OXFORDSHIRE COUNTY COUNCIL

Notice of a Meeting

People Overview & Scrutiny Committee
Thursday, 6 November 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: *15 January 2026*

For more information about this Committee please contact:

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

Martin Reeves
Chief Executive

October 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 - 8)

The Committee is recommended to **APPROVE** the minutes of the meeting held on 18 September 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. 3rd November 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. CQC Feedback and Outcomes Report (Pages 9 - 108)

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director of Adult Social Care, and Ramone Samuda, Adult Social care Assurance Lead, have been invited to present the CQC Feedback and Outcomes 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. Inequalities in a Marmot County (Pages 109 - 120)

Cllr Kate Gregory, Cabinet Member for Public Health & Inequalities, Ansaf Azhar, Director of Public health, and Kate Holburn, Deputy Director of Public Health, have been invited to present a report on Inequalities in a Marmot County.

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. Transition into Adulthood (Pages 121 - 144)

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Sam Harper, Head of Learning Disability Provision Services, and Kathy Liddell, Family Support Manager – Oxfordshire Family Support Network (OxFSN), have been invited to present a report on the Transition into Adulthood.

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

8. Committee Forward Work Plan (Pages 145 - 148)

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

9. Committee Action and Recommendation Tracker (Pages 149 - 152)

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

10. Responses to Scrutiny Recommendations (Pages 153 - 156)

Attached is the ***draft*** Cabinet response to the People Overview and Scrutiny Committee report on Oxfordshire Employment Services. The Committee is asked to **NOTE** the draft response, which is expected to be confirmed by Cabinet on 18 November 2025.

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, 18 September 2025 commencing at 10.02 am and finishing at 1.01 pm.

Present:

Voting Members:
Councillor Toyah Overton – Acting Chair
Councillor James Barlow
Councillor Will Boucher-Giles
Councillor Judith Edwards
Councillor Lee Evans
Councillor Rebekah Fletcher
Councillor Georgina Heritage
Councillor Paul Austin Sargent

Officers:
Karen Fuller, Director of Adult Social Services
Victoria Baran, Deputy Director of Adult Social Care,
Ian Bottomley, Deputy Director of Integrated Commissioning Health, Education and Social Care
Dr Jayne Chidgey-Clark, Independent Chair of Oxfordshire Safeguarding Adults Board
Lorraine Henry, Head of Safeguarding MH DOLS
Cheryl Huntbach, Local Area Coordinator Steven Turner, Strategic Partnerships Manager – Adult Social Services
Ben Piper, Democratic Services Officer

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

20/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from Cllr Snowdon (substitute: Cllr Sargent) and Cllr Edosomwan.

In the absence of Cllr Snowdon, Cllr Overton, Deputy Chair, took the Chair.

21/25 DECLARATION OF INTERESTS
(Agenda No. 2)

There were none.

22/25 MINUTES
(Agenda No. 3)

The minutes of the meeting held on 26 June 2025 were **APRROVED** as a true and accurate record.

23/25 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were none.

24/25 OXFORDSHIRE ADULTS SAFEGUARDING BOARD ANNUAL REPORT
(Agenda No. 5)

Dr Jayne Chidgey-Clark, Independent Chair of Oxfordshire Safeguarding Adults Board, Karen Fuller, Director of Adult Social Services, Victoria Baran, Deputy Director of Adult Social Care, Steven Turner, Strategic Partnerships Manager – Adult Social Services and Lorraine Henry, Head of Safeguarding MH DOLS, were invited to present the Oxfordshire Adults Safeguarding Board (OSAB) Annual Report and answer the Committee's questions.

The Director of Adult Social Services introduced the annual safeguarding adults report by emphasising its significance as a system-wide document, highlighting the collaborative work across the health and care system in Oxfordshire regarding safeguarding, and noting that while the report was being presented to the committee, it reflected the efforts of multiple partners. She stressed the importance of oversight for safeguarding the county's most vulnerable adults

The Independent Chair detailed the board's four strategic aims: improving frontline practice across all sectors, enhancing preventative work to stop abuse before it occurs, assuring the quality of safeguarding through monitoring referrals and service improvements, and learning from both safeguarding adult reviews and audits to inform future practice, including sharing good practice across the county. She also described the board's multi-agency composition, the alignment of subgroup work plans to strategic objectives, and the importance of robust governance and partnership working

The Committee raised the following questions and comments about the OSAB Annual Report:

- Members sought clarification on the term "desired outcomes" in the safeguarding report, specifically questioning whether outcomes were assessed based on what individuals themselves requested or desired. The Deputy Director explained that safeguarding was tailored to the individual's wishes, focusing on what outcomes they want to achieve, rather than imposing solutions. Early discussions were held with the person, or their deputy if needed, to guide the team's work by these goals, often prioritising risk reduction while respecting personal choices. Officers added that desired outcomes were tracked through case file audits and ongoing collaboration with partners to ensure feedback genuinely reflected individuals' experiences.

- The definition of self-neglect within the safeguarding context, specifically asking whether it referred to individuals whose care needs were unmet due to physical incapacity or to those who, despite having the physical ability, were unwilling or unable to meet their own care needs, possibly due to mental health issues. It was clarified that self-neglect can result from multiple causes, but in safeguarding contexts, it generally refers to individuals who consistently decline assistance or intervention, sometimes without being aware of their own deterioration. If an individual was open to receiving care but had not been referred, the usual assessment process applied rather than initiating safeguarding procedures. Safeguarding measures were implemented when individuals continually refuse support, involving a multi-agency strategy to engage them and establish ongoing relationships aimed at meeting their needs.

- The causes of high staff turnover in adult social care, whether the reasons were consistent with national trends or if there were specific factors unique to Oxfordshire, and how these were identified and addressed. The Director of Adult Social Services reported that staff turnover in Oxfordshire's adult social care was consistent with the national average. Exit interviews indicated that many departures were due to retirement or personal circumstances, rather than job dissatisfaction. The challenges associated with safeguarding work were acknowledged, and staff wellbeing initiatives and supervision measures were described. Oxfordshire also supported workforce development through apprenticeships and a Social Care Academy, aiming to encourage career progression and belonging.

- How lessons were learned across partnership work and the consistency of best practice, particularly in relation to supervision and support for frontline staff among different agencies. The Independent Chair, and Officers, explained that the local authority's supervision model, which included both welfare and casework support, was shared with partner organisations during multi-agency workshops. These sessions enabled the exchange of approaches and highlighted the strengths of the local authority's model. The sharing of best practice was actively encouraged, and external peer support was sought through regional and national safeguarding networks.

  Officers described how the Multi-Agency Risk Management (MARM) process united professionals to support at-risk individuals before statutory intervention was needed. By sharing information and resources, they intervened earlier and more effectively, leading to better outcomes and coordinated support.

- How Oxfordshire was adopting a Pan-London style multi-agency safeguarding policy and specifically how it would be adapted for the county's rural areas. The Director of Adult Social Services and the Head of Safeguarding responded that, having seen the benefits of the Pan-London approach in other settings, they were working to amend its processes and principles to fit Oxfordshire's context. They explained that the adaptation involved considering the county's demographic and geographic differences, with particular attention to the challenges faced by rural communities, such as isolation and limited access to services.

- The impact of the "right care, right person" policy on police willingness to conduct welfare checks was discussed. The Independent Chair noted that, although there had been national concerns and some coroners' reports referencing changes in police practice and potential adverse outcomes, in Oxfordshire police responses to threats to life and limb were reported as consistent. The situation continued to be monitored, and officers remained attentive to emerging issues; however, at the time of the meeting, no specific local concerns had been identified.

  Officers also explained that, when a referral did not meet the safeguarding threshold, feedback was provided to the referrer identifying the specific reasons for not proceeding. Patterns and themes observed in referrals were communicated to providers, occasionally through the board, to inform future referrals. This method aligned with regional practices, and information regarding safeguarding criteria was shared with providers and professionals to enhance understanding.

- How did the council supported individuals, particularly young people approaching adulthood, who became involved in dangerous situations such as county lines activity. The Director of Adult Social Services described collaboration with the youth justice team, police and other partners to support young people affected by county lines as they move into adult services. Multi-agency meetings were held to determine referrals, including to the national referral mechanism. While statutory adult care may not always be provided, wraparound support was ensured through partner organisations and national networks. County lines issues affected both young and older adults, including through exploitation like "cuckooing". The council's approach relied on collaboration between adult and children's services, community safety partnerships and the police.

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

- The Independent Chair, and other Adult Social Services Officers, would report back to the Committee when an update on the Oxfordshire Safeguarding Adults Board Risk Register was ready.

- The Director of Adult Social Services would provide an update on the Pan Oxfordshire multi-agency policy and procedures approach, with consideration for how it is adapted for rural areas

The Committee paused at this stage at 11:27 and resumed at 11:34

25/25 AGE WELL UPDATE ON SUPPORTING OLDER PEOPLE IN OXFORDSHIRE

(Agenda No. 6)

Karen Fuller, Director of Adult Social Services, Ian Bottomley, Deputy Director of Integrated Commissioning Health, Education and Social Care (HESC), and Cheryl Huntbach, Local Area Coordinator, were invited to present the Age Well Update on Supporting Older People in Oxfordshire and answer the Committee's questions.

The Deputy Director introduced Age Well by noting Oxfordshire's growing population of 137,000 older people, with most not receiving formal services. He stressed the council's aim to help seniors live independently through preventative measures like the Oxfordshire Way. By addressing loneliness, isolation, and inactivity, and focusing on community services and system planning, the council had reduced care home admissions and enabled more older people to stay at home.

The Local Area Coordinator outlined the adoption of local area coordination in Oxfordshire, one of eleven regions using the Australian model. She described the coordinators' strengths-based, person-centred approach, their ongoing support without strict referral criteria, and their role as community connectors. The Local Area Coordinator illustrated its benefits with an example of an older resident who became more active locally after coordinator support, showing how early intervention can reduce reliance on formal care.

The Committee raised the following questions and comments related to the Age Well update:

- How the original areas with a local area coordinator were selected for expansion and why only two further areas were added, despite the initial success. The Deputy Director of Integrated Commissioning HESC and the Local Area Coordinator stated that new areas were selected based on public health data identifying locations with deprivation and need within Oxfordshire. The process also considered local interest and the capacity to participate, with recruitment panels that included residents. The decision to expand into two additional areas was influenced by programme costs and the requirement for financial viability. Local area coordination may continue to expand where it was assessed as effective, but resource constraints and existing local interventions meant a countywide rollout was not pursued at that time.

- What the definition of rurality was and how it was considered in the deployment of local area coordinators, how the impact of these coordinators was measured, and what the potential was for expanding the model to other highly deprived areas in Oxfordshire. The discussion recognised that some areas lack community resources and could benefit from local area coordination. The Deputy Director of Integrated Commissioning HESC noted rurality was considered, but area selection focused mainly on need and deprivation, with no single definition for rurality. Impact was measured using both quantitative data and qualitative stories, though attributing outcomes to coordinators remains complex due to overlapping services. It was emphasised that new coordinators should complement, not duplicate, existing interventions such as Age UK and Brighter Futures. Any expansion of the model will depend on resources, proven impact, and strong partner collaboration to maximise effectiveness and avoid duplication.

- The Committee discussed the variations in loneliness among individuals living alone in rural and urban areas, as well as the ways in which strategies like social prescribing respond to these issues. The Deputy Director of Integrated Commissioning HESC noted that loneliness affected both rural and urban areas, sometimes more so in cities despite closer proximity to others. The strategy to address loneliness focuses on strengths-based assessments and connecting

people with local community resources, such as voluntary groups and Age UK, rather than relying on formal care. Social prescribing and local area coordination were key elements. The approach recognised that different communities have unique needs, so effective interventions may vary by area. Ongoing work aimed to enhance support in both rural and urban settings, tailoring solutions to local circumstances and prioritising community-based connections.

- Members highlighted concerns about the distribution of community capacity grants, specifically noting an apparent over-concentration of funding in the Oxford City area despite its lower proportion of older residents compared to more rural districts. The Director of Adult Social Services and the Deputy Director of Integrated Commissioning HESC noted that more established organisations in Oxford City, familiar with funding applications, tend to secure more grants, some of which extend beyond older adults. To support smaller or rural groups, initiatives such as drop-in sessions and a grants helpline were introduced. The discussion emphasised the need for cross-departmental collaboration, especially regarding transport, to enhance support across Oxfordshire. Efforts continued to improve coordination between council departments and external partners, as voluntary organisations provide much of the community transport.

- How successful community capacity grant projects could be scaled up and their best practices shared across Oxfordshire. The Deputy Director of Integrated Commissioning HESC emphasised that scaling up successful projects is handled carefully to preserve local creativity and context. What worked in one area may not suit another due to differing community needs, so the council shared best practices while supporting tailored approaches. Mechanisms existed to disseminate learning and guide organisations whose initial grant bids were unsuccessful towards other opportunities. The local area coordination model was cited as an example of effective initiatives inspiring similar methods elsewhere. Overall, the council prioritises organic growth and adaptation, encouraging the spread of proven strategies without imposing uniform solutions, and ensuring outcomes are shared and lessons learned across Oxfordshire.

The Committee **AGREED** to make the following observation:

- That Manchester City Council's provision of council tax relief for residents in end-of-life care represents a compassionate and practical approach to supporting vulnerable individuals. Members noted the potential relevance of such a scheme in the Oxfordshire context, particularly for residents experiencing deprivation.

26/25 COMMITTEE FORWARD WORK PLAN
(Agenda No. 7)

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

27/25 COMMITTEE ACTION AND RECOMMENDATION TRACKER
(Agenda No. 8)

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

28/25 RESPONSES TO SCRUTINY RECOMMENDATIONS
(Agenda No. 9)

The Committee **NOTED** the Cabinet responses to the Co-production in Adult Social Services recommendations.

..... in the Chair

Date of signing .....

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People Overview and Scrutiny Committee

06 November 2025

CQC Feedback and Outcomes

Report by Director of Adult Social Services

RECOMMENDATION

1. **The Committee is RECOMMENDED to consider**

   i. the findings of the Care Quality Commission (CQC) Local Authority Assessment for Oxfordshire County Council, published on 5 September 2025

   ii. the summary of key areas for improvement in the revised Adult Social Care Improvement Plan identified by the Local Government Association (LGA) Peer Review (March 2025) and the CQC Report

Executive Summary

2. The Care Quality Commission (CQC) assessed Oxfordshire County Council's Adult Social Care services in January 2025. The Council achieved a 'good' rating, reflecting strong leadership, a clear vision through The Oxfordshire Way and positive partnership working with the NHS and voluntary sector.

3. The CQC identified strengths and areas for improvement, which are being addressed through a targeted improvement plan and stakeholder engagement.

4. This report details how the improvement plan responds to CQC feedback and outlines ongoing actions to drive continuous improvement. It builds upon the previous update presented to Scrutiny on 4 December 2024 regarding assessment readiness and service performance.

Background

5. The Health and Care Act 2022 introduced a new duty for the CQC to independently review and assess how Local Authorities are delivering their Care Act functions. From 1st April 2023 CQC has powers to assess local authorities in England, looking at how well they meet their duties under the Care Act (2014).

Key Findings from the CQC Assessment

6. In January 2025, the Care Quality Commission (CQC) assessed Oxfordshire County Council's Adult Social Care services for compliance with the Care Act 2014. The report was based on:

I. A self-assessment (Annex 1) and evidence submitted in August 2024, covering data and performance up to July 2024.
II. An assessment of the experiences of six individuals and their carers who accessed care and support services provided by the Council during the twelve months leading up to September 2025.
III. Findings from an on-site visit in January 2025.

7. The CQC's final report (5 September 2025) gave Oxfordshire a "Good" rating, which was consistent with the regional median among 12 of the 18 authorities in the Southeast region that received inspection results. Of the nine quality statements reviewed across four areas, Oxfordshire achieved "Good" in five, while four were identified as requiring improvement.

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Theme	***Quality Statement***	***Score***
1: Working with people	Assessing needs	Requires Improvement
	Supporting people to lead healthier lives	Requires Improvement
	Equity in experience and outcomes	Requires Improvement
2: Providing Support	Care provision, integration and continuity	Requires Improvement
	Partnerships and communities	**Good**
3: Safe pathways, systems and transitions	**Safe pathways, systems and transitions**	**Good**
	Safeguarding	**Good**
4: Leadership	**Governance, management and sustainability**	**Good**
	Learning, improvement and innovation	**Good**

Adult Social Care Improvement Plan 2025–2027

11. The Council developed a continuous improvement plan after the Local Government Association (LGA) Peer Review in March 2024, focusing on key areas needing improvement ahead of the CQC assessment.

12. Following the CQC report and improvements since the peer review, the Council has updated the Adult Social Care Improvement Plan for 2025–2027. This plan details the actions the Council will take to address each area identified for improvement. For an overview of the plan and its governance, please see Annex 2.

13. The Adults Extended Leadership Team will monitor the plan's progress each month. This team will also act as a forum for internal review and discussion.

Regular themed reviews will help share ideas, encourage innovation and best practice, and allow leaders to support and challenge the progress made.

14. A baseline is being established to measure progress against the plan using key performance indicators from the Adult Social Care Outcomes Framework, including reablement, safeguarding, and workforce metrics. Each workstream has clear success measures, with progress tracked through action logs and dashboards. Quality audits and collaboration with carers and people who draw on care and support ensure lived experience informs monitoring.

Key Focus Areas

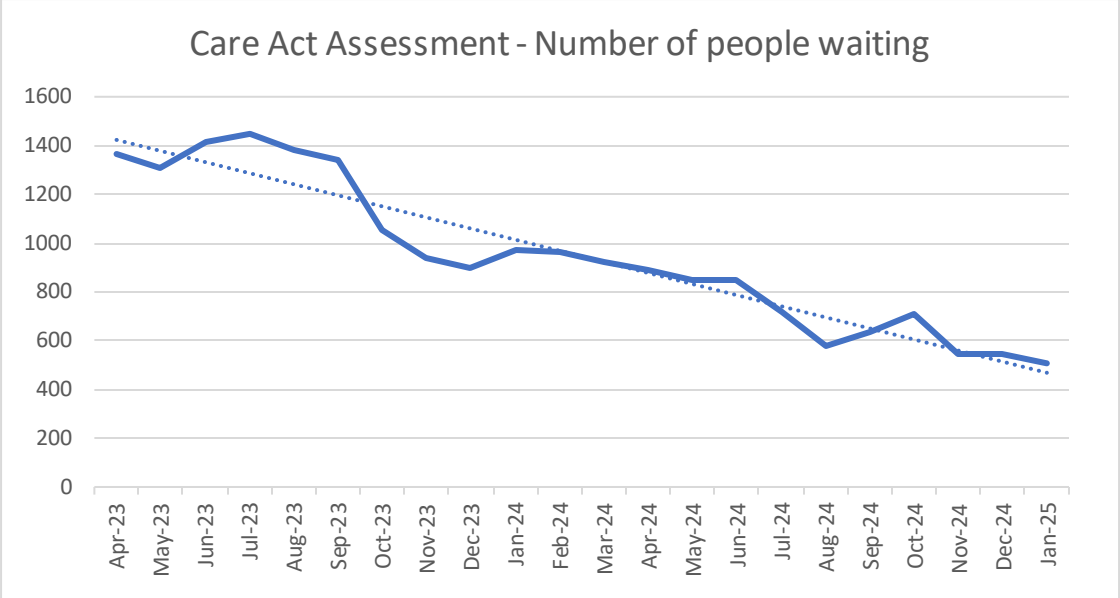
Consistency and timeliness of adult social care assessments and hospital discharge processes

15. The Care Quality Commission (CQC) recognised the positive aspects of The Oxfordshire Way, which outlines a delivery plan for Adult Social Care in the county, focusing on promoting independence, community connectedness, and providing assessments for personalised care and support using a strengths-based, person-centred approach when necessary. The CQC also acknowledged efforts made to reduce delays in assessment processes. For instance, the introduction of a strengths-based conversation within the Social Care and Health team has resolved certain people's needs without requiring onward referral or a Care Act assessment, resulting in 7% of contacts being managed at this initial stage.

16. The CQC report identified opportunities for improved communication during the assessment process, noting that some people experienced extended wait times, limited follow-up, and insufficient information regarding expectations.

17. Feedback about hospital discharge suggests that more time could be allowed for discussion and planning.

18. The numbers waiting for assessment have decreased significantly from 1,448 in July 2023 to 547 as of the January 2025 CQC assessment. However, stakeholders emphasised the need for clearer, more consistent, and transparent processes to ensure timely, person- centred support. The council continues to consider this a priority and monitors performance and quality management on a weekly basis through “Meaningful Measures” meetings.



8. Appointment setting has recently been introduced in adult social care as a structured process whereby every person referred for an assessment is allocated a scheduled appointment. Previously, those awaiting assessment were often left unaware of when they would be seen, resulting in uncertainty and increased anxiety. The absence of a standardised scheduling system meant that people who draw on care and support and their families frequently needed to contact the council or locality duty teams to enquire about the status of their assessment.

9. This new approach guarantees that people are informed in advance of their assessment date, fostering greater confidence and reducing anxiety. The benefits observed include a more organised and proactive service, fewer calls from people following up on appointments, heightened staff awareness of waiting lists, improved teamwork, and a more professional, reassuring experience for those seeking support. Additionally, this process has led to a reduction in routine enquiries to duty desks regarding appointment times, further strengthening teamwork and promoting equality among staff members.

10. The improvement plan is designed to optimise adult social care assessments by refining and simplifying procedures. This includes a review of the assessed needs quality statement. The Care Quality Commission's "Assessing Needs" statement describes expectations for effective, person-centred assessment of peoples' health, care, wellbeing, and communication needs. As part of the plan, the quality statement is being examined to map the adult social care process and identify any barriers and areas for improvement. A working group—including the ASC Assurance Lead, Principal Social Worker, Principal Occupational Therapist, Senior Heads of Service in the Localities team, Social Care and Health Team (SCHT), and Performance—has begun meeting monthly. The initial October meeting focused on improving demographic data capture and mapping the person's journey to identify opportunities to improve assessment timeliness and decision points.

11. The Council continues to prioritise improving patient discharge experiences and has implemented the 2024 Healthwatch report recommendations. A patient leaflet is now available, providing essential information about the discharge process. This includes details on therapy and support services accessible to patients, as well as contact information for follow-up care and various community resources designed to assist people at home.

Effectiveness and responsiveness of safeguarding systems, including provider communication

12. The CQC highlighted the positive work of the Oxfordshire Safeguarding Adults Board including the focus on multiagency work and the work of the board subgroups, specifically noting the improvements around Safeguarding Adults Reviews and plans to further embed and measure the impact of learning activities. The CQC noted the radical approach to improving safeguarding performance over the last 12 months, particularly highlighting the efficacy of the Meaningful Measures weekly performance tracking adopted by senior leaders. This has supported the reduction in the number of people waiting over 12 weeks for resolution of their enquiry from 286 in July 23 to 18 at the time of data submission in July 2024.

13. Care providers remain the largest source of referrals for safeguarding concerns accounting for 29% of all concerns overall. Some providers fed back that they experience delays in communication and inconsistent replies to safeguarding enquiries. The CQC recommended that to support further improvement the Council clarify the thresholds for raising a concern with providers. Plans are in place to do this via the Provider Forum.

14. The Safeguarding Team in Oxfordshire provide a dedicated service for responding to concerns and allocating enquiries for further investigation. Periods of increased demand over the last year have impacted on the service with a 33% increase in referrals in 24/25. To ensure that safeguarding remains "everybody's business" all operational teams have responsibility for safeguarding adults where a person is already in contact with a community team. In order, to ensure the sustainability of safeguarding responses the service is currently in a process of redesign whereby all new individual enquiries will be undertaken by their locality team. It is proposed that organisational safeguarding concerns will continue to be managed by a central safeguarding team enabling a consolidated and focussed effort to address provider concerns about timeliness of responses and communication.

15. To further improve feedback mechanisms the Head of Safeguarding and the safeguarding leads meet regularly with providers to review how effective communication is. They are actively working with providers to recognise the importance of only referring on reportable incidents referring them to the consideration's framework on the OSAB website.

16. A new audit tool has been developed specifically for safeguarding practice to strengthen quality assurance and ensure that the Making Safeguarding

Personal is embedded in practice. The Principal Social Worker triangulates internal staff audit practice with direct conversations with the people we have supported to ensure that the lived experience is cogent with the services own recording and review. Learning from this qualitative collection of information will be used to inform further practice developments and learning needs.

17. The current percentage of all concerns that require a full safeguarding enquiry is currently 21%. Evaluations indicate a substantial volume of referrals from stakeholders such as ambulance services and the police, are not associated with safeguarding issues. These are sent to the Social and Health Care Team as the first point of entry to the Council. Notifications inappropriately sent to the team do pose a risk to meeting Adult Social Care's internal guideline of a 1–2-day response due to the number of referrals requiring review which do not meet the threshold. Weekend and bank holiday periods can result in significant peaks of activity. This has been escalated through the Performance Quality Information and Assurance subgroup of the Safeguarding Adults Board. Collaborative efforts are ongoing with partners to clarify safeguarding thresholds and provide advice and information about the correct routes for notifications.

18. The safety in pathways, systems and transitions was found to be of a good standard. CQC particularly noted the success of the Moving into Adulthood Team and the associated Moving into Adulthood Protocol to support safe transitions. The Health and Homelessness Inclusion Team were also noted for their significant impact in reducing the number of people experiencing homelessness discharged from hospital to the street from 70% to 4%. The Prevention of Homelessness Directors Group chaired by the City District Council has recently undertaken an exercise with Adult Social Care to agree a programme of reciprocal training. This is aimed to further strengthen multi agency knowledge of statutory services for frontline staff and support problem solving approaches for those people with complex and multiple needs.

Equity of access and outcomes for marginalised and rural communities

19. Oxfordshire is considered the most rural county within the South East region. The population is distributed approximately 60/40 between urban centres and towns or villages, with a notably higher proportion of residents aged 65 and over in rural locations.

20. The CQC has positively recognised Oxfordshire County Council's commitment to tackling inequalities, particularly in rural and marginalised communities. Feedback highlighted the Council's strategic focus on equality, diversity, and inclusion (EDI), with initiatives such as the Diverse by Design project and the integration of EDI principles into adult social care delivery. The CQC noted that Oxfordshire's approach aligns with the Oxfordshire Way Strategic Vision, which aims to ensure safe, accessible, and person-centred care for all residents.

21. The CQC has noted that, although there are some good initiatives in Oxfordshire, inequalities remain for some marginalised and rural groups. These include problems with transport, limited access to digital services, and inconsistent support from voluntary organisations. There is a need for a more strategic, data-driven approach to equality, diversity, and inclusion, including better collection of demographic data and community profiling to address gaps.

22. Rural residents often experience isolation, have fewer care options, and face difficulties accessing information and support. Some communities do not receive the same level of service or engagement as others.

23. The Council is involved in several programs supporting people who draw on care and support and family carers in rural areas, including:

Marmot Place Programme: Addressing Rural Inequalities

24. Oxfordshire commenced a Marmot place partnership with The Institute of Health Equity (IHE) in November 2024, to benefit from their expertise in understanding the health inequalities experienced in Oxfordshire and sharing as well as learning from good practice in addressing these. This programme complements the approach of the health and wellbeing strategy, and introduces a common approach to identifying, understanding and addressing health inequalities.

25. The Rural Inequalities working group, established in January 2025 with representatives from local councils, voluntary organisations, and IHE, aims to understand and address rural health inequalities in Oxfordshire. The group has gathered personal stories and mapped national and local data to identify hidden pockets of deprivation and fourteen priority rural areas. Through stakeholder consultations and upcoming community engagement—including surveys and focus groups—they are exploring residents' experiences with health, wellbeing, and service access. Insights from this work, combined with quantitative data, will be used to assess gaps and make recommendations for improving health and wellbeing in rural Oxfordshire, directly informing future commissioning and resource allocation decisions

Empowering Communities Through Local Resources

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26. Enabling people to engage with their communities and access local care and support is a key focus for the Council, with a range of resources available to facilitate this. The Livewell Online Directory serves as a central hub, providing the latest information on care, support, and community services. This directory is particularly beneficial for self-funders and rural residents, who may experience digital exclusion or be unaware of the services on offer. Additionally, digital access points located in libraries—with staff available to assist—ensure that those without internet access can still obtain the information they need.

27. The Age UK Oxfordshire Community Links programme helps ensure equity of access and outcomes for marginalised and rural communities by embedding link workers directly within local areas to provide personalised, strength-based support. These workers assist individuals in navigating care systems, accessing benefits, joining local groups, and overcoming barriers such as transport and digital exclusion. Delivered flexibly through home visits, phone support, and community events, the programme partners with Volunteer Link Up and OCVA to offer befriending, practical help, and Good Neighbour Schemes. This community-led approach ensures that even those in isolated or underserved areas can connect with the support they need, promoting inclusive and equitable service delivery.

Supporting Carers in Rural Areas

28. Carers Oxfordshire, with support from the council, provides assistance to carers in rural areas by developing and expanding peer support groups. These groups are structured yet informal gatherings where unpaid carers can share experiences, exchange mutual support, and obtain practical advice.

29. These groups are tailored to meet the diverse needs of carers, including condition-specific groups for dementia and Parkinson's, as well as general support networks. The Council ensures these groups are accessible both in-person—particularly in market towns and villages—and online, helping carers overcome barriers such as transport limitations and geographic isolation. Peer support groups offer safe spaces for carers to share experiences, and build community connections, which are especially important in rural settings where formal services may be less consistent. Additionally, carers are connected to resources such as respite care, training, and discretionary wellbeing payments, and are encouraged to participate in webinars and local events to enhance their knowledge and social engagement. Carers' Champions are present in each Adult Social Care Locality team, and dedicated staff from Carers Oxfordshire work alongside these teams to ensure carers receive the support they need.

Supporting Young Carers

30. The report referenced the need to improve the Council's support for Young Carers. The system-wide Carers' Strategy covers carers of all ages, and the action plan has an emphasis on supporting young carers. The Carers Strategy working group held a workshop in October 2025 where it considered the questions

    (a) Supporting awareness of young carers, chiefly in schools and within those adult health and care services which are working with the adults that some young people support
    (b) Identifying young carers in those and other settings and referring them into the appropriate assessment support
    (c) Developing self-help resources drawing on what young people tell us is important to them and recognising that not all young carers want the "label" especially in relation to their peer groups

(d) Supporting young people who are carers in the transition to adult life, and recognising that young adults may also have particular needs especially in relation to moving onto work or further study. A process has been agreed where Children's Services will identify young carers and refer to Adult Services at 17.5 so that a carers assessment is offered and the appropriate signposting is done. Adult Services will also check that the appropriate support is in place for the cared for person.

31. Commissioners are working with Children Education and Families to develop and analyse the data that is already collected in relation to Young Carers and identify further sources of information that will support understanding of needs both in terms of numbers and types of support. This will be reviewed by the Carers Strategy Working Group and used to develop the action plan in 2025/26

The Care Home Framework – Improving Access and Equity.

32. The new Care Home Framework introduced by Oxfordshire County Council in July 2024 is a strategic commissioning model designed to improve access, quality, and equity in residential care provision across the county. The introduction of the framework has encouraged registration from both urban and rural care homes, resulting in a more balanced distribution of provision.

Table 1 - Care Home Distribution by District and Area Type

District	Care Home numbers	% of total	Area Type
Cherwell	15	23%	Mixed (Urban & Rural – includes Banbury, Bicester
Oxford City	12	18%	Urban
South Oxfordshire	10	15%	Predominantly rural
Vale of White Horse	14	21%	Predominately rural
South Oxfordshire	15	23%	Predominately rural

Technology that supports Rural Independence

33. The Council is developing and expanding the use of technology enabled care (TEC) to support people living independently at home, particularly in rural areas. Increasing access to devices that enable remote monitoring is a key step in supporting residents who may face barriers to accessing traditional care services due to geographic isolation. The TEC initiative includes remote monitoring devices such as pendant alarms, fall detectors, bed sensors, and smoke alarms, all linked to mobile response teams. These devices support people who might otherwise have to be cared for in residential settings to continue to live in their own homes. These and similar devices also have the potential to be used to analyse people's behaviour to improve care planning and interventions (e.g. to identify specific falls risk).

34. The Improvement Plan also includes activities to better understand and meet the needs of marginalised and rural communities through the creation of detailed community profiles and enhanced collection of Equality, Diversity and Inclusion (EDI) data. This data strategy supports accurate targeting of improvement efforts across all communities. To improve access to information, the plan includes reviewing and upgrading the website, offering non-digital formats, and providing digital resources in libraries with staff support. Maintaining the Livewell Online Directory ensures self-funders and rural residents have access to current and relevant information.

35. Next steps include identifying and supporting carers from marginalised groups, contributing to council discussions on transport for rural and disabled residents, and strengthening the Voluntary and Community Sector's role in addressing service gaps.

Sufficiency and sustainability of mental health, autism, and specialist care provision.

36. The CQC report feedback indicates partners and staff recognised that Oxfordshire County Council has made progress in identifying gaps and planning for improved provision in mental health, autism, and specialist care. There was positive acknowledgement of the council's efforts to develop a complex needs delivery site for people with learning disabilities and autism, as well as plans to create an autism strategy. Senior leaders were commended for their awareness of the challenges in mental health provision and for taking steps such as embedding housing workers in hospitals

37. The CQC feedback highlights some gaps in Oxfordshire's provision for mental health, autism, and specialist care and challenges in sourcing appropriate accommodation and support—especially for those with complex needs or a primary diagnosis of autism. The council's approach to each of these areas is described below.

Sufficiency and sustainability of mental health provision

38. To improve access to consistent, specialist mental health care tailored to local needs, the Council commissioned a new mental health contract in April 2025.The contract is held with the Integrated Care Board (ICB) and forms part of a broader collaborative partnership. Under the main contract, Voluntary, Community, Faith and Social Enterprise (VCSFE) partners are sub-contracted to provide accommodation, care and support, urgent care, and community services, with volunteers assisting in delivery. This contract aims to achieve the following outcomes through a partnership focused on place-based local service delivery:

- People with mental Illness will live longer
- People with mental difficulties and illness will have improved physical Health and Wellbeing
- People will be able to understand and access support and services that are timely, responsive and inclusive.

- People will participate in activities which are meaningful to them
- People will live in stable accommodation
- People will feel involved in their care and support
- Carers will be identified and supported to do what is best for them and the person they care for.
- People working within the partnership will feel valued in their role and given the best chance to succeed.

39. One of the Council's objectives is to facilitate equitable and accessible pathways for all people to obtain both clinical and non-clinical support for their mental health needs, whether they require urgent intervention, housing assistance, ongoing support, or access to wider community mental health services. However, limited local accommodation and support in the County present challenges for the Council. These challenges are being addressed within a broader housing plan for 18–64-year-olds including young people moving into adulthood. This initiative is being carried out in collaboration with the Property and Assets Team to develop a capital programme in which the county will own its properties, enabling support services to be provided within the county and allowing individuals to have their own independent living arrangements.

40. Within the Mental Health Contract, there is a sub-contracting arrangement with voluntary partners to provide specialist care, offering Accommodation, Care and Support services to help people recover while living in their communities. These partners work with people so they can have their own homes and personal space. The support focuses on helping people recover at their own pace and aims to prevent crises.

41. Work is in progress to improve the transition into adult community services, with a particular focus on supporting individuals moving from Children and Young People's services, forensic services, and inpatient units.

Sufficiency and sustainability of autism provision

42. The Council is developing a county-wide all age autism strategy with input from people with lived experience, families, carers, system partners, voluntary sector partners and community groups. The new strategy will continue to raise the profile of autistic people, in the community in education and the workplace. It will build on the foundations that already exist, work with those that experience autism in those environments and work collaboratively together to support autistic people at every stage of their lives. This will be done through early identification, inclusive education, employment opportunities, and family support. The Council's objective is to create a community where autistic people can thrive and achieve their full potential.

43. The core objective of this strategy is to eliminate obstacles that prevent Autistic people from accessing mainstream services independently. An initial draft was coproduced, and a consultation process has taken place. The

feedback from this has led to the redrafting of the strategy in co-production with partners and people with lived experiences. The themes that have been identified from the first consultation are:

- Diagnosing Autism – Pre and Post diagnostic support
- Community awareness of Autism
- Supporting Autistic children and young people in education, and positive transition to adulthood
- Employment and Housing
- Health and Care needs (Community and Inpatient Support)

44. A final engagement session is planned for early December 2025 in a “world cafe" style, with a view to finalising and launching the strategy on World Autism Awareness Day (April 2nd, 2026)

45. The waiting lists for Autism Diagnostic support remain a focus for the ICB and Joint Commissioners. The Council is currently collaborating with the ICB to explore innovative and digital approaches to address diagnostic needs, contributing to the Buckingham, Oxfordshire, Berkshire (BOB) transformation programme for Adult Autism Diagnostic Services. The innovative and digital approaches will include, use of AI within the CAMHS service, working with diagnostics services to look at the use of a working diagnosis that can be provided to a person at the time of entry to a waiting list with a potential to reduce the need for a formal diagnosis and an increase to the autism diagnosis contract to improve capacity alongside the implementation of a digital solution. People on an Autism Diagnostic waiting list are entitled to select a private provider for their diagnosis, which is funded by the ICB.

Sufficiency and sustainability of specialist care provision.

46. Specialist care provision offers a range of positive options including supported living (to support people with a learning disability, autism, physical disabilities and ADHD), residential care, and care homes. The Council has created a Supported Living Services Framework with 58 registered providers offering specialist support, which will assist both current and upcoming local projects in delivering care and support and complementing the capital and housing plan.

47. By working proactively with providers, high-quality, person-centred care is delivered in properties tailored to individual needs, ensuring people can enjoy the dignity and independence of having their own front door. These services are designed to thrive within local communities, empowering people to become fully integrated and active members of society

48. As of October 25, 201 people with complex needs were placed outside the county. The Council has allocated £5.9 million in capital funding for social care in 2025/26. Adult Social Care teams are collaborating with the Properties and Assets Service to develop and implement Supported living models in accordance with the Live Well Housing Plan.

49. Capital funding has also been secured from local Registered Providers and NHS England to develop a Safe Space, offering an alternative to hospital admission during assessment and home repairs. The project reflects joint investment by Oxford Health NHS Foundation Trust, the Council, and the ICB, who have committed ongoing revenue support for its operation

50. The Dynamic Support Register (DSR) is a tool used in adult social care to identify people—particularly those with learning disabilities and/or autism—who are at risk of hospital admission or placement breakdown. It helps professionals across health and social care to monitor these people, coordinate support, and plan timely interventions to prevent crisis situations. The Dynamic Support Register (DSR) in Oxfordshire maintains records for 62 people with high or complex needs, tracking those who require urgent supported living arrangements. Many require discharge from secure facilities or are transitioning to adulthood but face placement barriers. Future plans aim to provide flexible supported living options that adapt to changing needs.

51. These initiatives align with broader local strategies, such as the Oxfordshire Learning Disability and Autism System, the Live Well Housing Plan, and the "Homes not Hospitals" programme. Collectively, these frameworks establish a strong foundation for the proposed methodology, which aims to improve quality of life, foster inclusion, and minimise dependence on institutional care.

Workforce stability, leadership, and embedding continuous improvement across services

52. Focusing on workforce stability, leadership, and continuous improvement, the CQC found that The Council has established a stable and supportive leadership team with clear roles and visible, approachable senior leaders, which has helped staff feel well supported and empowered to develop professionally. The council's governance systems and partnership approach underpin a culture of continuous learning and innovation, with robust training, regular audits driving ongoing improvement. The Council has maintained oversight of performance and quality, targeted resources to areas needing urgent change, and embedded risk management and business continuity. According to CQC, strong leadership and commitment to improvement have enabled adult social care to adapt to challenges, support staff, and deliver quality, person-centred services.

53. The CQC report states that the workforce strategy provides direction however further improvements could be made to address skill requirements, succession planning, and demand management to support effective leadership and sustainable improvement. It also acknowledges ongoing recruitment and retention challenges, particularly in the independent sector. The CQC report highlights the importance of promoting diversity, inclusive leadership, and Oxfordshire Way values throughout the organisation.

54. Workstream 4 of the Oxfordshire Adult Social Care Improvement Plan 2025 focuses on Workforce and Leadership, aiming to develop staff skills, knowledge, and attitudes to help people reach their goals.

55. A strategic approach is in place to support workforce stability across the Adult Social Care workforce. The strategies for supporting sustainability in the workforce include the People and Culture Strategy for Council employees and the ASC Workforce Development Strategy which covers all adult social care employees regardless of employer and therefore speaks to both the independent and local authority sector.

56. The council actively promotes workforce stability by aligning strategic visions and engaging with a broad range of local partners and stakeholders. Initiatives include:

- Targeted engagement events for young people, aiming to encourage social care careers among students, parents, and educators from an early stage, and position social care as a career of choice.
- Collaborative work with partners to incentivise and promote learning and development opportunities.
- Values-based recruitment and practice to foster a culture of inclusion and diversity, ensuring employees feel supported in their practice and overall wellbeing.
- Building employer loyalty and ensuring continuity of care for people who draw on care and support.

57. Programmes are regularly reviewed for effectiveness, and strategies are adapted to include people of all ages and those with transferable skills. Workforce stability relies on connected steps: attracting candidates, recruiting effectively, and retaining staff to ensure a strong pipeline.

58. Market engagement is an essential component of the council's strategic approach. The council regularly conducts discussions with providers and collaborates with partners to develop coordinated approaches for addressing workforce challenges.

59. The Workforce Strategy is currently under review, with input from key stakeholders such as Skills for Care. The updated strategy will introduce targeted recruitment campaigns and increase opportunities for volunteers from VCSFE organisations, recognising their important role in supporting care services and easing staff pressures.

60. Workforce planning will be carried out at both local and system-wide levels, focusing particularly on strengthening social work capacity. This will be coordinated with Integrated Care System (ICS) workforce planning to ensure a consistent approach across health and social care.

61. Professional development remains a priority. The strategy will make Continuing Professional Development (CPD) and study time a regular part of staff supervision, reinforcing the importance of ongoing learning.

62. Diversity and inclusive leadership are central to the plan, which aims to build a more diverse workforce and promote inclusive leadership in line with Diverse by Design principles and the Workforce Race Equality Standard (WRES).

63. Leadership development will be supported through a dedicated programme, delivered with the Organisational Effectiveness and Cultural Change team, to ensure leaders are equipped to guide teams through change and innovation.

Corporate Policies and Priorities

64. Adult Social Care's priorities are shaped by the Councils corporate vision and priorities, with particular focus on:

i. Tackling inequalities: working with partners to address inequalities focussing supporting on those in greatest need, embedding and implementing our digital inclusion strategy

ii. Prioritising the health and wellbeing of our residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives.

iii. Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and increasing choice, focus on preventative services, invest in creative options to support carers.

Financial Implications

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

Comments checked by: Stephen Rowles, Strategic Finance Business Partner

Legal Implications

66. From 1st April 2023, CQC became responsible for the independent review and assessment of the performance of local authorities in delivering their adult social care functions under Part 1 of the Care Act 2014. The Health and Care Act 2022, s163, establishes that CQC must

(a) conduct reviews of the exercise of regulated care functions (i.e. those under Part 1 of the Care Act 2014) by English local authorities,
(b) assess the performance of those authorities following each such review, and
(c) publish a report of its assessment.

67. To support that assessment process, CQC introduced its Assessment Framework comprising of 9 quality statements mapped across 4 overall themes, as outlined above.

68. Where it considers that a local authority is failing to discharge its functions, CQC is under a duty to inform the Secretary of State and to recommend any special measures it considers the Secretary should take to improve performance. Ultimately should an authority persistently fail to discharge its functions to an acceptable standard, the Secretary of State has the power to intervene.

69. This report details the findings of the recent CQC inspection and confirms that at this point the authority has been assessed as 'good' with some areas 'requiring improvement'.

Comments checked by: Janie White, Principal Solicitor and Legal Business Partner

Staff Implications

70. The Deputy Director of Adult Social Care serves as the Senior Responsible Officer for assurance preparation. The Adult Social Care Assurance lead oversees ongoing monitoring, improvement plan delivery, and inspection readiness, all within current budget constraints.

Equality & Inclusion Implications

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

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

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

Risk Management

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

NAME	Karen Fuller, Corporate Director of Adult Social Care
Annex:	Annex 1- Oxfordshire Council Self-Assessment Annex 2 – Adult Social Care Improvement Plan Summary
Contact Officer:	Victoria Baran, Deputy Director, Adult Social Care victoria.baran@oxfordshire.gov.uk
	November 2025

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OXFORDSHIRE COUNTY COUNCIL

Oxfordshire County Council

Adult Social Care

Self-Assessment

Contents

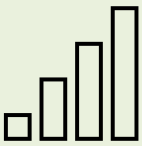
Overview and Summary

Oxfordshire as a place

Oxfordshire has circa 725,300 residents, and our population is growing faster than elsewhere. Between the 2011 and 2021 census the population grew by 10.9% compared to 6.6% in England. Over this same period the number of people aged over 65 grew by 25%. Oxfordshire is the most rural county in the Southeast region but 60% of the population live in the city of Oxford or other main towns. Life expectancy and healthy life expectancy in Oxfordshire are each significantly higher than national and regional averages for both males and females. Based on the Indices of Multiple Deprivation (IMD 2019), Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England. More information and data about Oxfordshire and the people who live here can be found here.

Oxfordshire is a two tier local authority comprising one County Council and five district councils and is covered by the Berkshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB)

Adult Social Care



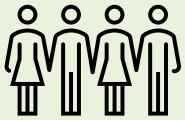
6660 people receiving ongoing care and support at the end of July 2023

52,674 people who say they provide care and support to a family member or friend in the census

100+ providers of care in people's own home – 32,180 hours of care per week in June 2024 up 6.8% since June 2023

6698 Safeguarding Concerns from July 2023 to June 2024

136 care homes at July 2024 with 466 council funded permanent admissions over past 12 months



23.2% of Oxfordshire residents are from non-"white British" backgrounds (Census 2021)

14.5% of people living in Oxfordshire have a disability (Census 2021)

152,430 hits on our Live Well Oxfordshire website in 2023-24

Vision and Strategy for Adult Social Care

The Vision of Oxfordshire County Council Strategic plan 2023-2025 is: *To lead positive change by working in partnership to make Oxfordshire a greener, fairer and healthier county*. The Strategic Plan sets out nine priorities which include:

Our Annual Report sets out our achievements against these priorities over the past year.

Alongside our corporate plan, our Health and Wellbeing Board has a Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire". This is delivered through the Joint Oxfordshire Health And Wellbeing Board Strategy which is Oxfordshire's primary strategy for health and wellbeing, setting out a strong, unified vision to improve health and

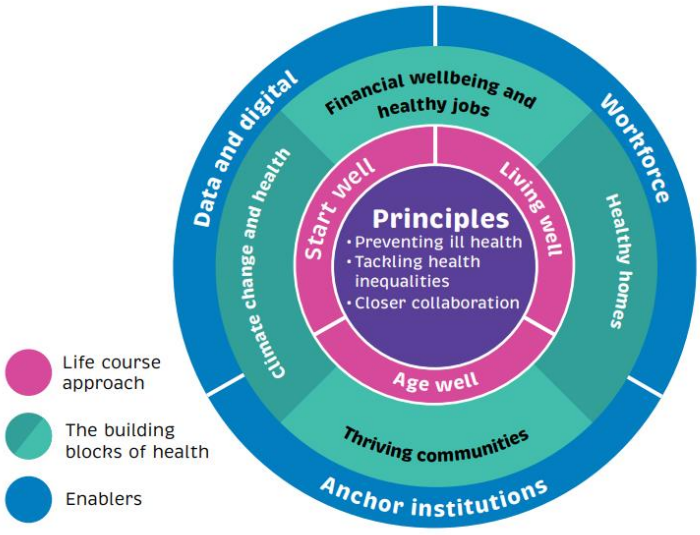
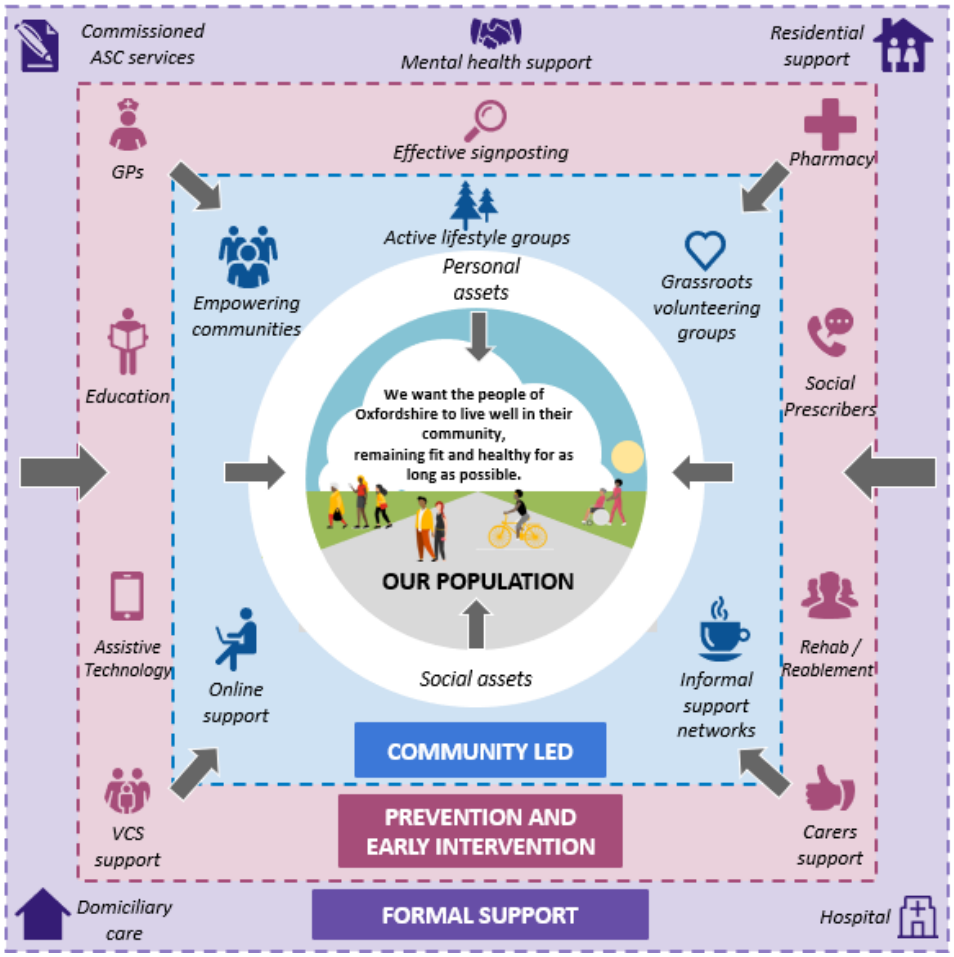


Figure 1: Summary of Oxfordshire Health and Wellbeing Strategy

wellbeing for local people between 2024-2030. The strategy has recently been refreshed, involving over 1,000 residents from all backgrounds and many seldom heard communities, listening to their challenges and hearing what helps them stay well and healthy.

The Oxfordshire Way

The Oxfordshire Way is our vision for Adult Social care, **"We want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible."** This vision has been driving the transformation of Adult Social Care in Oxfordshire for the past three years. The strategy which was co-created initially with the voluntary sector outlines the Council's vision and desired outcomes for people who need care and support and explains how we will achieve these goals.



The Oxfordshire Way[i] guides the service as we plan for the changing needs and demands of our population as set out in our Oxfordshire Way strategy.

In spring 2024 we refreshed our priorities, responding to our latest performance data and feedback from a variety of sources including people we support and our LGA Peer Review. We have a Continuous Improvement Implementation Plan[ii] to respond to the findings.

The Impact of the Oxfordshire Way

The Oxfordshire Way approach is having a tangible impact on people's lives. We have seen a 67% reduction in the number of people waiting for a social care assessment since April 2021 and the longest wait time for an assessment fell by 59.5%. This is an ongoing journey, and we continue to work with our partners to implement change. You can find out more about the impact of the Oxfordshire Way for local people in the video below.

The delivery of the Oxfordshire Way is underpinned by our service delivery plan for Adult Social Care[iii].

Our Operating Model

Our service is delivered by one team comprising Operational Teams and the Health, Education and Social Care (HESC) Commissioning Team, with specialist input from the Housing Service

Operational teams work with people receiving care and support and their families in a strength-based and community-focused way to ensure people can live independent, meaningful lives in their home. Operational teams support the Oxfordshire Way ambition to promote independence, community connectedness and where necessary assessment for personalised care and support; they comprise multiple disciplines and award-winning in-house day services. Our Oxfordshire Employment Service is a dedicated team to support adults with additional needs into supported internships, to achieve their full potential and goals. The Shared Lives service is well established with a high proportion of long serving carers and has

ambitions for significant recruitment and growth to support individuals with a variety of needs including younger onset dementia in 2024.

The Health Education and Social Care Commissioning (HESC) Team is a joint commissioning function with the ICB that oversees and delivers the Joint Commissioning Executive's programme for the population of Oxfordshire with a total pooled budget of £500m in 2024/5. It includes staff employed by the council and the Oxfordshire Integrated Care Board with some posts designated as integrated roles. HESC strategies and activities[iv] deliver a collaborative commissioning approach which is co-designed at system-level for Oxfordshire. The strategies are all-age where possible. Guided by the Oxfordshire Way, we use data and intelligence to enable evidence-based decisions about investment and prioritisation. Our work is supported by detailed delivery plans and impact is monitored at service and system level. We use the principles illustrated in the Think Local Act Personal Ladder of Co-production to ensure that the voices of people who draw on care and support are at the forefront of conversations about strategic work to embed the Oxfordshire Way.

The service is further committed to working strategically with our district and city councils in relation to housing, to help shape policy and participate in the Housing Directors group.

Working Effectively in Partnership

Partnership is at the heart of the Oxfordshire Way. Working together with other organisations including local NHS services, and voluntary sector organisations.

There are over 120 social prescribers and other community connectors embedded in the community in a variety of roles supporting people locally to access resources and activities which will support them to reduce isolation, improve their health and remain independent. An interactive map is available indicating where social prescribers and community connectors are across the county.

Partners are embedded in governance including in the Promoting Independence and Prevention Group (PIP), supporting and driving delivery of our prevention agenda and the Oxfordshire Way. PIP was established in 2021 and has a large and growing membership. All partners of the Oxfordshire Place system are represented. In 2024 the PIP group are playing an instrumental role in co-designing the Oxfordshire Prevention Strategy.

Our Communities of Practice, convened by Oxfordshire Voluntary and Community Action, bring together practitioners, charities and volunteers involved in Adult Social Care to share experiences and solve problems. These forums aim to provide better visibility of, and access to, available support, and to deliver a more joined-up experience for adults with social care needs within the community. A recent survey indicated that around 80% of members feel more connected, with increased knowledge about what is available locally and understanding of the work of colleagues in other parts of the system, and 64% said that they had made a new connection with a new person or organisation.

> *"I get so much out of your organised meetings. Part of our role is to engage with and identify new health support services, so we love to meet all other attendees and we learn so much from your speakers."*
> *Disability Employment Adviser, Banbury Job Centre and Communities of Practice Member*

HESC, the joint commissioning function, oversees the Joint Commissioning Executive's programme. Our Better Care Fund plan was developed with partners including health and voluntary sector, through stakeholder workshops targeting prevention, delay to formal support, a Home First approach to hospital discharge, health inequalities and integrated care and support. We know that local people are keen to see collaborative working across seamless services, including between health and social care and we continue to work together to promote this.

Our Market Sustainability Plan has been co-produced with our care providers through a series of workshops together with a refresh of our Market Position Statement. Provider feedback indicates that we have some examples of good practice in our strategic working with the care market such as the development of our workforce strategy and action plan and that they would welcome further opportunities for partnership working. We work closely with Oxfordshire Association of Care Providers (OACP) and have commissioned them to support and strengthen communication channels with the sector including increasing the number of face-to-face Provider Forums and Workforce Round Tables.

The Oxfordshire Mental Health Prevention Framework is being delivered through the Mental Health Prevention Concordat which brings together a wide range of partners including Oxfordshire County Council, the ICS, Healthwatch, Oxford University Hospitals NHS Foundation Trust, District Councils, Age UK, Oxfordshire Mind, Oxford Health NHS Foundation Trust, and a range of third sector organisations. The framework sets out the vision for everyone in Oxfordshire to have the opportunity to achieve good mental health and wellbeing through partnership working, targeted action, increased skills and knowledge and building resilient communities.

The county council works in partnership with our five district councils in Oxfordshire to enable joint working and reduce duplication. Examples of joint working to support our communities include the Thriving Communities Strategy co-produced with Oxford City Council. In relation to housing and homelessness we attend and / or lead the following groups:

- The Prevention of Homelessness Directors Group (PHDG). This group produced the Homelessness and Rough Sleeping Strategy and monitors progress, providing support when required.
- The Countywide Housing Steering Group (CWSG). This group is responsible for the delivery of the above strategy. It also monitors the Homeless Alliance and looks at housing supply across the county.
- Joint Management Group (JMG). This looks at the strategic management of the Homeless Alliance, a commissioned service comprising six organisations and City and District Councils. This is driving a system wide approach and the leadership includes people with Lived Experience.

Co-Production and Engagement

Underpinning all our work is a focus on the impact we have on people's lives and the outcomes for our residents. We recognise that co-production is vital to ensure that people with lived experience work alongside us to shape services. Following the feedback from our peer review we are continuing to strengthen our approach to co-production

The foundations of the approach are:

- The Team Up Board – a joint group of people with lived experience and officers who advise and promote co-production in our services and resources.
- A Co-production team – a staff team that leads and supports co-production, consultation and engagement activities including training.
- Formal engagement and co-design – involving people throughout the commissioning cycle, from planning to review, for example in the development of our All Age Oxfordshire Unpaid Carers Strategy 2023-6[v].
- Regular surveys and feedback – collecting and using people's views and experiences to improve services.
- People being in control of their own care and support.

We have recently worked with Oxfordshire Family Support Network (OxFSN) and My Life My Choice to co-produce a redesigned short breaks and respite offer[vi] as part of a recommissioning process. A co-production event was held in February 2024 bringing people together to talk about what was working well, what could be better and what a good service would look like in future. This initial work provided a springboard for ongoing co-production throughout the commissioning process including development of service specifications and plans for people with lived experience to participate in the procurement process later in 2024.

In 2023 our day services developed the role of Quality Checkers working with people who use the service to develop and take on the role. In the first year the 20 Quality Checkers have visited day service sites that they do not usually attend to obtain feedback. Based on the Quality Checkers feedback we are now looking to make digital support plans accessible to people who use the service and improve information sharing with digital displays about what is happening in the centres. Our quality checkers also highlighted that people who use the service do not always know how the staff who support them are trained or what procedures the services have. This summer our Quality Checkers will be working with staff from the service to review these two areas to see what improvements the services could make for people.

Our Quality Improvement Team attend residents' groups or similar forums arranged by our care providers, to listen to direct feedback from people we support, which informs our action plans. During our formal provider monitoring processes our QI officers speak to people who draw on care and support and the feedback is recorded to inform performance metrics. Our domiciliary care providers are required to

complete satisfaction surveys with people who draw on their service. Any provider with a satisfaction rate of below 80% are requested to complete an action plan to address this which is reviewed through quality monitoring processes.

Our Team Up Board, established over five years ago, provides the formal arena for overseeing our coproduction arrangements. Its purpose is to promote and develop co-production in current and future services and resources. The membership has evolved over time and in the past 12 months new representatives have joined the board, diversifying the range of different perspectives that are available to advise and challenge us. One of its activities is to monitor the progress of our commissioning projects to be assured coproduction opportunities are considered from the outset. We recognise this is an area which we want and need to strengthen.

We gain ongoing insight into how the public views our services through

- our Adult Social Care (ASC) user survey
- our engagement and co-design work
- our bi-annual Carers Survey
- our nationally published Adult Social Care outcome framework (ASCOF) data.

Adult Social Care performance and activity

Our Performance, Practice and Pounds (PPP) extended leadership meeting oversees all improvement activity including our Continuous Improvement Implementation Plan[vii] which addresses our areas of development identified in spring 2024 with support from the LGA Peer Review.

Our ASCOF outcomes submission for 2023/24 shows considerable improvement in performance.
Data is available on 20 of the 21 measures in the new framework. On 14 of the 20 measures performance improved in the year. Overall, we perform better than average on 57% of all measures and 15 of the 20 measures perform better than the last national position (22/23), with one measure scoring at the same level. In Oxfordshire people who use services say they have a real and positive impact on their lives; they have higher than average satisfaction – 68.5% of people are very or extremely satisfied with their care and support compared to 64.4% nationally, find it easy to access information about services and have as much social contact as they would like. We keep people independent within the Oxfordshire way with fewer permanent care home admissions than elsewhere, improving outcomes from reablement, with more people still at home 91 days after discharge from hospital than the national average and more adults with learning disability living in their own home or a family home. People are empowered by high use of direct payments and consistently people tell us they feel safe.

A summary of our ASCOF outcomes submission for 2023/24 is provided at the very end of this Self Assessment for reference. Data calculations are based on current population projections and the data we have submitted to NHS Digital.

Some additional key performance indicators are set out in the chart below.

People supported with on-going care **6660 (31 July 24)** July 23 6526 Change 2.1%↑	People supported in their own home **71.3% (July 24)** July 23 70.7% Change 0.5%↑
Number on Assessment Waiting List **592 (July 24)** July 23 1448 Change -59.1% ↓	Maximum wait on assessment waiting list **82 days (July 24)** July 23 130 Change -36.9% ↓
Adults with a learning disability supported to live at home **89.3% (July 24)** July 23 88.0% Change 0.7% ↑	Visits to Live well Oxfordshire **152,430 between April 23 and Mar 24** Apr 22- Mar 23 80,687 Change 89%↑
People supported with a direct payment **1205 (July 24)** July 23 1215 Change -0.8%↓	Carer Direct Payments **1761 between April 23 to March 24** 22-23 1781 Change 0.1% ↓

CQC Theme 1: Working with People

Our Ambition

Our ambition is to support people to live independently and with increased social connections. We want our residents to have greater satisfaction with the services we provide to support them when they need it. Our aim is to promote preventative services leading to a reduction in the demand for formal care services and to support people to live at home wherever possible.

Our Strengths

- The Oxfordshire Way is having a positive impact on people's lives, driving prevention, innovation and partnership working with the voluntary sector and other partners
- Staff are committed to delivering person centred, strength-based support
- Assistive technology is demonstrating impact in supporting people to stay safely in their own homes
- Our support for carers continues to develop offering information, guidance and support through creative support options which focus on prevention and early intervention.
- We work creatively to support people to remain independent working across the Oxfordshire system.

Areas for improvement and development

- Continuing to reduce the number of people waiting for assessment and improving timeliness of assessment
- Further embedding strength-based recording and approaches to assessment and support planning
- Widening channels for people to access assessment for care and support services and ensuring information is easy to access
- Embedding co-production and equality, diversity and inclusion more consistently

Key Statistics

Activity	Working Well	Priority Area
66,400 contacts were taken by the social and health care team via phone calls and emails over the last 12 months	445 permanent care home admissions for people aged 65 and over – a rate of 340 per 100,000 pop and 21 permanent care home admissions for people 18-	592 people on the assessment allocation waiting list (July 24)

4,682 were forwarded to social care teams and the rest (7%) were forwarded to social care teams with t 93% resolved in the centre	64 – a rate 4.67 for the period July 23 – June 24	
6,660 people supported in long-term care, up by 2.1% over 12 months	77% of people fully independent following reablement in the last 12 months (July 23-June 24) and 89% with reduced care needs including fully independent	123 days longest wait on assessment waiting list (July 24)

Prevention

The Oxfordshire Way underpins everything we do and illustrates our commitment to prevention, innovation, and working in partnership with the voluntary sector and other partners. The LGA Peer Review further evidenced that frontline staff have a good understanding of the preventative options available to them. The LGA Peer Review also highlighted opportunities for clear strategies to further embed the culture and vision between commissioning and operational teams. We are working across health, care, public health and the wider community and voluntary sector to develop a Promoting Independence and Prevention Strategy for Oxfordshire. This will build on the Health & Wellbeing Strategy, the Strategic Vision and the Prevention framework and

1. Build community capacity to create the conditions for independence and prevention so that people can have the best possible mental and physical wellbeing
2. Keep people connected in their communities so that they are more independent
3. Create the right environment for the system-wide approach that prevention requires.

The strategy is in development and will be finalised and adopted by end of December 2024. It will support planning and investment decisions for 2025/26 in both the Better Care Fund plan and the wider prevention agenda and create a framework to measure the impact of this work in terms of addressing health inequalities within our wider partnerships.

Our Live Well Oxfordshire website has a wealth of community resources with over 2,000 services and community groups. The website is actively updated with 2,592 quality checks completed in 2023 and 442 new groups/services added. During 2023, we worked with people with lived experience to redesign the website making it more accessible. This has increased visits for information by 115%.

We commission Age UK to provide Community Links Oxfordshire which gives residents local information and connects them into their community. Community Links Oxfordshire supports people to be as independent as possible and live life to the full, the way they want to. It ensures people are enabled to find out about what support and opportunities exist in their local area and enable people to stay independent, preventing the need for long term social care support. The Community Links service reported that from April to June 2024/5[viii], the service received 555 referrals for one-to-one connecting support from a variety of sources including self-referral, social prescribers and Locality Teams. Of the 321 referrals from our Locality Teams, 73% of people needed no ongoing formal support.

The Social and Health Care Team (SHCT) are the first point of contact for all Adult Social Care enquiries and referrals from members of the public and professionals. The team includes specialist customer service advisors, social workers and occupational therapists. They work closely with other organisations including Community Links Oxfordshire who are co-located as part of the SHCT once per week. The SHCT account for 21% of all referrals sent to the Community Links Service. As a result of this kind of innovative preventative working our Social and Healthcare Team resolve 93% of the contacts they receive. Supporting people to the right advice via Live Well or and or other preventative services such as reablement.

Oxfordshire has adopted Local Area Coordination as a new approach to support the Oxfordshire Way, working with Community Catalysts CIC (the national development organisation for Local Area Coordination). We have started this initiative in Bicester East and Chipping Norton, co-designing delivery with our PIP partners to target areas that are recognised as being “under-served”. We have recruited the first two Local Area Coordinators, and two further areas have been identified - Didcot West and Kidlington, where recruitment is starting in summer 2024.

A key part of our Oxfordshire Way prevention approach is asset-based community development and community capacity building. Our place-based Communities of Practice (CoPs), convened by Oxfordshire Community and Voluntary Action, are one example of this and were also mentioned earlier in the section on partnerships. Members include social prescribers, link workers, social workers, OTs, community nursing, advice workers, district and county council staff and community connectors, together with local charity and voluntary groups across mental and physical health, housing, and those working with people with learning disabilities. The CoPs are funded from our prevention budget to ensure that everyone has an equal voice. Those who attend see a real impact with positive member feedback.

We work in collaboration with partners to support people’s wellbeing and prevent the need for formal services at an early stage. For example, our exercise and falls prevention programmes which have been developed in partnership by Public Health, Adult Social Care, the ICB and the voluntary sector. These include:

- Age UK Oxfordshire’s Physical Activity Service which promotes positive physical health to people as they age primarily through two core offers: **Stay, Strong and Steady** (focus on Falls Prevention) which provides a stepping stone for participants to then transition into a vibrant **Community Exercise Programme**. 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.

- Three initiatives provided by Active Oxfordshire that support people to have a more active lifestyle

    - **Move Together**[ix] in collaboration with District Councils provides a supportive pathway for people across Oxfordshire with long-term health conditions to become more active.

    - **YouMove** is a new initiative which from April 2024 will offer free or low-cost physical activity for young people and their families who are facing the greatest barriers to physical activity (children in receipt of benefits-related free school meals, children in or on the edge of care, children classed as 'otherwise vulnerable').

    - **Physical Activity Clinical Champion** (PACC) in collaboration with Public Health is a new place-based pilot in Oxfordshire to provide and deliver bespoke, progressive system-wide education and training for all healthcare providers in implementing physical activity intervention into routine patient care.

Whilst we support the self-service principle of "digital first" we will ensure that people can find information easily in other ways that suit them. For example, in response to feedback from people who use the Live Well Oxfordshire website we have introduced a telephone number for people who are not able to access the website, or who may need some support in using it. There were 750 calls between April and December 2023, an increase of over 500% from the first month to the last.

We are commissioning a new advice service[x] across Oxfordshire in partnership with Public Health to support people to live independently within the community and reduce the risk of financial hardship. Face-to-face support within community settings and in people's own homes is built into the delivery model for people who require this form of intervention. The service has been co-designed with key stakeholders and people with lived experience and will provide free, independent and impartial advice and training to assist people with benefits, debt, budgeting and other financial and welfare issues. The service is primarily aimed at older people, adults with learning disabilities, mental health problems, physical and sensory impairments, adult and young carers, young people aged 16+ and families with young children (particularly those with disabled children). There is a particular focus on ensuring that the Service is accessible to people living in the Lower Super Output Areas (LSOA's) in the county which are classified within the 20% most deprived nationally according to the IMD 2019 and most likely to experience inequality, and to people with protected characteristics.

Strengths-based practice

We have some feedback from people with lived experience and providers that the process for accessing adult social care support is easy and rapid, although some feel that they wait too long for assessment.[xi]

When people are referred for assessment, we are committed to embedding the wellbeing principle and strengths-based practice into our assessments and reviews. We have clear guidance for assessment and review. Our Best Practice guidance was developed following an intensive training programme and Practice Standards have now been produced by the Principal Social Worker to complement the practice guidance. We consulted people who draw on care and support to find out what makes a good life for them and what's important for them when they are using Adult Social Care Services in developing these standards.

88% of people who use our services who responded to the national survey of people receiving long term support in 23/24 said they are 'satisfied' with their care and support. We also run an additional local survey. In the last 12 months we have received 859 survey returns. 88% of people who expressed an opinion said they were treated well by staff, but consistent themes that arise in less positive experiences include charging for services and delays or repetition in assessment processes. People do say they feel safe, and our services support them in feeling safe.[1] The majority of carers (65.8%) told us that we consulted them in decisions about the person they care for.[xii] People with lived experience tell us that support from services is valued and that the right person to support them has a positive impact on their lives.

Whilst adult social care staff self-assess that they are strength based in their practices, case audits by both the Principal Social Worker and Principal Occupational Therapist and those conducted in the LGA Peer Review indicates that person centred outcomes are at risk of becoming lost in recording. The peer review highlighted that we could further improve our strength-based practice by revising the language used in our Care Act Assessment and Support Plan documentation to be more outcome-focused. Our co-production team and Principal Social Worker will be working with people who draw on care and support and frontline workers to establish how our documentation can facilitate best practice, supporting people to identify their outcomes and live the lives they want. This is scheduled for delivery in December 2024.

We have an ongoing focus on case audit and our audit tool has been reviewed to provide oversight of how we are evidencing strength-based practice[xiii]. The tool includes clear ratings to identify outstanding practice and areas requiring improvement which are fed back to the person via their supervisions and as a consequence of audit. Overall performance of this is reported to the Internal Assurance Group.

[1] 72.6% of people who use services feel safe vs 69.7% in England, and 85.7% say services make them feel safe vs 87.1% in England.

The LGA Peer Review identified opportunities to clarify pathways between services. Mental health social workers (MHSW) for working age adults are embedded in adult mental health services under a s.75 agreement. They have statutory responsibility for assessing people under secondary mental health services. MHSW's have access to the local authority systems and meet regularly at all levels of practice to ensure that relationships are formed and maintained to ensure a safe and robust system for case transfers. The Service Manager attends the Adult Social Care Internal Assurance and Governance Group each month to report on activity, emerging issues and trends. Arrangements for the Care Act Assessment and Review of older adults with mental health needs are supported within the County Council. The team works collaboratively with health colleagues to deliver joined up care and support. Transfers between adult and older adult teams are discussed and supported by Team Managers.

MHSW's work closely with children's social care and CAMHS when a transfer of care for a young person is needed. The aim is for a seamless transition, and MHSW will work jointly with children social care and CAMHS to offer a smooth and safe transition between services.

Widening Channels of Assessment

Our digital vision describes our ambition to "harness technology in partnership with our residents and partners to improve wellbeing and promote independence". We are working to widen our channels of assessment and implemented an Online Financial Assessment in summer 2023. This provides people with a digital channel to find out how much they are likely to have to contribute towards their care and support. Using the online financial assessment allows people or their representatives to complete the form at a time convenient to them and enables the Financial Assessment team to complete the financial assessment quicker than via a paper form. After an initial soft launch, we engaged with early users, making changes based on their feedback and are now publicising this option widely. This has increased the uptake from a total of 193 in 2023/24 to 291 in 2024/25 (to end of July). People who submit their forms via the online assessment experience a rapid response as delays are minimised by efficient information exchange. We have recently been approached by another Local Authority who wish to learn from our approach to introducing an online financial assessment as they found ours particularly user-friendly. The financial assessment team has also been working to review processes and ensure these are as lean and efficient as possible.

We continue to develop further online referral options to support people to self-serve and self-assess at times that suit them and are currently working on a pilot of a Care Act self-assessment. We have harnessed the digital first approach established as part of our Adult Social Care Reform trailblazer work and continue to drive this forward to ensure increased channels are available for our residents.

Timeliness of Assessment

Managing demand is a key challenge for local authorities across the country. (see Fig 1). Based on population projections the council funds 3% demographic growth in adult social care each year. Our work through the Oxfordshire Way to develop

community assets and support people to stay independent in their own communities has meant the number of people supported in long term care is growing less than indicated by the demography. Since April 2020 the number of people in long term care has risen by 600, whereas the expected increase due to demography was 750. This is a 20% reduction and represents 150 more people living independently in their own communities.

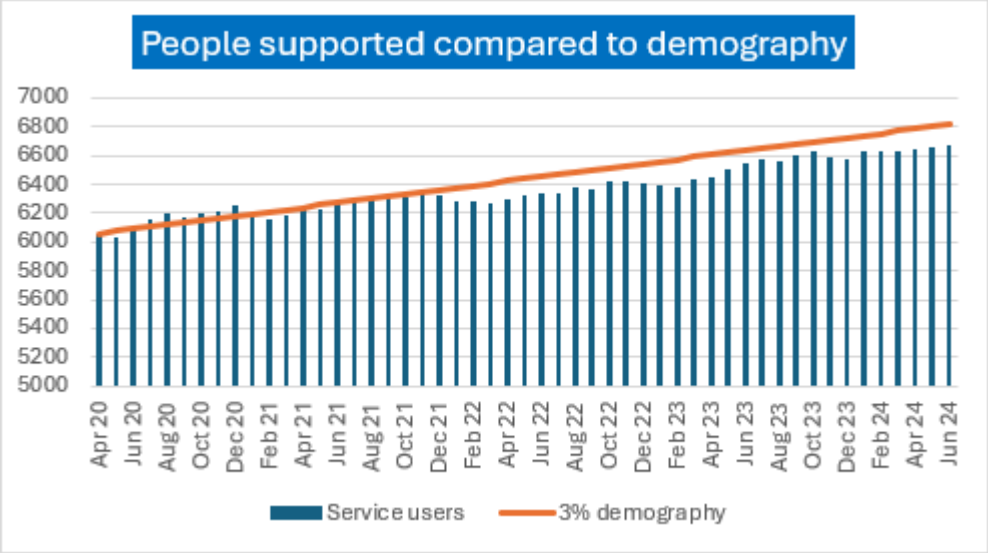


Figure 1. People supported compared to demography

The Oxfordshire Way has had a positive impact, leading to a reduction of 66.9% in the number of people awaiting a social care assessment between April 2021 and July 2024 the longest wait time for an assessment fell by 59.5% over the same period in locality teams.

This has been accomplished with the support of the Social and Healthcare Team which operates as the first point of contact for people to the Council. Through the application of strength-based conversations this team support people to connect with their local communities, provide advice and information and offer daily living aids. This often resolves a person's issues without the need for an onward referral or Care Act Assessment. Since 2019 the team has seen a significant increase in activity. Whilst telephony demand has only increased by 1%, email correspondence has increased by 120%. Whilst only 7% of contacts will be referred on for assessment by locality teams, there can be delays in this part of the process resulting in overall longer waiting times for people.

To address these delays, there is ongoing significant focus on delivering sustainable reductions in the number of people waiting for Locality Team assessments. Delivery is monitored by a weekly Meaningful Measures meeting overseen by the Deputy Director for Adult Social Care. This enables teams to have individual accountability and oversight as to their specific performance and areas for improvement. This focus on reducing waiting time has had a significant impact as illustrated at Fig. 2. The mean average wait for completion of an assessment was 77 days in July 2024 and the median was 62 days, compared to a mean average of 105 days and a

median of 125 days in April 2022. Of those on our waiting list in July 2024, 25.6% already had a support plan and the number of people awaiting an assessment has reduced from 1,118 in April 2022 to 582 in July 2024.

Whilst waiting times have seen significant reductions, additional activity is being undertaken to further address delays in transfer from the Social and Healthcare Team to adult social care Locality Teams. This includes ensuring proportionate paperwork is embedded as a practice standard, making use of AI to support with administrative tasks, automation of some functions and improving data to understand team performance. The Meaningful Measures meeting is also used as an opportunity to share learning, reflections and development between the teams.

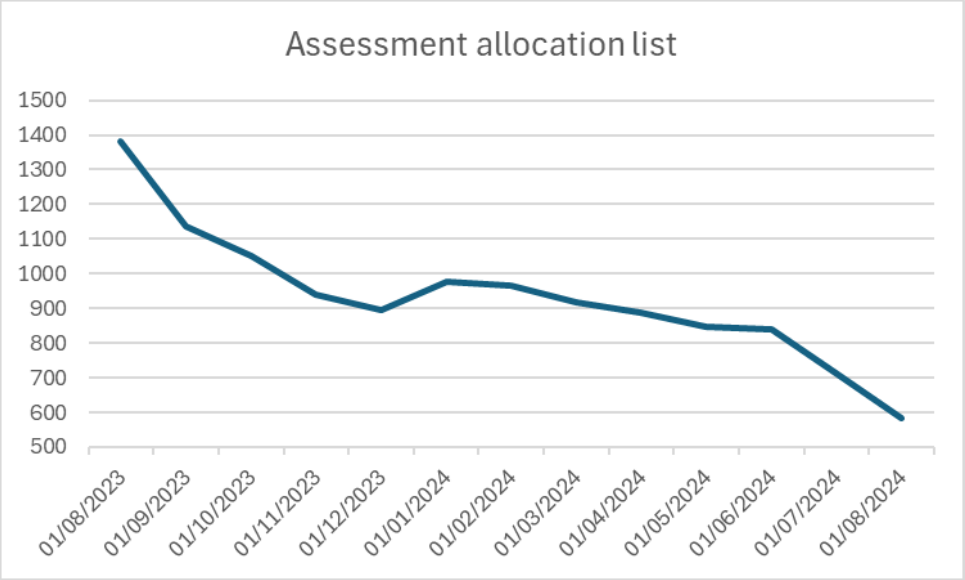


Figure 1: Number of people on allocation list

People on the waiting list are screened and prioritised to ensure we are appropriately managing risk. The Social and Healthcare Team utilises a prioritisation tool at the point of referral into locality teams which categorises referrals and alerts teams to urgent referrals. This is further screened by practice supervisors to provide verification and determine action required.

Screening best practice guidance was reviewed and updated in the last year following a Principal-led audit of the waiting list which evidenced that there was not always consistency in risk management and people were not always being contacted in a timely manner. This audit enabled a targeted approach to work with our teams to ensure that only those in need of adult social care remain on the waiting list and those who would benefit from alternative signposting or community connection receive swift advice. The screening guidance is provided as a supportive tool for practitioners to use to manage risk on the waiting list, ensuring all onward referrals are made in line with the Oxfordshire Way, for example through referrals to Community Links Oxfordshire, Dementia Oxfordshire, Referrals for Carers assessments. The Adult Social Care Forum brings senior managers and team

managers together ensure consistency of practice and embedding of the Oxfordshire Way at the point of support planning.

Prisons

Oxfordshire County Council is responsible for Care Act duties in relation to people detained in prison at 2 sites within the County. These Care Act duties are discharged via a s75 Partnership Agreement with NHS England. NHS England is responsible for healthcare within prisons and commissions on behalf of the Council the care delivered alongside this health provision. The Council is signatory to an MOU between the commissioners, the prisons and the provider of care and attends and assures the quality of care and the transfers of Care Act eligible service users into and out of prison. The Council attends quarterly contract meetings with the partners to the MOU as part of this assurance process. The East Locality operational team is the lead for this service. To avoid delays in assessment a lead practitioner in the East Locality team and the Team Manager co-ordinate the adult social care response for this group of people with 35 referrals for 24 people received in the last year.

Carers Assessments

Carers assessments in Oxfordshire are undertaken by Carers Oxfordshire[xiv]. We do not set target timescales for completion of carers assessments but currently the longest waiting for an assessment from date of referral is eight weeks, and the average is six weeks. The key reason carers wait for assessments is staff capacity. To address this, from 1st December 2023 an advisor has been contacting each carer on the waiting list within 5 working days to check if there is an issue that can be resolved immediately, ensure the carer knows they have been referred, is aware of the waiting times, and to send out useful information or signpost appropriately. To date this has demonstrated improved carer satisfaction but has not reduced waiting times for allocations or assessments. A review is underway of the current delivery model, including carers' line to ensure it is the most efficient way of working.

In the last 12 months, the Carers Oxfordshire service has supported 47 young adult carers (aged 25 and younger), including one 17-year-old transitioning from young carer to adult carer. In the development of our All-age Carers Strategy, we recognised that our identification and support for young carers and their families needed significant improvement, as well as for our adult carers. As a result, the first priority of our Strategy is defined as 'identifying and supporting' carers of all ages in Oxfordshire.

The Strategy has provided a platform for all statutory and voluntary organisations to join up their activities under the three priorities of the co-produced Strategy. We are already seeing the impact of this approach. In terms of young carers, we have agreed a young carers protocol that has been shared across both directorates to ensure a more coordinated approach to supporting our young carers in Oxfordshire. Secondly, Children's Services have completed bespoke training for

staff to increase awareness in relation to the identification of young carers. Finally, Children's teams improved the recording of young carers in their systems. All of these efforts resulted in improvements in better identification and recording of young carers.

For adult carers, achievements include improving recording of carers and signposting them effectively when the Council becomes aware of a carer while working with the adult they care for. We are working on analysing the carers known to our partners to ensure we can support our carers effectively as the Oxfordshire system.

Direct Payments

The percentage of people who use services who receive direct payments is consistently higher in Oxfordshire than the national average (28.4% compared to 26.2% nationally in 2022/23).[xv] We actively promote the use of Direct Payments; in April 2024 there were 1,199 people supported via a direct payment[xvi]. However, the number of people receiving direct payments has been declining with 100 people passing away and 53 people experiencing a change in financial or personal circumstances that meant they were no longer eligible for funded care from Oxfordshire. Positively, successful activity from the Direct Payment Advice Team has resulted in the service supporting the further management of 366 Direct Payments on behalf of health services and children's social care. The service is committed to maintaining a high rate of Direct Payments and building on previous success. It has identified actions to promote Direct Payments including closer working with adult social care teams and commissioners, as well as engagement sessions with people with lived experience throughout the year.

2

Timeliness of Reviews

Our performance on reviews is stronger than the national average, and in 2022/23 71% of people received a review compared to 57% in England and in the south-east region.[xvii] Most reviews are undertaken by a central review team which has delivered a robust approach to performance. Provider led reviews have also been initiated with 43 providers participating, with further providers to be brought on board in August 2024. 146 reviews have been completed to date and submitted via the development of our secure online portal. These are proving to be high quality and are delivering efficiency benefits, with satisfaction reported both by those drawing on care and support and by care providers. On January 1st 2018, 57% of the reviews in The Review Team were overdue. On 1st July 2024 this figure is 9.18%, this represents a reduction of 47.82 percentage points (see Fig 4). We are looking to spread this focus to other specialist teams where some people may still experience a delay.

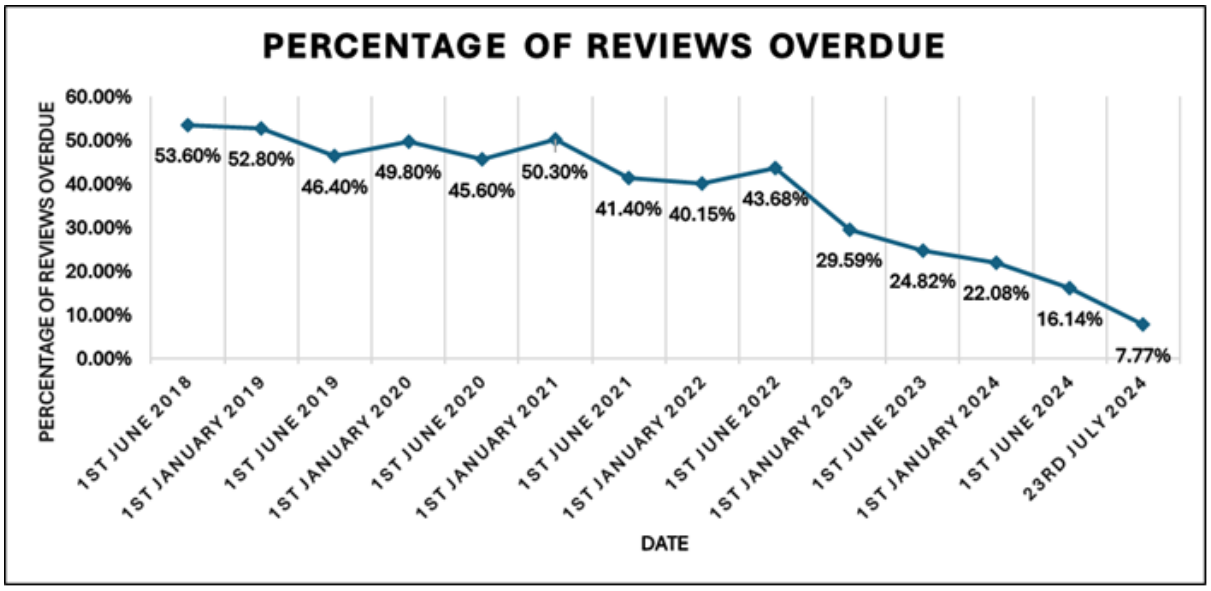


Figure 3: Percentage of Reviews Overdue

Information to support informed choices

Our key policies set out our arrangements for determining eligibility. They are published on our website where people can also find a range of information to support them in making informed choices about care and support. We continue to review and enhance our information provision. For example, we have been enhancing our policies and processes in relation to the financial threshold process. We recognise that when residents are approaching financial threshold whether in the community or in a care home that this can be a stressful and confusing time. We are currently finalising draft letters for residents and their families that will provide greater clarity in this area, as well as letters and leaflets for providers to share with people who fund their own care. We have produced new, more detailed guidance on care home banding definitions in collaboration with CHC, and providers. We have adopted a tracking report in teams so that people who whose capital is imminently

depleting or those who have a change in funding stream are now prioritised on our allocation list, reducing uncertainty and distress for people. This has led to closer working between locality teams and the financial assessment team to ensure people who are approaching the financial threshold for support are prioritised and receive joined up support.

Daily Living Aids and Adaptations

Oxfordshire residents can acquire a variety of living aids through our Integrated Community Equipment Service (ICES) provision. A digital tool was launched in 2023 for people to order daily living aids to help keep them safe and independent at home. The tool has been designed to be intuitive and user-friendly and people can navigate around pictures of rooms in their home to find equipment they can borrow.

We are also developing a Technology Enabled Care (TEC) strategy which will enable us to further harness the power of digital technology and better support our residents to live independently at home. This programme of work builds on our Adult Social Care Digital Vision. We are currently recommissioning our telecare response service, aiming to modernise our approach in line with technological developments.

Working with our diverse communities

Our ambition is to lead the field in equality and diversity in our workplace and service delivery, tackling disadvantage in our diverse communities. Our 2019/20 Director of Public Health Annual Report set out the challenges for Oxfordshire where affluence 'hides significant health and social inequalities'. Oxfordshire has an 'Including Everyone' framework which sets out our vision. The council engaged with a wide range of stakeholders to provide insight to inform both the development of the refreshed framework and its resulting action plan. Engagement activity focused on understanding the experiences of inclusion by residents with a wide range of demographics and their priorities for EDI progress in Oxfordshire. The primary method of resident engagement was a series of focus groups complemented by an online survey with under-heard communities, focusing on those who fell within the Equality Act 2010's protected characteristics.

The feedback from both focus groups and the online survey highlighted the positive impact of community groups and the challenges of travel and transport, socio-economic divides, safety and security issues, and communication sources of poor experiences of inclusion.

The framework has established a clear principle that inclusion is everyone's responsibility and is supported by a corporate action plan which is updated annually and used to track and measure our progress, monitored and owned by the EDI Steering group. Our service delivery aligns closely with the vision[xviii] and principles set out in the Including Everyone framework.

Oxfordshire is one of the most affluent areas of the country but there are 10 wards in which include areas ranked in the 20% most deprived in England. To understand the needs and priorities of these communities our Public Health team is working with

local partners creating ten community profiles setting out both the local health needs of these areas and their community assets. We have allocated a grant of £25k for each of the areas to provide seed funding for community initiatives to support implementation of the profiles' recommendations. The Well Together Programme has recently been established by the Integrated Care Board for Oxfordshire which builds on this work and provides further prevention-based grant funding to these ten local communities. The Public Health team has established six Community Health Development Officer posts that sit in the relevant District Council and work with the ten priority communities to ensure ongoing action to improve health and wellbeing and community resilience. We have commissioned Oxford University to support independent evaluation of this work to understand its effectiveness, which will report in December 2024.

Oxfordshire has received one of 25 grants from UK Research and Innovation (UKRI) which will help build a network to support the development of a community-led research strategy for Oxfordshire focused on the wider determinants of health and inequalities. The Council is working alongside Aspire Oxfordshire, Banbury Muslim Mosque Society, Oxfordshire Community and Voluntary Action and Oxfordshire Mind on this project. One research project led by Oxford Community Action is revealing the wider value of their food bank, particularly in terms of addressing social isolation.

Our Health and Wellbeing Strategy has been recently renewed; we worked from the outset with our diverse communities to ensure their priorities are reflected in the strategy. There was a particular focus on engaging with communities who are at greater risk of poor health outcomes. This was supported by work led by Healthwatch who spoke to around 1,000 residents across Oxfordshire.

Our Voluntary and Community Sector Strategy also recognises that tackling inequalities is a key part of our work, and that the voluntary and community sector is key in helping us to achieve meaningful change. In the strategy we set out our plans to work collaboratively with the local VCS to address inequalities by focusing on those in greatest need. We provide financial support to VCSE groups working with people who may experience inequality. There is a wide range of financial support available, including Community Capacity Grants[xix] to build up and strengthen grassroots organisations in their own local areas, especially where we know there are gaps or insufficient development of local resources.

We are also working with the Homeless Alliance group, an innovative way of joint working between councils and commissioned organisations to deliver homeless and rough sleeping services. In the last two years a women's project was established, funded through the Alliance contract with support delivery by Homeless Oxfordshire. The project supports five women in a property in Oxford, all of whom have had multiple rough sleeping episodes in their life. The support is around ensuring the women feel safe, listened to and supported in a trauma informed practise. They are also supported to access benefits and move on housing, as well as deal with past trauma and current risks of abuse.

The team is providing practical support to engage with female rough-sleepers, working with Oxfordshire Homeless Movement to carry out the Women's Rough Sleeping Census in September 2024. The census will address how to better engage

with female rough sleepers, who are often overlooked by traditional methods of measuring homelessness. The qualitative data gathered will provide a more holistic view of their experiences and help to give a more informed approach to our services in the future.

Case Study – Homeless Oxfordshire Women's Project

"SS has been struggling with anxiety and when we assessed her she was spending her days sitting on her bed crying and unable to engage. Since moving in with us we have worked on building her self-esteem, she has started boxing with our HRW and has been going to see her children who live with her ex-partner. We have referred to Aspire and she is now looking into volunteering at the Porch. Having done so well we have applied for Band 2 [housing] which has been accepted and soon she will have her own place where she will be able to see her children and move on from the homeless pathway."

We have a range of services and arrangements in place to support our approach to inclusion and accessibility for the people of Oxfordshire who come from a wide range of backgrounds. We have translation and interpretation services for those who speak another language, including a Language Line, and over the last year delivered 29 interpretations in Adult Social Care across 15 different languages, as well as 11 video remote translations across 7 languages. Where we have cultural diversity within a team this can be matched with people using our services if appropriate.

In April 2024 our Public Health team commissioned mobile sexual health testing and treatment service for homeless people as well as other hard to reach population groups. The team is undertaking a sexual health needs assessment for homeless population in Oxfordshire which will start in September 2024.

Our sensory impairment team works with a wide range of people and British Sign Language users can contact the council using a British Sign Language video interpreter, via the InterpretersLive! Service. We have an easy read licence to ensure we share information with people in appropriate formats. Our Community Support Service supports adults with physical disabilities, learning disabilities, mental ill-health and dementia to provide person-centred support to stay healthy and independent.

Oxfordshire Supported Employment

Oxfordshire Employment Service (OES) is an ambitious team with a mission to support anyone who has a disability or health barrier to access employment through a range of supported employment options. County Print Finishers, which has operated in Oxfordshire for 75 years and was a founder member of the national Supported Business Alliance, is directly shaping supported business policy by working closely with the DWP and the Minister for Disabled People, Work and Health.

In 2022 Oxfordshire was one of 20 local authorities which won a bid for Local Supported Employment. The team works with 200 people at any one time providing a comprehensive model of supported employment, including 40 supported internships for 16- 25 year olds with an EHCP provision. In 2022 the work of the team was recognised by the British Association of Supported Employment award for Practitioner of the Year and holds the RNIB Visibly Better Award 2022.

Working with local college providers (Abingdon and Witney College, Activate Learning), OES was a key partner in developing the Oxfordshire Supported Internship model. OES has met or exceeded all KPIs in the Local Supported Employment contract, including 50% of people sustaining employment 3 months post support against a KPI of 30% set by the DWP. The programme is now extended until Summer 2025 to support over 150 people on their journey towards employment.

Community Links

Through our Community Links[xx] contract Age UK Oxfordshire supports older people across the county, focusing resource on those who face exclusion through low income, poor health or loneliness. In 2022/23 they supported over 30,000 people, including 1,500 reached by Community Connectors who are drawn from the communities they serve, working with people by listening and talking through what could make a difference in their life. Age UK have recently undertaken an exploratory exercise to ensure that they are able to reach people in the most deprived wards through services funded by Adult Social Care.

Our Advocacy services[xxi] provide support for people who are struggling to get their voice heard, mostly supporting vulnerable people with the protected characteristics. When recommissioning this service in 2023, the service specifications were diligently prepared to include the specific needs of disabled people and those people with mental health needs. Experts by experience were asked to contribute and developed some of the questions with the Council which formed part of the evaluation process of the tender. As the new service is embedded during 2024, ongoing monitoring of the service will provide insight into potential gaps in provision than can be investigated and addressed.

CQC Theme 2: Providing Support

Our Ambition

Oxfordshire's ambition is to commission and provide high quality services that meet the needs of our communities to realise our vision and strategy. We have a diverse range of support options to meet people's care and support needs with a focus on prevention and support close to home in people's communities in conjunction with our partners, as well as high quality formal care and support to benefit residents of Oxfordshire. We commission personalised, preventative services that extend and support delivery of our strengths-based ambition set out in the Oxfordshire Way.

Our Strengths

- Robust joint commissioning arrangements are in place with significant pooled budgets
- There is strong partnership working including with the community and voluntary sector and a willingness to delegate leadership for this work where this increases impact
- There is a strong focus on supporting people in communities
- Our joint commissioning and market management approach ensures that people receive affordable and high-quality care that meets their needs, preferences and outcomes, when and where they need it.
- We have recommissioned our home care though our Live Well at Home framework. This has enabled a 6.8% increase in hours delivered in the last 12 months from 30,141 hours of home care per week at the end of June 2023 to 32,180 at the end of June 24
- Our Adult Social Care Workforce Strategy and Delivery Plan[xxii] have been co-designed with our provider market to address local workforce challenges, and we have commissioned innovative workforce initiatives to support the market.
- Increased our Extra Care Housing provision aligned to our vision which has increased the occupancy by 9%.

Areas for improvement and development

- Further development of our relationship with the care market to ensure Oxfordshire has a sustainable market that is incentivised to support personalised strengths-based care, aligned to our strategic long-term approach.
- Developing alternatives to care (e.g. assistive technology and equipment, or use of community resources) that extend people's independence and create efficiency and recycle capacity
- Drawing on our work with local communities to further develop our commissioning strategies with a particular focus on specific care need /

communities of interest and supporting early intervention and outcomes-based approaches wherever possible

- Development of an offer to self-funders which assures they can understand their choices and maintain their independence in the most cost-effective way possible. Developing our current intelligence and data to direct this work.
- Using the results of the recently completed Supported Housing Needs Survey to inform our commissioning intentions relating to accommodation requirements both in the short and long term. Working in a two-tier authority, it was imperative that we undertook our own survey.
- Increasing the scope and impact of our commissioning and market development by working in partnership on both strategy and implementation e.g. with Public Health, District Councils (including housing authorities) and the NHS.

Key Statistics

Activity	Working Well	Priority Area
9.0% increase in people being supported in extra care housing with planned care in last 12 months	115 providers are working with us through our Living Well at Home framework for reablement and domiciliary care	2.0% increase in people supported in their own home and 6.8% increase in number of hours of home care provided per week in last 12 months
32,180 hours per week of home care	99 community micro enterprises supporting 1,537 people with more than 3,600 hours of support	1.4% decrease in people supported in care homes in last 12 months

Market Shaping and Commissioning Strategies

Since HESC was established in 2021, we have made significant progress in engaging, understanding and managing the complexities of the Oxfordshire care market.

The purpose of the joint Health, Education and Social Care Commissioning (HESC) service is to improve outcomes for the population of the county through embedding the Oxfordshire Way in all we do.

Our strategies and activities:

- deliver a collaborative commissioning approach across health and care and in partnership with our population, key anchor organisations, and health and care providers
- are co-designed at system-level for Oxfordshire (all age where possible)
- build on the assets that are present in the community and local provider networks
- mobilise individuals, organisations and institutions to come together to realise and develop their strengths
- use data and intelligence to enable evidence-based decisions about investment and prioritisation
- are supported by detailed delivery plans
- promote independence and personal and community capability, rejecting the deficit-based approach that focuses on identifying and servicing needs
- impact is monitored through the Joint Commissioning Executive (JCE), an executive partnership established within our s75 agreement with the NHS and with delegated powers from Cabinet and from the NHS ICB Board, and reported into the Health & Wellbeing Board and Place Based Partnership Board

Our HESC approach is underpinned by principles of co production to ensure that the voices of people who draw on care and support are at the forefront of conversations about our work. We also work in partnership with operational services and the procurement hub to develop and deliver activities. We have identified clear overarching strategic commissioning priorities[xxiii] setting out how we will deliver across commissioning areas of Start Well, Live Well and Age Well. Our activity is supported by strategies such as the Oxfordshire Adult Social Care Workforce Strategy.

Our All-Age Unpaid Carers Strategy has been launched having been designed hand in hand with carers through co-production. Officers worked in partnership with carers from the outset ensuring carers' experiences and expertise drove the development of the strategy to make it meaningful and beneficial. Partners from health, education and social care, city and district councils and voluntary organisations including Carers Oxfordshire were also involved.

Case Study – Coproducing our new All-Age Unpaid Carers Strategy

Oxfordshire County Council has developed a new all-age unpaid carers strategy directly with people who have real life experiences of being an unpaid carer. During the initial stages the council heard from 1,600 carers of different ages and faiths and from various locations across Oxfordshire. Partners in health, education and social care (HESC), city and district councils and voluntary organisations such as Carers Oxfordshire have also been helping to create the final version of the strategy for consultation.

Elsa Dawson a carer from Oxfordshire was central in developing the strategy, using her own experience and talking to other carers about how they can be better supported. Working alongside carers in this way has strengthened our strategy ensuring it will help to support them better in future. Elsa reflected that “It is so important that carers are given the support they need, helping them to live a life alongside caring. We’ve listened to more than one and a half thousand carers, each with a different story to tell, and brought this all together to form the strategy.”

The HESC team has developed several care service frameworks as more efficient and transparent mechanisms for market shaping and management. Recent examples of this include:

- Introduction of a Care Homes framework with an agreed care and funding model which was designed with health and care clinicians and independent providers.
- Live Well at Home reablement and home care framework with an agreed model for delivery of Home First Discharge to Assess against a fixed fee model for reablement and homecare.
- A redefined approach to Adult Short Breaks (formerly known as Learning Disability Respite)

Following feedback from the Peer Review and our stakeholders we are currently working to develop and refresh our commissioning strategies[xxiv] with a focus on specific care need / communities of interest and supporting early intervention where possible. For example, we are working in partnership with SCIE to develop our All-Age Autism Strategy working with key local stakeholders especially autistic people, their families, parents, and carers. This strategy aims to improve the lives of autistic people living in the county across all aspects of their lives.

Refreshed strategies will have action plans developed with partners and will shape delivery and set direction for the next five to ten years.

We have clear needs identification through our JSNA, and will continue to improve the way in which we use data to inform and support our commissioning cycle with a particular view to targeting areas of inequality and supporting seldom-heard groups. We aim to involve experts by experience throughout service evaluation, service design, specification, evaluation criteria and evaluation of bidder’s responses.

We work closely with our care providers in order to better understand and shape our market. We worked with care providers in the development of our Market Sustainability Plan and have a refreshed Market Position Statement (2024). In 2022 we commissioned LaingBuisson as an independent organisation to work with our providers to undertake our Oxfordshire cost of care exercise. The Oxfordshire Association of Care Providers (OACP) and Healthwatch Oxfordshire were members of the Fair Cost of Care Project Board to ensure transparency of the process and seek their views on wider market engagement.

In September 2023 we launched a social care provider engagement hub on our Let's Talk platform. This provides an interactive space for us to share information between us and our providers. This has proved an effective way of communicating with providers about guidance updates, stories of difference and surveys, and we are seeing the number of visitors growing since launch. We will continue to work with our providers to seek new ways of using the platform.

We hold regular Workforce Round Tables[xxv] which are well-attended by providers and partners such as Oxfordshire Local Economic Partnership, local colleges and Skills for Care. The aim of Round Tables is to provide a forum for providers to share what's going well and lessons learnt from recruitment and retention practice, to foster collaboration between providers as well as develop good relationships with our market. These conversations have contributed to the development of our Workforce Strategy and shape our Delivery Plan.

Our most recent Workforce Round Table in May 2024 included updates about:

- Our work in partnership with SE ADASS on a consortium bid for DHSC International Recruitment Funds. The council led the commissioning of a technology-based solution to support social care providers in the south east with international recruitment.
- The impact of our joint recruitment initiative with our partners Care Friends, tailoring the Care Friends offer (which is available nationwide) for Oxfordshire with additional recruitment assistance for local providers, which targets recruitment efforts towards people who are "new to care", growing capacity in the county.
- A presentation from OACP, as a member of South-East Social Care Alliance (SESCA), about local support that is available to overseas carers including free training for recent arrivals to support their wellbeing in a new country; support to develop understanding of cultural differences and English language in the care context; support for displaced migrant workers to find alternative, ethical employment opportunities; and initiatives to support international recruits affected by unethical employment practices.
- Local training and development offers from Grey Matter Learning (Click) including the addition of a wellbeing bundle which the council subsidises locally

Our recommissioning of home care has positively impacted the available capacity of home care with the market now stabilised. Delays now are often associated with a complex level of need. For example, we recognise that we have longer waiting times for people who require supported living and have created posts for dedicated

brokerage officers who prioritise referrals working closely with our operational teams, providers and commissioners to identify appropriate timely placements. We are working with colleagues in finance and digital workstreams to better utilise social care dashboards, Power BI and automation and in future this will enable teams to see data on available placements in real time.

Although overall we have good capacity within our internal market, we do need to continue developing appropriate accommodation in Oxfordshire. We seek to commercialise our housing operations and look for an increased flexibility and risk reduction. We have made an initial capital investment of £5m in the Resonance Supported Homes Fund, an Alternative Investment Fund which was established to provide high quality Specialist Supported Accommodation across Oxfordshire. Oxfordshire's £5m initial investment will support 22 new supported living placements for people with a learning disability and Autism in partnership with Golden Lane Housing and will be delivered in 2024.

Extra Care Housing

We want the residents of Oxfordshire to live well and able in their own communities for longer, preventing the need for individuals to move to either residential or nursing care. Our ECH offer provides people the opportunity and support to live in their own home and the ability for their care package to be adjusted over time to suit their needs. We have commissioned additional extra care housing provision with three new Extra Care Housing schemes opening their doors over the past two years, establishing a total of 235 new units across all tenures, of which 157 are units for rental for social care nominations. Over the last 12 months, there has been a 9% increase in numbers of people being supported in extra care housing with planned care.

Data from the supported housing needs assessment, completed in July 2024, is being finalised. It will be used to analyse prevalence of different types of units and will support our strategic planning.

With this robust data, we will be in a better position to influence the number of homes in the community by providing an evidence base for the planning process and engaging in the development of the Districts & City local plan policies that are at various stages of review consultation.

Our current ECH provision is above the England average and equivalent to our CIPFA comparators (see table on next page).

	Extra care housing (units)			
Local Authority	**Open market sale / shared ownership**	**Rent***	**Total**	**Prevalence Rate per 1000 of over 75 population**
CIPFA Comparator average	**436**	**917**	**1,354**	**15**
Oxfordshire	**349**	**733**	**1,082**	**15**
England	**13,629**	**46,176**	**59,805**	**11**

Table 1. Extra care housing unit provision in Oxfordshire, England and CIPFA Comparators

Following the publication of the supported needs assessment, we will be developing a Housing Strategy, informing our commissioning intentions to ensure we deliver the right housing in the right places.

Live Well Supported Living Framework

We have developed a new ten-year Live Well Supported Living Service (Adults) Framework to ensure Oxfordshire has a range of providers who can demonstrate the capability and capacity to meet complex needs. The Framework will provide a new contracting and commissioning approach that enables the tender of supported living contracts through “mini tenders” as new accommodation becomes available through the council’s development programme.

We have invested Additional Discharge Fund in two fixed term posts of Housing Specialists. They are currently ensuring that existing housing stock is used to best effect, working to reduce empty properties by repurposing or decommissioning units that no longer serve their intended purpose. Their work also includes analysis to assist hospital discharge and hospital admission avoidance. The system has also invested Additional Discharge Fund in a specialist Dynamic Support Register Practitioner Team to provide intensive case management to proactively discharge back to County and support those people identified as high risk with complex needs, ensuring where possible that support is wrapped around the person in the community, working with the Intensive Support Team (all age LD) and RAS (Reasonable Adjustments Team for Autism) to avoid admission or out of county placement.

Safe Space

We are developing a Safe Space business case, recognising this would be a robust resource in the community to support the local system to use a proactive and preventative model, reducing admissions under the Mental Health Act for people

who have a learning disability and / or autism. We have developed plans for an NHS England Capital Grant new build bid for a Safe Space as an alternative to hospital admission. This resource would allow time to ensure that an in-county option can be identified, when repairs/environmental adaptations are required when needs are escalating, to prevent the breakdown of care arrangements and avoid admission to hospital.

Micro Providers

Whilst we work closely with the 'traditional' provider market one of our key values as a Local Authority is to dare to do things differently. As part of the Oxfordshire Way, the council commissioned Community Catalysts to stimulate the growth of micro-enterprises, focused on parts of the county where traditional care providers have a lower presence. This has resulted in 99 community micro enterprises (CMEs) currently supporting 1,537 people with more than 3,600 hours of support.

Assistive Technology

Our ASC Digital Vision was updated in 2024, and one of the strategic outcomes identified was that we will co-design care and support options that take advantage of cutting-edge technology.

Assistive technology is supporting the Oxfordshire Way by enabling people to stay safely in their own homes and achieve decreased dependence on formal care. For example, the provision of a MemRabel 2, (memory clock) enabled a young adult with ASD and ADHA to become independent with personal care and taking medication. The equipment reduced his anxiety and challenging behaviour. The family described the equipment as 'life changing' and it provided a cost saving of £11,367 per year to Adult Social Care. The Assistive Technology team delivers mandatory training to all Adult Social Care Staff to promote these ways of working. This activity helped to delivering an increase in the use of activity monitoring using Canary Care and Just Checking from 2022 to 2023. Recent evaluation in 2024 demonstrated that three installations have delivered increased independence for people and a cost saving of £105,612.

Case Study – Supporting Independence Through Assistive Technology

Mary is 82 years old and has Alzheimer's Disease. She is becoming increasingly forgetful and falling more frequently. She is very active, likes to go out to meet friends and is very sociable. She lives in supported living with no night-time support and has two daily carer visits to support with medication and meal prompts. There were reports of Mary showing increased confusion and walking at night and other residents were raising concerns about Mary's welfare with a possible increase in care being considered.

Canary Care was installed for 2 weeks which gave us data about Mary's actual movements both in the day and night-time. During this time no night-time door activity was detected and the use of Canary confirmed that Mary was leaving her flat but only during the day. This gave both the warden and other residents reassurance that Mary was not leaving at night and enabled her family to work with Mary to continue to support her to access the community during the day. This prevented a possible care home placement and supported Mary to continue living more independently.

Adult Social Care has secured funding via NHS England Digitising Social Care Fund as part of a BOB ICS bid to scale technology supplier Anthropos. The aim of this project is to test the feasibility and effectiveness of sensor-based falls technology (SBFT) in adult social care settings across BOB. Anthropos uses sensors and other data sources to detect and prevent falls among older people living in care homes, extra care housing and short stay hub beds. The project involves installing Anthropos in selected care settings, based on data analysis and stakeholder engagement, and evaluating its impact on demand, workforce capacity, and cost. The project will also support the cultural and procedural changes required to ensure the adoption and sustainability of SBFT, by providing toolkits, training, and communication materials, as well as regular feedback and troubleshooting sessions. The final evaluation will collect quantitative/ qualitative data and case studies to demonstrate the benefits of SBFT and build the case for further roll-out. The project is due to go live in September 2024.

The following examples demonstrate more of the actions and planned work which will become part of our developing Tech-Enabled Care (TEC) strategy, as aligned to the 3 key strategic outcomes detailed in the Digital Vision:

Digitally Connected Residents

- We are reprocuring our telecare response service due to contract expiration in March 2025. This is a vital service that provides reassurance to our residents and their families and reduces pressure on ambulance and hospital services
- The Public Switched Telephone Network (PSTN) switchover is being managed through a programme approach with dedicated ITID project management and clinical support

Digitally Enabled Community

We want to improve access to information and TEC for our residents, for example

- We have developed a new digital tool for people to order daily living aids to help keep them safe and independent at home (link here). The tool has been designed to be intuitive and user-friendly and people can navigate around pictures of rooms in their home to find equipment they can borrow
- We are exploring developing an Independent Living Centre which enables residents to experiment with TEC before committing to purchase
- We are also simplifying our processes for ordering kit to make it easier for residents to access the technology they need

Digitally Confident Workforce and Partners

- We have a dedicated Assistive Technology team who run regular CPD sessions to support our workforce to utilise technology. We would like to build out this provision with community training partners to offer more training sessions for our staff
- We want to streamline how we conduct market research, pilot new products and embed them into business-as-usual service provision. We are working with our data and innovation leads to establish current technology usage and develop a framework for TEC.

Better Care Fund

Oxfordshire has developed and improved system wide planning that aligns the Better Care Fund to other system resources such as Public Health grant, NHS Urgent and Emergency Care Funding, and NHS Health Inequalities Funding. Our approach is to identify and improve those services that support the delivery of BCF metrics and extend our ability to deliver on prevention, inequalities, partnership and collaborative working and coproduction. The BCF is managed through a system wide planning, development, implementation and monitoring group which works alongside other partnership groups (eg Urgent Care Delivery Group, provider urgent care groups, County Housing and Homelessness Directors groups) and reports into the Urgent and Emergency Care Board and Place Based Partnerships in addition to the Health & Wellbeing Board.

Examples of the approach within the BCF include

- Focus on hospital avoidance: working to develop preventative services eg around falls delivered in partnership by community health and voluntary and community sector
- Supporting discharge home: implementation of Home First Discharge to Assess and the redesign of bed-based D2A around more complex dementia/delirium presentations
- Supporting care homes resilience

- Focus on supporting people with Learning Disability and/or Autism, or mental health presentations or complex drug. Alcohol and homeless issues in discharge from acute inpatient and ED settings
- Expanded offer to Carers and to people who are living with dementia or mild cognitive impairment
- System wide initiatives: funding of system leadership roles: Urgent and Emergency Care Director, Transfer of Care Hub Lead, Home First Lead

In 2024/25 we are developing our backing data to map the impact of schemes into the BCF metrics and to support a better understanding of value and efficiency to support our 2025/26 planning round.

Communities

We have a strong focus on supporting people in their local communities through initiatives such as community capacity grants, additional extra care housing places and an all-age accommodation framework for people with complex needs.

Community capacity grants, issued through the Connected Communities Fund, are demonstrating real impact on people's lives through supporting small organisations who work more directly with our communities in innovative ways to support sustainable communities.

Case Study: Daybreak

Daybreak, a charity specialising in providing activities for people with dementia and offering respite for carers has benefited from a grant of £9,809 that has enabled them to support 1,500 people buying specialist equipment, nutritious meals and further staff training.

Case Study: Gig Buddies

A community capacity grant of £9,282 to Gig Buddies has had a direct impact on Katie, from Witney, who is 32 and has a learning disability. Like many people in their early 30s, Katie enjoys going out to clubs, and loves musical theatre, and thanks to a programme which introduced her to fellow musicals fan Gina from Oxford, Katie now enjoys going to the theatre and monthly Stingray club nights for adults with learning disabilities.

Katie says: "Having disabilities does not mean I can't do things I love. Through the gig buddy scheme, I've met a friend for life, going to shows in Oxford and having a great time at the Stingray nightclub. The positive experiences I have give me the confidence to take on other challenges and live life to the max."

Shared Lives

The Oxfordshire shared lives programme is a CQC registered "Good" service where carers who have the skills, commitment and training have chosen to share their homes and lives with people who need support. There are around 100 shared lives households in Oxfordshire offering everything from short stays and support for a few hours a day to more long-term places to live. The ambition of the Shared Lives service is to become more flexible to meet a broader range of needs most recently including short breaks for people with dementia. We have identified as an organisation that we had a gap in provision for individuals transitioning into adulthood and are working closely with our children's colleagues to provide opportunities for care leavers and are working collaboratively with Shared Lives Plus as they support Local Authorities to develop the model through their 2 year funded programme. We have also used Accelerated Reform Fund monies to procure Shared Lives Plus to make recommendations on investment in our scheme particularly in relation to supporting more complex individuals. Positively targeted recruitment and advertising has resulted in a further 11 Shared Lives carers to offer placements this year, with people who have drawn on the service involved in the selection of new Shared Lives carers.

Supporting Unpaid Carers

Carers Oxfordshire is commissioned by the council and the Integrated Care Board and is provided by Action for Carers Oxfordshire and Rethink Mental Illness to support unpaid carers over the age of 18 years who are caring for a person of any age. Carers Oxfordshire carries out carers assessments (a self-assessment giving flexibility and control, and supporting those who may not use the self-assessment) and draws up a support plan to support carers' health and wellbeing, which may include carer payments as well as providing information, advice and support based on their assessment.

In line with Oxfordshire Way, Carers Oxfordshire supports carers to identify and manage their own needs and to plan for the future using a three-stage, strengths-based 'guided conversation' approach. This strengths-based approach aims to reduce social isolation and to enable carers to enjoy their own lives alongside their caring role. In 2023/24 Carers Oxfordshire reached 40,872 of Oxfordshire unpaid carers through a variety of means including a telephone helpline (Carersline), email and text access and the Carers website.

Our review of feedback from carers showed taking a break from caring has a significant impact on carers' health and wellbeing. We recognise the vital importance of supporting carers' wellbeing and we have been able to introduce innovative projects that have supported carers in having short breaks from essential tasks that others may take for granted.

To raise awareness on carers health and wellbeing and share information on what is available, we have a network of Carer Champions across the whole system including NHS Hospital Trusts, our own operational teams and throughout the council. In 2024, we also established a Carers Network in the Council to provide a safe space

for colleagues to share their experiences and information on the support services available across Oxfordshire.

Case Study – Feet Up Friday

Feet Up Friday is a scheme in which a hot meal is delivered on a Friday evening for all the family so that the carer does not have to think about preparing a meal. A laundry service has also been introduced where laundry is picked up from the carers, cleaned and then delivered back to them. Carers, including Shirley from Witney, find this extra support "just wonderful".

Dementia Support

- In partnership with the NHS, we commission Dementia Oxfordshire, a service provided by Age UK Oxfordshire.
- The service provides free, ongoing support for people living with dementia and their families in Oxfordshire.
- In 2023, the service supported 2,609 people living with dementia and 3,262 unpaid carers, completing 5,730 6-monthly reviews.
- The service is working with 71% of people living with dementia in the community.

Our partnership approach has included co-design of services with those who use them. Oxfordshire residents who receive a dementia diagnosis can now attend sessions that have been created with people who are living with the condition themselves. Dementia Oxfordshire worked with experts by experience to devise post-diagnostic education sessions.

Feedback provided to the service demonstrates that it has helped to reduce isolation and loneliness, and decreased carers' anxiety and increased their confidence in their caring role.

When asked about the impact the support had had on them carers report it "Made our lives easier" and that they "Feel supported". A new educational offer has been co-produced with carers and people living with dementia, some of whom now assist in the delivery of the sessions. Additional funding has meant that the service has developed a preventative Memory Support Case model to support people with memory concerns or Mild Cognitive Impairment, providing people with advice to reduce or delay progression to a full dementia diagnosis on lifestyle adjustments.

Joint Commissioning and System Working

We have a strong joint commissioning function with significant pooled budget arrangements under section 75 of the NHS Act 2006 (c. £500m in 2024-25). The s75 agreement incorporates the Oxfordshire Better Care Fund plan.

The s75 agreement covers a range of aligned and joint-funded services. The latter include

- Mental Health Outcomes-based contract
- Reablement services
- Community equipment services
- Step down short stay hub bed pathway
- Dementia support
- Services for carers
- Preventative services that are in turn aligned to funds outside of the s75 but deployed by Public Health and from the ICB Health Inequalities Fund
- Joint posts, eg brokerage operating across adult social care and NHS Continuing Healthcare

The s75 was significantly revised in 2022/23 to reflect the development of the HESC joint commissioning structure and particularly to reflect the life course approach within our strategic commissioning ambition. There is significant alignment with Children and Young People's services around commissioning that supports transition to adult services.

The s75 agreement sets out a series of performance measures that are aligned to the Health & Wellbeing Strategy and the Better Care Fund and are reported into the Health and Wellbeing Board via the Joint Commissioning Executive. The JCE oversees the deployment and performance of the s75 agreement and assures scrutiny from Adult Social Care, NHS ICB including Clinical Leads from mental health and urgent and emergency care, Public Health and finance leads. The JCE is accountable to Cabinet and to the ICB Board.

Reablement and Home First

The Oxfordshire System collectively recognised the need to transform reablement and discharge to assess services to deliver better outcomes for residents and improve hospital flow[xxvi]. Over the last 18 months reablement in Oxfordshire has been redesigned to deliver an integrated approach across Strategic Domiciliary Providers, the Council's Home First Neighbourhood teams and health colleagues. A restructure of Adult Social Care's internal workforce of Social Workers, Occupational Therapists and coordinators was completed to deliver a "7 days service".

Our Home First teams and Strategic Providers support the development of reablement goals for people being discharged from hospital or who are at risk of admission. They provide liaison with people and their families throughout and undertake statutory Care

Act Assessments for long term care where necessary. The focus was not just on reablement but developing a whole system approach to Discharge to Assess. The service has been expanded to incorporate a trusted assessment from reablement providers to reduce duplication for people and maximise capacity where Social Work or Occupational Therapy input are not required.

Joint accountability for the system wide commitment to this approach is being achieved through the recently established Transfer of Care Hub (ToC), which supports discharge from all bed bases for physical ill health. Adult Social Care teams collaborated with Health colleagues alongside voluntary sector and housing officers to create a truly multidisciplinary forum for all discharges to be discussed and a pathway to be determined in accordance with the national hospital discharge guidance. The appointments of both the system lead post in the Council and the Transfer of Care Hub Clinical Lead have been done in consultation with senior leaders across health and social care. This collaborative way of working ensures fair decision making and sharing of skills are the established culture, and ultimately the outcomes for the person are optimised.

The Transfer of Care Team convenes 3 times daily to review referrals and has substantive members from each representative organisation. The daily system call, at 08.30 each morning is chaired by senior leaders of the ICB, Acute and Community Trusts and the Council on a rotational basis, ensuring all partners have equal accountability. This daily call also enables the Transfer of Care Hub to seek support for any matters in need of escalation in a culture of collaborative problem solving.

The service has been procured to include short-term 24-hour support and/or waking nights in a person's own home to reduce the risks of premature entry to long term residential care and has resulted in a circa 10% reduction of the number of people being referred to pathway 2 beds since September 23. Significantly increased flow has also been achieved with Oxfordshire now performing well on the number of delays in hospital with 7.4% of people not meeting the criteria to reside (24th July 2024) positioning the Oxfordshire system as having one of the lowest number of delays in the region. During 2024-25 we will reprocure our short stay hub bed stock. Using Additional Discharge Funding we are piloting complex D2A beds to support people with complex dementia, resolving delirium and other mental health/behaviour needs that cannot be assessed effectively in hospital. We are working with Healthwatch Oxfordshire to carry out a large-scale survey of user and professional experience of the D2A model to inform these next steps.

The effects of this alongside more comprehensive Extra Care Housing provision have been profound, with admission rates to residential care reducing from 438.8 per 100,000 in 22/23 to 337 in 23/24. Outcomes for people continue to improve with 75.1 % of people achieving independence at the end of their reablement journey in 23/24 as compared to 65% in 21/22. Progress continues to accelerate for access to reablement in the community with a 16% rise in the number of referrals from community pathways so far this year.

Case Study – Impact of Reablement

Mrs H (90) was admitted to hospital having had two falls, with a long lie on the floor before being discovered after the second fall out of bed. After a few weeks in hospital Mrs H was discharged home with reablement support through Home First. The Home First occupational therapist met with Mrs H who explained that before her fall she had been attending the gym and was a former athlete. They talked about her awards and achievements and Mrs H explained how she wanted to live her life and do things for herself including going to the gym. The reablement team including support workers and the occupational therapist worked with Mrs H to help her regain her independence in managing her personal care, to regain her confidence and get back to using her stairs. By the second week of reablement support, Mrs H felt ready to go outdoors again and walked to the end of the road and back with the occupational therapist but without any mobility equipment, getting her towards her goal of reaching the bus stop in order to get back to the gym.

Small items of equipment were provided to help Mrs H feel secure in bed and to use her shower. After 19 days of reablement Mrs H was discharged as independent with no ongoing care needs.

Oxfordshire Out of Hospital Team

The Oxfordshire Out of Hospital Care Team (OOHC) formed in 2021 as part of DHSC's Shared Outcomes initiative.

An integrated partnership, operating across housing, health, care and third-sector systems, the core aims of the service are to:

Support planned, safe discharges from hospital for people experiencing or at risk of homelessness - avoiding discharges to the street;

- Increase access to mainstream services in community settings - avoiding unnecessary (re)admissions and reducing inequalities;
- Prevent rough sleeping and homelessness.

Rated as both high performing and highly cost effective by King's College London, our work is sector-leading and has been highlighted in national guidance and Government frameworks.

100% of the people seen by the team have their needs assessed by a multi-disciplinary team led by a Social Worker. Since inception the key successes delivered by the service include:

- 450 planned discharges from hospital with only one person returning to rough sleeping

- 26% reduction of emergency admissions over 12 months for people engaged with the service
- over 100 people at imminent risk of losing their accommodation supported to maintain tenancies.

Supporting the Adult Social Care Workforce

Our social care workforce comprises a diverse range of roles. Professional roles include social workers, occupational therapists, registered managers of social care settings, commissioners, customer service centre specialists, care workers, project managers, cleaners, co-ordinators, and administrators. Joint recruitment strategies are in place between OCC and Oxford Health, and we continue to develop secondment and rotational opportunities.

In 2022/23, the Adult Social Care Workforce Dataset (Skills for Care) indicated that there were 18,500 filled posts in Oxfordshire (4.8% or 900 in local authority, 78% or 14,500 in independent sector, 4.3% or 800 employed by direct payment recipients and 12.4% or 2,300 in other settings). About two thirds of these roles are workers providing direct care. In ASC there are 723.23 FTE in January 2024 and 88.35 in HESC.

The majority (77%) of the local authority ASC and HESC workforce is female. Across the internal and external care workforce the figure is a little higher at 80% female, and the average age is 44/45. Our internal workforce is predominantly white (87%) and whilst the population of Oxfordshire is also predominantly white, in the wider population there are 23% of people who are of an ethnic minority background, so this is not fully reflective of our population. However, as a total social care workforce across Oxfordshire including the independent sector, 29% are from ethnic minority groups. The staff vacancy rate in Oxfordshire for 2022/23 was 15.2% which is higher than the UK average of 9.9%. The local authority turnover rate was 8.5%, whilst in the independent sector it is 47.1% and the latter is significantly higher than the national average of 30.4%. This is particularly challenging in the context of the 15% of the Oxfordshire social care workforce who are above the age of 60 and therefore approaching retirement age.

We are working with care providers to support them in what we recognise can be significant workforce challenges attributable to four key factors:

- Increasing demand for care and support, as the population of Oxfordshire grows and ages
- Challenges in recruiting new entrants to social care
- Increasing skill levels required for adult social care work, as people's needs become more complex
- Challenges in retaining staff in the sector due to comparable or better pay in other sectors, for less demanding roles

Our Adult Social Care Workforce Strategy addresses both the internal, directly employed workforce and the external workforce employed by provider partners. It

has been developed in collaboration with key stakeholders, including care providers, and sets out the challenges facing the workforce and how together we plan to respond to these. We sought feedback on this draft strategy via Workforce Round Tables and our Let's Talk engagement platform to help us shape a delivery plan[xxvii]. The objectives of the delivery plan are as follows:

1. Reduce vacancy rates across the adult social care workforce
2. Reduce turnover rates across the adult social care workforce
3. Develop the skills of our workforce using opportunities including Workforce Development Funding and Apprenticeships
4. Drive inclusivity and diversity
5. Promote opportunities to develop a career in the sector

As part of a programme for sharing best practice, developing tools and providing support, Partners in Care and Health (PCH) worked with Oxfordshire County Council to offer a 'critical friend appraisal' of our newly refreshed adult social care workforce strategy and delivery plan[xxviii]. We want to use the appraisal to help shape the strategy further giving a framework for future iterations and to set the benchmark. Partners in Care and Health undertook the appraisal in March 2024, with findings presented in July 2024. This has given valuable feedback and recommendations which are shaping our activity.

Our Adult Social Care Workforce development delivery plan includes key objectives of reducing vacancy rates and turnover rates as well as driving inclusivity and diversity, and training and retaining our workforce. We have recognised that attraction and recruitment efforts need to focus on and appeal to younger people. We have a dedicated post in HESC to promote adult social care careers to school leavers and young people, reporting to our Strategic Commissioner for Workforce.

Provider feedback indicates that they welcome the way in which we are seeking to work with them on Workforce issues, and they would welcome further development of this relationship through increased communication and partnership working.

We work collaboratively with providers to support workforce development. This drives tangible outcomes such as a website aimed at bringing more people into caring positions in Oxfordshire. Proud to Care Oxfordshire has been developed in partnership with Oxfordshire Association of Care Providers (OACP). The website highlights the broad range of jobs available in the care sector as well as providing a free platform for care providers to advertise any opportunities they have available.

We have worked with The Care Workers Charity (CWC) to administer grant funds since 2022, awarding a total of £537k for Crisis Grants and "New To Care" Grants for people starting work in the sector[xxix]. The crisis grant fund is used to financially assist current, former or retired care workers; one person who received this support described how the funding enabled them to continue to work (in their role in a care home in Oxfordshire) through a particularly difficult period. To date 990 care workers have been supported through the programme, 49 of whom are international recruits, across 160 different care providers. Funding to continue the grant activity has recently been secured through the Better Care Fund.

Our workforce strategy draws on data from the Adult Social Care Workforce Dataset that does not include data from many of our VCS partners, but we recognise that this is a sector that also faces key workforce challenges. As a key partner we will continue to work together with the voluntary and community sector through PIP and other forums to share good practice and ensure that workforce initiatives are as inclusive for all our partners as possible.

The council's People and Culture Strategy (for council employees) aims to develop and maintain a high performing, innovative, highly engaged and agile team, employing the best people, and reflecting the communities we serve.

Our internal workforce development activity is a key area of focus for the Directorate Leadership Team (DLT). Key internal workforce data including staff turnover, leavers, and sickness are reviewed quarterly at DLT meetings. Monthly Practice, Performance and Pounds (3Ps) meetings with the extended leadership team for the Directorate also provide a space for discussion around workforce development planning.

Registered Professionals working for the Council are supported by the Social Work Academy[xxx], led by the Principal Social Worker. Responsible for the oversight of the ASYE programme, student placements and apprenticeships the Social Work Academy plays a crucial role in practice development; this is alongside the Principal-led progression pathway for experienced staff.

This year the Principal Social Worker successfully led a bid for £300k to support recruitment of 10 social work apprenticeships in adult social care. Advertising this opportunity internally and externally generated 300 applications with 10 successful appointments.

Case study: Growing and sustaining the best workforce to ensure the best outcomes for the people with lived experience of social work

Practice Educators are usually trained in universities where PEPS programmes are offered to meet the need for student placements. Working with renowned author and social educator Siobhan Maclean, we developed a unique programme that would enable us to improve quality and accessibility while allowing us to tailor it to our service's needs and priorities. The grant funded programme will commence in September 2024 with a range of high-quality training sessions and a robust assessment strategy with our own mentor/assessors, recruited from our own workforce.

The Principal Occupational Therapist is also supporting the application of Apprenticeships and will be embedding the Preceptorship programme for Occupational Therapists in the coming months following feedback from staff and the Peer Review that the newly qualified pathways for Occupational Therapy is not yet as embedded as Social Work.

We use the Employer Standards Health Check as a tool to help us better understand the experiences of our workforce. The 2024 Employee Standards Health Check reported on the experience of social workers, occupational therapists and non-registered social care workers within OCC ASC. Across both professional disciplines Oxfordshire scored highly for 'access to facilities' and staff feeling 'physically safe' in the workplace. Our highest scoring standards are 'wellbeing' and 'supervision' indicating that our staff generally feel well supported in their roles. The lowest scoring themes with commonality across the three staff groups were: frameworks for newly qualified staff particularly OTs; annual appraisals and professional development plans; ability to influence organisational change and reflective supervision. This triangulates with feedback from the LGA Peer Review.

As a response to the Healthcheck, we have developed a Principal-led action plan to work with frontline staff and managers to improve the staff experience through access to resources, training, better quality supervision and robust development pathways.

Quality Monitoring of Services

Our approach to quality monitoring of externally provided services is set out in our Quality Improvement Protocol[xxxi]. The council's Quality Improvement Team undertakes a range of monitoring interventions gathering performance data and where required conducting regular contract monitoring meetings. It also conducts periodic on-site reviews and works with safeguarding, regulatory bodies, inspectorates, as well as commissioning and operational teams where there are issues of concern. The quality improvement team draws on a wide range of sources including KPI data from providers, provider assessments, capacity tracker data and information from expert by experience quality checkers. Currently (July 2024) 90.6% of care homes are rated as Good or Outstanding by the CQC against 80.6% for England and 90.8% of Community Based providers are CQC rated as Good or Outstanding against 85.4% for England

Where people receive care out of county, we work with the host local authority to assure ourselves of the provider's quality before a placement is made. In most cases we expect the host authority to lead on managing the performance of providers in their area. We have regular contact with host authorities with whom we have an out of county placement to ensure the provider continues to operate to a good standard or, if providers require improvement, to get updates on action plans.

The quality improvement team and safeguarding team work together to ensure that provider performance and safety are closely monitored and that where the quality of service is not at the required standard, appropriate action is taken. Where needed, embargoes are put in place until the issues have been addressed. We communicate this to the providers and to operational teams as traffic lights: Green indicates no concerns with the provider; Amber indicates issues around the standard of care and to seek advice from Quality Improvement before placing; Red indicates serious concerns and not to use. The provider is given timeframes in which to make the

improvements with a warning that a failure to do so may result in contract termination.

We are exploring the possibility of working with our care providers to include people who use care, support and housing services in quarterly contract meetings. This would further widen existing channels of engagement in quality improvement such as requesting feedback from people who use services, their families and friends, and allows us to hear first-hand from people with lived experience, using this to drive improvement.

Case Study: My Life My Choice

My Life My Choice is an advocacy service run by people with learning disabilities and autism. The council funds them to act as experts by experience, reviewing our services and respite for people with learning disabilities and autism and delivering reports and recommendations on those services. Working in this way over the last 10 years we have developed strong relationships with the group who triangulate our quality assurance and provide us with an alternative perspective based on the experiences of people using and living in our services. My Life My Choice review over 40 services per year and they work directly with people using services and their families, and some of their experts by experience also live in supported living themselves. Last year (2022/23) they spoke to 116 people with learning disabilities in supported living and communicated with 53 families (2022/23). Quality Improvement Officers work closely with them, sharing learning and bringing together different perspectives to build a stronger view. My Life My Choice share their reports directly with people who use the services and their families and produce easy read succinct reports.

CQC Theme 3: Ensuring safety within the system

Our Ambition

Our ambition in Oxfordshire is to continue to embed safety and safeguarding into our practice, procedures and strategic decision making. We want to promote a culture of learning and continuous professional development through relevant training and development, sharing good, safe practice across the system partners and ensuring effective pathways.

Our Strengths

- A well-resourced Safeguarding Adults Board which oversees learning from adverse events
- Making Safeguarding Personal is embedded in team practice and procedures
- Good practice around transitions including for young people aged 16 to 25 and for people leaving hospital
- Quality Improvement complete routine quality assurance with processes in place to manage serious concerns and standards of care in partnership with Safeguarding where necessary.
- The Approved Mental Health Professional Service is well coordinated with staff across adult social care and mental health services supported to complete training.
- We have reorganised how we work with our children's teams and made significant improvements to transition experience for young people

Areas for improvement and development

- Our priority is to ensure the safety and well-being of residents who are at risk of abuse or neglect. We are constantly reviewing and refining our business process to respond effectively to s42 enquiries and manage risk appropriately.
- Deprivation of Liberty (DoLS) waiting lists are risk assessed using the ADASS guidance and best practice tool. An action plan to reduce the waiting is in train.
- Waiting list figures for care and support assessments have historically been high and have continued to increase and we are implementing an action plan to address this
- Improving audit methodology to ensure practice learning drives strengths-based outcomes
- The publication of a number of SARS this year will support consolidation of learning from adverse events.

Key Statistics

Activity	Working Well	Priority Area
6698 safeguarding concerns raised in the last 12 months (July 2023 to June 2024) of which 1377 (21%) went to a safeguarding enquiry	74.6% of people who use services feel safe (Feb 24 social care user survey) compared to 69.7% - the latest national figure	Sustaining improved performance in the management of s42 concerns and enquiries
98% of people where desired outcomes were asked for and expressed had their outcomes fully or partially met from a safeguarding enquiry in 2022/23	91% of adult social care providers in Oxfordshire are rated good or outstanding compared to 83% nationally at June 2024	571 DoLS applications completed a rate of 397 per 100,000 population in 2023/24

Moving Into Adulthood

One of our key achievements is the establishment of a dedicated and co-produced Moving Into Adulthood Team, which supports young people with additional needs aged 16 to 25 in their transition from education to adulthood. This team, works in alignment with the Education and Health and Care Plan (EHCP) processes and ensures that young people receive ongoing support until they have successfully moved into adulthood. Our children's occupational therapy team also collaborates with adult occupational therapists and housing professionals to facilitate seamless transitions between children's and adults' services. The impact of this new team has been evident in the improved multi-agency coordination, the earlier identification of young people who will require ASC support, and the smoother transitions at crucial stages in a young person's life, such as when they turn 18 and when their EHCP ceases.

Measurable improvements following the development of the new team include:

- An increase in young people open to the team from 229 in 2021 up to 460 in June 2024.
- The percentage of people referred to the team who have an assessment in place by their 18th birthday has increased from 58% in 2021 to 87% in June 2024.
- 89% of young people have a support plan in place by their 18th birthday, compared to 20% in 2021.

Transfers Between Teams

Through the Oxfordshire Way our goal is to put people at the heart of all we do, thinking innovatively about how we deliver support. Good collaborative working between teams and our partners is a key part of this. We know this is an area of importance for people who use our services and carers, and some people report that they experience a lack of co-ordination across workers, departments or services[xxxii]. We are working hard to address this, and continuity begins from the very first point of contact, with our Social and Health Care Team staff using the same prioritisation tool as our locality teams. This ensures a consistent proportionate response and robust identification of risk.

When there are overlaps between teams, for example a referral to both an occupational therapist and a social worker, we work collaboratively to deliver the best assessment for the person, and staff are trained as trusted assessors with the skills to avoid unnecessary transfers between professionals.

We work with the Health Integrated Locality Team, attend MAPPA level 2 and 3 meetings with our external partners and our Occupational Therapy and Home Improvement Agencies have a joint database to enable transfer of referrals and warm handovers. We undertake joint multi-disciplinary assessments when people are transitioning out of continuing healthcare funding to ensure that there is no delay or difficulty in transition for the person.

We have information sharing arrangements with our key partners, for example Carers Oxfordshire and the Fire and Rescue Service have access to our database to enable them to link with our teams, and we have a health information exchange which enables social care to view relevant health care data avoiding people having to tell their story twice.

Approved Mental Health Professional Service

Our Approved Mental Health Professional (AMHP) Service safeguards the rights of service users through checks and balances by offering an alternative to the medical model. We engage with individuals and carers/families when people experiencing mental health crisis have met the threshold for assessment under the Mental Health Act 1983 (MHA). We ensure decisions are within the context of least restrictive options for the service users and uphold and support civil liberties under the Human Rights Act 1998. The team manage approximately 1,500 per year (see **Error! Reference source not found.**). The 2022-2023 National data show that the Buckinghamshire, Oxfordshire and Berkshire Integrated care Board to which we belong has the second lowest detention rates per 100,000 – 37.4 and only second to Surrey Heartland (25.8).

Our AMHP workforce is composed of a combination of rota, casual and substantive staff. Nationally, recruitment of AMHPs is challenging and we have therefore committed to a model of 'growing our own AMHPs' by identifying and investing in trainees. The AMHP training co-ordinator commissions suitable refresher training and keeps a record of training undertaken.

Case Study –Supporting a person with extensive needs to return home

Bob (78) with a diagnosis of Bi-Polar and mild-cognitive impairment and depression was referred to the Older Adult Mental Health Social Worker Team by the Older Adult Mental Health Community Team due to increasing risk of further deterioration of his mental health Significant concerns about the safety of Bob's property and extent of self-neglect resulted in an emergency admission to a care home.

Bob's mental wellbeing improved significantly in the care home, he engaged with care staff and professionals, ate well, slept better, kept active and was accepting personal care. A number of professionals felt that Bob's needs would best be met long term in a care home, but Bob wished to return home. The Social Worker applied the legislation and completed a Mental Capacity Assessment and was able to work with colleagues to alleviate professional concerns and most importantly respect Bob's views about how his care should be delivered.

Now home, Bob has shared his appreciation for the social work intervention, and returning home has provided him with a fresh start in a safe environment where he can live a rich and fulfilled life whilst still mitigating risk. Delivering the Oxfordshire Way and applying a person-centred approach, enabled Bob to voice his wishes to return home and for this to be achieved.

*Name altered to anonymise

Contingency and Emergency Preparedness

Our Emergency Duty Team (EDT) comprises 10 adult social care social workers and 10 children's social workers. They provide an out of office hours social work response and are co-located with Thames Valley Police, a collaboration which has enhanced working practices around safeguarding children and vulnerable adults.

We have business continuity plans in place across the directorate, as well as a council-wide incident management framework. We have a bank of volunteers from across our staff who form a core team[xxxiii] to respond to unexpected incidents and support people with an adult social care need. If necessary, the team has access 24/7 to a corporate Director and a dedicated Adult Social Care Manager should advice /guidance be required.

Quality Improvement in the provider market

Our Quality Improvement (QI) team ensures that care and support services in Oxfordshire are safe and of high quality. The team monitors providers using data from Key Performance Indicators (KPIs), on-site reviews, intelligence sharing with partner agencies, and assessments through our Provider and Market Management System (PAMMS).
When underperformance or risks are identified, the QI team collaborates with the provider to make improvements. If the risks are serious, the provider may be placed on a traffic light system with usage restrictions, depending on the severity of the findings. The QI team will involve other council teams and partner agencies as needed to oversee performance. If the provider fails to show sufficient improvement within the given timelines, a joint decision with these stakeholders will be made regarding contract termination and resourcing care and support for residents.

Data from the February User survey shows 74.6% of people who use services in Oxfordshire feel safe, compared to 70.9% in the region and 69.7% nationally from last year's published data. [i]

The council has developed a clear approach to provider service hand backs and contract terminations. Where contracts are ended, the QI team works with operational colleagues and other stakeholders to ensure that each person continues to receive the care they need and a robust risk stratification methodology is applied. The safeguarding team works closely with the quality improvement team to identify risks. Strategy discussions occur early in the process and a multi-disciplinary approach is taken where appropriate. Where hand backs or closure is confirmed, the operational teams work systematically to review each person's case and risks to ensure correct prioritisation for reprovision.

Case Study – managing provider failure

A care provider delivering 118 packages commissioned by OCC was rated “poor” following a PAMMS assessment by the Quality Improvement Team who found challenges around poor staff training, inaccurate visit logs, missed appointments, and concerning hiring methods. The provider had also had their Sponsorship licence suspended by the Home Office, which the provider challenged. A Red Traffic Light was implemented by the Quality Improvement Team. A multi-disciplinary decision was taken to reallocate all 118 care packages to alternate providers within a one month time frame. The Review Team played a critical role, considering the service users' needs, keeping them informed, and supporting them during the reviews. Service users received letters to clarify the situation and the steps being taken, complemented by phone calls to the users or their relatives to ensure address any emerging questions or complaints. CQC and health colleagues were notified of the intent and individuals funding their own care with the provider also received letters detailing the concerns and OCC's response, along with guidance on alternative providers.

Brokers sourced alternative provision timed to deliver a seamless transition of arrangements for people. With prior experience in similar processes, the teams guaranteed a seamless transition to new agencies and maintained open, consistent communication with people who draw on care and support, thereby minimizing distress and complaints from them and their family members.

Safeguarding Adults Board

Our organisation is supported by a strong Safeguarding Adults Board (OSAB) which was acknowledged and praised at Peer Review. We commission an annual self-assessment and peer review which includes feedback from partner agencies and is committed to the tracking of agreed actions. The engagement sub-group is active and includes our advocacy provider and similar organisations, such as My Life, My Choice. Through them and the partner agency's existing engagement mechanisms the subgroup aims to gather the voices of those with lived experience.

Safeguarding thresholds are clearly set out in OSAB procedures; the matrix is used for referrals. Referral data is analysed and identified trends are addressed with the agencies through information sharing meetings and at the Board.

The annual Safeguarding Self-assessment is a joint piece of work between the Adults Board and Children’s Board. The purpose of the Safeguarding Self-Assessment is to formally request and gather information from member agencies on the safeguarding arrangements made in line with section 11 of the Children Act 2004, as well as the standards developed by the Local Government Association for Adult Safeguarding Services. Board members experience the self-assessment as

positive critical challenge with mature relationships, this was also evidenced through the board member feedback to the LGA Peer Challenge.

Safeguarding training begins at induction and the Learning and Development subgroup of the SAB (joint with the OSCB) coordinate ongoing training. Training is evaluated through the subgroup. Education on the issue of modern slavery is included in pathways and training.

Learning from Incidents and SARS

As a result of work through our Safeguarding Adults Board a Homeless Directors' Group was formed bringing together partners from the County Council, City and Districts, with key stakeholders including health and probation. This multi-agency approach has strengthened our oversight of this key area of work and has led to the creation of Oxfordshire's Homelessness and Rough Sleeping Strategy 2021-2026.

As a partnership we have also introduced a new role of Making Every Adult Matter Officer which has a key focus on identifying trends in homeless mortality and working with the most complex to support them and reduce and prevent further excess deaths.

From recommendations arising from a Thematic Review into 9 Deaths in 18/19 of Homeless People in Oxfordshire, the Board created the Multi-Agency Risk Management (MARM) Framework and invested in an Officer role to coordinate the process and lead the meetings. The MARM Framework is designed to support anyone working with an adult where there is a high level of risk and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial. It enables a proactive approach which helps to identify and respond to risks before crisis point is reached, focusing on prevention and early intervention. As of 2024 all deaths that meet the criteria for a Homeless Mortality Review are now managed via the SAR subgroup to ensure consistency of learning and approach.

The first annual report of MARM was completed in 2023 and provided positive reflections of the process but also additional learning for agencies. Safeguarding Adults Board Reports - Oxfordshire Safeguarding Adults Board (osab.co.uk) MARM demonstrates a strong collaborative approach to working with the individual to reduce risks in their lives, working preventatively to ensure people remain autonomous and feel empowered in their lives. A positive reflection from a person supported through MARM process is outlined below.

Case Study MARM

A man who had experienced multiple periods of homelessness was referred into the MARM process by his support worker in a third sector organisation. Initially he declined invitations to attend the multi-agency meetings himself so the support worker acted as his advocate in the process and would meet with him before and after the MARM meetings to share what was said and what was agreed. After nearly a year of meetings, he accepted the invitation to attend and was “blown away” by the commitment of the organisations around the table to offer him support. He thanked those around the table and said:

"you're getting it right. I've not been able to do this for 27 years on my own. I'm really pleased with the help you've given me"

The man is now in settled accommodation and is fully engaged with the organisations working with him to offer the support services he needed.

Post covid the Oxfordshire Board and Deputy Director for Adult Social Care noted that serious incidents were not being progressed for consideration by the SAR subgroup. This was rectified by a review of serious incidents and 5 were referred on to the SAR Subgroup. A schedule of publication by the board is starting in July 2024 to cover a total of 10 SARS and HMR’s. The learning from these is being resourced into a comprehensive action plan for agencies to embed. Adult Social Care will track their learning actions from this review via the Internal Assurance Group where the Board Manager is also invited to attend.

The serious incidents reporting, and procedure has recently been reviewed by the Principal Social Worker who has audited to ensure compliance with the reporting procedure. These provide clear guidance and a governance structure for all staff. An audit completed in July 2024 demonstrates that the case management forms are being recorded appropriately where a serious incident or death has occurred, and that feedback is being provided where appropriate to ensure a more detailed internal report is considered if necessary. Our serious incidents are to be reviewed via the Internal Assurance and Governance Board. Our serious concerns process is established through our Quality Improvement Protocol which has been recently refreshed.

Safer Oxfordshire Partnership

The Safer Oxfordshire Partnership provides strategic oversight and direction for preventing crime and anti-social behaviour across Oxfordshire, in turn the district Community Safety Partnerships develop strategic plans for their respective areas and work with partners on countywide priorities through the Partnership. Adult Social Care are represented in the partnership. A working protocol has been agreed across the multi-agency Boards/ Partnerships that are working to improve the health

and wellbeing of Oxfordshire's residents and safeguard children, young people and adults with care and support needs who are vulnerable to abuse and neglect. Underpinning this protocol are the principles of 'thinking partnership working'; understanding our own responsibilities and those of other partnerships; working together on themes of common interest; sharing information about risk; providing mutual challenge and support; sharing good practice and resources; and working with openness and honesty. The protocol sets out how the different Boards and partnerships will interface with each other, including reporting; regular liaison and consultation; and escalating safeguarding concerns.

In 2023 an Anti-Slavery Coordinator was appointed, hosted by Oxford City Community Safety Partnership. Alongside this Oxfordshire County Council has worked extensively with partners within the Safer Oxfordshire Partnership to tackle exploitation of care workers, particularly those recruited from overseas. We use intelligence from the Home Office, workers themselves and our provider monitoring processes to understand where exploitative practices may be occurring and take necessary action to disrupt this activity and, where necessary, terminate our contracts with those providers. A multi-agency strategy developed with the partnership and associated action plan is in development to be published in Q3 2024.

As part of community safety our Fire Service operate a "Safe and Well" visiting service for adults who have specific vulnerabilities and in 23/24 completed 2,658 visits to people. Throughout the year have also worked collaboratively with adult social care's sensory impairment team to identify opportunities for the installation of specialist fire alarm equipment and completed this as part of their Safe and Well visits.

Safeguarding

Concerns to Adult Safeguarding are initially received through the Social and Health Care Team who complete an initial screen for any actions requiring an emergency response within two hours of receipt. They then refer to the Safeguarding Team for further triage. Oxfordshire has a dedicated Safeguarding Team that retains responsibility for the detailed triage of the majority of statutory concerns and completes a s.42 enquiry where the person is not already known to another social care team or where organisational abuse is suspected. Demand over the last 2 years has been broadly stable with a minor 2.7% decrease in referrals in 23/24 to 6,581 pertaining to 4,734 people. Of those people 1,107 had a concern raised in both 22/23 and 23/24.

Care Providers, both domiciliary and residential, remain the largest overall referral source accounting for 29% of all concerns. Recent attendance by the Service Manager and Board Manager at the quarterly provider forum indicates that providers remain concerned about reporting issues via safeguarding to ensure compliance with CQC standards. Further work will be planned with providers about safeguarding thresholds to reduce unnecessary referrals. A similar position is seen with ambulance services. South Central Ambulance have been piloting a new approach to concerns in Hampshire and will share the learning with the board later this year.

The Care Act does not define timescales for safeguarding, but we have set internal timescales based on the outcomes of a benchmarking exercise where timescales proposed by other local authorities were researched and considered:

- Concerns should be raised on the same working day
- Triage of concerns should be completed within 2 working days
- Allocation of enquiry to a worker withing 10 working days from completion of triage
- Enquiries should be completed within 20 working days from allocation

These timescales provide a framework but are approached flexibly, for example where there are complex cases.

The Safeguarding Team has undergone a radical approach to performance improvement in the last 12 months to target delays in allocation and resolution of safeguarding concerns and enquiries. A formal action plan was initiated in February and following completion of the initial plan ongoing delivery and implementation of a Meaningful Measures approach was adopted overseen by the Deputy Director and Service Manager. Actions, escalations and progress are tracked weekly through this forum. The Senior Leadership Team for the Council has been informed throughout the year in respect of progress and risks. Actions to address significant back logs in allocation and enquiry resolution included both detailed service management audit of caseloads, attention to allocation rates and the closure of historic cases throughout 22/23.

Some delays are still seen for the closure or progression of concerns and the conversion rate of concern to enquiry fell by 6% along with a 22% fall in the overall number of enquiries completed. This needs to be understood in the context of service activity. Liquid Logic case management system allows information to be recorded at the concern stage, which has over time led to workers completing significant work at the concerns stage when it would be more appropriate to move the concern to an enquiry stage. The pathway has been redesigned in the Liquid Logic and is due to go live in Q3 which will improve recording of enquiry activity and ensure that it is not recorded at the concern stage. Additionally, data indicate that for every enquiry 4 concerns are raised which may be concerns raised by different agencies relating to the same issue or a cluster of events resolved under 1 enquiry. A recorded advocate for those lacking mental capacity fell by 6% in 22/23 and close attention will be paid to quality of practice alongside the required pace to provide a timelier response. As 1,107 people have had enquires raised in 22/23 and 23/24 and audit of 10% of those cases is planned by the Service Manager in September to look at what learning can be achieved and shared with both the team and wider services.

The Service Manager for Safeguarding has introduced a weekly “Intractable Case Clinic”, where cases over 6 weeks in duration can be discussed and learning shared to inform future areas for audit. A monthly safeguarding forum has been developed and 125 staff attended the session on Positive Risk Taking with further sessions to follow.

The overall improvement in performance whilst subject to some fluctuation has been a significant achievement for the team illustrated by the fact that in July 2023 there were 527 open enquiries with 268 of these open over 12 weeks. As of July 2024, there are 183 open enquires with only 13 over 12 weeks. These 13 cases are well understood and discussed weekly at the Meaningful Measures meeting chaired by the Deputy Director for Operations and Safeguarding Service Manager.

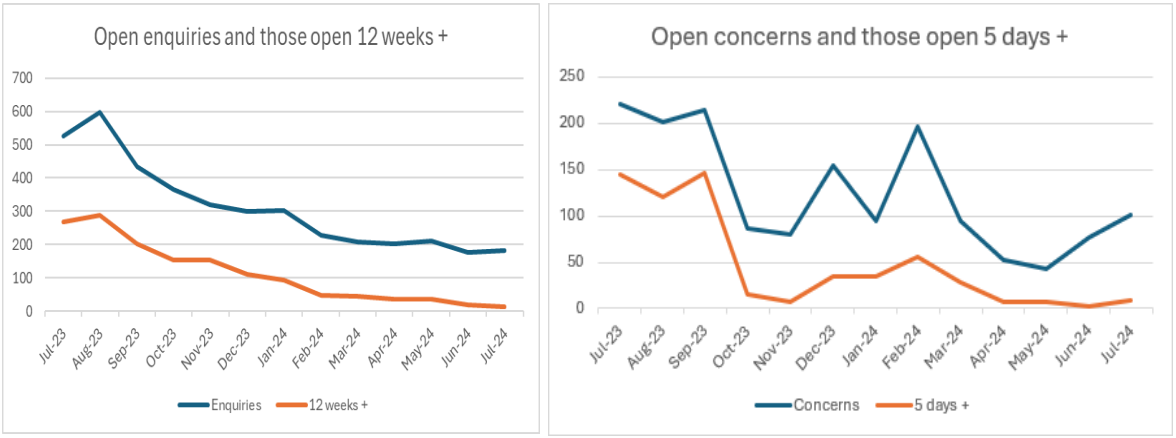


Figure 4. Graphs illustrating numbers of open enquiries and open concerns

Overall, the team's performance has improved significantly but will require close monitoring to ensure that enquiry rates remain proportionate to individual circumstances and that data continue to inform areas requiring qualitative exploration. Future considerations will be given to the operational safeguarding model to ensure sustained improvements.

Making Safeguarding Personal

A number of workshops have been completed in relation to Making Safeguarding Personal (MSP) across the service. Whilst MSP scores remain strong at the closure of an enquiry the Principal Social Worker through audit identified that outcomes were not always robustly sought at the very beginning of the enquiry process. Regular "dip audits" now show that people's views are now being sought at the very beginning of the safeguarding episode.

Making Safeguarding Personal (MSP) is embedded in the team practice and procedures and refresher learning sessions are delivered by the Principal Social Worker. The percentage of section 42 safeguarding enquiries where the desired outcomes were asked for and expressed and were then achieved was higher than the England average for 2022/23. Although the figure dropped marginally in 23/24 it remains above the latest national position. Outcomes were fully achieved for 63% of people in 2021/22 rising to 68% in 2022/23 and 73.1% in 2023/24 of those who expressed a desired outcome. [xxxiv]

	CIPFA family 22/23	England 22/23	Oxon 22/23	Oxon 23/24
% of care users who feel safe 2022/23 %	69.8	69.7	72.6	74.6
% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed	66.4	56.3	73.7	70.3
% of section 42 safeguarding enquiries where desired outcomes were asked for, expressed, and fully achieved	63	67.1	67.8	73.1
% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed, where outcomes were achieved	90.9	94.8	98.5	97.3
% of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	n/a	91	94.8	94.2

Table 2: Key safeguarding metrics

Deprivation of Liberty Safeguards (DoLS)

Councils in England have significant backlogs in processing DoLS applications, and the requirement to complete a standard DoLS authorisation within 21 days and urgent authorisations within 7 days is frequently not being met. In 2022-23 Oxfordshire completed 352 applications per 100,000 population compared to an average in England of 638 and the percentage of DoLS authorisations completed within 21 days was lower than the England average, and the average time from receiving an application to last assessment was also significantly higher.[2]

Due to unforeseen changes in service management arrangements in 2022 and a delay in the Liberty Protection Safeguards being implemented, an action plan was developed for delivery in Q1 of 24/25 to further reduce the DoLS waiting list. This has led to the successful procurement of 2 agencies to complete a total of 500 assessments and is on track for delivery by the end of August. Additional long-term funding has been identified to increase the full time staff in the team to sustain an improved position. An ADASS RAG rating tool is used when all authorisation requests are received ensuring that a clear procedure is in place to determine urgency and risk. Further work is planned across Adult Social Care to expedite the completion of community deprivation of liberty applications and ensure that all qualified staff members have the opportunity to develop their skills in this area.

Mental Capacity Act and Best Interest

We adhere to the Mental Capacity Act and associated Best Interest principles in the Code of Practice in all areas of adult social care practice. The DoLS Team provides

[2] For details of the average, median and longest waits over the last 12 months see IR29 in the Local Authority Information Return.

support and guidance in implementing the Mental Capacity Act to teams and individual practitioners. All staff complete necessary e-learning as part of their induction training and additional refresher training is available. Occupational Therapists complete the core e-learning sessions available to all staff. In addition to this we have recently embedded additional learning and development sessions to focus specifically on Mental Capacity/ Best Interest in relation to Occupational Therapy.

The DoLS team supports teams with targeted CPD sessions on request. Practitioners consult with the team with queries and dilemmas. The team works with partner agencies, care providers and carers representatives to increase knowledge and understanding of the Mental Capacity Act and DoLS.

Complex Needs

We have a Dynamic Support Register in place for those with high complex needs with learning disability and autism. We also have a newly formed team of Dynamic Support Register Practitioners. Their role is to provide intensive case management support to those in inpatient settings who are ready for discharge. They also provide robust support to those people with a Learning Disability and/or Autism who are at most risk of going into crisis in the community. Strong and positive multi-agency relationships have been developed with key partners such as the Learning Disability Intensive Support Team (IST) and our Reasonable Adjustment Service (RAS) as a result of the DSR Team.

We have strong partnership working around the (Learning Disability Mortality Review) LeDeR process which provides a thorough multi-agency review of how all organisations have worked with an adult with a learning disability who has died, regardless of cause of death. Health and Social Care organisations come together to pool their collective knowledge of the person and scrutinise the practice of organisations and how they worked with the person to determine if this was of a good standard. These reviews have led to challenging but constructive conversations between partners holding each other to account without blame that have improved the outcomes for adults living with a Learning Disability. This was demonstrated during COVID, where the rate of deaths amongst the LD population was the same as the general population, despite reports from other areas that adults with LD were disproportionately affected. Equally, this joint working and scrutiny has led to the leading cause of death for an adult with LD in Oxfordshire to be the same as an adult in the rest of the population (VAM (LeDeR) Panel Annual Report 2021-22). An updated report is due for publication this year.

Quality of Practice

The introduction of a standalone Principal Social Worker and Principal Occupational Therapist in 2023 underlines the service commitment to the development of practice. Both Principal's report to the Deputy Director for Operations on a day-to-day basis with monthly meetings with the Director of Adult Social Care. Our Quality Assurance

Framework drives a focus on quality practice and continuous improvement and assurance outcomes are scrutinised by Internal Assurance and Governance Board.

Recent practice audits have been completed for locality teams and the safeguarding team. Both audits highlighted the need to focus on the voice of the person, their desired outcomes and timely contact from the service. Feedback and learning sessions led by the Principals have been delivered alongside the implementation of the Practice Standards. In response to the feedback obtained during the LGA Peer Review and the Principal assessment of practice, Social Care Futures have been approached to support with specific sessions in relation to strength-based approaches and have delivered a session on “Glorious Ordinary Lives” attended by 75 staff. 4 further sessions are planned for this year with a further programme to be established for 2025. Principally led audits inform practice developments leading to tangible changes in case audit practice and expectations.

CQC Theme 4: Leadership

Our Ambition

We have a clear strategic vision for Adult Social Care set out through the Oxfordshire Way, which has guided our work since 2021, and has recently been refreshed and updated. We are focused on enabling our residents to achieve their optimal well-being. Our leadership, governance and management structures support this through transformation, sustainability and the effective management of risk. In conjunction with our corporate values, we strive to be a learning organisation that seeks every opportunity to enhance, innovate and adapt. We are committed to developing as a team, fostering an inclusive and empowered workforce. We recognise the importance of developing individual skills and developing as a system; exploring new ways of working to improve the quality, value and scope of the services we offer.

Our Strengths

- There is strong leadership with clear vision, well understood roles and practice leadership
- We are actively involved in sector-led improvement locally, regionally and nationally
- Joint and integrated strategic leadership across the system, based on well established relationships with health partners at both strategic and place levels
- We are creating an inclusive and transformative learning and career development environment for our staff though our academy, embedding best practice on the frontline and creating a culture of continuous learning and professional curiosity.
- Effective team business/emergency planning arrangements which enables timely response.
- An established Joint Commissioning Executive with the ICB which enables collaboration and prioritisation of the pooled budget.
- We have a strong commitment to innovation and continuous improvement.
- We have a clear vision for transforming the Council, supported by a strong and collaborative leadership team with effective financial oversight
- We have a comprehensive ASYE programme and have launched an internal Practice Educator Programme

Areas for improvement and development

- Improving our use of data to strengthen monitoring of performance and quality
- Expanding our sources of continuous feedback from people who use our services to drive learning and development

- Principal-led learning through audits to drive ongoing practice improvement
- Continue to develop our transformation programme for mental health commissioning in partnership with Oxford Health, ICB and VCSE partners, working together in a systems approach to define the new care model and the subsequent transformation workstreams.
- Supporting all of our team to embed strengths-based practice and understanding the Oxfordshire Way approach in everything we do

Key Priorities

Activity	Working Well	Priority Area
Comprehensive improvement plan in place with project management support	Cohesive substantive directorate leadership team	Further development of focused strategies

Governance

Senior Leadership Team

The senior leadership team[xxxv] (SLT) in Oxfordshire County Council is composed of the chief executive and associated directors who lead the main service areas of the council. SLT is responsible for delivering the council's vision, strategy, and priorities, as well as managing the council's resources, performance, and risks. SLT works closely with the elected members, partners, and stakeholders to ensure that the council provides high-quality services and outcomes for the residents, communities, and businesses of Oxfordshire.

Director Leadership Team (DLT)

The team works collaboratively with other teams and partners to achieve the shared goals and objectives. The team is committed to continuous improvement and innovation to meet the current and future challenges and opportunities.

DLT sets the strategic direction, ensuring quality and performance, manages the budget and resources, and leads the transformation and integration of services. The director also represents the council at regional and national forums and engages with stakeholders and partners as required.

Cabinet/Councillor engagement

Adult social care has a strong relationship with our Adult Social Care Cabinet Member as well as the wider cabinet which is further supported by formal governance through People Scrutiny, Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board (HWB). Our relationship between officers and Members including the opposition parties is transparent and collaborative and we strive to address MP and Member enquiries and questions promptly and effectively. The Director meets weekly with the lead member, and this is extended to include other DLT members monthly. These meetings are used to update on service-related matters, brief on delegated decisions and discuss matters which potentially could have an impact on the council reputation.

Well-led

We have a clear, strategic vision for Adult Social Care established through the Oxfordshire Way.

The Oxfordshire Way is underpinned by the strategic intentions set by our Corporate Plan. The directorate has a service plan with clearly identified priorities and plans that are monitored on a quarterly basis by our Directorate Leadership Team. Our corporate approach to business planning has been redesigned in 2024 and is moving to a four-year approach which will further improve our ability to plan and manage resources over the longer term.

Oxfordshire's political and executive leaders are well informed about the potential risks facing adult social care and governance arrangements are in place to ensure they are kept updated on issues. There are regular briefings with the Cabinet and portfolio holder and wider Members. People's Scrutiny are briefed regularly on issues including budgets, risk, and assurance.

Risk Management and Assurance

We have robust risk management processes in place through both the adult social care directorate risk register and the corporate risk register and performance monitoring arrangements. We have an Internal Assurance and Governance Board that meets monthly and reviews areas such as complaints, serious incidents and concerns and safeguarding. This board identifies themes, shares learning and has oversight of actions taken to address issues and concerns. The corporate risk register is reviewed monthly at Council Management Team to discuss any risks arising and what corporate support may be required in mitigation. The service risk register is reviewed monthly by senior managers in adult social care as risk owners.

A new data reporting and analysis approach has been developed using Power BI that will further strengthen strategic oversight, inform prioritisation and drive

continuous improvement through internal and external benchmarking. Adult Social Care is also working alongside public health to utilise data to tackle inequalities.

Ou Practice, Performance and Pounds DLT is an extended leadership meeting providing a forum for focused internal scrutiny and challenge as well a place to share and celebrate what is going well. This monthly forum reviews progress of our Continuous Improvement Implementation Plan[xxxvi].

Sector Leadership

We are actively involved in national and regional learning and improvement demonstrated by our role as a trailblazer for the charging reforms. Through this programme we worked alongside the DHSC and 5 other Local Authorities to shape reform implementation.

Our Director, Principle Social Worker and Deputy Director have participated as peers in LGA peer reviews of other authorities in the South East.

Financial Oversight and Strategy

The Directorate exercises effective oversight, accountability and governance over its budget. It has a proven history of operating within its allocated financial resources and delivering required savings. It has communicated the budgetary requirement to fulfil statutory obligations and has scrutinised its financial and operational performance against benchmarks to inform strategic budgeting and service planning. However, we need to acknowledge the increasing financial pressures from service demands. This requires a renewed emphasis on how Oxfordshire can enhance and better integrate adult social care practice with a more explicit prevention offer and the procurement of a broader array of future-oriented services, to discharge Oxfordshire's Care Act duties while simultaneously strengthening robust, sustainable financial management.

There is a clear Medium Term Financial Strategy in place and Adult Social Care (ASC) has a clearly developed savings plan which demonstrates its understanding of the savings targets for ASC as well as the approach it takes to oversight of delivery and realisation of benefits. There is clear governance for this process through the PPP and DLT.

Living our Values

Our Delivering the Future Together Programme is firmly embedded in all our Council teams including Adult Social Care. The values of integrity, equality and diversity are a strong focus of the programme, and we have Champions throughout the service who support communication and feedback mechanisms on progress. Our senior leaders have completed training in the programme and live the values alongside the workforce. We have quarterly meetings with our Delivering the Future Together Champions where we listen to feedback about how the programme is being received

by our teams, and how the activity is supporting our ongoing transformation as an organisation, aligned to our corporate strategy.

Our supervision guidance, which was refreshed in 2023, refers to the Delivering the Future Together programme and the values, encouraging managers to consider members of the team who may have protected characteristics and any support or reasonable adjustments we may need to put in place. The guidance asks for feedback to be shared and to actively encourage staff to give and receive feedback staff have received a learning session with a focus on supervision.

We are a member of **Inclusive Employers** to support our commitment to including everyone and help us on our journey to create a truly inclusive workplace[xxxvii]. Along with over 300 of the UK's largest organisations, our partnership with Inclusive Employers gives us access to a wealth of expert inclusion and diversity support materials.

We are a **Disability Confident Employer** and committed to:

- Interview all disabled applicants who meet the essential criteria for a job vacancy and consider them on their abilities.
- Ensure there is a mechanism in place to discuss with disabled employees what both parties can do to make sure employees with a disability can develop and use their abilities.
- Make reasonable adjustments to support employees if they become disabled to make sure they stay in employment
- Take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.

We are a **Stonewall Diversity Champion**, which means we are an inclusive organisation committed to creating a workplace that enables LGBTQ+ staff to reach their full potential. The Council supports a staff network for LGBTQ+ employees and allies which is involved in LGBTQ+ inclusion activities.

We are committed to supporting **young people leaving care** into employment. We guarantee to interview job applicants who meet the essential job criteria, have been in care and who have successfully completed a course of further education at school, college or university. For those leaving care without any further or higher education we guarantee an interview for apprenticeships with the council.

The Council recognises that many staff have unpaid **caring responsibilities** for relatives, children and friends who need support due to illness, disability, frailty or addiction. Combining work and caring can be difficult and the council is committed to supporting carers wherever possible through a range of policies and support mechanisms such as flexible working, planned carers' leave, emergency leave, parental leave and an Employee Assistance Programme. This year we set up a Carers' Network for staff who are carers to share experiences and support each other.

We have an Employee Assistance Programme which provides free and confidential support for all staff. We also have a wide range of staff networks that provide a

space for colleagues with a shared experience or characteristic to come together and offer support to each other, while also working together with the council to improve the experiences of colleagues in the organisation. Existing networks are:

- LGBTIQ + Awareness Network
- Disability and Wellbeing Network – DAWN
- Race Equality and Cultural Heritage Network (REACH)
- Christian Network Group
- Neurodiversity Wellbeing Group
- Young People's Network
- Jewish Network
- Women's Network
- Muslim Network

Representatives of these networks attend Equalities, Diversity and Inclusion Steering Group to share the updates, make connections, identify actions and improvements to our services and staff being more inclusive.

Learning from feedback

Over the past year, Adult Social Care has been developing its approach to gathering, triangulating and responding to feedback from people who use our services and local residents. Learning from this feedback enables us to improve the ways we work with Oxfordshire residents as part of our continuous improvement journey.

During 2023 Adult Social Care introduced a survey for people who use adult social care services that is issued at key trigger points along their care and support journey. Since inception in 2023 we have now obtained over 850 responses with the majority of responses being submitted online. Internal Assurance and Governance Board has initiated receiving monthly updates on the outcomes of the survey, via the Principal Social Worker. The Board also receives quarterly Complaints Reports and the Voice of the Customer Manager attends the Board in order to discuss key themes, trends and learning.

Leading our approach to Embedding Co-Production

We are firmly committed to the principles of co-production. Following the Peer Review, work has begun to make our co-production approach clearer and simpler to support the way we embed this across all our work.

We have identified three main types or areas of co-production:

- Person-centred practice: This is about listening to and respecting the voice of the person who uses care and support in everything we do. It includes person-centred planning, strengths-based assessments, record keeping, and staff training.
- Commissioning: This is about co-producing and co-designing commissioning strategies and services with people who have relevant and up to date lived experience. It includes formal and informal consultation, involvement and

engagement, feedback mechanisms, user-led services, partnerships with VCSE and community groups, and place shaping.

- Co-production – architecture and infrastructure: This is about the structures and systems that support and enable co-production in our organisation and beyond. It includes the Team Up Board, the Co-production team, our Coproduction training resources and materials, and our close working relationship with our infrastructure partners Oxfordshire Community and Voluntary Action and Oxfordshire Association of Care Providers.

Case Study: Working Together Week 2024

During Coproduction Week[xxxviii], our Co-production Team delivered seven virtual Co-Pro Hour sessions, three hosted events and an exhibition in County Hall.

Throughout the week there were events from the Start Well, Live Well and Age Well commissioning teams. These events also featured presenters from Dementia Oxfordshire, Council for Disabled Children, Keystone Mental Health and Wellbeing Hubs, and Fitzroy.

We celebrated some great examples of working together, and shared reflection and learning with one another. Our colleagues highlighted that some of the key challenges for achieving co-production and working together was time available to dedicate to a great piece of work, and our ability to reach seldom heard voices and those who would not usually take the time to work with us.

Our teams also shared some great tips and advice for successful co-production and working together:

Get people involved from the start.

Be flexible – Don't just think about what you need from them – what do they need from us? How can we best support people to be involved?

Be honest and transparent – share the process and the progress.

Listen, hear, and act on what people say – and give updates.

Give a safe space for feedback – both complaints and compliments.

Case Study – Cheers M'Dears

As part of our work to embed coproduction in everything we do, we have been celebrating the way we have worked with people with lived experience to co-design improvements to our frontline services[xxxix]. Our new pub room 'Cheers M'Dears' opened in Banbury in 2023. The new space provides a social setting and also opportunities to learn new skills and experience to support meaningful employment in the future. This project won the MJ Award for Innovation in Children's and Adults' Services in June 2024. This award recognised how we have coproduced this new service offer with people who have additional needs, thinking innovatively and working with connections in the local community to create a fun social space for people who use our community support service. The local community provided donations and funding from the Friends of Redlands charity.

We take a continuous learning approach to co-production to embed this good practice and staff are offered regular training opportunities on co-production as well as having a wide range of tools to gather feedback, engage with people and hear their views. Our Let's Talk platform provides us with a channel to share engagement opportunities with people and to provide feedback through 'You Said We Did' reports, such as recent work to update our care home standards based on engaging directly with care home residents.

We have a corporate consultation and engagement strategy and our Working Together guide[xl] sets out our service approach to co-production. Adult Social Care has a co-production advisory board (Team Up Board) with representation from a wide range of people with lived experience. The Board has recently recruited additional members improving its diversity and representative reach, with people with lived experience of homelessness, the criminal justice system and domestic violence. This diversity of experience is strengthening our connections with a wider range of community organisations, and we have worked with Team Up Board to update our network of local community groups who we already work with or where there may be future opportunities for co-design. Working in this way with Team Up Board enables us to widen our reach into the community and recent work to co-design a refresh of the ASC Customer Portal provided a positive example of working collaboratively with Team Up Board members to support co-design.

We are working with Team Up Board to continue to develop the way in which we work collaboratively to embed co-production consistently across Adult Social Care. We have a senior leader who is the champion for co-design for Adult Social Care to ensure that its importance is visible throughout the directorate.

Continuous Learning and Improvement

We are committed to continuous development and have undertaken an extensive programme of team-led transformation, involving over 300 staff in 14 teams working together to allow each team to build skills and capabilities across 12 elements including unlocking opportunities, empowering communities, and forward planning.

Case Study: Team-Led Transformation

Over 300 staff in 14 teams developed through our Team-Led Transformation approach. Each team invested time in building skills and capabilities across 12 elements including unlocking opportunities, empowering communities and forward planning. Staff reported real change:

"Team-led Transformation gave us the ownership to create and drive the change. To think outside of the box and step back to improve the team's current practice."

"As a team, we are more focussed on keeping our allocation list tidy, early signposting and involving Voluntary Sector Providers."

We promote and support apprenticeships to ensure staff have opportunities to learn and develop and to support career progression. We have developed our recruitment

webpages in order to attract people to work with us in delivering adult social care differently and have developed a Return to Social Work/OT pathway for people who are qualified but have not been registered for some time. We have adopted a buddy system for professional staff and co-ordinators which supports staff learning and inspires progression into professional occupations by increasing their skill mix and giving them experience of other roles. This enhanced skill-mix improves the experience of people who use services and supports continuity.

The Principal Social Worker and Principal Occupational Therapist continue to drive forward practice development with a series of learning sessions established on areas such as supervision practice, safeguarding and mental capacity. Learning sessions are response led and are scheduled to support specific areas of practice based on audit outcomes, staff requests or areas of interest highlighted by staff or in response to learning outcomes.

Staff Surveys

We do however recognise that our recent internal staff survey highlighted that we need to offer more support to staff to address less positive feedback about work/life balance, and they want us to ensure we are demonstrating inspiring leadership. We are addressing this through a variety of means including staff listening events, drop-in sessions, increased visibility of leaders in our offices.

Glass Door reviews for the whole council show an overall rating of 4.0 out of 5, and we undertake regular staff surveys in order to review staff wellbeing and help us to identify and act on areas of improvement.

The most recent council-wide staff survey undertaken through Best Companies Limited identified some areas of strength: most people find their work interesting and fairly paid, and over the previous year our work to address staff's feedback had led to some groups of staff becoming more positive and engaged. Some people report feeling under too much pressure and that this impacts on their ability to maintain their work life balance. We also have heard that people want to see us demonstrating inspiring leadership.

We recognise that we need to work together with staff to improve experience further. The Directorate Leadership Team together with the wider Council take this feedback very seriously. We have introduced a more systematic approach to internal communications using a variety of roadshows and forums that provide an opportunity to celebrate excellent work and supportively encourage our very committed workforce to feel empowered to manage their time in a way that enables them to have an improved work-life balance.

Driving Innovation

The Council has launched a data and digital skills academy for staff which will promote and improve our data and digital capabilities including an online library with helpful learning opportunities and a data and analytics community.

Annex 1: A summary of our ASCOF outcomes submission for 2023/24.

Data calculations are based on current population projections and the data we have submitted to NHS Digital.

		2022/23			2023/24		
		England	Oxon	Compared to England	Oxon	Change in year	Compared to England
1. Quality of life	1A: quality of life of people who use services	19.0	18.9	-0.1	19.2	0.3	0.2
	1B: quality of life of people who use services - adjusted for local authority impact	0.41	0.41	0.0	0.42	0.01	0.01
	1C: quality of life of carers	7.3	7.3	0.0	7.2	-0.1	-0.1
	1D: overall satisfaction of people who use services with their care and support	64.4	64.7	0.3	68.5	3.8	4.1
	1E: overall satisfaction of carers with social services (for them and for the person they care for)	36.3	31.4	-4.9	32.7	1.3	-3.6
2. Independence	2A: % of new people who received short-term services during the year – where no further request was made	77.5	70.0	-7.5	75.1	5.1	-2.4
	2B: Permanent care home admissions 18 to 64 per 100,000 population	14.6	8.5	-42%	8.0	-5.9%	-45%
	2B: Permanent care home admissions 65+ per 100,000 population	560.8	357.7	-36%	337.8	-5.6%	-40%
	2D: the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	82.3	84.8	2.5	86.3	1.5	4.0
	2E: the proportion of people who receive long-term support who live in their home or with family	80.5	88.4	7.9	89.3	0.9	8.8
3. Empowerment	3A: % of people who use services who report having control over their daily life	77.2	79.9	2.7	77.2	-2.7	0.0
	3B: % of carers who report that they have been involved in discussions about the person they care for	64.7	65.8	1.1	64.1	-1.7	-0.6
	3C: % of people who use services who found it easy to find information about services and/or support	67.2	65.4	-1.8	71.0	5.6	3.8
	3C: % of carers who use services who found it easy to find information about services and/or support	57.7	55.4	-2.3	61.4	6.0	3.7
	3D: % of people who use services who receive direct payments	26.2	28.6	2.4	28.2	-0.4	2.0
4. Safety	4A: the proportion of people who use services who feel safe	69.7	72.6	2.9	74.6	2.0	4.9
	4B: the proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	91.0	94.8	3.8	94.2	-0.6	3.2
5. social connections	5A: the proportion of people who use services who reported that they had as much social contact as they would like.	44.4	42.9	-1.5	45.7	2.8	1.3
	5B: the proportion of carers who reported that they had as much social contact as they would like.	28.0	26.7	-1.3	29.1	2.4	1.1
6. Continuity and quality of care	6A: the proportion of staff in the formal care workforce leaving their role in the past 12 months	28.3	38.9	10.6	not yet available		
	6B: the percentage of adult social care providers rated good or outstanding by CQC	83.2	90.8	7.6	90.3	-0.5	7.1

[i] See IR30, 4. The Oxfordshire Way in Adult Social Care July 2024
[ii] See IR30, 1. Continuous Improvement – Implementation Plan
[iii] See IR30 – 2. Service Plan 2024 2025 ADULTS
[iv] See IR16 – 2. Commissioning Strategies in Oxfordshire July update
[v] See IR33 – 2. OCC Unpaid Carers Strategy
[vi] See IR35 – 6. Co production in commissioning case study short breaks
[vii] See IR30 – 1. Continuous Improvement – Implementation Plan
[viii] See IR22 – 6. Community Links Oxon Report Q1, Yr2
[ix] See IR22 – 3. Move Together End of Year Report April 2023 – March 2024
[x] See IR8 – 6. Advice Services Commission Cabinet Member Decision Paper Feb 24 and IR8 – 6a. Annex 1 – Equalities Impact Assessment

[xi] See IR2 – 1. Feedback Analysis 2024 summary
[xii] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xiii] See IR31 – 9. Principal Social Worker Report 2023
[xiv] See IR22 – 7. Partnership with Carers Oxfordshire
[xv] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xvi] See IR7 – 5. Direct Payments Themes and Trends
[xvii] Adult Social Care Activity and Finance Report, England, 2022-23 - NHS Digital
[xviii] See IR12 – 0. Overview of EDI 25.07.2024
[xix] See IR12 - 11a. and IR12 – 11b. Connected Communities Fund reports
[xx] See IR22 – 6. Community Links Oxon Report Q1, Yr2
[xxi] See IR12 – 9. Award for All Age Advocacy Contracts
[xxii] See IR19 – 2. ASC Workforce Development Delivery Plan 2023
[xxiii] See IR16 – 3. HESC Annual Report and Development Plan for JCE 09.05.2024
[xxiv] See IR16 – 2. Commissioning Strategies in Oxfordshire July update
[xxv] See IR15 – 5. Workforce Roundtable
[xxvi] See IR22 – 1. Joint ToC_D2A presentation July 2024
[xxvii] See IR19 – 2. ASC Workforce Development Delivery Plan 2023
[xxviii] See IR19 – 7. Oxfordshire Appraisal of workforce strategy findings – March 2024
[xxix] See IR19 – 3. Care Workers Charity end of fund report May 2024
[xxx] See IR36 – 7. Social Work Academy 2024
[xxxi] See IR18 – 1. Quality Improvement Protocol
[xxxii] See IR2 – 1. Feedback analysis 2024 summary
[xxxiii] See IR25 – 2b. Core Team Protocol Purpose Function
[i] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xxxiv] LG Inform Preparing for Adult Social Care Assurance – informing councils' self-assessment (Pilot data pack)
[xxxv] See IR31 – 6. Governance Map July 2024
[xxxvi] See IR30 – 1. Continuous Improvement – Implementation Plan
[xxxvii] See IR12 – 0. Overview of EDI 25.07.2024
[xxxviii] See IR35 – 3. Working Together Week Summary
[xxxix] See IR35 – 5. Case Study Cheers M Dears at Banbury CSS
[xl] See IR35 – 2. Working Together

CQC Report Overall Summary

	Quality statement scores	
Theme 1: Working with people	Assessing needs	Score: 2
	Supporting people to lead healthier lives	Score: 2
	Equity in experience and outcomes	Score: 2
Theme 2: Providing Support	Care provision, integration and continuity	Score: 2
	Partnerships and communities	Score: 3
Theme 3: Safe pathways, systems and transitions	Safe pathways, systems and transitions	Score: 3
	Safeguarding	Score: 3
Theme 4: Leadership	Governance, management and sustainability	Score: 3
	Learning, improvement and innovation	Score: 3

ASC - Improvement Plan on a page

ASC Vision – Refining the Oxfordshire Way
A new model of Care and Support
Readiness for the future

Cross cutting themes

- Co Production
- Equity in experience and Outcomes
- Communicating with staff, residents and partners
- Demonstrating Impact and Outcomes

Priority Areas

Commissioning
Support should be coordinated, flexible, promote independence and continuity to meet a wide range of diverse needs.

Safeguarding
We will continue to develop safe and person-centred systems of care and support where safety is effectively managed, monitored, and assured.

Workforce
We need to ensure staff possess the skills, knowledge, and attitudes needed to help people achieve their goals and deliver the best outcomes.

Mental Health
Ensure that adequate local capacity is available to address the needs of people seeking mental health support

VCSFE
Review the strategy for engaging with the VCFSE sector to ensure their capacity to support improved health, well-being, and care and support outcomes for residents

Carers
Improve carers' experiences by continuing to deliver the carers strategy action plan and ensuring all carers are heard and have access to support

Digitisation

Evidence based decision making – Data / Feedback

Theme 1

Working with people

What do we want to achieve

Quality Statement Scores:

Assessing needs	Score: 2
Supporting people to lead healthier lives	Score: 2
Equity in experience and outcomes	Score: 2

A person centred and simplified initial assessment system to make it easier for people to understand and engage in the process.

Improved **communication channels and strategies** to ensure that all stakeholders, including patients, families, and care providers, are well-informed.

More time for **hospital discharge** discussions

Include co-produced language in assessments that is understood by all stakeholders.

Improved **timeliness of assessments and reviews**, providing clear timelines and regular updates to people and their families

Improved access to **statutory advocacy services** across adult social care teams, ensuring that carers and people understand how to access these services

Theme 2

Providing support

What do we want to achieve

Quality Statement Scores:

Care provision, integration and continuity	Score: 2
Partnerships and communities	Score: 3

There is enough **local capacity** to address the needs of people seeking **mental health support** and for people with **complex needs**, including **learning disabilities, and autism**.

Equality and diversity are embedded throughout adult social care. **To tackle inequalities** as a system and implement a plan. **Understand the needs of people** living in more deprived and rural parts of the county.

Provider Collaboration: Work closely with providers to create a better understanding of people's needs in the changing context

Embed the **joint carers strategy** in practice. Ensure all carers can input and have access to appropriate support.

Develop a more structured approach to **coproduction**, involving the voice of people who draw on care and support services, OCC staff, and the provider market

Develop self-assessments and **digital contact** with OCC through an improved Council website, ensuring it supports a person-centred and interactive approach

Theme 3

Safe pathways, systems and transitions

What do we want to achieve

Quality Statement Scores:

Safe pathways, systems and transitions	Score: 3
Safeguarding	Score: 3

Promote best practice in **safeguarding adults** by adopting a person-centred and outcome-focused approach using the **Making Safeguarding Personal Toolkit.**

Implement a structured approach to **Quality Assurance in Safeguarding**, to include learning from **Safeguarding Adult Reviews**, regular audits of safeguarding performance

Work with **providers** to understand **safeguarding process, threshold** and reduce inappropriate safeguarding concerns into the team.

Improve **Advocacy Support** for People Lacking Capacity

Strengthen **DoLS** oversight and management

Continue to improve timeliness and **communication** of safeguarding responses

Theme 4

Leadership

What do we want to achieve

Quality Statement Scores:

Governance, management and sustainability	Score: 3
Learning, improvement and innovation	Score: 3

Develop new **Power Bi dashboards and use frontline data to inform strategic priorities**.

Develop **targeted plans** using community data and feedback.

Further embed **The Oxfordshire Way** into staff culture, practice, and place.

Develop **commissioning strategies and plans** with clear goals.

Enhance **data-sharing** systems with providers to ensure information is accurate and timely.

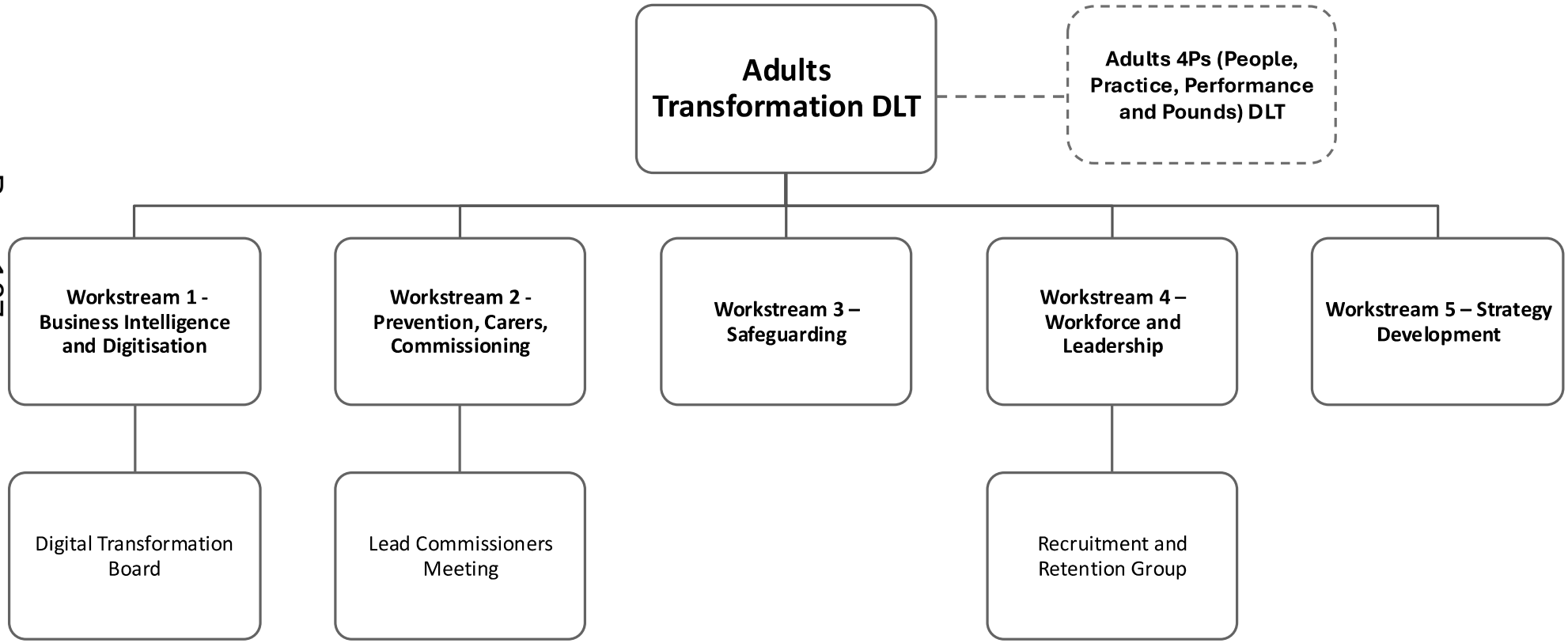
Workforce Strategy:

Continue to collaborate with providers to address staff shortages in the care sector.

Include greater clarity on issues related to skills mix, succession planning, and demand management.

Develop a **Co-Production Strategy** to ensure that co-production is consistently embedded into adult social care. This involves involving people's voices from the beginning and ensuring that their input is valued and acted upon.

Improvement Plan Governance



Improvement Plan Timelines

People Overview and Scrutiny Committee
06 November 2025

Inequalities in a Marmot County

Report by Ansaf Azhar, Director of Public Health

RECOMMENDATION

1. **The People's Scrutiny Committee is RECOMMENDED to**

   Note how addressing health inequalities with a Marmot approach strengthen health equity in Adult Social Care

Executive Summary

2. The aim of adult social care (ASC) support is to help people live independently at home, stay connected with loved ones, and engage in their communities. It goes beyond meeting basic needs, by supporting people in ways that promote dignity, empowerment, and timely assistance. Adult social care can address inequalities by offering accessible information, providing access to advocacy, ensuring culturally appropriate services, and promoting equitable outcomes across different communities.

3. People from the most deprived areas often face multiple barriers to accessing care, including financial hardship, digital exclusion, transport limitations, and fear of stigma. Addressing these inequalities requires a focused effort to ensure that care and support is not only available but also accessible, inclusive, and responsive to the diverse needs of the population.

4. Oxfordshire because a Marmot County in 2024, taking a data driven systemwide approach to addressing the gap in health outcomes due to inequalities, by using the 8 principles to assess inequalities.

Marmot County

5. In November 2024 the Oxfordshire system commenced working with the Institute of Health Equity [IHE] to become a Marmot Place. The partnership supports the system to understand and address the inequalities being experienced by Oxfordshire residents. This programme complements the health and wellbeing strategy, which is underpinned by the principal of tackling health inequalities.

Care Act and Care Quality Commission

6. The Health and Care Act 2022 introduced a new duty for the Care Quality Commission (CQC) independently to review and assess how Local Authorities are delivering their Care Act 2014 functions. From 1st April 2023 CQC has powers to assess local authorities in England, looking at how well they meet their duties under the Care Act (2014).
7. The *Equity in Access* quality statement under the CQC's Single Assessment Framework asserts that *"everyone can access the care, support and treatment they need when they need it."* This principle is central to ensuring fair, inclusive, and timely access to adult social care [ASC] services across Oxfordshire.

8. **Key Expectations from CQC**

- Services must be designed to remove barriers to access, including physical, digital, cultural, and communication related.
- Providers must comply with equality and human rights legislation, making reasonable adjustments for disabled individuals.
- Staff and leaders must actively identify and address discrimination, inequality, and systemic bias.
- Feedback and evidence must be used to improve access for underserved or marginalised groups.

9. **Oxfordshire County Council Position**

- The council's *Including Everyone EDI Framework (2025–2029)* underpins strategic efforts to embed equity in service design, workforce diversity, and community engagement.
- Assurance activities include equity impact assessments, co-production with service users, and data-led service planning to identify and address gaps in provision.
- Programmes such as *Diverse by Design* and adherence to the *Workforce Race Equality Standard (WRES)* support inclusive workforce development.
- Monitoring mechanisms are in place to track access outcomes and ensure continuous improvement, particularly for rural, low-income, and protected characteristic groups.

Baseline Data on Health and Social Inequalities

Community Insight profiles dashboard

10. The Director Of Public Health Annual Report in 2019 highlighted the disparity between in health outcomes between the most and least deprived wards in Oxfordshire, which rank within the 20% most deprived in the country. The gap

in life expectancy between the least and most deprived wards in Oxfordshire is 10years for men and 13 years for women. [1]

11. Following this report Community Insight Profiles were developed, which provide data analysis of the health outcomes in the most deprived wards, as well as a summary of local experience of living in these areas. Community Insights Profiles dashboard Recommendations from these reports led to grant schemes and the establishment of the community health development officers [CHDO] to support community engagement. Initiatives of the CHDOs focus on the social determinants of health.

Analysis of Marmot Principles in local ASC context, and impact on inequalities

12. Professor Sir Michael Marmot and his Institute of Health Equity (IHE) at University College London (UCL) are international experts on evidence-based action to address inequality based on their research. More than 10 years on from the Marmot Review Fair Society, Healthy Lives, they have now developed 8 principles (Annex 1) through which health inequalities can be assessed. The principles are listed below with consideration of the local ASC context.

13. Oxfordshire is initially focusing on the following four principles:

Give every child the best start in life and **Enable all children, young people and adults to maximise their capabilities and have control over their lives**

14. IHE have undertaken a review of "**Best start in life**" focusing on early years to the age of 25, with the aim of identifying what is driving inequalities, and where the challenges or blockers are. The recommendations will support ASC in preparing children and young people with SEND for adulthood.

Create fair employment and good work for all.

15. **Get Oxfordshire Working Plan**: aims to tackle economic inactivity and promote in-work progression, and will bring together partners and key stakeholders to examine drivers of and solutions to inequality in access to employment. The plan in supported by the following initiatives.

16. **Connect to Work** is a Department for Work and Pensions national programme, commissioned in local government, which forms a key pillar of the Get Britian Working Strategy. Over the period to March 2030, Connect to Work aims to support 2000 local people who are facing disability, health or social challenges to find and stay in work. The programme will sit alongside existing provision, such as supported internship and mental health Individual placement Support (IPS) employment support whilst also delivering early intervention support to people concerned about losing their employment.

[1] 2019-23 PHE Fingertips

Delivery will be fidelity assured against both the Supported Employment Quality Framework (SEQF) and IPS models, which are found to be twice as effective against other models to produce successful and sustainable employment outcomes.

17. **Thrive at Work Oxfordshire** is a **free** programme of support for employers to developed inclusive work environments. This will include training, advice and support with policies. This is being developed by Oxfordshire County Council Public Health team and will be trialled in 2026.

Ensure a healthy standard of living for all

Housing

18. The Care Act 2014 places wellbeing at the heart of adult social care, recognising that safe, suitable housing is a fundamental component of a healthy standard of living. Local authorities work collaboratively across public health, social care, and housing services to address issues such as fuel poverty, homelessness prevention, and access to repairs or adaptations.

19. The **Disabled facilities grant** is a statutory grant that funds essential home adaptations for disabled people, enabling them to live safely and independently. Its integration with the Better Care Fund (BCF) is a key part of national and local policy to promote joined-up health, social care, and housing support. Through the BCF, local authorities and NHS partners pool resources to deliver coordinated services that prevent hospital admissions, support timely discharge, and reduce health inequalities.

20. **Housing health needs assessment** was conducted during 2025 by Housing Vision, and identified the current issues for older people include homes are more likely to have risks from falls, excess cold and damp, only 13% of homes are adapted for accessibility, under-occupancy, mental health and hoarding. This led to recommendations on governance, leadership and oversight, intelligence sharing and partnerships. It recommended three key policy areas to address the inequalities identified – Best Start in Life, Care at or closer to home and Homelessness Prevention and response. Metrics have been developed for the Healthy Housing priority in the Health and Wellbeing Strategy, and recommendations will be discussed at Health And Wellbeing Board in December 2025.

21. **Better Housing Better Health**

The Better Housing Better Health (BHBH) service is jointly commissioned between Public Health, Adult Social Care and the five district and city councils to provide holistic support to help residents live in affordably warm (and cool) homes. The service provides telephone based "warm and well" assessments to any resident, regardless of tenure, who has a worry about their ability to heat their home, with a view to reducing fuel poverty. In 2022 the service started to provide home visits to provide an enhanced level of support with respect to energy efficiency, fuel poverty and in response to climate change, advice on over heating homes. These visits are prioritised to those in greatest need which often includes those over 65. The service has undergone various evaluations to evidence its impact on health outcomes and the wider system.

Financial stability

22. **The Low Income Family Tracker:** (LIFT) is an intelligent analytics platform that helps link local authority data and maximise residents' income. So far it has helped families in Oxfordshire by sending letters to families entitled to free school meals and people entitled to pension credits. OCC are working with district and city councils to explore how additional families can be supported to maximise benefit income.

23. The other Marmot principles are used as a lens to understand inequalities. Examples of how these are applied are below

Tackle racism & discrimination and their outcomes.

24. The Social Care Workforce Race Equality Standard (SC-WRES) operationalises this principle within adult social care by providing a structured framework to identify, measure, and address racial inequalities in the workforce. This approach ensures that disparities in recruitment, career progression, disciplinary processes, and access to professional development are actively monitored and addressed, with targeted interventions to close gaps and promote inclusive workplace culture.

Create and develop healthy and sustainable places and communities.

25. Neighbourhood Health Plan for Oxfordshire is a new model of care being developed by health and social care system partners, with governance from the Oxfordshire Health and Wellbeing board. This delivery model is being developed in line with the 10 year health plan moving treatment from hospital to community, in partnership with Adult Social Care, having a prevention focus, and a strategic aim to reduce health inequalities.

Strengthen the role and impact of ill health prevention.

26. **Promoting independence and prevention** (PIP) is a partnership meeting which brings together examples of prevention in Oxfordshire using a strength and asset based approach to improve individual, family and community outcomes. Bringing together representatives from Public Health, Adult and Children's Social Care, District Council community teams and the voluntary and community sector, PIP explores opportunities for prevention through community-based activity. It has supported the development and implementation of projects such as the ICB Well Together, Local Area Co-ordination and Council Community Capacity Grants and also those initiatives developed by Active Oxfordshire and others to increase physical exercise and tackle loneliness. It is working on performance indicators for the new Prevention Strategy.

Comparative benchmarking with other Counties, in relation to equality of care

27. As part of the improvement plan in ASC we are improving our understanding of inequalities, and connecting this with the Marmot principles and the building blocks of health.

Future plans to combat inequalities, especially rural v urban, with measurable outcomes

Oxfordshire Way

28. The Oxfordshire Way is The Council's adult social care strategy focused on helping people live independently and well in their communities. Its objective is to ensure people are supported to live happy, healthy lives here in Oxfordshire

29. The Oxfordshire Way helps combat health inequality by embedding equity into every aspect of adult social care strategy and delivery. It prioritises prevention, early intervention, and strengths-based practice to ensure that people receive support tailored to their individual needs and circumstances. By focusing on what people can do, rather than what they cannot, and encouraging informal networks and community-based solutions, the Oxfordshire Way reduces reliance on formal care and promotes independence. This approach is particularly impactful in rural and underserved areas, where access to services can be limited. The strategy also includes targeted reviews of support provision and uses data-led planning to identify and address gaps, ensuring equitable access across the county.

Rural inequalities

30. An objective of the Marmot workstream is to increase understanding of the rural inequalities in Oxfordshire. A partnership with representatives from the county and district councils, voluntary organisations, and IHE, began its work

in January 2025, aiming to understand rural health inequalities in Oxfordshire, in terms of how they manifest, and which areas are affected to take steps to address them. Personal stories and perspectives on access to healthcare, social or other services, employment, and infrastructure from people living and working in rural areas have contributed to the intelligence for this project. The areas chosen for this exercise is in Annex 2

31. **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.
32. The areas chosen for this service are based on the rurality, population size and health wellbeing and life outcomes. Therefore this is a further approach for addressing rural inequalities.

Building a social movement for health equity

33. OCC are developing approaches to ensure the system builds momentum for addressing health inequalities. This includes opportunities to share good practice and promote local stories demonstrating the impact of interventions. This will align with the next Director of Public Health Annual report (DPHAR), which will present the action taken to address inequalities in the most deprived wards.

34. **Indicators for health inequalities** are aligned with the Health and Wellbeing Strategy indicators. Due to the introduction of the 10 Year Health Plan for England, the Health and Wellbeing Board is working with partners to ensure the introduction of the neighbourhood health approach is aligned with system wide strategies. Once the plan is developed, indicators will be reviewed and streamlined, ensuring they address inequalities and demonstrate outcomes of the neighbourhood health approach.

35. **[All reports must be fully accessible** – guidance can be found on the intranet]

Corporate Policies and Priorities

36. The Marmot work aligns with the Oxfordshire Health and Wellbeing strategy and indicators. Adult Social Care works in line with the Prevention Strategy, and the All Age Carers Strategy to address inequalities.

Financial Implications

37. **The financial implications section should be completed by a member of the finance service**

There are no financial implications to this paper, as it is reporting existing work programmes.

Comments checked by: Emma Percival, Finance Business Partner, emma.percival@oxfordshire.gov.uk

Legal Implications

38. **The legal implications section should be completed by a member of the legal service**

39. Marmot Places commit to improving health equity over a short, medium and long term by focussing on the 8 Marmot principles and working together to target and deliver improvements in local systems, addressing those inequalities by using relevant statutory frameworks such as the Care Act 2014 and Children Act 1989. This report provides an update on the various measures that the partners are implementing to achieve those improvements and address inequalities.

Comments checked by:

Janice White
Principal Solicitor, ASC and Litigation

Staff Implications

40. The Marmot workstream is led by the Public Health team in OCC, within existing resources.

Equality & Inclusion Implications

41. The purpose of this report is to demonstrate how health inequalities are being identified and addressed in Adult Social Care related work.

Sustainability Implications

42. This paper has no sustainability implications.

Risk Management

43. This report is not presenting new risks which are not already assessed.

Consultations

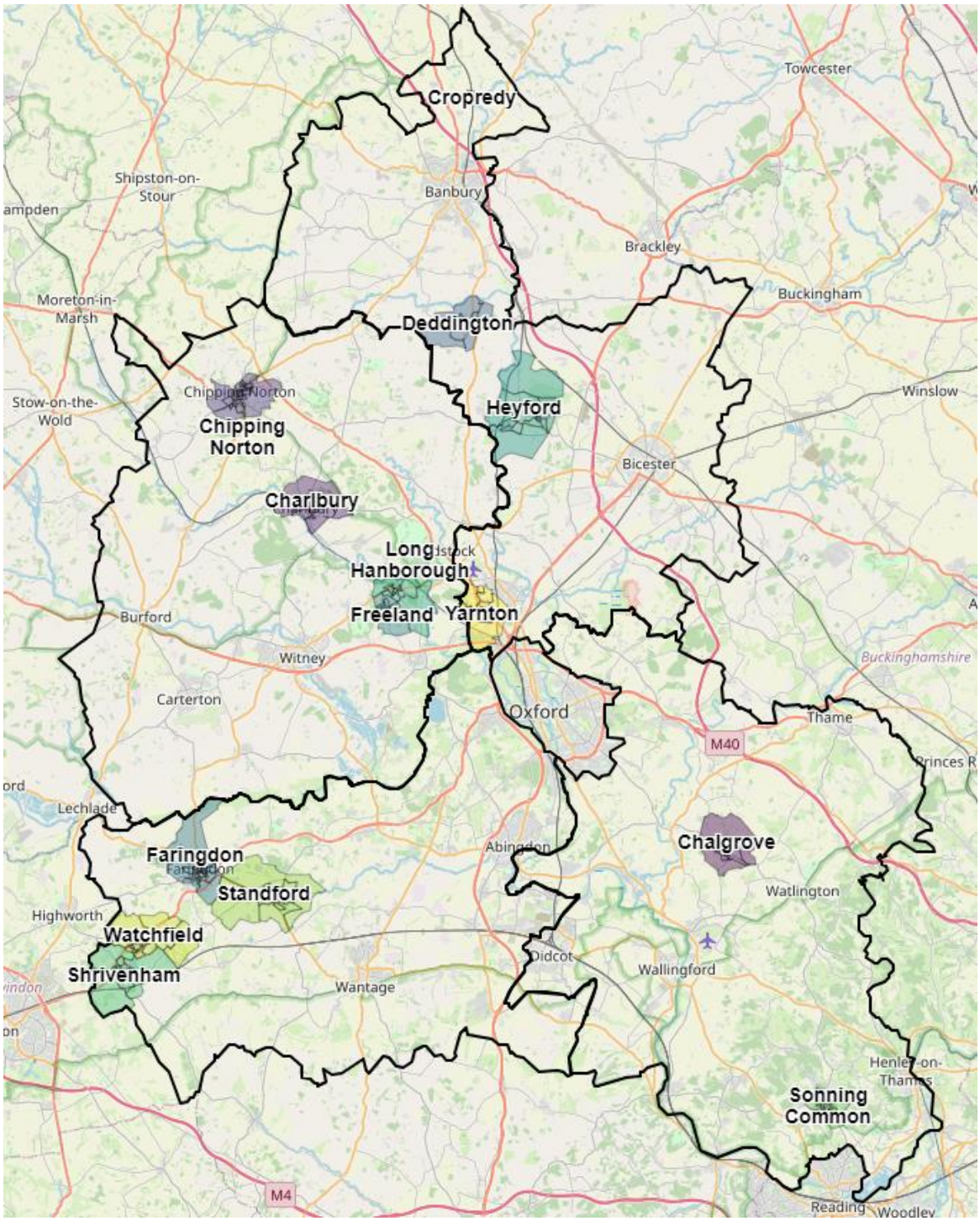
44. No consultations are relevant for this report.

NAME
Ansaf Azhar, Director of Public Health

Annex 1: 8 Marmot Principles

i. Give every child the best start in life.
ii. **Enable all children, young people and adults to maximise their capabilities and have control over their lives.**
iii. Create fair employment and good work for all.
iv. Ensure a healthy standard of living for all.
v. Create and develop healthy and sustainable places and communities.
vi. Strengthen the role and impact of ill health prevention.
vii. Tackle racism, discrimination and their outcomes.
viii. Pursue environmental sustainability and health equity together.

Annex 2 :Map of the selected rural areas for community engagement



Cherwell	South Oxfordshire	Vale of White Horse	West Oxfordshire
Deddington	Chalgrove	Faringdon	Chipping Norton
Cropredy	Sonning Common	Stanford	Charlbury
Heyford		Shrivenham	Long Hanborough
Yarnton		Watchfield	Freeland

Contact Officer:

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October 2025

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
6 November 2025

Update on Transition into Adulthood
Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   Consider the support provided by the Council for young people transitioning into adulthood to ensure they live independently and in their own communities, in line with our strategic vision for adult social care, the Oxfordshire Way the Oxfordshire Way.

Executive Summary

2. Oxfordshire County Council is committed to ensure a smooth transition into adulthood for young people who have additional needs. This report summarises actions taken since 2018 to achieve this, tangible outcomes that we can see today and how the Moving into Adulthood (MiA) team operates.

3. We are proud of our achievements in transitions into adulthood and young people's positive experiences, which have been recognised by our recent Care Quality Commission (CQC) inspection.

Background

4. Becoming an adult is a hugely important stage in any young person's life. For those young people who have additional needs, ensuring smooth transition into adulthood is even more crucial. The National Institute for Health and Care Excellence (NICE) give clear guidance in relation to transitions which includes the importance of multi-agency working and strengths-based approaches. Strengths-based approaches focus more on what a person's aspirations, goals and wishes are rather than any limitations in relation to any disabilities or conditions that may have.

5. Moving from age 17 to 18 for young people with additional needs often means changes in social care and education provision, professional involvements and the legislation under which they are supported. For disabled children, the most relevant piece of legislation is the Children and Families Act 2014 until they are 18 years old. When they turn 18, their needs are to be met under the Care Act 2014. Both of these pieces of legislation make explicit reference to the importance of ensuring a smooth transition for young people with additional needs. The Mental Capacity Act 2005 is also an essential piece of legislation

in relation to young people who are moving into adulthood, and this applies from the age of 16.

6. The Care Act 2014 states the following in relation to transitions:

Where it appears to a local authority that a child is likely to have needs for care and support after becoming 18, the authority must, if it is satisfied that it would be of significant benefit to the child to do so and if the consent condition is met, assess

(a)whether the child has needs for care and support and, if so, what those needs are, and
(b)whether the child is likely to have needs for care and support after becoming 18 and, if so, what those needs are likely to be.

7. To ensure that young people have the best chance to thrive as adults, it is essential that agencies work together with young people and their families to create a clear plan in relation to how they will be supported and by whom when they turn 18.

8. There are often multiple transition points for young people throughout their journey into adulthood. For some young people the end of their education and what their support looks like when they are no longer in school can be as important as turning 18 and becoming an adult. Some young people may attend residential college as a result of their complex needs. It is important that there is a careful and managed transition when they have finished their studies given that this is a significant change in their life.

The Oxfordshire Context and Current Pathways

9. Oxfordshire County Council recognises the fundamental importance of supporting our most vulnerable young people with additional needs and ensuring that there is a smooth transition for those young people who are most likely to need Adult Social Care support when they reach adulthood.

10. Adult Social Care commissioned a project in 2018 to co-produce the Moving into Adulthood Team to enable this. This piece of work included parent carers, young people as well as relevant professionals from social care, health and education. The project consisted of a series of workshops as well as visiting other Local Authorities such as Kent and Leeds to identify best-practice models.

11. Upon completion of this project a series of recommendations was made which included:

- Earlier involvement from Adult Social Care to support the transition process,
- Having a named point of contact/worker throughout,

- Adopting a long-term case work model so that young people receive consistent support throughout their journey into adulthood and the completion of their education.

12. In June 2021, the 'Moving into Adulthood' (MiA) Team was launched within Adult Social Care. The Council invested in a bespoke training programme for the team which focused on strengths-based practice to ensure young people's assets and aspirations are reflected in their support. The team's ethos is rooted in strong communication with families and an aspirational and outcomes-based approach for our young people in line with Adult Social Care's overall strategic vision, the 'Oxfordshire Way'.

13. The Oxfordshire Family Support Network (OxFSN) who are a registered charity and support families of loved ones with Learning Disabilities played a fundamental role in the development of the MiA Team. They were a key stakeholder in the co-production process. They also provided training for the MiA Team in relation to the importance of relationship building with families.

14. The Council commissioned OxFSN to write a Moving into Adulthood Handbook (please see https://movingintoadulthood.oxfsn.org.uk). This is a comprehensive resource covering finances, social care, education and legislation such as the Mental Capacity Act 2005. OxFSN continues to be a key stakeholder and have significant input into the development of Oxfordshire's Learning Disability strategy.

15. The MiA team currently consists of a Team Manager, Practice Supervisors, Social Workers and Coordinators. The Team currently has 18.5 full-time equivalents. However, since the inception of the team there has been an increase in complexity of need of some young people that are being assessed. As a result of this the Council has taken the decision to realign staffing to manage this demand. This equates to 1 additional Practice Supervisor post and 1 additional Social Work post.

16. The team work with young people on a long-term basis and if a young person has care and support needs, they will have a named worker. Their assessment will be completed by the time a young person is 17.5 and an agreed support plan will be in place to start from their 18th birthday. The team will stay involved with the young person until they have fully finished their education and have confirmed what their post-education support will look like. This can include numerous options such as volunteering, employment, outreach support and for those with higher presenting needs, supported accommodation.

17. The team developed positive relationships with our special schools and colleges with each one having a named link worker. The team has also attended transition events and webinars hosted by organisations such as OxFSN and the Oxfordshire Parent Carer Forum (OxPCF) to support the identification of young people who are likely to need support from Adult Social Care as an adult.

18. There are well-established monthly multi-agency transition meetings that are chaired by the Practice Supervisors in the MiA Team. These meetings are locality based – they are held in the North, Central and South areas of the Oxfordshire. The core membership includes colleagues from Education, Health and statutory Children's Social Care Teams including Children's Disability, Children We Care For and the Leaving Care service.

19. The core aim of this meeting is to ensure that young people are being referred to adult services in a timely way so that there is sufficient time to assess their needs and complete any subsequent supporting planning. To ensure this, the team encourages referrals from the age of 16 particularly for those young people with complex needs so that there is time to have collaborative conversations and ensure a smooth transition. Please see Annex 1: Moving into Adulthood Protocol, which details our transition arrangements in Oxfordshire.

20. In terms of outcomes there has been a positive improvement journey in relation to timeliness and planning since the establishment of the MiA team in 2021. The team's impact can be seen in key performance indicators below:

- 58% of young people had an assessment in place by the age of 18 prior to the MiA Team, this figure is now 96%
- 20% of young people had *a support plan* in place by the age of 18 prior to the MiA Team, this figure is now 93%.
- Prior to the MiA Team 5% of referrals were received at the age of 16. This figure is now 35%.

Consistency of transition assessments across urban and rural areas

21. The MiA Team was created as a county-wide team to ensure that there is a consistency of approach in relation to how young people and their families are supported regardless of where they live in the county. The MIA has developed specialist knowledge in relation to services and opportunities that are available for young people in their local area.

22. Over the last four years, the team has developed an internal database with local resources that is regularly updated. This is discussed with young people and their families during the assessment and support planning process. Families are also signposted to the OxFSN handbook described at paragraph 14 above to ensure that as much information as possible is given during the assessment process.

23. As detailed above, we also have three monthly locality-based transition meetings across the North, Central and South of Oxfordshire to ensure that we are having localised discussion in relation to young people that are most likely to need Adult Social Care support when they turn 18.

24. In terms of access to appropriate care and support it is recognised that this can be a challenge in more rural locations. The actions to mitigate this include

- Having a good distribution of supported living throughout the county, as part of our supported accommodation strategy,
- Having developed a strong provider framework with availability across the county including in rural areas. There are 58 providers on the Live Well Adults Supported Services Framework, with 22 as complex needs for behaviour and 14 providers able to deliver specialist forensic support.
- Ongoing work to reduce reliance on out of area placements. This includes the development of 3 complex needs sites across the county as well as the development of a 'Safe Space' for those in acute crisis. The Safe Space will support Oxfordshire to deliver a community model for people with a learning disability and / or autism in line with future reform changes to the Mental Health Act. This is part of the Council's 5 year supported housing plan.

25. The MiA team is committed to using a flexible approach to meeting people's needs. This can include the people hiring their Personal Assistants (PA's) via their Direct Payment as well as more traditional services such as the use of care agencies. Personal assistants are employed or self-employed individuals who can support people with a range of tasks. In the context of young people, they can also play an important role in maximising independent living skills around cooking, travel training and learning how to do a range of household tasks.

Integration of health, education and voluntary sector partners

26. The MiA Team is actively involved in a number of collaborative processes that are aimed at improving outcomes for young people and ensuring a smooth transition. For example, we are a key stakeholder in Multi-Agency Quality Assurance (MAQA) meetings which assess and audit the quality of Education, Health and Care Plans (EHCPs). The MiA Team work very closely with colleagues in Education to ensure that we are creating collaborative and holistic support plans for young people. For example, the Team worked closely with education colleagues to support a young person onto a Supported Internship scheme. He had a passion for horticulture and upon successful completion of his internship, has now secured permanent employment at a local garden centre.

27. The MiA Team also attend meetings hosted by Health partners aimed at improving the quality of transitions for those young people that are likely to require specialist health input when they are adults. These include

    - Learning Disability Health Transition meeting for those people with a Learning Disability who will need clinical input into adulthood, and
    - Complex Health Forum for those with complex physical health conditions. There is a focus on transitions within this group, including ensuring smooth transition from community paediatrics to specialist adult services.

28. Adult Social Care plays an active role in the SEND Improvement Plan. The Head of Service with responsibility for transitions in Adult Social Care co-

chairs the 'Preparing for Adulthood' theme group with a colleague from Children's Social Care. The core membership of this group includes representatives from colleges, employment services, commissioning, health and parent carers. There are four key workstreams within this group which are as follows:

1. **Access to employment, education and training.** This area of work has included the creation of a SEND Employment Forum and a significant focus on enhancing the Supported Internship offer in Oxfordshire as well as tracking the development of our Connect to Work program.

   The Council has 42 young people accessing Supported Internships this academic year compared to 32 the previous year which equates to a 31% increase as a result of the work of the Employment Forum. Last year 55% of young people on an Internship scheme achieved paid employment. This compares favourably to the national average which is 30%.

2. **Health transitions** which focus on improving information for young people and families including information on specialist health pathways as well as a number of webinars for families.

3. **Social care transitions** which include a number of projects including a review of the effectiveness of the current pathways that have been detailed within this report as well as our commissioning intentions. Outcomes from this review so far have included enhanced tracking of children in the care system to ensure timely referrals to Adult Social Care at the age of 16.

4. **High Quality Information-** the key focus on improving the quality of information that is available for young people and their families. There has been some positive work in this space, such as improving the Council's Local Offer in relation to Preparing for Adulthood. We also created a Youth Hub webpage which includes advice and information on areas such as employment, further education and benefit entitlements.

29. The progress is monitored via the SEND Improvement and Assurance Board (SIAB) which is chaired independently. The Department for Education (DfE) also provide advice on progress and the measurement of impact.

Safeguarding and risk management in transition cases

30. The Council fully recognises the need for robust safeguarding arrangements for young people entering adulthood. Currently for any young people open to the MiA Team, any safeguarding issues that arise would be managed by them following our usual adult safeguarding processes.

31. Because the MiA team is usually involved well in advance of the age of 18, it allows the time to ensure that there is a strong and cohesive multi-agency approach around a young person in advance of their 18th birthday. For example, we have a number of young people who are subject to Court authorised Deprivation of Liberty Safeguards (DoLS) as children to ensure

their safety. The MiA Team will ensure that they are involved in advance of their 18th birthday and there will be a careful handover of this process as they turn 18 to ensure continuity of care and support.

32. We also work to ensure Care Act and Mental Capacity Assessments are completed as well as applications made to the Court of Protection to authorise the post-18 support plan to ensure no disruption in the support young people receive.

33. The Council developed a transitional safeguarding protocol which was agreed in November 2023 jointly by the Children and Adult's Safeguarding Boards (please see Annex 2).

34. All stakeholders recognise that for some young people their transition to adulthood may not result in statutory care and support services, however their presenting circumstances still contain a level of risk or potential harm. To address this need Children's Social Care are currently leading on the establishment of a Transitional Safeguarding Panel. This will be a multi-agency panel including partners in social care, health, housing and the voluntary sector. The focus of this panel will be on those young people who are unlikely to meet the criteria for statutory services such as adult social care or specialist mental health services but are likely to be at risk as a young adult and thus will require a systemic view of what access to support is available and what actions could be taken.

35. The Council also has a well-established Dynamic Support Register (DSR) process that involves multi-agency input, which is a requirement under NHS England guidance and policy. DSR process, which is a monitoring process for those people with a Learning Disability and/or Autism who are most at risk of hospital admission or currently in hospital under the Mental Health Act 2005.

36. The Council has used Better Care Fund to create a specialist DSR Team which is a small team of Social Workers who work intensively with people to prevent hospital admission and facilitate timely discharge from inpatient settings. The team has facilitated 10 discharges from inpatient settings for people with a Learning Disability and/or Autism over the past 12 months. In addition to this there have been 11 people who have been prevented from going into hospital under the Mental Health Act as a result of the intervention of the team.

Learning from inspection and other feedback

37. There are multiple opportunities for assessing effectiveness of our processes and outcomes in relation to transitions. This includes Ofsted and the Care Quality Commission (CQC) inspections as well as feedback from other organisations such as the Local Government Association (LGA), government departments such as the Department for Education and the Department of Health and Social Care (DHSC).

38. In the last full Ofsted SEND inspection in July 2023 the following was said about Social Care transitions:

'Many young people aged 18 to 25 who are known to adult social care receive effective assessment and intervention to meet their needs. Planning for transition is coordinated and avoids delays in meeting the needs of these young people into adulthood. This group receives professional support to participate in decision-making about their futures'.

39. As part of our preparation for our CQC Assurance visit the Council asked the LGA to conduct a Peer Review to give constructive feedback on a number of areas. In relation to the Moving into Adulthood Team, their feedback stated that

'the peer team heard about the positive working relationships between the Council Children's and Young People's Services (CYPS) team and the Moving into Adulthood team. There was genuine respect between the staff. Those involved described their work to identify vulnerable young people outside of the Care Act and how they work together to identify and plan with those young people and their parents/guardians/carers to ensure they keep them safe and aid their transition into adulthood and arrange the care necessary for support.

The Moving into Adulthood team have a good understanding of the needs of the young people they support and are well-resourced to allow dual case tracking with CYPS but also to allow each young person to have an allocated worker. They also have a good understanding of local resources and could really benefit from sharing these as well as having access to a wider range of community assets as part of an information, advice, guidance and prevention offer'.

40. The Local Authority was inspected by the CQC in January 2025 (with the final report being published in September 2025) receiving a 'Good' judgement overall with transition pathways specifically being assessed as 'Good'. The report recognised the success of transition into adulthood approach in Oxfordshire, and stated that

"Many young people and their parents described positive experiences of transitions from children's services to adult services, stating their needs were thoroughly assessed and considered with aspirational, ambitious conversations that led to a flexible approach to their care packages".

41. Inspectors noted that communication had been a problem in transitions, in the past, but the local authority had taken steps to address this and this had now improved.

42. In terms of the key learning from this, inspectors commented that the Council needed to do more in terms of the identification of Young Carers. We will continue to improve our collaborative working with Children's Social Care to improve systems and recording of carers. For adult social care, the main opportunity to identify young carers is when we are working with the adult they

care for. In order to improve this, we prepared and delivered a training to Adult Social Care front-line staff.

43. Once identified, professionals should contact Locality, Community Support Service (LCSS) for advice, support, and early help when there are no immediate safeguarding concerns for a young carer. Where a young carer is at risk or has potentially suffered significant harm requiring urgent protection, this must be reported to the Multi Agency Safeguarding Hub (MASH) immediately.

44. As part of Oxfordshire's All-age Carers Strategy, we are working with our health and voluntary sector partners to improve awareness for young carers across the system so they can be supported in a person-centred way depending on their circumstances.

Corporate Policies and Priorities

45. 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

46. 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

47. As stated above, the Care Act 2014 states that where it appears that a child is likely to have needs for care and support after becoming 18 it must assess
(a) whether the child has any such needs and
(b) whether the child is likely to have those needs after turning 18.

The timing of this assessment however will depend on when it is likely to be of significant benefit to the individual, which will generally be the point at which their needs for care and support as an adult can be predicted reasonably confidently. This allows for flexibility of approach, placing the individual at the heart of the process and enabling services to respond appropriately.

48. The Act and Statutory Guidance stresses the importance of co-operation between professionals and organisations in supporting the young person's transition to adulthood and working together to combine support plans for the person wherever possible, to avoid repetition for the person and provide clear lines of responsibility.

49. This report sets out the processes how Oxfordshire will meet its responsibilities for the young people in its area.

Comments checked by:

Janice White, Principal Solicitor, ASC and Litigation
Janice.White@oxfordshire.gov.uk

Staff Implications

50. There are no additional staff implications arising from this report however as detailed above we are realigning existing staffing to meet increased demand.

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. We take a person-centred approach to supporting people and any protected characteristics they have would be part of this framework.

Risk Management

52. 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

Annexes:
1. Moving Into Adulthood Protocol
2. Oxfordshire Transitional Safeguarding Procedure

Background papers:	Nil
Contact Officer:	Sam Harper, Head of Service, Community Connections, Moving into Adulthood, Dynamic Support Register Service, Provider Services Sam.harper@oxfordshire.gov.uk

October 2025

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Annex 1:

Oxfordshire County Council Moving into Adulthood Protocol

Approved: Sam Harper

Next Review: June 2026

Introduction

The years of adolescence and early adulthood are a time of change, uncertainty, and often anxiety for many young people and their families. This is even more the case for young people who require support due to their experiences of disability, long term condition or illness, or as children in need and the barriers they often face to create the same opportunities as their peers.

The need for improved support for young people transitioning to adulthood, supported by social care was identified through feedback from young people and their families, staff in children's and adult services, and through Ofsted inspections and good practice guidance, which highlighted issues and potential improvements. The feedback highlighted that young people's experiences of support through transition into adulthood were variable, and too often people experience delays, and problems with communication and co-ordination.

The consequences of poorly co-ordinated transition arrangements can lead to safeguarding risks and costly or unnecessarily restrictive placements, as well as complaints, anxiety and distress for families who already have exceptional responsibilities in their caring roles.

This protocol sets out Oxfordshire County Council's approach to supporting young people and their families through transition from children's services to adult social care services.

National Context

The Care Act 2014 places a statutory duty on all Local Authorities to ensure a smooth transition for the most vulnerable young people who are eligible for support.

The National Institute for Health and Care Excellence (NICE) have produced quality standards for transitions between children's and adult's service that can be accessed here https://www.nice.org.uk/guidance/qs140

The Oxfordshire Context

Oxfordshire County Council fully recognises the need to ensure positive transitions for all of our young people with disabilities. In 2018 we created a project group with all of our key partners including Children's Social Care, Health and young people and their families. The project group made some key recommendations such as the need for a named worker and regular involvement from Adult Social Care during a young person's journey to adulthood. It was also acknowledged that there are various stages or key points in a young person's journey and it is not just about ensuring the right support is in place when someone turns 18.

The Moving into Adulthood service (MiA) was established in June 2021. The service transformed Oxfordshire County Council's approach to supporting young people and their families through transition from children's services to adult social care services.

The service delivers a model of support that works with young people aged 18 up to 25 years and their families as well as in-reach into children's services, schools, and

colleges from the age of 16 to build positive relationships early in preparation for a successful move into adulthood.

The social care team, comprised of social workers and co-ordinators, work to achieve successful outcomes in a strengths-based way that prevents the need for statutory support and promotes opportunities for people to live as independently as possible in their own community.

The process

Since the creation of the MiA Team in 2021, we accept referrals for young people likely to have Care Act eligible needs from the age of 16. It is important to note that anyone is able to refer into the team if they feel that a young person is going to need formal support from the age of 18. This includes professionals from statutory social care teams, health, schools and colleges and families.

The team will then endeavour to allocate a Social Worker or Coordinator as soon as possible. There should then be a Care Act Assessment and support plan in place by a young person's 18th birthday so that there is a seamless process. The only barrier to achieving these targets would be if a referral is received later.

Referral and Case Tracking

The Moving into Adulthood Team hold monthly multi-agency meetings with key partners from heath, children's social care and education to discuss referrals and track young people that are most likely to need adult social care support when they transition to adulthood. A patch-based approach is taken with meetings being divided into the North, Central and South areas of the county.

On-going involvement from the Moving into Adulthood Team and Adult Social Care

As above upon receipt of a referral, the MiA Team will allocate a Social Worker or a Coordinator to complete a Care Act Assessment to establish eligible needs. The worker will then work with the young person and their family to establish what outcomes they want to achieve.

This will then be formulated into a support plan and can include a range of options such as outreach, direct payments, supported employment, voluntary sector opportunities and supported accommodation. The named worker will endeavour to work closely with other professionals and stakeholders involved with the young person so that there is a holistic approach to support that encompasses all aspects of the person's life.

The named worker will then stay involved throughout a young person's journey into adulthood. If the support plan is working effectively then the named worker's involvement can be fairly minimal. However, they are always available should any advice or guidance be needed.

Ending of involvement from the Moving into Adulthood Team

Involvement from the MiA Team usually aligns with the EHCP process. Once a young person has finished their education and has been supported into the next

stage of their life **AND** are settled, the named worker would usually end their involvement. This is a flexible timescale depending on the individual person's needs.

There is also flexibility afforded to our Care Leaver population who have eligible needs. It is recognised that Care Leavers on occasion are not engaging with education and may no longer have an active EHCP. The MiA Team would not automatically close our involvement at that point. We would work closely with the young person and their Leaving Care Personal Advisor to agree a suitable point for involvement to be ended.

Future Involvement from Adult Social Care

Once the MiA Team have ended their involvement, support plans of those young adults that have formal services will be reviewed by our Review Team on an annual basis. If there is a change in need outside of the annual review cycle, then the relevant locality team will complete a reassessment of needs.

Young people that do not have paid services at the point that the MiA Team end their involvement are able to request a reassessment at a later stage if they or someone else in their life feels that they would benefit from one.

Safeguarding

If a young person is open to the MiA Team then they will be responsible for addressing any safeguarding concerns that may arise during the course of working with a young person. If a safeguarding alert and enquiry is raised due to the concerns identified, then a Practice Supervisor from the MiA Team will oversee this.

If a young person is not open to the MiA Team then any safeguarding would be managed either by the Safeguarding Team or the relevant locality team. This is detailed in OCC's Transitions Safeguarding protocol, available at https://www.osab.co.uk/other-resources/

Oxfordshire Transitional Safeguarding Procedure - November 2023

Introduction

- This procedure outlines the transition arrangements between the Oxfordshire Safeguarding Children Board (OSCB) safeguarding procedures and the Oxfordshire Safeguarding Adults Board (OSAB) safeguarding procedures.
- It sets out the arrangements for young people aged 17 years and above, whose circumstances may mean that SafeguardingAdults procedures would apply when they are 18.
- This would be young people who would meet the definition of an adult at risk when they turn 18, I.E. they:
    - have needs for care and support (Care Act 2014 whether or not those needs are being met); and
    - are experiencing, or are at risk of, abuse or neglect; and
    - because of those needs are unable to protect themselves against the abuse or neglect or the risk of it. (Care Act, 2014, S42)
- The Care and Support Statutory Guidance (2014) states that people "should not limit their view of what constitutes abuse or neglect, as this can take many forms and the circumstances of the individual case should always be considered". Abuse could be physical, financial, emotional, sexual or neglect. It also includes domestic abuse, organisational abuse, modern slavery, discriminatory and self-neglect.

Background

- Together, the Children and Families Act 2014 and the Care Act 2014 create a comprehensive legislative framework for transition. The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the Safeguarding Adults policy and procedures work in conjunction with those for children and young people.
- For young people who meet the criteria there should be robust joint working arrangements between Childrens and Adults' services. The care needs of the young person should be at the forefront of any support planning and requires a co-ordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services that they need in order to maintain their independence, wellbeing and choice.

- Safeguarding Children's procedures cover children and young adults up to the age of 18 years.
- Safeguarding Adults procedures cover adults from the age of 18 years who may be in need of care or support services and who may be unable to take care of themself, or unable to protect themself against harm or exploitation.
- This procedure clarifies which service is responsible for leading a safeguarding investigation and putting protection plans (where required) in place. It also outlines the process to be followed at the point of case transfer to ensure that when a young person with care or support needs begins the transition from Children's Services to Adult Services, that any current or previous child protection or safeguarding concerns are reported to the Safeguarding Adults Team.

Aim

- The aim of the procedure is to promote robust transitional arrangements, and ensure effective and timely referrals between Children and Adult Services in Oxfordshire.
- It recognises that harm is likely to continue post 18, and that abusers target vulnerability irrespective of age.
- Transition to adulthood can be a particularly challenging and vulnerable time for some young people.
- Learning from Safeguarding Adult Reviews and Child Safeguarding Practice Reviews have highlighted that ineffective transitional planning can contribute to young adults 'slipping through the net' or facing a 'cliff edge', often with tragic consequences.

Procedure

1. If you have concerns regarding a young person (aged under 18) who is at risk of harm then you should first consult OSCB Safeguarding procedures and explore whether these apply. This could result in any of the following processes being undertaken as deemed appropriate:
    a. Child Protection procedures
    b. Care proceedings (up to age 17 years)
    c. Court of protection (where restrictions are placed on a child)

2. If the young person subject to one of the above processes and is aged 17 years or over, they should be referred to Adult Safeguarding process by completing the online form for professionals, except if the young person has a learning

and/or physical disability in which case there is a separate process (please see the **Children with Complex Needs** section below).

3. Usual requirements are expected to be followed in regard to providing a suitable Advocate for the adult as outlined in The Care Act 2014, if required.
4. The Adult Safeguarding Team has the responsibility to make the decision to implement the Safeguarding Adults procedures or not and will commit to contributing to the Children's Safeguarding activity if the young person is likely to meet the Section 42 criteria. https://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted
5. Where it is agreed that Safeguarding Adults procedures are appropriate, a multi agency action plan should be agreed and written by Children's Social Care; this should include:
    a. A date for the first Safeguarding Adults meeting.
    b. The Safeguarding Adults meeting will where case management is formally transferred to Adult Safeguarding.
6. The Safeguarding Adults meeting will be chaired by a Practice Supervisor/Team Manager and should be held no later than one month prior to the young person's 18th birthday. It will be essential that services who are working with (or who previously supported) the young person attend this initial meeting. Consideration will need to be given as to how the young person will be engaged in the Safeguarding Adults meeting, whether they will need any support and what their preferred communication method is.
7. The Care Act (2014) guidance states that where someone is aged 18 years and over and a safeguarding issue is raised, the matter must be dealt with as a matter of course under Safeguarding Adults procedures. It would not be appropriate for this to be dealt with under Safeguarding Children procedures. However, the knowledge held about the young adult by Children's Services could inform any risk assessments or future work and should be shared as part of the adult safeguarding process.

Children placed out of county

- The responsibility for a child placed out of area remains with the placing Local Authority. However, the adult safeguarding responsibility sits with the Authority in which they are resident.
- Therefore, in the event of a transitional safeguarding issue arising, Oxfordshire County Council's children's services will liaise with the adult safeguarding service in the locality where the child has been placed to discuss how they can be involved, ideally following this procedure as closely as possible.

Children with complex needs

- If the young person has already been identified as having complex needs (e.g. they have a learning or physical disability) then they will be considered at a transition meeting between Children's Social Care and Adult Social Care and will be worked with by the Moving Into Adulthood team.
- Any concerns about the abuse or the risk of abuse of individual young people will be shared at one of these transition meetings. The Moving Into Adulthood Manager/Practice Supervisor has the responsibility to initiate and carry out the adult safeguarding investigation, ensuring this is recorded on the adult social care electronic record (LAS) in line with any other adult safeguarding concern.

Multi-Agency Risk Management (MARM) meetings

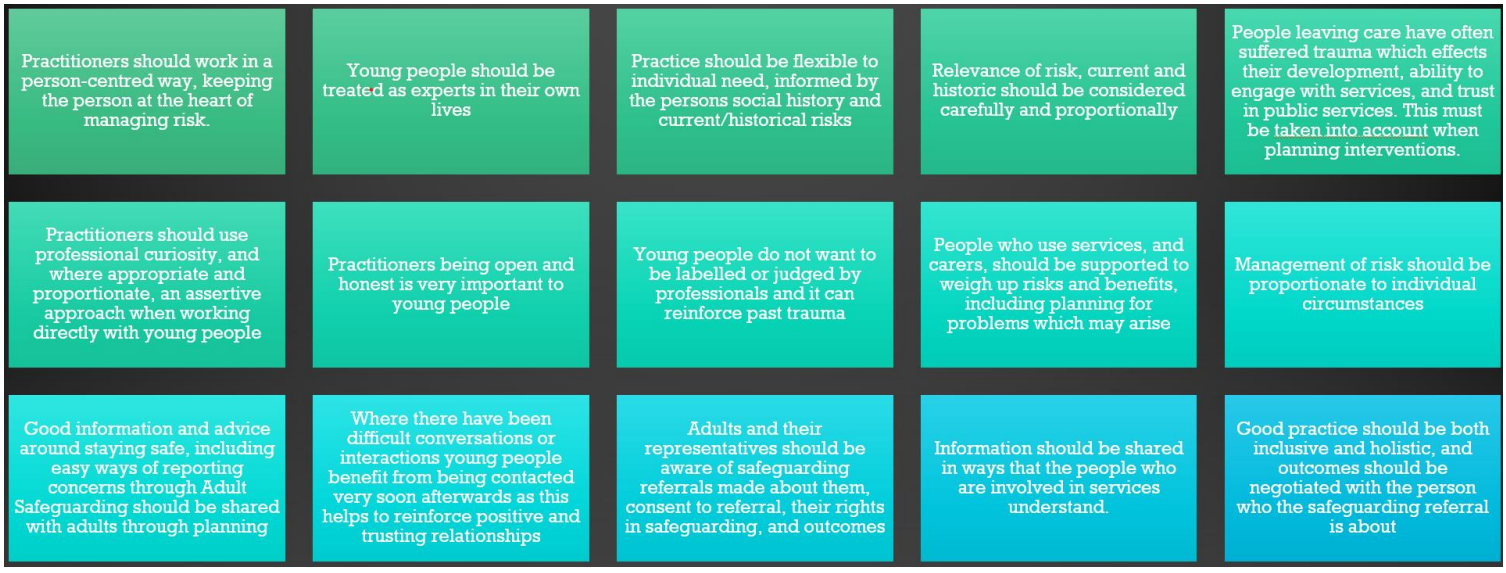
- Where the young person has turned 18 but does not qualify for a statutory safeguarding response, Oxfordshire have a Multi-Agency Risk Management (MARM) process that can be initiated by any professional. As with Adult Safeguarding processes, if it is envisaged a coordinated response under MARM will be required, this should be discussed with the MARM Officer. Details can be found on the OSAB Website.

Appendix 1: Responsibilities around safeguarding enquiries

- When an alleged victim is under the age of 18 years at the time the safeguarding incident is reported, any enquiry into concerns will be led by Children's Social Care.
- When an alleged victim is over the age of 18 years by the time the safeguarding incident is reported, but the allegation occurred prior to the individual reaching that age, this should be shared with the MASH team.
- When an alleged victim is over 18 years and the allegation occurred after they reached that age, any enquiry into the concerns will be led by Adults Safeguarding.

Appendix 2: The 15 principles of person-centred work (see slides)

Work with young people and adults must be guided by the principles of effective person-centred working:



Appendix 3: Mental capacity

- If there is need to consider the mental capacity of a vulnerable young person to make a decision and they are aged 16 years and over then a capacity assessment under the Mental Capacity Act 2005(MCA) must be considered for each specific decision. It is important to remember that mental capacity can be affected by the abusive situation the person is in and by any threats or coercion. Advice on the MCA can be given by the Safeguarding Adults Unit (01865 328232). Where there is a concern about capacity, this must be recorded. Most agencies have forms/templates for capacity assessments.

Appendix 4: Young people who may pose a risk to others

- Where there is a concern about a young person who is aged 17 years and above posing a risk to others, information about this risk should be shared appropriately with professionals who may work with the young person when they reach adulthood (where the young person would be considered to have needs for care and support under the Care Act 2014 adult safeguarding definition).
- Multi-agency forums where these issues may be discussed are:
    - **Transition meeting.** Any risks the young person may pose to others should be discussed at relevant transitions meetings. This will include the risk assessment, current care plan, chronology and the concerns regarding risk of abuse to others.
    - **Potentially Dangerous Person (PDP) procedures.** Multi-Agency Public Protection Arrangements (MAPPA) are for offenders assessed as posing a high or very high risk of causing serious harm and where the risk posed requires management at a senior level through a multi-agency collaboration. Referral into PDP occurs when person who is not eligible for management under MAPPA but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm
    - **Multi-Agency Risk Assessment Conference (MARAC).** MARAC is for high-risk victims of domestic violence and includes people aged 16 and over.
    - **Safeguarding Adults or Children's Safeguarding procedures.** Where the risk posed is to other children or adults at risk, the Safeguarding Adults or Children's Safeguarding Procedures should be followed. This includes where the child or adult may pose a risk to themselves e.g. self-neglect.
- If none of the above applies, a multi-agency risk management (MARM) meeting should be considered. The need to refer into the statutory processes should be revisited should further information suggest they would apply. More information about MARM can be found on the OSAB website.

Appendix 5: Care Act 2014, Adult Safeguarding criteria

Enquiry by local authority

42(1) - This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

42(2) - The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

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

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

KEY	Due to Cabinet	With Cabinet	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
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. 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.	Karen Fuller	Formal Cabinet Response expected: 18 November 2025 Draft response available in agenda item 10 Presented: Partially Accepted

Action Tracker
People Overview and Scrutiny Committee

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

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

KEY	Update Pending	Update in Item	Updated

Cabinet Response Date	Item	Recommendation	Lead	Update
17-Sep-24	ASC CQC Assurance Update	That the Council should publicise the successes of Adult Social Care more widely.	Karen Fuller	Update provided in agenda item 5
15-July-25	Co-Production in Adult Social care	1. That the Council should, during the 2025/26 municipal year, require all staff within Children's Services and within Adult Social Care to complete the Level 1 Co-production training.	Karen Fuller; Fulya Markham	Update expected in Summer 2026
		2. That the Council should encourage all councillors to complete the Level 1 Coproduction training during the 2025/26 municipal year.		
		4. That the Council should adopt a Coproduction Charter committing itself to systemic and whole-hearted coproduction across Children's Services and Adult Social Care.		

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Overview & Scrutiny Recommendation Response Pro forma

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

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

Issue: **Oxfordshire Employment Services**

Lead Cabinet Member(s): Cllr Tim Bearder, Cabinet Member for Adults

Date response requested:[2] 16 September 2025

Response to report:

Enter optional text here

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. That the Council should explore whether an accreditation scheme would be an effective strategy to encourage businesses to work with Oxfordshire Employment Services.	Partially Accepted	This option has been fully explored. There are currently a number of national schemes recognising inclusive innovation amongst employers operating in Oxfordshire, including the DWP Disability Confident programme, The Inclusive Employer Standard,

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

		(Inclusive Employers), Workplace Time to Change (Time to Change) Mindful Employer (NHS IPS) and Visibly Better (RNIB). Locally, Oxfordshire Public Health is launching the Thrive at Work Oxfordshire, an employer accreditation supporting health, wellbeing and inclusion in the workplace. Public Health has consulted with Oxfordshire Employment in the development of the programme. The council is also expanding it's supported employment provision through the introduction of Connect to Work - GOV.UK in Oxfordshire. The scheme, which aims to support 2000 local residents over the coming four years has a specific employer engagement function, with nationally recognised branding and a supportive fidelity framework relating to the engagement of employers. Discussions with stakeholders as part of the Connect to Work build process has highlighted that employers are unlikely to see an additional accreditation scheme as either motivational or effective in increasing engagement with supported employment services. We believe that the Connect to Work programme's national branding and promotion and funded resources for engaging employers, coupled with Thrive at Work Oxfordshire will promote a strong local engagement with our supported employment offer.
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	Partially Accepted	Connect to Work will provide a single funding stream for Oxfordshire Employment's adult provision as part of the Oxfordshire Connect to Work programme. Current participant numbers are profiled and funded by the Department for Work and Pensions.

wider social and health benefits of sustained employment.		The council as the Accountable Body for Connect to Work does not directly have the ability to increase programme capacity. However, DWP has stated that unallocated funds within the programme will be made available to Accountable bodies to bid against during the delivery year. This will provide opportunities to offer increased capacity within the local offer. It is the council's intention to bid for additional capacity when this becomes available. As a lack of guaranteed funding may make a higher target impossible to achieve, it is recommended the current target of 2000 participants is retained. It is recommended that the programme delivery team seek to maximise additional funding to increase participant numbers over the term of Connect to Work.

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