



## **PEOPLE OVERVIEW & SCRUTINY COMMITTEE**

**MINUTES** of the meeting held on Thursday, 15 January 2026 commencing at 10.00 am and finishing at 12.15 pm.

**Present:**

**Voting Members:**

Councillor Ian Snowdon - in the Chair  
Councillor Toyah Overton (Deputy Chair)  
Councillor James Barlow  
Councillor Will Boucher-Giles  
Councillor Imade Edosomwan  
Councillor Lee Evans  
Councillor Rebekah Fletcher  
Councillor Laura Gordon  
Councillor Georgina Heritage

**Officers:**

Karen Fuller, Director of Adult Social Services  
Isabel Rockingham, Head of Joint Commissioning – Age Well  
Bhavna Taank, Head of Joint Commissioning – Live Well  
Jordan Marsh, Commissioning Officer  
Ben Piper, Senior Democratic & Scrutiny Services Officer

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

### **1/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Cllr Edwards, substituted by Cllr Gordon, and from Cllr Bearder, Cabinet member for Adults.

### **2/26 DECLARATION OF INTERESTS**

(Agenda No. 2)

Cllr Fletcher declared a non-pecuniary interest, that her mother was a full-time unpaid carer, and that she and her wife both had caring duties.

### **3/26 MINUTES**

(Agenda No. 3)

The minutes of the meeting held on 06 November 2025, were **APPROVED** as a true and accurate record, subject to the correction of a typographical error on page 8, about the spelling on “approved”.

## **4/26 PETITIONS AND PUBLIC ADDRESS**

(Agenda No. 4)

There were none.

## **5/26 OXFORDSHIRE UNPAID CARERS STRATEGY**

(Agenda No. 5)

The Committee invited Karen Fuller, Director of Adult Social Services, Isabel Rockingham, Head of Joint Commissioning – Age Well, and Jordan Marsh, Commissioning Officer, to present a report on the Oxfordshire Unpaid Carers Strategy.

The Director of Adult Social Services and the Head of Joint Commissioning – Age Well presented a summary on the Oxfordshire Unpaid Carers Strategy. The Director emphasised the crucial importance of supporting unpaid carers and explained that recent efforts had made their support a system-wide responsibility across Oxfordshire. The Head of Joint Commissioning – Age Well outlined the key points of the report, noting that unpaid carers contributed the equivalent of around 7.9 billion hours of care, which was vital to the health and social care system.

However, the Head of Joint Commissioning – Age Well set out that fewer people were self-identifying as carers, making it harder for the Council to offer necessary support. The Head of Joint Commissioning – Age Well stressed that the Council's statutory duties under the Care Act required assessment and support for all known unpaid carers. Strategic priorities were highlighted, including better identification of carers, improved access to information and guidance, and personalised support plans, all aimed at helping older people live independently at home.

*Cllr Boucher-Giles joined the meeting at this stage.*

Following the presentation, members engaged in an extended discussion with officers exploring the challenges faced by unpaid carers and the effectiveness of current support arrangements. A strong theme throughout the exchanges was the difficulty in reliably identifying carers across the county. Officers explained that while hospitals were a common route for recognition, increasing emphasis had been placed on primary care settings. Work with GP practices had helped encourage clinicians to flag unpaid carers on patient records, despite longstanding problems caused by incompatible health and social care systems. Carers Oxfordshire focused primarily on adults, but younger carers were usually identified through schools, health contacts or self-referral and were then supported by the children's team, which worked with families to assess need and coordinate tailored assistance.

Members highlighted residents' concerns about navigating the congestion charge exemptions for unpaid carers. Examples were shared of older carers who struggled with digital systems or were unsure whether they were eligible, particularly if they lived with the person for whom they cared. Officers recognised these concerns and stressed the importance of effective communication, between the Council and unpaid carers. Although many carers had been supported in the lead-up to the scheme's introduction, the system inevitably relied on people coming forward. Providers such

as Carers Oxfordshire were kept informed so that advice and signposting were consistent but officers accepted that more work was needed to ensure carers felt confident about entitlements and understood how to access them.

Questions were raised by members about how the Council responded when a person's care needs escalated beyond what family members or friends could reasonably provide. Officers described the coordinated approach already in place for those with significant health conditions, which involved multidisciplinary oversight through health and social care teams. Deterioration in need typically prompted a referral into adult social care, where a full Care Act assessment would determine what additional support was required for both the individual and the carer. Contingency planning formed a routine part of assessments, especially for people with learning disabilities, ensuring that arrangements were in place if the primary carer suddenly became unable to continue.

Members reflected on the fact that many unpaid carers did not recognise themselves as such and therefore remained unaware that they could ask for help. Questions were raised about misinformation in the community, including incorrect assumptions about council tax reductions. Officers acknowledged that, although online resources and local directories had been improved, awareness still varied widely. Increased work with GPs and health partners remained a priority, as did broadening outreach. However, Officers accepted that progress depended on making information easier to find and understand, particularly for those who were digitally excluded.

The discussion broadened into how support differed across age groups, genders and ethnic backgrounds. Officers emphasised that caring responsibilities could be influenced by cultural expectations, which made self-identification less likely for some ethnic minority groups. To tackle this, the Council had begun working with trusted community leaders on targeted communication campaigns aimed at encouraging people to recognise their caring role and seek support earlier. While the statutory offer acted as a baseline, services aimed to be as personalised as possible to respond to each carer's circumstances.

Members were keen to understand how effectively GP practices supported unpaid carers, especially those who regularly visited surgeries but did not know where to go for advice. Officers noted that a GP lead, Michelle Brennan, had helped champion better recording of carers on practice systems, and that the Council had reviewed GP websites to ensure the presence of clear information about Carers Oxfordshire. Printed materials remained important for residents who were less comfortable online, and, while improvements had been made, officers agreed that further steps were required to reduce inconsistency between practices.

The different experiences of rural and urban carers were also explored. Rural carers often faced practical constraints such as limited transport and longer travel distances, which could make it harder to attend support groups. Officers highlighted that commissioned services operated countywide and that telephone advice from Carers Oxfordshire offered an accessible alternative for those who could not travel. New support groups were emerging, though coverage remained uneven. Ensuring rural GP practices had strong information and signposting processes was seen as especially important, given that carers in remote areas frequently interacted with their

local surgery. The Council continued to gather feedback from carers to identify gaps and improve the reach of services.

Members sought clarity on how the forthcoming Carers Oxfordshire contract aimed to improve the overall offer. Officers explained that the new arrangements would introduce a carers strain index to help identify people in greatest need of respite or targeted support, shifting the service from a reactive model to one based on early intervention. Better use of data and stronger collaboration with health partners and the voluntary sector would help ensure that carers were identified when they first interacted with services. The contract was designed to evolve over its ten-year duration, allowing it to adapt to changing needs through regular consultation with carers.

Hospital discharge was another area where members shared concerns raised by residents. It was reported that carers often felt excluded from decision-making and were not always given the information they needed when someone returned home from hospital. Officers acknowledged this problem, noting that it had also been highlighted by Healthwatch. In response, a new patient-discharge leaflet had been produced collaboratively with health partners to ensure carers received consistent guidance. Additional measures, such as carers ID cards and flags on GP and hospital systems, were intended to support better identification and engagement. Staff training and the role of carers champions in adult social care were helping embed a culture in which carers' insights were recognised and valued.

Members explored how young carers were identified and supported, noting that their needs differed substantially from those of adult carers. Officers described the referral process, with schools, families and self-referrals acting as the main routes into the system. The children's team conducted family-based needs assessments, which could result in support such as help in school, access to after-school clubs or links with peer support groups. The approach aimed to be personalised, ensuring that each young carer's circumstances and pressures were properly understood and addressed.

The Committee considered whether surveys remained an effective way to gather carers' views. Officers explained that, although surveys were regularly used, response rates tended to be low and often reflected the views of the same group of registered carers. Many carers were simply too busy to complete lengthy questionnaires, and the Council wanted to avoid adding to their burden. It was felt that more useful insights often came through direct conversations, focus groups and partnership forums, which allowed for richer and more representative feedback. Officers acknowledged that balancing the need for data with the realities of carers' time pressures remained a challenge.

Questions were raised about discretionary funding and whether unpaid carers could benefit from schemes similar to the Blue Light card used by paid emergency and social care staff. Officers clarified that the Blue Light card was a national programme restricted to paid professionals, although attempts had been made in the past to include unpaid carers. Oxfordshire County Council currently offered discretionary payments of up to £300 per carer, which could be used flexibly for activities or items that improved wellbeing. Options such as the national Carers UK card, which offered

some discounts, were under consideration, though the Council already exceeded statutory expectations with its discretionary payments.

Members also asked how the Council assured the quality of commissioned services for unpaid carers and how feedback was gathered directly. Officers described the contract management process, which included regular performance meetings and discussions informed by carers' groups, surveys and ongoing engagement. Pilot initiatives, such as peer support groups in community hospitals, had provided convenient opportunities for carers to share experiences and shape future improvements. The Council aimed to build feedback mechanisms that were accessible, meaningful and capable of influencing service development.

Finally, members raised concerns that many support groups and activities were scheduled at times that clashed with caring responsibilities, such as mealtimes or bedtime routines. Officers recognised the issue and noted that while some carers could attend daytime sessions, others needed greater flexibility. The discretionary payment enabled carers to choose support that worked for them, but feedback on timing would be shared with Carers Oxfordshire to ensure future planning better reflected carers' availability.

The cessation of some Age UK Oxfordshire home-support services was also discussed. Officers clarified that these services had not been commissioned by the County Council and were not statutory care. Since the cessation of Age UK's support there had not been a significant increase in referrals, suggesting limited direct impact. The Council continued to distinguish between statutory responsibilities and wider wellbeing support, using contract reviews and partnership engagement to monitor any emerging gaps and respond where appropriate.

The Committee **AGREED** to recommendations under the following headings:

- That the Council works with the newly commissioned partner to review the timings of the support on offer, to ensure support is available outside of main caring duty times and consider what asynchronous support could be offered in addition.
- That the Council gives further consideration to the use of the Carers ID card and its participation in lifestyle offer schemes, and reports back to the Committee the rationale for joining or not joining such schemes.

The Committee **AGREED** to the following actions:

- The Director agreed to check and clarify the requirements for unpaid carers to receive congestion charge exemption, following reports of inconsistent application, and to liaise with the relevant team.
- The Council would revisit GP practices to ensure they were effectively reaching out to all potential unpaid carers, including checking for physical leaflets and information, especially for those not using computers.

- Check the Carers Oxfordshire website was working correctly was raised, with a specific issue about broken links to support groups.
- It was agreed that data from the new Carers Strain Index, once available, would be brought back to the Committee for review and discussion.

*The Committee adjourned at 11:15, and reconvened at 11:20*

## **6/26 SUPPORTED INDEPENDENT HOUSING**

(Agenda No. 6)

The Committee invited Karen Fuller, Director of Adult Social Services, Bhavna Taank, Head of Joint Commissioning – Live Well, and Jordan Marsh, Commissioning Officer, to present a report on Supported Independent housing.

The Head of Joint Commissioning - Live Well summarised the supported independent living report, highlighting current services for adults aged 18–65 with learning disabilities and autism. She noted challenges, including insufficient specialist accommodation and a fragmented provider market, but described ongoing improvements such as a strengthened provider framework and greater involvement of people with lived experience. Strategic priorities include expanding support for complex needs, increasing local provision for young adults, and reducing out-of-county placements. The Director added that, although Oxfordshire had been successful in supporting people at home, there remained a need for more specialist supported living units and continued strategic focus to address this gap.

Following the presentation, members held an extended discussion with officers that explored the cost, capacity, and operation of supported living services. The conversation began with concerns about overall value for money, given that the service's £56 million budget equates to nearly £86,000 per service user. Officers explained that many supported living residents have highly complex needs, requiring intensive levels of support that inevitably drive costs.

The Director noted that, in practice, delivering this provision in-house would likely be even more expensive because of staffing requirements. She acknowledged that the Council had not always managed the provider market as effectively in earlier years but emphasised that recent work had strengthened frameworks, set clearer expectations, and improved consistency across providers. She also stressed that every out-of-county placement was reviewed carefully, with the Council seeking local options wherever feasible.

Members then turned to whether the primary barrier to reducing out-of-county placements was the availability of suitable housing or the right support packages. Officers explained that, while both elements matter, the more significant constraint was the shortage of appropriate properties, particularly for people with the highest levels of need. New complex-needs accommodation was being developed in Witney, Faringdon, and Chalgrove, and the provider framework already included specialist organisations able to deliver the care required. As a result, the main bottleneck lay in securing and adapting buildings, rather than in accessing support providers.

Discussion moved to how the Council planned for young people transitioning from children's services to adult supported living, given the small but highly individualised nature of the cohort. Officers described a transition process that began at age 16, supported by link workers who assessed needs early and work with families to plan ahead. In the most complex cases, the Council collaborated with Homes England to obtain capital funding for bespoke properties. Although such cases were few in number, they represented disproportionately high costs. To understand future demand, the Council had commissioned a housing survey overlaying demographic data to forecast the need for specialist accommodation over the next decade. The Director observed that the process was complicated by the involvement of five district councils and that future local government reorganisation could streamline this work significantly.

Members also raised concerns about the challenges faced by residents when multiple teams and agencies must work together to deliver adaptations and support. One example highlighted the difficulty of coordinating the housing occupational therapy team, the children's disability service, private sector housing functions, and district council disabled-facilities processes. Officers recognised these issues and noted that, while working relationships with districts were constructive, the current arrangements were inherently fragmented and often slow. A unitary structure, they suggested, would remove many of these barriers and make the system easier for families to navigate.

Another point of discussion focused on how the Council gathers feedback from people using supported living services. Officers described several mechanisms designed to capture meaningful perspectives from those with lived experience. The Council commissioned My Life My Choice to run self-advocacy groups and carry out unannounced quality checks, ensuring that individuals' voices informed assessments of provider performance. The Learning Disabilities Improvement Board and the Oxford Family Support Network also offered regular insights from both service users and their families. In response to earlier feedback, the Council was re-establishing a specialist learning-disability team to strengthen reviews and improve support planning. Officers emphasised that people with lived experience frequently identified issues that professionals might have overlooked, making their involvement central to improving service quality.

The Committee next explored whether the Council provided assistance to families wishing to visit relatives placed in supported living outside Oxfordshire. Officers explained that financial support for travel was not normally offered. In most cases, decisions about out-of-county placements were made jointly by the individual and their family, and, when such choices were made, the expectation was that travel arrangements fell to those involved. The Council sought to provide in-county options wherever possible but ultimately respected the choices people made about where they wished to live.

Members also discussed the composition of the supported living provider market. Officers confirmed that the framework was open to both private companies and charitable or voluntary organisations through a full tender and vetting process. There was a healthy mix of provider types, and all must meet the same quality requirements and were paid at identical rates, preventing any premium pricing by private

organisations. People with lived experience were involved directly in the vetting of providers to ensure appropriateness and quality.

The final area of discussion centred on workforce pay. Officers confirmed that, as part of strategic contract reviews, the Council checked that all supported living staff receive at least the Oxford Living Wage<sup>1</sup> or the real Living Wage<sup>2</sup>. Procurement teams request evidence of compliance, and the wage level was considered affordable within the Council's fee structure. Officers regularly reviewed job advertisements to monitor pay levels and believed the framework now provided fair and equitable funding, above the national living wage and aligned with Oxford City standards. They noted that this marked a clear improvement on previous years.

The Committee **AGREED** to the following actions:

- That user feedback and lived experiences, including input from people with learning disabilities and their families, would be brought to the Committee in future meetings.
- The Director agreed to provide a breakdown of the 58 supported living framework partners, specifying which were private and which were voluntary sector organisations.

## **7/26 COMMITTEE FORWARD WORK PLAN** (Agenda No. 7)

The Committee **NOTED** the forward work plan and considered a range of topics for future scrutiny.

Members proposed examining the support available to veterans as they transition to civilian life, with a focus on mental health. The interaction between transport management and adult social care was raised, alongside the need to explore the links between climate change and health, such as the impact of flooding and heatwaves on residents' wellbeing.

The Committee agreed to revisit the Carers Strain Index, including the lived experiences of carers, and requested a focused item on the Oxfordshire Way strategy and its implementation. An update on the transformation programme following the CQC report was requested.

Community cohesion was highlighted, with a suggestion to understand localities work, the role of immigration teams, and public health initiatives such as the Marmot approach. Members also sought updates on the Connect to Work programme, the CQC improvement programme, the development of neighbourhood health, community resilience, social prescribing, and medical equipment supply.

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<sup>1</sup> <https://www.oxford.gov.uk/living-wage/oxford-living-wage>

<sup>2</sup> <https://www.livingwage.org.uk/what-real-living-wage>

..... in the Chair

Date of signing .....

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