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
Contact Officer:	Level Chingalembe, Head of Social Care Financial Assessment, Payments and Income Management Email: level.chingalembe@oxfordshire.gov.uk

July 2026