OXFORDSHIRE COUNTY COUNCIL

Notice of a Meeting

People Overview & Scrutiny Committee
Thursday, 18 September 2025 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	Judith Edwards	Georgina Heritage
	Will Boucher-Giles	Lee Evans	
	Imade Edosomwan	Rebekah Fletcher	

Date of Next Meeting: *6 November 2025*

For more information about this Committee please contact:

Committee Officer: *Scrutiny Team*
Email: *Email: scrutiny@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

September 2025

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 63 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 678,000 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 £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 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 1 - 6)

The Committee is recommended to **APPROVE** the minutes of the meeting held on 26 June 2025 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. 15/09/2025.

Requests should be submitted to the Scrutiny Officer at scrutiny@oxfordshire.gov.uk.

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

5. Oxfordshire Adults Safeguarding Board Annual Report (Pages 7 - 24)

Karen Fuller, Director of Adult Social Services, Dr Jayne Chidgey-Clark, Independent Chair of Oxfordshire Safeguarding Adults Board, and Steve Turner, Strategic Partnerships Manager – Adult Social Services, have been invited to present the Oxfordshire Adults Safeguarding Board Annual Report.

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. Age Well Update on Supporting Older People in Oxfordshire (Pages 25 - 36)

Karen Fuller, Director of Adult Social Services, Ian Bottomley, Deputy Directo of Integrated Commissioning Health, Education and Social Care (HESC), and Isabel Rockingham, Interim Head of Joint Commissioning – Age Well, have been invited to present an Age Well Update on Supporting Older People in Oxfordshire.

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. Committee Forward Work Plan (Pages 37 - 40)

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.

8. Committee Action and Recommendation Tracker (Pages 41 - 44)

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

9. Responses to Scrutiny Recommendations (Pages 45 - 50)

Attached is the Cabinet response to the People Overview and Scrutiny Committee report on Co-Production in Adult Social Care. 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, 26 June 2025 commencing at 10.00 am and finishing at 11.57 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 Bethia Thomas
Councillor Lee Evans
Councillor Rebekah Fletcher
Councillor Georgina Heritage

Officers:
Stephen Chandler, Executive Director for People
Karen Fuller, Director of Adult Social Services
Ansaf Azhar, Director of Public Health
Victoria Baran, Deputy Director for Adult Social Care
Sam Harper, Head of Learning Disability Provision Services
Debbie Montgomery, Oxford Contracts Delivery Manager for Oxfordshire Employment Services
Nicola Dyche, Strategic Commissioner for Workforce Adult Social Care
Jenny Taylor, Workforce Associate for County Print Finishers
Richard Doney, Scrutiny Officer
Ben Piper, Democratic Services Officer (Committee 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.

12/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Edwards as well as from Cllr Thomas who had anticipating substituting for her.

Apologies were also received from Cllr Bearder, Cabinet Member for Adult Social Care.

13/25 DECLARATION OF INTERESTS
(Agenda No. 2)

There were none.

14/25 MINUTES
(Agenda No. 3)

The Committee **APPROVED** the minutes of the meetings held on 20th March 2025, and 20th May 2025, as true and accurate records.

15/25 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were none.

16/25 OXFORDSHIRE EMPLOYMENT SERVICE REPORT
(Agenda No. 5)

Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director for Adult Social Care, and Sam Harper, Head of Learning Disability Provision Services, were invited to present a report on the Oxfordshire Employment Service.

Stephen Chandler, Executive Director for People, Debbie Montgomery, Oxford Contracts Delivery Manager for Oxfordshire Employment Services, Nicola Dyche, Strategic Commissioner for Workforce Adult Social Care, and Jenny Taylor, Workforce Associate for County Print Finishers, also attended to support the report and answer the Committee's questions.

The Director introduced the item highlighting the range of services emphasised the importance of the service.

The Deputy Director and the Head of Services gave a detailed overview to the Committee.

The Workforce Associate shared her journey with Oxfordshire Employment Service and County Print Finishers.

In discussion with the Committee, the following areas were explored:

- The projected employment outcomes for the internship programme and its increase from 52% to 65%. It was explained that the outcomes had been around 60% before COVID-19, dropped during the pandemic, and were now increasing again, with larger numbers of interns to begin with. Outcomes monitoring. The Oxford Contracts Delivery Manager explained that the Oxfordshire Employment Service maintained contact with individuals after they were placed in employment, usually on a monthly basis. The service did not have a fixed programme duration and continued to support individuals throughout their employment. The Connect to Work programme monitored sustained employment beyond six months as a key data metric.

- Members explored the scope of eligibility for the scheme, the capacity to grow the scheme, and the barriers preventing people from participating. The Head of Learning Disability Provision Services and Strategic Commissioner for Workforce Adult Social Care explained that the Connect to Work programme had a broad eligibility, including care leavers, ex-offenders, and people with mental health issues. They mentioned that the programme aimed to support 2000 people over five years, with funding of around £8.4 million. The main barrier identified was the need for more employers to participate and offer opportunities. The Oxford Contracts Delivery Manager noted a significant increase in demand for the service, and the Connect to Work programme would help address this by providing additional funding and resources.

  Members asked how the service worked with neighbouring authorities to support residents living near county borders. The Oxford Contracts Delivery Manager explained that Oxfordshire Employment Service supported individuals within Oxfordshire, but if someone lived close to another authority, they would coordinate with the nearest relevant service to provide support. This ensured that individuals received appropriate assistance without needing to travel long distances.

- Members raised concerns about the stability of the Oxfordshire Employment Services and Connect to Work programme, its funding, and about the potential disappearance of funding. The Director of Adult Social Services explained that the programme was funded by the Department for Work and Pensions (DWP) and was designed to be delivered over five years. She acknowledged that the funding was paid retrospectively based on delivery results, which required careful planning and execution. The Director expressed confidence in the government's commitment to the programme, noting that it was a priority and that the team was prepared to deliver results to secure the funding. However, she also mentioned that, if the funding were to disappear, the programme could not be delivered as planned.

- Members questioned whether applicants faced rejection from the scheme, how people who the scheme failed were supported, and how involved Oxfordshire County Council (the Council) had been in employing individuals as part of the scheme. The Oxford Contracts Delivery Manager explained that the scheme had a zero-rejection policy, meaning that if people wanted to work, they would be supported. However, there were eligibility restrictions based on funding streams, and if someone did not meet the criteria, they would be signposted to more appropriate services. For those whom the scheme failed, they were referred to other support services such as community connections, Oxford Health, Mind, and Aspire.

  Regarding the Council's involvement in employing individuals, the Oxford Contracts Delivery Manager mentioned that various departments within the Council had been supportive. For example, the IT department and customer services had successfully employed individuals from the scheme. The workforce associate added that many individuals who started at County Print Finishers

eventually moved to different departments within the Council, highlighting the Council's commitment to employing individuals from the scheme.

The Oxford Contracts Delivery Manager explained that the Supported Employment Quality Framework (SEQF) model ensured that individuals were paid the same as others in similar roles within the department. They verified this by obtaining wage slips and job descriptions to ensure parity. She mentioned that they had not encountered any instances where individuals supported by the scheme were paid less due to their disabilities.

- Members questioned how Oxfordshire Employment Services chose who to work with, particularly in relation to placements. The Oxford Contracts Delivery Manager explained that they conducted employer webinars twice a year and worked closely with large organisations such as Grundon and Thames Water to get them on board. The focus was on ensuring that employers supported their goals and visions. The Director of Adult Social Services added that the success of the programme depended on the collaboration with Oxfordshire employers.

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

- Officers would share the methodology of how employment targets were set by the Oxfordshire Employment Services and DWP

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

- That the Council should explore whether an accreditation scheme would be an effective strategy to encourage businesses to work with Oxfordshire Employment Services.

- That the Council should expand and enhance the work and scope of the Oxfordshire Employment Services.

17/25 COMMITTEE FORWARD WORK PLAN
(Agenda No. 6)

Karen Fuller, Director of Adult Social Services, Ansaf Azhar, Director of Public Health, and Stephen Chandler, Executive Director of People, were invited to advise the Committee as members devised their work programme.

The Chair asked when the CQC report would be available, but the Director of Adult Social Services was unable to confirm a date due to an embargo. The Committee showed interest in reviewing both the Oxfordshire Way and its adaptation alongside the Marmotisation of Oxfordshire. The Director of Public Health recommended focusing on how the Oxfordshire Way addresses high-need areas and rural inequality, highlighting its inclusion in the updated Health and Wellbeing Strategy's ten priorities.

Committee members also wanted to scrutinise issues such as homelessness, unpaid carers (noting their financial impact and the existing cross-sector strategy), and

suggested future collaboration with the Health and Wellbeing Board. Additional topics identified for scrutiny included:

- Adult social care partners
- Engagement with seldom heard groups
- NHS collaboration on mental health services
- The Learning Disability Strategy within the LGA peer review framework
- The Health and Wellbeing Strategy itself

The Committee **NOTED** the existing work programme and **AGREED** that the Democratic Services Officer should draft a detailed work programme, in consultation with the Chair, to be circulated before the next meeting.

18/25 COMMITTEE ACTION AND RECOMMENDATION TRACKER
(Agenda No. 7)

The Committee **NOTED** the Committee Action and Recommendation tracker.

19/25 RESPONSES TO SCRUTINY RECOMMENDATIONS
(Agenda No. 8)

There were none.

..... in the Chair

Date of signing .....

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Divisions Affected -

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
18 SEPTEMBER 2025

OXFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-25

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   i. Note the findings of the Oxfordshire Safeguarding Adults Board (OSAB) Annual Report 2024-25. It is a requirement of statutory guidance that this report is shared with the Local Authority hosting the Safeguarding Board in their area.

Executive Summary

2. The Oxfordshire Safeguarding Adults Board (OSAB) member organisations work to protect adults who have needs for care and support, making sure they are safe from abuse and neglect. This report covers what OSAB and its partners did between April 2024 and March 2025.

3. **What did OSAB do this year?**

- OSAB focused on four main things: improving how staff work, preventing abuse, checking the quality of safeguarding, and learning from past cases.
- The Board and its smaller groups met regularly to check progress and make sure everyone was working together.
- Most planned actions were finished on time, and any ongoing work is being tracked.

4. **What did the subgroups achieve?**

- **Policy and Practice:** Updated important safeguarding policies and created a new guide to help staff decide when to raise a safeguarding concern.
- **Quality Assurance:** Kept an eye on safeguarding data. There were more concerns reported this year, but this shows people are more aware and willing to speak up. The team also got better at helping people achieve the outcomes they wanted.

- **Engagement:** Made sure people with lived experience had a say, raised public awareness, and helped create a new Domestic Abuse Strategy.
- **Case Reviews:** Looked into serious cases and deaths among homeless people. Lessons learned were shared with staff, and OSAB's approach was recognised nationally as good practice.

5. **What did partner organisations do?**

- **Oxfordshire County Council:** Improved how quickly and well they respond to safeguarding concerns.
- **NHS:** Worked together to improve referrals, trained staff, and shared information better.
- **Police:** Set up a new team to help vulnerable adults and improved how they share information.
- **Fire & Rescue:** Included safeguarding in home visits and helped set up a group to support people who hoard.
- **District Councils:** Improved safeguarding in housing and community safety, and trained staff.
- **Healthwatch and Charities:** Made sure the voices of people using services were heard and helped raise awareness.

6. **What did we learn from case reviews?**

- Reviews showed the need for staff to be curious, work flexibly with people who are hard to reach, share information better, and act quickly.
- OSAB made changes based on these lessons, like improving how repeat concerns are flagged and making sure all agencies are involved in meetings.
- Reports from these reviews will now stay online for up to seven years so everyone can learn from them.

7. **How has safeguarding changed over 10 years?**

- Safeguarding is now much stronger, with better teamwork and more people knowing how to get help.
- There are new challenges, like more complex cases, more people needing help, and new risks such as self-neglect and online scams.
- The COVID-19 pandemic made things harder, increasing isolation and safeguarding concerns.

8. **What's next?**

- OSAB wants to make sure lessons and resources reach frontline staff, set up a formal risk register, work more closely with children's safeguarding, and focus more on preventing abuse before it happens.
- The Board will keep improving, learning, and working together to keep adults in Oxfordshire safe.

Annual Report - Introduction

9. The Oxfordshire Safeguarding Adults Board (OSAB) was established in April 2015 under The Care Act 2014. Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults with care and support needs in its area.

10. This report covers OSAB's work from 1 April 2024 to 31 March 2025, addressing:

- **Main Objectives & Strategic Plan Implementation** – What the Board and its subgroups did to achieve their goals.
- **Member Agency Actions** – Contributions each partner made to implement the strategy.
- **Safeguarding Adults Reviews (SARs)** – Findings from any reviews of serious cases and actions taken in response.
- **Decade in Review** – Notable positive and negative changes in adult safeguarding over the past 10 years.
- **Looking to the Future** – Suggestions for 2025-26 onwards.

Main Objective and Strategic Plan Implementation (2024–25)

11. **OSAB's Main Objective:** *"To safeguard adults with care and support needs in Oxfordshire by coordinating effective multi-agency action and ensuring continuous improvement in preventing and responding to abuse and neglect."* In 2024–25, OSAB pursued this overarching goal through a strategic plan focusing on **four priority areas**. These included improving frontline practice, enhancing prevention and engagement, strengthening quality assurance, and learning from experience. The Board updated its **Strategic Plan for 2024–2027**, incorporating feedback from members and progress on previous actions. This plan includes a roadmap for the year, aligning subgroup workplans and partner efforts with OSAB's main objectives.

12. **Board Meetings and Governance:** The OSAB and its subgroups met regularly to monitor progress against the strategy and workplans to drive implementation.

13. For example, at each Performance, Information & Quality Assurance (PIQA) meeting, the group reviewed data on safeguarding activity (e.g. number of concerns raised, types of abuse, outcomes) to identify trends and risks. The board observed that the average number of safeguarding concerns rose to around 676 by March 2025, indicating increased awareness and reporting. Care homes and provider agencies remained the top sources of safeguarding concerns coming into the system.

14. However, they also have one of the lowest conversion rates (the number of concerns that meet the criteria for a statutory safeguarding enquiry). The

person's own home remained the most likely place for a safeguarding incident to occur. referrals, and the Board urged all partners to create targeted prevention efforts accordingly.

15. All subgroups of the Board track delivery of their work via an **Action Log**. This log captured tasks from prior meetings (such as developing new policies, improving training, or completing reviews) and progress is requested for each meeting. The majority of actions were completed on schedule, and ongoing items (e.g. launching a risk register for the Board) were carried forward with clear deadlines.

16. The Full Board ensured **multi-agency collaboration** by having each subgroup Chair and partner agency report on their work. No significant inter-agency escalations were reported in this period, showing good cooperation. The Board's Independent Chair and the recently appointed **Independent Scrutineer** provided external oversight, challenging the Board to keep improving. For instance, the Scrutineer highlighted areas for potential improvement such as formalising a Board risk register. They have also led on work to develop principles for working with people who are self-neglecting by drawing on both academic research and the experience of local practitioners.

17. **Subgroup Activities:** OSAB carries out much of its work through specialised subgroups. In 2024–25, these subgroups were very active in implementing the strategic plan:

Policy, Practice & Procedure Subgroup

18. This subgroup (chaired by Thames Valley Police) led on updating local safeguarding policies to reflect best practice. A major piece of work was revising the old "Thresholds" guidance into the new **Safeguarding Adults Consideration (SAC) Framework** to aid professional decision-making. The document is a tool to help professionals understand what may constitute a safeguarding concern requiring a referral into the Local Authority, who have responsibility for conducting safeguarding enquiries. Members agreed to replace the term "thresholds", which was felt to be limiting, with this new framework emphasising professional judgement. By September 2024, the SAC Framework was finalised and launched on the OSAB website.

19. The subgroup also undertook a comprehensive review of multi-agency safeguarding procedures, adapting the Pan-London policy to suit the Oxfordshire context—a significant undertaking given the document's length of 146 pages. In order to manage this process efficiently, responsibilities were allocated among participating agencies, with a six-week deadline established for completion of the final revisions.

20. **As a result** key policies were updated or in progress by year-end, including a revised **Self-Neglect and Hoarding Policy** (with consideration to split it into separate policies for clarity). The subgroup focused on how to effectively communicate these changes to frontline staff; for example, members agreed to issue communications briefs and use practitioner forums to embed the new SAC Framework terminology.

Performance, Information & Quality Assurance (PIQA) Subgroup

21. PIQA monitored safeguarding data and performance indicators across the partnership. In 2024–25, they noted a **steady increase in safeguarding concerns** being reported – on average 30 per day, spiking to 40–60/day early in the week, which put significant strain on teams. The subgroup drilled into data such as sources of referrals, with provider agencies, care homes, Police and South Central Ambulance Service (SCAS) consistently being the highest referring cohort, and urged the Board and subgroups to target efforts based on these insights. This resulted in reports to PIQA from SCAS and Police about their efforts to understand and then reduce the numbers of unnecessary concerns coming into the system. The impact of this will be monitored through 2025-26.

22. Under the leadership of the County Council's Head of Services for Adult Safeguarding, several quality improvements were implemented within Adult Social Care: by early 2025 the team was **meeting required timescales** for allocation of enquiries for investigation. This resulted in more timely Section 42 enquiries and better outcomes tracking – in fact, the Board was pleased to see the proportion of cases where the adult's desired outcomes were achieved rose to 90%, a significant improvement over the previous years (for example, the rate was 72% in 2018-19). PIQA also oversaw specific audits (e.g. on Mental Capacity assessments in complex cases, and on repeat referrals involving self-neglect) and ensured learning from these audits fed into frontline practice. By February 2025, the data was beginning to show the positive impact of these changes, with improvements in meeting target times for safeguarding processes. The Board recognised self-neglect as a growing area of concern and discussed it alongside hoarding, instructing the Policy subgroup to refine guidance and training on this topic during 2025-26. Additionally, the Board created the Principles of Self-Neglect Task and Finish group to better create a more focussed understanding of self-neglect within safeguarding.

Engagement & Inclusion Subgroup

23. The Engagement subgroup works to ensure that the Board hears from the community and raises awareness of adult safeguarding. During 2024–25, this subgroup carried out a range of activities, outlined below.

24. It facilitated input from **people with lived experience**. For example, representatives from My Life My Choice (a local self-advocacy group) attended and contributed. They offered to help create **easy-read materials** for the public to explain safeguarding, ensuring accessibility (noting a small charge for this service). This led to a plan for a public-facing, plain English summary of the Annual Report, which members agreed was important for transparency. This plain English summary will be trialled with this year's Annual Report and published on the OSAB website.

25. The subgroup members shared "current safeguarding issues" from their perspectives. One meeting discussed the new **"Right Care, Right Person"**

approach (a national initiative clarifying which agency should respond to certain welfare situations). Members debated its local impact – for instance, whether it affected police willingness to conduct welfare checks. Some had positive experiences after additional training e.g. city council staff saw improved responses by directing calls appropriately). Others noted concerns about occasional gaps such as difficulty getting police to attend some welfare calls. These insights were fed up to the Board so that any multi-agency issues, like clarification of roles, could be addressed.

26. Partner agencies in this subgroup also reported on **public awareness campaigns** and training. Healthwatch Oxfordshire and Age UK, for example, participated in spreading safeguarding messages to the public, while many subgroup members organised activities during National Adult Safeguarding Week in November. The subgroup emphasised explaining "what is safeguarding" in simple terms. Following public consultation about the Annual Report, they recommended that it should include data about the prevalence of the different types of abuse reported in Oxfordshire, the outcomes of safeguarding interventions, and trends over time. This reflects the subgroup's role in making safeguarding work understandable to the general public and service users.

27. **Co-production progress**: The subgroup took on an action to assist in co-producing Oxfordshire's new Domestic Abuse Strategy with input from those with lived experience with domestic abuse (working alongside Public Health). By involving lay members and advocacy groups, they aimed to ensure strategies are informed by real experiences.

Safeguarding Adults Review (SAR) Subgroup

28. This subgroup oversees reviews of serious cases to identify learning. It also reviews cases of deaths of homeless individuals, known locally as Homelessness Mortality Reviews (HMRs), which are conducted under the discretionary SAR process. They are carried out like this to ensure there is a robust legal framework for the Board conducting the review and to give the reviews an equal standing to any other case review the Board conducts.

29. In 2024–25 the SAR Subgroup considered several referrals for review and steered ongoing review processes. The **findings from case reviews** are in their own section of the report below.

30. The subgroup examined new cases to decide if they met the criteria for a formal Safeguarding Adults Review. For borderline cases, they introduced a structured scoping form to gather more information and ensure consistent decisions.

31. **National recognition:** OSAB's approach to SARs and HMRs has been cited positively beyond Oxfordshire. The Independent Scrutineer reported that the joint SAR/HMR process received national recognition for effective practice. The work around HMRs has also been noted as good practice by the Ministry for Housing, Communities & Local Government (MHCLG). This suggests that

the Board's learning and review mechanisms are considered a model, thanks to clear processes and active partner engagement.

32. By year-end, the subgroup had several review reports either completed or nearing completion. **All findings from reviews were translated into action plans** for the agencies involved. The Board also incorporated all the learning into the **Learning from Reviews Workshops** to help disseminate learning from reviews to a broad audience of frontline professionals. For example, one action from a recent SAR was to update the Board's **escalation policy** to higher management when agencies aren't attending important multi-agency meetings – a gap identified in a review. This update was implemented so that in future, if a critical partner is missing from safeguarding discussions, it is quickly raised to senior managers to avoid communication breakdowns.

33. ***In summary, OSAB and its subgroups actively worked on their main strategic priorities throughout 2024–25.*** They revised and rolled out key policies, scrutinised performance data to drive improvements, engaged communities and service-users in safeguarding, and conducted reviews to learn from serious cases. **Progress was monitored and documented** through the Board and the groundwork laid this year (policy updates, frameworks, and identified improvements) positions the Board to continue strengthening safeguarding practice in line with its objectives.

Actions by Each OSAB Member to Implement the Strategy

34. OSAB is a multi-agency partnership, including Oxfordshire County Council (Adult Social Care), NHS Integrated Care Board and provider trusts, Thames Valley Police, District Councils, Fire & Rescue, Healthwatch, and voluntary sector organisations (like Age UK), among others. **Member agencies took concrete steps in 2024–25 to deliver the Board's strategy in their own sphere.** Some of the notable contributions are outlined below:

35. **Oxfordshire County Council (Adult Social Care):** The Council's adult safeguarding team made significant operational improvements this year, addressing issues that align with OSAB's priorities on effective practice. Under the Head of Service for Adult Safeguarding, the team instituted daily check-in meetings to review new concerns and ensure prompt action. Staff were required to spend more time in the office (three days a week) to facilitate better team communication and oversight of decisions. By late 2024, this had led to faster turnaround on safeguarding enquiries and improved consistency. **Result:** By the February 2025 PIQA meeting, the Council reported that its safeguarding team was "in a strong position" – motivated staff, recent specialist training completed, and adherence to statutory timescales now being achieved. If a referring partner wasn't getting feedback, they were encouraged to contact the manager directly – demonstrating a new openness to resolving issues quickly. These actions by the Council fulfil strategic aims around **strengthening safeguarding processes** and **Making Safeguarding Personal**, as evidenced by the rise in outcomes achieved and positive staff feedback.

36. **NHS Health Partners:** Health organisations on the Board (the Buckinghamshire/Oxfordshire/Berkshire West Integrated Care Board, Oxford University Hospitals NHS Trust, Oxford Health NHS Trust, South Central Ambulance Service, etc.) contributed through both system-wide initiatives and internal improvements. For instance:

- **Healthcare Safeguarding Leads Collaboration:** The designated safeguarding leads from the hospital trust – Oxford University Hospitals, (OUH) and community/mental health trust (Oxford Health) worked together on difficult issues such as improving the "conversion rate" of safeguarding concerns into Section 42 enquiries. An action was agreed for the OUH lead, Oxford Health lead, and Council manager to meet outside OSAB meetings to develop a plan to improve appropriate referral conversions. This indicates health partners actively engaging in quality improvement in line with the Board's performance priorities.
- **Training and Awareness:** Oxford Health ran Mental Capacity Act (MCA) training and focused on professional curiosity in safeguarding – a theme flagged by the Board. OUH ensured its staff received updates on referral pathways (like when to involve social care versus police, in line with *Right Care, Right Person* guidance discussed at OSAB). The Integrated Care Board's Adult Safeguarding lead presented data and insight to the PIQA subgroup and championed issues like reducing DoLS (Deprivation of Liberty Safeguards) backlogs, which relates to one of the Board's strategic priorities around law compliance and risk management. Health partners also strengthened **information-sharing**: one achievement was the circulation of a new information-sharing agreement to clarify what can be shared between agencies for safeguarding.
- **Service Improvements:** Specific improvements were reported, such as the **South Central Ambulance Service (SCAS)** revising its safeguarding referral form to be more effective in triaging the type of concern.

37. **Thames Valley Police:** The police, as a core OSAB member, took forward multiple initiatives supporting the Board's strategy of prevention and protection of adults:

- They established a new **Harm Reduction Unit (HRU)** focusing on cases involving vulnerable adults who may be involved in or victims of crime and anti-social behaviour. In late 2024, this unit became fully operational, with dedicated officers and new processes to better link police intelligence with partner agencies. For example, the HRU launched "Custody 25", a project embedding part-time link workers and navigators in police custody suites (in locations including Abingdon and Banbury). These workers help identify detained individuals with possible care/support needs or neurodiversity (like

ADHD) and connect them to services – even providing on-the-spot aids like distraction packs in custody to calm those with vulnerabilities. This directly advances OSAB's objective of safeguarding adults in all settings, by intervening early during criminal justice contact.

- The police also improved **information-sharing and transparency** with OSAB. A Detective Chief Inspector now regularly updates the Board on police safeguarding referrals. Additionally, the force addressed backlogs in processing domestic abuse disclosures (Clare's Law requests).

- On a strategic level, the Police representative (who chaired the Procedures subgroup) championed cross-cutting improvements like the new accolades procedure (to recognise good practice) and ensuring **alignment with the Children's Partnership.** The Independent Scrutineer highlighted the need for better links between the Adult Safeguarding Board and Children Safeguarding Partnership post some structural changes, and police along with other members agreed to explore joint approaches where appropriate. This reflects a forward-looking stance to implement the Board's plan in a holistic way.

38. **Oxfordshire Fire and Rescue Service:** The Fire & Rescue Service contributed to OSAB's strategy mainly through prevention and outreach. The Partnerships & Safeguarding Manager at Fire & Rescue actively participated in the Engagement and PIQA subgroups. Firefighters continued to incorporate adult safeguarding checks into their **Safe and Well visits** in people's homes – if crews encountered an at-risk adult (for instance, someone showing signs of self-neglect or confusion) during fire safety checks, they made safeguarding referrals as needed. This year, Fire & Rescue's safeguarding lead worked with the Board to ensure their referral pathways were aligned with the new SAC Framework (so that fire personnel use the updated guidance on levels of risk). They also helped address issues around **hoarding**, which is both a fire hazard and a safeguarding concern. Fire officers are often first to spot hoarding; hence Fire & Rescue co-founded a new **Hoarding Support Group** with council and health colleagues in Cherwell district to coordinate support for individuals who hoard. This on-the-ground action directly implements the Board's strategic aim of early intervention and partnership working for complex cases.

39. **District and City Councils:** The district councils (Cherwell, South Oxfordshire, Vale of White Horse & West Oxfordshire) and Oxford City all sit on OSAB and made important contributions, particularly in housing and community safety – key factors in adult safeguarding:

- **Housing and Homelessness:** With the rise in safeguarding concerns related to homelessness (as highlighted by OSAB's Homelessness Reviews), the districts stepped up coordination. For example, Oxford City Council's Community Safety Manager raised the profile of safeguarding within

community safety partnerships, ensuring that vulnerable adults (like rough sleepers) are discussed at both housing forums and OSAB.

- **Local Initiatives:** Cherwell District led on the aforementioned hoarding pilot project, bringing together mental health, environmental health, and housing staff to engage a person with extreme hoarding behaviour (the success of which was shared as a case study at the Board). Their efforts resulted in a grant to help in hoarding cases and development of a multi-agency hoarding protocol. Such ground-level initiatives by council members directly implement OSAB's objective to **prevent harm by multi-agency collaboration**.
- District council officers also ensured training for their staff (like housing officers) on identifying and reporting safeguarding issues was up to date. They outlined actions such as improved safeguarding referral processes in housing departments and joint visits with police for complex anti-social behaviour cases where adults at risk were involved.

40. **Healthwatch Oxfordshire:** As the consumer champion for health and care, Healthwatch ensured the **voice of service users** remained in focus. In OSAB meetings, the Healthwatch representative reminded the Board to consider the experience of adults going through safeguarding processes. This aligned with the Board's strategic aim to hear from those with lived experience. Healthwatch's push for plain language also influenced the Board to commit to a **Plain English Annual Report summary**, making the Board's work more transparent to the public.

41. **Voluntary Sector Partners:** Age UK Oxfordshire and other voluntary partners like Connection Support and My Life My Choice played critical roles:

- They acted as a **bridge to the community**, bringing issues from people we support to OSAB's attention (e.g. My Life My Choice highlighted difficulties people with learning disabilities face in safeguarding processes, and Connection Support flagged systemic issues encountered in supporting a client which led to a SAR referral).
- Voluntary partners also delivered parts of the strategy by **outreach and empowerment**. For example, Age UK held community awareness sessions about financial abuse prevention and provided feedback to the Board on older persons' safeguarding needs. Connection Support, which works with people facing housing crises, improved its internal protocols as noted and shared that learning through OSAB to encourage other providers to do the same.
- These organisations often piloted innovative support approaches: one member (**Elmore Community Services**) reported to the Engagement subgroup on a new community-based approach to engage isolated individuals early to help reduce loneliness, aligning with OSAB's prevention objective.

42. The synergy of these efforts is evident – for instance, while the Council improved internal safeguarding response times, the NHS trained staff on

recognising abuse, the Police intervened earlier with at-risk individuals, and community partners offered advocacy and feedback loops. All these contribute to the common strategic goal: **better safeguarding outcomes through effective partnership**.

43. Notably, joint working between agencies increased. A good example is how partner agencies responded to **self-neglect**: The sharp rise in self-neglect cases (often involving elements of hoarding or substance misuse) prompted a unified response. Social care, healthcare, mental health, fire service, and housing all coordinated under OSAB's guidance – updating the Self-Neglect and Hoarding Policy together, sharing, and ensuring frontline teams across organisations knew what support to offer. This collaborative approach by all members exemplifies implementing the Board's strategy in unison.

Findings of Safeguarding Adults Reviews (SARs) and Subsequent Actions

44. During 2024–25, OSAB conducted or continued several Safeguarding Adults Reviews and Homelessness Mortality Reviews. **These in-depth reviews examine cases where an adult tragically died or was seriously harmed, and multi-agency lessons can be learned.** The key findings and the actions taken as a result are summarised below. All published reports can be accessed on the OSAB website, and a learning compendium is being developed to bring together all the learning from all reviews (from this and past years) to form a single reference document for professionals.

45. **Learning Themes:** Across the SARs/HMRs considered this year, some common themes emerged:

46. **Quality of Frontline Practice:** SARs reinforced the importance of professional curiosity and not taking things at face value. For instance, in one case, it was noted that having a system flag for individuals who are referred multiple times might have prompted professionals to dig deeper into recurring issues. Learning from this, the Board has requested the Local Authority to explore enhancements to case management systems to better highlight repeat concerns.

47. **Working with "difficult to engage" individuals:** Several reviews involved adults who either declined services, had chaotic lifestyles, or mental capacity fluctuating due to substance misuse. Reviews found that traditional approaches sometimes weren't effective. Consequently, OSAB partners are adopting more flexible engagement strategies – for example, using outreach navigators (as the police Harm Reduction Unit does) or multi-agency case conferences, and ensuring that if one agency can't engage someone, another (with a trusted relationship) takes the lead. In the BD case, positive feedback on the persistence of outreach teams was highlighted, encouraging all agencies to persist creatively with hard-to-engage clients.

48. **Information Sharing and Coordination:** Gaps in communication were a finding in at least one SAR – e.g. occasions when important information wasn't passed between agencies promptly, or key agencies (like ambulance services or certain care providers) not being fully involved in planning. The Board has quickly addressed this by updating protocols. By March 2024, an agreement on inter-agency information sharing was drafted and circulating for sign-off. Also, OSAB emphasised the expectation that all relevant agencies attend safeguarding meetings or otherwise contribute; if not, it should be escalated to ensure continuity of care.

49. **Timeliness of Interventions:** Delays in services being put in place or assessments being conducted were identified as a factor in worse outcomes. While some systemic issues like waiting lists are challenging, the OSAB used its influence to push for faster responses where this is possible. For example, Oxford Health reviewed how they manage their waiting list for complex needs and consider if interim support can be given while waiting.

50. **Hoarding and Self-Neglect:** A specific insight came from cases of severe self-neglect/hoarding. A SAR highlighted that such cases benefit from a **multi-disciplinary approach** and strong legal literacy on the part of organisations so they are aware of the fill range of legal powers that can be used to protect the person. Oxfordshire's SARs echoed national findings that self-neglect cases need a skilled, relationship-based approach. In response OSAB updated the Self-Neglect and Hoarding Policy (reviewed in January 2025) incorporated SAR lessons – for example, OSAB created clearer guidance on assessing mental capacity over time for people who self-neglect due to addiction and mapped out all available support services so practitioners know what to try next if initial offers are refused. The Board also decided to split Self-Neglect and Hoarding into distinct sections/policies, acknowledging that while related, each can occur independently and may require tailored strategies. As noted earlier, a hoarding task group was set up and a partnership grant is being used to directly help individuals (one outcome of a case review where housing and mental health sectors realised more practical help was needed).

51. **Mental Capacity and Consent:** Some SAR cases involved questions about mental capacity and the balance between respecting an adult's choices and protecting them. Reviews found instances where assessments of capacity were done, but perhaps needed revisiting as circumstances changed. For example, when early stage dementia or other circumstance where fluctuating capacity was a factor, capacity should be assessed more than once.
Subsequent actions: OSAB disseminated a reminder of the 2021 Alcohol Change UK guidance on assessing capacity in people with alcohol dependence to front-line teams. The Board's Learning & Development subgroup (in discussions about its future) identified that **cross-training** with the Children's Board on issues like executive capacity and self-determination

could be useful, given similar challenges in adult self-neglect and youth contexts. This will feed into future training plans.

52. **Agency-Specific Improvements:** Each SAR produces recommendations for specific agencies. All OSAB member organisations have taken these seriously:
    - For example, **Probation Service** involvement in a case led to a reflection on record-keeping; Probation committed to refresher training for officers on documenting and flagging safeguarding concerns.
    - In one review, the **Police** recognised that on some occasions officers did not submit safeguarding alerts to the county's MASH when attending incidents. As a result, the Police representative agreed to meet with the Detective Inspector in charge of domestic abuse to ensure officers are reminded and supervised in making those referrals every single time. That action was recorded and is being tracked by the SAR subgroup.

53. **Publication and Dissemination:** OSAB decided this year to **extend the availability of SAR reports** on its website. Previously, published reports were taken down after 18 months per an old policy. The Board reversed this, agreeing to keep past SAR reports online for up to 7 years so that lessons remain accessible to practitioners and the public over a longer period. This came from a question raised by a Board member and demonstrates OSAB's commitment to openness and ongoing learning. Additionally, an **"easy-read" or summary version of SAR reports** is considered when appropriate, to share findings with family members and people accessing our services in a sensitive, understandable way.

54. **In summary, the SARs and other reviews undertaken in 2024–25 yielded critical lessons, which OSAB has acted upon diligently.** Many of the "further actions" mentioned in this section – improving flagging of repeat concerns, faster multi-agency escalation, better communication of changes to frontline staff – have already been set in motion via the Board's action plans. The Board recognises that the real measure of success is seeing practice change on the ground as a result of these reviews. To that end, OSAB held a series of **Frontline Practitioners Learning Events** (the Learning from Reviews Workshops referenced earlier) during the year (noted by the Independent Scrutineer as being well-received) where case studies and SAR findings were discussed with operational staff. This kind of direct dissemination is being built into the Board's routine. The Independent Scrutineer will continue to monitor how well these SAR lessons are being implemented and will report to OSAB on any gaps. Overall, the SAR process is a cornerstone of OSAB's strategic plan implementation – ensuring the Board not only responds to incidents but turns them into opportunities to prevent future harm.

Changes Over the Last 10 Years

55. Over the past decade, the landscape of adult safeguarding in Oxfordshire (and nationally) has evolved significantly. **Overall, the trajectory has been one of improvement and expansion in safeguarding, but is accompanied by new challenges.** Key changes include:

Positive Developments:

56. **Stronger Statutory Framework:** Ten years ago, Safeguarding Adults Boards were just becoming a statutory requirement (with the Care Act 2014). Since then, OSAB has matured into a well-established body with clear roles. The introduction of an Independent Chair and now an Independent Scrutineer, and defined subgroups, has professionalised safeguarding governance. This has led to more consistent multi-agency collaboration than a decade ago, when arrangements were more ad-hoc.

57. **Increase in Awareness and Reporting:** Public and professional awareness of adult safeguarding has grown greatly. In 2015, many cases of abuse or neglect likely went unreported due to stigma or lack of knowledge. Now, mandatory training in organisations and public campaigns mean people recognise and report concerns more readily. The data reflects this: safeguarding concern rates have risen (to 676 in March 2025), but this is considered a positive in terms of visibility – "It's better to light a candle than curse the darkness." People know help is available, which is a success of years of engagement work.

58. **Better Outcomes for Individuals:** The approach to safeguarding has shifted to be far more person-centred. The push for Making Safeguarding Personal (MSP) in the last decade is paying off – as noted earlier, 90% of individuals or their advocates are now being asked about and achieving the outcomes *they* want from the process. Ten years ago, the focus might have been more on process than outcomes; now the conversation with the adult is central. There are many examples where individuals have been empowered – e.g., an adult at risk being supported to make choices about their living situation rather than agencies deciding for them. This cultural change is a huge positive shift.

59. **Multi-Agency Working & Information Sharing:** A decade back, different agencies often worked in silos due to data protection fears or lack of forums to meet. Today, there is far more *real-time* collaboration – the Multi-Agency Safeguarding Hub (MASH) has been embedded, joint training occurs, and there's a far clearer **protocol between OSAB, the Community Safety Partnership, and the Health & Wellbeing Board** mapping each other's roles (established in 2014 and built upon). The result is less duplication and fewer cases "falling through the cracks" between agencies than in the past.

60. **Addressing New Topics:** Over 10 years, OSAB has broadened its scope to address emerging issues. For example, financial scamming of elders, online abuse, modern slavery and exploitation, and domestic abuse in adults with care needs are now firmly on the Board's agenda – topics that would have

been less discussed a decade ago. The Board's involvement in homelessness mortality reviews is another example of how safeguarding practice has extended into non-traditional areas to protect very vulnerable groups.

Next Steps and Further Work

61. **Higher Demand and Complexity:** As highlighted, the volume of safeguarding concerns has increased substantially over the decade. While partly due to better reporting, it also reflects real rising need – aging population with complex health issues, mental health and addiction issues becoming more apparent. The cases OSAB deals with now often have multiple intersecting issues for example, an older person with dementia *and* an unpaid carer who is struggling, possibly leading to neglect. Managing these layered complexities can stretch services.

62. **Resource and Workforce Pressures:** Over the last 10 years, austerity measures and budget constraints in public services have undoubtedly impacted safeguarding. Local authority budgets for adult social care have been tight, NHS services are under strain, and voluntary sectors have had funding uncertainties. Turnover of experienced staff is an issue and the recruitment and retention of care staff and social workers remain a challenge into 2025. OSAB partners have done admirably to "do more with less," but the strain shows, for example, in waiting times in some services.

63. **New Types of Risk:** Some negative trends emerged in society that affect safeguarding. For instance, **self-neglect** was not even formally recognised in policy until about 2014; now it constitutes a large proportion of cases and is very challenging to resolve. Similarly, the growth of **county lines drug trafficking** over the past 10 years has drawn vulnerable adults into exploitation, requiring safeguarding responses in scenarios that previously would have been seen purely as criminal or social issues. Technology, too, has introduced risks like online scams or abuse via social media that weren't on the radar before. The safeguarding system has had to catch up to these, sometimes after harm has occurred.

64. **Pandemic Impact:** As reported in the LGA's COVID-19 Adult Safeguarding Insight Project work, it is worth noting the COVID-19 pandemic had lasting negative effects on adult safeguarding. Isolation increased, some services became remote, and hidden harm likely grew. Locally, the OSAB's data in the years since shows elevated concerns around self-neglect and mental health, arguably aggravated by the pandemic's social aftermath. This event stands out as a significant setback for adults with needs for care and support, and it will require ongoing action to mitigate its effects (for example, rebuilding social support networks).

65. **Expectations and Accountability:** There is greater scrutiny on safeguarding now (which is positive), but it means agencies face higher expectations with limited means. For example, every SAR brings a spotlight. In the last decade, media and regulatory attention on adult safeguarding failings (such as high-

profile neglect cases nationwide) have increased pressure. OSAB has to maintain public confidence that adults are safe, which is an ever-demanding task as complexities grow.

66. In reflecting on these changes, OSAB has shown it can adapt – the Board today is more proactive, data-informed, and collaborative than it was 10 years ago. However, challenges such as sustaining the workforce, preventing burnout, and innovating within tight budgets are ongoing.

Looking to the Future

67. While OSAB made solid progress this year, the Board is candid about areas needing further development. The Scrutiny Committee's interest in future actions is timely, as OSAB itself has identified and begun to address several key improvements for the coming period:

68. **Improve Frontline Awareness of Lessons and Resources:** A recurring point in Board discussions was ensuring that all the good work on policies, procedures, and SAR findings actually reaches front-line practitioners in an impactful way. There remains some uncertainty at the frontline about new initiatives – for instance, a **Learning-from-Practice** survey suggested some staff weren't sure how lessons from subgroups are shared with them. OSAB should continue to strengthen communication channels: more briefings, newsletters, or short videos could reinforce new policies (like the SAC Framework) and learning points from reviews. Frontline staff feedback mechanisms (such as regular practitioner forums or feedback forms after using new guidance) can help the Board gauge what's working or needs clarification. Essentially, *closing the loop* on learning is a top priority going forward.

69. **Establish a Formal Risk Register:** The Independent Scrutineer recommended OSAB develop a **Risk Register** to log and monitor risks to the Board's objectives. This would include, for example, risks like "High volume of referrals exceeding capacity" or "Lack of SAR authors" or "Changes in partner funding affecting safeguarding resources". By having a risk register, the Board can proactively manage these – assigning owners to each risk and mitigation plans (like recruiting more specialist staff or seeking funding for certain initiatives). The Board agreed and in January 2025 tasked all members to send in thoughts on key risks, for the Strategic Partnerships Manager to compile a draft register. The suggestion here is to expedite this: the Scrutiny Committee could support by asking for a status update on the risk register at the next review. This tool will improve OSAB's strategic oversight and resilience.

70. **Deepen Partnership with Children's Safeguarding Partnership:** Changes in the children's safeguarding arena were noted, specifically restructuring of the Oxfordshire Safeguarding Children's Partnership (previously Oxfordshire Safeguarding Children's Board). This was done after an extensive review of the statutory requirements laid out in guidance for local children's

safeguarding partnerships. Given many issues like transition from children's services to adult services, domestic abuse in families, or contextual safeguarding (like exploitation) span both groups, the OSAB would benefit from closer ties. A further action is to formalise regular information exchange or even joint projects with the Oxfordshire Safeguarding Children Board. One idea is a **joint annual conference on a cross-cutting theme**. Reviving this discussion now the OSCP has been restructured would be valuable, as it reinforces holistic family safeguarding approaches.

71. **Focus on Prevention and Early Intervention:** The data indicates more people are being safeguarded, which is good, but prevention could stem the tide. OSAB should build on its Engagement subgroup work to launch **public awareness campaigns** especially targeted at prevention of scams, financial abuse, and self-neglect. For example, a county-wide campaign on self-neglect (signposting how people can seek help early, perhaps via GPs or community groups) could be beneficial given the spike in cases. Also, continue expanding initiatives like the hoarding support network – and evaluate if similar networks are needed for other issues (like for care providers to share learning on frequent falls or pressure ulcer safeguarding referrals, etc.). The more the Board can help agencies problem-solve early, the better outcomes for individuals.

Final Thoughts

72. Over the past year (2024–25), OSAB and its partners have worked diligently to meet their main objective: safeguarding Oxfordshire's vulnerable adults by implementing a robust strategic plan. They achieved a lot – from policy reform and enhanced training to direct action from reviews – and this directly benefited adults in our county (e.g. quicker help, more person-centred support). Each member agency played its part, demonstrating the strength of a multi-agency approach. The Board has also been candid in self-reflection, identifying what needs to improve.

73. Going forward, the recommendations and further actions highlighted in this report – better frontline communication, establishing a risk register, addressing resource gaps, and reinforcing prevention – should form the focus of OSAB's work in the next year. The Scrutiny Committee can take confidence in OSAB's positive trajectory and provide support by monitoring these developments and helping unblock any barriers (such as advocating for resources or inter-agency cooperation as needed). With continued commitment, learning, and partnership, Oxfordshire's Safeguarding Adults Board will be well-equipped to handle both present demands and future challenges, ensuring adults at risk are supported and protected effectively.

Staff Implications

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

Equality & Inclusion Implications

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

Sustainability Implications

76. There are no sustainability implications.

Risk Management

77. [The report needs to show how risks and opportunities to the Council have been considered as part of the development work - particularly for a policy decision, strategy or project involving major change. The report needs at least to include a summary of the assessment and of any action to be taken to minimise risks. A more detailed risk assessment for major change or complex proposals should be made available (eg in the Members' Resource Centre). For guidance on the scope and process of risk management see Risk Management]

Consultations

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

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September 2025

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
18 September 2025

Age Well update on supporting older people in Oxfordshire

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   i. Consider the support provided by the Council to enable older people to live independently and in their own communities for longer, and how this relates to the Age Well priorities of Oxfordshire's Health and Wellbeing Strategy and our strategic vision, the Oxfordshire Way.

   ii. Note the impact of the Local Area Coordination and Community Capacity Grants programmes.

Executive Summary

2. Oxfordshire County Council commissions a range of services and programmes to support the delivery of the Health and Wellbeing Strategy priorities and Oxfordshire Way vision. This paper gives an overview of some of these services and how they deliver our strategic priorities to support independence and build community capacity, focusing specifically on Local Area Coordination and Community Capacity Grants.

Background

3. The Age Well priorities in the Oxfordshire Health and Wellbeing Strategy 2024-2030 focus on two main areas:
   (a) Supporting older residents 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.

4. When older people stay healthy and active, they're better able to maintain strong social relations, continue to actively contribute to their community, and spend time in nature, benefiting society as well as their health and wellbeing. This also reduces the risk of social isolation, loneliness, dementia and falls. We focus on supporting the physical and mental wellbeing of older people and enabling them continue engaging with activities they love for longer.

5. The Health and Wellbeing Strategy aligns with the principles of the Care Act 2014, which mandates local authorities to provide services that help people maintain their independence and wellbeing, preventing or delaying serious care needs. This can be achieved through various ways including early intervention, information, advice, and support services that help them retain their skills, confidence, and independence for as long as possible.

6. Oxfordshire County Council's strategic vision for Adult Social Care, the Oxfordshire Way, is based on helping people live independent and healthy lives for as long as possible. We adopt a 'Home First' approach, wherein we support people to leave hospital as quickly as possible and provide them with the necessary support, such as reablement – short term support at home to help people regain their independence – and provision of equipment, to remain at home. We work with people, their families and communities focusing on their strengths and assets, thinking what people can do, not what they cannot. We work together to help them find solutions that work for them, avoiding the need for formal home care or residential care home support.

7. The Better Care Fund (BCF) is one of the key enablers for delivering the ambitions outlined in the Oxfordshire Way and the Health and Wellbeing Strategy. The fund supports local systems to deliver integrated services across health and care in a way that supports person-centred care, sustainability and better outcomes for people and carers. Our BCF plan for 2025/26 focuses on ensuring that more people can stay at home and live independently in their own communities. This includes preventing people from being admitted to hospital, such as through investing in support for people at risk of falls, and where they are admitted, supporting them to return home as quickly as possible.

Older People in Oxfordshire

8. There are 137,067 people aged 65 and over in Oxfordshire, which is 18.3% of total population (as compared to 19.8% in South-East England, and 18.7% in England).

9. The proportion of older people in total population is increasing: According to the Oxfordshire Joint Strategic Needs Assessment, over the past 20 years (between 2001 and 2021), the population of Oxfordshire increased by 20% where the older age group, aged 65 and over, increased by 48%. All districts - other than Oxford City - have seen a substantial increase in the older 65+ population. Predictions show this trend continuing, with significant growth in the older population, particularly those aged 85 and over.

10. Oxfordshire is also the most rural county in the South East region. Rural districts have a much higher proportion of older people than Oxford City. Currently, older people aged 65+ made up 20% of the estimated population of South Oxfordshire, Vale of White Horse and West Oxfordshire, 17% of Cherwell, compared with 12% of the population of Oxford City.

11. Department for Health and Social Care (DHSC) data shows that healthy life expectancy in Oxfordshire is statistically better than the national average. For both men and women, Oxfordshire has the highest healthy life expectancy at birth among the 16 Local Authorities that are similar to Oxfordshire). However, there is a 10-year life expectancy gap between areas of highest and lowest deprivation in Oxfordshire which illustrates that health inequalities remain an issue.

Social Isolation and Loneliness

12. According to the DHSC, feeling lonely frequently is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay. There is also evidence that lonely people are more likely to visit a General Practitioner or Accident and Emergency and more likely to enter local authority funded residential care.

13. The proportion of the adult population people feeling lonely in Oxfordshire is better (lower) than average by comparison with our family of similar counties.
    - Oxfordshire ranked 11 out of 16
    - Oxfordshire = 5.6% which is statistically better than England at 6.8%.

14. However, Oxfordshire ranks relatively poorly on social contact for older people receiving adult social care services:

    Percentage of older **adult social care users (65+yrs)** who have as much social contact as they would like
    - Oxfordshire ranked 15 out of 16
    - Oxfordshire = 37.4% which is lower than England = 41.5%

Examples of Programmes supporting older people in Oxfordshire

15. The above data illustrates the urgent need to address social isolation and improve the health and wellbeing of older people in Oxfordshire. In addition to traditional social and healthcare services, Oxfordshire County Council commissions a range of innovative programmes and services which aim to address this issue through supporting people to maintain their independence at home and to enable connection to services and resources within their local communities. The examples below are not exhaustive but give an indication of the range and impact of these programmes.

Supporting independence

16. The **Dementia Support Service,** delivered by Dementia Oxfordshire (part of Age UK Oxfordshire), works with people with dementia and their carers in the community, providing support and education. The service is estimated to be working with approximately 71% of people living in the community with a diagnosis of dementia which is over 2900 people and their unpaid carers and

families. There has been a 19% increase in referrals over the last four years. The service has also recently started supporting people with cognitive impairment and their carers to ensure we can support more vulnerable people in Oxfordshire.

17. **Stay Strong and Steady** is a falls prevention community exercise and education programme for adults aged 65 years and older who have fallen or are at risk of falling, to reduce their risk of falling. Participants can be referred to the exercise and education programme, and then move onto the community activity when ready, or join the community activity for continuous support. Comparing the 12 weeks prior to the Stay Strong and Steady programme to their time on the programme, there has been a reduction in attendance at Accident and Emergency due to a fall from 11% to 1%, and a high percentage (83%) of people show improvement in their physical tests after taking part.

18. Jointly commissioned with health, our Home First D2A model enables people who have had a stay in hospital to continue their recovery in the comfort of their own home, close to the communities that support them. This model enables us to support more people to go home from hospital more quickly – total discharges across all pathways have more than doubled since 2022. In addition to responding to an increasing demand, we are also achieving positive outcomes for people following a hospital stay. Prior to the inception of Home First in 2022/23, approximately 65% of people supported by the service became fully independent following a period of reablement. Today up to 75% of people are becoming fully independent and an additional 10% experience a reduction in their support needs. The support is tailored to the person's needs ensuring that their independence in their own home is sustainable, meaning that 86.49% of people remaining in their own home 91 days after discharge from hospital, above the England average of 83.7%.

Supporting people to connect with their local community

19. Live Well Oxfordshire is Oxfordshire's online directory of over 2,800 groups, health, care and community services and activities that provide information, advice and support for adults. The services listed aim to enable people to live safe, healthy and independent lives and be a part of their communities. The services and activities are supported by information pages, creating a one-stop-shop. There is also a 'What's on Calendar' function for people to easily see when activities and events are happening and a very active news section with daily updates on health and social care news. In 2024-25 there were 173,720 hits on the website, which is an increase of over 20,000 from the previous year.

20. **The Community Micro-Enterprise (CME) Development service**, provided by Community Catalysts, supports the Council's duty under The Care Act 2014 to ensure that a variety of good quality, person-centred care options are available for all individuals including self-funders, and to make direct payments available for people to use to obtain for themselves services to meet their assessed needs. The service also works to keep charges affordable for people.

21. Community Micro-enterprises (CMEs) are self-employed local people or organisations of fewer than eight staff supporting other local people. CMEs strengthen communities by creating local jobs and volunteering opportunities and reduces the amount of travel required. The programme both attracts new entrants to care and support and retains care staff in the market by supporting them to set themselves up to work legally and sustainably, delivering their services in the way they wish. There are currently 89 CMEs providing 3,600+ care and support hours to over 1,600 people weekly, and 22 CMEs providing activities to over 200 people in the county.

22. The **Community Links Service**, commissioned from Age UK Oxfordshire, gives residents local information and connects them into their community to ensure people can be as independent as possible and live life to the full. It also ensures people are enabled to find out about what support and opportunities exist in their local area. The service has experienced a 9% increase in referrals since it commenced in 2023.

23. We also commission **Carers Oxfordshire** to support unpaid carers over 18 years old in the community. The service carries out Carer Assessments on behalf of Adult Social Care, connects carers with resources such as training and short breaks, runs peer support groups and distributes discretionary wellbeing payments. In the last four years, the service has experienced an increase of 60% in referrals and an increase of 49% in the number of carer assessments completed.

24. The following section of this paper details 2 case studies of innovative programmes to address the needs of older people in Oxfordshire:

Case Study - Local Area Coordination

25. **Local Area Coordination** is an approach which supports people of all ages and families in their community, without needing a referral, needs thresholds or time limits. Anyone can introduce themselves or another person to a Local Area Coordinator to receive the right support at the right time for them and at their own pace. People are guided to use their own strengths and connect with their community to resolve their issues, gaining confidence and resilience in the process.

26. Oxfordshire County Council joined the Local Area Coordination Network in 2023. This is a national development organisation helping councils in England and Wales to adopt, embed and sustainably deliver Local Area Coordination, which originated in Western Australia as a new approach to working with people, families and communities.

27. The Local Area Coordination approach aims to foster community resilience and independence by connecting people with local resources and support networks. The coordinators work closely with people and their local communities to understand their unique needs and strengths. By collaborating with various stakeholders, including council teams, voluntary organisations,

and healthcare providers, it seeks to create supportive communities where residents can thrive. The Local Area Coordinators follow an evidence-based design approach and methodology grounded in a set of principles rather than service pathways and targeted outcomes.

28. A leadership group with members from the county council's commissioning, social care and public health teams, city and district council wellbeing teams, voluntary organisations and primary healthcare identified the areas for LAC using the data from Census 2021, the Joint Strategic Needs Assessment for Oxfordshire and Community Insight Profiles (where available) meeting the following criteria:

- A town / area of a town / village / built up population surrounded by rural area with a population of 10-12,000
- Not one of the ten most deprived areas
- Data indicated poorer health, wellbeing and life outcomes for residents

29. Two areas identified by the leadership group to start embedding the approach were Chipping Norton and Bicester East in 2024. District council colleagues helped identify residents, local councillors and organisations working in the areas, who were invited to local meetings to learn more about the approach and to be involved in its implementation. This allowed local groups and organisations within the communities to gain a detailed understanding of the LAC approach, suggest how it could embed into their area and become part of the implementation.

30. One of the key aspects of this approach is the involvement of the community in the recruitment and integration of Local Area Coordinators (LACs). By engaging residents in the selection process and incorporating their feedback, the program ensures that the LACs are well-suited to address the specific needs of each area. During the recruitment process for the LACs, long-listed candidates are invited to a community recruitment event where the candidates interviewed by residents employing a method akin to speed dating, and were scored on soft skills such as approachability, ability to listen and whether people would feel comfortable discussing a sensitive issue with them. The combined scores and comments from the community recruitment were used as part of the overall decision. Involvement in the community recruitment gave residents ownership of the LAC approach for their area and provided the LAC with a network of people and organisations to assist them embed into and learn about the community in depth once they started working there.

31. Following the success of Chipping Norton and Bicester East, the programme was expanded to two further areas - Kidlington and Didcot Central and coordinators started working in these areas in 2025.

32. As the program expands, the leadership team continues to use data-driven insights to identify new areas for implementation. The Inequalities data framework, supporting the implementation of the Marmot Place work, and the JSNA Community Insight Profiles tools will inform the choice of areas for development. These include data on older individuals living alone in rural

isolation, areas with poorer health outcomes than their neighbours, poorer educational attainment, higher rates of unemployment, which will guide future planning.

33. An evaluation framework for local area coordination has been developed in conjunction with the University of Oxford. The goal is to understand the distinctive impact of local area coordination on different levels, including person, family, community, and system.

34. Phase 1 (2025-26), the process review, has begun and involves gathering documents and interviewing key stakeholders, including members of the Leadership Group.

    Phase 2 (2026-27), the formative assessment will compare Oxfordshire's implementation with that of other areas.

    Phase 3 (2028-29), the economic evaluation will focus on the impact on individuals, families, and the community.

35. Local Area Coordinators also collect stories of difference, which illustrate the impact of the approach, some of which are set out in Annexe 1. Video and recorded stories are also planned.

Case Study - Community Capacity Grants

36. The Community Capacity Grants were launched in 2022 to build on and strengthen grass roots organisations in their communities especially where we know there are gaps or insufficient development of local resources. The aim of the programme is to ensure residents have access to services in their communities to help them with independence and reduce their reliance on formal statutory services.

37. The grants programme support schemes/ projects that:

- Fill gaps and therefore increase the options available to community connectors and social prescribers
- Add value to existing capacity, increasing volunteering, collaborative working and opportunities for mutual aid
- Are innovative, which could be about mitigating digital exclusion, working across different generations, unlocking potential in use of space for instance
- Work with local businesses and partners for environmental, economic and social benefit
- Support underserved groups that find it hard to find support through traditional services.

38. The grants are split into 2 funds: large grants administered by Oxfordshire Community Foundation (OCF) where applicants can apply for a grant for between £5,000 and £20,000, and smaller grants (Connected Communities

Fund) administered by Oxfordshire Community Voluntary Action (OCVA) in partnership with Community First Oxford (CFO) where applicants can apply for a grant up to £5,000. The OCF Impact Report 2024 can be read here.

39. Two grant programmes have been successfully completed and achieved:

- £1 million of grants being awarded from OCC
- 179 Projects Funded
- Over 200 Activities taken place
- Over 2,500 sessions taken place
- Over 23,000 direct beneficiaries

40. Partnership working with OCF, OCVA and CFO to deliver grants has also brought in £217,000 Match Funding from private donors. This additional funding is used to fund additional 23 projects.

41. The latest grants programme launched on 12 September 2025.

Next steps

42. There is a range of ongoing work to support older people in Oxfordshire and address the Age Well priorities in the Health and Wellbeing Strategy and improve the health and wellbeing of elderly residents.

43. Obtaining data to measure the impact of some of these programmes on longer term wellbeing can be challenging. But, developing how we use insights, per point 32, and working as a health and care system to further understand our data is key to improving this. For example, our performance against BCF metrics shows an improvement in reducing non-elective admissions for people over 65 but a slight increase in admissions relating to falls. We are monitoring this closely through our Urgent Care Delivery and BCF oversight groups, consisting of partners from across health and care.

44. The development of Neighbourhood approaches with health provides further opportunity to further integrate how we support Oxfordshire residents and their carers.

45. Oxfordshire becoming a Marmot place is an opportunity to further understand the impact of rurality on our older population and how we can further improve how we support rural communities.

Corporate Policies and Priorities

46. 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

47. 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

48. 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.

49. 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)

50. This report outlines some of the measures being used across Oxfordshire to meet the authority's statutory responsibilities towards its residents.

Comments checked by: Janice White, Head of Law and Legal Business Partner (Adult Social Care and Litigation).

Equality & Inclusion Implications

51. 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.

52. Equality and inclusion are key pillars of our preventative approach and are supported by activities covered in this report.

Risk Management

53. 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
Other Documents:	Annexe 1: Local Area Coordination stories of difference
Contact Officer:	Ian Bottomley, Deputy Director, Joint Commissioning Ian.bottomley@oxfordshire.gov.uk

September 2025

Examples of local area coordination in the community

1) A journey of a LAC walking alongside people concerned two siblings who shared a property. They had their own challenges and by sharing the principles of natural authority, choice and control, citizenship, lifelong learning and networks it demonstrated the impact of community support and self-determination in overcoming challenges related to health and social isolation. Through building trust and accessing local resources, one sibling has rediscovered their strengths and found meaningful ways to contribute to their community. In this situation the LAC was able to support both siblings in different ways which were unique to them, such as:

- Introduction to support and personal goals
- Building community connections: with encouragement, one joined a local support group and began participating in social events, which helped them feel more accepted and confident in their community.
- Volunteering and strengthened relationships: volunteering at the local library and reported a stronger relationship with their sibling, finding joy and a purpose in their community.

One of the siblings has significant health conditions, but the need to rely on more formal services has been reduced and delayed as the siblings are now active members in their own community and have found ways of accessing the support they need when they need it.

2) A LAC was introduced to an older resident by a health professional as they were feeling lonely and isolated due to being less mobile due to knee operations. The LAC visited and talked about what the person wanted to do, by asking questions and supporting the person to find solutions to their situation. Using the principles of choice and control, natural authority and working together the person decided that they wanted to get out of the house more and interact with their community. This proved to be challenging due to the pavements near the home to be not suitable for a wheelchair. The person wanted to gain confidence and strength so was introduced to the Move Together programme and was given exercises to do at home. On one visit the resident had made the decision to sell the property and move to extra care housing. This decision was made after conversations with the LAC had given them the opportunity to reassess their situation. As a result, the resident was able to:

- Use their voice to make the changes that they wanted to live the life they desired
- After an Occupational Health assessment, the recommended alternations to their home were not required.
- Felt safe that they would get the care they needed whenever this was necessary

This resident was able to make the decision about their own situation about how they wanted to continue to live their life.

3) A person was introduced by the GP as they were using appointments to discuss their low mood caused by their domestic situation. The person was in a relationship which had come to an end, but they were both still living at the property. They had an autistic child and both worked. One parent met the LAC in the community and

shared the challenges of their living arrangements, combined with caring for a child with SEND. By using the principles of information, choice and control and working together they were able to think of ways to improve their situation, by seeking support for housing options, accessing information to provide care for the child in school holidays, talking though employment options before going to their employer to ask for flexible working arrangements and eventually where to access legal support for divorce proceedings. The parent's first language wasn't English and was having difficulties understanding the different options and services that were available. As there is no time limit to accessing LAC the person was able to take their time, ask questions and be supported while going through a separation.

As a result, the parent no longer needs to visit their GP, has learned how to access resources and where to find information and as such will be moving into a new property soon.

4) A resident was introduced to a LAC by a debt charity. The person had recently been bereaved and had endured many years of domestic abuse to the point where they had become reclusive, extremely anxious and struggled to leave the house. The LAC met the person in the community and over time built trust and understanding with the person where they shared what life had been like for them. By using the principles of natural authority, choice and control, community, networks and by walking alongside the person at their pace, a relationship developed that allowed the person to start to seek out opportunities to meet new people and start to get to know the community where they lived. The resident gained confidence and self esteem and is now able to voice what they want to achieve, they have support to help around the house, to look after their pet and help with paying bills and other aspects of their life which they had not had to think about before. As such this person is now:

    - Accessing their community, making friends
    - Able to sort out their financial situation thus maintaining their tenancy
    - Keep their pet as they were under pressure to rehome it
    - Accessing other support and information

Without LAC this person may not have had the confidence to seek out friendships and other resources; by building trust and taking time the resident is now living the life they want, how they want to live it.

Work Programme
People Overview and Scrutiny Committee

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

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Type	Report Leads
18 September 2025				
Age Well Update on Supporting Older People in Oxfordshire	Prioritise the health and wellbeing of residents; Work with local businesses and partners for environmental, economic and social benefit; support carers and the social care system.	To consider the support provided by the Council for those in supported living arrangements, and how the work ties into the Health and Wellbeing Strategy (Age Well).	Overview and Scrutiny	Karen Fuller; Ian Bottomley; Isabel Rockingham
Oxfordshire Safeguarding Adults Board Annual Safeguarding Report	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit; support carers and the social care system.	To review key trends and challenges in adult safeguarding across Oxfordshire, including data, decision-making, and multi-agency responses.	Overview and Scrutiny	Karen Fuller; Steven Turner
6 November 2025				
CQC Feedback and Outcomes	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit; support carers and the social care system.	To consider the report of the CQC Assurance inspection.	Overview and Scrutiny	Karen Fuller

Inequalities in a Marmot County	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit; support carers and the social care system.	Explore health inequalities and access barriers for seldom heard from groups in Oxfordshire, focusing on Marmot principles, data gaps, and current initiatives.	Overview and Scrutiny	Karen Fuller; Ansaf Azhar
Transition into Adulthood and Adult Social Services	Prioritise the Health and Wellbeing of Residents; support carers and the social care system.	Explore the transition into adulthood for young people needing adult social care, exploring planning, continuity, outcomes, and multi-agency support.	Overview and Scrutiny	Karen Fuller
15 January 2026				
Mental Health Support Strategy	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit; support carers and the social care system	Explore Oxfordshire's Mental Health Support Strategy, exploring service effectiveness, access barriers, user experience, and cross-sector collaboration.	Overview and Scrutiny	Karen Fuller
Unpaid carers Strategy	Prioritise the Health and Wellbeing of Residents; support carers and the social care system.	Scrutinise Oxfordshire's unpaid carers strategy, exploring support systems, service integration, and challenges in recognition, wellbeing, and access.	Overview and Scrutiny	Karen Fuller; Ian Bottomley
Supported housing enabling people to remain independent in their own communities	Prioritise the Health and Wellbeing of Residents; support carers and the social care system.	Explore how the Council uses supported living and extra care housing to enable vulnerable people to continue to live in their own communities.	Overview and Scrutiny	Karen Fuller; Ian Bottomley
19 March 2026				
Community Grants report	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit; support carers and the social care system	Scrutinise the community grants programme in Oxfordshire, exploring funding distribution, alignment with priorities, equity, and resident engagement.	Overview and Scrutiny	Karen Fuller

Oxfordshire Homelessness Strategy	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit.	Scrutinise how the County Council is engaging with its statutory and non-statutory roles in homelessness, and how Adult Social Services engages with the homelessness system.	Overview and Scrutiny	Stephen Chandler; Karen Fuller; tbc
Domestic Abuse Support and Accommodation	Prioritises the health and wellbeing of residents; work with local businesses and partners for environmental, economic, and social benefit.	To ensure domestic abuse victims receive effective, accessible, and accountable support services that meet their needs and promote safety and recovery.	Overview and Scrutiny	TBC

OXFORDSHIRE COUNTY COUNCIL

WORKING GROUPS

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

BRIEFINGS FOR MEMBER INFORMATION

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

Recommendation Tracker
People Overview and Scrutiny Committee

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

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

KEY	Due to Cabinet	With Cabinet	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
20-Mar-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	**Partially Accepted** See response in agenda item 9
		2. That the Council should encourage all councillors to complete the Level 1 Coproduction training during the 2025/26 municipal year.		**Partially Accepted** See response in agenda item 9
		3. That the Council should arrange for the Chair of the People Overview and Scrutiny Committee to sit as a member of the Co-production Advisory Board, with the Deputy Chair of the People Overview and Scrutiny Committee, being permitted as a substitute.		**Rejected** See response in agenda item 9
		4. That the Council should adopt a Coproduction Charter committing itself to systemic and whole-hearted coproduction across Children's Services and Adult		**Partially Accepted** See response in agenda item 9

Recommendation Tracker
People Overview and Scrutiny Committee

KEY	Delayed	In Progress	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		Social Care and, as part of that, during the 2025/26 municipal year, the Council will, as a minimum: a) require all staff within Children's Services and within Adult Social Care to complete the Level 1 Co-production training, and b) encourage all councillors to complete the Level 1 Co-production training during the 2025/26 municipal year, and c) arrange for the Chair of the People Overview and Scrutiny Committee to sit as a member of the Co-production Advisory Board, with the Deputy Chair of the People Overview and Scrutiny Committee, being permitted as a substitute.		
26-Jun-25	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	Presented to Cabinet on 16-Sep-25
		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 years, in recognition of the service's success and the wider social and health benefits of sustained employment.		Presented to Cabinet on 16-Sep-25

Action Tracker
People Overview and Scrutiny Committee

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

The action tracker enables the Committee to monitor progress against agreed actions. The tracker is updated with the actions 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

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

Recommendation Update Tracker
People Overview and Scrutiny Committee

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

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

KEY	Update Pending	Update in Item	Updated

Cabinet Response Date	Item	Recommendation	Lead	Update
17-Sep-24	ASC CQC Assurance Update	That the Council should publicise the successes of Adult Social Care more widely.	Karen Fuller	Update expected with CQC Report in November 2025

Overview & Scrutiny Recommendation Response Pro forma

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

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

Issue: Co-Production in Adult Social Care

Lead Cabinet Member(s): Cllr Tim Bearder, Cabinet member for Adult Social Care

Date response requested:[2] 22 April 2025

Response to report:

Enter 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 should, during the 2025/26 municipal year, require all staff within Children's Services and within Adult Social	Partially Accepted	The Level 1 Co-production training is a foundational, in-person course designed to introduce the four underpinning and practice of co-production. Participants receive the booklet *"Working*

[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

Care to complete the Level 1 Co-production training.		*Together – getting started with co-production*" as a companion resource. This training programme has been running for a few years and colleagues can book their session Via the Learning Zone or by emailing coproduction@oxfordshire.gov.uk. The training is actively advertised in Council's staff Engagement Forums and via 'Co-pro Hour'. A high number of colleagues across the Council including Adults and Children's Services have already completed the course to date and they are encouraged to attend the training. Requiring all staff to complete the training in the current financial year needs careful planning with OCC HR and Training teams to ensure the Council has the capacity and availability to deliver and colleagues to attend the training. We will continue to work with them to achieve this.
2. That the Council should encourage all councillors to complete the Level 1 Co-production training during the 2025/26 municipal year.	Partially Accepted	Co-production is part of the wider training programme for councillors as detailed in the OCC Councillor Welcome Pack
3. That the Council should arrange for the Chair of the People Overview and Scrutiny Committee to sit as a member of the Co-production Advisory Board, with the Deputy Chair of the People Overview and Scrutiny Committee, being permitted as a substitute.	Rejected	The Co-production Advisory Board serves as an advisory body composed of individuals with lived experience of services in Oxfordshire. Its core functions are providing advice and feedback on council projects that would benefit from co-production and supporting the Council in embedding the principles of Access, Equality, Diversity, and Reciprocity across services. The Board meets monthly. All members must complete co-production training and induction. It is made up of people with

		lived experience in areas such as older people's services, learning disabilities, mental health services, domestic abuse, homelessness and SEND. Currently, membership is shifting away from representatives of organised groups toward individuals from seldom-heard communities. The Co-production Advisory Board is one of the shared platforms OCC have to hear the views of people with lived experience of council services. We disagree with the proposal due to risks and considerations below: **1. Risk to Independence and Governance Integrity** Advisory boards are designed to provide **independent advice** to officers and decision-makers. Including councillors, who are themselves elected decision-makers, can blur the lines between advice and influence, undermining the board's neutrality. This concern is echoed in national governance commentary, which warns that councillor involvement may lead to: • Perceived or actual lobbying behind the scenes. • Pressure on officers or fellow councillors to adopt certain positions (please see Guidance on Local Government Association Model Councillor Code of Conduct | Local Government Association) • A dilution of the board's role as a critical friend, especially if members feel constrained by political dynamics. **2. Conflict with Scrutiny and Oversight Roles** Councillors already hold formal roles in scrutiny committees, cabinet, and full council. If they also sit on advisory boards, it can create:

		• Conflicts of interest, especially when the board's advice feeds into decisions councillors later scrutinise. • Duplication of oversight, reducing the distinctiveness and value of advisory board contributions. • Reduced trust from community members, who may see the board as politically influenced rather than community-led. **3. Undermining the Lived Experience Model** The Co-production Advisory Board's strength lies in its composition: people with lived experience of services, supported by officers. Including councillors as members may risk • Shifting the power dynamic, making it harder for community members to speak freely. • Compromising the board's ethos of equality and reciprocity, which is central to co-production. **4. Legal and Structural Boundaries** Advisory boards are not statutory decision-making bodies. Councillors, by contrast, are legally accountable for decisions made in council. Mixing these roles can: • Create ambiguity in accountability. • Lead to misinterpretation of advice as policy. • Breach the principles outlined in the Oxfordshire County Council Governance Handbook 2025, which emphasises clear thresholds and separation of powers.
4. That the Council should adopt a Co-production Charter committing itself to systemic and whole-hearted co-production across Children's Services and Adult Social Care and, as part of that, during the 2025/26	Partially accepted	The proposal to develop the charter is supported by the Advisory Board and its members are already working on this action. The charter contents will be drafted over the summer months by the board.

municipal year, the Council will, as a minimum: a) require all staff within Children's Services and within Adult Social Care to complete the Level 1 Co-production training, and b) encourage all councillors to complete the Level 1 Co-production training during the 2025/26 municipal year, and c) arrange for the Chair of the People Overview and Scrutiny Committee to sit as a member of the Co-production Advisory Board, with the Deputy Chair of the People Overview and Scrutiny Committee, being permitted as a substitute.		The directorate's response to the elements of set out by scrutiny can be found in the relevant section of this document.

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