



Notice of a Meeting

**People Overview & Scrutiny Committee
Thursday, 4 June 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 Imade Edosomwan Georgina Heritage
Will Boucher-Giles Lee Evans
Andrew Coles Jenny Hannaby

Date of Next Meeting: *17 September 2026*

For more information about this Committee please contact:

Committee Officer: *Ben Piper*
Email: *Email: scrutiny@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

June 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 meetings held on 19 March 2026, and 12 May 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 three working days before the meeting, i.e. Monday, 01 June 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. Community Capacity Grants Programme (Pages 15 - 28)

Cllr Rebekah Fletcher, Cabinet member for Adults, Karen Fuller, Director of Adult Social Care, and Izzie Rockingham, Head of Joint Commissioning – Age Well, have been invited to present a report on the Community Capacity Grants Programme.

The Committee has also invited Laura Price, CEO of Oxfordshire Community & Voluntary Action; Zoe Sprigings, CEO of Oxfordshire Community Foundation; and Emily Lewis-Edwards, Joint CEO of Community First Oxfordshire, to support its work and respond to members' questions.

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 Shared Lives Service (Pages 29 - 38)

Cllr Rebekah Fletcher, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Sam Harper, Head of Service, Sally Ellis, Shared Lives Team manager, and Nikki Oleksiw, Shared Lives Social Worker, have been invited to present a report on an Update on the Council's Shared Lives Service.

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.

7. Consultation on Proposed Changes to Adult Social Care Contributions Policy (Pages 39 - 60)

Cllr Rebekah Fletcher, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director of Adult Social Care, and Level Chingalembe, Head of Social Care Finance Payment Management, have been invited to present a report on the Consultation on proposed changes to Adult Social Care Contributions Policy.

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 61 - 64)

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.

9. Committee Action and Recommendation Tracker (Pages 65 - 68)

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 69 - 72)

Attached is the Cabinet response to the People Overview and Scrutiny Committee report on the Unpaid Carer Strategy. The Committee is asked to **NOTE** the response.

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, 19 March 2026 commencing at 10.00 am and finishing at 11.22 am.

Present:

Voting Members:

Councillor Ian Snowdon - in the Chair
Councillor Toyah Overton (Deputy Chair)
Councillor James Barlow
Councillor Will Boucher-Giles
Councillor Imade Edosomwan
Councillor Lee Evans
Councillor Rebekah Fletcher
Councillor Georgina Heritage

Other Members in Attendance:

Cllr Kate Gregory, Cabinet member for Public Health & Inequalities (*online*)

Officers:

Ansaf Azhar, Director of Public Health and Communities
Serena Abel, Interim Head of Public Health Programmes & Public Health Principal (Domestic Abuse)
Ben Piper, Senior Democratic & Scrutiny Service 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.

8/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

There were none.

9/26 DECLARATION OF INTERESTS
(Agenda No. 2)

There were none.

10/26 MINUTES
(Agenda No. 3)

The minutes of the meeting on 15 January 2026 were **AGREED** as a true and accurate record.

11/26 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were none.

12/26 DOMESTIC ABUSE - SAFE ACCOMMODATION PROVISION IN OXFORDSHIRE
(Agenda No. 5)

Cllr Kate Gregory, Cabinet member for Public Health & Inequalities, Ansaf Azhar, Director of Public Health and Communities, and Serena Abel, Interim Head of Public Health Programmes & Public Health Principal (Domestic Abuse) (Interim Head of Public Health), were invited to present a report on Domestic Abuse - Safe Accommodation Provision in Oxfordshire.

The Cabinet Member for Public Health & Inequalities introduced the domestic abuse report by outlining the Council's statutory duties under the Domestic Abuse Act 2021, including the requirement to assess need, commission safe accommodation, and maintain a dedicated strategy. She clarified the distinction between the overarching Oxfordshire Domestic Abuse Strategy and the more focused Safe Accommodation Strategy, which concerned accommodation-based support. She highlighted the service's role in providing refuge places, places of safety, and assurance on demand, capacity and system pressures.

The Director of Public Health and Communities placed the report in a wider context, noting that domestic abuse work had moved into Public Health around five years earlier, allowing a more holistic and preventative approach linked with services such as mental health, substance misuse, and protective behaviours in schools.

Cllr Overton joined the meeting at this stage.

The Interim Head of Public Health outlined the Safe Accommodation Strategy within Oxfordshire's four-pillar domestic abuse framework. She stressed shared responsibility between the County Council, Districts and police, with the County Council leading on statutory duties and funding, while districts help shape housing pathways.

A2Dominion had provided commissioned safe accommodation since 2018, with plans to benchmark and recommission ahead of 2028. Funding comes from district contributions based on estimated prevalence. Service developments addressed growing complexity of need, including cost-of-living support, hospital-based advocacy, and dedicated complex-needs provision. The strategy also covered support for male victims, rural outreach, referral rejections, tenancy length, move-on challenges, police check delays, and out-of-hours support via the national helpline.

Cllr Boucher-Giles joined the meeting at this stage.

Following the introduction and presentation, the Chair opened the discussion and invited questions and comments from Members.

Members requested clarification on the financial figures. The Interim Head of Public Health stated that all district councils funded the service based on estimated prevalence and agreed to maintain funding until the contract ends.

Members explored the procurement history and asked why A2Dominion had been the sole bidder for the safe-accommodation contract, and what assurances existed regarding quality and value. The Interim Head of Public Health explained that a full procurement process had been followed, including predetermined quality thresholds and independent evaluation. The Officers confirmed that if the bidder had failed to meet the quality requirements, the Council would not have awarded the contract and would instead have re-tendered. Officers noted that the main risk of a single-bid procurement was delay and uncertainty had the bidder failed to meet the threshold, potentially disrupting service continuity. Officers advised that future recommissioning would place greater emphasis on early market engagement, benchmarking, and exploration of alternative delivery models to widen the provider base.

Members queried which costs were encompassed by the A2Dominion contract in relation to value for money. Officers clarified that the contract covered all aspects of the safe-accommodation service, including staffing, helpline operations, outreach and casework, specialist roles such as the hospital-based advocate, refuge provision, places of safety, and comprehensive recovery and move-on support. Accommodation costs constituted the largest portion of overall expenditure. Regarding benchmarking, Officers noted that this process was integral to routine commissioning and will be pivotal during recommissioning. Oxfordshire's service will be measured against statistical neighbours and comparable areas for capacity, service model, and cost. Robust market engagement will inform future service models and foster competition, with procurement evaluating both quality and price.

Capacity pressures were discussed in detail. Members referred to the 32 safe-accommodation units and queried why many referrals did not lead to placements. Officers explained that a significant proportion of referrals did not require refuge or places-of-safety provision and were instead directed to more appropriate support. Officers added that increasing complexity of need and capacity constraints had affected throughput, with some residents requiring longer periods of stabilisation and specialist support before move-on. Officers confirmed that work was underway to review both the number and mix of units, strengthen move-on pathways, and benchmark Oxfordshire's provision against comparable areas to inform future commissioning.

The discussion then focused on housing pathways and system-wide pressures affecting move-on, with Members emphasising the importance of closer working with housing associations and other providers to increase longer-term housing options and relieve pressure on safe-accommodation units. Officers agreed that sustainable move-on arrangements were critical to system flow. They noted that while the six-month licence period was intended to support turnover, the principal constraint remained the wider housing market and the availability of safe and suitable accommodation. Officers stated that upcoming benchmarking and recommissioning work would assess how partnerships with housing providers could be strengthened, alongside more flexible recovery models and earlier move-on planning.

Members asked how frequently residents remained for the full six-month period and whether stays could be more responsive to individual need. The Interim Head of Public Health explained that length of stay varied, but there was an increasing trend towards residents remaining for the full period or longer, driven by complex needs,

safety considerations and limited move-on options. Officers advised that national guidance had not shifted towards longer standard tenancies, but that commissioning work would explore needs-led approaches and earlier, more proactive move-on support.

Assurance was sought regarding cases that did not enter local safe accommodation, particularly those recorded as “declined” or “rejected”. Officers explained that 14 cases had been redirected because they required 24-hour or higher-intensity provision than could be delivered safely within the commissioned model, while 18 cases had been redirected due to safety risks, including risks linked to geography and proximity to perpetrators. Officers confirmed that referrals were normally made directly to specialist or neighbouring providers, that confirmation was received that the case had been accepted, and that individuals were not left without support. They added that victim-survivors could re-engage with Oxfordshire services without restarting the referral process if circumstances changed.

Members nevertheless highlighted the importance of understanding outcomes for those redirected elsewhere. Officers explained that once a case was accepted by an external provider, ongoing monitoring was not routinely possible, as the individual entered another system. They acknowledged that longer-term outcomes for this group were not consistently tracked and recognised this as a potential area for development, particularly given the complexity of these cases. Officers suggested further exploration of whether more intensive provision could be developed or commissioned locally to reduce reliance on out-of-area placements.

Prevention and early intervention were discussed as Members asked how strongly prevention was prioritised. Officers stated that since the work had moved into Public Health, prevention had been central, enabling stronger links with mental health, substance misuse and wellbeing services, and with protective behaviours in schools. They described the importance of balancing perpetrator-focused activity with early-help approaches, stigma-reducing communication and wider community awareness to encourage earlier support-seeking. Officers referred to ongoing training and engagement work and advised that mapping prevention activity across the system would support more targeted development.

Members asked about partnership working beyond the main commissioned provider. Officers confirmed close collaboration with a wide range of voluntary and community sector partners. SAFE! was highlighted as a key organisation supporting children, young people and families affected by domestic abuse, including through work within refuge settings. Officers also described outreach engagement, attendance at community events and participation in district-level partnership arrangements to strengthen referral routes and local support pathways.

The language used in reporting was raised as a concern. Members noted that the term “decline” could imply that victim-survivors were turned away without support. Officers agreed that the terminology was unhelpful and did not reflect practice, which focused on directing individuals to the most appropriate and safe provision. Officers undertook to review reporting language with the service manager so that future reports better reflected outcomes and onward support.

Members asked how service-user feedback had informed improvements. Officers explained that engagement undertaken for the Safe Accommodation Strategy had led to practical changes. For example, survivors had reported receiving inconsistent advice from housing teams about overstaying tenancies when move-on accommodation was unavailable. Officers explained that this had been addressed through the Safe Accommodation Working Group, which brought the districts and the provider together to align guidance and unblock pathways. Feedback had also informed work with Thames Valley Police to reduce delays arising from background checks.

Clarity was sought on who held which responsibilities within the two-tier local authority system. Officers explained that the County Council held the statutory duty under the Domestic Abuse Act, received national grant funding and commissioned the countywide safe-accommodation service. The district councils contributed funding, managed local housing duties and pathways, and worked directly with the provider on placements and move-on. Officers stated that delivery and oversight were supported through established partnership structures, including the Domestic Abuse Partnership Board and relevant subgroups, bringing together the County and district councils, the NHS, the police and the voluntary and community sector.

Access for households with no recourse to public funds (NRPF) was discussed, particularly in light of Oxfordshire's commitments as a Council of Sanctuary. Officers explained that NRPF cases were challenging, as financial barriers often restricted move-on options and extended stays. They described a case-by-case approach involving intensive wrap-around support, close working with immigration services and partners such as Asylum Welcome, and use of cost-of-living grants to address immediate needs. Officers confirmed that this remained a priority area for further development.

Out-of-hours provision was discussed as Officers explained that the local helpline operated weekdays between 10am and 7pm, with out-of-hours calls diverted to the National Domestic Abuse Helpline, which provided 24/7 risk assessment and safety planning and passed cases back to the local service on the next working day.

Members asked how rural need was considered given Oxfordshire's geography. Officers explained that provision was located to support access across the county, including market towns and semi-rural areas. They noted that referral data could be analysed geographically and referred to work to develop a rural inequalities framework to better understand hidden rural need.

Members queried why referrals from the NHS and police appeared low. Officers explained that higher-risk police cases were often routed through Independent Domestic Violence Advocate pathways rather than the medium-risk route reflected in the figures. NHS referrals also varied due to alternative safeguarding and clinical pathways, meaning activity was not always captured in the safe-accommodation data.

Finally, Members discussed wider pressures on families and the intersection with other challenges, including caring responsibilities and complex needs. Officers acknowledged that domestic abuse often overlapped with other vulnerabilities and

that the system responded through tailored casework, multi-agency working and safeguarding routes. They also discussed awareness-raising and misconceptions about eligibility and access. Officers advised that communications were being reviewed to make pathways clearer and less daunting, informed by engagement findings from the strategy.

The Committee **AGREED** to recommendations under the following headings:

- That the Council will work with the commissioned domestic abuse service provider 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.

13/26 COMMITTEE FORWARD WORK PLAN

(Agenda No. 6)

The Committee recognised that it was not within its authority to commit future Committees to any proposed programme of work. Nevertheless, the Committee **AGREED** that the suggested work programme would serve as an appropriate starting point for subsequent Committees.

The Committee suggested the following amendments for the future Committee:

- Bring back the domestic abuse item after the needs assessment, inviting the provider and including lived-experience input. Provide more comprehensive statistics at that session, with detailed information on male victim-survivors. Consider presenting the remaining three pillars of the domestic abuse strategy to the Committee in the future.
- That the Community Grants Panel report, which had been delayed, be scheduled to return to the Committee at a forthcoming meeting.

14/26 COMMITTEE ACTION AND RECOMMENDATION TRACKER

(Agenda No. 7)

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

..... in the Chair

Date of signing



PEOPLE OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 12 May 2026 commencing at 12.00 pm and finishing at 12.01 pm.

Present:

- Voting Members:**
- Councillor James Barlow
 - Councillor Andrew Coles
 - Councillor Imade Edosomwan
 - Councillor Lee Evans
 - Councillor Jenny Hannaby
 - Councillor Georgina Heritage
 - Councillor Toyah Overton
 - Councillor Ian Snowdon

Officers: Anita Bradley, Director of Law and Governance and Monitoring 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.

15/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Cllr Boucher-Giles.

16/26 ELECTION OF CHAIR FOR THE 2026/27 COUNCIL YEAR
(Agenda No. 2)

Cllr Snowdon was nominated by Cllr Evans and seconded by Cllr Coles.

There being no other nominations, Cllr Snowdon was elected Chair for the 2026/2027 municipal year.

17/26 ELECTION OF DEPUTY CHAIR FOR THE 2026/27 COUNCIL YEAR
(Agenda No. 3)

Cllr Overton was nominated by Cllr Hannaby and seconded by Cllr Snowdon.

There being no other nominations, Cllr Overton was elected Deputy Chair for the 2026/2027 municipal year.

..... in the Chair

Date of signing

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

4 June 2026

Community Capacity Grants Programme

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
 - i. Note the contribution the community capacity grants programme plays in delivering the Health and Wellbeing Strategy and the Council's vision for Adult Social Care in Oxfordshire.
 - ii. Note the support provided to people through the programme and the positive change it has made - on people who benefited from the support provided, the volunteers and voluntary sector capacity created in Oxfordshire.

Executive Summary

2. Oxfordshire County Council's Age Well Team commissions a range of services and programmes to support people to live independently for as long as possible, in line with the Health and Wellbeing Strategy priorities, Oxfordshire County Council's Strategic Plan and Adult Social Care's Oxfordshire Way vision.
3. Launched in September 2022, the Community Capacity Grants Programme provides direct support to grass roots organisations in their own local areas, responding to local challenges and building on their strengths. These local organisations support people who may have some difficulties to help them continue to live as independently as possible in their own homes in their own communities. From 2022 to 2025, the programme has supported 275 projects and over 30,500 people. The 2025-26 programme is currently underway.
4. This document builds upon the summary of preventive support in Oxfordshire presented to the Committee on 18th September 2025 and offers further details regarding the Community Capacity Grants Programme.

Background

5. The Age Well priorities in the [Oxfordshire Health and Wellbeing Strategy 2024-2030](#) focus on two main areas:

- (a) Supporting older residents to remain independent and healthy, for longer, while ensuring they are always treated with dignity and are fully valued.
 - (b) Fostering strong social relationships and building capacity within communities to reduce levels of isolation and loneliness.
6. This is in line with the Council's [Strategic Plan 2025 to 2028](#) that sets our ambition for shaping strong and connected communities, healthy places to live, and a thriving local economy that benefits everyone.
 7. The Care Act 2014 gives local authorities a duty to promote individual wellbeing when carrying out its functions under the Act. This is sometimes referred to as 'the wellbeing principle' because it is a guiding principle that puts individual wellbeing at the heart of care and support responsibilities.
 8. The wellbeing principle is also linked to the Care Act's prevention duty which mandates local authorities to work in partnership with other local organisations, communities, and people themselves to prevent, reduce and delay the onset or escalation of needs for care and support.
 9. In line with the Care Act, we see prevention as an ongoing consideration and not a single activity or intervention. Oxfordshire County Council's strategic vision for Adult Social Care, the [Oxfordshire Way](#), follows the same ethos and focuses on working in partnership with people, their families and the Council's health and voluntary sector partners to understand what matters to them and how the Council can support them to help them live independently in their communities.
 10. There are many ways in which local authorities can achieve the aims of promoting wellbeing and reducing dependency. In Oxfordshire, there is a long history of strong partnership working across Adult Social Care, Public Health, the NHS and voluntary sector partners, supporting people in various ways, whether this is reablement support following a hospital discharge, exercise classes to prevent falls, supporting carers in their caring role, supporting voluntary and community sector organisations to develop initiatives local to people, and many more.
 11. Since 2022, the Council has run the Community Capacity Grants Programme. The programme supports Oxfordshire's voluntary and community sector to help people remain independent and involved in their local communities. Aligned with the Health and Wellbeing Board strategy, the programme supports people to age well, but is open to all Oxfordshire residents, particularly those who may be experiencing inequality and exclusion.

Community Capacity Grants Programme

12. The Community Capacity Grants Programme was launched in 2022 to build on and further strengthen grass roots organisations in their communities, especially where there is evidence of gaps or insufficient development of local resources. The overall objective of the programme is to ensure people have

access to support and things to do in their communities to help them live independently and stay well.

13. Specifically, the programme aims to help build thriving and resilient communities by
 - Supporting schemes/projects that fill gaps and therefore increase the options available to people, and to referring community connectors, social prescribers and local area coordinators,
 - Being flexible to support people and communities in the way that is needed in that area. This can be digital exclusion in one area, inter-generational projects in another,
 - Focusing on physical and mental health, by supporting people to connect with nature and supporting existing local capacity,
 - Creating environmental, economic and social benefit,
 - Supporting grassroot organisations to develop programmes to support people who may find it hard to access support.
14. To avoid duplication with other funding routes – such as the Well Together Programme delivered through the Oxfordshire Place Inequalities Funding which focuses on the 10 most disadvantaged wards - the Programme focuses on disadvantaged communities outside these wards.

Programme Administration

15. The Community Capacity Grants Programme has two schemes:
 - **Connected Communities Fund** (up to £5k) are administered by Oxfordshire Community and Voluntary Action (OCVA) in conjunction with Community First Oxfordshire (CFO),
 - **Larger grants** (£5k - £20k) administered by Oxfordshire Community Foundation (OCF).
16. The Council made a strategic decision for voluntary sector partners to administer the grants. This approach offers a range of strategic, operational, and community-level advantages including
 - Stronger reach into communities given their closer relationships with grassroot organisations,
 - More proportionate and accessible processes,
 - Their ability to provide development support, and not just funding,
 - Greater flexibility and faster decision making,
 - Opportunities to utilise local insight and intelligence,
 - Reducing duplication, and
 - Reducing administrative burden on the Council.
17. The Programme launches every autumn with a communications campaign featuring press releases and posts on online platforms of the Council, OCF, OCVA, and CFO. Updates are sent via newsletters and mailing lists. Organisations and groups are encouraged to join the grant administrators' mailing lists for timely news and funding details.

18. When applications open, potential applicants receive comprehensive guidance materials, including FAQs, a sample completed application form, and a budget template to help them prepare their submissions. There are also online or in-person drop-in sessions, and advice and support both online and by phone.

Grant Allocation

19. All applicants need to complete an application form. **For the connected communities fund**, applicants are asked to fill a simple application form explaining the project, why this is needed and how it meets the grant criteria – please see appendix 1 for 25/6. The application is then reviewed by an in-house advisory group of OCVA and CFO staff that discuss and decide on grant allocation using local knowledge and previous grant allocations. This programme remains open until the fund has been fully allocated.
20. **For the larger grants**, a more thorough application process is followed. An OCF grant assessor evaluates the application and scores out of 15 against the grant criteria. This is then reviewed by another OCF member of staff. Once all applications are scored, a panel meets to discuss the evaluated scores starting with the projects with the highest scoring, working down the list until all the funding is used.
21. In its first year, the Programme focussed on supporting grassroots organisations in the 10 most deprived areas (based on the Indices of Multiple Deprivation 2019) and rural areas in line with the Council's then priorities. From 2023/24 onwards, the focus shifted to projects outside of the 10 most deprived wards and villages. This was in response to the Integrated Care Board Well Together programme which provides a similar model of infrastructure support and grants in Oxfordshire's most deprived communities to address health inequalities in those areas.

Summary of 2024/2025 programme

22. In 2024/25, the total budget of the Community Capacity Grants was £621,600 (£525,000 allocated for the grants and £96,600 for the administration of the grants).

The **Connected Communities Fund** of £183,750 supported 73 groups which delivered over 2,000 sessions supporting more than 1,500 people.

Large Grants fund of £341,250 supported 23 community groups. A further 7 groups were awarded £70,700 match funding from OCF donors. In total, the funding supported 6,000 people.

23. In 2024/25, the Programme continued to support organisations outside of the 10 deprived wards, which received targeted funding under the Well Together Programme. Table below provides the geographical breakdown of grants awarded:

Area	Connected Communities Fund		Large Grants	
	Funded Projects	%	Funded Projects	%
City	19	26%	7	23%
South	13	18%	5	17%
Vale	10	14%	4	13%
Cherwell	14	19%	1	3%
West	17	23%	8	27%
County Wide	0	0%	5	17%
Total	73	100%	30	100%

24. All participants were asked *how they feel attending this activity/group and if it has made a difference in their life and their connections with others in the community*, to assess the impact of the activities across all the groups consistently. Out of 1,518 respondents:

- 88% said it made a positive difference
- 10% said it made a slight difference
- 2% said it had made no difference

Summary of 2025/2026 programme

25. In 2025/26, the total budget was £902,680 (£774,490 was allocated to the grants and £129,190 for the administration of the grants). The Fund this year was larger due to an additional £250,000 investment from Oxfordshire County Council Public Health Service.

The **Connected Communities Fund** of £192,937 supported 86 groups.

Large Grants fund of £520,000 supported 38 projects. Additionally, OCF are working with some of their donors to fund some of the projects that were not awarded funding.¹

26. The grants programme maintained its focus on communities beyond the 10 most deprived wards, as these areas continued to benefit from the Well Together Programme. In 2025/26, additional emphasis was placed on supporting individuals residing in isolated villages with limited community assets or those facing barriers to accessing such resources.

27. The table below presents a detailed geographical distribution of grants awarded. We monitor funding distribution at District Council level as follows:

Area	Connected Communities Fund		Large Grants	
	Funded Projects	%	Funded Projects	%
City	16	17%	12	32%
South	9	10%	6	15%
Vale	11	13%	9	24%
Cherwell	28	34%	5	13%

¹ These projects are being implemented; therefore the total number of beneficiaries are not yet known.

West	22	26%	3	8%
County Wide	0	0%	3	8%
Total	86	100%	38	100%

Impact on Wellbeing and Social Care Needs

28. The impact of prevention approaches cannot always be proven through a single causal measure but through triangulating evidence – data from activities, lived experience and research evidence.
29. When the Programme first started, the *Warwick Edinburgh Mental Health Wellbeing Scale* was used to measure impact. However, this was found to be time consuming for the groups receiving grants, disproportionate to the level of funding and inappropriate for small organisations with limited capacity for data collection and reporting and often reliant on volunteers to operate. Working closely with the grant administrators, we shifted our focus to collecting demographic data including two questions on **beneficiaries’ caring responsibilities** and **whether they lived alone**, alongside the Stories of Difference.
30. In their feedback, people who benefited from supported activity consistently mention the importance of having safe, welcoming spaces in their communities which make them feel less lonely and more connected. As social connectedness is known to be linked with wellbeing, grants support programmes that aim to tackle isolation directly, such as coffee mornings and lunch clubs, or as part of another activity such as a cooking class, gardening club, crafting, music, drama, exercise and cultural sessions. In addition to social activities that improve mental health and physical wellbeing, projects focus on confidence, such as older widowed men learning to cook fresh meals together.
31. The impact of the programme on volunteers’ wellbeing has also started to be seen– they highlight the ‘sense of purpose’ volunteering brings, and the positive impact of these programmes on their wellbeing as well as participants.
32. A system impact which may not be immediately visible is the connections made through the programme. Many projects made links with local colleges, health services, care homes and other community groups to expand their reach and use resources effectively. These partnerships play a vital role in supporting the sustainability of the activities and long-term impact.
33. Below are a few examples of the difference the programme makes:

*A drama group received £3,000 from the Connected Communities Fund to expand its drama sessions for adults aged 18+ who are neurodivergent or have learning disabilities. The funding has enabled 60 participants - including those previously on a waiting list - to join the sessions.
“Our sessions help build confidence, spark friendships and bring lots of fun”.*

A cooking and wellness centre received £19,866, to support their joint working with local GP practices to deliver social prescribing activities for older widowed men, a group particularly vulnerable to loneliness. Participants learn to cook fresh meals, grown their confidence in the kitchen, and, most importantly, built new connections that have enhanced their overall wellbeing.

A lunch club received £3,000 from the Connected Communities Fund to support an Over 60's lunch club at the community centre. The funding has enabled 32 participants to attend the weekly sessions.

"When the wife died, they came knocking on the door and told me to come round here.... It's somewhere different, I don't go to the pub, I don't go shopping... I come down here. People you get to know each week and stops me being on my own".

A befriending service that enables a carer to have a break received £8,920 from the Large Grants. Carers get a regular 2-3 hour break from their 24-hour caring role.

"I had been very stressed with my wife's dementia. We don't go out as it is too difficult with her behaviour and incontinence... I now go out shopping and sometime play snooker with my friends. It is such a relief to have those 3 hours each week. My wife is ok with the volunteer. The volunteer has a good chat with me too. I feel a bit better now"

Review of Community Capacity Grants

34. In June 2025, the Council carried out a review of the Community Capacity Grants with the grant Administrators, OCVA, OCF and CFO. The review identified the following key points:

- The Programme is popular among community groups and is always oversubscribed.
- The "Grants Plus" approach, which includes capacity building and support beyond just funding, proved to be a key driver for success.
- The *Minimis Subsidy Grant process* that was initially advised to be used by OCC Procurement and Legal Services proved to be complicated for small community organisations to follow. A simplified approach was then adopted to ensure accountability for the Council and reduce administrative burden from smaller groups.
- Groups initially had to use the funding within the year of allocation. This was changed to allow the funding to be spent over 2 years to ensure flexibility and help with planning and recruitment.

35. The key strength of the grants programme was its ability to adapt and adjust processes in response to the feedback. This was achieved through effective partnership with OCVA, OCF and CFO and the joint commitment to support people and communities. The trusted relationship allowed a real-time learning opportunity and ability to modify and simplify, including data collection and grant application processes. This flexibility and responsiveness enabled the programme to engage a broader range of groups, including those with no prior experience of local authority funding.
36. Groups state that receiving Community Capacity grants has enhanced their capability to obtain and use further resources. This improvement comes from the ‘backing’ of the Council and grant administrators, as well as the increased stability enabling them to pursue additional funding options.
37. The learning from this programme will continue in 2026/27 and used in the planning of future grants programmes.

Challenges

38. There is a limit to how many projects can be funded within the programme. However, partners have been proactive in directing unsuccessful applications to other funding available. Some of the larger grants that were not eligible for this fund were supported by OCF’s private donors.
39. The future of the grants programme has to be kept under review. Although there is evidence of impact in project reporting and in some of the testimonies set out above, the Council cannot definitively link this investment to the management of demand on adult social care. The Council needs to consider the wider evidence of impact on communities, the resilience of local groups and the benefits to individual beneficiaries, against the wider pressures facing adult social care.
40. There are other similar grants programmes as well as a range of preventative initiatives. The Council is developing a prevention strategy and approaches to evaluation and evidence of impact. This work will consider the value of grants programmes and these other forms of prevention in the context of achieving best value for the Oxfordshire pound.
41. Another challenge relates to recruiting and retaining volunteers. Oxfordshire has a long tradition of volunteering – in June 2022, Oxfordshire County Council’s Resident Survey showed that 40% of respondents reported giving unpaid help to groups, clubs or organisations in the last 12 months². However, where a lot of organisations depend on volunteers, it is hard to ensure that they will be able to recruit and retain them.

² Please see [HPS Community Activation Datapack 2023](#) for details

Planning for 2026/27

42. The Council's strategic vision, priorities, and statutory responsibilities remain unchanged in 2026/27. The funding from both Adult Social Care and Public Health has been approved as part of the Council's budget.
43. The Council will continue to work with grant administrators and previous grant recipients to further develop how to evaluate the grants programme. The Council will also continue working with OCC Procurement and Legal Teams to find simplified solutions to the procurement process to reduce unnecessary administrative burden on the grant administrators and grassroot organisations who bring added social value by grant fund matching, being local experts in this field and fall under the Council's "Partners of Choice" ethos.

Corporate Policies and Priorities

44. Adult Social Care's priorities are shaped by the Council's corporate vision and priorities,
with particular focus on
 - Tackling inequalities - working with partners to address inequalities focussing supporting on those in greatest need, embedding and implementing our digital inclusion strategy
 - Prioritising the health and wellbeing of Oxfordshire residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives, and
 - Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and increasing choice.

Financial Implications

45. This is a report for information only. There are no direct financial implications in the body of this paper.

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

Legal Implications

46. The Care Act 2014 specifies that the general duty of a local authority when performing its functions in respect of an individual is to 'promote that individual's well-being' (S1(1)). This incorporates a responsibility to provide

services, facilities or resources which will contribute towards the prevention, or delay the development, of needs for care and / or support (S2).

47. These responsibilities are clarified in the Care and Support Statutory Guidance,

“The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.... Underpinning all of [the] individual ‘care and support functions’ (that is, any process, activity or broader responsibility that the local authority performs) is the need to ensure that doing so focuses on the needs and goals of the person concerned.” (para 1.1)

48. This report outlines some of the measures being used across Oxfordshire to meet the authority’s statutory responsibilities towards its residents.
49. The arrangements with the two grant administration bodies were set up as service contracts with each administration body providing grant distribution services for an administrative fee (“Grant Administration Contracts”). The two bodies hold the grants on trust for the Council and distribute the grants on behalf of the Council.
50. The Grant Administration Contracts contain provisions ensuring that the grants which are distributed comply with subsidy control law pursuant to the Subsidy Control Act 2022.

Comments checked by: Janice White – Principal Solicitor, ASC, SEND and Education and Jonathan Pool – Solicitor (Contracts).

Equality & Inclusion Implications

51. Equity in experiences and outcomes is a key priority for Adult Social Care arising from the Council’s statutory duties under Care Act 2014 and CQC Assurance Framework.
52. Equality and inclusion are key pillars of the Council’s preventative approach and are supported by activities covered in this report.

Risk Management

53. The 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

Background papers: Nil

Annex: Community Capacity Grant Criteria Specification 2025/26

Contact Officer: Isabel Rockingham, Head of Joint Commissioning – Age Well Integrated Commissioning Health, Education and Social Care (HESC) Oxfordshire County Council & Thames Valley Integrated Care Board
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June 2026

Annex 1: Community Capacity Grant Criteria Specification 2025/26

Overall Outcomes

In support of the council's vision "to support the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible: to build community resilience and increase independence", the community capacity grant will prioritise:

- Activities that support the wellbeing of the whole community to stay well, live independently, increases physical activity, reduces individual isolation and loneliness promoting emotional resilience.
- Activities that address inequalities and improve quality of life.
- Activities that act sooner to promote increased mental health, leisure and physical activities to address preventable conditions and reduce demand on services.
- Activities that are aligned to the Oxfordshire Way and NHS social prescribing and are neighbourhood-led.
- Activities that get the best from collective resources empowering people to forge their own networks and structures.
- Activities that create self-sustaining enterprises targeted at diverse communities.
- Activities that support use of open green spaces to support the wellbeing of whole communities.

We would seek to:

- Support schemes/projects that fill gaps and therefore increase the options available to community connectors, social prescribers and integrated neighbourhood teams.
- Support schemes where this input adds value to existing capacity, increasing volunteering, collaborative working and opportunities for mutual aid.
- Support schemes that are innovative: e.g. help mitigate digital exclusion; work across different generations; aspiration building; connectivity to nature; unlock value in our use of space and place etc.
- Support schemes that work with local businesses and partners for environmental, economic and social benefit often linked to local businesses Corporate Social Responsibility Policies.
- Support schemes that focus on unpaid carers.
- Support schemes that support underserved groups that find it hard to find support through traditional services.
- Support schemes that help build thriving and resilient communities.

We intend to be openminded while retaining our focus on specific populations and propose an investment of £525k in 24-25 to support community capacity development, allocated across district council geography with a focus on experiences of inequalities and excluded groups. The grants awarded will be able to be used over two financial years to enable interventions which build sustainability.

The grant will be assigned against the following themes:

- delivering cultural assets
- support increased physical activity

- developing community assets
- mental wellbeing

Target Populations

- Oxfordshire residents
- for vulnerable adults and those experiencing inequality and exclusion, including underserved groups that find it hard to find support through traditional services.
- The target beneficiaries must be over 18. For intergenerational schemes, it is acceptable for under-18s to be involved but the target beneficiaries to report on must still be over 18.
- Priority weighting will be given to schemes addressing rural isolation

This list is not exhaustive, but examples of beneficiaries include older people, people with mental/physical health conditions and disabilities, those on low incomes, people experiencing homelessness, minoritised ethnic groups, asylum seekers or recent migrants, and people with a nomadic lifestyle such as Gypsy, Traveller, and Roma. The Community Capacity Grants will continue to focus on issues of rural isolation as a priority and have a broad spread of groups funded across the county.

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

4th June 2026

Update on the Council's Shared Lives service

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

Consider the support that the Council's Care Quality Commission (CQC)-registered Shared Lives service provides in terms of offering equitable access, sufficient capacity and positive outcomes for the people that it supports. This includes efforts to broaden the offer of the Shared Lives service particularly in respect of younger adults. The Council also asks the Committee to support its efforts to increase awareness across Oxfordshire of the value of becoming a Shared Lives carer.

Executive Summary

2. Oxfordshire County Council is committed to offering and delivering a strong Shared Lives service for our residents. This report summaries the actions that have been taken to ensure that our Shared Lives carers provide the highest standard of care and support to residents in terms of maximising independence in line with the principles of [the Oxfordshire Way](#). The report will also include the actions taken to maintain and grow the Council's Shared Lives carer numbers as well as describing the areas the Council have explored in terms of broadening the offer. As stated above, Shared Lives is a CQC-registered service and the Council is proud to be rated 'Good' by the CQC.

Background

3. Shared Lives is a community based social care service that supports adults who need help to live independently by matching them with an approved Shared Lives carer. The individual lives as part of the carer's household, or is supported through regular visits, short breaks or day support, rather than living in a residential care setting. Shared Lives is built around family life, relationships and belonging, offering people the chance to live in their local community while receiving personalised support tailored to their needs.
4. There are approximately 150 Shared Lives schemes across the UK with the large majority operating in England. Most schemes are run directly by Local Authorities and usually within Adult Social Care. However, some areas do choose to outsource their Shared Lives offer to external providers. There are

10,000 people across the UK who are supported by Shared Lives whether that be in a long-term or short-term respite arrangements. Shared Lives schemes predominantly support people with a Learning Disability and Autism. However, there is currently national exploration of the possibility of supporting wider needs such as dementia, homelessness, acute mental health needs and Care Leavers.

The Oxfordshire Overview

5. The Oxfordshire County Council Shared Lives Scheme is well established and has been in existence since the 1990s with 86 households approved with the Scheme across the whole county. Additionally, there are two households, outside of Oxfordshire who the Council support and monitor due to their close proximity geographically. In the Oxfordshire Scheme, Shared Lives Carers are approved and operate in a similar way to foster carers but are offering support to adults operating within the legislative framework governing Adult Social Care, ensuring that all practice meets established standards and requirements.
6. At present, the Shared Lives Scheme supports a total of 114 individuals. Of these, 92 people are in long-term arrangements, while 22 access the scheme for short breaks.
7. Shared Lives Carers go through a rigorous process to establish their suitability for the role. Within the Oxfordshire Scheme this involves an in-depth assessment by a Social Worker which is considered by the Scheme's independent approval Panel, and includes a number of references and checks, such as enhanced DBS checks. The membership of the panel also includes people with lived experience including former Shared Lives carers as well as people who live in Shared Lives arrangements currently. The Council also involves people with lived experience in any recruitment for the Shared Lives Team.
8. Once Shared lives Carers are approved with the Scheme carers are required to commit to a 5-day induction programme after which there is an ongoing programme of training, support and monitoring which is developed with feedback from the people we support. Shared Lives Carers are carefully matched with people who wish to use the service and factors such as shared interests are considered as well as the skills and suitability of the Shared lives Carers. There is an introduction process to enable everyone to get to know each other before deciding whether to go ahead with the match. This involves at least an initial meeting with the social worker, a meal visit, and an overnight stay but often involves further visits. The Scheme accepts referrals from Oxfordshire County Council Adult Social Care workers.
9. Shared lives Carers can support up to 3 people at any one time. If they were to support more people, they would need to register with the Care Quality Commission (CQC) as a small care home. The Council does not currently have any carers that support more than 3 people so have not had to register with CQC individually. The scheme also enables Shared Lives Carers to take

up to 42 nights a year break from providing support arrangements. Whilst carers are taking respite breaks, the people we support usually stay with other Shared Lives carers so that there is consistency and continuity.

10. The Oxfordshire scheme is registered with the Care Quality Commission to provide “personal care” and is rated as “Good” overall, with “Outstanding” in the caring component.
11. At the Council’s last CQC Shared Lives inspection in 2019 it was found that specifically in relation to the ‘Caring’ category *‘Oxfordshire Shared Lives Scheme is an extraordinary service which supports people, regardless of their care needs to share both family and community life with shared lives carers. The service is designed to carefully match people to households which in turn contributes to creating a ‘personal touch’ and a strong, visible person-centred approach. People were exceptionally complimentary about both shared lives workers and shared lives carers and the support received. Both verbal and nonverbal feedback from people reflected how people were able to form meaningful, caring relationships with shared lives carers and within the wider community’.*

Ensuring equitable access to the scheme

12. The Council is strongly committed to the on-going development of Shared Lives scheme as it aligns very closely with the strategic principles detailed within our Oxfordshire Way. Shared Lives arrangements provide consistent, proportionate, strengths-based support in a family environment. Strengths-based support is a core principle in social care practice. It moves away from a deficit model. It focuses on what people can do and what is most important to them including family, their community and their goals and aspirations. Shared Lives allows people who have a need for supported accommodation to maximise their independent living skills in a nurturing and supportive setting.
13. The Council has a number of practice forums where all potential support options are considered to meet people’s eligible needs under the Care Act 2014. These forums are chaired by operational leads and ensure that there is consistency in decision-making. If following a Care Act assessment, it is identified that a person has a need for supported accommodation, the Council ensures that Shared Lives is considered before any other option such as Supported Living or residential care.
14. In terms of the needs of the people who access the Council’s Shared Lives scheme, it is not dissimilar to the national picture. At the current time, 83% of people who are in long-term arrangements have a Learning Disability. The remaining 17% of people have a range of needs such as autism or mental health conditions.
15. A strategic ambition of the Council has been to see a higher proportion of young people access the scheme. Shared Lives gives younger people a stable and consistent environment to maximise their independence and

achieve their goals and aspirations and offers the opportunity for people to live ordinary lives in family settings.

16. The Council is proud that 39% of the people that have support from Shared Lives are aged 30 or under. The scheme currently supports 39 Care Leavers which equates to 40% of the total people we support in long-term arrangements.

Ensuring sufficiency of Shared Lives arrangements

17. As with any support provider, recruitment and retention is an essential component of maintaining a strong Shared Lives scheme. Shared Lives tends to attract carers who are of an older demographic often who are towards the end of their working careers and who have a spare room in their house. This is a particularly important element to note in the context of Oxfordshire where both the cost of living and property prices are higher. At least one household per year will take retirement so recruitment is essential component of operational business as usual.
18. The Council has had an increased focus on marketing in recent years in an attempt to increase the amount of interest in becoming Shared Lives carers. This has included a television advert, Facebook and social media adverts as well as target mail drops in areas of the County where we have smaller numbers of carers. This approach was recommended by Shared Lives Plus who are the leading national charity for Shared Lives schemes in the UK. These approaches unfortunately yielded limited results however the Council continuously reviews its approaches in this area. The Shared Lives team also attend a number of community events throughout the year to highlight the scheme. For example, they recently attended the Oxfordshire Parent Carer Forum-hosted 'SEND Better Together' event.
19. The most effective way of recruiting new carers into the Council's Shared Lives scheme continues to be word of mouth. The Council's current carers will often recommend the scheme to friends and families which leads to formal applications to become Shared Lives carers. For example, the Council has had some very positive examples where adult children of Shared Lives Carers have gone on to be approved as carers themselves. This has been very positive as they have had the previous experience of living in Shared Lives households so have the necessary skills and experience to fulfil the role to a very high standard.
20. In 2025 the Council approved 11 new households to be Shared Lives carers. This represents a significant increase in comparison to the previous 5 years where on average 5 households are approved per year.
21. Carer retention is also an important element of maintaining a strong Shared Lives scheme. The Council's Shared Lives scheme has not had anyone that has stopped being a carer over the past five years for any other reason than retirement. The Shared Lives Team offer robust and positive support to its carers. This includes six weekly monitoring visits as well as ad hoc support as

and when it is required. These visits are by a member of the Shared Lives Team. The purpose of these visits is to meet with the individual to ensure they are happy and settled. It also serves as an opportunity to meet with the carers to discuss any issues and offer support where necessary.

22. Regular training is also a feature in a variety of areas such as medication administration, moving and handling and health and safety. This is essential to maintain the Council's CQC-compliance and ensures that carers have the skills and confidence to provide the highest quality care and support. The Council has also invested in more specialist training so that carers feel confident in supporting people with more complex needs. A recent example would be training in relation to trauma-informed practice.
23. The Council is proud that some of its Shared Lives carers have been recognised for their many years of service supporting people in their homes. In 2025, Kym and Roger Garnett from Banbury were presented with a long-service award by the Oxfordshire Association of Care Providers (OACP) after 29 years in the scheme. Their story was publicised by the BBC [Oxfordshire couple share home with strangers for 27 years - BBC News](#)
24. Another carer, Lynn Lacey also received an award from a 'High Commendation' award from Shared Lives Plus for her support of people over the past 27 years. She was also invited to meet their Majesties, the King and Queen at a reception at Windsor Castle celebrating the efforts of those who work in the care sector. Her story can be seen here [Oxfordshire Shared Lives carer honoured at royal reception](#)

Broadening the Council's Shared Lives offer


25. The Council remains committed to exploring whether Shared Lives can support a broader range of needs. This includes those suffering from acute mental health problems as well as those that are homeless. There are some challenges in relation to this. This includes having access to robust mental health support from other agencies. It is also important to recognise that a Shared Lives setting is a family environment. Therefore, there are some people who it would not be appropriate to accommodate in Shared Lives due to the risks posed and the level of support that Shared Lives carers can provide. Regardless of this, the Council will continue to explore and remain involved in national dialogue in relation to this.
26. One area where significant progress has been made is in relation to Care Leavers. In the period 24/25 the Council had an additional 9 Care Leavers supported into Shared Lives arrangements and in 25/26 we had a further 13 Care Leavers join the scheme. This is a result of a targeted project to identify Care Leavers who may be suitable for a Shared Lives arrangements. The Shared Lives Team has a specific Social Worker who is leading on this work. The lead has worked collaboratively with Children's and Adults Social Care to

support this work. This has included the Council's disabled children's teams as well as the Moving into Adulthood Team in Adult Social Care.

27. The Council is also involved in a national project organised by Shared Lives Plus in relation to Care Leavers. As a result of the work that the Council has completed in this area, they were pleased to host representatives from the Departments of Education and Health and Social Care in May 2025. This included Isabelle Trowler, Chief Social Worker for Children's and Families in the UK. After her visit to Oxfordshire, she stated the following *"They were both brilliant days. I am very grateful for the time [the young people and carers] all spent with me, and for sharing their many success stories. I was also pleased to have the opportunity to meet with so many colleagues working in collaboration in the local authorities and for Shared Lives"*.
28. The Council has identified young people with disabilities who are in foster care arrangements where the carer has stated that they would like to support a person on a long-term basis. The Shared Lives Team will then complete the relevant assessments for the carer to become a Shared Lives carer in advance of a young person's 18th birthday. This process ensures long-term stability and continuity of care for our care experienced young people. The Council also continues to identify young people in care with disabilities who are in children's residential care who may be suitable for Shared Lives.
29. As detailed the Council is proud to have 39 Care experienced people who are supported by Shared Lives in Oxfordshire. The Council has seen some fantastic outcomes achieved for our care experienced population in Shared Lives. Below are two recent examples of the outcomes 2 care experienced individuals have achieved with the service;
30. *M is a 26-year-old who has been living with his Shared Lives Carer, L since the age of 18. M has some learning challenges and health conditions. He spent much of his childhood in various foster placements out of county. Due to close working between children and adults social care the Council was able to match M with a placement in advance of his 18th birthday. M initially needed support with aspects of daily living such as budgeting as well as emotional support. However, he has thrived and now has a full-time job as a chef in a local pub and is ready to live independently which he is being supported to do.*
31. *J had a very challenging start to life and was one of 8 siblings who was removed from his family. J was initially adopted but unfortunately this broke down and J moved to a foster placement in his mid-teens. J has autism and difficulties with attachment due to childhood trauma. His behaviour at times could be impulsive and volatile. However, his foster carers remained totally committed to J and supported him through this difficult period.*

As he approached 18, due to his needs he was referred to Adult Social Care for assessment. It was found that he had eligible needs. His foster carers were clear that they wanted to support him past his 18th birthday. They were assessed and approved by the Shared Lives Team which meant J could stay with them into adulthood. Due to the stability and continuity provided J was

able to maximise his independence to such an extent that he now lives in his own home with no additional support at all. He is in full-time employment, in a long-term arrangement and about to start his only family. He stays in frequent touch with the carers who showed him the unwavering dedication and support to achieve his goals and aspirations.

32. The Council also participated nationally to a segment on the BBC's One Show in relation to Shared Lives and Care Leavers which emphasises the positive environment the scheme can create to support our care experienced young people to flourish and achieve their goals and aspirations. This segment can be seen here  [The One Show - Shared Lives for young people leaving care.mp4](#)
33. The Council is proud of the high-quality support that its Shared Lives carers provide to people with additional needs and is truly grateful for their unwavering dedication and commitment. The Council also believes that their Shared Lives Team is a strong, caring and skilled team. They ensure that carers feel supported in their role and that the voices and wishes of the people we support are always at the forefront of everything the Council does. The Council remains fully committed to enhancing the scheme and encouraging caring, compassionate and strengths-based carers to join the scheme in line with our strategic vision 'The Oxfordshire Way' and our wider corporate values.

Corporate Policies and Priorities

34. Adult Social Care's priorities are shaped by our corporate vision and priorities, with particular focus on:
- Tackling inequalities - working with partners to address inequalities focussing support on those in greatest need, embedding and implementing our digital inclusion strategy,
 - Prioritising the health and wellbeing of our residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives, and
 - Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and increasing choice.

Financial Implications

35. This is a report for information only. There are no direct financial implications in the body of this paper.

Comments checked by:

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

Legal Implications

36. Shared Lives services (formerly known as adult placement) are a means of meeting the care and support needs of those assessed as eligible under the Care Act 2014. The scheme provides a service that is registered and regulated by the Care Quality Commission (CQC) to ensure quality and safety.
37. This report provides an update on the Oxfordshire Shared Lives Scheme only and does not have any direct legal implications
Comments checked by:

Janice White, Principal Solicitor – ASC, Education and SEND

Staff Implications

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

Equality & Inclusion Implications

39. 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

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

Risk Management

41. 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.

Karen Fuller, Corporate Director of Adult Social Care

Annex: Nil

Background papers: Nil

Contact Officer: Sam Harper, Head of Service- Learning Disability, Moving into Adulthood and Provider Services.

June 2026

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

4 June 2026

Consultation on Proposed Changes to Adult Social Care Contributions Policy

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
 - i. Note the public consultation on proposed changes to Adult Social Care Contributions Policy; and
 - ii. Make recommendations on the specific proposals to be taken into account as part of the consultation.

Executive Summary

2. Adult Social Care support is subject to charges. The extent to which individuals are required to contribute towards the cost of their care is determined through a financial assessment. In accordance with the Care Act 2014 and national guidance, Councils routinely review charging arrangements to ensure they remain responsive to current financial circumstances and best practice.
3. Oxfordshire County Council is consulting on proposed changes to how it charges for some adult social care services provided to people at their homes. The three proposed changes are
 - reducing the initial Disability Related Expenditure (DRE) allowance
 - introducing a charge for transport arranged by Adult Social Care
 - introducing a charge for everyone who uses telecare services.
4. The consultation process will establish how the proposed changes could affect people who use these services.

Background

5. Oxfordshire County Council's Adult Social Care Service supports people to live as independently and safely as possible. The service focuses on providing

tailored support to ensure that people can maintain their independence while having access to the necessary assistance when required.

6. Over 6,800 adults are supported by Oxfordshire County Council's Adult Social Care, which includes older people and people with learning disabilities, physical disabilities and mental health needs. The council spends approximately £330 million a year on adult social care.
7. In contrast to health services, adult social care is not provided free at the point of delivery; it is subject to means testing. The Care Act 2014, alongside relevant national guidance, permits local authorities to levy reasonable charges for care, determined by an individual's financial circumstances.
8. The Adult Social Care Contributions Policy explains how the council works out whether someone needs to pay towards the cost of their care, and how much they may be asked to contribute. This policy is reviewed annually to ensure charges reflect the current national and local policy guidance, the Council's budget and cost of the services.
9. The council has a statutory duty to set a balanced budget each year. This means that any funding gap must be addressed through a combination of savings, income generation, and use of reserves. In the context of a £5.4 million gap in 2026/27 and a forecast £27.2 million reduction in government funding by 2028/29, the council is required to act now to ensure financial sustainability. This includes a programme of public consultation, with specific focus on Disability Related Expenditure (DRE), telecare services and transport charges.

Proposal 1: Reducing Initial Disability Related Expenditure (DRE) allowance

10. When Oxfordshire County Council determines an individual's contribution towards their care costs, it is essential to take into account any additional expenses they may incur as a result of their long term health condition or disability. These additional costs are referred to as Disability Related Expenditure (DRE). In accordance with current local policy, individuals are able to retain an initial 35 per cent of their disability benefits such as Personal Independence Payment (PIP) daily living component, Disability Living Allowance (DLA) care component, or Attendance Allowance, to assist with covering these expenses, which may include increased heating costs, additional laundry requirements, specialist clothing, and necessary equipment. It is recognised that these benefits are specifically intended to help meet the extra costs arising from disability or age, and their use for such purposes is in line with the aims of these payments. This approach is regularly reviewed to ensure it remains aligned with evolving national and local policy guidance.
11. We carried out a benchmarking exercise through the National Association of Financial Assessment Officers (NAFAO) to compare Oxfordshire's initial DRE rate with other Local Authorities. There are different approaches to DRE assessment:

- a) Individual Assessments (Case by Case). This approach requires a financial assessment officer to review all expenses directly related to an individual's disability. This approach is very cumbersome and places an onerous burden on people receiving services.
- b) Standard or Banded Allowances: Some local authorities offer set weekly allowances based on the level of disability benefit (e.g. higher or lower rates of DLA.) This approach does not align with annual uplifts in benefits and is overly restrictive.
- c) We have adopted a mixed or Top up approach where a base rate is accepted automatically but an individual can request a tailored assessment if their actual costs exceed the standard rate. This is a much more streamlined and efficient approach. This approach reduces the burden on people to submit invoices for every expenditure incurred on disabilities and provides a fair and proportionate approach that respects individuals' privacy and dignity, reducing the need to disclose sensitive personal information while still allowing for individual circumstances to be considered where necessary. This approach reduces administrative burden for staff by avoiding the routine processing of large volumes of receipts.
12. The comparison showed that Oxfordshire's 35 per cent allowance is much higher than the average disability expenditure and what is offered by other local authorities. We propose to reverse the initial DRE allowance from 35 per cent back to 25 per cent of disability benefits, which brings it in line with the average disability expenditure without the need to provide evidence.
13. The table below shows how much DRE people would keep if the initial DRE allowance were reduced from 35 per cent to 25 per cent.

Benefit	Award Amount	35% allowance	25% allowance	Difference
Attendance Allowance Higher DLA Care Higher PIP Daily Living Enhanced	£114.60	£40.11	£28.65	£11.46
Attendance Allowance Lower DLA care Middle PIP Daily Living Standard	£76.70	£26.85	£19.18	£7.67
DLA Care Lower	£30.30	£10.61	£7.58	£3.03

14. The proposed 25% initial Disability Related Expenditure allowance represents a balanced and proportionate approach. It aligns Oxfordshire more closely with the practice of other local authorities, while remaining sufficient to meet typical disability-related costs without requiring evidence in most cases. Crucially, the policy retains safeguards through individual assessments for those with higher costs, ensuring compliance with the Care Act requirement to consider actual expenditure. This approach supports fairness, administrative

efficiency, and the long-term financial sustainability of Adult Social Care services.

Proposal 2: Introducing a charge for transport arranged by Adult Social Care

15. Whilst transport can be part of meeting someone's care needs, councils are not required to provide transport to meet those needs. Where they do, most councils charge for transport in some way.
16. Currently, Oxfordshire County Council's Adult Social Care provides and/or arranges transport support in various ways depending on people's circumstances and their support plan. There are 194 people who use Community Support Services transport with 484 trips per week, and 520 trips are provided to externally arranged services.
17. Where possible, we expect people to use active transport options, such as walking, public transport, community transport schemes, or their Motability vehicles. Local authority funded transport is only to be used in exceptional circumstances to meet unmet care and support needs and must be approved by Adult Social Care prior to any travel arrangements being made.
18. We propose to introduce a flat charge of £10 per day when Adult Social Care arranges transport on behalf of individuals. The proposed charge would only apply when transport is arranged by Adult Social Care.
19. People who receive DLA or PIP Mobility can use these benefits to help cover the cost of transport. Where this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If the initial DRE allowance is not enough, we can look at a person's individual situation and where appropriate, the charge may be reduced or waived.
20. The only exception to the above would be for young people who have transport provided by Adult Social Care to attend their school or college placement. Young people who have transport provided by Adult Social Care to attend an educational institution will not be charged. However, if a younger person uses Local Authority transport to attend other activities such as a day service separate from their education provision, then the £10 charge per day would apply.

Proposal 3: Introducing a charge for everyone using telecare services

21. Telecare is an advanced support system designed to promote safety and independence for individuals within their own homes. There are currently around 3500 people who use this service. The service utilises a range of technology, including motion sensors, environmental alarms, and wearable pendant alarms, which are seamlessly integrated to monitor the wellbeing of service users. These devices are linked to a dedicated 24-hour monitoring

centre, ensuring that assistance can be provided promptly in the event of an emergency or unusual activity. In addition to immediate response capabilities, telecare solutions can be tailored to an individual's specific needs, offering reassurance to both users and their families.

22. Telecare is not a service that councils are legally required to provide. Many councils charge for telecare if they provide it. Telecare offers clear benefits in supporting independence, safety and hospital discharge, and for reassurance; The current charging arrangements for telecare in Oxfordshire are:
- People who receive certain benefits are not charged for telecare,
 - People who do not receive these benefits either have a financial assessment to work out how much they should pay or choose to pay the full cost.

In 2026/27, the charge for the telecare service is currently £6 per week.

23. We propose that everyone who uses telecare pays the full cost of the service, which is £9.87 per week. The charge is reviewed annually when the Council sets its budget, fees and charges.
24. Where telecare is being used to support a discharge from hospital, we propose to offer a free 6-week trial of telecare as part of a reablement package. A needs assessment will be completed during this period to determine eligibility under the Care Act. After this 6-week trial period, should the service continue, it will become chargeable.
25. People who already receive other adult social care services, the new telecare cost would be treated as Disability Related Expenditure (DRE). The proposed 25 per cent DRE allowance should cover this cost. If it does not, we will offer an individual assessment and where appropriate, the charge may be reduced or removed.

Why is the consultation taking place

26. Like councils across the country, Oxfordshire County Council is experiencing increasing demand for adult social care alongside significant financial challenges. In addition to managing a budget shortfall of £5.4m in 2026/27, the current financial settlement from Government means the council's grant funding will reduce by £27.2m by 2028/29. Sustained action will therefore be required over the coming months to ensure that expenditure is actively managed within a balanced budget for 2026/27, including addressing these underlying pressures. Delivery of prioritised savings and transformation activity will be critical to reducing the ongoing pressures and enabling the Council to set a balanced and financially sustainable budget for 2027/28 and beyond. Reviewing the contributions policy is one of several steps being taken to help manage rising costs and meet on going demand.
27. Councils are required to consult on changes to charging policies where there may be a material impact on people who use services. Feedback from this

consultation will help with the recommendations alongside financial, legal and equality considerations.

28. If approved, the proposed changes would deliver savings of around £500,000 in 2026/27, increasing to an estimated £1.2m for a full year. This is based on current demand and 26/27 benefits published by the Department of works and pensions, and current estimates helping the council continue to fund essential services during a challenging financial period.

Consultation Process

29. The consultation was launched on 11th May 2026 and will be open for 6 weeks, until 21 June 2026. The six-week period is considered sufficient in this context, given the targeted nature of the consultation, the direct communication with affected individuals, and the provision of supporting information and engagement opportunities.
30. To ensure people can tell us what they think, we designed a comprehensive consultation package including
 - An online survey available at the Council's Let's Talk Platform <https://letstalk.oxfordshire.gov.uk/asc-contributions-policy-consultation>,
 - A paper survey for people who may not access the internet,
 - Two online information sharing events for people who may have questions or require clarification before they respond to the consultation.
 - On going engagement with all key stakeholders such as OXFSN, Age UK, My Life My Choice

Next Steps

31. Once the consultation closes, we will read and analyse all the responses to ensure that all the feedback is considered and prepare a report with recommendations to Cabinet for approval.
32. We will communicate the outcome of the consultation and the rationale of any decisions made.

Corporate Policies and Priorities

33. Adult Social Care's priorities are shaped by our corporate vision and priorities, with particular focus on
 - Tackling inequalities - working with partners to address inequalities focussing supporting on those in greatest need, embedding and implementing our digital inclusion strategy

- Prioritising the health and wellbeing of our residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives, and
- Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and increasing choice.

Financial Implications

The options put forward within this paper will bring Oxfordshire more into line with other council's policies. The financial effect of this decision would deliver an estimated £0.5m of increased income in 2026/27, increasing to £1.2m for a full year in 2027/28.

Comments checked by:

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

Legal Implications

34. The Care Act 2014 Statutory Guidance states that:

8.1 The Care Act provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs.

and where an authority does decide to charge, the Act and its supporting Regulations sets out a framework for determining maximum charges and the financial assessment process.

35. As a general principle, when considering a change to its charging policy which would potentially have an adverse impact on those receiving services, consultation will be required. This will enable the Council to understand the views of those most likely to be impacted by any decision it ultimately takes, and to weigh those views alongside the need to ensure sustainable and cost-effective services for the population of Oxfordshire.

36. There are four minimum requirements of consultation:

- It must take place when proposals are still at a formative stage. This report sets out the options that are being considered and the views of those likely to be affected by any final recommendation is actively being sought,
- sufficient information should be given to permit informed consideration and response. The rationale for the proposals is set out in the report, and the consultation allows for discussion, consideration and alternative options to be proposed,

Contact Officer:

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Assessment, Payments and Income Management

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June 2026

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Adult Social Care Transport Policy

1. Purpose and Scope

- 1.1. Our vision for Adult Social Care in Oxfordshire is to ensure *people live well and independently within their communities, remaining fit and healthy for as long as possible*. We do this by focusing on what people can do by using their own assets, personal strengths, and support from their family, friends and their local community instead of focusing on what they cannot do.
- 1.2. We expect people who need adult social care support from the Council to make travel arrangements for using services by utilising options available to them, including community and public transport. The Council will consider travel arrangements as part of support planning process.
- 1.3. This policy applies to everyone over the age of 18 years who are ordinarily resident in Oxfordshire and not in full time education.
- 1.4. Applications for travel assistance for young people with learning difficulties and/or disabilities aged between 19 and 24 years of age (inclusive) will be considered on an individual basis for continuing learners who started their course before their 19th birthday. An assessment will be made taking account the specific circumstances of the applicant and the case for assistance with travel. Please see [Post 16 Transport Policy Statement Academic Year 2025-26](#) for details.
- 1.5. This policy is based on the Care Act 2014, associated regulations and statutory guidance as well as other relevant legislation and guidance on adult social care.
- 1.6. This policy should be read in conjunction with County Council's other Adult Social Care policies available at [Adult social care policies | Oxfordshire County Council](#) and partners' policies where applicable.

2. Transport to access services and activities

- 2.1. People needing adult social care are expected to arrange their own transport to access services or activities (for example day opportunities, respite care, and training opportunities) included in their support plan. There are a variety of options available to them, including individual or family vehicles, public transport and community transport services.
- 2.2. When considering options to get to activities or services in the individual's support plan, the Council will take into account
 - which destinations, activities and services the individual can access without transport arrangements,
 - whether physical access prevents the use of public transport or other transport arrangements,
 - whether people are unable to access public/alternative transport because it would mean an unacceptable risk to themselves or others.

- 2.3. Annex 1 provides a summary of options that the Council expects to be taken into account. Walking, public transport, motability vehicles and community transport schemes must be considered and exhausted before the Council can consider the provision of transport to access services and activities.
- 2.4. Support with transport to access a service or activity will be considered only where the individual
 - needs to travel to access a service or activity in their support plan that meets their eligible care and support needs; **and**
 - is unable to travel safely on other options outlined in Annex 1; **and**
 - have no other suitable travel resources available, financial or otherwise.

3. Transport Costs

- 3.1. Adult social care is not a free service, and local authorities carry out a financial assessment to determine the level of contribution people need to make towards the cost of their care. In Oxfordshire, this is done as outlined in the [Contribution Policy](#) for Adult Social Care.
- 3.2. The financial assessment takes into account all the care and support plan costs including any transport arrangements needed to access services and activities identified in the support plan to meet eligible needs.
- 3.3. Travel costs are often covered by the Mobility Component of PIP or DLA. If the costs of travelling to services or activities are higher than this, they can be considered as a Disability Related Expenditure (DRE) as part of the financial assessment process.
- 3.4. Where an escort or paid carer is needed to travel with the individual to the activities and services, the Council will pay for the public transport fares incurred by the escort or paid carer.
- 3.5. If a personal assistant uses their car to drive an individual to activities and services in their care plan, the Council may consider paying mileage at HMRC rates (45p per mile for the first 10,000 miles and 12p per mile after). The PA must record journey details and mileage on an expenses sheet.

4. Other considerations

- 4.1. The Council may request specialist input from an Occupational Therapist (OT) to confirm what support, if any, is needed to be able to travel safely. People are encouraged to discuss their travel requirements before purchasing or leasing a wheelchair or any other equipment.
- 4.2. When an individual has a motability vehicle, the Council expects it to be used for travel. If an individual or their carer chooses not to use the motability vehicle for its intended purpose, they will need to arrange alternative travel.

- 4.3. There may be instances where people do not agree with the Council's decision or have a feedback about the service they receive. [Adult social care | Oxfordshire County Council](#) provides information on how to share comments, compliments or make a complaint about services.

Approved:

Next Review:

Appendix 1: Checklist

The Adult Social Care will consider what support, if any, is needed in order to meet an assessed eligible social care need using the checklist below:

<p>How far is the support or service from where you live?</p>	<p>You are expected to access support and community services nearest to where you live, as long as these can meet your assessed, eligible needs.</p>
<p>Can you walk or cycle to the service?</p>	<p>Being able to walk might mean walking alone, with the assistance of another person or with equipment.</p>
<p>Can you use public transport?</p>	<p>If you can use public transport, it is expected that you use it. All buses are now wheelchair accessible. Most buses can accommodate two wheelchairs. Most routes have visual and audible announcements for passengers. You can apply for a free disabled person's bus pass here</p> <p>If you can travel on public transport with support from your family or close friends, we expect them to support you providing they are willing and able.</p> <p>If you want to apply for a bus pass which includes a companion to support you, please check information on companion bus pass</p>
<p>Can you use your own vehicle?</p>	<p>If you have your own vehicle, a vehicle obtained through the Motability scheme, a specially adapted vehicle or other vehicle that you have access to (such as a family car), we expect you to use it.</p> <p>We expect you to cover the petrol costs for the Motability Vehicle.</p> <p>Blue Badge holders can park free of charge in disabled bays for an unlimited period of time. Please see Blue Badge guidance for details on where to park and information about how the scheme works.</p>
<p>Can you access transport with a carer, family member or friend?</p>	<p>Sharing transport with another person may be an option.</p> <p>For people living in settings funded by the council there is an expectation that the cost of the</p>

	placement will meet the full range of support needs, including transport to and from community activities, unless assessed as otherwise.
If you don't have access to a vehicle, can you arrange your own transport from an independent source and meet the cost of transport from any mobility allowance awarded to you?	<p>If you have travel costs to get to services or activities in your care and support plan, we expect you to prioritise your Mobility Component (of PIP or DLA) to pay for your travel. If it costs more than your allowance to pay to travel to services and activities we include these additional costs in your care and support plan.</p> <p>If you are not in receipt of mobility allowance, then support can be provided to make an application.</p>
Have you checked Community Transport options available?	There are various options for this, please see Community transport Oxfordshire County Council
Should another agency be providing the transport?	You may be eligible for funding your transport from another agency or organisation, for example to attend a service to meet an assessed health need.

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Consultation on proposed changes to charges for Adult Social Care Services

Introduction

Oxfordshire County Council is consulting on proposed changes to how much we charge for some adult social care services provided to people at home.

Councils regularly review how they charge for services to make sure charges reflect their current financial situation. Our overall approach to asking people to contribute towards the cost of their care follows the Care Act 2014 and national guidance.

We are asking for your views on three proposed changes:

- reducing the initial Disability Related Expenditure (DRE) allowance
- introducing a charge for transport arranged by Adult Social Care
- introducing a charge for everyone who uses telecare services

You may be affected by one, two, all three, or none of these proposals, depending on the services you receive.

The proposals do not affect people living in residential or nursing care homes.

The Adult Social Care Contributions Policy explains how the council works out whether someone needs to pay towards the cost of their care, and how much they may be asked to contribute. National rules require councils to charge for some services where people can afford to pay.

Nothing has been decided yet. Before any decisions are made, we want to understand how the proposed changes could affect people who use these services.

Your views will help councillors decide whether to go ahead with the changes, and if so, how they should be applied fairly.

Who this consultation is for

This consultation is particularly relevant if you:

- receive adult social care support at home
- pay, or may pay, a contribution towards your care
- use transport arranged by Adult Social Care
- use the council's telecare service

Background

Oxfordshire County Council supports people to live as independently and safely as possible. We work with others to help people get the right support so they can stay independent, make their own choices, and live well in their community.

Adult Social Care services aim to be fair, give people choice, and help them have more control over their lives.

But social care is not free. National rules say councils must charge for some services where people can afford to contribute. The Care Act 2014 allows councils to charge a reasonable amount for care, based on a person's financial circumstances.

Contributions from people who can afford to pay towards their care, help the council to provide adult social care to those who need those services

Over 6,200 adults are supported by Oxfordshire County Council's Adult Social Care, which includes older people and people with learning disabilities, physical disabilities and mental health needs. The council spends around £330 million a year on adult social care.

Costs are rising due to:

- an ageing population
- more complex care needs
- higher care and staffing costs
- reduced government funding
- wider national and global pressures

To continue supporting people despite rising demand and limited budgets, the council works in partnership with others and with people who use services to work more efficiently, make better use of technology, and improve services.

Our proposals

Councils regularly review how they charge for services to make sure charges reflect the current financial situation. Our overall approach of asking people to contribute towards the cost of their care follows the Care Act 2014 and national guidance.

The proposed changes we are asking about are:

- reducing the initial Disability Related Expenditure (DRE) allowance
- introducing a charge for transport arranged by Adult Social Care
- introducing a charge for telecare services

You may be affected by one, two, all three, or none of these proposals, depending on the services you receive.

Proposal 1: Reducing initial Disability Related Expenditure (DRE) allowance

When Oxfordshire County Council works out how much someone should pay towards their care, we must consider the extra costs they may have because of their age or disability. This is called Disability Related Expenditure (DRE).

Currently people can keep 35 per cent of their disability benefits (such as Personal Independence Payment (PIP) daily living, Disability Living Allowance (DLA) care or Attendance Allowance) to help cover these extra costs such as higher heating bills, extra laundry, specialist clothing, equipment etc.

What we are proposing

When we compared our initial DRE allowance with other councils, we found that Oxfordshire's 35 per cent allowance is much higher than most others.

We propose to reduce the initial DRE allowance from 35 per cent to 25 per cent of disability benefits, meaning that people will be expected to contribute more to the cost of their support. This proposed 25 per cent initial DRE allowance rate is still higher than many other councils allow and is sufficient to meet DRE expenses.

This proposal only affects people with the initial DRE allowance. Anyone whose actual costs are higher than the initial allowance can still ask for an individual assessment. People who already have an individual DRE assessment will keep it.

The table below shows how much DRE people would keep if the allowance were reduced from 35 per cent to 25 per cent. The award amounts shown are examples.

Benefit	Award Amount	How much people can currently keep for DRE costs 35% allowance	How much people would be able to keep for DRE costs 25% allowance	Difference
Attendance Allowance Higher DLA Care Higher PIP Daily Living Enhanced	£114.60	£40.11	£28.65	£11.46
Attendance Allowance Lower DLA care Middle PIP Daily Living Standard	£76.70	£26.85	£19.18	£7.67
DLA Care Lower	£30.30	£10.61	£7.58	£3.03

Proposal 2: Introducing a charge for transport services by Adult Social Care

We know that reliable transport is essential for many people to attend activities and services as part of their support plan. We also understand that introducing charges may be a concern.

Whilst transport can be part of meeting someone's care needs, according to national Care Act guidance, councils are not required to provide free transport. Most councils charge for transport in some form.

Currently, Oxfordshire County Council's Adult Social Care provides transport support in various ways.

Where possible, we expect people to use active transport options, such as walking or wheeling, public transport, community transport schemes, or Motability vehicles. Local authority funded transport is only to be used in exceptional circumstances and must be approved by Adult Social Care prior to any travel arrangements being made.

What we are proposing

We propose to introduce a flat charge of £10 per day when Adult Social Care arranges transport.

The proposed £10 flat charge would only apply when transport is arranged by Adult Social Care.

For people who receive DLA or PIP Mobility, we expect these benefits to help cover the cost of transport. If this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If the initial DRE allowance is not enough, we can look at a person's individual situation. In exceptional cases, the charge may be reduced or waived.

The only exception to the above would be for young people who have transport provided by Adult Social Care to attend their school or college placement. Young people who have transport provided by Adult Social Care to attend an educational institution will not be charged. However, if a younger person uses Local Authority transport to attend other activities such as a day service separate from their education provision, then the £10 charge per day would apply.

Proposal 3: Introducing a charge for everyone using telecare services

The telecare service helps people stay safe and independent in their own homes. It uses equipment such as sensors, alarms and pendant alarms, which connect people to a 24-hour monitoring centre and an emergency response service.

Telecare is not a service that councils are legally required to provide. Because of this, many councils charge for telecare.

The current charging arrangements for telecare in Oxfordshire are:

- People who receive certain benefits are not charged for telecare.
- People who do not receive these benefits either:
 - have a financial assessment to work out how much they should pay, or
 - choose to pay the full cost.

The cost for the telecare service is £6 per week for 26/27.

Around 3,500 people in Oxfordshire use the telecare service. Although many people value telecare for reassurance, research shows mixed evidence about how much it reduces demand on other services or supports people to remain independently in their own homes.

What we are proposing

- We propose that **everyone** who uses telecare pays the full cost of the service. Currently, this cost is £9.87 per week, but it may change in future. The charge is reviewed annually when the Council sets its budget, fees and charges.
- Where telecare is being used to support a discharge from hospital, we propose to offer a free 6-week trial of telecare as part of a reablement package. After this 6-week trial period, the person can decide if they want to continue paying for the service or stop using the service and return the equipment.
- For people who already receive other adult social care services, the new telecare cost would be treated as Disability Related Expenditure (DRE). The proposed 25 per cent DRE allowance should cover this cost. If it does not, we will offer an individual assessment. In exceptional cases, the charge may be reduced or removed.

Have your say

We want to understand how these proposals could affect people's lives.

- Please share your views.
- Your feedback will inform what happens next.

What happens after the consultation?

We will carefully consider everything people tell us through this consultation.

We will read and analyse all responses and prepare a report for councillors summarising what we have heard and the key issues raised.

This report will be considered alongside a range of other information, including for example: financial information, legal information, an equalities impact assessment, etc. at a meeting of the council's Cabinet later this year. This feedback will help inform Cabinet's final decision.

Once final decisions have been made and if changes to charges are agreed, we will:

- offer everyone who currently pays towards the cost of their care a financial reassessment
- explain clearly what this means for you
- make sure you are left with at least the minimum income required by law
- look at individual circumstances where costs cause hardship

No one would be left with less than the minimum income set out in the Care Act 2014. Where appropriate, we would work with people to review their care and look at different ways of meeting their needs to help reduce any increase in costs.

If your contribution changes, you will not be asked to pay backdated charges for services received before the new policy starts.

Thank you

Thank you for reading this. We hope that you will let us know your thoughts. They are important to us.

**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
17 September 2026				
Connect to Work	To be Healthier	To review the Connect to Work programme in Oxfordshire, a voluntary, UK Government funded programme for people who are unemployed or at risk of losing work and who face barriers such as disability/health conditions and other specified disadvantages is being delivered in a way that provides equitable access, integrates effectively with local partners and achieves sustainable employment and what governance, performance measures and risk mitigations are in place as the programme goes live and scales up.	Overview and Scrutiny	Karen Fuller
CQC: Response and Transformation	To be Healthier	To scrutinise the Council's response and plans for transformation following the "Good" CQC inspection report. The Committee will scrutinise how the Council intends to improve the four areas identified by the CQC as "Requires improvement".	Overview and Scrutiny	Karen Fuller

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Agenda Item 8

Oxfordshire Adults Safeguarding Board Annual Report	To be Fairer and Healthier	To receive a report from the Oxfordshire Safeguarding Adults Board to understand the trends over the last year across Oxfordshire, and how the Borads strategies have been impacting Oxfordshire residents.	Overview	Karen Fuller; Dr Chidgey-Clark
Oxfordshire Way Update	To be Fairer and Healthier	To receive an update, and scrutinise the development and future of the Oxfordshire Way	Overview and Scrutiny	Karen Fuller
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 (TBC)
Page 62 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
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				

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
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Recommendations:

Meeting Date	Item	Recommendation	Lead	Update/response
15-Jan-26	Oxfordshire Unpaid Carer Strategy	1. That the Council works with the newly commissioned partner to review the timings of the support on offer, to ensure support is available outside of main caring duty times and consider what asynchronous support could be offered in addition.	Karen Fuller; Isabel Rockingham	Rejected See agenda item 10
		2. That the Council gives further consideration to the use of the Carers ID card and its participation in lifestyle- offer schemes.		Rejected See agenda item 10
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	Presented to Cabinet May 2026

**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
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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
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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.	Karen Fuller; Fulya Markham	Update expected in Summer 2026
		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.		
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.	Karen Fuller; Sam Harper	Update expected in Autumn 2026
		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		

KEY	Update Pending	Update in Item	Updated
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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.		

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 requested¹ 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: Oxfordshire Unpaid Carer Strategy
Lead Cabinet Member(s): Cllr Bearder, Cabinet Member for Adults
Date response requested:² 17 March 2026

Response to report:

Enter optional text here

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. That the Council works with Carers Oxfordshire to review the timings of the support on offer, to ensure support is available outside of main caring duty times	Rejected	The Council has a comprehensive support offer delivered by Carers Oxfordshire.

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

<p>and consider what asynchronous support could be offered in addition.</p>		<p>The scheduling of assessments and individual work, such as carer’s assessments, is coordinated in consultation with carers to identify an appropriate time.</p> <p>Carers Oxfordshire facilitates and supports a variety of carer groups managed by external organisations throughout Oxfordshire. Each caring situation is unique, influenced by an individual's lifestyle, meal schedule, medication requirements, and other factors, meaning that timing suitable for one carer may not be suitable for another. Accordingly, group sessions are arranged based on participant feedback, venue accessibility, and staff availability.</p>
<p>2. That the Council gives further consideration to the use of the Carers ID card and its participation in lifestyle-offer schemes.</p>	<p>Rejected</p>	<p>A Carer ID issued by Carers Oxfordshire aims to help carers to show that they are an unpaid carer. This can be helpful in various situations including</p> <ul style="list-style-type: none"> • Identification when accompanying the person(s) they care for on medical appointments or when collecting medicines, • Notifying emergency services that someone depends on them, and who to contact in an emergency or crisis, • When they are or the person they care for are admitted as a patient at Oxford University Hospitals, • Identification to employers, education and training settings, • In the community and when you are seeing social care professionals. <p>Oxfordshire’s Carers ID is a recognition scheme and is not designed to be linked to savings or benefits. Businesses in Oxfordshire can link their offers to Carers ID should they wish.</p>

Overview & Scrutiny Recommendation Response Pro forma

		<p>There are various schemes, cards and concessions used in the UK to support unpaid carers. These include national benefit schemes such as Carer's Allowance, Carer's Credit and Carer Element of Universal Credit, and carer cards / identification schemes such as Carers Card UK, National Carers Card, and Discounts for Carers.</p> <p>Carers UK provides information on a range of information on discounts available for carers Carer savings hub Carers UK. Some establishments accept Carers UK membership as proof of being a carer, such as Better Leisure Centres in Oxfordshire.</p>
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