverse communities, promoting digital inclusion, and making information and advice accessible to everyone.

37. Workforce diversity and inclusive leadership are addressed through the Diverse by Design principles and the Workforce Race Equality Standard (WRES). These frameworks are accompanied by specific actions aimed at improving accessibility, communication, and engagement, with the intention of integrating EDI considerations into the routine operations and culture of Adult Social Care.

Local Government Reorganisation Implications

38. The Government has confirmed that the current local government arrangements across Oxfordshire and West Berkshire will be replaced by three new unitary councils from 1 April 2028, at which point Oxfordshire County Council will cease to exist and its functions will transfer to the successor authorities. Existing councils will continue to operate through current governance arrangements until vesting day, after which services, functions and staff will transfer to the new organisations.

39. The Adult Social Care Improvement Programme provides an important foundation for this transition. The development of stronger assurance arrangements, improved performance reporting, refreshed quality assurance processes, assurance packs and the Adult Social Care Dashboard will help ensure that learning, evidence, performance information and improvement activity can be transferred to successor organisations and support continuity of oversight during the transition period.

40. The transition introduces several risks which will require careful management. These include maintaining focus on improvement while planning for structural change, preserving organisational knowledge and improvement momentum, maintaining workforce stability, and ensuring continuity of service delivery, commissioning arrangements, partnerships and governance processes.

41. The CQC has confirmed that local authority assessment arrangements will continue during local government reorganisation. Newly created authorities will be subject to future assessment under the Care Act framework and are expected to demonstrate continuity of governance, assurance, improvement and evidence of impact. The Council's improvement programme therefore supports not only current performance and regulatory assurance, but also preparedness for the transition to the new unitary councils and future assessment arrangements.

42. The Council's approach is therefore to continue delivering the Adult Social Care Improvement Programme and CQC improvement activity as planned, while ensuring that emerging learning, evidence, risks and improvement priorities are incorporated into local government reorganisation planning. This will help support service continuity during transition and provide a stronger foundation for the successor authorities from April 2028.

Sustainability Implications

43. There are no direct sustainability implications arising from this report.

Risk Management

44. The Adult Social Improvement Plan is overseen by the Adult Social Care Directorate Leadership team through monthly updates. There is an established process for the escalation of risk.

NAME	Karen Fuller, Corporate Director of Adult Social Care
Annex:	Annex 1- Adult Social Care Improvement Plan
Contact Officer:	Victoria Baran, Deputy Director, Adult Social Care victoria.baran@oxfordshire.gov.uk
	September 2026

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ADULT SOCIAL CARE

Integrated Improvement Plan

Improving outcomes, equity and experience across Oxfordshire

Document title:	Adult Social Care – Improvement Plan	
Date created	May 2026	
Owner of policy	Director Adult Social Services	
Review schedule:	Quarterly	
Next Review Date	August 2026	
Document History:		

Oxfordshire County Council
Adult Social Care - CQC Framework
2026–2028 | April 2026

Executive Overview

This plan sets out a small number of cross-cutting improvement priorities designed to address known gaps in evidence, consistency and impact, and to stretch beyond "Good" towards "Outstanding" as defined in the CQC Draft Rating Characteristics for Local Authority Assessments.

It deliberately focuses on system-level enablers which CQC identifies as critical to delivering consistently good outcomes for people, rather than isolated service initiatives. Each improvement area is explicitly linked to the relevant CQC quality statements and is designed to strengthen both regulatory assurance and the real-world experiences and outcomes of people who draw on care and support, with a clear stretch target for exceptional practice.

This improvement plan supports Adult Social Care's transition towards a neighbourhood health model, in line with national direction. During 2026/27, the focus is on strengthening neighbourhood-level pathways, partnerships and assurance, so that care and support is increasingly preventative, joined-up and delivered close to home, without disrupting people's experience or statutory responsibilities.

Our Vision: The Oxfordshire Way

The Oxfordshire Way principles underpin this plan:

- Strengths-based, person-centred practice
- Prevention and early help
- Community asset-building
- Co-production and partnership
- Continuous learning and improvement

Social Care Future language guides our ambition:

"*We all want to live in the place we call home, with the people and things that matter to us, doing what matters to us, in communities where everyone looks out for one another.*"

The plan is designed to make this vision real for every person, carer, and community in Oxfordshire.

Eight integrated improvement priorities

1. Equity in Experience and Outcomes
2. First Contact and Pathways That Put People in Control
3. Transitions that Keep People Safe, Connected and Supported
4. Being Heard, Supported and in Control
5. Co-production that Shapes Decisions and Change
6. Commissioning Support that Enables Good Lives
7. Leadership and Assurance Shaped by People's Stories and Collective Insight
8. A confident, supported workforce enabling good lives

This plan recognises where practice and evidence are still developing, and sets out a credible, time-bound route towards stronger outcomes and a confident CQC position.

Priority Area 1

Equity in Experience and Outcomes

Fair and meaningful experiences of care that work for people's lives

CQC Quality Statements addressed:

- Equity in experience and outcomes
- Leadership (understanding need and inequality)
- Working with people

What we are trying to change

- **Move from** describing diverse communities to evidencing differential experience and outcomes, with a clear focus on closing equity gaps.
- **Enable** leaders to take equity-informed decisions
- **Embed** equity into planning, commissioning and assurance, not just engagement activity

Understanding seldom-heard groups

To strengthen our equity approach, we will define and maintain a shared understanding of communities who are less likely to access services, engage with formal processes, or have their experiences reflected in routine data.

These may include (but are not limited to):

- People from ethnic minority communities
- People with learning disabilities or neurodivergent conditions
- People with mental health needs
- People experiencing multiple disadvantage (e.g. homelessness, substance use, domestic abuse)
- Unpaid carers, particularly those not known to services
- Older people living alone or socially isolated
- Young adults in transition (including care-experienced individuals)
- People with sensory impairments
- People experiencing digital exclusion or low digital confidence
- People in rural or geographically isolated communities
- People with uncertain immigration status or language barriers

This list will remain dynamic and be updated through VCSE, partner, and community intelligence to reflect local context.

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Produce a clear, accessible summary of who lives in Oxfordshire, where inequities exist, and what the evidence shows about differences in access, experience, and outcomes.	By Sept 2026	Narrative is actively used in decision-making and referenced in key documents; annual review shows increased use and impact.	Sustained reduction in identified disparities and outcomes, with documented changes to pathways or commissioning as a result of the narrative.
Agree and implement a core equity dataset (covering at least five key metrics: e.g., waiting times, access, outcomes by protected characteristic, complaints, and feedback) that is: • Used assurance and reporting cycles • Reviewed for completeness and relevance every six months	By Dec 2026	Dataset and triangulated insight (including VCSE, workforce, and case-level learning) are used to identify and address equity gaps, including for seldom-heard groups;	Trends showing narrowing gaps Proactive outreach to seldom-heard groups
Embed equity prompts in all strategic reports, assurance cycles, and service plans.	Immediate	All DLT papers explicitly state equity impact and data gaps, leadership decisions reference equity insight	Leadership decisions and service redesigns explicitly shaped by equity and VCSE intelligence
Strengthen outreach and engagement with seldom-heard groups by		VCSE and faith engagement evidenced in	

partnering with VCSE and faith organisations to access diverse voices and community intelligence.		assurance outputs and self-assessment	
Co-design improvement actions with VCSE and faith partners, ensuring their intelligence informs priority setting and service development.		VCSE and faith engagement evidenced in assurance outputs and self-assessment	

Stretch target (Exceptional)

Continuous learning approach to equity, combining improved data with embedded engagement and trusted relationships with communities whose voices are seldom heard, and showing sustained impact over time in reducing inequalities.

Assessment of current position

Confidence level: Developing

Current activity focuses largely on accessibility and engagement. We do not yet consistently evidence differential experience or outcomes, nor how equity insight informs leadership decisions. This limits our current CQC position but provides a clear and credible improvement trajectory.

Priority Area 2

First Contact and Pathways That Put People in Control

People understand their journey and feel involved from the start

CQC Quality Statements addressed:

- Assessed needs
- Supporting people to live healthier lives
- Working with people

Why this matters

Feedback shows that front door arrangements (information, advice, signposting, and early help) are not consistently enabling people to self-serve, access the right support, or avoid unnecessary escalation into formal services.

Front door and assessment arrangements will increasingly support neighbourhood-based responses, connecting people to local support, community resources and integrated neighbourhood teams where appropriate.

Assessment processes can feel bureaucratic, inconsistent, and overly focused on physical needs. Pathways are not always clear, contributing to inequitable experience, escalation, and frustration. This limits prevention, increases pressure on statutory provision, and reduces capacity to focus resources on those with the highest levels of need.

What we are trying to change

- **Move from** "person-centred assessment" to co-designed assessment and front door processes
- **Embed** prevention and early help at first contact, with clear information and signposting
- **Use** digital channels to improve timeliness, while actively mitigating digital exclusion
- **Create** a single, accessible pathway guide for residents and staff
- **Reduce** referral looping and role ambiguity at the front door

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Redesign front door information, advice, and signposting arrangements	6 months	≥90% of people report clear information and timely access to early help at first contact (via survey/feedback); measurable reduction in referrals progressing to statutory assessment where early help is appropriate	Sustained reduction in escalation; increased use of prevention and community support; improved access and outcomes for seldom-heard groups

Redesign assessment tools and prompts	6–9 months	≥80% of audits demonstrate assessments are strengths-based, co-produced, and focused on what matters to people rather than services	Assessment approach co-designed with people and carers; sustained improvement in outcomes and positive lived-experience feedback
Publish a proportionate assessment standard	3 months	Standard adopted across all teams; managers and staff consistently apply agreed expectations on depth, timescale and risk management (confirmed through QA and supervision)	Demonstrable reduction in wait times and unmanaged risk while waiting; consistent decision-making across teams
Produce a single pathway clarity guide	6 months	Referral looping reduced by ≥25%; ≥80% of case tracking shows experienced clear expectations and understood what would happen next	Case studies show smoother journeys, fewer handoffs, reduced escalation and improved experience

Stretch target (Exceptional)

People are equal partners in designing the front door and assessment process. Assessment and review arrangements show sustained positive impact on people's experiences and outcomes; digital maturity supports timeliness and risk reduction; front door arrangements enable equitable, proportionate access to support.

Assessment of current position

Current Quality Assurance activity identifies issues but does not consistently lead to practice change. Front door arrangements and pathways are described across multiple documents rather than one clear system view. Information, advice, and signposting are not yet consistently enabling prevention or early help, and referral looping, role ambiguity, and fragmented data dilute the intended outcomes of the Oxfordshire Way.

Priority Area 3

Transitions that Keep People Safe, Connected and Supported

Change happens without disruption to what matters

CQC Quality Statements addressed:

- Safe systems, pathways and transitions
- Supporting people to live healthier lives
- Partnerships and communities
- Governance, management and sustainability

Why this matters

CQC expects local authorities to demonstrate that people experience safe, well-planned transitions when moving between services, settings or circumstances, with clear responsibility, continuity of care and effective risk management. This includes first contact, assessment, hospital discharge, safeguarding pathways, transitions to adulthood, provider failure and moves between areas.

Local Government Reorganisation increases the risk of fragmentation at these transition points. Without deliberate attention to pathways, handovers and accountability, people may experience delay, confusion or increased risk. This priority ensures that safety, continuity and clarity are actively maintained for people throughout periods of system change. As the system moves towards neighbourhood-based models of care and through Local Government Reorganisation, there is increased risk of fragmentation at transition points. This makes it essential to strengthen continuity, shared accountability and joint responsibility for safety within and across neighbourhoods.

What we are trying to change

- **Move** from pathway knowledge held in teams to clearly defined, shared transition routes across the system
- **Ensure** people always know:
  - what will happen next
  - who is responsible
  - how risk is being managed

- **Strengthen** joint working at key transition points (e.g. hospital discharge, safeguarding, housing, preparation for adulthood from age 14)
- **Maintain** continuity of care and relationships, even when organisational boundaries or responsibilities change
- **Make** transition risks visible, monitored and acted on through routine assurance
- **Ensure** safe transitions within and across neighbourhoods, with clear handovers, shared accountability and continuity when people move between services, settings or places.

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Map and agree priority transition pathways (e.g. hospital discharge, safeguarding, adulthood, housing-related transitions)	6 months	Priority pathways documented with clear roles, handovers and escalation routes	No increase in complaints, safeguarding concerns or delays at transition points during change
Strengthen transition planning and handover arrangements	6-9 months	People and carers report they understood what would happen next and who was responsible	Case tracking shows continuity of care and reduced risk during transitions
Embed transition risk monitoring into assurance and governance	Immediate	Transition risks routinely identified, monitored and reviewed in governance forums	Proactive mitigation of emerging transition risks before impact on people
Ensure continuity arrangements are in place during organisational or provider change	Ongoing	No evidence of unplanned disruption to care during provider failure or system change	Sustained positive feedback from people experiencing transitions

Stretch target (Exceptional)

People consistently experience seamless, safe transitions, feel supported to understand and manage risk, and do not experience disruption even when systems or organisations change. Leaders can clearly explain how transition risks are identified, managed and learned from across the system

Assessment of current position

While transition pathways exist, they are not always clearly articulated or consistently experienced by people. Learning from transitions is not yet systematically used to improve pathways across the system. The context of Local Government Reorganisation increases the importance of making transition routes, responsibilities and risks explicit and assured.

Priority Area 4

Being Heard, Supported and In Control Through Advocacy and Participation

Advocacy and support that protects people's voice and rights

CQC Quality Statements addressed:

- Assessing needs
- Working with people
- Safeguarding

Why this matters

Advocacy access and waiting times are not consistently understood across ASC, risking reduced participation, particularly for carers and people in crisis or safeguarding processes.

What we are trying to change

- **Move from** advocacy being viewed as a referral process to advocacy being embedded within assessment, planning, review, safeguarding and decision-making.
- **Ensure** advocacy is considered consistently and proactively for people who may have substantial difficulty in engaging with assessments, reviews, safeguarding enquiries or care planning.
- **Improve** recording and reporting so leaders can understand advocacy need, demand, access, waiting times, uptake and impact.
- **Strengthen** staff understanding of statutory advocacy duties and when informal support, family involvement or independent advocacy is appropriate.
- **Use** advocacy information to improve people's experience of involvement, choice, control and participation in decisions that affect their lives

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Publish a single advocacy access route map	3 months	Staff and partners report clarity	Reduced delays in accessing advocacy

Introduce routine reporting of advocacy demand and waits	6 months	Leaders able to see and manage risk	Case examples where advocacy changed the experience or decision
Embed advocacy prompts in assessments and reviews	6–9 months	Increased advocacy referrals where appropriate	Clear evidence people feel "in control" of process
Work with people, carers and advocates to define what 'being heard, supported and in control' means in practice and develop feedback mechanisms to measure this experience.	6 months	Agreed experience measures incorporated into assurance and self-assessment processes.	Evidence that feedback routinely influences pathway design, commissioning decisions and practice improvement, with clear 'You Said, We Changed' examples.
Implement a consistent approach to recording advocacy consideration, referral, provision and outcomes within LAS, including independent advocacy, family/friend advocacy and statutory advocacy requirements	6-9 months	Advocacy information is routinely captured and reportable; audit findings demonstrate advocacy is actively considered during assessment, review and safeguarding processes.	Leaders can demonstrate how advocacy improves participation, decision-making and outcomes; evidence of increased appropriate advocacy use and reduced complaints relating to involvement and voice.

Stretch target (Exceptional/4)

Advocacy is understood and considered as a routine part of good social work and safeguarding practice. People can clearly describe how they were supported to participate in decisions that affected their lives. Leaders can demonstrate equitable access to advocacy, timely provision, and evidence that advocacy influences outcomes, safeguards rights and improves people's experience of care and support. Independent advocacy, family support and other forms of representation are consistently recorded and used to inform learning and improvement

Assessment of current position

Advocacy is recognised as important but not yet embedded as a system enabler, limiting evidence for participation and rights.

Priority Area 5

Co-production that Shapes Decisions and Change

People's experience influences how support works

CQC Quality Statements addressed:

- Learning, improvement and innovation
- Partnerships and communities
- Working with people

Why this matters

Co-production activity exists but is inconsistent, sometimes late in decision-making, and not always representative of seldom-heard groups.

What we are trying to change

- **Move** from "co-production occurs" to embedded, resourced, evaluated co-production
- Feedback **produces** measurable service improvement and learning is share

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Define a clear co-production operating model	3–6 months	Agreed definition and expectations	High-quality co-production case studies showing what changed and how
Target engagement with seldom-heard groups	Ongoing	Evidence of broader representation	Evidence seldom-heard groups are consistently involved
Introduce visible feedback loops ("you said / we changed")	Immediate	People can see impact of involvement	"You said / we changed" becomes routine and credible

Stretch target (Exceptional/4)

Co-production is systematically designed and evaluated, extends beyond routine engagement, and shows sustained impact on strategic change and outcomes.

Assessment of current position

Engagement is taking place, but impact and influence are not always demonstrable, creating a CQC risk.

Priority Area 6

Commissioning Support that Enables Good Lives

A strategic commissioning system that is clear, joined-up and grounded in the Oxfordshire Way

CQC Quality Statements addressed:

- Care provision, integration and continuity
- Partnerships and communities
- Leadership

Why this matters

Commissioning shapes the capacity, quality, equity and sustainability of the adult social care system.

The commissioning review and partner feedback confirmed that Oxfordshire has strong foundations, including skilled staff, stable contracts and effective relationships. However, the review also highlighted a gap between these foundations and the impact achieved in practice.

It identified:

- variability in how commissioning is delivered day-to-day
- limited consistency in applying a structured commissioning cycle
- weak line of sight between commissioning intent, delivery and people's lived experience
- inconsistent provider engagement and ownership
- gaps in data availability and accessibility
- inefficiencies in ways of working, including duplication, unclear roles, and low-value activity

Strengthening commissioning is therefore not about building new structures, but about improving clarity, consistency, pace and impact—ensuring that commissioning decisions are informed by insight and experienced positively by people, carers and providers.

What we are trying to change

- **Move from** commissioning activity happening at pace to a deliberate, strategic commissioning system with clear priorities, ownership and impact
- **Move from** variable, team-based approaches to a shared operating model, including consistent processes, roles and decision pathways
- **Move from** ad hoc or compliance-led provider engagement to structured, high-value partnerships that actively shape commissioning decisions
- **Move from** fragmented data and limited accessibility to reliable, usable intelligence, including a clear operational view of commissioned activity
- **Strengthen** leadership grip through clear governance, including a senior-led Commissioning Board that provides oversight, challenge and coordinated delivery
- **Reduce** duplication, low-value activity and unclear roles by improving ways of working, decision-making and accountability
- **Ensure** commissioning decisions demonstrably improve people's experiences, outcomes and equity across pathways

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Establish a senior-led Commissioning Board and strengthen governance to provide oversight, challenge and delivery coordination across commissioning activity	3–6 months	Board established with clear terms of reference, membership and reporting; consistent oversight of priorities, risks and delivery; improved line of sight between strategy, decisions and outcomes	Board routinely drives changes to commissioning decisions and pace of delivery; clear evidence of challenge leading to improved outcomes and reduced delays
Agree and embed a shared commissioning cycle (analyse–plan–do–review) and operating model, including clear roles, processes and decision pathways	6 months	Shared understanding across ASC of how commissioning is delivered; reduced variation in approach; improved clarity of accountabilities	Consistent, high-quality commissioning practice across all areas; reduced duplication, improved pace and stronger outcomes

Implement a clear provider engagement model, including named contract relationship ownership and structured, proactive engagement (including in priority areas such as home care)	3–6 months	Named relationship leads for key contracts; regular, purposeful engagement evidenced; providers report improved clarity and involvement	Providers demonstrate increased trust and influence; clear examples of commissioning decisions shaped or changed through engagement
Establish a reliable baseline dataset of commissioned activity (e.g. service, person, provider, start date) and improve access to data to support operational and strategic decision-making	3–6 months	A single, accessible view of commissioned activity in place; improved confidence in data quality; data used routinely in decision-making	Real-time or near real-time visibility; proactive use of data to identify risk, demand pressures and inequalities
Strengthen how learning from quality assurance, safeguarding, lived experience and partner feedback informs commissioning reviews and future planning	6–12 months	Evidence of feedback loops into commissioning decisions; improved alignment between insight and commissioning priorities	Clear examples of system redesign or commissioning changes driven by learning and insight
Develop and embed a structured co-production and VCS partnership model, ensuring voluntary and community sector organisations and people with lived experience are systematically involved in commissioning	6–12 months	Clear co-production model in place; VCS partners routinely involved in priority commissioning areas; evidence of "you said / we changed" influencing decisions	Co-production is embedded across commissioning cycle; VCS and people with lived experience demonstrably shape service models and outcomes; sustained improvements in experience and equity evidenced

design, decision-making and evaluation			
Review and streamline commissioning ways of working, including governance, meetings and decision-making, to reduce low-value activity and improve pace and clarity	3–6 months	Reduction in unnecessary meetings and duplication; clearer decision-making pathways; staff report improved focus on high-value work	Sustained improvements in pace, efficiency and staff experience; measurable reduction in delays and rework
Ensure commissioning and quality teams prioritise provider-facing activity and direct engagement with services	3–6 months	Increased time spent working with providers; improved understanding of service delivery and issues	Stronger provider relationships; demonstrable improvements in service quality and consistency linked to engagement

Stretch target (Exceptional)

Commissioning operates as a mature, high-impact system that is:

- driven by high-quality, accessible data and insight
- underpinned by clear governance, leadership grip and pace
- characterised by strong, trusted partnerships with providers and communities
- consistently applying a shared operating model and commissioning cycle
- demonstrating clear, measurable improvements in equity, experience and outcomes for people

Commissioning decisions are proactive, evidence-led and timely, and there is a clear, system-wide understanding of how commissioning activity translates into improved lives for people and carers.

Priority Area 7

Leadership and Assurance Shaped by People's Stories and Collective Insight

Insight is used to improve what people experience

CQC Quality Statements addressed:

- Learning, improvement and innovation
- Safeguarding
- Leadership

Why this matters

Continuous learning and robust assurance are central to delivering high-quality, person-centred adult social care. The CQC framework and ASC Assurance Toolkit emphasise that credible self-assessment and improvement depend on triangulated evidence drawn from multiple sources—not just performance data, but also lived experience, staff and partner feedback, and thematic insight. By making evidence collection a specific focus for 2026/27, we ensure learning is visible, actionable, and drives improvement across all service areas.

What we are trying to change

- Move from fragmented data and ad hoc feedback to a planned, thematic approach for collecting insight and evidence from a wide range of sources (including people who draw on care and support, carers, staff, partners, and community groups)
- Embed evidence collection for self-assessment as a core activity, with actions owned in service plans and mapped to CQC domains
- Routinely triangulate quantitative data, qualitative feedback, and lived experience to inform learning, assurance, and improvement
- Use structured tools (e.g. Evidence Assessment Workbook, Assurance Evidence Bank, sense checks) to gather, test, and validate insight
- Ensure learning and adaptation are consistently visible in governance records and decision-making.
- Assurance and learning will increasingly be organised around neighbourhood populations, using shared data, lived experience and partner insight to understand what is working, where risks are emerging, and how

neighbourhood-based approaches are improving outcomes and reducing inequalities.

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Agree a minimum viable dataset for key risks	3 months	Consistent reporting across all service areas	Governance papers show learning, adaptation, and decision trail
Improve trend reporting and triangulation of insight	6–12 months	Leaders can see direction of travel and triangulate learning from multiple sources	Improvements evidenced across indicators, linked to audit + lived experience feedback
Shift governance focus to learning questions	Immediate	Evidence of adaptive leadership	Clear "what we changed because…" records
Systematically collect and test evidence for self-assessment from all relevant sources (data, feedback, lived experience, partner input)	Throughout 2026/27	≥90% of self-assessment statements supported by triangulated evidence; quarterly review of evidence gaps and learning actions	Evidence bank updated and accessible to all teams; feedback loops ("You said, we changed") documented as impact
Develop a shared understanding of neighbourhood populations and priority pathways with health, housing and VCSE partners	6–9 months	Neighbourhood-level population insight and priority pathways are referenced in ASC self-assessment, assurance reporting and partnership governance	

Stretch target (Exceptional)

Leaders use data, technology, and insight from a diverse range of sources—not only to monitor but to drive proactive improvement, showing digital maturity and a system-wide culture of continuous learning. Evidence collection for self-assessment is embedded in practice, supporting credible assurance and external scrutiny.

Assessment of current position

Performance data is currently dispersed across multiple systems and teams, limiting our ability to generate meaningful trend reports or triangulate learning.
More importantly, we do not yet routinely collect or integrate insight and feedback from people who draw on care and support, their carers, staff, and partners.

Learning and adaptation are not consistently visible in governance records, and our evidence base for self-assessment remains incomplete. Progress is being made, but further work is needed to embed systematic evidence collection—including qualitative feedback—across all service areas, so it can be used to drive improvement and support CQC readiness.
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Priority Area 8

A confident, supported workforce enabling good lives

People are supported by colleagues who feel valued, confident and equipped to work with people in ways that reflect what matters most.

CQC Quality Statements addressed:

- Learning, improvement and innovation
- Working with people
- Leadership
- Safe systems, pathways and transitions

Why this matters

Delivering high-quality, person-centred adult social care depends on a skilled, resilient and inclusive workforce across the whole system — council-employed staff, commissioned providers, personal assistants and unpaid carers.

The Adult Social Services Combined Workforce Strategy 2026–28 is focused on attracting and retaining the right people, strengthening leadership and supervision, embedding inclusion and wellbeing, and building future-ready skills and capability across the ASC system.

This improvement priority complements that strategy by ensuring leaders have clear system-level insight into workforce conditions — capacity, confidence, skills and pressure — and use this insight to manage risk, support learning and improve people's experience of care and support.

The CQC Single Assessment Framework expects local authorities to demonstrate assured leadership understanding of workforce sufficiency, wellbeing, learning and sustainability, and how this translates into safe, consistent and high-quality experiences for people.

What we are trying to change

- Move from seeing workforce challenges as isolated operational pressures to understanding them as system conditions that directly shape people's experience and outcomes
- Strengthen leadership grip on workforce capacity, capability, confidence and wellbeing, using shared intelligence across HR, commissioning, quality assurance and operational insight
- Reinforce a learning-led culture where supervision, development and support improve practice over time and contribute to retention, quality and continuity
- Ensure workforce considerations are embedded into governance, assurance and decision-making, alongside quality, performance and lived experience evidence

How this aligns to the Workforce Strategy

This priority directly supports the Workforce Strategy's three core themes:

- **Attract & Recruit** — by improving leadership understanding of pressure points, sustainability risks and workforce conditions that affect recruitment and retention
- **Train & retain** — by strengthening learning-led supervision, confidence, wellbeing and inclusive leadership
- **Innovate & transform** — by embedding workforce intelligence, system learning and digital maturity into assurance and improvement activity.

Planned Actions

Action	Timescale	Success measure	Stretch (Exceptional) evidence
Develop a system-wide view of workforce capacity, skills, confidence and pressure	6 months	Leaders have a shared, triangulated view of workforce risk, sustainability and capability	Evidence of proactive leadership intervention before workforce pressures impact people
Strengthen learning-led supervision and practice support,	6–12 months	Staff report increased confidence, clarity and support in applying strengths-based, person-centred practice	Sustained improvements in audit outcomes and people's experience
Embed workforce implications into governance and assurance,	Immediate	Workforce impacts routinely considered in leadership decisions	Clear evidence of adaptation in response to workforce intelligence

Use case tracking and lived experience feedback	Ongoing	Leaders can clearly link workforce insight to people's experience across pathways	Demonstrable changes to practice or system design based on learning

Stretch target (Exceptional)

Leaders have a mature, system-wide understanding of workforce conditions and how these shape people's experience of care and support.

The workforce feels valued, confident and supported to work in line with the Oxfordshire Way and Social Care Future — with sustained evidence of learning, improved practice, retention and more consistent experiences for people and unpaid carers over time.

Assessment of current position

Workforce insight exists across multiple sources, but it is not yet consistently brought together as system-level intelligence to inform leadership assurance, learning and decision-making.

Learning from workforce pressures and practice experience is present, but is not always explicitly connected to improvement actions, outcomes for people, or the wider workforce strategy.

Relationship to the Workforce Strategy (to avoid duplication)

This priority does not replace the Adult Social Services Combined Workforce Strategy, HR plans or delivery activity.

Its role is to ensure leadership grip, system learning and visible impact, providing assurance that workforce conditions are understood and actively managed in line with CQC expectations and the strategic workforce priorities for Oxfordshire.

Summary

This improvement plan demonstrates that Adult Social Care:

- understands its current areas of strength and limitation,
- has prioritised cross-cutting system improvements,
- and has a credible, evidence-led route towards CQC “Outstanding” (Exceptional).

Oxfordshire Way Principles & Social Care Future Language (for inclusion in every section)

- Strengths-based, person-centred practice
- Prevention and early help
- Community asset-building
- Co-production and partnership
- Continuous learning and improvement
- “We all want to live in the place we call home, with the people and things that matter to us, doing what matters to us, in communities where everyone looks out for one another.”

OXFORDSHIRE COUNTY COUNCIL

Work Programme
People Overview and Scrutiny Committee

Cllr Ian Snowdon, Chair | Ben Piper, Democratic Services Officer, ben.piper@oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Strategic Priorities	Purpose	Type	Report Leads
03 December 2026				
Climate Change: (Mental) health & Community	To be Healthier	Scrutinise how climate related risks (heatwaves, flooding, extreme weather) affect physical and mental health.	Overview and Scrutiny	Ansaf Azhar; Sarah Gilbert
Marmot	To be Fairer and Healthier	To scrutinise how the Council is reducing Adult Social Care Inequalities in Oxfordshire, through a Marmot-Aligned Assessment of IMD, Rurality and Access Gaps.	Overview and Scrutiny	Ansaf Azhar
TBC				
11 February 2027				
Healthcare Equipment Supplier	To be Healthier	To what extent did the provider failure at NRS disrupt delivery, installation, repair and collection of community equipment, how were risks to residents (including hospital discharge and urgent need) managed during the transition, and how has the service been restored to business-as-usual performance	Overview and Scrutiny	Karen Fuller

Social prescribing & impact on community	To be Healthier	To scrutinise how Social Prescribing is being used in Oxfordshire, the impact it has, and the access residents have to social prescriptions.	Overview and Scrutiny	Ansaf Azhar
22 April 2027				
TBC				

OXFORDSHIRE COUNTY COUNCIL

WORKING GROUPS

Working Groups				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
There are currently no working groups				

BRIEFINGS FOR MEMBER INFORMATION

Member Briefings				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
There are currently no planned Member briefings				

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Recommendation Tracker
People Overview and Scrutiny Committee

Councillor Ian Snowdon, Chair | Ben Piper, Democratic Services Officer, ben.piper@oxfordshire.gov.uk

The recommendation tracker enables the Committee to monitor progress against agreed recommendations. The tracker is updated with the recommendations agreed at each meeting. Once an action has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	Due to Cabinet	With Cabinet	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
19-Mar-26	Domestic Abuse – Safe Accommodation Provision	1. That the Council will work with the commissioned domestic abuse service provider, A2Dominion, to explore options for systematic long-term follow-up with victim-survivors after they leave safe accommodation to understand ongoing wellbeing, identify unmet needs, and inform future commissioning and service improvements. This will be developed in consultation with the service provider and mindful of their capacity and contractual scope.	Ansaf Azhar	**Accepted** *See Agenda item 10*
04-Jun-26	Consultation of ASC Contributions Policy	1. That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.	Karen Fuller	**Accepted** *See Agenda item 10*
		2. That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or		**Accepted** *See Agenda item 10*

Action Tracker
People Overview and Scrutiny Committee

KEY	Delayed	In Progress	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		complexity for either the Council or service users and represent an efficient and proportionate use of resources.		
		3. That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out mitigations or safeguards available, considering the risk of additional administrative burden.		**Accepted** *See Agenda item 10*

Action Tracker
People Overview and Scrutiny Committee

Councillor Ian Snowdon, Chair | Ben Piper, Democratic Services Officer, ben.piper@oxfordshire.gov.uk

KEY	Delayed	In Progress	Complete

Meeting date	Item	Action	Lead	Update/response
		There are no outstanding actions		

Recommendation Update Tracker
People Overview and Scrutiny Committee

Councillor Ian Snowdon, Chair | Ben Piper, Democratic Services Officer, ben.piper@oxfordshire.gov.uk

The recommendation update tracker enables the Committee to monitor progress accepted recommendations. The tracker is updated with recommendations accepted by Cabinet. Once a recommendation has been updated, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker. If the recommendation will be update in the form of a separate item, it will be shaded yellow.

KEY	Update Pending	Update in Item	Updated

Cabinet Response Date	Item	Recommendation	Lead	Update
15-July-25	Co-Production in Adult Social care	1. That the Council should, during the 2025/26 municipal year, require all staff within Children's Services and within Adult Social Care to complete the Level 1 Co-production training. 2. That the Council should encourage all councillors to complete the Level 1 Coproduction training during the 2025/26 municipal year. 4. That the Council should adopt a Coproduction Charter committing itself to systemic and whole-hearted coproduction across Children's Services and Adult Social Care.	Karen Fuller; Fulya Markham	Update expected in Autumn 2026
18-Nov-26	Oxfordshire Employment Services	1. That the Council should explore whether an accreditation scheme would be an effective strategy to encourage businesses to work with Oxfordshire Employment Services. 2. That the Council should expand and enhance the work of Oxfordshire Employment Services by increasing the Connect to Work programme target from 2,000 to 2,500 individuals over five	Karen Fuller; Sam Harper	Update expected in Autumn 2026

KEY	Update Pending	Update in Item	Updated

Cabinet Response Date	Item	Recommendation	Lead	Update
		years, in recognition of the service's success and the wider social and health benefits of sustained employment.		

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Overview & Scrutiny Recommendation Response Pro forma

Under section 9FE of the Local Government Act 2000, Overview and Scrutiny Committees must require the Cabinet or local authority to respond to a report or recommendations made thereto by an Overview and Scrutiny Committee. Such a response must be provided within two months from the date on which it is requested[1] and, if the report or recommendations in questions were published, the response also must be so.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: **Domestic Abuse – Safe Accommodation Provision**

Lead Cabinet Member(s): **Cllr Kate Gregory, Cabinet Member for Public Health & Inequalities**

Date response requested:[2] **19 May 2026**

Response to report:

The Oxfordshire Domestic Abuse Strategic Board reiterates its strong commitment to supporting victim-survivors of domestic abuse through the provision of safe accommodation. It welcomes the scrutiny and constructive discussion in this area and recognises the importance of continuing to strengthen the evidence base around outcomes for those accessing these services. To support this, the proposed action ensures the recommendation can be taken forward effectively.

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
That the Council will work with the commissioned domestic abuse service	Accepted	Undertake the 2026/27 annual Oxfordshire Domestic Abuse Service audit with a specific focus on capturing longer-term

[1] Date of the meeting at which report/recommendations were received
[2] Date of the meeting at which report/recommendations were received

provider, A2Dominion, to explore options for systematic long-term follow-up with victim-survivors after they leave safe accommodation to understand ongoing wellbeing, identify unmet needs, and inform future commissioning and service improvements. This will be developed in consultation with the service provider and mindful of their capacity and contractual scope.		outcomes for victim-survivors who move on from safe accommodation. Findings will be reported through contract monitoring processes, with a detailed update presented at the Q4 2026/27 contract monitoring meeting.

Overview & Scrutiny Recommendation Response Pro forma

Under section 9FE of the Local Government Act 2000, Overview and Scrutiny Committees must require the Cabinet or local authority to respond to a report or recommendations made thereto by an Overview and Scrutiny Committee. Such a response must be provided within two months from the date on which it is requested[1] and, if the report or recommendations in questions were published, the response also must be so.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue:	**Consultation on Proposed Changes to Adult Social Care Contributions Policy**
Lead Cabinet Member(s):	**Cllr Rebekah Fletcher, Cabinet Member for Adults**
Date response requested:[2]	**28th July 2026**

Response to report:

Thank you to Scrutiny for the recommendations and accompanying report to Cabinet. Officers valued the opportunity to discuss the proposals with Committee members. Cabinet has accepted the recommendations and has set out below how the proposals align with the Oxfordshire Way, how implementation will remain proportionate and efficient, and what safeguards will be in place for people who may be more affected by the proposed changes.

Regarding recommendation b) in the People's Scrutiny report to Cabinet – While we recognise the importance of informing Scrutiny on progress, the suggestion for officers to provide monthly written updates to Scrutiny will be resource-intensive and divert officer capacity away from the effective implementation and management of the charging policy change. We therefore suggest that officers instead provide an update to Scrutiny at least six months after the policy has been implemented. This is in line with previous practice and will ensure that there is sufficient time to draw meaningful insights from the data.

Please note this response was written prior to the completion of the consultation report. The full consultation report will be published with the cabinet papers. Our approach will be further informed by the findings of the consultation report.

[1] Date of the meeting at which report/recommendations were received
[2] Date of the meeting at which report/recommendations were received

Overview & Scrutiny Recommendation Response Pro forma

<u>Recommendation 1 –</u> That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.

The proposed changes to the Adult Social Care Contributions Policy are consistent with the Oxfordshire Way because they support a fair, sustainable and person-centred approach to adult social care. The Oxfordshire Way focuses on promoting independence, helping people to remain well within their communities, and ensuring that support is tailored to individual circumstances. The proposed changes maintain this principle by continuing to assess people on the basis of their individual needs and financial circumstances, while retaining safeguards for those with higher levels of need and ensuring compliance with Care Act requirements. They also support the Oxfordshire Way by making best use of public resources so that support can continue to be targeted towards people with eligible care and support needs.

In relation to telecare, the available data and operational feedback suggest that while the service provides reassurance for many residents and carers, the current model is not sufficiently evidenced as a universal preventative service. Activity data includes a high volume of false alarms and low-level activity and does not demonstrate consistent impact on hospital admission avoidance, reduced care demand or falls prevention. The proposal is therefore intended to support a more targeted and sustainable approach, while individual assessment and hardship safeguards will help protect people for whom telecare is necessary to meet eligible needs, manage significant risk or support safe discharge. It will also enable further exploration of newer technologies that may better support people to live independently.

That said, the Oxfordshire Way also emphasises the importance of making best use of public resources so that support remains available for those who need it most, both now and in the future. The proposed policy changes form part of a wider approach to ensuring the long-term sustainability of Adult Social Care services in Oxfordshire, enabling continued investment in preventative, community-based support that helps people maintain their independence and avoid or delay the need for more intensive services. By balancing fairness, personalisation, value for money and financial sustainability, the proposals support the Oxfordshire Way ambition of delivering high-quality, person-centred support while stewarding public resources responsibly.

<u>Recommendation 2 -</u> That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.

Overview & Scrutiny Recommendation Response Pro forma

We recognise the importance of ensuring that any changes to the Adult Social Care Contributions Policy remain proportionate, administratively efficient and accessible to residents. The proposed changes have been developed with these principles in mind. While the revised approach may result in some additional consideration of individual circumstances, it also enables contributions to be assessed more accurately and fairly, ensuring that financial assessments better reflect actual expenditure and need. This supports a more equitable application of the policy while remaining consistent with statutory guidance and avoiding unnecessary complexity.

The proposals build on existing financial assessment processes rather than introducing a wholly new system. Most assessments will be carried out through online financial assessments, so no further ongoing resources are expected to be required. Any additional activity is expected to be a short-term transition piece during implementation; once the changes are embedded, financial assessments and any follow-up activity will be managed as business as usual as people come through the process. The Council will provide clear information and support to residents who may find the process difficult, including people with more complex circumstances, so that the approach remains accessible as well as efficient. The Council will monitor implementation to ensure that any additional administrative requirements remain proportionate. The anticipated financial benefits of the policy changes contribute to the long-term sustainability of Adult Social Care services and help ensure that limited public resources can continue to be directed towards supporting residents with eligible care and support needs. The Council will keep the operational impact of the changes under review and will report on implementation and outcomes through existing governance and scrutiny arrangements.

Recommendation 3 - That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out the mitigations or safeguards available, considering the risk of additional administrative burden.

We recognise that telecare and transport services play a role in supporting independence, wellbeing, safety and access to community-based support, particularly for older people, disabled people and others with care and support needs. We have therefore carefully considered the potential impact of the proposed charges on vulnerable groups, including the risk that some people may reduce or stop using services because of affordability concerns. The proposals have been developed within the framework of the existing equality impact assessment, which identifies potential impacts and sets out mitigations to ensure that individuals are not unfairly disadvantaged.

A range of safeguards will remain in place should the proposals be approved. All affected individuals will continue to be subject to a means-tested financial assessment, ensuring that contributions are based on a person's ability to pay and that everyone

retains at least the minimum income guaranteed under the Care Act. Individual Disability Related Expenditure assessments will continue to be available where people incur additional disability-related costs, and hardship provisions, discretionary adjustments and review mechanisms will remain available where appropriate. These safeguards are particularly relevant to people affected by telecare or transport charges, as they provide routes to consider individual circumstances, essential expenditure and affordability. The Council will also provide clear information and support to help people understand the changes, complete assessments and access review or hardship routes where needed. Our data shows that around 1966 people only receive an alert service from the council and currently do not pay towards this service provision and around 732 have an assessed contribution for other services. Around 33 people will be affected by all the proposed changes. There are safeguards in place to ensure that all those affected will be provided with the relevant information and mitigate any risks.

Category	Number of People
Alert Service Only	1,966
Alert Service & DRE	732
Transport Only	429
Transport & DRE	240
All clients DRE	3,522
DRE, Transport and Alert Service	33

Cabinet further notes the concern that some individuals may reduce their use of telecare or transport services as a result of the proposed charges. To mitigate this risk, the Council will monitor service uptake, outcomes, feedback, hardship requests and any emerging equality impacts following implementation. This approach enables the Council to balance the need for a fair and sustainable charging framework with its commitment to supporting independence, prevention and wellbeing, while avoiding the introduction of complex new administrative arrangements that could create additional burdens for residents or the Council.

Overview & Scrutiny Recommendation Response Pro forma

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.	Accepted	The above response sets out how the proposals support independence, prevention, personalisation, fair access and the sustainable use of public resources. Implementation will continue through the policy approval and delivery process.
2. That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.	Accepted	Implementation will use existing financial assessment processes wherever possible. Any additional activity is expected to be a short-term transition requirement, with business-as-usual arrangements in place once the policy is embedded. Any emerging issues will be escalated through Directorate governance arrangements, with a fuller implementation update provided to Scrutiny after the policy has been embedded. An update to Scrutiny in March 2027 is recommended if the proposals are implemented from October 2026.
3. That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out mitigations or safeguards available, considering the risk of additional administrative burden.	Accepted	The Council will retain means-tested assessment, Disability Related Expenditure, hardship, discretionary adjustment and review routes. Uptake, outcomes, feedback, hardship requests

		and equality impacts will be monitored following implementation, with issues escalated through existing governance arrangements where required.