

## **Delegated Decision by Cabinet Member for Adults**

**16 December 2025**

### **Budget approval for two-year extension of Community Network Service contract and Urgent Community Link contract with Age UK Oxfordshire**

#### **Report by Director of Adult Social Care**

## **RECOMMENDATION**

1. **The Cabinet Member is RECOMMENDED to**
  - a) Approve the proposal for Adult Social Care to extend the Community Network Service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028.
  - b) Approve the proposal for Adult Social Care to extend the Urgent Community Link service contract provided by Age UK Oxfordshire for 21 months from 1 July 2026 to 31 March 2028 with a reduction in contributory funding to the contract from Oxford Health.

## **Executive Summary**

2. This paper provides details on the proposal to extend the Community Network Service (branded Community Links Oxfordshire) and Urgent Community Link contracts provided by Age UK Oxfordshire. The Community Network Service is fully funded by Oxfordshire County Council (the Council). The Urgent Community Link service is funded by the Council and Oxford Health. The contracts are for three years plus a possible further two years extension. The first three years expire on 31 March 2026, and a three-month extension has already been awarded to both contracts from 1 April 2026 until 30 June 2026. This paper recommends that both contracts are further extended. This paper provides a review of the services covering cost, demand, quality, impact, strategic priorities, followed by options for service provision from 1 July 2026.
3. The review concludes that although there are some areas where improvement and further evidence of impact is required, the services are performing well, and the Service Provider is engaged in the strategic priorities to support people to remain independent and in their communities.

4. The Council, Oxford Health and Integrated Care Board (ICB) are facing significant financial pressures. Any decision to extend the contracts must recognise these pressures and seek to mitigate them where possible.
5. Both contracts are funded via Better Care Fund (BCF) and Oxford Health jointly funds the Urgent Community Links service contract with the Council and ICB. The Urgent Community Links contract has two elements:
  - Urgent Hospital Discharge element supporting people being discharged from hospital and follow-up support in the community,
  - Urgent Care Response element supporting the elderly, most frail already in the community, to avoid hospital admissions.
6. The annual funding contribution for the Urgent Community Link contract from Oxford Health is £75,000. From 1 April 2026, Oxford Health has taken the decision to withdraw funding from the contract for the Urgent Care Response element, supporting elderly frail people in the community, and retain the community hospitals element. The reason for this is that the acuity of the patients in the community is too high for what Age UK Oxfordshire can offer, and it has been mutually agreed to withdraw this element of the contract. This is explored further below.
7. Following the review, it is recommended that the two contracts should continue (excluding the Urgent Care Response element), should address the improvement and evidence of impact objectives set out below, and continue to underpin the strategic priorities of the Oxfordshire Way.

## Decision table

Board	Date	Decision
Commercial Board	13 November 2025	Agreed
Adult Social Care Directorate Leadership Team	17 November 2025 1 December 2025	Agreed
Key decision at Cabinet	16 December 2025	

## Contract details

### Introduction

8. The Council and NHS have a duty under the Care Act 2014 to ensure that people:
  - Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
  - Can get the information and advice they need to make good decision about care and support
  - Have a range of provision of high quality, appropriate services to choose from.
9. The Oxfordshire Way is the Council's Adult Social Care strategic vision, focused on:

- Supporting people to live happy, healthy and independent lives
  - Building community resilience and reducing reliance on formal care
  - Delivering care closer to home, through strengths-based and person-centred approaches.
10. The key strategic direction for the Community Network Service and Urgent Community Link service is to facilitate the delivery of the Oxfordshire Way to help people remain independent in their communities. The two services achieve the following:
- Prevent escalation of need by offering early help and support
  - Promote independence through activities and social engagement
  - Build community capacity by strengthening local networks and encouraging volunteering
  - Support integrated care by working across health, social care and voluntary sectors
  - Reduce hospital stays, improve flow and free up beds by addressing non-medical concerns and providing support to enable discharge.

### **Background**

11. In 2023, the Community Network Service (branded as Community Links Oxfordshire service) and the Urgent Community Link service were commissioned and following a competitive tender process, the contracts were awarded to Age UK Oxfordshire. The two contracts commenced on 1 April 2023. The contracts are for three years and were due to expire on 31 March 2026. There are options to extend for a further two years in both contracts.
12. In September 2025, the decision was approved to extend the two contracts for 3-months while a review of the services and future of the contracts could be considered. The Council has given 6-months notice of this extension, and the two contracts will now expire on 30 June 2026. There is an option to extend for a further 21 months until 31 March 2028.

### **Contract value**

13. The Community Network service is funded by the Council and ICB through the BCF. The Urgent Community Link service is largely funded by the Council and ICB through the BCF, with a £75,000 annual contribution from Oxford Health for the work the service does with the Ageing Well team and community hospitals. The Council contracts on behalf of the two partners.
14. The contracts contain an Annual Price Review mechanism. Age UK Oxfordshire submitted Price Review Requests in 2024 and 2025 for the Council and ICB to consider. These requests were made due to changes to the actual costs to the Service Provider of delivering the services that have been caused by external pressures such as the impact of changes to National Living Wage and Employer's National Insurance contributions. The Council and ICB considered these requests and awarded 5.8% inflation in 2024-25 and is considering 4.1% inflation for 2025-26, in line with inflation awarded to other contracts the Council holds.

### **Community Network Service (Community Links Oxfordshire)**

Year	Year 2	Tendered price	Inflation / uplifts	Total	Comments
1	2023/2024	£577,597	£0.00	£577,597	Approved
2	2024/2025	£577,597	£33,500	£611,097	Approved (5.8% uplift)
3	2025/2026	£577,597	£58,555	£636,152	To be approved (4.1% uplift yr on yr)
4	2026/2027	£577,597	£58,555	£636,152	April to June 26 approved £159,038. July to Mar 26 £477,114 to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£577,597	£58,555	£636,152	Any uplift TBD
<b>Total</b>		£2,887,985	£209,165	£3,097,150	

### Urgent Community Link

Year	Year 2	OCC	Oxford Health	Tendered value	Inflation / uplifts	Total	Comments
1	2023/2024	£492,000	£75,000	£567,000	£0.00	£567,000	Approved
2	2024/2025	£492,000	£75,000	£567,000	£32,886	£599,886	Approved (5.8% uplift)
3	2025/2026	£492,000	£75,000	£567,000	£57,481	£624,481	To be approved (4.1% uplift yr on yr)
4	2026/2027	£492,000	£8,616 (TBC)	£500,616	£57,481	£558,097	April to June 26 approved £137,370 (+ OH £2,154). July to Mar 26 £412,110 (+ OH £6,462) to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£492,000	£0.00	£492,000	£57,481	£549,481	Any uplift TBD
<b>Total</b>		£2,460,000	£233,616	£2,693,616	£205,329	£2,898,945	

### Funding reduction

15. Oxford Health currently contributes £75,000 per year to the Urgent Community Link contract. This has contributed to the Urgent Care Response element (£66,834pa) and the Community Hospitals (£8,616pa). Oxford Health has taken the decision to no longer fund the Urgent Care Response element from 1 April 2026. This means the contribution from Oxford Health will reduce by £66,834 in 2026-27 and funding will then cease for 2027-28, which impacts on the funding which Age UK Oxfordshire will receive in both the 3-month extension, and the recommended extension from 1 July 2026.
16. The consequence is a reduction in capacity of 2 Full Time Equivalent staff members (FTEs) which is explored further below. However, Oxford Health will

continue to fund 4 hours of support per week in community hospitals for 12 months from 1 April 2026 until 31 March 2027 at a cost of £8,616.

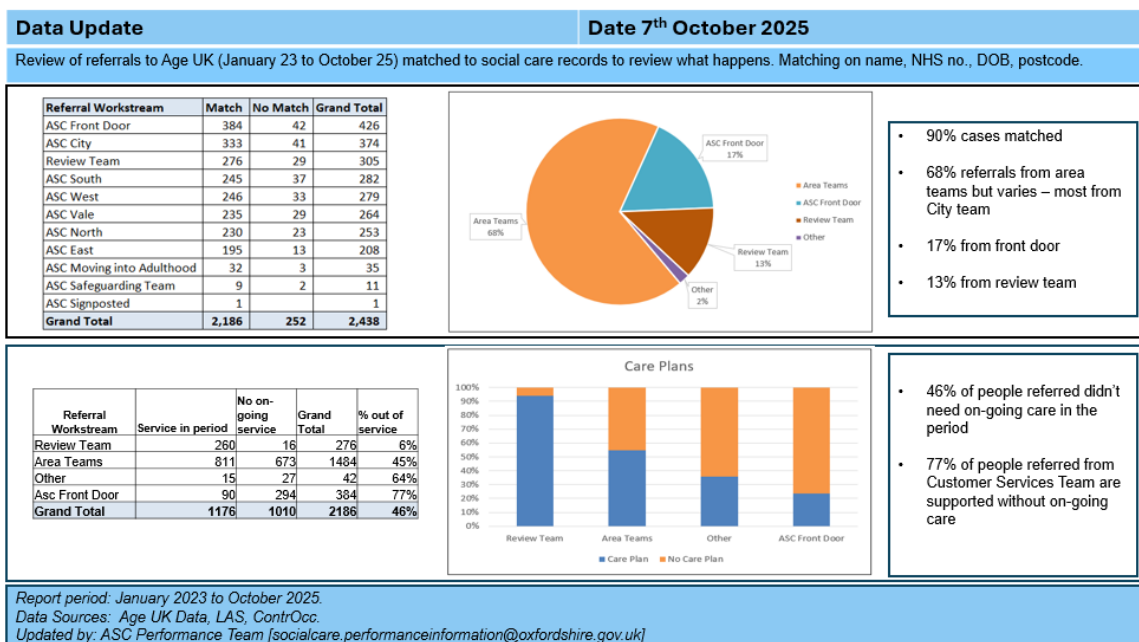
## **The Service Offers**

### **Service A: Community Network service (branded Community Links Oxfordshire) contract**

17. The Community Links Oxfordshire service provides information and advice and is available and accessible to all adult residents in Oxfordshire with health and wellbeing needs, creating easy access to the wide range of information and support that already exists in communities. This supports the culture change from reliance on formal statutory services to a connected approach using community and personal assets. This reduces or delays the need for more intensive health and social care support.
18. There are four elements of the Community Links Oxfordshire service:
  - Community Connectors – working within the community
  - Community Connectors working with Adult Social Care and Customer Service Centre
  - Community development of Good Neighbour Schemes and Community Assets
  - Live Well Oxfordshire platform enhancement.

### **Impact of Community Network service**

19. Community Connectors are embedded within Adult Social Care (ASC) teams and the Customer Service Centre to deliver cost effective interventions, reducing pressure on health and care services. This Locality Teams Oxfordshire Way part of the service has been a very successful addition to the referral pathway process which enables a reduction in contacts going to ASC or further support being required from ASC following a referral to Community Links.
20. Analysis has been undertaken comparing the referrals to Age UK Oxfordshire Community Links service between January 2023 and October 2025. Almost three years of referrals have been matched with Adult Social Care records, and the table below demonstrates the impact of the service over this period.



21. Over the period of January 2023 to October 2025, of those being referred to the Community Links Oxfordshire service, **46% no longer needed a service from the Council**. Whilst not all of this may be attributable to Age UK Oxfordshire, it is reasonable to conclude that a large portion of it will be.
22. A Key Performance Indicator (KPI) in the contract is a **target of 60 referrals per month** (on average) from the locality teams which equates to around 720 referrals per year. In 2023-24, the localities made 652 referrals, followed by 928 in 2024-25 **which exceeds this target**.
23. The graphic below demonstrates the complexity of cases the service is managing, and provides examples of other targets the contract has exceed.

### Performance Community Network service

**Target:** number of people being supported 1:1 = 2,000pa  
**Target exceeded**

Community Network Service							
Year 1 (23/24)				Year 2 (24/25)			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
544	635	507	579	548	565	543	566
<b>Total 2265</b>				<b>Total 2222</b>			

Duration	Complexity Proxy	Proportion of all cases
Less than 4 weeks	Average	59%
4 – 8 weeks	Moderate	24%
8 – 12 weeks	High	8%
More than 12 weeks	Very High	9%

**Target:** number of sessions & views on Live Well Oxfordshire = 10% increase on monthly average  
**Target exceeded**

Live Well Oxfordshire	No. of Sessions	No. of Page views
(Baseline) Mar-23	12452	28455
Mar-25	17006	34671
<b>Increase of</b>	<b>37%</b>	<b>22%</b>

## Service B: Urgent Community Link contract

24. People that are medically fit to return home from hospital may be at risk of longer stays because of a lack of support at home or due to challenges with discharge arrangements. Conversely, some people living in the community have insufficient support to enable them to remain at home which can result in avoidable hospital admission. The service is designed to address both of these issues and **support people to return home and stay home safely** and has two elements.
- Urgent Hospital Discharge element supporting people being discharged from hospital and follow-up support in the community,
  - Urgent Care Response element supporting the elderly, most frail already in the community, to avoid hospital admissions.

### Urgent Hospital Discharge element

25. Benefits of the Urgent Hospital Discharge service include:
- Reduction in delays by expediting hospital discharge for medically fit people
  - Improvement in peoples experience of discharge and maximised ability to thrive post discharge
  - Increased use of community assets and support by older people
  - Reduction of pressure on health and social care services

### Impact of Urgent Hospital Discharge

26. The service supports people being discharged in different areas such as support with mental or physical health, practical support, housing, social, activities etc. An example of support provided by the service can be seen in the [short video around Stephen's story](#) and the support he got from the service after he had a heart attack.
27. Like with Stephen, individuals have goals they set with support from the service, such as maintaining independence, mental/physical health improvements, financial wellbeing and social connections. 82% of people supported achieved their goals and 13% partially achieved their goals which shows a high success rate.
28. The table below shows the **numbers of people being supported** by the service both before discharge, to allow them to leave hospital, and the number of people being followed up with and further supported once they are at home in their communities. Baselines were set in 2023/24. In 2024-25 the number of people supported in the hospital reduced by 6%. Therefore, the service is currently RAG rated as Amber. People supported in hospital and followed up with support in the community for the first two quarters of 2025-26 are ahead of the baseline so the forecast is positive.

	Year 1 (2023/24) Baseline				Year 2 (2024-25)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

People supported in hospital	566	498	564	595	573	536	490	495
<b>Totals</b>				<b>2,223</b>				<b>2,094</b>
Of which followed up post discharge and supported in community	347	325	385	415	419	378	331	334
<b>Totals</b>				<b>1,472</b>				<b>1,462</b>
Community Hospital referrals			19	31	47	32	25	39
<b>Totals</b>				<b>50</b>				<b>143</b>

#### Further impact work

29. Work will commence with health providers and Age UK Oxfordshire to further establish ways to add value to the Services and produce an action plan. As part of this plan, data including NHS numbers is being collected by the service and compared with the Electronic Patient records to look at the numbers of people who received a service to see if they have **returned to hospital**. A caveat to this data is that despite support to engage with community and practical tasks, ill-health may remain an issue and a return to hospital unavoidable.
30. Funding  
Oxford Health has agreed to continue to fund this element of the service from 1 April 2026 to 31 March 2027 for two to four hours a week in Didcot and Witney Hospitals for a yearly cost of £8,616. Funding from Oxford Health will cease from 1 April 2027.

#### **Urgent Care Response element**

31. The service is embedded in three Ageing Well teams (Oxford Health) to improve the outcomes for individuals with a focus on identifying and getting early, multi-faceted support to the frailest people in each locality who are most at risk of an episode leading to costly institutional care, so that they can stay happily and actively in their community for as long as possible.
32. Benefits of the Urgent Care Response service:
  - Improved ability to manage at home, leading to increased independence
  - Increased social connections and reduced isolation, enhancing quality of life
  - Improved access for Ageing Well team (Oxford Health) to information about local voluntary and community resources
  - Reduction in hospital admissions

#### **Impact of Urgent Care Response**

33. Oxford Health has experienced a reduction in referrals from the Ageing Well team to the Service Provider. Oxford Health has assessed capacity, budget position and intent and has decided to withdraw funding for the Urgent Care Response service from 1 April 2026. The acuity of the patients in the community is too high for what Age UK Oxfordshire can offer and it has been mutually agreed to withdraw this element of the contract. Oxford Health has concluded that funding is better invested in support for hospital discharges.



34. **Funding**  
Therefore, from 1 April 2026 the service will withdraw the Urgent Care Response element of the contract. This will be a reduction of funding of £66,384. This will be a reduction of the equivalent of two Full Time Equivalent (FTE) Community Link Workers, however, the current model has been flexed to create more delivery capacity at the expense of a layer of management and is overstaffed by approximately 2FTEs Community Link Workers. Therefore, the impact on the service delivery should be mitigated by this reduction in management.

### Quality and impact conclusion

35. Routine contract monitoring, through quarterly contract review meetings, demonstrates that the services are well-run, meeting or exceeding some performance expectations and achieving positive outcomes for residents. Work is planned with the Service Provider to improve outcomes where they have not been reached and further increase the value and impact of the services.

### Options analysis

36. The **preferred option** is 2B: extend both contracts for 21 months which is the fullest extent available in the contracts, with the contracts expiring on 31 March 2028.
37. This approach could be easily actioned. A further 21 months will allow partners to refine in more detail how to evaluate impact. The Service Provider will look for greater efficiencies to improve outputs.

### Cost of preferred option

38. The cost for a further 21 months of funding for each contract is shown in the two tables below. The funding for the two contracts has been identified in the Better Care Fund 26/27 and 27/28. Oxford Health has been contributing £75,000 per year for the Urgent Community Link contract and has decided to withdraw funding for the Urgent Care Response part of the Urgent Community Link contract from 1 April 2026. This is £66,384 per year and the impact is the equivalent of 2 FTEs. The funding for the Urgent Hospital Discharge element of £8,616 per year from Oxford Health will cease from 1 April 2027. All parties are working together to agree the model.

### Community Network service

Year	Year 2	Tendered price	Inflation / uplifts	Total	Comments
4	2026/2027	£577,597	£58,555	£636,152	April to June 26 approved £159,038. July to Mar 26 £477,114 to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£577,597	£58,555	£636,152	Any uplift TBD
<b>Total</b>		£1,155,194	£117,110	£1,272,304	

### Urgent Community Link

Year	Year 2	OCC	Oxford Health	Tendered value	Inflation / uplifts	Total	Comments
4	2026/2027	£492,000	£8,616	£500,616	£57,481	£558,097	April to June 26 approved £137,370 (+ OH £2,154). July to Mar 26 £412,110 (+ OH £6,462) to be approved via this paper. Uplifts from previous years included.
5	2027/2028	£492,000	£0.00	£492,000	£57,481	£549,481	Any uplift TBD
Total		£984,000	£8,616	£992,616	£114,962	£1,107,578	

### Benefits of investing further in these contracts

39. Early help and prevention contracts enhance the opportunity for people to stay well in their communities and reduce demand on the system as a whole. Benefits accrue to both social care and the health system and additional work to further track this impact is ongoing. The support provided in hospitals supports discharges and reduces delays, and the support in the community helps reduce readmissions. The signposting from the Customer Service Centre and the referrals from Adult Social Care have an impact on demand for assessments and reviews.

### Corporate Policies and Priorities

40. The continuation of the Community Network service and the Urgent Community Link service for a further 21 months supports the Council's Corporate Plan. Many of the nine priorities have an impact on people remaining independent, and specifically number four which is to prioritise the health and wellbeing of our residents, an objective of which is to help people to live independently and support themselves using the Oxfordshire Way approach.

### Financial Implications

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

41. This contract is currently funded from the social care element of the Better Care Fund; this will continue for the duration of this contract extension.

Oxford Health has confirmed that they will withdraw the Urgent Care Response element of the contract. This will be a reduction of funding of £66,384, equivalent to two FTE Community Link Workers. This has been mitigated by flexing the current staffing model at the expense of a layer of management, therefore, the impact on the service delivery should be mitigated by this reduction in management.

The provider will still pick up referrals from Oxford Health but previous trends show the referral numbers were minimal – this will be monitored and reviewed with Oxford Health if this position changes during the length of this extension.

Comments checked by:

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

## Legal Implications

42. Under s 4 (1) of the Care Act 2014 the Council has a statutory duty to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. The services commissioned under the contracts for which extensions are sought fall under this duty.
43. The contracts were originally competitively procured in accordance with the Council's Contract Procedure Rules and the Public Contract Regulations 2015 (as amended). The extension options were incorporated into the contract terms and so the exercise of these options by the Council does not constitute a modification and is therefore lawful under procurement law.

Comments checked by: Jonathan Pool, solicitor (contracts),  
Jonathan.pool@oxfordshire.gov.uk

## Risk Management

44. Risk summary table

Criteria	<b>Option 1: Do nothing</b>	<b>Option 2: Retender (New Procurement)</b>	<b>Option 3A: Extend 9 Months</b>	<b>Option 3B: Extend 21 Months (Preferred)</b>	<b>Option 4: Extend and consider combining</b>
<b>Service Continuity</b>	Service would cease	Risk of disruption during transition; potential loss of trusted provider	Maintains current services for short term	Maintains current services for longest period; maximises stability	Maintains current services for short term
<b>Impact on Users</b>	Increased demand for high-cost statutory services due to loss	Uncertainty and possible disruption; risk of losing established relationships	Minimal disruption, but only short-term certainty	High continuity; supports ongoing user relationships and outcomes	Minimal disruption, but only short-term certainty

Criteria	Option 1: Do nothing	Option 2: Retender (New Procurement)	Option 3A: Extend 9 Months	Option 3B: Extend 21 Months (Preferred)	Option 4: Extend and consider combining
	of preventative opportunities				
Resource Implications	Short-term budget pressure reduction however the risk is deferred needs would intensify	High resource demand for procurement process; may not yield savings	Delays resource- intensive procurement for 9 months	Delays procurement for 21 months; allows focus on service delivery	Delays resource- intensive procurement for 9 months
Risks	Reputational risk. Loss of confidence in the Council to support community based delivery.	Uncertainty, instability, possible loss of innovation and external funding	Provider may be less willing to invest in short extension	Future NHS/neighbourhood model changes may require contract variation	Provider may be less willing to invest in short extension

NAME: Karen Fuller, Director of Adult Social Care

Background papers: Nil

Contact Officer: John Pearce, Commissioning Manager  
[John.pearce@oxfordshire.gov.uk](mailto:John.pearce@oxfordshire.gov.uk)  
07775 824765  
Lorraine Donnachie, Joint Senior Commissioning Officer  
[Lorraine.donnachie@oxfordshire.gov.uk](mailto:Lorraine.donnachie@oxfordshire.gov.uk)  
07795291338

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