

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

18 September 2025

Age Well update on supporting older people in Oxfordshire

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
 - i. Consider the support provided by the Council to enable older people to live independently and in their own communities for longer, and how this relates to the Age Well priorities of Oxfordshire's Health and Wellbeing Strategy and our strategic vision, the Oxfordshire Way.
 - ii. Note the impact of the Local Area Coordination and Community Capacity Grants programmes.

Executive Summary

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

Background

3. The Age Well priorities in the [Oxfordshire Health and Wellbeing Strategy 2024-2030](#) focus on two main areas:
 - (a) Supporting older residents remain independent and healthy, for longer, while ensuring they are always treated with dignity and are fully valued.
 - (b) Fostering strong social relationships and building capacity within communities to reduce levels of isolation and loneliness.
4. When older people stay healthy and active, they're better able to maintain strong social relations, continue to actively contribute to their community, and spend time in nature, benefiting society as well as their health and wellbeing. This also reduces the risk of social isolation, loneliness, dementia and falls. We focus on supporting the physical and mental wellbeing of older people and enabling them continue engaging with activities they love for longer.

5. The Health and Wellbeing Strategy aligns with the principles of the Care Act 2014, which mandates local authorities to provide services that help people maintain their independence and wellbeing, preventing or delaying serious care needs. This can be achieved through various ways including early intervention, information, advice, and support services that help them retain their skills, confidence, and independence for as long as possible.
6. Oxfordshire County Council's strategic vision for Adult Social Care, the [Oxfordshire Way](#), is based on helping people live independent and healthy lives for as long as possible. We adopt a 'Home First' approach, wherein we support people to leave hospital as quickly as possible and provide them with the necessary support, such as reablement – short term support at home to help people regain their independence – and provision of equipment, to remain at home. We work with people, their families and communities focusing on their strengths and assets, thinking what people can do, not what they cannot. We work together to help them find solutions that work for them, avoiding the need for formal home care or residential care home support.
7. The Better Care Fund (BCF) is one of the key enablers for delivering the ambitions outlined in the Oxfordshire Way and the Health and Wellbeing Strategy. The fund supports local systems to deliver integrated services across health and care in a way that supports person-centred care, sustainability and better outcomes for people and carers. Our BCF plan for 2025/26 focuses on ensuring that more people can stay at home and live independently in their own communities. This includes preventing people from being admitted to hospital, such as through investing in support for people at risk of falls, and where they are admitted, supporting them to return home as quickly as possible.

Older People in Oxfordshire

8. There are 137,067 people aged 65 and over in Oxfordshire, which is 18.3% of total population (as compared to 19.8% in South-East England, and 18.7% in England).
9. The proportion of older people in total population is increasing: According to the Oxfordshire Joint Strategic Needs Assessment, over the past 20 years (between 2001 and 2021), the population of Oxfordshire increased by 20% where the older age group, aged 65 and over, increased by 48%. All districts - other than Oxford City - have seen a substantial increase in the older 65+ population. Predictions show this trend continuing, with significant growth in the older population, particularly those aged 85 and over.
10. Oxfordshire is also the most rural county in the South East region. Rural districts have a much higher proportion of older people than Oxford City. Currently, older people aged 65+ made up 20% of the estimated population of South Oxfordshire, Vale of White Horse and West Oxfordshire, 17% of Cherwell, compared with 12% of the population of Oxford City.

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

Social Isolation and Loneliness

12. According to the DHSC, feeling lonely frequently is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay. There is also evidence that lonely people are more likely to visit a General Practitioner or Accident and Emergency and more likely to enter local authority funded residential care.
13. The proportion of the adult population people feeling lonely in Oxfordshire is better (lower) than average by comparison with our family of similar counties.
 - Oxfordshire ranked 11 out of 16
 - Oxfordshire = 5.6% which is statistically better than England at 6.8%.
14. However, Oxfordshire ranks relatively poorly on social contact for older people receiving adult social care services:

Percentage of older **adult social care users (65+yrs)** who have as much social contact as they would like

- Oxfordshire ranked 15 out of 16
- Oxfordshire = 37.4% which is lower than England = 41.5%

Examples of Programmes supporting older people in Oxfordshire

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

Supporting independence

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

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

17. **Stay Strong and Steady** is a falls prevention community exercise and education programme for adults aged 65 years and older who have fallen or are at risk of falling, to reduce their risk of falling. Participants can be referred to the exercise and education programme, and then move onto the community activity when ready, or join the community activity for continuous support. Comparing the 12 weeks prior to the Stay Strong and Steady programme to their time on the programme, there has been a reduction in attendance at Accident and Emergency due to a fall from 11% to 1%, and a high percentage (83%) of people show improvement in their physical tests after taking part.
18. Jointly commissioned with health, our Home First D2A model enables people who have had a stay in hospital to continue their recovery in the comfort of their own home, close to the communities that support them. This model enables us to support more people to go home from hospital more quickly – total discharges across all pathways have more than doubled since 2022. In addition to responding to an increasing demand, we are also achieving positive outcomes for people following a hospital stay. Prior to the inception of Home First in 2022/23, approximately 65% of people supported by the service became fully independent following a period of reablement. Today up to 75% of people are becoming fully independent and an additional 10% experience a reduction in their support needs. The support is tailored to the person's needs ensuring that their independence in their own home is sustainable, meaning that 86.49% of people remaining in their own home 91 days after discharge from hospital, above the England average of 83.7%.

Supporting people to connect with their local community

19. [Live Well Oxfordshire](#) is Oxfordshire's online directory of over 2,800 groups, health, care and community services and activities that provide information, advice and support for adults. The services listed aim to enable people to live safe, healthy and independent lives and be a part of their communities. The services and activities are supported by information pages, creating a one-stop-shop. There is also a 'What's on Calendar' function for people to easily see when activities and events are happening and a very active news section with daily updates on health and social care news. In 2024-25 there were 173,720 hits on the website, which is an increase of over 20,000 from the previous year.
20. **The Community Micro-Enterprise (CME) Development service**, provided by Community Catalysts, supports the Council's duty under The Care Act 2014 to ensure that a variety of good quality, person-centred care options are available for all individuals including self-funders, and to make direct payments available for people to use to obtain for themselves services to meet their assessed needs. The service also works to keep charges affordable for people.

21. Community Micro-enterprises (CMEs) are self-employed local people or organisations of fewer than eight staff supporting other local people. CMEs strengthen communities by creating local jobs and volunteering opportunities and reduces the amount of travel required. The programme both attracts new entrants to care and support and retains care staff in the market by supporting them to set themselves up to work legally and sustainably, delivering their services in the way they wish. There are currently 89 CMEs providing 3,600+ care and support hours to over 1,600 people weekly, and 22 CMEs providing activities to over 200 people in the county.
22. The **Community Links Service**, commissioned from Age UK Oxfordshire, gives residents local information and connects them into their community to ensure people can be as independent as possible and live life to the full. It also ensures people are enabled to find out about what support and opportunities exist in their local area. The service has experienced a 9% increase in referrals since it commenced in 2023.
23. We also commission **Carers Oxfordshire** to support unpaid carers over 18 years old in the community. The service carries out Carer Assessments on behalf of Adult Social Care, connects carers with resources such as training and short breaks, runs peer support groups and distributes discretionary wellbeing payments. In the last four years, the service has experienced an increase of 60% in referrals and an increase of 49% in the number of carer assessments completed.
24. The following section of this paper details 2 case studies of innovative programmes to address the needs of older people in Oxfordshire:

Case Study - Local Area Coordination

25. **Local Area Coordination** is an approach which supports people of all ages and families in their community, without needing a referral, needs thresholds or time limits. Anyone can introduce themselves or another person to a Local Area Coordinator to receive the right support at the right time for them and at their own pace. People are guided to use their own strengths and connect with their community to resolve their issues, gaining confidence and resilience in the process.
26. Oxfordshire County Council joined the Local Area Coordination Network in 2023. This is a national development organisation helping councils in England and Wales to adopt, embed and sustainably deliver Local Area Coordination, which originated in Western Australia as a new approach to working with people, families and communities.
27. The Local Area Coordination approach aims to foster community resilience and independence by connecting people with local resources and support networks. The coordinators work closely with people and their local communities to understand their unique needs and strengths. By collaborating with various stakeholders, including council teams, voluntary organisations,

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

28. A leadership group with members from the county council's commissioning, social care and public health teams, city and district council wellbeing teams, voluntary organisations and primary healthcare identified the areas for LAC using the data from Census 2021, the Joint Strategic Needs Assessment for Oxfordshire and Community Insight Profiles (where available) meeting the following criteria:
 - A town / area of a town / village / built up population surrounded by rural area with a population of 10-12,000
 - Not one of the ten most deprived areas
 - Data indicated poorer health, wellbeing and life outcomes for residents
29. Two areas identified by the leadership group to start embedding the approach were Chipping Norton and Bicester East in 2024. District council colleagues helped identify residents, local councillors and organisations working in the areas, who were invited to local meetings to learn more about the approach and to be involved in its implementation. This allowed local groups and organisations within the communities to gain a detailed understanding of the LAC approach, suggest how it could embed into their area and become part of the implementation.
30. One of the key aspects of this approach is the involvement of the community in the recruitment and integration of Local Area Coordinators (LACs). By engaging residents in the selection process and incorporating their feedback, the program ensures that the LACs are well-suited to address the specific needs of each area. During the recruitment process for the LACs, long-listed candidates are invited to a community recruitment event where the candidates interviewed by residents employing a method akin to speed dating, and were scored on soft skills such as approachability, ability to listen and whether people would feel comfortable discussing a sensitive issue with them. The combined scores and comments from the community recruitment were used as part of the overall decision. Involvement in the community recruitment gave residents ownership of the LAC approach for their area and provided the LAC with a network of people and organisations to assist them embed into and learn about the community in depth once they started working there.
31. Following the success of Chipping Norton and Bicester East, the programme was expanded to two further areas - Kidlington and Didcot Central and coordinators started working in these areas in 2025.
32. As the program expands, the leadership team continues to use data-driven insights to identify new areas for implementation. The Inequalities data framework, supporting the implementation of the Marmot Place work, and the JSNA Community Insight Profiles tools will inform the choice of areas for development. These include data on older individuals living alone in rural

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

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

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

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

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

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

Case Study - Community Capacity Grants

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

37. The grants programme support schemes/ projects that:

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

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

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

39. Two grant programmes have been successfully completed and achieved:
 - £1 million of grants being awarded from OCC
 - 179 Projects Funded
 - Over 200 Activities taken place
 - Over 2,500 sessions taken place
 - Over 23,000 direct beneficiaries
40. Partnership working with OCF, OCVA and CFO to deliver grants has also brought in £217,000 Match Funding from private donors. This additional funding is used to fund additional 23 projects.
41. The latest grants programme launched on 12 September 2025.

Next steps

42. There is a range of ongoing work to support older people in Oxfordshire and address the Age Well priorities in the Health and Wellbeing Strategy and improve the health and wellbeing of elderly residents.
43. Obtaining data to measure the impact of some of these programmes on longer term wellbeing can be challenging. But, developing how we use insights, per point 32, and working as a health and care system to further understand our data is key to improving this. For example, our performance against BCF metrics shows an improvement in reducing non-elective admissions for people over 65 but a slight increase in admissions relating to falls. We are monitoring this closely through our Urgent Care Delivery and BCF oversight groups, consisting of partners from across health and care.
44. The development of Neighbourhood approaches with health provides further opportunity to further integrate how we support Oxfordshire residents and their carers.
45. Oxfordshire becoming a Marmot place is an opportunity to further understand the impact of rurality on our older population and how we can further improve how we support rural communities.

Corporate Policies and Priorities

46. Adult Social Care's priorities are shaped by our corporate vision and priorities, with particular focus on

- Tackling inequalities - working with partners to address inequalities focussing supporting on those in greatest need, embedding and implementing our digital inclusion strategy
- Prioritising the health and wellbeing of our residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives, and
- Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and increasing choice.

Financial Implications

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

Comments checked by:

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Legal Implications

48. The Care Act 2014 specifies that the general duty of a local authority when performing its functions in respect of an individual is to 'promote that individual's well-being' (S1(1)). This incorporates a responsibility to provide services, facilities or resources which will contribute towards the prevention, or delay the development, of needs for care and / or support.
49. These responsibilities are clarified in the Care and Support Statutory Guidance,
- "The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.... Underpinning all of [the] individual 'care and support functions' (that is, any process, activity or broader responsibility that the local authority performs) is the need to ensure that doing so focuses on the needs and goals of the person concerned." (para 1.1)
50. This report outlines some of the measures being used across Oxfordshire to meet the authority's statutory responsibilities towards its residents.

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

Equality & Inclusion Implications

51. Equity in experiences and outcomes is a key priority for Adult Social Care arising from our statutory duties under Care Act 2014 and CQC Assurance Framework.

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

Risk Management

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

NAME Karen Fuller, Corporate Director of Adult Social Care

Background papers: Nil

Other Documents: Annexe 1: Local Area Coordination stories of difference

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