OXFORDSHIRE COUNTY COUNCIL

To: Members of the Cabinet

Notice of a Meeting of the Cabinet

Tuesday, 28 July 2026 at 10.00 am

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Dr Martin Reeves OBE
Chief Executive

July 2026

Committee Officer: ***Chris Reynolds***
Tel: 07542 029441; E-Mail: chris.reynolds@oxfordshire.gov.uk

Membership

Councillors

Tim Bearder	Leader of the Council
Neil Fawcett	Deputy Leader of the Council and Cabinet Member for Resources
Judith Edwards	Cabinet Member for Local Governmemt Reorganisation amd Human Resouces
Gareth Epps	Cabinet Member for Transport
Rebekah Fletcher	Cabinet Member for Adults
Sean Gaul	Cabinet Member for Children and Young People
Laura Gordon	Cabinet Member for Environment and Economy
Kate Gregory	Cabinet Member for Public Health and Inequalities
Liz Leffman	Cabinet Member for Highways Construction and Repair
Dan Levy	Cabinet Member for Finance, Property and Transformation

The Agenda is attached. Decisions taken at the meeting will become effective at the end of the working day on 3 August 2026 unless called in by that date for review by the appropriate Scrutiny Committee. Copies of this Notice, Agenda and supporting papers are circulated to all Members of the County Council.

Date of next meeting: 15 September 2026

OXFORDSHIRE COUNTY COUNCIL

AGENDA

1. Apologies for Absence

2. Declarations of Interest

- guidance note below

3. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am three working days before the meeting, ask a question on an item on the agenda.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

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 present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to committeesdemocraticservices@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. Reports from Scrutiny Committees (Pages 9 - 20)

Cabinet will receive the report and recommendations of the People Overview and Scrutiny Committee on Adult Social Care Charging Policy

6. Proposed Changes to Adult Social Care Contributions Policy (Pages 21 - 72)

Cabinet Member: Adults
Forward Plan Ref: 2026/079
Key decision
Contact: Jake Finley, Project Manager
Jake.finley@oxfordshire.gov.uk

Report by the Director of Adult Social Care

The Adult Social Care (ASC) Charging Policy Review is a major programme to modernise, align and consolidate Oxfordshire County Council's charging arrangements across three core areas: Disability Related Expenditure (DRE), Transport Charging, and Telecare Charging. The project brings previously separate policies together into a single, coherent ASC Charging Policy to improve fairness, transparency, sustainability, and financial viability for the Council and service users.

The Cabinet is RECOMMENDED to

Note the contents of this report and confirm its agreement for

a. **Reducing the initial Disability Related Expenditure (DRE) allowance from 35% to 25% which is the level that was in place before April 2022,**
b. **Introducing an Adult Social Care Transport Policy (Annex 2) that explains the council's approach to transport and sets out a flat rate of £10 per day for transport arranged by Adult Social Care,**
c. **Charge all people using the telecare the actual cost of the service at £9.87 per week.**

EXEMPT ITEM
It is RECOMMENDED that the public be excluded for the duration of item 7 since it is likely that if they were present during that item there would be disclosure of exempt information as defined in Part I of Schedule 12A to the Local Government Act 1972 (as amended) and specified below in relation to those items and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

THE ITEM HAS NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS 'CONFIDENTIAL' BY MEMBERS AND OFFICERS ENTITLED TO RECEIVE THEM. THIS ALSO MEANS THAT THE CONTENTS SHOULD NOT BE DISCUSSED WITH OTHERS AND NO COPIES SHOULD BE MADE

7. Re-Negotiation of the Project Agreement with Oxfordshire Care Partnership (OCP) (Pages 73 - 98)

Cabinet Member: Adults
Forward Plan Ref: 2026/061
Key decision
Contact: Naomi Taviner, Head of Joint Commissioning Brokerage
Naomi.taviner@oxfordshire.gov.uk

Report of the Director of Adult Social Care

The information contained in this report is exempt in that it falls within the following prescribed category Paragraph 3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information) and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The Oxfordshire Care Partnership is a joint venture between Order of St Johns Care Trust and BPHA, operating under a Project Agreement to maintain council-owned care homes and provide care services. The contract began in 2001 and was extended in 2013 to 2032. Options for service delivery and home management will apply from April 2027. Approval is sought to complete negotiations and vary the existing contract.

The Cabinet is RECOMMENDED to:

a) **Consider and approve the recommendations outlined in the exempt report.**

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.

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Divisions Affected – All

CABINET

28 July 2026

Consultation on Proposed Changes to Adult Social Care Contributions Policy

Report of the People Overview & Scrutiny Committee

RECOMMENDATION

1. The Cabinet is **RECOMMENDED** to **—**

   a) Note the recommendations contained in the body of this report and to consider and determine its response to the People Overview and Scrutiny Committee, and

   b) Agree that, once Cabinet has responded, relevant officers will continue to provide each meeting of the People Overview and Scrutiny Committee with a brief written update on progress made against actions committed to in response to the recommendations for 12 months, or until they are completed (if earlier).

REQUIREMENT TO RESPOND

2. In accordance with section 9FE of the Local Government Act 2000, People Overview & Scrutiny Committee requires that, within two months of the consideration of this report, the Cabinet publish a response to this report and any recommendations.

INTRODUCTION AND OVERVIEW

3. The People Overview and Scrutiny Committee considered a report on the Adult Social Care Contributions Policy at its meeting on 04 June 2026. The report set out the proposed amendments to the policy, including changes to the treatment of Disability Related Expenditure (DRE), and proposals relating to telecare and transport charges.

4. The Committee welcomed the opportunity to consider the proposals and acknowledged the financial pressures facing Adult Social Care, as well as the need to ensure that the contributions policy remains sustainable, equitable, and aligned with statutory guidance.

5. The Committee would like to thank the Cabinet Member and Victoria Baran, Deputy Director, and Level Chingalembe, Head of Social Care Finance, for attending and for their engagement with Members' questions.

6. During its consideration of the report, the Committee examined the proposed changes in detail, including their intended financial impact, the practical implications for service users and officers, and the extent to which the proposals aligned with the Council's wider policy framework, including the Oxfordshire Way.

SUMMARY

7. The Committee considered the proposed amendments to the Adult Social Care Contributions Policy, with discussion focusing on the rationale for change, the practical implications for service users, and the potential impact on wider system outcomes. Officers introduced the report, outlining the financial context and the proposed changes, including the reduction in the standard Disability Related Expenditure (DRE) allowance from 35% to 25%, and the introduction or adjustment of charges for services such as telecare and transport.

8. Members explored the benchmarking presented by officers, which suggested that Oxfordshire's current 35% DRE allowance is higher than that applied in most comparable authorities. While some members accepted that the proposed 25% rate would bring the Council more in line with typical practice, others queried whether this comparison alone provided sufficient justification for the scale of change, and whether alternative, more gradual approaches had been considered.

9. A significant part of the discussion focused on the policy intent behind the proposals. Several members questioned whether the changes were being driven primarily by the need to achieve savings and sought clarification on how the proposals aligned with the Oxfordshire Way, particularly its emphasis on prevention, supporting independence, and enabling residents to live well for longer. Concerns were raised that increases in contributions could, in some cases, have unintended consequences if they discouraged engagement with services.

10. The Committee also discussed the practical implications of moving from a higher standard allowance to a lower default with greater reliance on individual assessment. Members noted that, while this could improve accuracy by more closely reflecting actual expenditure, it would likely result in an increase in the number of detailed financial assessments undertaken. Questions were raised as to the impact this could have on administrative workload and whether the additional complexity might present challenges for some service users in navigating the system.

11. Discussion of telecare and transport proposals focused on their role as preventative services. Members highlighted that, although the proposed charges were relatively modest, there was a risk that even small increases could have a significantly outsized effect on residents affected, particularly among more vulnerable residents. Concerns were expressed that reduced uptake of these services could have wider implications, including increased isolation or a greater likelihood of more intensive care needs arising at a later stage.

12. In this context, members explored whether the proposals allowed sufficient flexibility to reflect individual circumstances, particularly for those most at risk of adverse impacts, and considered the potential for a more tailored approach in certain cases.

13. The Committee makes three recommendations which, together, are intended to achieve greater clarity on the policy's strategic alignment, assurance on its operational proportionality, and a more considered approach to the potential impacts on vulnerable service users.

RECOMMENDATIONS

14. A central theme of the Committee's discussion was the extent to which the proposed changes are framed within, and consistent with, the Council's wider strategic objectives, particularly the Oxfordshire Way. Members noted that the Oxfordshire Way places strong emphasis on prevention, maintaining independence, and supporting residents to live well within their communities for as long as possible. These principles are intended to underpin service design and decision-making across Adult Social Care and wider council activity.

15. While Members acknowledged the financial context underpinning the proposals, several questions were raised as to how the proposed approach supports these objectives in practice. Members explored whether increases in contributions, or the reduction in standard allowances, could risk discouraging engagement with preventative services or placing additional pressure on individuals to manage without support. It was recognised that such impacts may not be uniform and may affect some groups more than others.

16. Members therefore consider it important to ensure that the policy is clearly grounded in its intended objectives, and that there is a transparent link between those objectives and the proposed approach.

17. This includes demonstrating that the preferred option delivers these aims more effectively than the current policy, rather than being driven primarily by the requirement to achieve savings. Clarifying this relationship would support confidence that the proposals are strategically coherent and aligned with the Council's broader direction.

Recommendation 1: That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.

18. The Committee also devoted significant attention to the operational implications of the proposed changes, particularly in relation to the anticipated increase in individual financial assessments. Members noted that reducing the standard Disability Related Expenditure (DRE) allowance from 35% to 25% would likely result in a greater number of service users requiring detailed, case-by-case assessment of their expenditure. While it was acknowledged that this approach may provide a more accurate reflection of individual circumstances, Members explored whether it may also introduce additional complexity into the system.

19. In discussion, Members highlighted two interrelated areas of concern. Firstly, there is the potential impact on the Council, including increased administrative workload, additional officer time, and associated costs. Members queried whether these factors had been fully considered alongside the anticipated savings, and whether there was a risk that increased administrative effort could offset some of the financial benefit of the proposals.

20. Secondly, Members considered the potential impact on service users. Increased reliance on individual assessment may require more detailed evidence gathering and engagement with council processes. Members noted that this could present practical challenges, and cause uncertainty and worry for some individuals, particularly those who may find it more difficult to navigate more complex systems and may therefore affect accessibility or outcomes in practice.

21. The Committee considers it important that the overall approach remains proportionate, represents an efficient use of resources across the system, and is supported by continued efforts to identify and address waste and inefficiencies within the Adult Social Care budget.

Recommendation 2: That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.

22. The Committee considered the proposed changes to telecare and transport charges, with discussion focusing on their potential impact on service users and their role within a wider preventative system. Members recognised that these services can play an important role in supporting independence, reducing isolation, and preventing escalation of need. As such, their use can contribute to wider system benefits, including reducing demand for more intensive forms of care and support.

23. While Members noted that the level of charges proposed was relatively modest, significant concern was raised that, for some residents, particularly those who are older or more vulnerable, even small increases in cost could influence behaviour. Members discussed the possibility that additional charges

could lead some individuals to reduce or withdraw from services, potentially increasing risks to wellbeing and independence over time. The Committee therefore explored the extent to which the proposals took account of these potential behavioural responses and their wider implications.

24. In this context, Members discussed whether there may be scope for a more flexible approach in certain cases, particularly where individuals are disproportionately affected. Particularly more elderly residents, including those aged 90 and over, as an example of a group who are more sensitive to changes in cost or access. The Committee does not seek to prescribe specific measures but considers it appropriate that Cabinet reflects on whether the proposed approach can be adapted to better accommodate such circumstances.

Recommendation 3: That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out the mitigations or safeguards available, taking into account the risk of additional administrative burden.

FURTHER CONSIDERATION

25. The Committee recognises that the proposed changes to the Adult Social Care Contributions Policy represent a significant development with potential implications for service users and service delivery. It therefore intends to retain an ongoing interest in this area following implementation, including monitoring the policy's impact in practice. The Committee would expect to receive updates on progress and emerging outcomes to support continued scrutiny of the effectiveness and proportionality of the revised approach.

LEGAL IMPLICATIONS

26. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.

27. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2.3 (v) the Cabinet will consider any reports from Scrutiny Committees.

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex:	Pro-forma Response Template
Background papers:	None
Other Documents:	None
Contact Officer:	Ben Piper Senior Democratic & Scrutiny Services Officer ben.piper@oxfordshire.gov.uk

July 2026

Overview & Scrutiny Recommendation Response Pro forma

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

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

Issue:	**Consultation on Proposed Changes to Adult Social Care Contributions Policy**
Lead Cabinet Member(s):	**Cllr Rebekah Fletcher, Cabinet Member for Adults**
Date response requested:[2]	**28th July 2026**

Response to report:

Thank you to Scrutiny for the recommendations and accompanying report to Cabinet. Officers valued the opportunity to discuss the proposals with Committee members. Cabinet has accepted the recommendations and has set out below how the proposals align with the Oxfordshire Way, how implementation will remain proportionate and efficient, and what safeguards will be in place for people who may be more affected by the proposed changes.

Regarding recommendation b) in the People's Scrutiny report to Cabinet – While we recognise the importance of informing Scrutiny on progress, the suggestion for officers to provide monthly written updates to Scrutiny will be resource-intensive and divert officer capacity away from the effective implementation and management of the charging policy change. We therefore suggest that officers instead provide an update to Scrutiny at least six months after the policy has been implemented. This is in line with previous practice and will ensure that there is sufficient time to draw meaningful insights from the data.

Please note this response was written prior to the completion of the consultation report. The full consultation report will be published with the cabinet papers. Our approach will be further informed by the findings of the consultation report.

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

Overview & Scrutiny Recommendation Response Pro forma

<u>Recommendation 1 –</u> That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.

The proposed changes to the Adult Social Care Contributions Policy are consistent with the Oxfordshire Way because they support a fair, sustainable and person-centred approach to adult social care. The Oxfordshire Way focuses on promoting independence, helping people to remain well within their communities, and ensuring that support is tailored to individual circumstances. The proposed changes maintain this principle by continuing to assess people on the basis of their individual needs and financial circumstances, while retaining safeguards for those with higher levels of need and ensuring compliance with Care Act requirements. They also support the Oxfordshire Way by making best use of public resources so that support can continue to be targeted towards people with eligible care and support needs.

In relation to telecare, the available data and operational feedback suggest that while the service provides reassurance for many residents and carers, the current model is not sufficiently evidenced as a universal preventative service. Activity data includes a high volume of false alarms and low-level activity and does not demonstrate consistent impact on hospital admission avoidance, reduced care demand or falls prevention. The proposal is therefore intended to support a more targeted and sustainable approach, while individual assessment and hardship safeguards will help protect people for whom telecare is necessary to meet eligible needs, manage significant risk or support safe discharge. It will also enable further exploration of newer technologies that may better support people to live independently.

That said, the Oxfordshire Way also emphasises the importance of making best use of public resources so that support remains available for those who need it most, both now and in the future. The proposed policy changes form part of a wider approach to ensuring the long-term sustainability of Adult Social Care services in Oxfordshire, enabling continued investment in preventative, community-based support that helps people maintain their independence and avoid or delay the need for more intensive services. By balancing fairness, personalisation, value for money and financial sustainability, the proposals support the Oxfordshire Way ambition of delivering high-quality, person-centred support while stewarding public resources responsibly.

<u>Recommendation 2 -</u> That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.

Overview & Scrutiny Recommendation Response Pro forma

We recognise the importance of ensuring that any changes to the Adult Social Care Contributions Policy remain proportionate, administratively efficient and accessible to residents. The proposed changes have been developed with these principles in min d. While the revised approach may result in some additional consideration of individual circumstances, it also enables contribution s to be assessed more accurately and fairly, ensuring that financial assessments better reflect actual expenditure and need. Th is supports a more equitable application of the policy while remaining consistent with statutory guidance and avoiding unnecessar y complexity.

The proposals build on existing financial assessment processes rather than introducing a wholly new system. Most assessments will be carried out through online financial assessments, so no further ongoing resources are expected to be required. Any additional activity is expected to be a short-term transition piece during implementation; once the changes are embedded, financial assessments and any follow-up activity will be managed as business as usual as people come through the process. The Council will provide clear information and support to residents who may find the process difficult, including people with more complex circumstances, so that the approach remains accessible as well as efficient. The Council will monitor implementation to ensure that any additional administrative requirements remain proportionate. The anticipated financial benefits of the policy changes contribute to the long-term sustainability of Adult Social Care services and help ensure that limited public resources can continue to be directed towards supporting residents with eligible care and support needs. The Council will keep the operational impact of the changes under review and will report on implementation and outcomes through existing governance and scrutiny arrangements.

Recommendation 3 - That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out the mitigations or safeguards available, considering the risk of additional administrative burden.

We recognise that telecare and transport services play a role in supporting independence, wellbeing, safety and access to community-based support, particularly for older people, disabled people and others with care and support needs. We have therefore carefully considered the potential impact of the proposed charges on vulnerable groups, including the risk that some people may reduce or stop using services because of affordability concerns. The proposals have been developed within the framework of the existing equality impact assessment, which identifies potential impacts and sets out mitigations to ensure that individuals are not unfairly disadvantaged.

A range of safeguards will remain in place should the proposals be approved. All affected individuals will continue to be sub ject to a means-tested financial assessment, ensuring that contributions are based on a person's ability to pay and that everyone

retains at least the minimum income guaranteed under the Care Act. Individual Disability Related Expenditure assessments will continue to be available where people incur additional disability-related costs, and hardship provisions, discretionary adjustments and review mechanisms will remain available where appropriate. These safeguards are particularly relevant to people affected by telecare or transport charges, as they provide routes to consider individual circumstances, essential expenditure and affordability. The Council will also provide clear information and support to help people understand the changes, complete assessments and access review or hardship routes where needed. Our data shows that around 1966 people only receive an alert service from the council and currently do not pay towards this service provision and around 732 have an assessed contribution for other services. Around 33 people will be affected by all the proposed changes. There are safeguards in place to ensure that all those affected will be provided with the relevant information and mitigate any risks.

Category	Number of People
Alert Service Only	1,966
Alert Service & DRE	732
Transport Only	429
Transport & DRE	240
All clients DRE	3,522
DRE, Transport and Alert Service	33

Cabinet further notes the concern that some individuals may reduce their use of telecare or transport services as a result of the proposed charges. To mitigate this risk, the Council will monitor service uptake, outcomes, feedback, hardship requests and any emerging equality impacts following implementation. This approach enables the Council to balance the need for a fair and sustainable charging framework with its commitment to supporting independence, prevention and wellbeing, while avoiding the introduction of complex new administrative arrangements that could create additional burdens for residents or the Council.

Overview & Scrutiny Recommendation Response Pro forma

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
1. That Cabinet demonstrates how the proposed policy changes are in line with the Oxfordshire Way.	Accepted	The above response sets out how the proposals support independence, prevention, personalisation, fair access and the sustainable use of public resources. Implementation will continue through the policy approval and delivery process.
2. That Cabinet demonstrates how the proposed changes would not result in a disproportionate increase in administrative costs or complexity for either the Council or service users and represent an efficient and proportionate use of resources.	Accepted	Implementation will use existing financial assessment processes wherever possible. Any additional activity is expected to be a short-term transition requirement, with business-as-usual arrangements in place once the policy is embedded. Any emerging issues will be escalated through Directorate governance arrangements, with a fuller implementation update provided to Scrutiny after the policy has been embedded. An update to Scrutiny in March 2027 is recommended if the proposals are implemented from October 2026.
3. That Cabinet considers the potential disproportionate impact of the proposed telecare and transport charges on more vulnerable groups, and sets out mitigations or safeguards available, considering the risk of additional administrative burden.	Accepted	The Council will retain means-tested assessment, Disability Related Expenditure, hardship, discretionary adjustment and review routes. Uptake, outcomes, feedback, hardship requests

		and equality impacts will be monitored following implementation, with issues escalated through existing governance arrangements where required.

CABINET

28 July 2026

Proposed Changes to Adult Social Care Contributions Policy

Report by Corporate Director of Adult Social Care

RECOMMENDATION

1. **The Cabinet is RECOMMENDED to**

    a. Note the contents of this report and confirm its agreement for

        a. Reducing the initial Disability Related Expenditure (DRE) allowance from 35% to 25% which is the level that was in place before April 2022,
        b. Introducing an Adult Social Care Transport Policy (Annex 2) that explains the council's approach to transport and sets out a flat rate of £10 per day for transport arranged by Adult Social Care,
        c. Charge all people using the telecare the actual cost of the service at £9.87 per week.

Executive Summary

2. This report provides Cabinet with an update on the Adult Social Care Contributions Policy public consultation carried out from 11 May to 21 June 2026 and the recommended policy position.

3. As the proposed changes affect people who receive care at their homes, the consultation was based around contacting people directly as well as working with the council's stakeholders to encourage good participation. By the close of the consultation, the council had received 131 responses to the online form, and 381 completed responses by post, giving a final total of 512 responses. The council provided the full online dataset and paper responses to Marketing Means, an independent research agency, who conducted the analysis of responses and prepared the consultation report (Annex 1).

4. Overall, 52% of respondents felt that the proposed changes would result in an overall negative impact mainly due to increased financial pressures, social isolation and personal safety. 9% of the respondents felt that the changes were reasonable. Among current recipients of the DRE allowance, 60% expected an overall negative impact from the changes, while 64% of current ASC-provided transport users and 58% of telecare users did so.

5. The most likely reasons for believing that the changes would have an overall negative impact were greater financial pressure on people who use adult social care support, potential increased stress and isolation for vulnerable

people, and risks to people's safety. The most likely reasons for believing that the changes may have a positive impact were that the costs are not too high, and that the proposals seem reasonable.

6. Comments made by respondents for the council to consider included requests to focus on the needs of the most vulnerable residents when considering such Adult Social Care (ASC) service changes, considering individuals' needs and ages, and the potential negative impact on day-to-day life and budgeting for those receiving support and care.

7. Having considered the consultation feedback alongside financial, legal and equality factors and mitigations identified by the service to manage the potential impact on people the council supports, the report recommends progressing with the proposed changes with a commitment to carry out individual financial assessments to ensure the individual's needs and circumstances are taken into account fully. As detailed in the consultation, in exceptional cases, the charges may be reduced or waived.

8. The revised Contributions Policy will ensure a consistent, transparent and fair approach to charges that responds to individual needs and circumstances as well as the funding constraints, ensuring fairness and good financial stewardship.

Background

9. The council's Adult Social Care Service supports people to live as independently and safely as possible. The service focuses on providing tailored support to ensure that people can maintain their independence while having access to the necessary assistance when required.

10. Over 6,800 adults are supported by Oxfordshire County Council's Adult Social Care, which includes older people and people with learning disabilities, physical disabilities and mental health needs. The council spends approximately £302 million a year to provide an effective social care system.

11. An effective adult social care system is essential to supporting people who draw on care and support, as well as their families and carers, to maintain independence, dignity and wellbeing, while promoting the best possible quality of life.

12. In contrast to health services, adult social care is not automatically provided free at the point of delivery; it is subject to means testing. The Care Act 2014, alongside relevant national guidance, permits local authorities to levy reasonable charges for care, determined by an individual's financial circumstances.

13. The Adult Social Care Contributions Policy explains how the council determines whether someone needs to pay towards the cost of their care, and how much they may be asked to contribute. This policy is reviewed annually to

ensure charges reflect the current national and local policy guidance, the Council's budget and cost of the services.

14. The council has a statutory duty to set a balanced budget each year. This means that any funding gap must be addressed through a combination of savings, income generation - such as through service charges - and more efficient ways of working. In the context of a £5.4 million gap in 2026/27 and a forecast £27.2 million reduction in government funding by 2028/29, the council is required to act now to ensure financial sustainability which in turn will ensure sustainability of the social care support available.

15. These financial pressures sit in a wider national context of sustained adult social care funding pressure. The Health Foundation estimates that adult social care in England would require an additional £3.4bn by 2028/29 and £9.1bn by 2034/35 simply to meet growing demand and rising care costs, with larger increases required to improve access to care and strengthen workforce pay.

16. The adult social care sector is in need of reform to address these financial pressures and ensure that care services are available to people who need them. However, the timescale and content of a national adult social care reform remain unknown, and we need to plan how we deliver sustainable adult social care in Oxfordshire.

17. In response to these challenges, Adult Social Care has been continuously reviewing its services to ensure they remain sustainable while continuing to meet statutory duties under the Care Act 2014. As part of this work, the council reviewed the initial Disability Related Expenditure (DRE) allowance and charges for non-statutory support currently provided by Adult Social Care, resulting in three proposals:

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

18. When the Council determines an individual's contribution towards their care costs, it is essential to take into account any additional expenses they may incur because of their long term health condition or disability. These additional costs are referred to as Disability Related Expenditure (DRE).

19. In accordance with current local policy, individuals are able to retain an initial 35 per cent of their disability benefits such as Personal Independence Payment (PIP) daily living component, Disability Living Allowance (DLA) care component, or Attendance Allowance, to assist with covering these expenses, which may include increased heating costs, additional laundry requirements, specialist clothing, and necessary equipment.

20. It is recognised that these benefits are specifically intended to help meet the extra costs of care arising from disability or age, and their use for such purposes is in line with the aims of these payments. This approach is regularly reviewed to ensure it remains aligned with evolving national and local policy guidance.

21. The council carried out a benchmarking exercise through the National Association of Financial Assessment Officers (NAFAO) to compare Oxfordshire's initial DRE rate with other Local Authorities. There are different approaches to DRE assessment:

    a. Individual Assessments (Case by Case). This approach requires a financial assessment officer to review all expenses directly related to an individual's disability. This approach is very cumbersome and places an onerous burden on people receiving services.

    b. Standard or Banded Allowances: Some local authorities offer set weekly allowances based on the level of disability benefit (e.g. higher or lower rates of DLA). This approach does not align with annual uplifts in benefits and is overly restrictive.

    c. A mixed or top-up approach where a base rate is accepted automatically but an individual can request a tailored assessment if their actual costs exceed the standard rate. This is the approach adopted by the Council. This approach is a much more streamlined and efficient approach because

        i. It reduces the burden on people to submit invoices for every expenditure incurred on disabilities,
        ii. Provides a fair and proportionate approach that respects individuals' privacy and dignity, reducing the need to disclose sensitive personal information while still allowing for individual circumstances to be considered where necessary.
        iii. Minimises the administrative burden for the council by avoiding the routine processing of large volumes of receipts.

22. The comparison showed that the council's 35 per cent allowance is much higher than the average disability expenditure and what is offered by other local authorities. In the benchmarking, it was found that

    - 10 local authorities offer initial DREs ranging from £5 to £20
        a. Reading Borough Council - £11.50 per week
        b. Surrey County Council - £20
    - The rest of the local authorities do not offer an initial amount including
        a. Buckinghamshire Council - £0 offers a full assessment
        b. West Berkshire Council - £0 offers a full assessment
        c. Bracknell Forest Council - £0 offers full assessment
        d. Wiltshire Council - £0

23. This showed that the proposed 25% initial Disability Related Expenditure allowance represents a balanced and proportionate approach. It aligns Oxfordshire County Council more closely with the practice of other local authorities, while remaining sufficient to meet typical disability-related costs without requiring evidence in most cases. Crucially, the policy retains safeguards through individual assessments for those with higher costs,

ensuring compliance with the Care Act 2014 requirement to consider actual expenditure. This approach supports fairness, administrative efficiency, and the long-term financial sustainability of Adult Social Care services.

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

24. Whilst transport can be part of meeting someone's care needs, councils are not required to provide transport to meet those needs. Where they do, most councils charge for transport in some way.

25. Currently, Oxfordshire County Council's Adult Social Care provides and/or arranges transport support in various ways depending on people's circumstances and their support plan. There are 194 people who use Community Support Services transport with 484 trips per week, and 520 trips are provided to externally arranged services.

26. Where possible, the council expects people to use active transport options, such as walking, public transport, community transport schemes, or their Motability vehicles. Local authority funded transport is only to be used in exceptional circumstances to meet unmet care and support needs and must be approved by Adult Social Care prior to any travel arrangements being made.

27. It is proposed to introduce a flat charge of £10 per day when Adult Social Care arranges transport on behalf of individuals. The proposed charge would only apply when transport is arranged by Adult Social Care.

28. People who receive DLA or PIP Mobility can use these benefits to help cover the cost of transport. Where this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If the initial DRE allowance is not enough, the council can look at a person's individual situation and where appropriate, the charge may be reduced or waived.

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

Proposal 3: Charging everyone using telecare services the actual cost of the service

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

monitoring centre, ensuring that assistance can be provided promptly in the event of an emergency or unusual activity. In addition to immediate response capabilities, telecare solutions can offer reassurance to people and their families.

31. Telecare is not a service that councils are legally required to provide. Many councils charge for telecare if they provide it.

32. The current charging arrangements for telecare from the council are:

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

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

33. It is proposed that everyone who uses telecare pays the full cost of the service, which is £9.87 per week. The charge is reviewed annually when the Council sets its budget, fees and charges.

34. Where telecare is being used to support a discharge from hospital, it is proposed to offer a free 6-week trial of telecare as part of a reablement package. A needs assessment will be completed during this period to determine eligibility under the Care Act. After this 6-week trial period, should the service continue, it will become chargeable.

35. For people who already receive other adult social care services, the new telecare cost would be treated as Disability Related Expenditure (DRE). The proposed 25 % DRE allowance should cover this cost. If it does not, an individual assessment will be offered and where appropriate, the charge may be reduced or removed.

Consultation

36. Councils are required to consult on changes to charging policies where there may be a material impact on people who use services. Feedback from consultation informs recommendations alongside financial, legal and equality considerations.

37. The consultation on the proposals above was launched on 11 May 2026 and was open for 6 weeks, until 21 June 2026. The consultation was designed to provide respondents with sufficient information, time and opportunity to understand the proposals and to express their views to be considered as part of any final decision-making processes.

38. The council contacted 4,430 people who use services directly and invited them to participate in the consultation using the county council's online consultation portal, Let's talk Oxfordshire Adult Social Care Contributions Policy consultation which included

- The consultation document explaining the need for change and the proposals,
- An online survey, hosted on the council's Let's Talk Oxfordshire platform
- Links to join two online information sharing events for people who may have had questions or required clarification before they responded to the consultation. Twenty people attended these sessions.

39. A paper survey was sent to 4089 people, including 80 in easy read and 62 in large print.

40. In addition, the proposals were discussed at People Overview and Scrutiny Committee's meeting on 4 June 2026 as well as with key stakeholders and care providers.

41. The Council received 131 responses to the online form, 381 responses by post, giving a total of 512 responses.

42. In addition to completed survey responses, the Council received a small number of written submissions from individuals, family members or representatives responding on behalf of people who receive adult social care support, and from a Disabled People's Organisation. These responses have been reviewed alongside the survey feedback and have been considered as part of the overall consultation analysis.

Profile of Respondents

43. Of total respondents, 45% were 'someone who receives care and support at home provided by Adult Social Care' and 41% were 'someone who helps to care for a friend or relative who receives care and support from Adult Social Care'. 9% responded as 'an Oxfordshire resident' although their subsequent answers suggested than some would fall into the two main groups.

44. Respondents' ages spanned a wide range, though well over half (54%) were aged 65+, with 21% aged 85 or over. 62% of respondents were female, and more than 90% were of White ethnicity.

45. Respondents reported the following use of Adult Social Care services:

- 76% received care and support at home from Adult Social Care,
- 28% received/used telecare services,
- 15% used transport arranged by Adult Social Care.

General Feedback

46. Around half of the respondents (52%) felt the proposed changes would have an overall negative impact on them or the person they support, while 9% expected a positive impact.

47. 60% of recipients of the DRE allowance expected an overall negative impact. This rose to 64% among those who used ASC-arranged transport. There was no equivalent increase among current telecare users.

48. The main reasons given for expecting a negative impact were increased financial pressure on people using these services, and potentially greater stress and isolation, and risks to people's safety. The main reasons given for expecting a positive impact were that the costs were considered affordable, and the proposals were seen as reasonable.

49. In their final comments, respondents asked the council to prioritise the needs of the most vulnerable residents, take account of individual needs and age, and consider the potential impact on daily life and household budgets for people receiving care and support. Some respondents also suggested that the council should seek savings elsewhere, identify efficiency savings in Adult Social Care services, or increase the budget for adult social care.

Consultation Feedback on DRE Allowance

50. 46% of the total respondents said they or the person they support currently receive the DRE allowance, 24% said they did not receive the DRE allowance, and 30% were not sure whether they received the allowance or not.

51. When asked whether they thought that reducing the initial DRE allowance is reasonable, 53% of those who answered the question felt that it was not, and 22% said it was.

52. The main reasons respondents felt the reduction was unreasonable were around the lower allowance which could increase financial pressure on people who already face unavoidable additional costs associated with disability, ill health or long-term care needs.

53. Written submissions received underlined the concerns about the treatment of disability benefits, particularly PIP daily living, within financial assessments. Submissions argued that these benefits are intended to meet the additional costs of disability and support independence, and that reducing the amount retained by the individual may undermine that purpose.

54. When asked whether there are alternative ways to approach DRE that the council should consider, 25% said they were not sure of any alternatives, 14% suggested making savings elsewhere, and 20% suggested taking one's financial circumstances into account.

55. Written submissions highlighted that some people may not know they can request an individual assessment, may find the process burdensome, or may lack the capacity, energy or support to evidence their additional costs. Respondents suggested that the Council should ensure clear communication about the right to request an assessment and should consider how to make the process as accessible and proportionate as possible.

Consultation Feedback on Transport Arranged by Adult Social Care

56. Among respondents, 12% said they regularly use transport provided by Adult Social Care, 6% use it occasionally, and 79% said they do not use this support.

57. When asked what impact the introduction of a flat charge of £10 per day when Adult Social Care arranges transport would have on them, fewer than half of respondents (232 in total) gave an answer. Of those, almost half (47%) felt that it would have a significant or moderate impact, with most of these (34% overall) feeling that the impact would be significant. Crucially, one in three felt that the charge would have no impact on them.

58. The reasons for this included the need for the cost to be covered by people with very limited disposable income, costs accumulating significantly for those needing transport several times a week, the lack of alternative options, and the increased potential for social isolation and stress as a consequence.

59. 28% of respondents felt a £10 daily charge for ASC-arranged transport was reasonable, 37% did not think that charge would be reasonable, while 34% was not sure.

60. Reasons given for finding the charge to be reasonable related to the perception that ASC-provided transport costs are unaffordable for the council given the rising costs of transport more widely. Reasons given by those who did not find the charge reasonable related to the potential for unintended consequences such as stress and social isolation, the increase most affecting the most vulnerable, and the increased cost of living.

61. Among other possible transport options that respondents could use, a lift in a car was most likely, for nearly half overall, though for only 21% among those who do not currently use ASC-provided transport. The other most likely options were by taxi, bus and mobility vehicles.

62. Written submissions highlighted the personalised nature of transport arrangements, and some travel arrangements may not be suitable for some people. They also noted that £10 charge could affect people differently depending on their financial and individual circumstances.

Consultation Feedback on Telecare Service

63. A total of 430 respondents gave a response when asked about the telecare service. Among those, just over a third (35%) stated that they or the person they support currently use the telecare service, while a further 5% were not sure.

64. When asked what impact such a charge would have on them, fewer than half of respondents (245 in total) gave an answer. Almost half (47%) felt that it would have a significant impact. With a further 18% feeling that the impact would be moderate.

65. Among the negative comments relating to the potential impact of the charge, the most likely, given by 19%, was that the charge would be too difficult to cover, straining already tight personal finances. A similar theme, given by 11%, was the high cost of living making covering extra costs such as this even more difficult.

66. Reasons for feeling the charge would be reasonable were that some respondents would be happy to contribute to the service costs, and that the charge is necessary to cover the council's costs.

67. If the charge were introduced, one in three (36%) felt that they would still use the service, while 29% felt that they would not. Among those who currently use the service, only 46% would use a paid-for version, but 21% would not.

68. If a 6-week trial of the paid-for telecare service were introduced for those leaving hospital, just under half (48%) felt that this would be a reasonable proposal. Reasons for considering the trial to be reasonable related mainly to improved safety and independence, the way it helps those discharged from hospital, and the opportunity for patients to see how well the service would work for them in practice. Reasons for considering the trial not to be reasonable related to the feeling that telecare should be free, especially for at-risk patients, and concerns over the nature of the trial itself (e.g. covering too short a period of time).

69. When asked for possible alternatives to telecare charging, similar to transport, 25% stated that they were not sure of any alternatives. Other options mentioned by respondents included means testing to target charges at those who can better afford it, targeting the care itself to those who most need it, and offering a cheaper or more basic service.

Implications for Policy Direction

70. The council would like to thank people who use its services, their carers and the council's stakeholders for helping to support discussions and their strong engagement throughout the consultation period.

71. Consultation feedback was reviewed both during the consultation period and after it closed. The feedback demonstrates the importance respondents place on adult social care support available to them against the financial pressures both the sector and people are facing. This is the backdrop of adult social care and shows how important it is to ensure that adult social care is funded fairly and sustainably.

72. The feedback also shows that respondents took a balanced approach, identifying which aspects of the proposed changes they considered reasonable and how they might respond to them.

73. In Oxfordshire, the focus is on promoting independence, helping people to remain well within their communities, and ensuring that support is tailored to individual circumstances. The proposed changes maintain this principle by continuing to support people on the basis of their individual needs and taking into account their financial circumstances, while retaining safeguards for those with higher levels of need and ensuring compliance with Care Act requirements.

74. The proposed policy changes form part of a wider approach to ensuring the long-term sustainability of Adult Social Care services in Oxfordshire, enabling continued investment in preventative, community-based support that helps people maintain their independence and avoid or delay the need for more intensive services. By balancing fairness, personalisation, value for money and financial sustainability, the proposals support the Oxfordshire Way ambition of delivering high-quality, person-centred support while stewarding public resources responsibly.

75. The council recognises the importance of ensuring that any changes to the Adult Social Care Contributions Policy remain proportionate, administratively efficient and accessible to residents. While the revised approach may result in some additional consideration of individual circumstances, it also enables contributions to be assessed more accurately and fairly, ensuring that financial assessments better reflect actual expenditure and need. This supports a more equitable application of the policy while remaining consistent with statutory guidance and avoiding unnecessary complexity.

76. The proposals will be managed through existing care and financial assessment processes and will not add complexity for people. They will not result in the cancellation of services or support that people already receive.

77. In response to the comments shared regarding clarity of information, the council will make sure the right to request an individual assessment is really clear for people, and the process is as simple as it can be.

78. On this basis, Cabinet is recommended to approve the policy proposals set out above, noting the additional measures the Service will put in place to ensure smooth implementation.

Corporate Policies and Priorities

79. Adult Social Care's priorities are shaped by the council's corporate vision and priorities, with particular focus on

- Tackling inequalities - working with partners to address inequalities focussing 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

80. There will be no cost arising from this proposed change, which will deliver an extra *estimated* £1.8million of income over a full financial year. This will be split as follows

    - £1.2million linked to the DRE proposal,
    - £0.3million linked to transport, and
    - £0.3million linked to charging for telecare.

81. This will contribute towards the savings required by the council following a reduction in funding as a result of the Fair Funding Review of £27.2 million over the period 2026/27 to 2028/29.

    Comments checked by:

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

Legal Implications

82. The Care Act 2014 Statutory Guidance states that:

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

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

83. As a general principle, when considering a change to its charging policy which would potentially have an adverse impact on those receiving services, a consultation process is required. This is to enable the Council to understand the views of those most likely to be impacted and to weigh those views alongside the need to ensure sustainable and cost-effective services for the population of Oxfordshire, when making its final recommendation.

84. This report sets out the findings of the consultation process recently concluded and explains the rationale for the recommendations officers now make, in light of the conclusions of the same. The Council should consider the findings of

the consultation and the recommendations of the officer before making its final decision on the proposed changes.

Janice White
Principal Solicitor – ASC, Education and SEND

Staff Implications

85. Adult Social Care Finance and Payments Service will provide individual financial assessments for people affected by the proposed changes. This is expected to increase staff workload; however, the additional demand is anticipated to be manageable within existing service capacity, with no further investment required.

Equality & Inclusion Implications

86. Equity in experiences and outcomes is a key priority for Adult Social Care arising from the council's statutory duties under the Care Act 2014 and CQC Assurance Framework.

87. Equality and inclusion are key pillars of the council's preventative approach and are supported by activities covered in this report.

88. An Equality and Impact assessment has been completed to understand the impact of the policy on people with care and support needs (Annex 3). A risk management plan has been developed to mitigate the risks for vulnerable groups. The Equality and Impact assessment will also be reviewed and updated throughout the implementation period.

Sustainability Implications

89. Encouraging the use of active travel options and existing vehicles will support the Council's climate and ecological commitments by reducing unnecessary car journeys.

Risk Management

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

NAME Karen Fuller, Corporate Director of Adult Social Care

Annexes:	1. Adult Social Care Contributions Policy Consultation Summary Report 2. Adult Social Care Transport Policy 3. Equality Impact Assessment
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July 2026

Analysis of Data from Consultation on Proposed Changes to Charges for Adult Social Care Services

Report on consultation results

Summary Report

July 2026

Prepared by: **Marketing Means (UK) Ltd.**

For: OXFORDSHIRE COUNTY COUNCIL

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Summary of consultation findings

This report sets out the results of a public consultation conducted by Oxfordshire County Council with the results processed and analysed by independent research agency Marketing Means.

Consultation Method

Oxfordshire County Council ran a consultation in May and June 2026 on proposed changes to how much it charges for some adult social care services provided to people at home. The council contacted service users directly as well other stakeholders and invited them to participate in the consultation. The consultation document was also available on the council's consultation portal.

By the close of the consultation on 21 June 2026, the council had received 131 responses to the online form, and 381 completed responses by post, giving a final total of 512 responses. The council provided the full online dataset and paper responses to Marketing Means, an independent research agency, who conducted the analysis that is reported in this document.

Profile of Consultation Respondents

- Almost 90% of responses were either from "Someone who receives care and support at home provided by ASC" or as "Someone who helps to care for a friend or relative who receives care and support from ASC", with a relatively even split between those two. Most others were from people in the less specific role of Oxfordshire residents.
- Well over half of all respondents were aged 65+.
- Nearly two-thirds of all responses were from females.
- More than nine in 10 responses were from people of White ethnicity.
- Nearly three-quarters of respondents felt that their day-to-day activities were limited due to a long-term health condition or disability.
- More than three-quarters receive care and support at home from ASC, more than a quarter receive telecare services from ASC, and one in seven use transport arranged by ASC.

DRE Allowance

- Just under half (46%) of those who gave an answer said that they or the person they support currently receive the DRE allowance. This rose to 52% among those who claimed to currently receive care/support at home via ASC.
- A slight majority (53%) felt that the proposed reduction would not be reasonable, though just over one in five felt that it would. Among those who currently receive the DRE Allowance, a significantly larger majority (63%) felt that the proposed reduction would not be reasonable.
- The leading reasons for considering the reduction to not be reasonable were the increasing cost of living, greater care expense, and the greater impact on vulnerable people, such as the elderly and those with disabilities.
- Suggested alternatives to reducing the DRE allowance included making savings elsewhere rather than to the ASC budget, conducting more in-depth and fairer assessments to better target resources, spending more on ASC, or making a smaller reduction.

Transport Arranged by ASC

- Just under one in five currently use ASC-provided transport, most of whom do so at least weekly.
- Among those who commented on the impact of a £10 daily charge for ASC-arranged transport, almost half (47%) felt that this would have a significant or moderate impact on their use. This rose to 68% among those who currently use such transport.

- The reasons for feeling a significant or moderate impact were mainly negative, including the need for the cost to be covered by people with very limited disposable income, that the costs would accumulate significantly for those needing transport several times a week, the lack of alternative options, and the increased potential for social isolation and stress as a consequence.
- Opinions of whether a £10 daily charge for ASC-arranged transport was reasonable were fairly evenly divided, but 37% did not think that charge would be reasonable, while 28% did. The proportion who considered the charge unreasonable rose to 52% among those who currently use ASC-provided transport.
- Reasons given for finding the charge to be reasonable related to the perception that ASC-provided transport costs are unaffordable for the council given the rising costs of transport more widely. Reasons given by those who did not find the charge reasonable related to the potential for unintended consequences such as stress and social isolation, the increase most affecting the most vulnerable, and the generally increased cost of living.
- Among other possible transport options that respondents could use, a lift in a car was most likely, for nearly half overall, though for only 21% among those who do not currently use ASC-provided transport. The other most likely options were by taxi, bus and mobility vehicles.

Telecare service

- Just over a third (35%) stated that they or the person they support currently use the telecare service, while a further 5% were not sure.
- Nearly half (47%) of those who could comment felt that the weekly charge of £9.87 proposed to be introduced for telecare would have a significant impact on them or the person they care for. This rose to 58% among those who currently use the telecare service.
- Reasons for feeling that the weekly charge would have an impact related to the charge being difficult to afford, possible cancelled use of the service, and its targeting of the most vulnerable people.
- More positive comments, from those expecting little or no impact, related to possible use of an alternative system and that they felt able to pay the charges.
- Nearly half (49%) did not consider the charge to be reasonable, while 20% felt it would be reasonable. Among those currently using the service, 63% felt that charges would not be reasonable.
- Reasons for feeling that the charge would be unreasonable included that it was simply too high, that it should be means-tested, that telecare should not be charged for and that the service saves money that would otherwise be needed for other services, such as from the NHS.
- Reasons for feeling the charge would be reasonable were that some respondents would be happy to contribute to the service costs, and that the charge is necessary to cover the council's costs.
- If the charge were introduced, one in three (36%) felt that they would still use the service, while 29% felt that they would not. Among those who currently use the service, almost half (46%) would use a paid-for version, but 21% would not.
- If a 6-week trial of the paid-for telecare service were introduced for those leaving hospital, just under half (48%) felt that this would be a reasonable proposal. This rose to 61% among those who currently use the telecare service.
- Reasons for considering the trial to be reasonable related mainly to improved safety and independence, the way it helps those discharged from hospital, and the opportunity for patients to see how well the service would work for them in practice.
- Reasons for considering the trial not to be reasonable related to the feeling that telecare should be free, especially for at-risk patients, and concerns over the nature of the trial itself (e.g. covering too short a period of time).
- Possible alternatives to telecare charging mentioned by respondents included means testing to target charges at those who can better afford, targeting the care itself to those who most need it, offering a

cheaper or more basic service, and making cuts elsewhere to spare budget for telecare.

Overall Reactions to the Proposed Changes

- Most respondents (52%) felt that the proposed changes would results in an overall negative impact for them or the person they support. Only 9% felt that the impact would be positive.
  - The proportion who expected an overall negative impact from the changes was significantly higher among current recipients of the DRE allowance (64%), and among current ASC-provided transport users (64%). Current telecare service users were no more or less likely than other respondents to expecting a negative impact from the changes.
- The most likely reasons for believing that the changes would have an overall negative impact were that greater financial pressure on ASC service users, increased stress and isolation for vulnerable people, and risks to people's safety.
- The most likely reasons for believing that the changes may have a positive impact were that the costs are not too high, and that the proposals seem reasonable.
- Final comments made by respondents for the council to consider included requests to focus on the needs of the most vulnerable residents when considering such ASC service changes, considering individuals' needs and ages, and the potential negative impact on day-to-day life and budgeting for those receiving support and care.
- Some also suggested that council should look elsewhere for savings, look for efficiency savings in ASC services, or increase the budget for ASC services.

Adult Social Care Transport Policy

1. Purpose and Scope

1.1. Our vision for Adult Social Care in Oxfordshire is to ensure *people live well and independently within their communities, remaining fit and healthy for as long as possible*. We do this by focusing on what people can do by using their own assets, personal strengths, and support from their family, friends and their local community instead of focusing on what they cannot do.

1.2. We expect people who need adult social care support from the Council to make travel arrangements for using services by utilising options available to them, including community and public transport. The Council will consider travel arrangements as part of the support planning process.

1.3. This policy applies to everyone over the age of 18 years who are ordinarily resident in Oxfordshire and not in full time education.

1.4. Applications for travel assistance for young people with learning difficulties and/or disabilities aged between 19 and 24 years of age (inclusive) will be considered on an individual basis for continuing learners who started their course before their 19th birthday. An assessment will be made taking account of the specific circumstances of the applicant and the case for assistance with travel. Please see Post 16 Transport Policy Statement Academic Year 2025-26 for details.

1.5. This policy is based on the Care Act 2014, associated regulations and statutory guidance as well as other relevant legislation and guidance on adult social care.

1.6. This policy should be read in conjunction with the Council's other Adult Social Care policies available at Adult social care policies | Oxfordshire County Council and partners' policies where applicable.

2. Transport to access services and activities

2.1. People needing adult social care are expected to arrange their own transport to access services or activities (for example day opportunities, respite care, and training opportunities) included in their support plan. There are a variety of options available to them, including individual or family vehicles, public transport and community transport services.

2.2. When considering options to travel to activities or services in the individual's support plan, the Council will take into account

- which destinations, activities and services the individual can access without transport arrangements,
- whether physical access prevents the use of public transport or other transport arrangements,
- whether people are unable to access public/alternative transport because it would mean an unacceptable risk to themselves or others.

2.3. Annex 1 provides a summary of options that the Council expects to be taken into account. Walking, public transport, Motability vehicles and community transport schemes must be considered and exhausted before the Council can consider the provision of transport to access services and activities.

2.4. Support with transport to access a service or activity will be considered only where the individual

- needs to travel to access a service or activity in their support plan that meets their eligible care and support needs; **and**
- is unable to travel safely on other options outlined in Annex 1; **and**
- has no other suitable travel resources available, financial or otherwise.

3. Transport Costs

3.1. Adult social care is not a free service, and local authorities carry out a financial assessment to determine the level of contribution people need to make towards the cost of their care. In Oxfordshire, this is done as outlined in the Contribution Policy for Adult Social Care.

3.2. The financial assessment takes into account all the care and support plan costs including any transport arrangements needed to access services and activities identified in the support plan to meet eligible needs.

3.3. Travel costs are often covered by the Mobility Component of PIP or DLA. If the costs of travelling to services or activities are higher than this, they can be considered as a Disability Related Expenditure (DRE) as part of the financial assessment process.

3.4. Where an escort or paid carer is needed to travel with the individual to the activities and services, the Council will pay for the public transport fares incurred by the escort or paid carer.

3.5. If a personal assistant uses their car to drive an individual to activities and services in their care plan, the Council may consider paying mileage at HMRC rates (55p per mile for the first 10,000 miles and 12p per mile after). The PA must record journey details and mileage on an expenses sheet.

4. Charging for transport

4.1. Whilst transport can be part of meeting someone's care needs, councils are not required to provide transport to meet those needs. Where they do, most councils charge for transport in some way.

4.2. For those in receipt of Local Authority funded transport, a flat rate charge of £10 per day will be implemented.

4.3. People who receive DLA or PIP Mobility can use these benefits to help cover the cost of transport. Where this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If

the initial DRE allowance is not enough, we can look at a person's individual situation and where appropriate, the charge may be reduced or waived.

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

5. Other considerations

5.1. The Council may request specialist input from an Occupational Therapist (OT) to confirm what support, if any, is needed to be able to travel safely. People are encouraged to discuss their travel requirements before purchasing or leasing a wheelchair or any other equipment.

5.2. When an individual has a Motability vehicle, the Council expects it to be used for travel. If an individual or their carer chooses not to use the Motability vehicle for its intended purpose, they will need to arrange alternative travel.

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

Approved:
Next Review:

Appendix 1: Checklist

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

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

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

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Oxfordshire County Council

Equalities Impact Assessment

Adult Social Care Contributions Policy

July 2026

Contents

Section 1: Summary details

Directorate and Service Area	Adult Social Services
What is being assessed (e.g. name of policy, procedure, project, service or proposed service change).	Adult Social Care Contributions Policy
Is this a new or existing function or policy?	Existing
Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).	The Adult Social Care Contributions Policy is being reviewed to create a fairer, more consistent and financially sustainable charging framework, while bringing Disability Related Expenditure, transport and telecare charging into one coordinated policy approach. The proposals may increase assessed contributions for some adults receiving care and support, particularly disabled people, older people, people on low incomes, rural residents, carers and people who use telecare or council-arranged transport. **Summary assessment** • The proposals are likely to have identifiable impacts for some groups, but these impacts are mitigated through individual financial assessment, retention of the Minimum Income Guarantee, DRE reassessment routes, waiver arrangements and targeted review of high-risk cases. • On the evidence available, the proposals are considered proportionate because they support financial sustainability while retaining safeguards to ensure that individual affordability and disability-related costs can be considered. • The final equality impact will depend on the outcome of individual reassessments and implementation data. Indicative modelling suggests that the DRE change may affect around 3,500 adults receiving care in the

	community; the transport proposal may affect approximately 669 people, and the telecare proposal may affect approximately 1966 current telecare users. • The proposals do not target any protected characteristic; however, because adult social care users include higher proportions of older people, disabled people and people with long-term conditions, the financial impacts may fall more heavily on those groups. • The assessment therefore identifies potential negative impacts but concludes that these can be managed through proportionate safeguards, clear communication, accessible consultation, individual review, monitoring of service uptake and escalation where affordability or risk concerns arise.
Completed By	Jake Finlay
Authorised By	Level Chingalembe
Date of Assessment	05/03/2026 Reviewed in July 2026 following consultation

Section 2: Detail of proposal

Context / Background Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.	In contrast to health services, adult social care is not provided free at the point of delivery; it is subject to means testing. The Care Act 2014, alongside relevant national guidance, permits local authorities to levy reasonable charges for care, determined by an individual's financial circumstances. The Adult Social Care Contributions Policy explains how the council determines whether someone needs to pay towards the cost of their care, and how much they may be asked to contribute. This policy is reviewed annually to ensure charges reflect the current national and local policy guidance, the Council's budget and cost of the services. The review identified the need to update the Adult Social Care Charging Policy taking into account the significant budget pressures across the directorate and the need to ensure financial sustainability of services. The proposal is

	bringing together three previously separate charging areas, Disability Related Expenditure (DRE), Transport Charging and Telecare Charging, into one coordinated review and policy framework. Overall, the revised charging policy will help to ensure **fairness, sustainability, compliance, and financial viability**, while modernising and integrating previously separate charging arrangements.
Proposals Explain the detail of the proposals, including why this has been decided as the best course of action.	**Disability Related Expenditure (DRE):** Under the proposed policy, the person will be given an indicative DRE allowance of 25% of their disability benefit, which will change in line with any increases in benefits. This would be a reduction from the current 35% allowance. • Disability Related Expenditure (DRE) is the cost a person incurs due to their age or disability. This forms part of the overall financial assessment which determines how much a person can afford to contribute towards their care costs. DRE allowances are applied to non-means-tested benefits, including Personal Independence Payment and Attendance Allowance. They do not apply to the totality of a person's benefits. These benefits are awarded by central government to help cover the additional costs of living with a disability. Their intended use includes supporting payments for care, higher heating costs, laundry costs and similar disability-related expenditure. • The proposed Oxfordshire policy recognises that individuals may have different or unique disability-related costs and will therefore continue to offer individual assessments where the proposed initial 25% allowance is not sufficient. • If a person is not claiming disability benefits, no indicative allowance will be made for DRE. However, the council will support the person to make a claim for these benefits by referring them to the Department of Work and Pensions or Age UK. • If a person feels that their DRE is greater than the indicative allowance, they will be able to request an individual DRE assessment. This will ensure that the actual additional costs associated with their disability are considered. • The council has proposed this approach to align with current practice and modelling, which indicates that an initial 25% allowance is higher than what is offered by other authorities. It is a fairer, simpler, and less intrusive approach.

	• Indicative modelling suggests that the proposed DRE change may affect around 3,500 adults receiving care in the community; the final impact will depend on individual financial reassessments. **Transport Charging:** We propose to introduce a flat charge of £10 per day when Adult Social Care arranges transport. • The proposed £10 flat charge would only apply when transport is arranged by Adult Social Care. • For people who receive DLA or PIP Mobility, we expect these benefits to help cover the cost of transport. If this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If the initial DRE allowance is not enough, we can look at a person's individual situation. In exceptional cases, the charge may be reduced or waived. • The only exception to the above would be for young people who have transport provided by Adult Social Care to attend their school or college placement. Young people who have transport provided by Adult Social Care to attend an educational institution will not be charged. However, if a younger person uses Local Authority transport to attend other activities such as a day service separate from their education provision, then the £10 charge per day would apply. The charge is reviewed annually when the council sets its budget, fees and charges. • Rural residents may have fewer alternatives, so a flat charge may affect access to day services, appointments and social participation. We will therefore seek to ensure that adequate options are available for those residents and where costs of transport cannot be met, it will be included in their support plan. • Indicative modelling suggests that the transport proposal may affect approximately 669 people across all age groups. This includes people with learning disabilities, mental health needs, physical disabilities and those who access community support activities, respite and outreach services. **Telecare Charging:** The telecare service helps people stay safe and independent in their own homes. It uses equipment such as sensors, alarms and pendant alarms, which connect people to a 24-hour monitoring centre and an emergency

	response service. Telecare is not a service that councils are legally required to provide. Because of this, many councils charge for telecare. The current charging arrangements for telecare in Oxfordshire are: • People who receive certain benefits are not charged for telecare, • People who do not receive these benefits either have a financial assessment to work out how much they should pay or choose to pay the full cost. We propose that everyone who uses telecare pays the full cost of the service where it is not meeting an assessed care need. • Currently, this cost is £9.87 per week, but it may change in future. The charge is reviewed annually when the Council sets its budget, fees and charges. • Where telecare is being used to support a discharge from hospital, we propose to offer a free 6-week trial of telecare as part of a reablement package. After this 6-week trial period, the person can decide if they want to continue paying for the service or stop using the service and return the equipment. • For people who already receive other adult social care services, the new telecare cost would be treated as Disability Related Expenditure (DRE). The proposed 25 per cent DRE allowance should cover this cost. If it does not, we will offer an individual assessment. In exceptional cases, the charge may be reduced or removed. • Cancellations will be monitored with Livity Life, the supplier, to ensure that the risk to people is monitored. • Indicative modelling suggests that the proposed telecare changes may affect approximately 1,966 people who currently receive an alert service only and do not receive any other statutory council services. Although the proposed amendments do not target any one group, current data shows that around 45% of people who receive support in the community are aged 18 to 65, while around 55% are aged over 65. We expect more people over the age of 65 to be affected by these changes.

Evidence / Intelligence	The proposals have been informed by analysis of current practice within Oxfordshire County Council, a benchmarking exercise supported by the National Association of Financial Assessment Officers and national guidance set out in the Care Act. The benchmarking exercise carried out showed there is no fixed national rate for DRE allowances – councils can set a standard amount or assess each case individually, so long as they follow the mandatory national minimum for general living allowances. By contrast, the Minimum Income Guarantee (MIG) for people receiving care at home and the Personal Expenses Allowance (PEA) for care home residents are set by the government. This exercise showed that the proposed reduction is still higher than the initial DREs offered by many other local authorities, which provides assurance that people will still have the financial resources to support themselves. **Consultation and engagement activity** A key source of evidence was the public consultation carried out from 11 May to 21 June 2026, and associated engagement activity, which included • Direct communication with approximately 3,500 people identified through DRE and community care modelling, via letters outlining the proposals and inviting feedback, • Engagement with stakeholders and representative organisations, including voluntary sector and advocacy groups, and online forums with residents held on 26/05/2026 and 03/06/2026, • Provision of accessible materials (Easy Read, large print, alternative formats) to support participation Consultation feedback was collected through: • Online and postal survey responses • Stakeholder engagement channels • Information sessions and enquiries The consultation generated 512 responses from individuals receiving services, carers, residents, providers and other stakeholders, providing both quantitative and qualitative evidence regarding the likely impact of the proposed changes. Respondents expressed concerns about increased financial pressure, affordability, social isolation, reduced independence, impacts on wellbeing, and potential risks to personal safety if individuals reduced or ceased

	use of services as a result of increased charges. Many respondents emphasised the importance of protecting vulnerable residents and ensuring that individual circumstances are taken into account when determining contributions. These concerns directly informed the assessment of potential impacts on protected and disadvantaged groups. In particular, the EIA considered the consultation evidence alongside service-user data and equality information to assess potential impacts on disabled people, older people, carers, people on low incomes, rural residents, and individuals who rely on Disability Related Expenditure allowances, telecare services, or council-arranged transport. The consultation findings reinforced the view that these groups may experience disproportionate impacts from increased charges and therefore require particular consideration within the assessment. The consultation evidence also informed the development and strengthening of mitigating actions. In response to concerns raised by respondents, the Council has considered and retained a range of safeguards, including means-tested financial assessments, retention of the Minimum Income Guarantee, continued availability of individual Disability Related Expenditure assessments, hardship and waiver arrangements, review and appeal mechanisms, and targeted support for individuals affected by the proposals. These measures are intended to ensure that the impact on individuals is assessed according to their personal circumstances and ability to pay. The consultation findings have therefore been considered alongside financial, legal and operational evidence in developing the final proposals and recommendations. The feedback received has informed both the identification of equality impacts and the mitigation measures proposed to reduce adverse effects. The EIA reflects the issues raised during consultation and demonstrates how the Council has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in accordance with its obligations under the Equality Act 2010. **Internal data and financial modelling** The proposals have been developed based on an analysis of current practice within Oxfordshire County Council. The proposed reduction in the initial Disability Related Expenditure (DRE) allowance from 35% to 25% will have a financial impact on adults who receive disability benefits and are assessed as able to contribute towards the cost of

	their care. This will include people with physical disabilities, learning disabilities, mental health needs, sensory impairments, long-term health conditions and older people with care and support needs. There will be no differential impact for any of these groups based on their protected characteristics. Any adverse impact is mitigated by the fact that the 25% allowance would remain an automatic, evidence-free deduction and would not prevent people from receiving a higher allowance where their individual disability-related costs are greater. The evidence indicates that the proposed 25% allowance remains a proportionate approach. Benchmarking undertaken through the National Association of Financial Assessment Officers reviewed DRE arrangements across 43 local authorities and found that Oxfordshire's current 35% allowance is significantly above typical practice. Some authorities provide fixed initial allowances of around £5 to £20 per week, while others provide no automatic allowance and instead rely on a full individual assessment. On current benefit rates, a 25% Oxfordshire allowance would still provide £28.65 per week for the highest relevant disability benefit rate, £19.18 for the standard or middle rate, and £7.58 for the lower rate. Nearby local authorities, such as Reading Borough Council, offer a DRE allowance of £11.50, which is considerably lower than the proposed change. This suggests that the revised allowance would continue to provide a comparatively favourable level of support while helping to ensure consistency, fairness and financial sustainability. The key mitigation is that the 25% allowance would operate as an initial allowance rather than a maximum entitlement. Existing individual DRE assessments would be retained. Further safeguards include consideration of affordability, involvement of social care staff in complex or high-risk situations, appeal and waiver arrangements, and the ability to reduce or remove contributions in exceptional circumstances. These measures are intended to reduce the risk of financial hardship and ensure that decisions remain person-centred, evidence-based and compliant with the Care Act charging framework. There is no fixed national rate for DRE allowances: councils can set a standard amount or assess each case individually, provided they follow the mandatory national minimum for general living allowances. By contrast, the Minimum Income Guarantee (MIG) for people receiving care at home and the Personal Expenses Allowance (PEA) for care home residents are set by government. In 2026–2027, a single adult of working age must be left with at least £173.40 per week for general living costs under the MIG.

	Current data from the council's financial assessment system was used to provide an estimation of the impact of each proposal. The full impact will not be known until financial reassessments for all those affected are complete, should the policy changes be agreed. **Impact of Disability Related Expenditure Proposal** The change in assessing Disability Related Expenditure would apply to both new and existing users of Adult Social Care services. Indicative modelling suggests that, out of approximately 3,500 people, around 66% may see an increase in their assessed contribution, while around 34%, mainly full-cost and nil-cost clients, may see no change. These figures are planning estimates only; the full impact will not be known until individual financial reassessments are completed. After an assessment is completed, people can appeal the outcome of the financial assessment. The Financial Assessment Team will first check that the assessment is correct and that all allowances have been fairly applied and any additional expenditure and personal circumstances accounted for. If this does not resolve the matter the service has in place a forum to decide whether to agree to a temporary or permanent waiver of the persons contribution should be made. During annual reviews, all Disability Related Expenditure incorporated on the support plan will also be reviewed to ensure that any changes are updated. **Impact of Transport Charging** The charge would apply only to transport arranged by Adult Social Care and would be reviewed annually through the council's budget, fees and charges process. Current operational data indicates that OCC provides 520 internal trips per week for people attending day services, with a further 2,682 trips arranged externally. Indicative modelling suggests that, on average, approximately 669 people use council-arranged transport. Of these, 240 already pay for other services, while 429 do not currently pay for any services. These figures are planning estimates and will be refined through implementation and individual review. All existing transport users will be assessed to ensure that those with an eligible need can continue to access the community. Each person's care and support plan should

clearly record the need for transport, including why public or community transport cannot meet their needs, and the purpose of the transport provided.

Impact of Telecare Charging

Several local authorities have consulted on telecare charging. Oxfordshire's indicative modelling suggests that the proposed changes may affect approximately 1,966 people who receive an alert service only and no other statutory council services; at least 500 receive additional council services; and around 28 already pay the full cost of care. Therefore, the people most likely to experience a direct financial impact are those receiving an alert service only. These figures are indicative modelling estimates and may change. Experience from other local authorities, including Lancashire, suggests that changes to telecare charging can reduce service uptake. A 50% reduction has been used as a planning benchmark to test potential risk, rather than as a forecast of Oxfordshire cancellations. Actual drop-off in Oxfordshire may be lower because some people already pay for telecare.

Current service usage

- Activity data suggests that most pendant alarm activity is not related to prevention of health decline or emergency response. On average, nearly two thirds of the c.6,500 calls received from pendant alarms each month relate to false alarms, accidental activations, routine testing or system checks. False alarms, including accidental pressing of a pendant, account for around 30% of all calls and are consistently the most common reason for an activation. Emergency calls account for less than 10% of monthly call activity. Of those emergency calls, around half are passed to the 24/7 mobile responder service for triage; where there is a clinical concern, an ambulance response is usually required. This suggests that, at a population level, the pendant alarm service is used more often for reassurance, contact and alerting than for direct emergency response.

Falls

- The service can support some people following a fall, particularly older residents who are uninjured and able to use the pendant. However, currently only a small proportion (13%) of the c.300 calls passed to the mobile

responder service each month result in a responder lifting someone from the floor. As responders are non-clinical, the service is limited to situations where the person does not report an injury. This means the falls-related benefit of telecare is most relevant to a defined group of people, rather than across all telecare users. This will be considered as part of the risk management approach below. Any changes in falls-related incidents will be monitored through the existing Oxfordshire system falls group.

Carers, friends and family

- Telecare can provide reassurance to unpaid carers, family members and friends, particularly where they do not live with the person or cannot always provide support. If someone cancels the telecare service, this may increase anxiety for carers or create an expectation that family or friends provide additional informal support. The level of impact will depend on the person's support network, level of need and pattern of telecare use. The majority of people who use telecare have an identified Next of Kin, and management of those who do not will be considered through the targeted risk review approach below.

Risk management

While the clinical risk and effectiveness of the service at responding to emergency is low, the County Council is developing a risk management plan to support people who may be impacted as a result of this policy change.

- The Council will work with the telecare provider to monitor people who cancel the service as a result of this policy change
- Operational colleagues are developing an approach to review the risks associated with people who cancel the service. This will include working with the telecare provider to identify people who meet key criteria, including whether they regularly use the service, have frequent falls-related calls, or have no named Next of Kin. These people will be reviewed by exception to assess whether further support is needed.
    - These reviews will be resourced as follows:
        - Where telecare forms part of a wider care package, Locality teams will complete the review.
        - Where telecare is the only support provided by OCC, the Assistive Technology team will complete the review.

	- All people cancelling because of cost will receive clear information about alternative provision, including standalone assistive technology, off-the-shelf equipment and local private telecare providers. We will also provide clear information to people on how to reinstate the service if their circumstances change. - Cancellation trends, complaints, safeguarding concerns and re-referrals will be monitored throughout the implementation period.
Alternatives considered / rejected Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.	**1. Do nothing / retain current charging arrangements** **Consideration:** Maintain the existing contributions approach across Disability Related Expenditure (DRE), transport and telecare, with no changes. **2. Partial changes (single workstream approach)** **Consideration:** Implement changes in only one or two areas (e.g. DRE only), rather than a combined policy across DRE, transport and telecare. **3. Alternative charging levels / models** **Consideration:** Different options were explored through financial modelling, including: • Maintaining a higher DRE allowance (e.g. retaining 35%) • Introducing different transport charging approaches (e.g. variable or cost-recovery models) • Phased or partial charging for telecare All of these options are being explored, alongside feedback from the consultation process.

Section 3: Impact Assessment - Protected Characteristics

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Age	☐	☐	☒	People over 18 years in receipt of non-residential Adult Social Care services will be impacted by increased contributions, including DRE changes and new charges for transport and telecare.	Individual financial assessments; hardship considerations; access to support; clear communication and reassessment before any changes implemented.	Head of Social Care Finance Payment Management – OCC Head of Joint Commissioning, Age Well – OCC Head of Service for Learning Disability & Provider Services - OCC	Ongoing through consultation, implementation and postimplementation monitoring (2026 onwards), including review of complaints and service uptake.

Disability	☐	☐	☒	People with disabilities will be affected by the reduction in the initial DRE allowance and introduction of charges.	Retention of individual DRE assessments; financial assessments; hardship provisions; targeted engagement with disability groups; accessible consultation materials.	Head of Social Care Finance Payment Management – OCC Head of Service for Learning Disability & Provider Services - OCC	Ongoing, with equality impacts reviewed through consultation feedback and incorporated into final Cabinet decision and postimplementation monitoring.
Gender Reassignment	☒	☐	☐	No specific differential impact identified based on gender reassignment. Impacts relate primarily to service need rather than gender identity	No specific mitigations required beyond general equality monitoring	ASC Finance Teams, OCC	Monitor through standard equality and complaints monitoring.
Marriage & Civil Partnership	☒	☐	☐	No direct impact identified. Charging is based on individual financial assessment rather than marital or partnership status.	Standard application of financial assessment processes.	ASC Finance Teams, OCC	Ongoing monitoring through standard processes.

Pregnancy & Maternity	☐	☐	☒	No specific impact identified. However, pregnant individuals or new parents receiving care services may experience financial pressures if contributions increase	Financial assessments and hardship provisions; case-by-case consideration	ASC Operations / Finance Teams, OCC	Ongoing through individual case management.
Race	☐	☐	☒	No direct impact identified; however, individuals from some ethnic minority groups may be disproportionately represented in lower income groups, meaning increased charges could have greater financial impact.	Accessible consultation materials (including alternative formats); targeted engagement; monitoring of consultation responses by demographic where available	Communications & Engagement Team, Oxfordshire County Council	During consultation and postimplementation equality monitoring.

Sex	☐	☐	☒	No direct policy impact identified; however, women (particularly older women) are more likely to be recipients of Adult Social Care and therefore may be disproportionately affected by increased contributions.	Financial assessments and protections; monitoring of impacts across service user groups.	ASC Finance Teams, OCC	Ongoing monitoring via service data and EQIA review.
Sexual Orientation	☒	☐	☐	No specific differential impact identified based on sexual orientation	General equality monitoring.	ASC Operations / Finance Teams, OCC	Ongoing
Religion or Belief	☒	☐	☐	No direct impact identified. Charging proposals are not linked to religious or belief practices	Ensure consultation materials remain inclusive and accessible to all groups.	Communications & Engagement Team	During consultation and ongoing equality monitoring.

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	☐	☐	☒	Individuals living in rural areas may be more reliant on council-arranged transport to access services due to limited public transport options. The introduction of transport charges may therefore disproportionately affect access to care, services and social participation for rural residents. This aligns with identified risks of reduced transport uptake and associated impacts on wellbeing	Hardship considerations; inclusion of transport costs within financial assessments (via DRE where appropriate); support to identify alternative local provision where available	ASC Operations / Finance Teams, OCC	Ongoing through implementation, with monitoring of service uptake and rural access impacts.
Armed Forces	☒	☐	☐	No specific differential impact identified. The policy applies based on care needs and financial assessment rather than Armed Forces status.	Standard equality monitoring.	ASC Operations / Finance Teams, OCC	Ongoing monitoring through standard processes.

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Carers	☐	☐	☒	Carers may experience indirect impacts where increased charges affect the affordability of care for the person they support. This may increase reliance on unpaid care and place additional pressure on carers' wellbeing and capacity. Carers are identified as a key stakeholder group in the policy and consultation process	Engagement with carers through consultation; clear communication; access to support; consideration of individual circumstances within financial assessments.	ASC Commissioning / Engagement Team	During consultation and postimplementation monitoring (including feedback from carers and partners).
Areas of deprivation	☐	☐	☒	Individuals living in more deprived areas are more likely to experience financial hardship, meaning increases in care contributions may have a greater relative impact. There is a risk that increased charges could	Means-tested financial assessments; waivers or adjustments in exceptional cases; monitoring of impacts through consultation and ongoing service data	Finance Teams, OCC	Ongoing, with impact reviewed through EQIA updates, consultation feedback and service data analysis

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				reduce access to services or increase financial stress.			
Refugees, Asylum seekers and Undocumented migrants (i.e. vulnerable migrants)	☒	☐	☐	No direct policy link; this is covered under Non-Recourse to Public Funds guidance.	Provision of advocacy and partner organisations; clear engagement routes; case-by-case assessment	Communications & Engagement / ASC Operations	During consultation and ongoing through service engagement and equality monitoring.
Socio-Economic Duty	☐	☐	☒	The proposals are likely to have an impact on individuals receiving care and support, as increases in contributions represent a reduction on disposable income. This reflects the broader context of financial pressures and affordability within Adult Social Care.	• Means-tested financial assessments to ensure affordability • Retention of individual DRE assessments where costs are higher • Hardship provisions and discretionary adjustments • Consideration of consultation feedback before final decision	Head of Social Care Finance Payment Management – OCC	Ongoing through consultation, Cabinet decision-making and postimplementation financial and equality monitoring.

Section 3: Impact Assessment - Additional Wider Impacts

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Staff	☐	☐	☒	The implementation of the contributions policy changes is expected to increase workload pressures for staff, particularly within financial assessment teams. This includes reassessments, increased enquiries, and managing consultation responses.	Clear communication materials and scripts; support and briefing for frontline staff; phased implementation; use of standardised processes where possible.	ASC Operations / Head of Social Care Finance Payment Management – OCC	Short-term increase during consultation and implementation phase (2026), with ongoing monitoring of workload and demand.
Other Council Services	☐	☐	☒	There may be indirect impacts on other council services, including: • Increased enquiries to customer services and front-door teams	Cross-service briefing; clear communications strategy; centralised handling of consultation queries; coordination with customer services and communications teams.	Head of Social Care Finance Payment Management – OCC /Communications & Customer Services Leads	During consultation and implementation, with monitoring of demand and feedback from internal services.

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Providers	☐	☐	☒	Providers (e.g. care providers, transport operators, telecare providers) may experience: • Changes in demand for services where individuals reduce uptake.	Engagement with providers through consultation and stakeholder briefings; clear communication; monitoring of service uptake; phased implementation.	Head of Joint Commissioning – OCC	Ongoing through consultation, implementation and contract monitoring arrangements.
Social Value [1]	☐	☐	☒	The proposals support financial sustainability of Adult Social Care services, helping the council to maintain provision in the longer term. However, there are potential negative social value impacts if: • Individuals reduce use of services that support independence and community participation	Strong focus on safeguards (financial assessments, Waiver policy; maintaining access to care; targeted engagement with affected groups; monitoring of outcomes including service usage and wellbeing impacts	Head of Social Care Finance Payment Management – OCC / SRO	Monitored through implementation and postimplementation evaluation, including service uptake, outcomes and feedback.

[1] If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
				• Increased financial contributions affect wellbeing or access for vulnerable groups There is therefore a balance between long-term sustainability benefits and short-term impacts on individuals and communities.			

Section 4: Review

The EIA will be reviewed after consultation feedback has been analysed, following any Cabinet decision, and again after implementation once sufficient operational data is available to assess actual impacts against the indicative modelling.

Post-implementation monitoring will include complaints, appeals, waiver requests, individual DRE reassessments, telecare cancellations, transport service uptake, financial hardship indicators, safeguarding or risk escalations, and equality impacts by protected characteristic where data is available.

Any material increase in cancellations, appeals, complaints, hardship requests or identified safeguarding concerns will be escalated to the responsible senior officer for review, with consideration given to further mitigation, operational adjustment or additional equality analysis.

Monitoring outcomes will inform future updates to the Adult Social Care Contributions Policy, operational guidance and any subsequent Cabinet or senior management reporting required.

Review Date	**Initial review following Cabinet decision and consultation analysis, with a formal post-implementation review within 6 months of implementation.**
Person Responsible for Review	**Sheldon O'Donaghue**
Authorised By	**Level Chingalembe**

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