



## PEOPLE OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 6 November 2025 commencing at 10.01 am and finishing at 1.07 pm.

**Present:**

**Voting Members:** Councillor Ian Snowdon - in the Chair  
Councillor Toyah Overton (Deputy Chair)  
Councillor James Barlow  
Councillor Imade Edosomwan  
Councillor Judith Edwards  
Councillor Lee Evans  
Councillor Laura Gordon  
Councillor Georgina Heritage

**Other Members in Attendance:** Councillor Tim Bearder, Cabinet Member for Adults

**Officers:** Ansaf Azhar, Director of Public health  
Karen Fuller, Director of Adult Social Services  
Kate Holburn, Deputy Director of Public Health  
Victoria Baran, Deputy Director of Adult Social Care  
Ramone Samuda, Adult Social Care Assurance Lead  
Sam Harper, Head of Learning Disability Provision Services  
Kathy Liddell, Family Support Manager – Oxfordshire Family Support Network (OxFSN)  
Jessica Jones, Interim Manager – Moving into Adulthood  
Ben Piper, Democratic Services Officer

*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.*

### 29/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Apologies were received from Cllr Fletcher, substituted by Cllr Gordon.

The Committee noted the apologies from Cllr Gregory, Cabinet Member for Public Health and Inequalities, who was unable to attend the Inequalities as a Marmot County item.

### 30/25 DECLARATION OF INTERESTS (Agenda No. 2)

There were none.

**31/25 MINUTES**

(Agenda No. 3)

The minutes of the meeting on 18 September 2025 were **APPROVED** as a true and accurate record.

**32/25 PETITIONS AND PUBLIC ADDRESS**

(Agenda No. 4)

There were none.

With the agreement of the Committee, the Chair varied the agenda and took item 6 before item 5.

**33/25 INEQUALITIES IN A MARMOT COUNTY**

(Agenda No. 6)

Clr Tim Bearder, Cabinet Member for Adults, Ansaf Azhar, Director of Public health, and Kate Holburn, Deputy Director of Public Health, attended to present a report on Inequalities in a Marmot County. They were joined by Karen Fuller, Director of Adult Social Services, and Victoria Baran, Deputy Director of Adult Social Care, to support.

The Director of Public Health introduced the Marmot report, highlighting Michael Marmot's expertise in health inequalities and his eight principles on the wider determinants of health. He explained that the Marmot approach involves system-wide partnerships and collaboration with local areas over two years, offering evidence-based recommendations. Oxfordshire became a Marmot Place in November 2024, focusing on three principles: best start in life, workplace and health, and housing, aiming to tackle the root causes of ill health and reduce demand on services.

Members raised the following questions and comments:

- How the rural areas in Appendix 2 of the Marmot report had been chosen. In response, The Director of Public Health explained that the process involved systematically identifying areas that had not already been included in the ten areas of deprivation, using factors such as urban density, existing knowledge, and ongoing conversations with local people. The Director of Public Health acknowledged that some rural inequalities were not easily captured by available data, so the approach combined quantitative analysis with qualitative insights from community engagement. This process was described as iterative, with the selection of areas being continually refined as more granular data and local feedback became available.
- Members asked about the likely effects of Oxfordshire's Marmot County status on rural communities. The Director of Public Health said there was no national model for addressing rural inequalities, but Oxfordshire's approach involved gathering local data and consulting parish Councils, voluntary groups, and community organisations to identify specific needs. Although no formal recommendations have been set, the initiative aimed to shape healthcare planning, including that of the Integrated Care Board (ICB), with rural access as a priority. Service delivery will stay with healthcare providers, who will be expected to apply Marmot

principles. The Director highlighted that future healthcare would be more data-driven, community-focused, and preventative, with rural needs considered.

- Members queried how the recurring cycle of deprivation in certain areas could be addressed, and whether the Council held powers to ensure delivery of wellbeing projects like health facilities or allotments. The Director of Public Health acknowledged the Council's limited direct powers but highlighted collaborative work with partners such as District Councils and the voluntary sector. This included mapping community assets, collecting local insights, and tailoring responses to each area's needs. Community profiles have helped identify common and specific issues. Partnership forums, notably the Health Inequalities Forum, enable resource pooling and the delivery of targeted programmes, like the "well together" initiative, focused on issues such as loneliness and mental health. This approach was being expanded beyond the initial priority areas.
- Members asked about the challenges of embedding best practice across cabinet portfolios, Council departments, and communities, particularly where health and climate priorities intersect. The Director of Public Health highlighted that cross-organisational collaboration was central to the Marmot approach, with Oxfordshire making strides in breaking down professional boundaries through joint commissioning, pooled budgets, partnership forums, and initiatives like the whole system approach to physical activity. He noted climate interventions often yield immediate health benefits, especially for deprived and rural areas. While partnership working was strong, more progress was needed, and the Marmot framework serves as the "glue" to ensure health and inequality considerations were embedded in all decisions.

*The Committee adjourned at 12:20 reconvened at 12:26*

## **34/25 CQC FEEDBACK AND OUTCOMES REPORT**

(Agenda No. 5)

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director of Adult Social Care, and Ramone Samuda, Adult Social Care Assurance Lead, attended to present the Care Quality Commission (CQC) Feedback and Outcomes Report.

*Two corrections should be NOTED to the report. Firstly, in the Recommendation section, the LGA report should be updated to reflect a change to March 2024. Secondly, in Table 1, it should read West Oxfordshire instead of South Oxfordshire, in row 5.*

The Cabinet Member introduced Oxfordshire's first CQC assessment under the new assessment regime, noting a "good" overall rating that matched regional performance. He credited strong leadership, a clear strategic vision, effective partnerships, workforce dedication, and innovation, and emphasised the inspection's focus on improvement. He confirmed a continuous improvement plan was already underway to address four key areas identified for progress.

The Assurance Lead summarised the CQC report, noting Oxfordshire's "good" rating after a January inspection and data submission from July 2024. The CQC praised strong partnerships, person-centred care, reduced waiting times, and stable leadership, but highlighted the need for more consistent rural support, improved communication, and better services for complex needs. The Director added that management and oversight remain robust, with further improvements made since the data submission.

The Committee discussed the following questions and concerns with the Cabinet member and Officers:

- Members sought to understand ongoing concerns beyond the CQC report. The Director cited challenges in managing increasingly complex cases within tight budgets, improving data use, and keeping assessment waiting times low without sacrificing quality. There was also an ongoing need to demonstrate continuous improvement. The Cabinet member expressed worries about delays in adult social care reform, the care market's sustainability, rising complexity and costs, and reliance on external (CQC) quality assurance. Financial pressures and changing demographics were highlighted. The Deputy Director noted growing demand, particularly for safeguarding, the pace of technological change, risks of digital exclusion, and the challenge of balancing innovation with local community expectations and needs.
- Members queried how reducing inappropriate safeguarding referrals would not risk missing genuine cases. The Director stated that all referrals were carefully reviewed, with inappropriate ones filtered out for not meeting statutory thresholds. The countywide safeguarding team reallocates resources as needed, and ongoing collaboration with other services aims to improve referral quality. The Deputy Director explained that partners were educated on statutory criteria, encouraging reporting to avoid missing serious cases. Both highlighted exploring digital and AI tools to better manage and triage increasing referral volumes.
- Members queried the number of people with complex needs placed outside Oxfordshire, whether this has decreased, and the impact on families and support services. The Deputy Director explained that some out-of-county placements were due to personal choice or cultural reasons, while others result from limited local specialist provision. The Council maintained close oversight, working with host authorities and health services to ensure quality and continuity of care, with regular reviews by the quality improvement team. The Director noted that historic gaps in local provision were being addressed through new investments, especially in mental health and autism services, reducing the need for such placements, though some will always remain necessary for individual reasons.
- Members raised concerns about communication and advocate delays during hospital discharge, as highlighted in the CQC report. The Deputy Director explained that assessments now occur at home, which improves outcomes but reduces family involvement time. Actions to address communication included collaborating with Healthwatch on patient information leaflets, improving communication at admission, and implementing daily reviews of complex cases. These measures had reduced the average discharge wait by four days, with

current targets of 4.5 days for general discharge and nine days for nursing home placements. Weekly discharges had increased from 120 to 150–170, and complaints had fallen due to better informal resolution.

- Members enquired about care home provision in Oxfordshire, particularly in South Oxfordshire, and how planning for new homes was managed. The Director clarified that there was no shortage, as vacancies existed in the private sector, and the Council's strategy prioritised supporting people to live independently at home rather than expanding care home capacity. For planning applications, the Council advised against new developments unless there was proven local demand, with demographic and geographic factors taken into account. The Cabinet Member noted that regular strategic assessments were carried out, and providers themselves did not seek to expand due to competition. He also mentioned the financial risk of overprovision, as surplus beds could eventually increase the Council's funding responsibilities.
- Members asked whether care provider contracts addressed uncertainties from Local Government Reorganisation (LGR) and its effect on suppliers. The Cabinet Member said contracts existed with both large and small providers, who recognised ongoing demand for care. While LGR might require new contract arrangements, there was little concern among providers. The Director highlighted that managing the market at scale supported financial stability and favourable terms, with any LGR changes handled to protect effective practices. The main provider request was for financial certainty and long-term sustainability, which scale management helps deliver.
- Members enquired about the role of voluntary services in co-production within the Oxfordshire Way and the potential to adopt best practices, especially in advice and hospital discharge support. The Director confirmed early and ongoing involvement of organisations like Citizens Advice Bureau, with numerous contracts and collaborative networks in place. She recognised further integration of voluntary sector expertise was possible and suggested Local Government Reorganisation (LGR) could facilitate expanded partnerships. Initiatives such as the inequalities network and Marmot Place were highlighted as opportunities to enhance co-production and share best practice with voluntary services.

The Committee **AGREED** that the Committee Clerk and Director would consult to determine the most effective method for incorporating a detailed rural access plan, the report from the Rural Inequalities working group, and information on neighbourhood-level work into the committee's forward work programme.

## 35/25 TRANSITION INTO ADULTHOOD

(Agenda No. 7)

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director of Adult Social Care, Sam Harper, Head of Learning Disability Provision Services, Kathy Liddell, Family Support Manager – Oxfordshire Family Support Network (OxFSN), and Jessica Jones, Interim Manager – Moving into Adulthood, attended to present a report on the Transition into Adulthood.

The Cabinet Member for Adults presented the Council's strategy for helping young people with additional needs transition to adult services. Since 2018, new pathways and a Moving into Adulthood Team had improved assessments and support plans by age 18, earning external recognition. He noted ongoing issues like aid for young carers and communication between agencies.

The Head of Learning Disability Provision Services outlined the national and local challenges faced by young people with additional needs as they transition into adulthood, noting the complexities arising from changes in social care, education, and health services. He described the Council's response, including the Moving into Adulthood Team established in 2021 to promote early involvement, consistent support, and multi-agency collaboration, which has led to more timely assessments and improved support planning. The Family Support Manager highlighted how overwhelming the transition process can be for families, stressing the need for dedicated social workers and effective communication. She explained that the Oxfordshire Family Support Network supports families and collaborates with the Council, suggesting that a dedicated learning disability team would further enhance the process.

Members raised the following questions:

- Members asked about working with voluntary organisations in the context of supporting young people transitioning into adulthood. The Head of Learning Disability Provision Services explained that the Council worked closely with groups such as the Oxfordshire Family Support Network, which had been involved in co-producing the moving into adulthood team and developing resources like the transition handbook. The Family Support Manager, representing the voluntary sector, described how her organisation provided support to family carers, acted as a critical friend to the Council, and helped improve communication and information for families. Both emphasised the importance of collaboration with voluntary organisations to ensure families received the guidance and support needed during the transition process.
- Members enquired about the Council's engagement with both special and mainstream schools and colleges, as well as support for parents or carers with learning or SEND needs. The Head of Learning Disability Provision Services explained that the Council had strong links with special schools and resource bases and reached out to mainstream schools via targeted initiatives and webinars. For parents or carers with additional needs, the Council collaborated with locality teams or Oxford Health colleagues to provide tailored support, such as parenting and independent living skills, ensuring families received appropriate assistance.
- Members asked about transport arrangements for individuals attending school or college once they turned 18, and what the cut-off was for supporting young people in their education. The Head of Learning Disability Provision Services explained that, depending on individual circumstances and eligibility for adult social care, the Council sometimes provided transport for those over 18. The Council also considered independent travel training, working with charities and a county travel training team. The Head of Learning Disability Provision Services

also clarified that the Council supported young people until they finished their education, which could be up to age 25 if they had an Education, Health and Care Plan (EHCP), and involvement continued until the individual was settled into their next stage.

- Members asked about the rising numbers of EHCPs and whether conversations and planning were taking place with the children's directorate. The Head of Learning Disability Provision Services confirmed that this was indeed a real challenge and that the Council was engaged in ongoing discussions with the children's directorate. The Council had been mapping demand and working strategically to plan for future needs, including supported housing, and emphasised the importance of the Oxfordshire Way in considering alternatives to paid-for support.
- Members noted the significant improvements shown in the figures within the report, but specifically queried what sort of people were still falling through the gap and what was being done to address this. The Head of Learning Disability Provision Services responded that some challenges remained, such as staffing issues and the need to prioritise those most in need. They explained that young people who were stable at home or did not require immediate support might not be reached as early, but all had access to a worker if needed. The team analysed late referrals to identify patterns, such as schools or colleges, and undertook targeted information sessions to improve awareness and referral processes. The Deputy Director added that the focus was not on excluding anyone, but on ensuring clear rationale for any cases not reached and using this to improve publicity and engagement with families.

## **36/25 COMMITTEE FORWARD WORK PLAN**

(Agenda No. 8)

The Committee **AGREED** the proposed work programme.

## **37/25 COMMITTEE ACTION AND RECOMMENDATION TRACKER**

(Agenda No. 9)

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

## **38/25 RESPONSES TO SCRUTINY RECOMMENDATIONS**

(Agenda No. 10)

The Committee **NOTED** the *Draft* Cabinet Response to the Committee report on Oxfordshire Employment Services.

..... in the Chair

Date of signing .....

