
Oxford Shires and Ridgeway LGR Support

Adult Social Care and Children's Services Analyses to
inform LGR Business Case

September 2025

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1. Executive Summary

Oxfordshire and West Berkshire Local Government Reorganisation (LGR) Context



Local government across Oxfordshire County Council (CC) and West Berkshire Council faces profound challenges over the next two decades. Population growth, an ageing demographic, rising demand in Adult Social Care (ASC) and Special Educational Needs and Disabilities (SEND), volatile placement costs, and tightening financial sustainability all place increasing pressure on councils' ability to deliver high-quality, affordable services. At the same time, residents and communities expect more visible leadership, stronger local accountability, and services designed around their distinct needs.

The Government has been clear that LGR should deliver:

- Simpler, single-tier governance that removes duplication.
- Councils of the “right size” – resilient enough to withstand financial shocks but local enough to respond to place-based needs.
- High-quality, sustainable public services.
- Stronger local voice and accountability, supporting devolution and community empowerment.

This report considers the future shape of local government across Oxfordshire CC and West Berkshire Council from an ASC and Children's Services lens against these tests. It assesses **Option 1** (two unitary authorities split according to the current boundaries of Oxfordshire CC [c.750,000] and West Berkshire Council [c.165,000]) and **Option 2** (two balanced unitaries of c.450,000 residents each: Oxford & Shires and Ridgeway).

Our analysis demonstrates that Option 2 offers the strongest alignment with the six LGR criteria. It achieves the right balance between scale and local focus:

- Large enough to commission strategically, secure financial resilience, and deliver efficiencies.
- Small enough to strengthen local accountability, empower communities, and tailor services to distinct local pressures – from urban deprivation in Oxford, to ageing populations and rural access in Ridgeway.

The following sections set out the evidence against each of the six criteria, provide a RAG assessment of Options 1 and 2, and present a theory of change for how Option 2 can deliver improved outcomes and sustainability for residents.

Please note the analysis within the report does not offer a comparison with Option 3 given this Option requires revision to boundaries for which the data was not available.

LGR Criteria RAG Overview

| Criteria | Option 1a: Oxfordshire UA | Option 1b: West Berkshire UA | Option 2a: Oxford & Shires UA | Option 2b: Ridgeway UA |
|-------------------------------------|---|--|---|---|
| 1. Single Tier | ● Delivers a single-tier model, but risks being overly centralised. | ● Delivers single-tier locally but scale risks longer term sustainability | ● Delivers a single-tier structure, simplified governance. | ● Delivers a single-tier structure, clear accountability. |
| 2. Right Size | ● Too large (750k+); efficiency/inspection outcomes weaker at this scale. | ● c.170k population significantly below MHCLG original recommendation. | ● In the 450k ideal size, resilient and efficient. | ● In the 430–450k range, resilient with capacity. |
| 3. Service Quality & Sustainability | ● Risks masking urban deprivation vs rural ageing pressures; entrenched high-cost baseline. | ● More efficient cost base but fragile scale and workforce dependency. | ● Can specialise in complex/urban demand; sustainable model. | ● Focus on older populations, rural pressures; more tailored and sustainable. |
| 4. Local Working & Views | ● Larger, centralised model makes local engagement harder. | ● Strong community engagement due to small scale but lacks strategic capacity. | ● Smaller footprint strengthens leadership visibility; builds on local forums. | ● Builds on Ridgeway Forum, strong localised engagement. |
| 5. Devolution | ● Scale supports regional deals | ● Too small to influence regional devolution agendas. | ● Strong fit with BOB ICS and Ox–Cam corridor; balances local and regional needs. | ● Strong fit with ICS footprint and localised partnerships. |
| 6. Community Empowerment | ● Large UA risks remoteness, weaker neighbourhood identity. | ● Very strong local identity, close engagement | ● Smaller UA strengthens local identity, co-production, and accountability. | ● Strengthens neighbourhood empowerment and community voice. |

Options Matrix (1)

| Criteria | Option 1a | Rationale | Option 1b | Rationale | Option 2a | Rationale | Option 2b | Rationale |
|--|-----------|--|-----------|---|-----------|--|-----------|---|
| 1a. Establish single tier | 5 | Delivers single tier, but too large to flex. | 5 | Also delivers single tier, but sustainability risks due to size | 5 | Balanced unitary, single tier achieved. | 5 | Single tier achieved at Ridgeway scale. |
| 1b. Ease of transition | 2 | Complex transition, entrenched systems, high DSG deficit. | 3 | Easier to implement, but fragile workforce/market. | 4 | Transition manageable, draws on scale and balance. | 4 | Moderate transition risk, but WB volatility absorbed by Ridgeway. |
| 2a. Right size – short-term efficiencies (0–3 yrs) | 2 | High costs locked in, efficiencies unlikely. | 3 | Already efficient, but no headroom for short-term gains. | 4 | Short-term efficiencies via recalibration and fostering sufficiency. | 4 | Sustainability and market development gains from absorbing WB |
| 2b. Right size – long-term sustainability (10 yrs) | 1 | £100m+ DSG deficit, £187m OA costs by 2032, unsustainable. | 2 | Too small to withstand shocks long term. | 5 | Falls in ideal size (450–460k), long-term resilience. | 4 | Strong base, but rural ageing pressures add long-term risk. |
| Total | 10 | | 13 | | 18 | | 17 | |

Scoring guide summary (full guide in Appendix A):

Score 1: Highly challenging to implement without a clear delivery plan

Score 2: Highly challenging to implement with a framework for delivery

Score 3: Challenging to implement with an outline plan for delivery and benefits realisation

Score 4: Manageable to implement with a clear plan for delivery and benefits realisation

Score 5: Manageable to implement with a tried and tested approach and plan for implementation

Options Matrix (2)

| Criteria | Option 1a | Rationale | Option 1b | Rationale | Option 2a | Rationale | Option 2b | Rationale |
|--|-----------|---|-----------|---------------------------------------|-----------|---|-----------|---|
| 3. High quality & sustainable services | 2 | High unit costs, fragile fostering/ASC market. | 3 | Good efficiency but lacks resilience. | 5 | Scalable prevention/reablement, Safety Valve alignment. | 4 | Stable base, but rural access challenges. |
| 4. Meets local needs & local views | 2 | Risks masking divergent needs (urban deprivation vs rural). | 3 | More locally visible, but too small. | 5 | Balances city & county challenges. | 4 | Rural-focused, addresses access issues. |
| 5. Supports devolution | 3 | Scale works for regional deals, but weak NHS/ICS alignment. | 3 | Small scale limits devolution pull. | 5 | Aligns with BOB ICS & Ox-Cam growth corridor. | 4 | Supports devolution but more rural scope. |
| 6. Community engagement & empowerment | 2 | Large structure risks remoteness. | 3 | Local but limited capacity. | 5 | Place-based units, strong co-production. | 4 | Smaller footprint supports engagement, rural reach. |
| Total | 9 | | 12 | | 20 | | 16 | |

Scoring guide summary (full guide in Appendix F):

Score 1: Highly challenging to implement without a clear delivery plan

Score 2: Highly challenging to implement with a framework for delivery

Score 3: Challenging to implement with an outline plan for delivery and benefits realisation

Score 4: Manageable to implement with a clear plan for delivery and benefits realisation

Score 5: Manageable to implement with a tried and tested approach and plan for implementation

Opportunities for the new UAs under Option 2

The following summarises opportunities are per Option 2.

Oxford & Shires

- ✓ Reduced population size (c.450k) gives a more manageable scale than a single county unitary.
- ✓ Balanced demographic trends mean steadier cost growth (+3.9% vs +5.1% under Option 1).
- ✓ Diversified footprint spreads demand, reduces volatility, and increases resilience to demographic shocks.
- ✓ Gains scale in provider markets (residential and nursing) with stronger quality ratings, allowing for market shaping to tackle high unit costs.
- ✓ Opportunities to recalibrate above-benchmark costs down to peer averages (WAA: £48.7k → £44.1k; OA: £35k → £31.5k).
- ✓ Stronger platform for strategic commissioning and sufficiency strategies at the 350–500k “sweet spot” for performance and Ofsted/SEND outcomes.

Ridgeway

- ✓ Larger market exposure creates new opportunities for West Berkshire, which as a small authority (163k) currently faces volatility risks.
- ✓ Balanced cost growth profile (+3.9% to 2032), with West Berkshire’s flat/declining demand offset by modest Vale/South Oxfordshire growth.
- ✓ Gains commissioning scale to address WB’s fragile market (small, variable quality, high reliance on “Require Improvement/Blank” CQC ratings).
- ✓ Improves resilience in Children’s Services, pooling Oxfordshire’s prevention model with West Berkshire’s strong dispute resolution and family engagement approaches.
- ✓ Risk-sharing across a population of 450k enables more sustainable sufficiency and workforce planning.

Transformation Elements Required to Deliver Savings

- Opportunities (reduced size = control for Oxford & Shires, expanded market access = resilience for WB in Ridgeway).
- Transformation enablers (commissioning reform, prevention, workforce, digital, partnerships, financial controls).

| | | |
|---|-------------------------------------|---|
| 1 | Commissioning & Market Reform | <ul style="list-style-type: none">• Strategic market shaping to stabilise fragile residential/nursing markets.• Block contracts, fostering hubs, and IFA conversion to reduce volatility.• Outcomes-based commissioning to contain costs and improve sufficiency. |
| 2 | Prevention & Reablement | <ul style="list-style-type: none">• Home First and reablement-first approaches to reduce long-term admissions.• Family hubs and early intervention in children's services to reduce demand escalation. |
| 3 | Workforce Transformation | <ul style="list-style-type: none">• Joint recruitment pipelines, retention incentives, and standardised practice models.• Reduction in reliance on agency staff, with shared training and workforce strategies across both UAs. |
| 4 | Digital & Data-Driven Services | <ul style="list-style-type: none">• Digital-first models: resident care accounts, AI-enabled triage, predictive analytics.• Improved transparency and quality monitoring (particularly in Ridgeway markets). |
| 5 | Partnership & Integration | <ul style="list-style-type: none">• Align with NHS/ICS footprints for joint commissioning in ASC, SEND and public health.• Embed stronger VCSE and community partnerships for place-based delivery. |
| 6 | Financial Management & Risk Pooling | <ul style="list-style-type: none">• Recalibration of unit costs to national benchmarks.• Pooling risks across balanced UAs to absorb demand shocks and sustain long-term financial viability. |

Conditions for Success in Delivering Option 2

Success depends on execution: Option 2 creates the right structural opportunity, but without commissioning reform, prevention, workforce stabilisation, digital innovation, and careful transition management, the savings and resilience benefits won't materialise.

1. Effective Commissioning Reform
 - Recalibrate unit costs to the 350–500k benchmark (e.g., WAA £44k vs current £48.7k, OA £31.5k vs £35k).
 - Secure block contracts and diversify providers to reduce reliance on fragile nursing/residential markets, especially in Ridgeway.
 - Build joint commissioning hubs across the two UAs for ASC and Children's placements.
2. Prevention & Early Intervention Must Be Scaled
 - Embed Home First and reablement-first models in ASC to reduce long-term admissions.
 - Expand family hubs and early help in children's services to prevent escalation into statutory care.
 - Invest in SEND inclusion and mainstream capacity to contain demand and rebuild parental confidence.
3. Workforce Sustainability
 - Joint recruitment campaigns, career pathways, and retention incentives to tackle shortages.
 - Reduce reliance on agency staff through workforce pooling, standardised practice, and shared training.
 - Align pay and conditions across the two new UAs to avoid destabilisation.
4. Digital Transformation & Data Use
 - Deploy digital-first services: online assessments, predictive analytics, resident care accounts.
 - Use data to improve sufficiency planning and quality monitoring (especially in Ridgeway's weaker markets).

Conditions for Success in Delivering Option 2

Success depends on execution: Option 2 creates the right structural opportunity, but without commissioning reform, prevention, workforce stabilisation, digital innovation, and careful transition management, the savings and resilience benefits won't materialise.

5. Robust Transition Planning

- Phased implementation to avoid service disruption.
- Protect frontline delivery during reorganisation.
- Early alignment of commissioning functions to capture economies of scale.

6. Strong Partnerships & Integration

- Work closely with NHS and ICS footprints to integrate ASC, SEND, and public health commissioning.
- Strengthen collaboration with voluntary/community sector for place-based delivery.
- Maintain local accountability and co-production with communities to build legitimacy.

7. Financial Challenges

- Actively manage volatility by pooling risks across balanced UAs (WB's fragility offset by Ridgeway's broader base).
- Deliver savings by sustaining recalibrated cost trajectories in ASC and Children's CLA placements.
- Continuous monitoring against Medium-Term Financial Plan (MTFP) to ensure benefits are realised.

2. Adults Social Care

The 2-unitary model in Option 2 provides a better service delivery platform to:

- manage future demand by driving locally driven preventative approaches across all ASC service activities and reducing long-term care costs.
- fully embed place-based and local community delivery models (working closely with the voluntary sector and the NHS), thereby improving our ability to tailor services to local needs, local capacity and, in turn, deliver a more sustainable workforce model.
- It also allows for further development and enhancement of the strategic commissioning model and approach to market management in order to deliver more efficient and effective local care and support services.

Oxfordshire CC and West Berkshire Adult Social Care Overview



Strategic Context

- Adult Social Care (ASC) represents the largest single element of local authority spend, accounting for more than 50% of net budgets. Across Oxfordshire CC and West Berkshire Council, ASC services deliver strong prevention outcomes — fewer older people enter long-term care compared with national averages and working age adults (WAA) are more likely to live independently. However, the financial trajectory **may not be sustainable** as detailed below.

Oxfordshire CC

- Demand is relatively low, but costs per person are significantly above benchmark. WAA costs average **£48.7k per client (+19% vs England)**, while OA costs are **£35k (+23% vs England)**. This reflects a “low demand, high cost” system, driven by market fragility, provider inflation, and reliance on nursing and residential placements.

West Berkshire Council

- Prevention performance is strong (only **8% of OA requests progress to long-term care vs 11% nationally**), but costs are inflated (**£37.7k per OA client, +32% vs England**). A small base (1,000 OA clients) makes the system volatile, a handful of high-cost cases can skew the budget.

By 2032, ASC costs across the area are forecast to exceed **£398m** (OA £236m, WAA £162m). Without reform, both authorities face escalating budget gaps, increased market risk, and workforce unsustainability.

The ASC system across Oxfordshire CC and West Berkshire Council faces significant long-term challenges. Option 2 provides the most balanced and sustainable solution:

- ✓ Large enough to commission strategically and withstand financial shocks.
- ✓ Small enough to embed place-based delivery, prevent need earlier, and strengthen community engagement.
- ✓ Tailored to address the distinct ASC pressures of urban Oxfordshire and rural Ridgeway.
- ✓ Consistent with LGR criteria, CQC’s assurance framework, and the government’s long-term vision for care.
- ✓ This model delivers better outcomes for residents, greater resilience for providers and the workforce, and financial sustainability for the councils.

Key ASC Challenges under Option 1

1

Rising Demand and Cost Pressures

- The population aged 65+ will rise by 24–27% by 2035; WAA with complex needs are also increasing due to longevity and medical advances.
- Oxfordshire CC shows a “low demand, high cost” profile; West Berkshire shows smaller base, higher volatility. Both are above comparator benchmarks (ASCFR).
- Forecast: Without reform, ASC costs across the footprint will exceed £398m by 2032 (+20%).

2

Managing Short-Term versus Long-Term

- Current spend is heavily weighted towards long-term care, with limited use of reablement, step-down support, and direct payments.
- Annual long-term care costs in Oxfordshire CC are rising >5% per year, above inflation.
- Need to rebalance towards prevention: stronger triage, rehabilitation, and community support models.

3

Market Fragility and High Unit Costs

- Unit costs exceed national comparators: WAA costs +19% vs England; OA costs +23%.
- Residential/nursing reliance remains high, with 42% cost spikes in one year (West Berkshire) demonstrating volatility.
- Current commissioning lacks scale leverage to stabilise the market.

4

Inequalities and Variable Outcomes

- Rural communities (e.g., Vale of White Horse) face access challenges and digital exclusion.
- Outcomes vary as service users report postcode variation in the type and speed of support available.

5

Digital and Innovation Gap

- Opportunity to scale innovation: assistive tech, predictive analytics, robotics in care.

Risks and Mitigations

Market Fragility

Provider collapse or inflationary costs could offset savings. Mitigation: block contracts, sufficiency planning, and market diversification.

Transition Risks

Reorganisation may destabilise services. Mitigation: phased implementation, protect frontline staff, early alignment of commissioning functions.

Workforce shortages

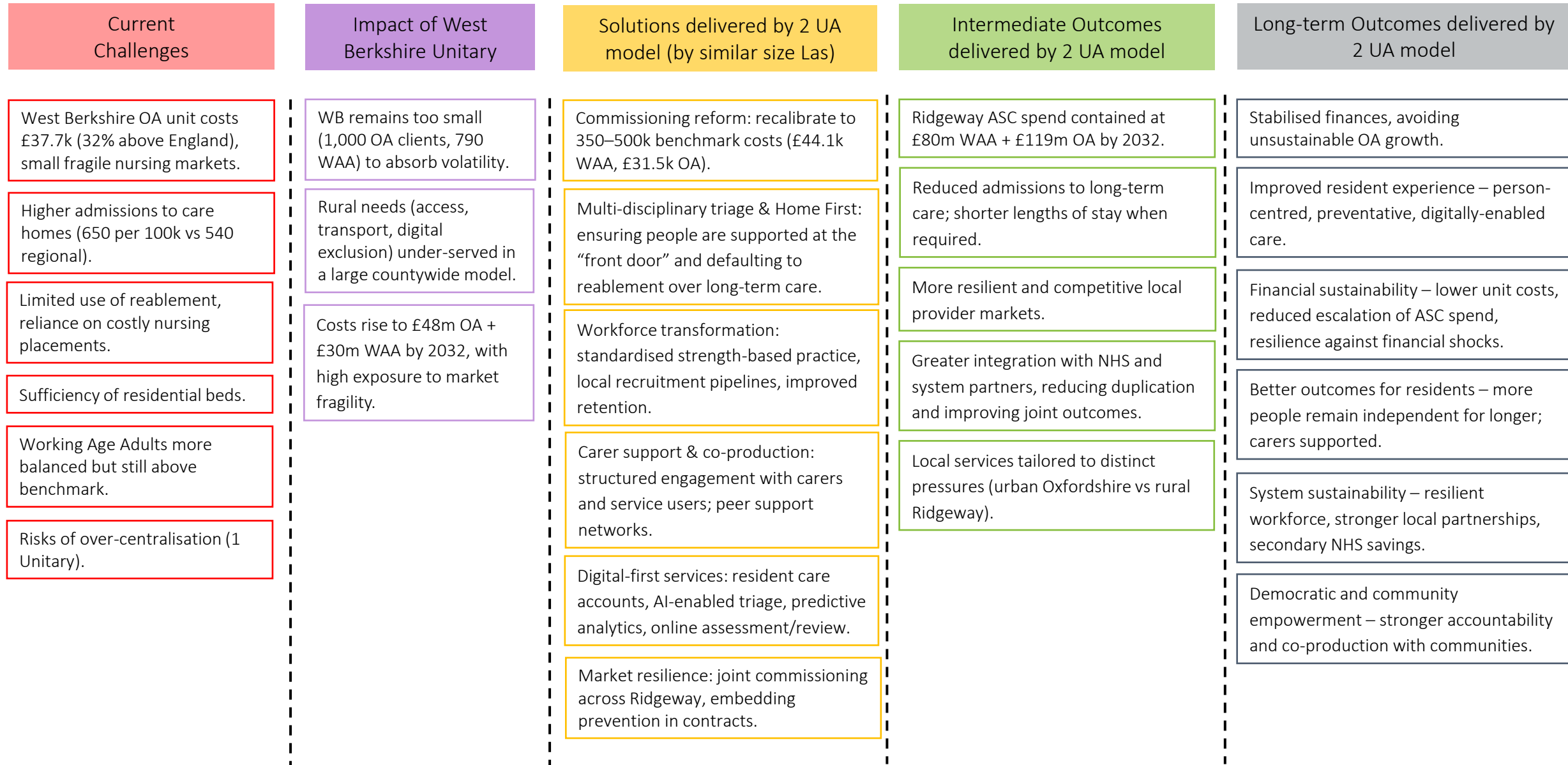
Recruitment and retention remain challenges nationally. Mitigation: joint recruitment campaigns, career development pathways, workforce pooling across UAs.

Theory of Change ASC Oxford and Shires



| Current Challenges | Impact of Oxfordshire Unitary | Solutions delivered by 2 UA model (by similar size LAs) | Intermediate Outcomes delivered by 2 UA model | Long-term outcomes delivered by 2 UA model |
|--|--|---|--|--|
| High unit costs: £48.7k WAA, £35k OA (19–23% above England). | Oxfordshire’s high-cost baseline entrenched, growing to £132m WAA + £187m OA by 2032. | Commissioning reform: recalibrate to 350–500k benchmark costs (£44.1k WAA, £31.5k OA). | Flattened cost trajectory: £70m WAA, £98m OA by 2032 (vs £319m under Option 1). | £90m+ savings unlocked, supporting MTFP resilience. |
| Limited use of reablement, reliance on costly nursing placements. | Over-centralisation dilutes ability to respond to urban deprivation in Oxford vs rural challenges. | Multi-disciplinary triage & Home First: ensuring people are supported at the “front door” and defaulting to reablement over long-term care. | Reduced admissions to long-term care; shorter lengths of stay when required. | Improved resident experience – person-centred, preventative, digitally-enabled care. |
| Provider market fragile; high workforce churn. | | Workforce transformation: standardised strength-based practice, local recruitment pipelines, improved retention. | More resilient and competitive local provider markets. | Financial sustainability – lower unit costs, reduced escalation of ASC spend, resilience against financial shocks. |
| Current fragmented system limits reablement, early intervention, and local responsiveness. | | Carer support & co-production: structured engagement with carers and service users; peer support networks. | Greater integration with NHS and system partners, reducing duplication and improving joint outcomes. | Better outcomes for residents – more people remain independent for longer; carers supported. |
| Risks of over-centralisation (1 Unitary). | | Digital-first services: resident care accounts, AI-enabled triage, predictive analytics, online assessment/review. | Local services tailored to distinct pressures (urban Oxfordshire vs rural Ridgeway). | System sustainability – resilient workforce, stronger local partnerships, secondary NHS savings. |
| | | Market shaping to reduce reliance on nursing placements and attract mid-cost provision. | | Democratic and community empowerment – stronger accountability and co-production with communities. |

Theory of Change ASC Ridgeway



Adult Social Care Demand

ASC services across England are facing huge pressure with demand expected to rise considerably over the next 15 years. This is largely due to expected population increases (particularly in older adults), growth complexity of care need in working age adults, transitions and increases in the costs of care.

This trends are already causing budgetary challenges for the ASC services in the LA and this will continue at pace if not fully addressed.

Option 2 creates financially viable unitaries at the right scale, each with distinct ASC challenges.

- Oxford & Shires must address low demand but high-cost users.
- Ridgeway must tackle unit cost inflation in older adult care despite stronger demand management.
- Both benefit from population sizes proven to achieve lower ASC unit costs and stronger prevention outcomes compared with counties, providing a robust platform for long-term sustainability.

Overview of Oxfordshire CC

Working Age Adults:

- Oxfordshire CC is strong at resolving demand at the front door without formal services.
- But very limited use of reablement reduces opportunities to reduce future cost/demand.
- The balance of demand is not skewed toward long-term care, which avoids cost escalation.

Older Adults:

- Fewer older people managed without services – more requests flow into funded care.
- Good reablement usage, but still above-average movement into costly long-term care.
- This profile reinforces Oxfordshire CC's "low demand, high cost" challenge: the system prevents some demand, but once in the system, older adults are more likely to become long-term clients.

Overview of West Berkshire

Working Age Adults:

- Fewer older people managed without services – more requests flow into funded care.
- West Berkshire has better use of reablement than Oxfordshire CC, but still above-average movement into costly long-term care.
- This profile reinforces Oxfordshire CC's "low demand, high cost" challenge: the system prevents some demand, but once in the system, older adults are more likely to become long-term clients.

Older Adults:

- West Berkshire is better at holding older adults outside funded services and limiting long-term care.
- Its prevention and diversion appear stronger than Oxfordshire CC's, but unit costs remain high, so savings aren't being fully realised.

Adult Social Care Demand

Overview of Oxfordshire CC

Working Age Adults:

Requests for support outcomes:

- 77% end in no service/universal offer – higher than NHS nearest neighbours (NN) (74%) and England (71%)
- 13–14% lead to short-term/equipment support – below England (17%)
- 2–3% go into reablement – half the NN/England average (5%)
- 7% lead to long-term care – in line with England
- Oxfordshire CC is strong at resolving demand at the front door without formal services
- But very limited use of reablement reduces opportunities to reduce future cost/demand
- The long-term care is in line with comparators, which avoids cost escalation

Older Adults:

Requests for support outcomes:

- 50% universal/no services – lower than NN (57%) and England (53%)
- 19% short-term/equipment – higher than NN (14%) and equal to England
- 18% reablement – stronger than NN (16%) and England (17%)
- 13% long-term care – above NN (12%) and England (11%)
- Fewer older people managed without services – more requests flow into funded care
- Good reablement usage, but still above-average movement into costly long-term care
- This profile reinforces Oxfordshire CC's "low demand, high cost" challenge: the system prevents some demand, but once in the system, older adults are more likely to become long-term clients.

Overview of West Berkshire

Working Age Adults:

Requests for support outcomes:

- 77% universal/no services (same as Oxfordshire CC)
- 13% short-term/equipment – slightly above NN, below England.
- 3% reablement – again below benchmarks
- 7% long-term care – in line with England
- Very similar to Oxfordshire CC: strong at deflecting demand, weak on reablement
- Lower reliance on long-term care compared to neighbours

Older Adults:

Requests for support outcomes:

- 58% universal/no services – higher than Oxfordshire CC and England
- 18% short-term/equipment – above NN (13%) and close to England
- 15% reablement – in line with NN, below England
- 8% long-term care – well below NN (13%) and England (11%)
- West Berkshire is better at holding older adults outside funded services and limiting long-term care
- Its prevention and diversion appear stronger than Oxfordshire CC's, but unit costs remain high, so savings aren't being fully realised.

Adult Social Care Outcomes

Oxfordshire CC Outcomes

Younger Adults (18–64) – Admissions to Residential/Nursing

- Oxfordshire CC admission rates remain well below 10 per 100,000, compared to 14–16 nationally/regionally
- That's 52–57% lower than comparators
- Stable/slight decline trend 2021–24, while other areas remained flat at higher levels

Emerging Analysis: Strong community-based alternatives and preventative practice are avoiding institutionalisation for working-age adults.

Older Adults (65+) – Admissions to Residential/Nursing

- Oxfordshire CC admissions: 350 per 100,000, compared to 550–600 per 100,000 elsewhere
- 40% lower than NHS Nearest Neighbours, 37% lower than South East, 38% lower than England
- Stable lower trajectory over three years

Emerging Analysis: Effective support helps older adults stay at home longer, avoiding premature admissions.

Adults with Learning Disabilities – Living at Home

- Oxfordshire CC: 89–90%, significantly higher than comparators (England: 78–82%)
- 9–13 percentage points ahead of benchmarks, steady upward trend

Emerging Analysis: Oxfordshire CC is achieving stronger independence outcomes, embedding inclusion and family/community support.

West Berkshire Outcomes

Younger Adults (18–64) – Admissions to Residential/Nursing

- West Berkshire admissions: 9–12 per 100,000, compared with 14–16 nationally.
- 38–39% lower than comparators
- Declining from 12 (2021–22) to 9 (2023–24), diverging positively from flat national trends

Emerging Analysis: Strong prevention and demand management for working-age adults, limiting unnecessary residential care

Older Adults (65+) – Admissions to Residential/Nursing

- West Berkshire admissions: 650 per 100,000, compared with 540–580 regionally
- 11–17% higher than neighbours and South East; 15% lower than England
- Trend: rising since 2021–22, widening gap with regional peers

Emerging Analysis: Greater reliance on care home placements for older adults, suggesting pressure on reablement/home care capacity

Adults with Learning Disabilities – Living at Home

- West Berkshire: 81% in 2023–24, up from 79% in 2021–22
- Above South East (76–79%) and NHS neighbours (77–80%), but just below England (82%)

Emerging Analysis: Performing well locally, but with a small gap to national standards.

3. Children's Services

Overview Children's Services

- Children's services in Oxfordshire CC and West Berkshire Council perform well overall, with both councils rated "Good" by Ofsted and strong prevention models in place. However, there are distinct challenges – high-cost complexity and SEND in Oxfordshire CC and workforce pressures in West Berkshire, that could be addressed through a new delivery model.
- The implementation model for Option 2 (two unitaries: Oxford & Shires, Ridgeway) provides the right balance of scale, local focus and strategic commissioning capacity to look to address the current challenges identified.

Option 2 represents a credible and sustainable reform. It provides the balanced scale to deliver financially resilient, high-quality children's services aligned with national reforms (Keeping Children Safe, Families First). By splitting into the proposed 2 unitaries, it:

- Tackles Oxfordshire CC's increasing costs and SEND demand/ cost.
- Shields West Berkshire from small-scale volatility.
- Creates a commissioning platform capable of reshaping sufficiency, stabilising markets, and achieving long-term savings.

In short, Option 2 does not simply reorganise governance; it transforms sustainability, resilience, and outcomes in one of the most high-risk areas of local government.

Oxfordshire CC

- A "low demand, high cost" system — CLA rates are 29% below the national average, but unit costs are 34% above, driven by fragile sufficiency and volatile residential markets (+42% in one year). SEND presents the largest systemic risk, with a projected DSG deficit exceeding £100m by 2026 and tribunal rates (5%) well above the national average (3%).

West Berkshire

- A more efficient system — CLA unit costs 14% below statistical neighbours and SEND tribunal rates low (3.5%). However, as a small authority (population 163k), it will struggle to absorb demand shocks. Workforce costs are 30% above the national average, and residential costs rose 42% in one year, highlighting market fragility. Together, these dynamics create a fragile baseline.

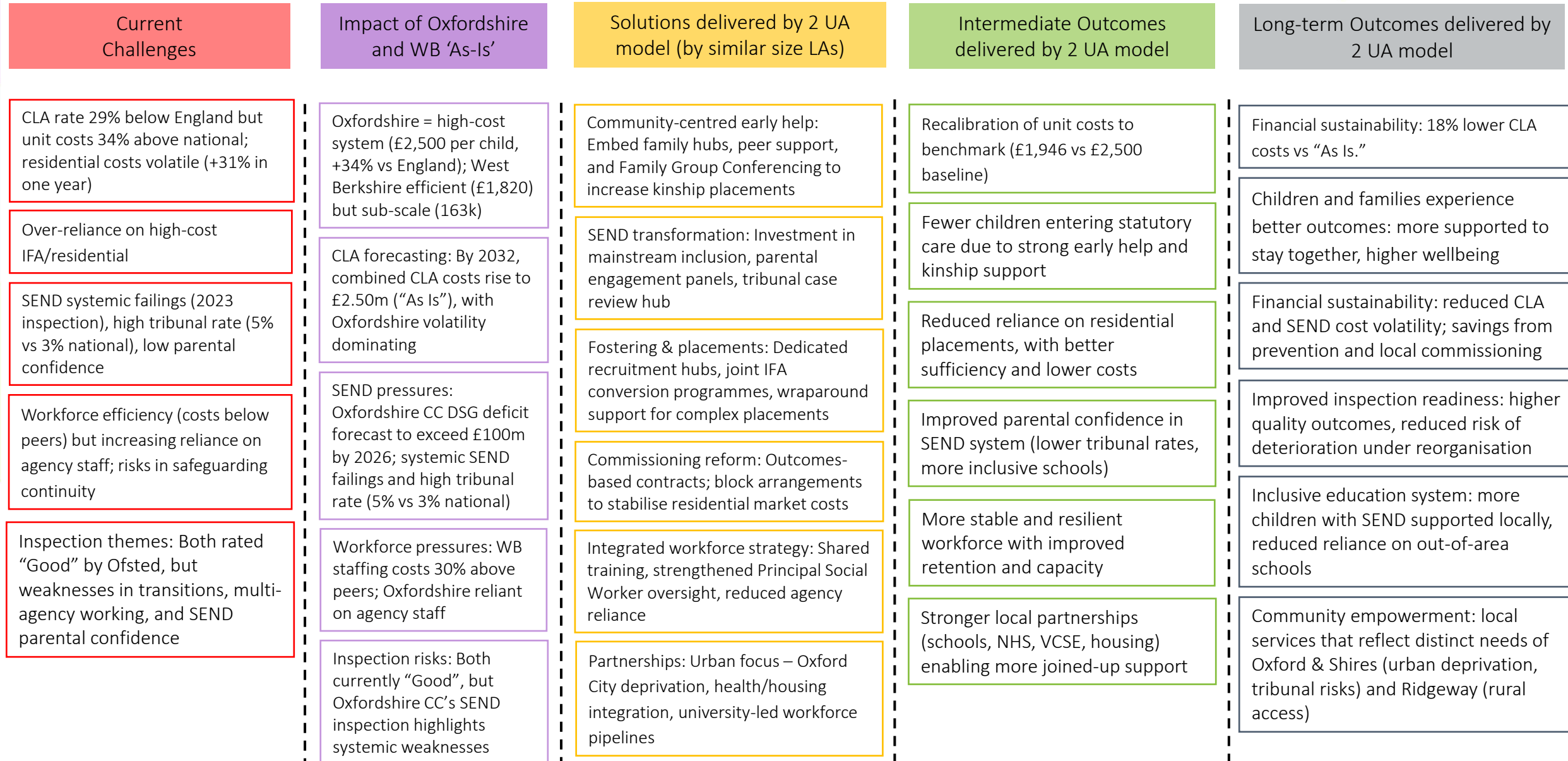
Why This Model Works

- Population size: At 450k each, both unitaries fall within the national "sweet spot" (270–540k) where Ofsted and SEND inspection outcomes are strongest.
- National alignment: Directly supports reforms in Keeping Children Safe, Helping Families Thrive and Families First, with a rebalanced system focused on prevention.
- Integration: Aligns with NHS place footprints and the ICS agenda, enabling joint commissioning for children's health, SEND and public health priorities.
- Sustainability: Tackles demand escalation and market fragility at their root, creating financially resilient children's services capable of delivering improved outcomes.

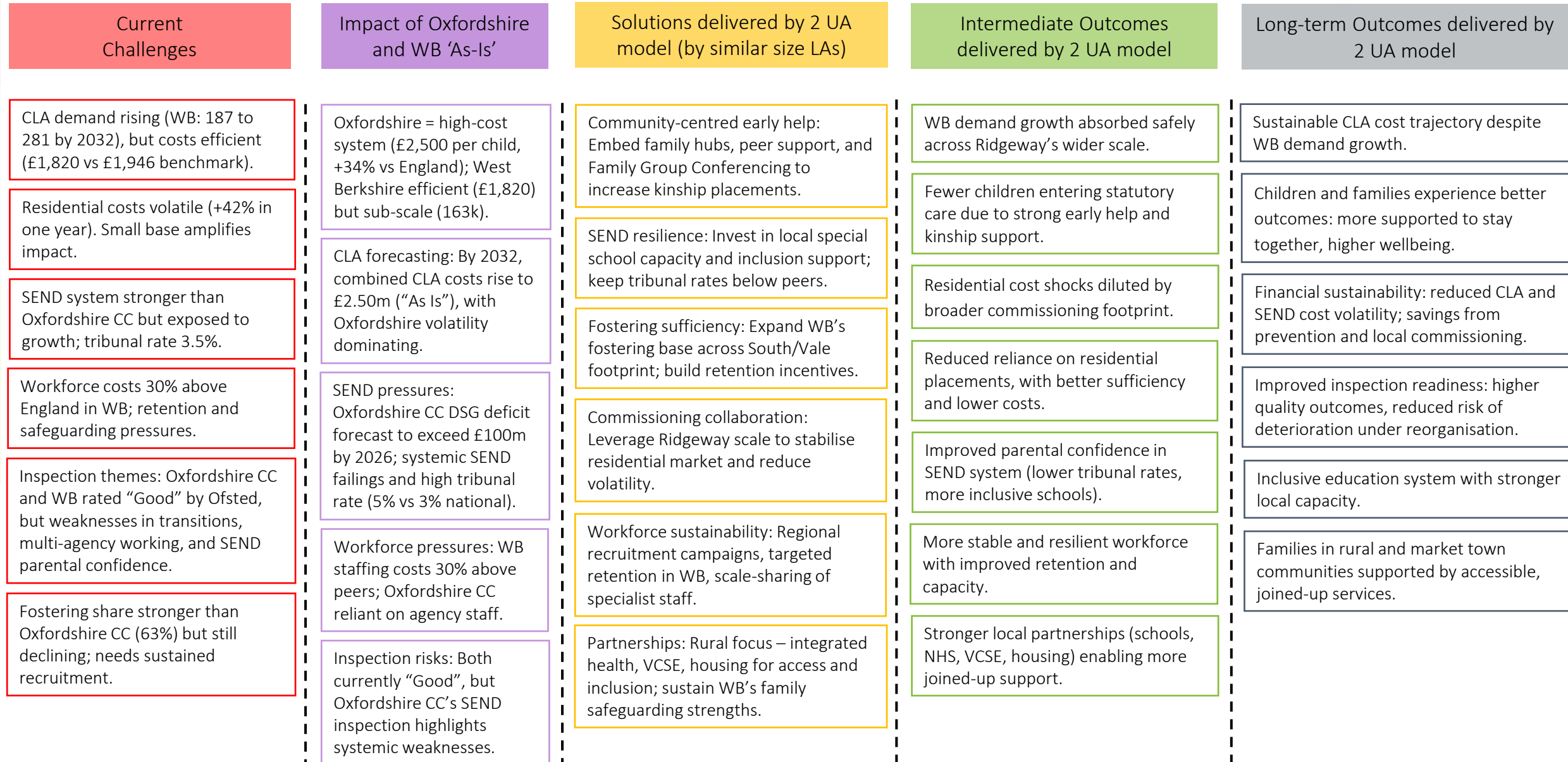
Overview: Areas for Focus

| Dimension | Option 1a: Oxfordshire UA | Option 1b: West Berkshire UA | Option 2: Oxford & Shires UA | Option 2: Ridgeway UA |
|-------------------|--|---|---|---|
| CLA demand | ● Low CLA rates (47 per 10k) but volatile | ● Slightly above SN, trending down | ● Balanced demand profile | ● Efficient base, demand absorbed by Ridgeway scale |
| CLA costs | ● £2,500 per child (+34% vs England) | ● £1,820 per child (14% below SN) | ● Recalibrated to £1,946 (benchmark) | ● Retains WB efficiency but eliminates small scale risk |
| Residential costs | ● 7% below England but +31% annual rise | ● 42% rise in one year. Weekly cost remains below benchmarks | ● Risk diluted across larger commissioning base | ● Risk diluted across larger commissioning base |
| Fostering | ● 62% (well below national 67–70%) | ● 63% (closer to average but fragile) | ● Balanced hubs & IFA conversion | ● WB fostering base offsets South/Vale |
| SEND | ● DSG deficit £100m+, tribunal 5% (vs 3% nat.) | ● Deficit 30m by 2026 (6.4% of Council's budget); tribunals 3.5%. | ● Rebalanced approach, shared best practice | ● Stronger than Oxfordshire CC, but exposed to growth |
| Workforce | ● Low costs however increasing dependency on agency usage. | ● High unit costs, agency reliance falling but fragile | ● Shared workforce plan at scale | ● WB pressures but mitigated by Ridgeway |
| Sustainability | ● No savings identified. Key risks with residential costs. | ● Efficient but future sustainability is a risk | ● Balanced, credible reform path | ● Balanced, credible reform path |

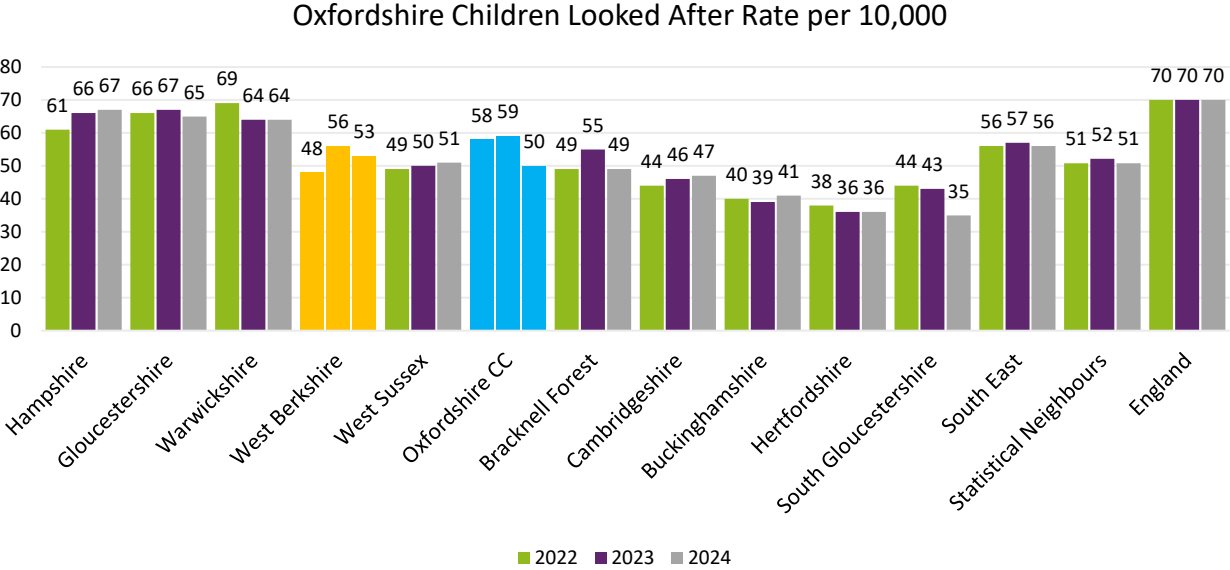
Theory of Change Children's Services Oxford and Shires



Theory of Change Children's Services Ridgeway



Oxfordshire CC Children's Social Care - Children Looked After



| CLA Number | 2020 | 2021 | 2022 | 2023 | 2024 |
|-------------|--------|--------|--------|--------|--------|
| Oxfordshire | 767 | 782 | 855 | 882 | 770 |
| SN Average | 655 | 685 | 692 | 709 | 715 |
| South East | 10430 | 10480 | 10840 | 11260 | 11180 |
| England | 80,000 | 80,780 | 82,090 | 83,760 | 83,630 |

What does the data tell us?

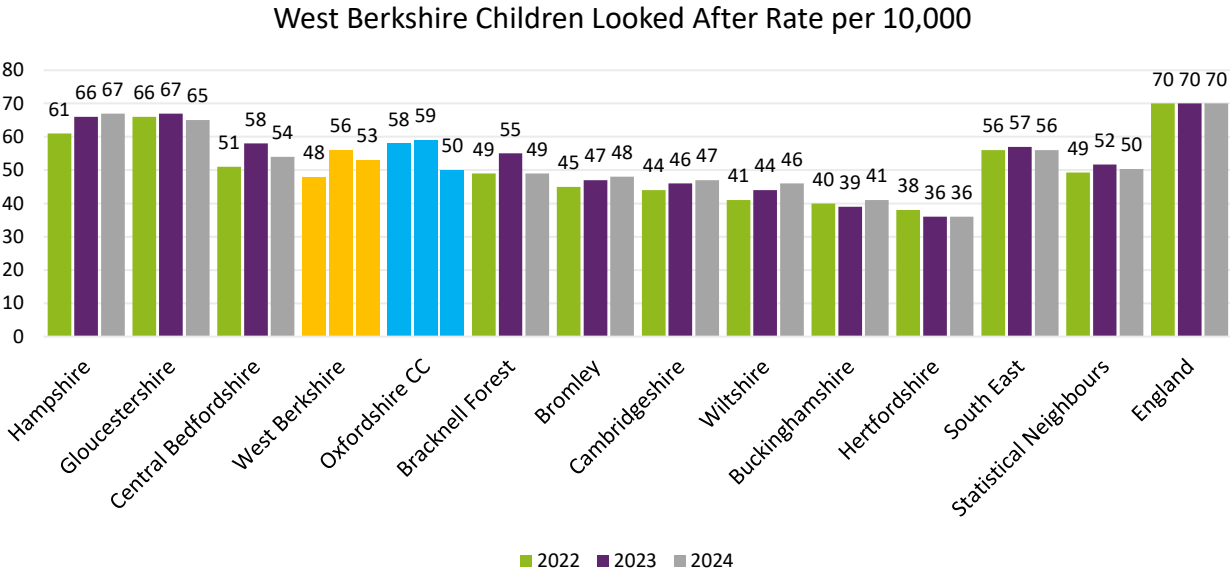
Children Looked After (CLA) rate per 10,000 in Oxfordshire CC:

- 2% lower than the Statistical Neighbour (SN) average.
- 29% lower than the England average.
- Trend: Between 2022 and 2024, the CLA rate in Oxfordshire CC has fallen by 15%, while rates across many comparator areas and nationally have remained broadly stable or higher.

Analysis:

- The 2022–2023 rise appears to be an anomaly, pushing Oxfordshire out of alignment with its long-term trend and above SN comparators.
- The 2024 data suggests a reset, with CLA numbers and rates now back to expected levels, confirming Oxfordshire’s usual position as a low CLA demand area relative to its peers and national averages.
- Looking at a 5-year view is crucial, as it prevents over-interpreting the 2022–23 spike as a sustained increase.

West Berkshire Children’s Social Care - Children Looked After



| CLA Number | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|--------|--------|--------|--------|--------|
| West Berkshire | 156 | 146 | 166 | 197 | 187 |
| SN Average | 649 | 660 | 675 | 704 | 700 |
| South East | 10430 | 10480 | 10840 | 11260 | 11180 |
| England | 80,000 | 80,780 | 82,090 | 83,760 | 83,630 |

What does the data tell us?

West Berkshire’s Looked After Children (CLA) rate per 10,000 is:

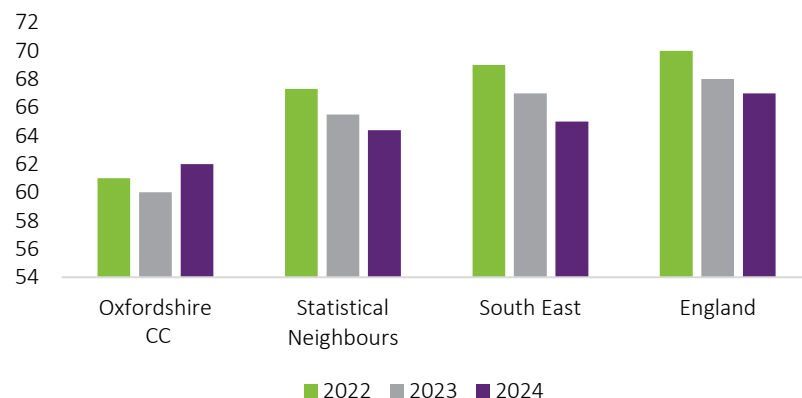
- 5% higher than the Statistical Neighbour (SN) average
- 24% lower than the England average

Numbers vs Rates

- The absolute number of CLA has risen over the 5 years (from 156 in 2020 to 187 in 2024, (a 20% increase).
- Yet the rate per 10,000 has declined slightly (56 to 51 between 2022 and 2024).

Oxfordshire CC & West Berkshire CLA in Foster Care

Oxfordshire CC % of CLA in Foster Care



Percentage of CLA in Foster Care

Oxfordshire CC

% of CLA in foster care is lower than comparators and is declining:

- 2022: 61%
- 2023: 60%
- 2024: 62%

This contrasts with statistical neighbours, South East, and England, where proportions are higher (64–67%) though also trending down slightly.

West Berkshire

Starts closer to regional/national averages but also declining:

- 2022: 62%
- 2023: 66%
- 2024: 63%

Despite fluctuations, it still sits below statistical neighbours and England overall, both of which remain around 65–67%.

West Berkshire % of CLA in Foster Care



Comparison

- Both authorities have a smaller share of CLA in foster care than national/regional averages.
- Oxfordshire CC in particular is notably lower, suggesting heavier reliance on residential or alternative provision.

Oxfordshire CC & West Berkshire Fostering Analysis

Overall Positioning

- Oxfordshire CC: High fostering costs and low proportion of CLA in foster care = financial pressure and sufficiency challenges
- West Berkshire: Costs increasing but still relatively controlled; % of CLA in foster care closer to national averages, but still below optimal levels

Key Insights & Analysis

- Rising Costs: Both Oxfordshire CC and West Berkshire face steeply rising fostering costs, exceeding national averages. Oxfordshire CC's costs are notably higher, which may indicate:
- Market pressures (agency reliance, placement shortages).
- Higher needs/complexity within the CLA population.
- Lower Foster Care Utilisation: Both councils have fewer CLA in foster care compared to peers, particularly Oxfordshire CC. This has:
 - Financial implications (residential placements are significantly more expensive).
 - Practice/placement sufficiency implications (suggesting recruitment/retention challenges for foster carers).
 - Trend Divergence: While national/regional averages show some decline in foster care usage, Oxfordshire CC's gap is widening, signalling a structural issue in sufficiency strategy.

Recruitment & Retention Strategies

- In West Berkshire Council, there is a focus on recruiting a wide range of carers (emergency, short/long-term, sibling groups, teenagers, parent & child, additional needs, supported lodgings). Support includes training, supervision, buddy/mentor schemes, and partnership with the Foster Care Association. A dedicated recruitment role is planned to strengthen promotion and activity.
- In Oxfordshire CC, the strategy is centred on reducing reliance on IFAs by growing in-house fostering. Recruitment is aligned with retention through training and supervision. Progress is tracked using a monthly Sufficiency Action Plan overseen by the Placement and Sufficiency Board. Expansion of children's homes also forms part of the wider sufficiency approach.

Ofsted Registered Children Homes

Oxfordshire CC

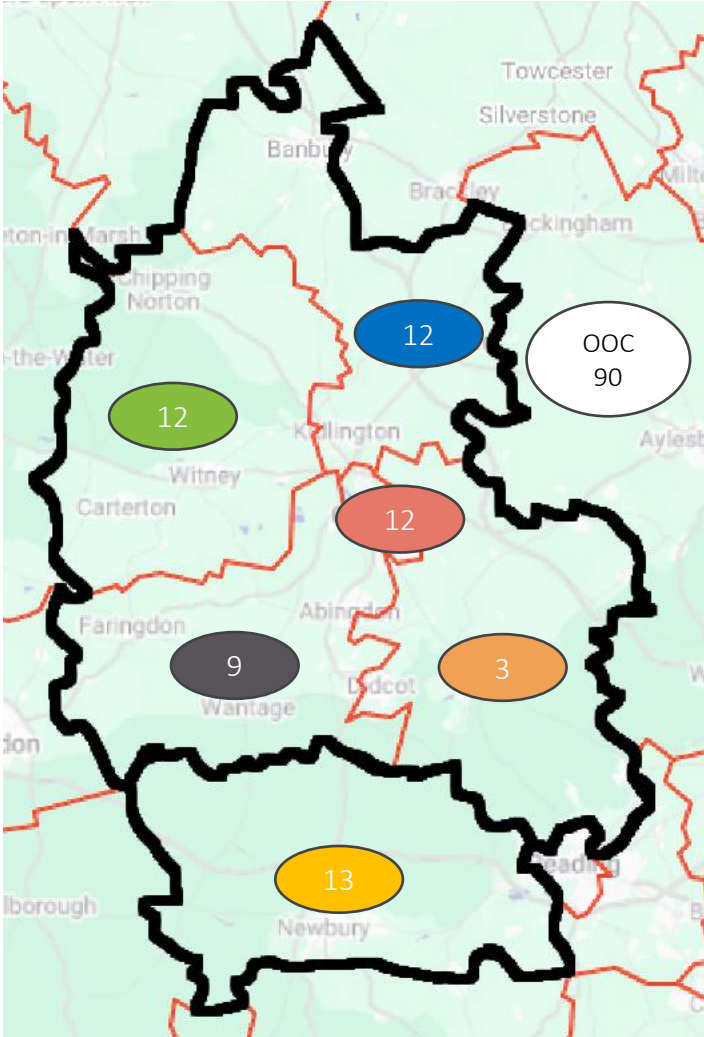
- Within Oxfordshire CC, there are 23 children's homes registered by Ofsted provided by the local authority and private/voluntary organisations.
- This number includes 2 residential special schools (with registration as children's homes), one of which is registered for 31 places, and the other is registered as short break only provider with 12 places available.
- Oxfordshire CC operate 4 children's homes with a total of 22 places (14% of all places), of these 1 is outstanding, 1 good, 1 requires improvement, a one was inspected as inadequate.

West Berkshire Council

- Within West Berkshire there are a total of 11 children's homes registered under Ofsted, offering a total of 116 places.
- This includes 1 residential special school that has 67 places registered.
- The only LA ran children's home is registered as a short break only home offering 6 places, which was inspected as outstanding.

| Type of Home | Count of Homes/Places | Oxfordshire CC | West Berkshire Council |
|---------------------------------|-----------------------|--------------------------------|------------------------|
| LA-Run Children's Homes | Number of Homes | 4 (1 provides short-term care) | 1 (short break only) |
| | Placements | 22 | 6 |
| Other Operated Children's Homes | Number of Homes | 19 | 10 |
| | Placements | 133 | 110 |
| TOTAL | Number of Homes | 23 | 11 |
| | Placements | 155 | 116 |

Residential Placements by Originating and Placement Address



| | District/ Area | Originating Area | Originating Area (%) | Placement Area at end of year | Placement Area at end of year (%) |
|--|---------------------|------------------|----------------------|-------------------------------|-----------------------------------|
| | Cherwell | 30 | 19.9% | 12 | 7.9% |
| | West Oxfordshire | 22 | 14.6% | 12 | 7.9% |
| | Oxford | 37 | 24.5% | 12 | 7.9% |
| | Vale of White Horse | 24 | 15.9% | 9 | 2.0% |
| | South Oxfordshire | 22 | 14.6% | 3 | 6.0% |
| | West Berkshire* | 11 | 7.3% | 13 | 8.6% |
| | Out of County | 5 | 3.3% | 90 | 59.6% |

**West Berkshire relies on publicly available data of overall residential placements in the authority.*

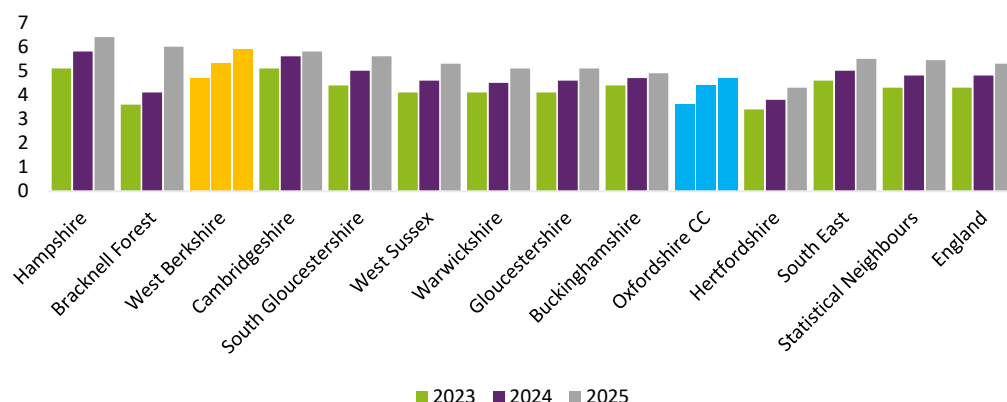
- There is a large proportion of children placed in placements out of county with 59.6% of residential placements, while a proportion are in neighbouring areas such as Buckinghamshire & West Northamptonshire many are further away. This suggests there is a challenge with sufficiency for children’s residential placements in the area.
- The areas with the greatest proportion of the originating addresses of children in residential placements were Oxford, Vale of White Horse, and Cherwell, which combined accounted for 60% of the overall children in residential care cohort.

Number of children in residential placements by authority with council boundaries for Oxfordshire CC and West Berkshire – Option Overlaid

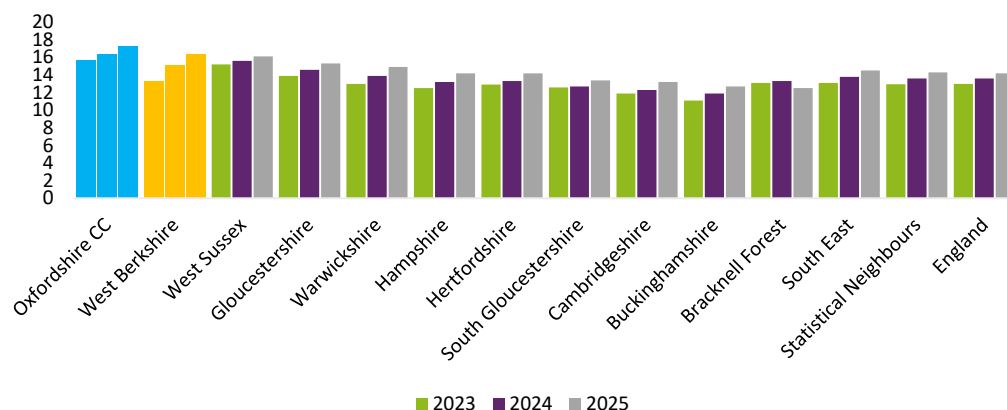
Oxfordshire CC EHCP and SEN

Oxfordshire CC and West Berkshire present contrasting SEND profiles: Oxfordshire CC contains EHCP growth through higher SEN Support but faces elevated tribunal challenge, while West Berkshire aligns with national EHCP levels but demonstrates strong parental confidence. The Option 2 model allows each new authority to tailor responses to these distinct pressures, while sharing best practice across the system to strengthen outcomes and financial sustainability.

% Pupils with EHCP (all schools)



% Pupils with SEN Support



What does the data tell us? % Pupils with EHCP

- Oxfordshire CC has a lower proportion of pupils with an EHCP (Education, Health & Care Plan) compared with statistical neighbours and the England average.
 - Oxfordshire: 4–4.5% of pupils.
 - England: 5.5–6%.
 - Statistical Neighbours: 5–6%.
- West Berkshire is slightly higher (5.5%) and closer to national averages.
- Trend: All areas show gradual growth in EHCPs between 2023–2025, reflecting national trends, but Oxfordshire remains consistently below average.
- Possible Analysis: Oxfordshire CC may have tighter thresholds or stronger use of SEN Support (rather than EHCPs). Risk that families perceive difficulty in accessing statutory plans.

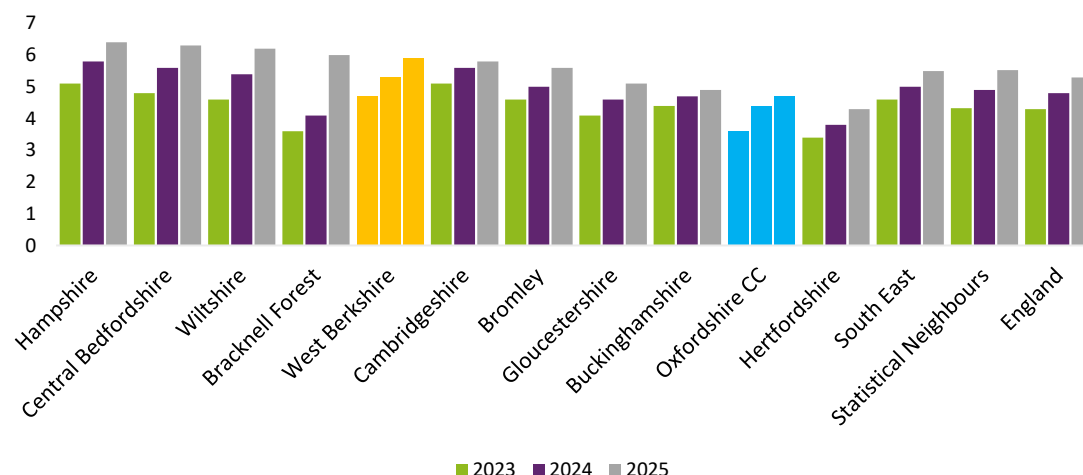
What does the data tell us? % Pupils with SEN Support

- Oxfordshire CC has a higher-than-average proportion of pupils receiving SEN Support (17%).
 - England / SN averages: 14%.
 - West Berkshire is broadly in line with national levels (16%).
- This suggests Oxfordshire CC is managing needs earlier/lower down the system rather than progressing to statutory EHCPs.
- Possible Analysis: Oxfordshire CC appears to be front-loading SEN through SEN Support, reducing pressure on EHCPs. This is consistent with its relatively low EHCP rates.

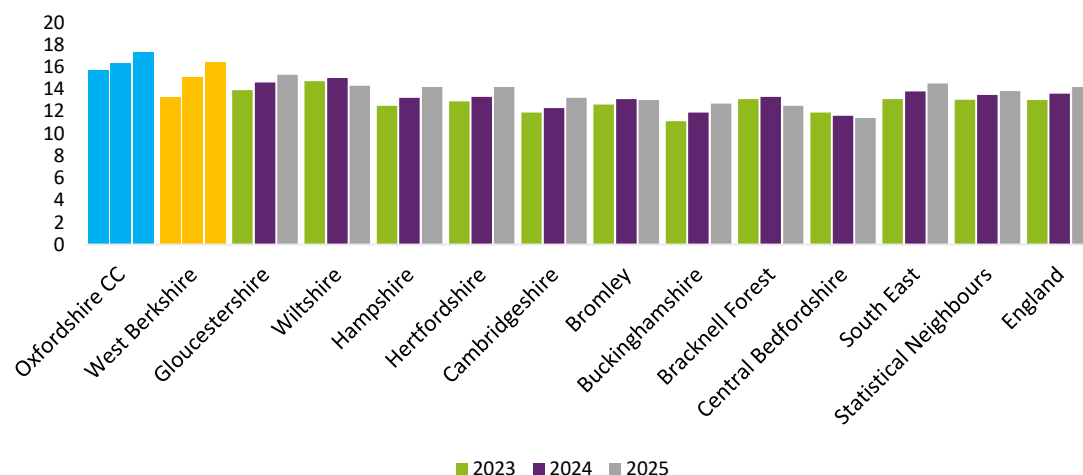
Note: Graphs ordered in descending order based on 2025 figures

West Berkshire EHCP and SEN

% Pupils with EHCP (all schools)



& Pupils with SEN Support



What does the data tell us? % Pupils with EHCP

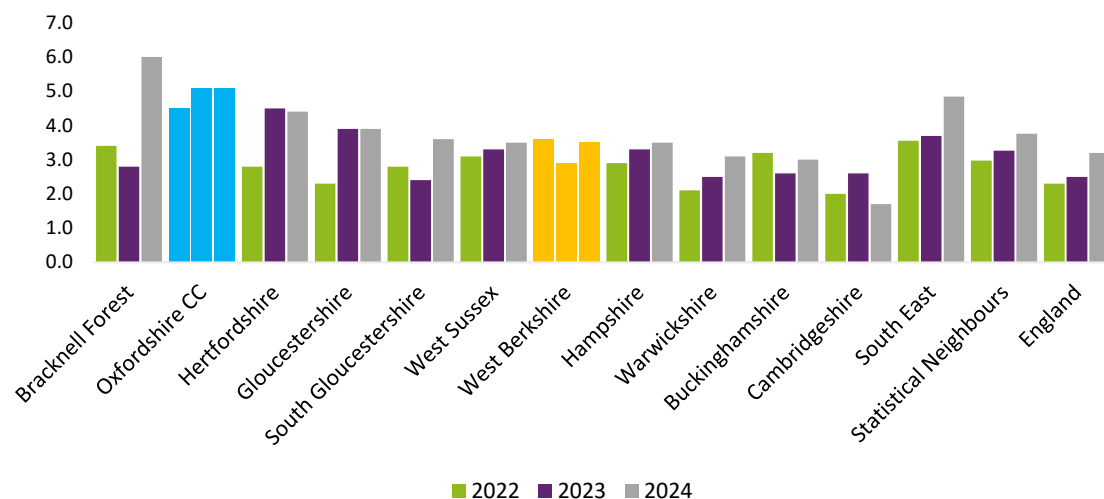
- West Berkshire: Around 5–5.5% of pupils with an EHCP, broadly in line with the England average (5.5–6%) and Statistical Neighbours.
- Trend (2023–2025): Both areas see gradual increases in EHCP prevalence, reflecting national growth, but Oxfordshire CC continues to track below average.
- Analysis: Oxfordshire CC's lower EHCP rate suggests stronger use of SEN Support, but could also indicate higher thresholds for statutory plans, which risks driving parental dissatisfaction.

What does the data tell us? % Pupils with SEN Support

- West Berkshire: Lower, closer to 12–13%, slightly below both England and SN averages.
- Trend: Both remain broadly stable across the period, with Oxfordshire CC consistently above and West Berkshire consistently below.
- Analysis: Oxfordshire CC manages a larger proportion of need through SEN Support rather than statutory EHCPs, while West Berkshire leans more towards formal plans relative to SEN Support.

EHCP and SEN

Appeal rate to SEND tribunal based on total appealable decisions



Note: Graph ordered in descending order based on 2024 figures

Key Strengths

Oxfordshire CC:

- Strong reliance on SEN Support, reducing demand for EHCPs
- Overall EHCP rates below national levels, containing growth pressures

West Berkshire:

- Closer alignment to national averages
- Lower tribunal rates, indicating better parental confidence in decisions

What does the data tell us? SEND Tribunal Appeals

- Oxfordshire CC's appeal rate to SEND Tribunal is relatively high, consistently around 5% of total appealable decisions.
- England average is closer to 3%.
- West Berkshire is lower (3.5%), indicating fewer disputes escalate to tribunal.
- Trend: Oxfordshire CC's appeal rate has remained stable, not reducing despite system reforms.

Possible Analysis: While Oxfordshire CC resolves more needs at SEN Support level, the higher tribunal rate suggests parental dissatisfaction with EHCP decision-making. This could point to perceived barriers in securing statutory plans.

Risks / Challenges

Oxfordshire CC:

- High tribunal rates could undermine parental trust and create financial/legal pressures.
- Risk of unmet need if thresholds for EHCPs are perceived as too restrictive.

West Berkshire:

- While tribunal performance is strong, EHCP demand is in line with national growth, which could escalate costs.
- Both areas: Rising EHCP prevalence nationally suggests continued budget pressures, especially for high needs block funding.

EHCP and SEN LGR Implications

“So What” for LGR?

Oxfordshire CC:

- Oxfordshire CC’s low EHCP/high SEN Support model is efficient but risks parent challenge and tribunal pressure
- West Berkshire’s lower tribunal rate and more balanced profile reflects stronger parental confidence but carries future growth risk
- Under Option 2 (two unitaries):
 - Oxford & Shires UA can focus on managing tribunal risk, improving parental confidence while sustaining early support
 - Ridgeway UA (inc. West Berkshire) can focus on containing EHCP growth while maintaining strong family engagement
 - Together, the two authorities can share best practice, Oxfordshire’s prevention model and West Berkshire’s dispute resolution strengths to create a more resilient, balanced SEND system

4. Risks

Risk Matrix (1)

| Risk Description | Category | Likelihood (L) | Impact (I) | Overall Rating | Potential Consequences | Mitigation Actions |
|--|---------------------------|----------------|------------|----------------|---|---|
| Escalation of SEND DSG deficit beyond £100m by 2026 | Financial / Education | High (5) | High (4) | 20 | Budget unsustainability, potential Section 114, reduced flexibility in ASC | Stronger DfE engagement, Safety Valve–style deal, inclusion reform, invest in early years/SEND sufficiency |
| Adult Social Care cost growth exceeds MTFP assumptions | ASC Sustainability | High (4) | High (4) | 16 | ASC spend crowds out investment in prevention, loss of financial resilience | Expand reablement, strengthen market-shaping, invest in digital care and triage, regional commissioning alliances |
| Over-reliance on agency workforce in Children's Services | Workforce | Medium (3) | High (4) | 12 | Higher costs, instability in frontline services, poor outcomes for children | Workforce strategy: local training pipelines, retention incentives, regional staff pooling |
| Fragmentation of health and care integration (BOB ICS partnerships) during reorganisation | Partnership & Integration | Medium (3) | High (4) | 12 | Loss of joint commissioning benefits, poorer system outcomes, reputational damage | Align governance with ICS, formal MoUs, protect joint commissioning teams through transition |
| High-cost placements (residential and nursing) continue to rise | ASC Market | High (4) | Medium (3) | 12 | Budget overspends, market fragility, greater out-of-county placements | Block contracts, invest in local provision (extra care, supported living), risk-sharing with providers |

Risk Matrix (2)

| Risk Description | Category | Likelihood (L) | Impact (I) | Overall Rating | Potential Consequences | Mitigation Actions |
|---|-------------------------|----------------|------------|----------------|--|---|
| Political and public resistance to reform (e.g. loss of local identity in rural areas) | Governance & Engagement | Medium (3) | Medium (3) | 9 | Slower implementation, reputational risks, community disengagement | Enhanced comms and engagement, local boards, democratic safeguards |
| Digital and innovation lag limits efficiency gains | Transformation | Medium (3) | Medium (3) | 9 | Slower benefits realisation, missed cost reductions | Investment in AI triage, predictive analytics, resident accounts, digital workforce tools |
| Inequalities in outcomes (urban deprivation vs rural Ridgeway) persist | Equity & Outcomes | Medium (3) | High (4) | 12 | Entrenched disparities, Ofsted/CQC risks, poorer life outcomes | Targeted investment in urban Oxford and rural access; equity monitoring framework |
| Transition disruption delays savings delivery | Finance / Delivery | Medium (3) | Medium (3) | 9 | Benefits not realised in MTFP period, criticism from DLUHC | Phased implementation, benefits tracker, external validation |

5. Peopletoo Key Indicator Benchmarking

Key Expenditure Indicators for Children's and Adults Services

The summary table below compares county councils to unitary and metropolitan authorities for all key expenditure indicators from 2023/24 published national data. This identifies that all average unit costs across ASC and Children's are lower in unitaries and metropolitans, except for S251 Children's Residential unit cost which are 11% higher than the county council's average, (this could be linked to in house provision more prominent in county councils).

| Average unit cost comparison | S251 LAC unit cost | S251 Residential unit cost | S251 SEN unit cost | Nursing unit cost | Residential unit cost | Residential & Nursing unit cost |
|------------------------------|--------------------|----------------------------|--------------------|-------------------|-----------------------|---------------------------------|
| County average | £2,076 | £6,466 | £128 | £1,104 | £1,186 | £1,163 |
| Unitary & Met average | £1,786 | £7,252 | £105 | £1,049 | £1,079 | £1,064 |

**Data source 2023/24 LAIT (Local Authority Interactive Tool) and ASCFR (Adult Social Care Financial Return)*

The evidence shows that county councils are not achieving lower unit costs as a result of greater buying power except for S251 Residential unit costs. Unitary councils, which on average tend to serve populations less than half that of county councils, achieve the lowest unit costs across all other cost elements.

This could be linked to a number of things, but most likely would be the development of local markets to meet local needs, with local providers also having less travel time.

With regards to lower long term care costs, this links to lower rates but also lower numbers in residential care. Analysis would indicate that whilst counties perform strongly in terms of diversion to universal services, once in statutory social care, higher numbers are in residential with lower numbers supported in the communities. This could be a result of more capacity in the domiciliary care market, and more focus on community assets in support of prevention and early intervention activity.

Our approach is consistent in starting with the national evidence and then creating a detailed analysis and evidence base 'locally'. It is not a standard answer for all and recognises the differences in many factors and performance within each footprint. It is based on our practical/practitioner experience and use of local data and has not relied on national statistics only.