ADULT SOCIAL CARE

Integrated Improvement Plan

Improving outcomes, equity and experience across Oxfordshire

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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.

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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.”