



Notice of a Meeting

People Overview & Scrutiny Committee Thursday, 15 January 2026 at 10.00 am Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings, please click on this [Live Stream Link](#).
However, that will not allow you to participate in the meeting.

Membership

Chair: Councillor Ian Snowdon
Deputy Chair: Councillor Toyah Overton

Councillors: James Barlow Judith Edwards Georgina Heritage
Will Boucher-Giles Lee Evans
Imade Edosomwan Rebekah Fletcher

Date of Next Meeting: 19 March 2026

For more information about this Committee please contact:

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

Martin Reeves
Chief Executive

January 2026

What does this Committee review or scrutinise?

The People Overview and Scrutiny Committee focuses on the following key areas: (a) all services and preventative activities/initiatives relating to adults in potential need of social care; (b) statutory functions in relation to, adult social care and safeguarding. Includes public health matters as they relate to adults where they are not covered by the Joint Health Overview and Scrutiny Committee. (c) Council educational support for adults with learning difficulties

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am 4 working day before the date of the meeting.**

About the County Council

The Oxfordshire County Council is made up of 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 7 - 14)**

The Committee is recommended to **APPROVE** the minutes of the meeting held on 06 November 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. Monday, 12 January 2026.

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

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

5. **Oxfordshire Unpaid Carers Strategy (Pages 15 - 38)**

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, and Isabel Rockingham, Head of Joint Commissioning – Age Well, have been invited to present a report on the Oxfordshire Unpaid Carers Strategy.

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. **Supported Independent Housing (Pages 39 - 58)**

Cllr Tim Bearder, Cabinet Member for Adults, Karen Fuller, Director of Adult Social Services, Ian Bottomley, Head of Joint Commissioning – Age Well, and Sharon Paterson, Commissioning Manager – Live Well, have been invited to present a report on Supported Independent Housing.

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

7. **Committee Forward Work Plan** (Pages 59 - 60)

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.

The Council's Forward Plan can be found here: [Council Forward Plan](#)

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, 6 November 2025 commencing at 10.01 am and finishing at 1.07 pm.

Present:

Voting Members:

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

Other Members in Attendance:

Councillor Tim Bearder, Cabinet Member for Adults

Officers:

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

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

29/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

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

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

30/25 DECLARATION OF INTERESTS

(Agenda No. 2)

There were none.

31/25 MINUTES

(Agenda No. 3)

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

32/25 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 4)

There were none.

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

33/25 INEQUALITIES IN A MARMOT COUNTY

(Agenda No. 6)

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

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

Members raised the following questions and comments:

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

will stay with healthcare providers, who will be expected to apply Marmot principles. The Director highlighted that future healthcare would be more data-driven, community-focused, and preventative, with rural needs considered.

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

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

34/25 CQC FEEDBACK AND OUTCOMES REPORT

(Agenda No. 5)

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

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

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

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

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

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

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

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

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

35/25 TRANSITION INTO ADULTHOOD

(Agenda No. 7)

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

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

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

Members raised the following questions:

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

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

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

36/25 COMMITTEE FORWARD WORK PLAN

(Agenda No. 8)

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

37/25 COMMITTEE ACTION AND RECOMMENDATION TRACKER

(Agenda No. 9)

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

38/25 RESPONSES TO SCRUTINY RECOMMENDATIONS

(Agenda No. 10)

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

..... in the Chair

Date of signing

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

15 January 2026

Supporting Unpaid Carers in Oxfordshire

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
 - i. Note the role carers play as a key part of health and care system in Oxfordshire and their key role in delivering the Health & Wellbeing Strategy, and
 - ii. Consider the support provided jointly by the Council and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) for carers in Oxfordshire and next steps.

Executive Summary

2. The Council and the ICB have a statutory duty to support unpaid carers, and this support is a key part of delivering the Health and Wellbeing Strategy, and our Oxfordshire Way vision.
3. In Adult Social Care the Council supports carers in a variety of ways including commissioning Carers Oxfordshire.
4. This paper gives an overview of commissioned services, other forms of support and ongoing work to support Oxfordshire's carers more effectively.

Background

5. An unpaid carer is a child, young person or adult who cares for a family member or friend who could not cope without that support, due to ill-health, frailty, disability, a mental health condition or addiction. Many who provide unpaid care to a family member or friend do not identify themselves as an 'unpaid carer' but rather as a spouse/partner, son/daughter or friend.
6. Sometimes the person being cared for does not wish to recognise that they are being cared for, which is difficult and frustrating for the carer who in turn may not therefore be recognised as an unpaid carer. The term 'unpaid carer' is not about labelling people but describing what they do so that the Council can help them access help and support.

7. Although it is not easy to quantify the support carers provide, recent estimations show that unpaid carers contribute the equivalent of 4 million paid care workers (7.9 billion hours) to the social care system nationally and without them, 'the system would collapse'¹. Carers UK estimated that the economic value created by unpaid carers is now £184 billion a year - the equivalent of a second NHS². Investing in carers services is a preventative approach with impacts across all health and social care systems.
8. Caring can be a big commitment and carers themselves need support with their own health and wellbeing. Yet, research and evidence show carers are not always able to access the support they need.
9. According to the Census 2021 data, the number of people who identify themselves as carers is decreasing, though the average number of hours they provide is increasing. The number of unpaid carers that provide more than 50 hours of care per week is higher than in the 2011 Census.
10. According to Care Act 2014, local authorities have a duty to
 - (a) assess any carer who appears to have needs for support, regardless of financial status, and provide support to meet eligible needs
 - (b) ensure carers can access clear, comprehensive, and accessible information about care and support services
 - (c) consider the carer's physical and mental health, personal dignity, and control over daily life in all decisions
 - (d) take steps to prevent, reduce or delay the development of care and support needs.
11. The [Oxfordshire Health and Wellbeing Strategy 2024-2030](#) refers to the importance of carers across the life courses- supporting children, working age adults and older people. In particular, the Strategy highlights our commitment to supporting older people and their carers by stating that *"We want to enable older people and carers to continue to do activities they love for longer, adopting a strengths-based approach that recognises and supports their existing hobbies and interests"*.
12. The Strategy also highlights the large number of unpaid carers providing support for people with dementia and importance of services like Dementia Oxfordshire that provide valuable support to carers and families as well as people living with dementia.
13. Oxfordshire County Council's [Strategic Plan 2025 to 2028](#) states that 'we will continue to support unpaid carers to improve their wellbeing and make sure they get the help they need'.
14. Oxfordshire County Council's strategic vision for Adult Social Care, the Oxfordshire Way, is based on helping people live independent and healthy

¹ [Social Care 360: Workforce And Carers | The King's Fund | The King's Fund](#)

² [Valuing Carers 2021/22: the value of unpaid care in the UK](#)

lives for as long as possible. We work with people, their families and communities focusing on their strengths and assets, concentrating on what people can do, not what they cannot. We work together to help them find solutions that work for them, avoiding the need for formal home care or residential care home support. Carers play a key part in achieving this.

15. We know that carers encounter barriers when seeking support for themselves, and they tell us that this is often related to poor communication in the health and social care sectors. Carers play a vital role in coordinating the care the person they care for receives, so improving this connection among professionals would reduce the burden on them.

Carers in Oxfordshire

16. According to 2021 Census, 52,674 residents of Oxfordshire said they are providing unpaid care; 983 of those carers were younger than 15.
17. The Department of Health and Social Care runs a national survey every other year and this is the main source of data we have for carers in Oxfordshire. The survey is sent to carers receiving support in the year, which could be in the form of an assessment, payment, information and advice or respite. Using the methodology provided by DHSC, a sample is selected, and surveys are sent out by post.
18. According to the findings of the last national carers' survey (2024), Oxfordshire's carers are typically a white (95%) woman (67%) who lives with (80%) the person they care for. A third of them care for a second person and 55% are living with health conditions of their own.
19. In terms of the care they provide, 72% provide personal care as well as providing emotional, practical care and support with all aspects of life. Half of our carers who responded to the survey provide over 50 hours of care per week.
20. In terms of the support they receive, 85% have had an assessment or review from Adult Social Care, around half received a direct payment, and one third attended a support group. 80% found the information they were provided helpful and 61% who looked for information found it easy to find.
21. What we hear from our carers in Oxfordshire is in line with what literature and national surveys show. Carers are often tired, stressed and feel the physical and emotional strain of caring as well as financial difficulties they experience. However, carers consistently have relatively low asks of the health and care system. What they want is to be:
 - heard, seen and valued
 - able to access information and support easily
 - able to access support for the person they care for and for themselves
 - To have organisations working better and being more connected..

Supporting Oxfordshire's Carers

22. The Council's offer to carers has been developed jointly with the ICB and is a standalone support service combining financial and non-financial support. The Council and the ICB have jointly commissioned **Carers Oxfordshire** as our main partner for supporting Oxfordshire's adult carers. Carers Oxfordshire is a partnership between Action for Carers Oxfordshire and Rethink Mental Illness. The commissioning of the current contract was co-produced with carers and is in place until 31st March 2026. Procurement of the successor service is ongoing and will be in place from April 2026.
23. Carers Oxfordshire provides an all-round support service for adult carers to improve their health and wellbeing including;
- Raising awareness and understanding of carers in society and helping people identify themselves as a carer
 - Providing information, advice and support - online, over the phone and face-to-face
 - Carrying out carers' assessments and reviews
 - Providing peer support, training and befriending services
 - Running or supporting other partners to run carers groups
 - Care Matters - a quarterly newsletter for carers
 - A wide range of support services for carers, please see [Services Handbook](#)

Support provided by Carers Oxfordshire:

Support type	2021-22	2022-23	2023-24	2024-25	% change
Referrals	2,212	2,636	3,310	3,548	60%
Self-referrals	n/a	1,497	2,379	2,517	68%
Web clicks	6,500	18,638	22,288	19,766	204%
Sent surveys, info, advice)	2,200	3,070	12,260	15,720	594%
Care Matters sent	8,600	18,123	19,616	24,099	180%
Carers Assessments	1,709	2,644	2,957	2,557	49%

24. To date in 2025-2026, 2,229 carers were assessed and 492 received a carers payment (up to £300) to support their wellbeing.

25. Carers Oxfordshire works closely with health partners in Oxfordshire to ensure they identify carers and support/signpost them effectively. A recent example of this is the new hospital initiative with Oxford Health that started in October 2025, with the pilot running monthly at Witney and Wallingford community hospitals. As part of this, Carer Advisers host monthly drop-in sessions in the community room next to wards and chat to carers, share information and give carers the chance to connect with one another.
26. **Rethink Mental Illness**, partners with Action for Carers Oxfordshire to form Carers Oxfordshire and provides specialist support to carers supporting their family members with a mental illness. The support includes 1:1 support sessions, information and advice, signposting, referrals to short breaks service, support groups and courses for carers at the Recovery College.
27. This is a highly rated service and in the recent survey, 98% of 45 respondents said the support made an improvement in their quality of life and 100% recommended the service. Many describe the service as a "lifeline" and call for increased awareness and visibility.
28. Carers feedback about the courses highlights the importance of supporting carers in their role by providing information about services, meeting each other and sharing experiences, feeling valued, heard and supported, and feeling more equipped to support their loved ones.
29. Taking a break from caring is one of the ways to support carers. This can be arranged by carers requesting respite provision for those they care for. Additionally, Carers Oxfordshire provides short break opportunities as set out on its [website](#). Based on the feedback we received from carers; the range and appropriateness of respite provision is currently under review. The review aims to improve the respite offer and developing a tool to assist us to prioritise those who appear to be most in need – the *Carer Strain Index*. This project is described in Appendix 1 and will be adopted in the new carer support contract.
30. In addition to the statutory service provided by Carers Oxfordshire under contract for the Council, the Council and ICB jointly fund a discretionary carers payment scheme under which carers can be awarded up to £300 in any 12-month period. For example, a payment of up to £300 could be made for a sports season ticket, an electronic device such as 'Alexa' to play music, audio books and give reminders, an electronic tablet, a new washing machine, or an overnight hotel break etc. The budget for carer payments is £525,250 split equally between the Council and the ICB.

Oxfordshire's Strategy for Carers

31. The Council and the ICB co-produced an all-age carers strategy in 2023. Carers set out the overall vision of the Strategy as 'to ensure unpaid carers of all ages in Oxfordshire are valued and supported in living their lives to the fullest'.
32. Three strategic priorities were identified to achieve this:

Priority 1: To **identify carers and effectively support them**, improving their health and wellbeing and providing opportunities for a break from their caring role.

Priority 2: To **safeguard adult and young carers at risk** who need more support to look after themselves, particularly during times of change and transition.

Priority 3: To encourage and enable **carers to have an active life outside their caring role**, including fulfilling their education, employment, and training potential.

33. The Strategy is the first system strategy supporting carers acknowledging carers may need support from different parts of the health and care system for themselves as well as for the person they care for. We have been approached by other local authorities that aim to achieve this.
34. The implementation of the Strategy has had tangible results including
- Carers Oxfordshire and Oxford University Hospitals NHSFT (OUH) developed a Carers ID and Passport to improve identification of carers, especially at health settings.



- Improving emergency planning to ensure emergency services can access information easily in emergencies
- Supporting Oxfordshire County Council's 'Carers Champions'
- A new e-learning for Adult Social Care operational teams to ensure they identify carers while carrying out the assessment of the person they care for
- Identified gaps in data and have a workplan to improve this, for example, joining the carer records held by GPs and the Council
- Improved working with Children Educations & Families concerning young carers
- Carers Oxfordshire refreshed the handbook <https://www.carersoxfordshire.org.uk/wp-content/uploads/Services-Handbook-website.pdf>
- Refreshed website for carers facilitates better direct access to specialist carers services, regularly has over 1,000 visits each month.
- Improvements to Live Well Oxfordshire directory of services

- Increased leaflet distribution across GP surgeries, libraries and other settings

Feedback from Carers

35. In partnership with Carers Oxfordshire, we asked carers what the most helpful aspect of the support they received. They said

- Being listened to
- Knowing that it is there in the first place and I can call if I need to
- Someone on the end of the phone on a bad day
- Empathy and support
- Speaking with someone who knows what caring means and involves even on a sensitive level. Helping with forms that are so daunting carers tend to put them to one side as too much involved.
- Feeling less pressured to keep going without looking after my own needs
- It allowed me to get help and support which I wasn't aware was there, the level of understanding and support from your team, it was also nice to talk to someone who understands.

36. A carer supported by Rethink Mental Illness said:

"I honestly cannot think of a way to improve the support - I have found the service to be literally a lifesaver to have someone that I can speak with regularly, providing support, advice, and listening/being there for me whenever I've needed them."

37. We work closely with carers in all we do, both in operations and commissioning. Carers are also the members of the Carers Strategy Oversight Group to ensure the strategy and the implementation are overseen by them and changes are made during the implementation.

Next steps

38. By working together across health and social care and beyond, we can improve the health and wellbeing of carers. For example, the Council has provided exemptions from the congestion charge for carers and we continue to seek opportunities to support unpaid carers in different ways.

39. Adult Social Care teams have 'Carers Champions' who work to raise the profile of carers in addition to their jobs. We are committed to supporting them to ensure we 'think carers' in all we do.

40. One of the priorities of the Adult Social Care Improvement Plan is to ensure carers are included in assessments and reviews of those they care for. To this end, case file audits have been carried out, and appropriate actions are being followed up.

41. In 2025, Adult Social Care staff have been trained to improve recording of carers in adult social care systems. Following the training, the carers lead and team managers are working to ensure carers are recorded accurately in the system and signposted to Carers Oxfordshire while their teams are assessing or reviewing the person they care for.
42. Carers told us that they want to be more involved in the conversations while we are working with the person they care for, including hospital discharges. Following this feedback, we produced an information leaflet for carers (please see Appendix 2).
43. Supporting carers effectively involves aligning approaches to supporting unpaid carers at a system level, both by health and social care, at the place level. This is why we developed a system strategy, and we know that more is needed to join up the support with health partners.

Corporate Policies and Priorities

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

Financial Implications

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

Comments checked by:

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

Legal Implications

46. The Care Act 2014 introduced a national eligibility threshold for support for carers, which is based on determining the impact a carer's need for support, as a consequence of providing necessary care for an adult, has on their wellbeing. The eligibility criteria for carers is set out in the Care and Support (Eligibility Criteria) Regulations 2015 (reg. 3).

47. Once an individual has been found to have needs that meet the eligibility criteria, the authority is required to meet those needs, although it has considerable discretion in how it does so. This report sets out the ways in which Oxfordshire County Council meets its statutory responsibilities towards carers.
48. This report is for information only. There are no additional specific legal implications.

Comments checked by: Janice White, Principal Solicitor, Adult Social Care, Education and SEND.

Equality & Inclusion Implications

49. 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.
50. Equality and inclusion are key pillars of our preventative approach and are supported by activities covered in this report.

Risk Management

51. Adult Social Care Directorate Leadership Team has oversight of the risks and maintains a risk register and reports to Senior Leadership Team and Informal Cabinet through monthly updates.

NAME Karen Fuller, Corporate Director of Adult Social Care

Background papers: Nil

Contact Officer: Ian Bottomley, Deputy Director, Integrated Commissioning Health, Education and Social Care (HESC)
Oxfordshire County Council & BOB NHS Integrated Care Board
ian.bottomley@oxfordshire.gov.uk

December 2025

Appendix 1

Project introducing Carer Strain Index into Oxfordshire

What carers do...

Unpaid carers provide vital daily support, reducing Local Authority pressure by lowering demand for costly formal social care services. Their contribution carries economic value: unpaid carers effectively subsidise social care. They are key to early intervention and prevention. Carers are first responders, who often prevent hospital admissions by stepping in quickly when the person they care for deteriorates or faces a crisis. In their communities, carers strengthen social ties: unpaid carers reduce social isolation and enable independence, allowing the cared- for people to remain connected, active, and in their own homes.

How do carers feel about their role...

Fatigue is common, caring involves physical, emotional, and mental strain that accumulates over time. Many carers feel overwhelmed: 57% report feeling overwhelmed and 65% attribute this to a lack of respite. Stress is a constant pressure: 35% report poor mental health; limited support and long hours which can lead to isolation and stress. Deprivation compounds these pressures: nearly half of carers face at least one of two levels of deprivation, making coping harder and support needs more acute.

"I am needing to give my husband more support as his health declines. I don't have enough time to do the housework tasks as most of my time is spent caring for my husband."

Another carer said: *"I need a break from my caring role. I feel overwhelmed. I am struggling to provide the amount of care my Mum needs. I am trying to juggle this with working full time. My mental health has also declined due to my caring role."*

What is the problem?

There are four linked challenges:

1. Fatigue and stress from prolonged, unpaid caregiving.
2. Limited access to respite and social services.
3. Support for carers is reactive, rather than proactive.
4. Services are not targeted at carers with the highest care burden or vulnerability.

Solving the problem...

The objective is to identify carers at risk of breakdown. This is achieved by developing carer profiles to understand carer strain and circumstances. There is a need to identify high- risk groups that is carers who are under strain, unsupported, or isolated and then proactively offer support to them.

So what!

We transform the insights into practical solutions:

1. Add the Modified Caregiver Strain Index to all carer assessments and reviews.
2. Operationalise carer clustering to automatically flag carers at risk of breakdown.
3. Engage carers by listening to their concerns and co- designing support services.
4. Reorient current practice to prioritise carers with the greatest strain for respite, direct payments, and support, based on clustering insights

Recommendations and Action Plan

1. Integrate the Modified Caregiver Strain Index into carer assessments and reviews by April 2026 to ensure fair, consistent, and transparent assessment of carers' wellbeing and support needs.
2. Operationalise carer clustering to flag carers at risk of breakdown so that preventative support can be offered to reduce fatigue.
3. Work with carers in a person- centred way by listening to their concerns and creating support services that improve wellbeing.
4. Update resource allocation so carers with the highest strain index are prioritised for respite, direct payments, and support services.

Conclusion

Unpaid carers reduce Local Authority pressure, subsidise social care, and hold communities together. Yet many face fatigue, stress, deprivation, and lack of respite. A data- led approach, integrated clustering across numerical and categorical features, expanded into strategic groups through hierarchical clustering—lets us identify high- risk carers early, listen to their voices, and act. With the Modified Caregiver Strain Index embedded in assessments, automated risk flagging, person- centred co- design, and targeted resource allocation, we can reduce care fatigue and strengthen both carer wellbeing and the social care system.

Andrew Collodel

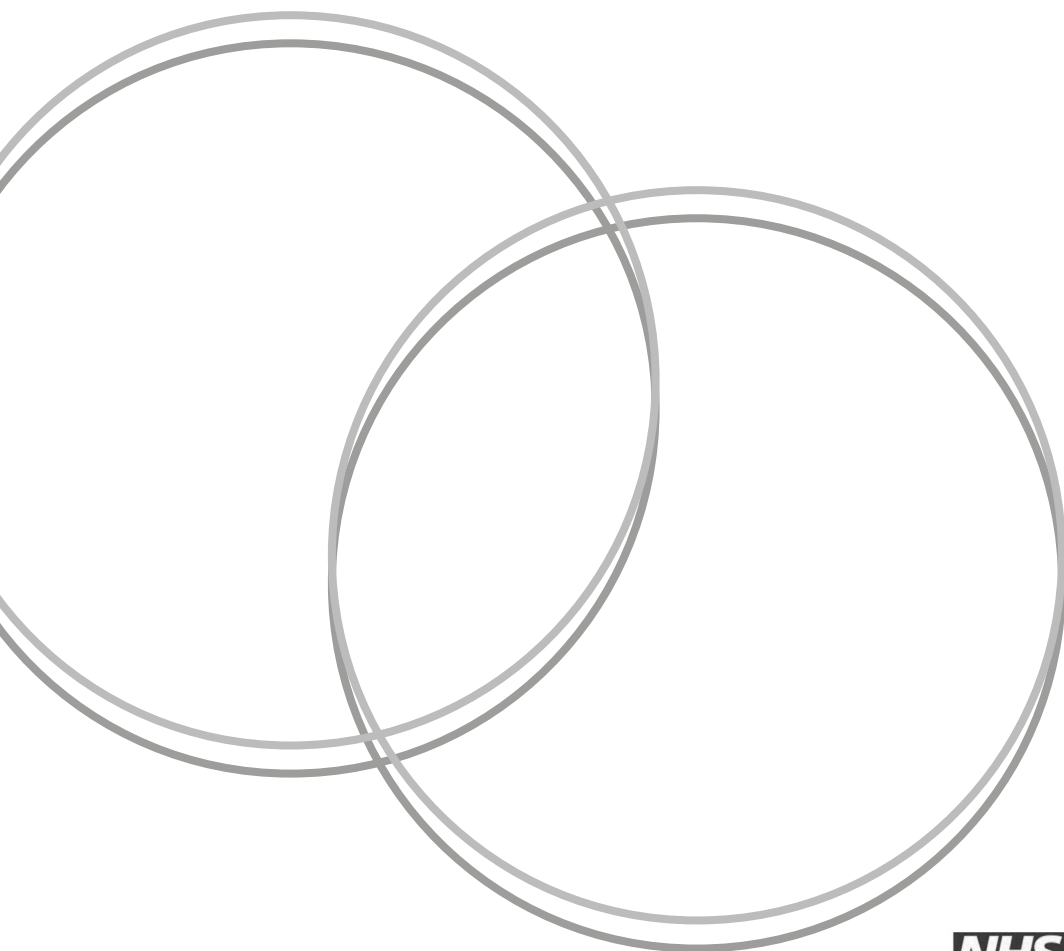
Senior Information Analyst, Transformation Digital & Customer Experience

This page is intentionally left blank

My Journey Home

Patient discharge leaflet

Working together to get you home as quickly and safely as possible, putting your needs first, and helping you to live well and independently at home.



When you come to hospital, we will start planning for a discharge home as soon as you arrive, provided it is safe and appropriate.

We will give you an **estimated** date to go home. We will involve you in planning for your discharge, along with your relative, carer, or friend if you would like them involved.

You can make sure you understand what is happening and share your preferences by asking the team caring for you these four questions.

- What is the matter with me?
- What is going to happen to me today?
- When am I going home?
- What is needed to get me home?

It is important to keep active in hospital if you can. Try to keep things as normal as possible, including everyday actions like getting out of bed and getting dressed in your normal clothes. Keeping active will help your recovery and help you to get ready for going home.

Sometimes you may need follow-up with a specialist service or an outpatient appointment after your time in hospital – we will let you know the details of these if needed.

Going home from hospital

There are some different options for your discharge from hospital, most people will go:

- Home with no additional support, or a restart of existing support you had before coming to hospital
- Home with additional follow-up support like community therapy, community nursing, new equipment, family help, or help from the voluntary sector. This will be arranged **before** you leave hospital
- If appropriate for you, the Hospital at Home service will help you leave hospital by providing hospital-level care in your own home.

Please let us know if you would like a relative, carer, or friend to help with your discharge from hospital – this can be involving them in conversations about your discharge home, or providing practical help when coming home from hospital.

What to expect if you need more support to go home

The ward team will make a referral to the Transfer of Care (ToC) Hub. The ToC Hub has professionals from our hospitals, community services, and the County Council who co-ordinate care and support for people who need it to get home from hospital, and remain there safely. They will recommend you return home under the Discharge to Assess service.

When you no longer need hospital care, your own environment is the best place for us to see what help and support you might need to look after yourself and manage day-to-day living to keep you as independent as possible. Being in your own home is best for your recovery.

Discharge to Assess service

Discharge to Assess (D2A) is an opportunity for you to have your needs assessed in your own home. The Home First team will arrange a care package for your discharge from hospital. Once you are home, they will arrange for an assessment of your needs approximately 72 hours after you are discharged. This review could be by a Home First team member – therapist, social worker, care co-ordinator – or a Trusted Assessor from a care agency. They will work with you and your family/carer to decide what you need next.

They can help you have the right support and equipment to remain active, engage with others, and get involved in the world around you – boosting your mental health and wellbeing.

After this review takes place, there are different options for next steps.

- You no longer need any support
- You need support in the short term – like community therapy, community nursing, new equipment, or help from the voluntary sector
- You need support in the short to medium term – this will be a care package supporting you to look after yourself independently, called reablement. It will be tailored to your needs, with support from a few days up to six weeks.

If you need longer-term support, a member of the Home First team will help you complete a financial assessment form. You may have to pay for some longer-term support.

The team will help you claim any benefits you may be entitled to, and the assessment form will help find out if some of your care and support costs can be funded by Oxfordshire County Council.

You will not be discharged from the service until there is a clear plan and arrangements are in place for next steps.

Going from hospital to another place for support

We will always try to get you back home whenever we can, but sometimes after a stay in hospital it's not possible.

The ward team will make a referral to the ToC Hub who will decide the best course of action in the short term to help you reach your full potential. The location of your next place of care will be based on what is available, and your needs.

We will always try to find a place where you want to go, but this may not always be where you had hoped to go to in the first instance. We will do all that we can do make the next choice as comfortable as possible – this also helps us free up a hospital bed for people who really need it.

Care settings

A Short Stay Hub bed

This is a temporary stay in a care home where you can continue to recover and be assessed after your time in hospital. These beds are for people whose needs cannot be met at home initially on discharge. We have a dedicated team of professionals working with you while you are in a care home to help you recover.

A Community Hospital

Community hospitals provide inpatient rehabilitation before your next destination. The team at the community hospital will work with you to set goals focusing on improving your mobility or ability to look after yourself, and set a plan for how you will work with all of the staff to reach those goals. We will start planning for your discharge home as soon as you arrive at the community hospital, and we will ensure you are discharged safely with any support you need.

Frequently asked questions

Why can't I stay in hospital?

When you no longer need hospital care, it is better to continue your recovery out of hospital. Staying in hospital for longer than necessary may reduce your independence, resulting in you losing muscle strength, and increase your exposure to infection.

Who do I contact if I need support when at home?

There are a range of services you can access depending on the type of support you need. For medical care, please contact your GP. For all other support needs, please see the list of contact details at the end of this leaflet.

Will I have to pay for my social care?

Depending on your financial situation, you may have to contribute to the cost of your ongoing care at home. Once you are discharged, a person involved in your care planning can help you to complete a financial assessment form to work out what you might have to pay, which you will need to do within seven working days. We will tell you in advance of any required payments.

How can I share my preferences about the safest and quickest way home for me?

You can speak to the ward staff who will discuss your concerns with teams involved in planning your discharge. Even if you do not go to your first choice, we will ensure that it is the safest and most appropriate option for you.

How will my GP be kept informed about what has happened to me?

When you leave hospital, your GP will receive an electronic copy of your discharge letter. If you want to discuss the content of this letter, please contact your GP on returning home.

What will I leave hospital with?

Your discharge letter, which explains your time in hospital and any further treatment. We will also give you any medication and equipment you need. When you need more medication, please contact your GP.

Going home checklist

Here are some key things to remember before you go home to ensure your journey home is as quick and safe as possible. Many people find it helpful to be assisted by a family member or friend.

- Your belongings – including any valuables from the hospital safe, outdoor clothing, and your house keys
- Medication – any medication you brought into hospital and still need will be returned to you. If you have started new medication, we will give you a supply to take home. Your GP will then prescribe more if required. We will give you a bag to keep your medicine in
- Medical certificate – please let us know in advance if you require a medical certificate (also known as a ‘fit note’). You can self-certificate for up to 7 days. If you are fit for work, you do not need a fit note. You also do not need one if you are off sick for 7 calendar days or fewer (including weekends and bank holidays), because you can self-certify your leave for this time. If you need a fit note, contact the healthcare professional treating you. They will assess whether your health condition impacts on your ability to work and whether a fit note is required
- Where possible, please arrange your own transport home. Hospital transport is for people who meet specific eligibility criteria – if you are unsure about whether you meet these criteria, please speak to a member of staff. Please let ward staff know when your transport is due to arrive
- At home, make sure there is food and drink available to prepare an easy meal. Check your home is warm enough, too – if needed, ask someone to turn on your heating.

Useful contacts for support post discharge

Single Point of Access

One number to call for all Community Services including District Nursing and Community Therapy. If in doubt, call them any day, 8am to 8pm and they will point you in the right direction.

Phone: 01865 903 750

Live Well Oxfordshire

There is an easy to use online directory of support for living well and independently.

Website: livewell.oxfordshire.gov.uk

Or phone for anyone unable to access online services: 0345 450 1276

Age UK Oxfordshire

They can help you get settled back at home after a hospital stay, give you information, and connect you into your community, services and support.

Phone: 01235 849 434

Email: community@ageukoxfordshire.org.uk

Website: www.ageuk.org.uk/oxfordshire

Connection Support

They can support with your finances and housing.

Phone: 01865 711 267

Email: enquiries@connectionsupport.org.uk

Website: www.connectionsupport.org.uk/oxfordshire

Better Housing Better Health

They are here to help keep you warm and well at home.

Phone: 0800 107 0044

Email: bhbm@nef.org.uk

Website: www.bhbm.org.uk

Active Oxfordshire

They work to increase activity levels, challenge health inequalities, and create a happier, healthier, and more active Oxfordshire.

Email: info@activeoxfordshire.org

Website: www.activeoxfordshire.org

Defence Medical Welfare Service (DMWS)

They are an independent charity providing medical welfare to those who have, and continue to, serve on the front line.

Phone: 0800 999 3697

Patient Medicines Helpline

If you have any questions about medicines you have received from us, you can contact our confidential Patient Medicines Helpline.

One of our specially trained and experienced Pharmacists or Pharmacy Technicians will answer your call.

Phone: 01865 228 906

Email: medicines.information@ouh.nhs.uk

Website: www.ouh.nhs.uk/services/departments/pharmacy

Carers Oxfordshire

Carers Oxfordshire support adult carers of someone who lives in Oxfordshire. A carer is a person age 18+ who provides unpaid necessary support to a family member or friend who has a disability, illness, addiction, condition or other need for support.

Phone: 01235 424 715

Email: carersinfo@carersoxfordshire.org.uk

Website: www.carersoxfordshire.org.uk

Healthwatch Oxfordshire

Their signposting service can help with your questions about health services.

Phone: 01865 520 520

Email: hello@healthwatchoxfordshire.co.uk

Website: healthwatchoxfordshire.co.uk

Notes

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: This leaflet has been written in partnership with Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, and Oxfordshire County Council.

December 2024

Review: December 2027

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



OXFORDSHIRE PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Supported Living Adult Social Care

Report by Karen Fuller, Corporate Director of Adult Social Care

Recommendation

1. The Committee is RECOMMENDED to

- a. Note the role of supported living in delivering the Oxfordshire Way for people living with Learning Disability and/or Autism and the Council's plans to develop capacity and capability in line with the current and planned approach to supporting people living with "Having a Place to Live" theme as part of the Learning Disability 10-year plan.
- b. Note next steps in developing both the housing capacity and the appropriate forms of support being developed jointly between Adult Social Care and Property and Assets in partnership with experts by experience and carers and other stakeholders

Executive Summary

2. This paper provides a comprehensive overview of Supported Living for adults with learning disabilities in Oxfordshire, detailing the local approach, recent developments, challenges, and strategic priorities as part of the county's Learning Disability 10-Year Plan.
3. There are other forms of supported living for adults living with severe mental illness, young people's supported accommodation and extra care housing which is mainly for older people. These are not considered in this report but form part of Adult Social Care's interface with housing and could be explored in a future report
4. Supported living is a person-centred housing and support model that empowers adults with learning disabilities to live independently, with their own tenancy agreements and tailored support.
5. Oxfordshire prioritises supported living over residential care, aligning with the "Oxfordshire Way" philosophy, which focuses on strengths, independence, and community access. The county has achieved a high proportion (83.9%) of

people with a learning disability living in their own homes, supported by a significant council budget and a range of commissioned contracts. This approach has also delivered efficiencies for the council, as support costs are separated from accommodation costs, with housing expenses often covered by central government or means-tested benefits.

6. Despite progress, challenges that remain include limited specialist accommodation, historic reliance on out-of-county placements, and some property quality issues. The Council has invested in new housing resources and a framework for procurement and Adult Social Care are working closely with the Property and Assets Directorate to meet demand for specialist provision and suitable housing types within County.
7. A new procurement framework (Live Well Supported Services Framework) was established in 2023, increasing the number and quality of providers, introducing flexible pricing, and embedding key performance indicators aligned with the Oxfordshire Way. The framework supports innovation, co-production with people with lived experience, and a focus on outcomes such as independence, community connections, and employment.
8. Contract models are evolving to ensure sustainability and consistency, with longer-term agreements and built-in efficiencies. Additional specialist housing resources and capital investment are being deployed to increase capacity, particularly for people with complex needs and young people transitioning to adulthood.
9. The programme is underpinned by robust governance, legal compliance with the Care Act 2014, and ongoing consultation with people with lived experience. There are no direct financial implications from this report, and equality and risk management processes are embedded throughout the Supported living developments.

Overview of Supported Living as a model

10. Supported living is a person-centred housing and support model that allows adults with a learning disability to live in their own homes having greater control of their support to maximise their independence. Unlike residential care homes, individuals in supported living have their own tenancy agreements, giving them legal rights and responsibilities as a tenant.

Core Features of supported living

11. **Separation of Housing and Support:** Accommodation and support are typically provided under separate contracts, meaning a person can change their support provider without having to move house.

12. **Flexible Living Arrangements:** Options include living alone or with a partner in an individual flat or house, sharing a house with a small group of people with similar needs, or a “core and cluster” arrangement where a group of flats, or houses are based on the same site. The “Core and cluster” element may include a central hub or office where people can access support, additionally there may be communal space available to reduce potential for isolation.
13. **Tailored Support:** Help can range from a few hours a week for specific activities to 24/7 round-the-clock support, this depends on individual’s identified support needs.
14. **Core and individual hours:** Where there is shared accommodation or “core and cluster” housing on the same site core hours shared between the residents can be used alongside 1 to 1 individual hours allowing for greater flexibility and these hours can be adjusted over time as people’s skills develop.

Benefits of supported living for people with a learning disability

15. **Choice and Control:** Individuals have the autonomy to decide where they live, who they live with, and how their daily routine is structured.
16. **Enhanced Independence:** By managing their own household with support, individuals gain confidence and practical skills such as budgeting, cooking, and home maintenance. Alongside gaining skills and confidence to access chosen community resources.
17. **Privacy and Dignity:** People having their own "front door" provides a sense of ownership and personal space that is often not possible in more structured institutional settings.
18. **Community Integration:** Supported living focuses on helping people become active members of their local chosen community through social activities, volunteering, and employment.
19. **Person-Centred Support:** Support is designed specifically for the individual's unique strengths and goals, rather than following a fixed schedule that may be found in more institutionalised settings.
20. **Improved Well-being:** The combination of stable housing and tailored support can lead to better mental health, reduced isolation, and a higher overall quality of life.

Supported Living in Oxfordshire

21. Supported living is part of a range of options to support assessed eligible needs through a Care Act Assessment (2014). Other support options for people with a Learning Disability may include:
22. domiciliary / home support for a smaller number of hours whilst living with family or in the person's own property people with a learning disability can be

- supported to access general needs housing where they are able to do so and may not necessarily have support needs.
23. short breaks providing respite to family carers when a person lives with family which enables families to continue to live together
 24. outreach support providing specific support hours per week for an activity to reach goals such as accessing the community which could complement or extend housing support.
 25. supported living is usually deemed as a step up in need as opposed to above models
 26. residential care home includes support, accommodation and other living costs all in one and tend to be larger with more people than shared supported living homes leading to more restrictions and can lead to a more institutional environment.
 27. Where someone is deemed as not safe to be supported in the community and is detainable via a Mental Health Act Assessment (1983) there may be short periods where a person is detained under the Mental Health Act. This detention can be for either assessment under a Section 2 order or Treatment under a Section 3 order. Clinicians and commissioners from across health and social care will work together with the person and his/her family to find an alternative to an in-patient bed wherever possible. If a specialist learning disability and / or Autism in-patient bed is required, this is funded by the NHS and would currently be out of County.
 28. There are developments currently to deliver a “Safe Space” alternative to an inpatient admission by 2027. This would be in line with the Oxfordshire Way, supports a “home first” approach to support and would be in line with expected reforms to the Mental Health Act regarding the detention of people with a Learning Disability and / or Autism. The Safe Space due to go live in 2027 would offer 2 self-contained flats with appropriately staffed and supportive environment where someone can re-set during periods of escalation in behaviour due to the person’s learning disability and / or autism, avoiding an unnecessary Mental Health Admission.
 29. As a County the “Oxfordshire Way” has been developed to look at “what is strong not what is wrong” and maximise people’s independence to access community resources and support. Supported Living is closely aligned to the Oxfordshire Way enabling people to live in their own home.
 30. In Oxfordshire the models described above are used to identify the least restrictive and person-centred support model for the individual. Where people have a higher level of need the preference in Oxfordshire is to promote supported living over a residential model; therefore, strategic plans, operational, commissioning and property approaches have a focus on supported living and have no plans to develop learning disability residential models at this time in County.
 31. As a greater level of complexity of support is required within Oxfordshire due to this approach to avoid residential or hospital admission an enhanced design

model is required to avoid people being placed out of county. A person's complexity could be linked to their physical, behavioural, psychological or communication needs.

32. Support costs are either solely funded by the council, joint funded with the NHS through Section 117 Aftercare when previously detained under the Mental Health Act or fully funded through Continuing Health Care where eligible needs are assessed. The council holds the learning disability pooled budget to fund supported living. This approach means that although the funding route might change, the person's home and support plan do not need to.

Current use of Supported Living

33. Oxfordshire's promotion of a supported living model as opposed to residential has enabled the County to be ranked as 28th in the country against the national Adult Social Care Outcome Framework performance measure.

34. 83.9% of people with a learning disability are living in their own home, this includes people who live in supported living accommodation.

35. Over 653 (Dec 2025) adults with a learning disability accessing supported living services, 551 in Oxfordshire and 102 outside of Oxfordshire with a council budget for 25/26 of over £56 million.

36. There are currently 30 commissioned Supported Living Contracts held, as well as spot contracts purchased via the council's Brokerage team in and out of county.

37. As well as benefits to the individual to have choice and control over their support, where they live and increasing quality of life outcomes there are also efficiencies for the council compared to a residential support model as the council only pays support costs not accommodation and "hotel costs".

38. Rent and eligible service charge costs for specialist supported housing are met by central government via exempt housing benefit (through the Districts and City) where a specialist / regulated landlord is managing the housing element of supported living. Some of those living costs that would be a cost to the council in residential care are met by the individual in supported living as people are able to claim means tested benefits to enable independence, maximising their rights and being able to fund their own living expenses.

Supported Living Challenges

39. In 2021 a new joint-funded Council and NHS Commissioning Live Well Team came into place for working age adults, the team's work programme includes the commissioning of support for people with a learning disability.

40. At that time a previous framework to procure support providers had ended and there were limited support providers in county, with a lack of specialist accommodation and specialist support providers. Operational teams were unable to place people with more specialist needs in County due to the lack of availability of the right support for people. People were placed on a waiting list until the Council's brokerage teams were able to source and spot purchase an alternative in surrounding counties. There were a number of challenges:

- a. The preceding framework was broken up into small lots with a lack of pricing controls that fragmented the market and led to in some cases a mismatch between price and level of support provided
- b. A number of contracts were coming to an end with no framework in place as a procurement vehicle.
- c. Contracts had limited Key Performance indicators which limited the Council's ability to assure ensure quality of life outcomes, efficiencies and best value for people supported
- d. Oversupply of shared housing options some of which was hard to let owing to compatibility of potential co-residents and the suitability of the accommodation
- e. Lack of suitable housing for people with more complex needs
- f. Issues with the location and desirability of the accommodation offer in some cases
- g. The Council had agreed to invest in a Social Impact Fund model called "Resonance" to deliver additional accommodation, but there were issues with the in-house housing expertise at that time to develop the model, the costs of development and the lack of a suitable support model at that time to work into the accommodation

Supported Living Improvement Programme

41. The Live Well team worked with procurement to develop a new procurement framework for supported living; working alongside operations and quality improvement to ensure the framework was fit for purpose.

42. The Live Well Supported Services Framework was developed in 2023 and now has 58 providers quality assured on it, with 22 Specialist Providers to support people who have a range of more complex needs.

43. The framework has provided Adult Social Care with a procurement vehicle for future commissioning intentions; it was designed to:
- a. Be flexible and commission adult social care contracts for a wide range of needs over a 10-year period.
 - b. Focus on Supported Living whilst having flexibility for Outreach and new models of support that may develop over time.
 - c. Stratify support contracts with price points reflecting the level of specialisms needed and level of complexity supported.
 - d. Have a flexible pricing structure that the council can use to be flexed over time to adapt to changing council and market needs.
 - e. Procure support models only with the Council delivering housing options allowing for “Choice and Control” and protecting people’s rights with an independent tenancy separating out people’s housing from support needs.
44. The framework has been used to commission support contracts linked to the Resonance properties and also for other developments that have been brought on board through work with specialist landlords and developers.
45. A Supported Living Template was developed for mini competitions to be called off through the framework; this approach included a template for Experts by Experience and Family members involvement in the selection of support providers.
46. The Supported Living specifications have been aligned to the Oxfordshire Way and have included the use of Outcomes Tools to improve people supported attainment of goals and quality of life.
47. There is a built-in requirement for support providers to pay Support Workers the Oxford Living Wage as a minimum to ensure recruitment and retention of support staff is sustainable.
48. There is a flexible pricing model that has been tested with providers through tenders, which although not fixed has been tested successfully at a range of £24.55 to £26.81 (2025/26) this range is structured to reflect the level of complexity of support required.
49. There are Key Performance Indicators built into the contracts to reflect the Oxfordshire Way, ensuring support is least restrictive, that there is a focus on maximising people’s independence, that it is person centred and reducing reliance on paid formal support whilst widening people’s community connections and steps towards voluntary and paid employment.

50. As existing contracts are coming up for replacement contracts have been bought together into larger more sustainable contracts that are more attractive to the market, whilst being more resource efficient for the council to procure and manage.

Contract Changes

51. Contract changes are being tested from 5 plus 5 year extension to a 10 year supported living contract model to ensure consistency of support for people where support is good.

52. The new 10-year contract will include parity for support providers as there will be break clauses on both sides, with 1 years notice at year 5 and year 8. Previously support providers could be forced to stay within the contract for up to a 5-year extension, this could be unattractive to the market and not sustainable as the market place can change over that time period.

Legacy Contracts (pre-2021)

53. There is a plan over 26/27 to work with support providers on existing legacy contracts to negotiate variations to contracts ensuring greater consistency and improvements within the support provided and the key performance indicators delivered.

Housing resource and planning

54. Additional specialist housing roles are now in place in the Property and Assets Directorate to deliver housing models to run alongside commissioned support contracts for supported living. These new roles were developed using Better Care Funding and priorities were to deliver the Resonance initiative with 23 homes additional capacity created. These roles, identify and develop specialist supported housing for people with complex needs, and review and make best use of existing housing stock.

55. The new roles supported work with private developers including leading on work with developer "Safe as Houses" and specialist landlord Chrysalis to deliver 12 units for 18- to 25-year-olds in Didcot; as a local alternative to / step down from out of county residential colleges. The new resource offers a supported living model linked to local colleges, maximising independence through skills building.

56. The Resonance scheme delivered 23 additional homes through:

- a. improved replacement property for 4 people in Banbury

- b. transitions shared accommodation for 5 young adults aged 18 to 25 year in Witney
- c. individual flats for 5 people in Kidlington
- d. complex needs shared accommodation in Bicester and Horspath for 9 people across the two sites

57. The Specialist Housing roles have now been embedded within the Property and Assets Directorate maximising alignment to wider housing developments across the County, City and Districts. These roles have oversight of 322 properties held by specialist supported housing landlords or where people are receiving some form of outreach support into the property (this includes other non-learning disability forms of supported living). They also lead on delivery of new developments in the housing pipeline working alongside Live Well commissioners who deliver the support contracts.

58. These new roles have now expanded to deliver the additional £5.9 million that is within the Council's capital programme to increase and improve capacity of specialist housing stock. These roles are also providing delivery support to the Safe Space (see paragraph 4 above).

59. To support strategic planning a Housing Needs Assessment for Specialist and Supported Housing was produced in September 2024 https://www.oxfordshire.gov.uk/sites/default/files/file/oxfordshire_supported_housing_using_need_assessment_housing.odt. A Live Well Housing Plan document has been drafted in response to the needs outlined.

60. Strategic Priorities include:

- a. **Complex needs** - To provide community models as an alternative to hospital - alternative to detention under the Mental Health Act
- b. **Transitions** - To ensure there are models of support for young people between the ages of 18 to 25 years of age - including alternatives to out of county residential college linked to local education offers
- c. **Prevention of out of area placements** - To provide accommodation and support in Oxfordshire - ensuring we have the right support and accommodation where it is needed in County including to meet complex needs
- d. **Better outcomes by moving from residential care to supported housing model** – This is where it is identified people could be supported in their own home with their own tenancy instead of residential care thus providing a least restrictive model of support
- e. **Better outcomes by maximising independence** – all support models will maximise independence however this will have a specific focus on progression and skills teaching linked to the Oxfordshire Way utilising

the strengths the person already has to build on those to access the community, universal services, education and employment.

61. The property and assets directorate are currently working with the council's Geographical Information Systems Team to map current housing stock held by local specialist supported housing landlords within Oxfordshire. This will provide a better way to capture, store and analyse housing data for supported living in the future.

62. Delivery of £5.9 million capital programme has been allocated to current projects that are now being delivered, these include:

- a. Improvement of the council's short breaks commissioned properties
- b. Delivery of an additional 8 to 10 self-contained units with low stimulus robust design to meet complex needs and reduce the number of people being placed out of county or admitted to hospital.
- c. Delivery of accommodation for three 18- to 25-year-olds coming through transitions requiring supported living.

Operational developments

63. Better Care Funding has allowed the council to test out and embed the development of a new specialist social work team; the Dynamic Support Team to intensively case manage a smaller number of people with Complex Needs. This development has aligned well with the a "home first" approach for people with a learning disability and / or autism identified at the highest risk of admission through detention under the Mental Health Act through health and social care's Dynamic Support Register.

64. The team have been able to ensure agencies come together to prevent admissions supporting people to stay in their home with specialist support wherever possible. The team work with commissioning, property and assets to find solutions and are working collaboratively with new developments within the Capital Programme for complex needs and the Safe Space.

65. The council's recent re-design has provided an opportunity to review the locality teams identifying an improvement through developing a Learning Disability Team which will also include the Dynamic Support Team this will provide a greater alignment to the commissioning, property and assets approach to supported living going forward.

Strategic Development

66. Over the previous 12 months the Live Well team have been working with people with a learning disability, families and a range of organisations to develop a 10-year plan “The Learning Disability Plan 2025 to 2035”. As part of the 4 key areas for priority “Having a Place to Live” is theme 3 within the plan.
67. The theme looks at a range of options for having a place to live including supported living, reviewing; what goods looks like, people’s stories, what needs to improve and the key actions of work to be taken forward. The work plan for theme 3 provides the system’s shared high level priorities and is overseen by a subgroup made up of representatives to co-produce delivery and additions to the plan in later years.
68. The plan includes 5 key aims as seen below, with the detail available for year 1 and 2 in annexe 1:
- a. We need different types of housing in Oxfordshire which provide a choice for people with a learning disability to meet their individual needs and preferences
 - b. Housing and support are safe and of a good quality for everyone.
 - c. Information and communications about the options available for housing and support should be easily available and accessible to everyone in a format that suits them.
 - d. People should understand their rights and responsibilities as a resident, tenant, or homeowner.
 - e. People need to be able to access information and the right equipment, aids, and adaptations to support them in their homes.
69. Oversight of the overall plan is managed by the Live Well Improvement Board which has a range of representatives and is co-chaired by an expert by experience.

Corporate Policies and Priorities

70. Link to achieve priorities of the council’s Strategic Plan:
- a. Tackling inequalities in Oxfordshire
 - b. Prioritise the health and wellbeing of residents
 - c. Support carers and the social care system

Financial Implications

71. There are no direct financial implications associated with this report.

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

Legal Implications

- 72.** The Care Act 2014 specifies that where it appears to a local authority that an adult may have needs for care and support, the authority must assess whether that adult does in fact have such needs and, if so, what they are. The authority is then further required to meet those assessed eligible needs but is given considerable discretion as to how it does so, including by the provision of accommodation and care and support in the community.
- 73.** In addition, the Act creates a general responsibility for an authority exercising its functions under the Care Act 2014 in respect of an individual, to do so in a way that promotes that individual's 'well-being', as defined by Section 1 of the Act which includes, for example considering the suitability of the person's living accommodation, promoting the participation in work or education, and the individual's social and economic wellbeing. There is also a requirement to act in a way that prevents or reduces the person's need for care and support.
- 74.** This report provides an overview of the authority's proposals for the development of supported living as a model of support for those with assessed eligible needs, designed with the intention of meeting these statutory responsibilities.

Comments checked by:

Janice White Principal Solicitor, , ASC, Education & SEND
Janice.White@oxfordshire.gov.uk

Equality & Inclusion Implications

- 75.** An impact assessment is completed as part of new supported living contract commissioning and was also completed as part of the Learning disability 10 year plan.

Risk Management

76. Sub-groups established for the different themes in the Oxfordshire Learning Disability Plan representing experts by experience, organisations, support providers, and other professionals will continue to be involved in the delivery of the Plan. The groups contribute to identifying and managing any risks associated with the implementation of the Oxfordshire Learning Disability Plan to ensure its successful delivery.
77. The Oxfordshire Learning Disability Plan will be a standing agenda item for the Learning Disability Improvement Board. Risk management will be covered as part of the updates provided to the Learning Disability Improvement Board and escalations will be made as appropriate where needed.

Consultations

78. A Data Protection Impact Assessment was carried out prior to the engagement stage of the Oxfordshire Learning Disability Plan.
79. The council's Engagement and Consultation Team has been actively involved in the development of the Oxfordshire Learning Disability Plan, including theme 3 "Having a Place to live". The consultation phase of the Plan was carefully planned to ensure wider engagement with the public during the consultation period, prior to publication of the final Oxfordshire Learning Disability Plan.
80. The draft Oxfordshire Learning Disability Plan has been signed off by various governance boards, including the Health and Wellbeing Board on 26 June 2025. The Plan is being presented to Cabinet on 27 January 2026 with the recommendation for it to be approved as the final version.

Karen Fuller
Director of Adult Social Services

Appendix: Appendix 1 – Dynamic Workplan for Having a Place to Live



Theme 3 Work Plan -
Accessibility Checked.

a.

Background papers: Nil.

Contact Officer: Sharon Paterson, Commissioning Manager Live Well

b. sharon.paterson@oxfordshire.gov.uk

c. Bhavna Taank, Head of Joint Commissioning LC
Live Well

d. bhavna.taank@oxfordshire.gov.uk

7 January 2026

Theme Three: Having a Place to Live

Dynamic Work Plan





1. We need different types of housing in Oxfordshire which provide a choice for people with a learning disability to meet their individual needs and preferences.

Key Actions:	Outcome Measure of Success
Write a 10-year housing plan.	The housing plan will be written by September 2025.
Review the housing that we already have in Oxfordshire for Supported Living.	There will be a housing review and improvement plan written with priorities for 2026/27 by September 2025. The housing review and improvement plan will be included in a cabinet paper written, asking for money for the housing plan.
We will ask the Council for money for the housing plan.	By February 2026, the money will be agreed by the Council for a 10-year housing plan.
We will co-produce an outreach model of support so that more people can stay in their own homes.	New outreach contracts will start by February 2027.
We will improve people's access to "short breaks" so that people can remain in their own home with breaks for family carers.	A new Short Breaks service contract will be in place by April 2026.
We will improve people's access to "shared lives" so that people have improved housing and support options.	A plan will be written by October 2026.



2. Housing and support are safe and of a good quality for everyone.

Key Actions:	Outcome Measure of Success
<p>The council will continue to work with Quality Checkers to check supported living contracts.</p> <p>We will check which providers have their own quality checkers.</p>	<p>Experts by experience will be able to tell people about the quality of support and housing to help make improvements.</p> <p>We will have a list of support providers who use quality checkers by August 2025.</p>
<p>There will be a review of how people were involved in choosing a supported living provider.</p>	<p>Feedback will be used to improve future plans and checklists to review and choose supported living providers. The review will be completed by October 2025.</p>
<p>We will make sure people's feedback is included in contract reviews and decisions to replace contracts.</p>	<p>There will be an agreed plan and checklist written of how people are involved in supported living contract reviews by December 2025.</p>
<p>We will co-produce how we will involve people in choosing new supported living contracts.</p>	<p>There will be an agreed plan and checklist written of how people are involved in choosing new supported living contracts by December 2025.</p>
<p>We will co-produce a Supported Living Charter.</p> <p>This will include information about what supported living should be to share with people and different organisations.</p>	<p>A Supported Living Charter will be written by February 2026.</p> <p>The Charter will link to the new National Housing Standards that are being written.</p>
<p>Key Performance Indicators will be agreed with support providers for current supported living contracts.</p>	<p>Key Performance Indicators will be agreed with support providers by March 2026.</p>
<p>We will make sure that out of county housing is safe and of a good quality.</p>	<p>The current process for reviewing housing out of county will be shared and improvements suggested by March 2026.</p>



3. Information and communications about the options available for housing and support should be easily available and accessible to everyone in a format that suits them.

Key Actions:	Outcome Measure of Success
<p>We will find out what information is currently shared with people about housing and support. This will include:</p> <ul style="list-style-type: none"> - General housing - Shared lives - Short Breaks - Outreach support - Supported living 	<p>We will review the information that currently exists and update this plan to make improvements by February 2026.</p>
<p>The Live Well Oxfordshire website will be updated to share supported living options which will include information about different support providers.</p>	<p>People will have better information of support available to improve choice by June 2026.</p>



4. People should understand their rights and responsibilities as a resident, tenant, or homeowner.

Key Actions:	Outcome Measure of Success
<p>We will find out what information is currently shared with people, and their family carers about their rights and responsibilities.</p>	<p>We will review the information that currently exists and update this plan to make improvements by July 2026.</p>
<p>We will work with partners to make sure information is provided about:</p> <ul style="list-style-type: none"> - shared ownership - trusts 	<p>There will be better information to make sure people's future rights are protected to protect their access to good housing.</p> <p>There will be information provided by July 2026.</p>



5. People need to be able to access information and the right equipment, aids, and adaptations to support them in their homes.

Key Actions:	Outcome Measure of Success
<p>We will find out more information and what the issues are for people with a learning disability.</p> <p>We will co-produce a plan to recommend improvements that could be made.</p>	<p>The review and recommendation plan will be produced by February 2027.</p>

This page is intentionally left blank



Work Programme People Overview and Scrutiny Committee

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

COMMITTEE BUSINESS

Topic	strategic priorities	Purpose	Type	Report Leads
15 January 2026				
Unpaid carers Strategy	To be Fairer and Healthier	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	To be Fairer and Healthier	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	To be Fairer and Healthier	Scrutinise the community grants programme in Oxfordshire, exploring funding distribution, alignment with priorities, equity, and resident engagement.	Overview and Scrutiny	Karen Fuller
Domestic Abuse Support and Accommodation	To be Fairer and Healthier	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

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				