People Overview and Scrutiny Committee
06 November 2025

CQC Feedback and Outcomes
Report by Director of Adult Social Services

RECOMMENDATION

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

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

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

Executive Summary

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

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

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

Background

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

Key Findings from the CQC Assessment

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

I. A self-assessment (Annex 1) and evidence submitted in August 2024, covering data and performance up to July 2024.

II. An assessment of the experiences of six individuals and their carers who accessed care and support services provided by the Council during the twelve months leading up to September 2025.

III. Findings from an on-site visit in January 2025.

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

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

Adult Social Care Improvement Plan 2025–2027

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

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

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

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

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

Key Focus Areas

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

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

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

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

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

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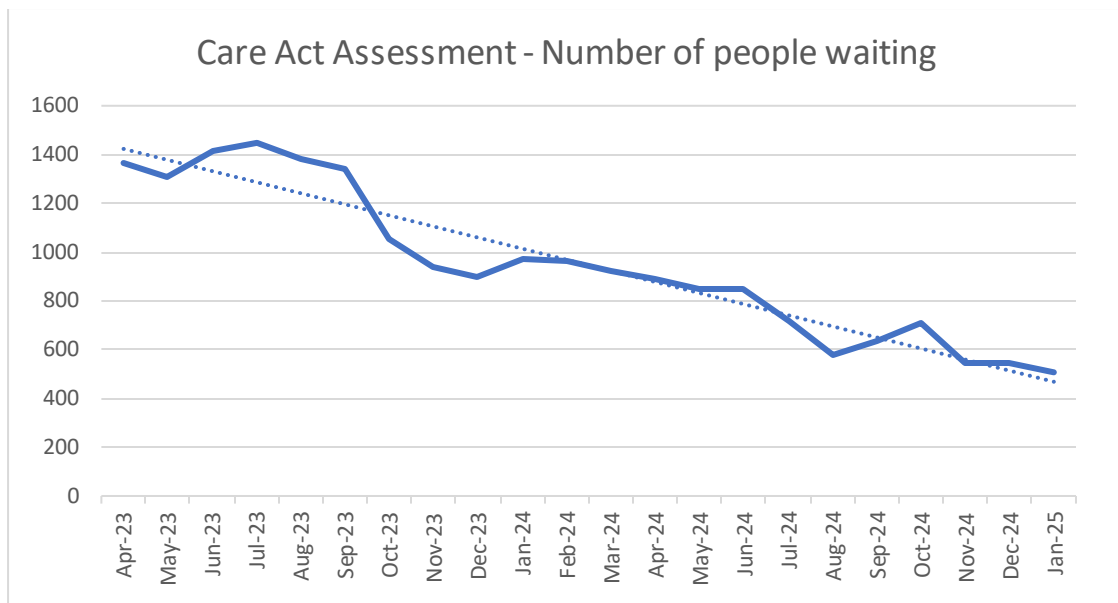
8. Appointment setting has recently been introduced in adult social care as a structured process whereby every person referred for an assessment is allocated a scheduled appointment. Previously, those awaiting assessment were often left unaware of when they would be seen, resulting in uncertainty and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

9.

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

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

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

Effectiveness and responsiveness of safeguarding systems, including provider communication

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

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

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

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

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

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

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

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

Equity of access and outcomes for marginalised and rural communities

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

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

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

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

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

Marmot Place Programme: Addressing Rural Inequalities

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

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

Empowering Communities Through Local Resources

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

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

Supporting Carers in Rural Areas

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

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

Supporting Young Carers

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

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

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

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

The Care Home Framework – Improving Access and Equity.

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

Table 1 - Care Home Distribution by District and Area Type

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

Technology that supports Rural Independence

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

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

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

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

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

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

Sufficiency and sustainability of mental health provision

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

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

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

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

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

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

Sufficiency and sustainability of autism provision

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

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

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

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

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

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

Sufficiency and sustainability of specialist care provision.

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

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

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

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

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

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

Workforce stability, leadership, and embedding continuous improvement across services

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

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

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

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

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

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

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

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

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

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

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

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

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

Corporate Policies and Priorities

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

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

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

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

Financial Implications

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

Comments checked by: Stephen Rowles, Strategic Finance Business Partner

Legal Implications

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

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

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

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

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

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

Staff Implications

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

Equality & Inclusion Implications

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

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

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

Risk Management

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

NAME   Karen Fuller, Corporate Director of Adult Social Care

Annex:

                              Annex 1- Oxfordshire Council Self-Assessment
                              Annex 2 – Adult Social Care Improvement Plan Summary

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                              November 2025