To: **Members of the Oxfordshire Health & Wellbeing Board**

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 1 December 2022 at 2.00 pm
Council Chamber - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Stephen Chandler
Interim Chief Executive

November 2022

Contact Officer: **Simon Wright, Committee Support Officer**
Tel 07928 655123 Email: simon.wright@oxfordshire.gov.uk

Membership
Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Vacant, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board

Board Members:

Councillor Joy Aitman	West Oxfordshire District Council
Ansaf Azhar	Corporate Director of Public Health & Wellbeing, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adult Social Care, Oxfordshire Co Co
Councillor Liz Brighouse OBE	Deputy Leader and Cabinet Member for Children, Education & Young People's Services, Oxfordshire Co Co
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Sylvia Buckingham	Chair, Healthwatch Oxfordshire
Stephen Chandler	Interim Chief Executive, Oxfordshire Co Co
Councillor Maggie Filipova-Rivers	South Oxfordshire District Council
Karen Fuller	Interim Corporate Director of Adult and Housing Services, Oxfordshire Co Co
Kevin Gordon	Corporate Director for Children's Services, Oxfordshire Co Co
Dr James Kent	Chief Executive, Integrated Care Board
Dan Leveson	Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board
Councillor Mark Lygo	Cabinet Member for Public Health & Equality, Oxfordshire Co Co
Kerrin Masterman	GP Representative
Professor Sir Jonathan Montgomery	Chair, Oxford University Hospitals NHS Foundation Trust

Councillor Helen Pighills	Vale of White Horse District Council
David Radbourne	Regional Director Strategy and Transformation, NHS England
Yvonne Rees	Chief Executive, Cherwell District Council (District Representative)
Councillor Louise Upton	Oxford City Council
Councillor Barry Wood	Cherwell District Council

Notes:• Date of next meeting: 16 March 2023

Declarations of Interest

The duty to declare…..

Under the Localism Act 2011 it is a criminal offence to

(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or

(b) provide false or misleading information on registration, or

(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*
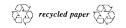
Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Democratic Services democracy@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. **Welcome by Chair**

2. **Apologies for Absence and Temporary Appointments**

3. **Declarations of Interest - see guidance note opposite**

4. **Petitions and Public Address**

   Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

   Requests to speak must be submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday 25 November 2022. Requests to speak should be sent to simon.wright@oxfordshire.gov.uk

   If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than one A4 sheet.

5. **Note of Decisions of Last Meeting** (Pages 1 - 10)

   To approve the Note of Decisions of the meeting held on 6 October 2022 (**HBW5**) and to receive information arising from them.
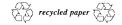
6. **Health Protection Update**

   2.05pm

   A verbal update on the latest situation from the system partners.

7. **Cost of Living Crisis Update** (Pages 11 - 84)

   2.15pm

   This briefing summarises data on the impact of the cost of living crisis and sets out work already underway by the council and its partners. It recommends additional actions that might be taken to mitigate the impact of cost of living crisis on those in greatest need.

   The Health and Wellbeing Board is RECOMMENDED to:

a) **Review the summary briefing on cost of living impact and response (Annex A).**

b) **Consider implications for the priorities of the Health and Wellbeing Strategy.**

8. Children & Young People's Emotional Well-Being: Promotion & Mental Ill Health Prevention Strategy - Update (To Follow)

2.45pm

To receive an update on the Action Plan

9. Reports from Partnership Boards (Pages 85 - 96)

3.00pm

To receive updates from Partnership Boards. Reports from –
- Health Improvement Board; and
- Children's Trust

10. Director of Public Health Annual Report (DPHAR) (To Follow)

3.10pm

To receive a presentation from the Director of Public Health in respect of the Annual Report.

11. Oxfordshire Place-base Partnership Update (Pages 97 - 100)

3.25pm

To receive an update from Dan Leveson as Place Director for Oxfordshire for the Integrated Care Board.

12. Update on Development of ICS Strategy (Pages 101 - 110)

3.40pm

To receive a presentation from Rob Bowen in respect of Developing the Integrated Care Strategy

13. Performance Report (Pages 111 - 114)

3.55pm

To receive an update on latest performance against agreed HWB metrics.

14. Oxfordshire Safeguarding Adults - Annual Report (Pages 115 - 142)

4.10pm

The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2021-22. Representatives of the Board will present the Annual Report.

15. Oxfordshire Safeguarding Children's Board - Annual Report (Pages 143 - 162)

4.30pm

The report summarises the work of the Oxfordshire Safeguarding Children's Board (OSCB) and its partners over the course of the year 2021-22. Representatives of the Board will present the Annual Report.

16. Report from Healthwatch Oxfordshire (Pages 163 - 166)

4.50pm

To report on views of health care gathered by Healthwatch Oxfordshire.

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 6 October 2022 commencing at 2.00 pm and finishing at 4.50 pm

Present:

Board Members:	Councillor Liz Leffman (Chair)
	Ansaf Azhar
	Councillor Liz Brighouse OBE
	Sylvia Buckingham
	Stephen Chandler
	Daniel Leveson (In place of Dr James Kent)
	Professor Sir Jonathan Montgomery
	Councillor Louise Upton
	Dr David Chapman (Vice-Chair) (virtually)
	Michelle Brennan (virtually)
	Councillor Mark Lygo (virtually)
	Dr Ben Riley (In place of Dr Nick Broughton) (virtually)
Other Members in Attendance:	None
Officers:	
Whole of meeting	David Munday, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer; Simon Wright, Interim Committee Support Officer
Part of meeting	

Agenda Item	Officer Attending
8	Rob Beasley – Interim Director of Communications and Engagement
10	Ros Jones – Trainee Health Improvement Practitioner
11 & 12	Pippa Corner - Deputy Director Commissioning - Provision Cycle HESC – Spoke (virtually)

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Simon Wright, Interim Committee Support Officer (Tel: 07928 655123 email: simon.wright@oxfordshire.gov.uk)

	ACTION
1 Welcome by the Chair, Councillor Liz Leffman (Agenda No. 1)	
The Chair welcomed Members of the Board and other attendees noting that this was an "In-Person" meeting, but that Members and participants were also attending "virtually" via Microsoft Teams. The Chair introduced Dan Leveson, Executive Director Oxfordshire Place for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board (ICB), who would be attending future meetings.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies for absence were received from Dr Nick Broughton and Dr James Kent. Dan Leveson attended for Dr James Kent Dr Ben Riley attended for Dr Nick Broughton	
3 Declarations of Interest (Agenda No. 3)	
There were no declarations of interest.	
4 Petitions and Public Address (Agenda No. 4)	
There were no petitions presented or requests to address the committee.	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The Chair invited Members of the Board to comment on the accuracy of the notes of the meeting held on 7 July 2022 as she went through the notes page by-page. Min No. 7 – Update on the Local Area SEND Strategy Confirmation was given that the feedback letter from the monitoring visit would be circulated in due course.	

Min No. 11 – Future Oxfordshire Partnership (FOP) and H & WB Workshops The Chair indicated that a workshop was still planned and any ideas from members on the topics to be covered were welcome. **RESOLVED: to approve the notes of the last meeting and to authorise the Chair to sign them as a correct record.**	
6 Covid-19 / Health Protection Update (Agenda No. 6)	
Ansaf Azhar, Corporate Director of Public Health & Wellbeing, gave a verbal update. Regarding Covid and flu it was emphasised that many scenarios were possible and that flu rates in the southern hemisphere had been high which could be an indicator of a bad flu season. Covid rates were also increasing but fluctuations were to be expected. It was emphasised that vaccinations were key and campaigns would be put in place to encourage uptake. **The update was noted.**	
7 Terms of Reference of the Board and of the Integrated Care Partnership (Agenda No. 7)	
Consideration was given to the report of the Corporate Director of Public Health & Wellbeing updating the Terms of Reference of the Oxfordshire Health & Wellbeing Board (HWB) reflecting NHS changes and the Terms of Reference of the Integrated Care Partnership (ICP). In respect of the HWB Members noted the links between various health partnerships and welcomed the expansion of representation from the City & District Councils. It was suggested, and agreed, that these nominations should be the Leader or relevant Cabinet Member from each authority. Discussion ensued regarding the new Integrated Care Partnership and it was noted that the Terms of Reference were scheduled to be approved at the first ICP meeting. The issue of Oxfordshire being a two-tier area and the implications of this were highlighted together with the need for engagement events to be organised and for there to be clarity on how organisations access	

the ICP. Members were advised that the budget was still to be finalised and thanked officers for their work in briefing interested parties on the changes.	
RESOLVED to:	
a) **Approve the updated Terms of Reference for the Oxfordshire Health and Wellbeing Board subject to the City and District Council representatives being either the leader or relevant Cabinet Member; and**	
b) **Note the draft Terms of Reference for the newly establishment Integrated Care Partnership**	
8 Integrated Care Partnership Strategy Development and Engagement Strategy (Agenda No. 8)	
The report of the Interim Director of Communications and Engagement Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB-ICB) was received including updates on ICP/ICB Governance, ICP interim strategy development and ICB engagement strategy. The Board was updated on the key priorities in the strategy, lead officers and engagement proposals around the priorities. Members noted links to other strategies such as Oxfordshire Place and the need for the document to be flexible to meet changing themes. It was reported that resources were limited and this needed to be borne in mind in respect of the consultation and engagement process. **The update report was noted**	
9 Joint Strategic Needs Assessment 2022 (Agenda No. 9)	
The report of the Corporate Director of Public Health & Community Safety giving an overview of the key findings from the 2022 Oxfordshire Joint Strategic Needs Assessment (JSNA) and plans for the continued development of JSNA resources was received. The key findings from the report were outlined and it was highlighted that approval was sought for the document and more detailed information would be disseminated in 'bite size' pieces. It was noted that the 2023 JSNA would include the 2021 Census data.	

Members raised a number of issues and responses were given as follows:

- In respect of data/performance indicators regarding young people the JSNA provided information to feed in to other strategies and policies as was the case with other areas identified in the document.
- It was clarified that the document provided information for a wide range of organisations and partners needed to use it as part of their reviews and planning of services.
- The issue of loneliness in young adults was highlighted and that this was cross cutting topic impacting on a number of organisations. Members highlighted the role of schools and colleges in this regard.
- In respect of young people's Mental Health it was confirmed that the Child and Adolescent Mental Health Service (CAMHS) were represented on the new ICP as this was considered imperative.
- It was suggested that community resilience was important and the inclusion of District Representatives could help with preventative initiatives.

RESOLVED to:

a) **Note the content of the Joint Strategic Needs Assessment for 2022 and encourage widespread use of this information in planning, developing and evaluating services across the county; and**

b) **Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years, and to participate in making information more accessible to everyone.**

10 Community Profiles: The Leys and Abingdon Caldecott
(Agenda No. 10)

The Chair and Ros Jones introduced the report providing feedback on the Community Profiles for Abingdon Caldecott and The Leys wards and welcomed representatives from Community First Oxfordshire and Oxford Hub who had been involved in the compilation of the reports.

Abingdon Caldecott

It was reported that a number of focus groups, surveys and case studies had been used to collate the information and it was noted

that residents had been very receptive to the project.	
Key findings had included access to health services and other facilities, the built environment, use of the community centre, support networks in place, perception of others about the estate and resource issues.	
The recommendations contained in the report were outlined and that it was imperative that seed funding was used to start projects and address the issues raised.	
The Leys	
It was reported that there were a number of similar issues to those in Abingdon and it was advised that surveys had been undertaken with residents.	
The main findings were that there was a strong sense of community, and whilst there were good facilities available they were often difficult to access for local people. In addition facilities for young people were needed and community safety and social opportunities needed to be enhanced. Other concerns included support for residents, access to housing and jobs, discrimination and better public transport.	
The recommendations from the profile were clarified and the need for resources to meet the identified needs was imperative.	
Action: Ros Jones to circulate background data map for The Leys profile	Ros Jones
Members thanked the representatives for their reports and raised the following:	
- The need for partners to identify where they may have responsibility and to follow up on concerns. - The importance of good town planning to develop communities, the role of green/open spaces and access to health services. - Links to the JSNA and other strategies were key in allocating resources and outlining approaches to the issues. - It was requested that background data regarding The Leys should be made available to members. - The importance of District Representatives in delivering responses at a local level.	
RESOLVED to:	

a) Note the findings and rich insight contained within the Community Profiles	
b) Support the promotion and sharing of the Abingdon Caldecott and 'The Leys' community profiles with partners and colleagues across the system; and	
c) Use the insight from the Abingdon Caldecott and 'The Leys' profiles to inform service delivery plans of partner organisations on the Board.	
11 Better Care Fund Plan 2022/23 (Agenda No. 11)	
The Board received details of the Better Care Fund Plan for 2022/2023. It was advised that the plan had been submitted by the deadline of 26 September 2022 and ratification was required from the Health & Wellbeing Board. Members raised a number of issues and responses were given as follows: • It was clarified that the timing of the budget was in accordance with regulations meaning it was presented part way through the financial year but update reports could be provided. • The importance of work with partner organisations on developing plans. • The need for visibility of the governance arrangements and exchange of information. Members expressed their support for the plan and the need for regular update reports. **RESOLVED to:** a) **Approve the Oxfordshire Better Care Fund Plan for 2022/23;** b) **Approve the planned investment and schemes designed to deliver the metrics within the Plan;** c) **Approve the proposed trajectories for the metrics as set out in the Plan; and** d) **That regular update reports be presented to the Board**	
12 Social prescribing In Oxfordshire	

(Agenda No. 12)	
The Board received an update on the development and implementation of Social Prescribing in Oxfordshire. Members raised a number of issues and responses were given as follows: • The importance of responding to local communities and linking to responsible organisations. • It was agreed that community activity as well as formal help for children and young people was important together with links to youth workers. • The budget was clarified and it was agreed that information reports on progress could be provided. • It was acknowledged that there was a need to support schemes where referrals are made from social prescribers. • The need to access services rather than just being signposted and the importance of training for all involved. **RESOLVED to:** a) **Note the report setting out:** • **the current landscape of Social Prescribing in Oxfordshire** • **the opportunities to develop and extend reach and impact across public health, health, social care, and community priorities** • **next steps and a potential governance route to assure delivery** b) **Approve the recommended approach to develop an implementation plan for Social Prescribing in Oxfordshire; and** c) **Note the proposed governance approach for this work**	
13 Report from Healthwatch Oxfordshire (Agenda No. 13)	
The Board considered a report by Healthwatch Oxfordshire setting out its activities since its last report to the Board. Sylvia Buckingham, Chair Healthwatch Oxfordshire, presented the report. Members were encouraged to watch the video referred to in the report.	

The update was NOTED	
14 Performance Report (Agenda No. 14)	
David Munday, Consultant in Public Health, Oxfordshire County Council, highlighted a number of performance indicators under the three life course stages "Start Well", "Live Well" and "Age Well" from the strategy. Members commented and responses were made as follows: • Clarification was given that the age requirements for health checks was set nationally and was based on not being subject to other health issues. • The importance of vaccinations for at risk groups and communication to encourage uptake. • The need to present the report information to identify trends or anomalies in data to focus discussion. • The importance of identifying early help need and support for looked after children. It was noted that the numbers involved were relatively small and deep dives could look at trend data. • Clarification was given that attendance data for young people attending accident and emergency was available but admission data, as presented, covered the more serious incidents. **The Board noted the performance report.**	
15 Reports from Partnership Boards (Agenda No. 15)	
Children's Trust Board Councillor Liz Brighouse presented the report of the Children's Trust Board and updated on work being undertaken and that a statement of intent in conjunction with the Oxfordshire Safeguarding Children Board was to be released. **Health Improvement Board (HIB)** Councillor Louise Upton gave a verbal update on the recent meeting of the HIB. It was reported that new members had been appointed to the Board, a presentation had been received on stopping smoking	

and tobacco strategies. There had been a report on the 'Making Every Contact Count' initiative and the Domestic Abuse strategy.

There being no further questions Cllr Leffman thanked the chairs for the updates.

.... in the Chair

Date of signing   ....

Divisions Affected – All

HEALTH AND WELLBEING BOARD

1 December 2022

The Cost of Living Crisis: Impact on Oxfordshire and Update on Systems Response

Report by Programme Director (Partnerships and Delivery)

RECOMMENDATION

1. **The Health and Wellbeing Board is RECOMMENDED to:**

    a) Review the summary briefing on cost of living impact and response (Annex A).

    b) Consider implications for the priorities of the Health and Wellbeing Strategy.

Executive Summary

2. Residents across Oxfordshire are feeling the impact of significant increases in the cost of living not met by increases in income. Inflation is currently concentrated in energy and food costs, leading to disproportionate impact on those on the lowest incomes. Government has announced a range of measures to support households. However, these measures will not be able to meet all need and there is significant risk that some households will be put under severe pressure this winter.

3. This briefing summarises data on the impact of the cost of living crisis and sets out work already underway by the council and its partners. It recommends additional actions that might be taken to mitigate the impact of cost of living crisis on those in greatest need.

4. This report does not seek to deal directly with the broader financial implications of current economic pressures, including on partners and providers, or on the responses of individual partners to support their own staff.
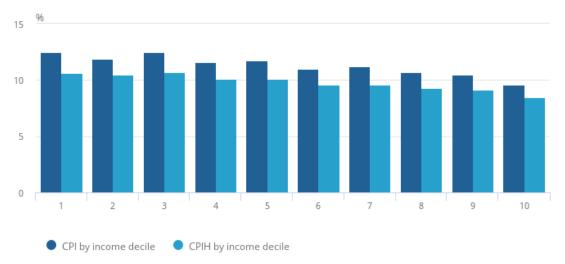
Background

5. On 16 November, the ONS published that the Consumer Prices Index (CPI) rose by 11.2% in the 12 months to October 2022, the highest rate of inflation since 1981. The Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 9.6% in the 12 months to October 2022, up from 8.8% in September 2022. The largest contributors to inflation are energy, fuel, and food. In the 12 months until October 2022, gas prices increased by 128.9% and

electricity prices by 65.7%. Food inflation is at 16.4%, its highest rate since September 1977.

6. Inflation is even higher for less wealthy households. According to the ONS, inflation for the second lowest income decile was 1.4 percentage points higher than for the second highest income decile—the largest gap since March 2009.

Figure 1: The highest 12-month inflation rate (CPI and CPIH) was recorded among the bottom three income deciles in October 2022
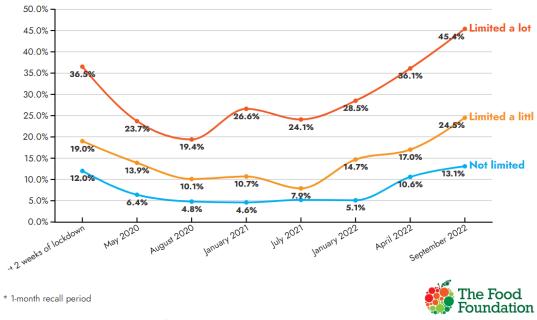
Inflation rates for equivalised disposable income deciles, Consumer Prices Index (CPI) and Consumer Prices Index including owner occupiers' housing costs (CPIH), UK, October 2022

Source: Office for National Statistics (ONS), Consumer Prices Index and Consumer Prices Index including owner occupiers' housing costs, released 16 November 2022, ONS website, article, Inflation and the cost of living for household groups, UK: October 2022

7. According to the ONS's Public Opinions and Social Trends household finances survey (26 Oct – 6 Nov), 91% of British people have experienced rising living costs compared to one year ago, of which 91% experienced increased gas and/or electricity bills and 97% experienced rising food costs. 77% have experienced rising living costs compared to one month ago. 63% of British people report cutting back on gas or electricity in the home to save costs.

8. Research by the Food Foundation shows that food insecurity has more than doubled between September 2021 and September 2022, with 18.4% of households experiencing food insecurity in September 2022. This includes over half of households on Universal Credit. They also show that one in four households with children have experienced food insecurity in the past month. The Food Foundation also reported not only that people with disabilities are more likely to be food insecure, but that the food insecurity gap between those with and without disabilities is increasing.

There has been a widening of inequalities experienced by people with disabilities

Percentage of households experiencing food insecurity* according to level of disability:

Limited a lot: 36.5% ... 23.7% ... 19.4% ... 26.6% ... 24.1% ... 28.5% ... 36.1% ... 45.4%

Limited a little: 19.0% ... 13.9% ... 10.1% ... 10.7% ... 7.9% ... 14.7% ... 17.0% ... 24.5%

Not limited: 12.0% ... 6.4% ... 4.8% ... 4.6% ... 5.1% ... 10.6% ... 13.1%

X-axis: + 2 weeks of lockdown, May 2020, August 2020, January 2021, July 2021, January 2022, April 2022, September 2022

* 1-month recall period

The Food Foundation

Source: The Food Foundation, here

9. Good Food Oxfordshire reports 25-30% increased usage of food banks since August 2021, representing 100,000-125,000 more people across Oxfordshire. They are experiencing a steady increase in demand, including new people accessing services. Although supply of fresh food is sufficient, they are experiencing shortages of ambient basics: pasta, rice, beans, tuna, etc. Supply of ambient basics is dependent on supermarket donation bins. Currently, though, these are insufficient to meet demand.

10. Research by the Institute of Health Equity, undertaken before the introduction of the Energy Price Guarantee, estimated that 66% of households (18 million) would be in fuel poverty by January 2023. Fuel poverty occurs when a household cannot afford to adequately heat their home or meet basic energy requirements. The End Fuel Poverty Coalition, bearing in mind the most recent announcements about the Energy Price Guarantee, estimated that 32% of households (8.6 million) would be in fuel poverty by April 2023.

11. Research by the Institute of Health Equity shows that cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development. In some circumstances, health problems may be exacerbated to a degree that they may cause death. England saw an estimated 63,000 excess winter deaths in 2020–21. Estimates suggest that some 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% are attributable to cold homes. 2019 estimates suggest that the NHS spends at least £2.5 billion per year on treating illnesses directly linked to cold, damp, and dangerous homes.

12. In the Chancellor's Autumn Statement on 17 November 2022, the Government announced additional schemes intending to support Britain's most vulnerable through the cost of living crisis. This includes:

(a)   One-off £900 Cost of Living payments to those on means-tested benefits, plus an additional £300 for pensioner households as well as a further £150 for those in receipt of disability benefits (to arrive in 2023-24).

(b)   Benefits and pensions will rise in line with inflation (10.1%), as will the benefit cap. This new rate will be implemented in April 2023.

(c)   The Energy Price Guarantee will rise to £3,000 for a typical household (from £2,500) from April 2023.

(d)   The Government will increase the National Living Wage for individuals aged 23 and over from £9.50 to £10.42 an hour from April 2023.

(e)   Support for households using alternative fuels will increase from £100 to £200, delivered as soon as possible this winter.

13.   In addition to immediate hardship, research by the Health Foundation shows that there is a strong relationship between access to financial resources and public health outcomes. People in the bottom 40% of the income distribution are almost twice as likely to report poor health as those in the top 20%. Poverty is associated with a range of worse health outcomes across an individual's life course.

14.   In childhood, poverty is associated with worse outcomes in infant mortality, low birthweight prevalence, obesity, asthma, tooth decay, and accidental death. It is also associated with worse health outcomes in adulthood, such as premature mortality, diabetes, and cardiovascular disease; this is especially the case for persistent poverty.

15.   The deprivation of necessities that sustain a basic standard of living affects health in several ways, including being unable to afford sufficient heating or a nutritionally adequate diet. Other factors that can directly harm health include low-quality housing and the lack of opportunity for social participation.

16.   Poverty can also have psychosocial consequences that can eventually affect health due to the stresses of living on a low income. There is also the potential for poverty to affect health through relative deprivation, which is the stress associated with lacking the goods, services, and status of mainstream society. This can affect health, even if a basic standard of living is being met, by acting as a chronic source of stress that eventually manifests physiologically.

17.   Persistent poverty is associated with even worse outcomes, such as obesity, mental ill health, and long-term illness. The number of episodes of poverty accumulated over an individual's life is also associated with worse health outcomes.

Financial Implications

18.   There are no direct financial implications of this report.

Legal Implications

19.   There are no legal implications of this report.

Equality & Inclusion Implications

20.   As set out in the report, families (including large families and single families), people with disabilities or long term health conditions, and people from some minority ethnic communities are more likely to have low incomes and so be disproportionately impacted by increases to the cost of living. This includes experiencing higher rates of inflation and being more likely to be food insecure or be in fuel poverty. Rural communities are also more likely to be impacted by costs that are unprotected by some elements of government support, for example those reliant on heating oil. This report sets out how initiatives are seeking to support the most vulnerable Oxfordshire residents.

Sustainability Implications

21.   Reducing energy usage can have the dual benefit of both reducing costs to the consumer and impact on the environment. This report sets out some of the ways in which the Council and system partners are supporting retrofit schemes and energy advice to low income households. Some energy reduction schemes can be inaccessible to lower income households or households in specific circumstances, rendering them more vulnerable to the impact of the cost of living crisis, for example those living in private rented accommodation. To maximise impact, existing and future Council schemes should therefore prioritise supporting both reduction of energy costs for those on the lowest incomes, as well as maximising absolute reductions in energy usage and associated carbon emissions.

Consultation and Engagement

22.   In developing proposals for support, officers have engaged with the City and District Councils and the voluntary and community sector. Throughout implementation, further engagement will seek to ensure that the County Council supports schemes which are aligned with others' schemes and that we continue to work with partners to identify the worst impacted residents and communities.

23.   The details of the response outlined in this report were gathered following the Cost of Living roundtable (6 October) where statutory and VCS partners shared their experiences of the cost of living crisis and their suggestions for moving forward. A report on this event is included in Annex B.

Robin Rogers, Programme Director, Cost of Living Response,
robin.rogers@oxfordshire.gov.uk

Contact Officer: Jamie Slagel, National Management Trainee, Cost of Living
Response Co-ordinator, jamie.slagel@oxfordshire.gov.uk

22 November 2022

Annex A: Cost of Living Update

Annex B: Feedback from Roundtable Event

Annex A
Cost of Living
Health and Wellbeing Board

1 December 2022

OXFORDSHIRE
COUNTY COUNCIL

The Health and Wellbeing Board has requested an update on Cost of Living Crises impact and response across Oxfordshire. This briefing pack provides background details on the scope of the crisis nationally and in Oxfordshire and summarises ongoing responses across the system.

This presentation was produced by Oxfordshire County Council with contributions from Cherwell DC, Oxford City Council, South Oxfordshire DC, Vale of White Horse DC, West Oxfordshire DC, Citizens Advice, Age UK, Better Housing Better Health and Good Food Oxfordshire.

OXFORDSHIRE COUNTY COUNCIL

KEY POINTS

Key points 1

- The cost of living crisis will have long-lasting impacts

- The cost of living crisis will have an adverse impact on residents' health

- Our most vulnerable residents are most affected:
    - Large/single-parent families
    - Elderly residents
    - Individuals with disabilities/long term health conditions
    - Lowest income households & those on benefits
    - Ethnic minorities

- Fuel and food poverty is sky-rocketing

OXFORDSHIRE
COUNTY COUNCIL

Key points 2: Oxfordshire's response

- Co-ordinated response between county, city, & district councils alongside VCS

- Retrofitting homes & grants for home improvement, including Better Housing Better Health

- Funding Free School Meal equivalent support during holidays (household support fund)

- Funding Citizens Advice, food networks, & emergency welfare

- Hyperlocal responses: grants to support the voluntary & community sector

- Targeted support for disabled residents with energy costs

- Communications campaign focused on signposting to support

OXFORDSHIRE COUNTY COUNCIL

BACKGROUND

OXFORDSHIRE
COUNTY COUNCIL

Cost of Living Crisis: economic factors

- The Consumer Prices Index (CPI) rose by 11.1% in the 12 months to October 2022 (ONS)

- But regular pay only rose by 5.7% in the 12 months to September 2022 (BBC News)

- Adjusted for rising prices, wages fell by 2.7% (to Sep 22) (BBC News)

- Record gap between pay rises in private / public sectors: 2.2% vs 6.6% (BBC News)

- Since December last year, the UK interest rate has increased from 0.1% to 3%
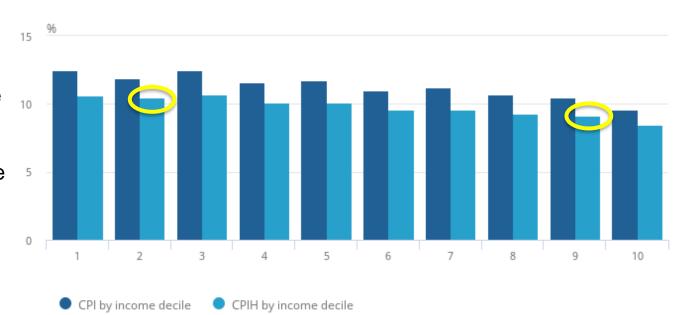
OXFORDSHIRE COUNTY COUNCIL

Cost of Living Crisis: it doesn't affect everyone equally

Inflation more adversely affects low income households:

Figure 1: The highest 12-month inflation rate (CPI and CPIH) was recorded among the bottom three income deciles in October 2022

Inflation rates for equivalised disposable income deciles, Consumer Prices Index (CPI) and Consumer Prices Index including owner occupiers' housing costs (CPIH), UK, October 2022

The 1.4 percentage point gap between the 2nd and 9th decile is the largest since March 2009

CPI by income decile   CPIH by income decile

OXFORDSHIRE COUNTY COUNCIL

Experiences of the Cost of Living Crisis

- **91%** of British people's **cost of living has increased** (vs 1 year ago)
  - Of which, 91% received increased gas/electricity bills & 97% paid more for food
  - 77% of British people's cost of living has increased (vs 1 month ago)
- **75%** are "**very worried**" (25%) or "**somewhat worried**" (50%) about rising costs of living
- **21%** are looking for a **new job**/promotion & **19%** are **working more hours** in their usual job
- Citizens Advice **help someone every 2 mins** & have already helped more people in 2022 than 2019 and 2020 combined
- Some good news…
  - Since the government's interventions, 15% fewer people are experiencing increased cost of living over the last month (vs 1 year ago)
  - Downward trend in % adults very or somewhat worried about rising costs of living
    - Aug/Sep 2022:   81-2%
    - November 2022:   76%

Source: <u>ONS, Public opinions and social trends, Great Britain: household finances survey, 26 Oct - 6 Nov</u>

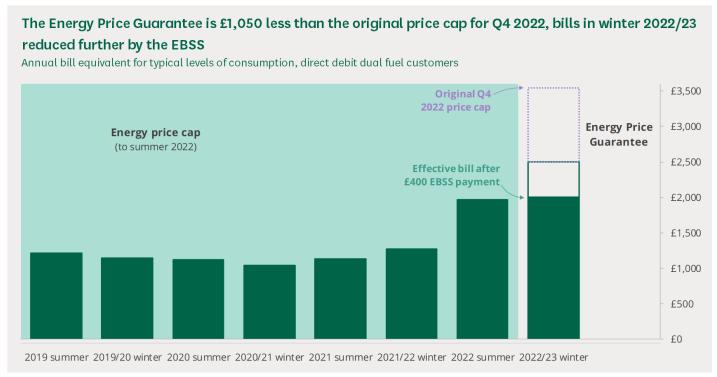**OXFORDSHIRE COUNTY COUNCIL**

FUEL AND ENERGY

The national picture: fuel & energy

- The largest cause of inflation is **energy**, despite government interventions

- Energy inflation in the 12 months until October 2022 ([ONS](#)):
  - Gas: 128.9%
  - Electricity: 65.7%

- Energy costs are the largest contributor to the 1.4 percentage point gap between how low/high-income households experience inflation

- Energy Price Guarantee
  - In October, the Energy Price Guarantee (EPG) increased to £2500 pa for an average household—almost double the winter 2021/22 price guarantee
  - This limited the increase of energy prices to 27% between April and October 22 (vs expected 80% without Gov intervention) ([HoCL](#))
  - Without the price guarantee, the average annual household energy bill would be £3,459 ([Ofgem](#))

OXFORDSHIRE COUNTY COUNCIL

Up-close: the Energy Price Guarantee

The Energy Price Guarantee is £1,050 less than the original price cap for Q4 2022, bills in winter 2022/23 reduced further by the EBSS

Annual bill equivalent for typical levels of consumption, direct debit dual fuel customers

However, the Chancellor announced that the energy price guarantee will rise to £3,000 for a typical household in April 2023
- Without this new EPG, prices would have gone up to over £3,700

Source: Domestic energy prices - House of Commons Library (parliament.uk)

The national picture: fuel & energy

- 63% of British people cutting back on gas/electricity in home ([ONS Public Opinion Survey](#))

- Citizens Advice
  - CA project they will help over 225,000 people this year with energy issues—they've already helped over 190,000 people (more than 2021)
  - 3.5 times as many people can't afford to top up their prepayment meter (vs 1 year ago) ([source](#))
    - But, from Sep 22 to Oct 22 there was a significant reduction following the Government's Energy Bill Support Scheme ([source](#))
  - CA report 28% more people receiving help on energy efficiency (vs 1 year ago) – Oct 22 was the **third highest month on record** ([source](#))

- Some good news…
  - Since September, CA have seen a **marginal decrease** in calls about energy and visits to cost of living webpages
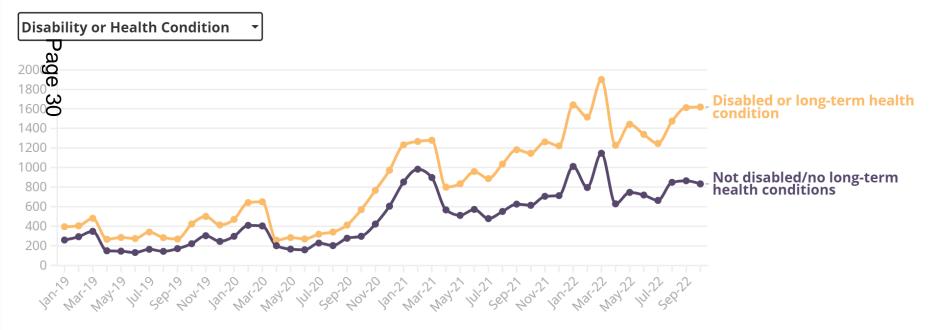
OXFORDSHIRE COUNTY COUNCIL

Cost of Living Crisis: it doesn't affect everyone equally

CA data shows that the cost of living crisis more adversely affects those who are disabled or have a long-term health condition

The number of people we're helping with practical energy efficiency advice every month by demographic group

Disability or Health Condition ▼

Disabled or long-term health condition

Not disabled/no long-term health conditions

You can access this visualisation directly here.
Data from England and Wales

citizens advice

Source: Citizens Advice, Cost of Living data dashboard, data visualisation here

The national picture: fuel poverty & health implications

- Increased fuel poverty

    - Institute of Health Equity: [66% of households (18 million) in fuel poverty by Jan 2023](#) (calculated before introduction of EPG)

    - End Fuel Poverty Coalition: [32% of households (8.6 million) in fuel poverty by April 2023](#) (following the Chancellor's statement)

- **Cold homes cause/worsen:** Respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development

- NHS spends at least £2.5bn on treating illnesses directly linked to cold homes (from 2019) ([Institute of Health Equity](#))

- Excess winter deaths ([Institute of Health Equity](#))

    - In 2020-21, England saw 63,000 excess winter deaths

        - 10% directly attributable to fuel poverty

        - 21.5% attributable to cold homes

        - Higher than Northern European average

    - Estimates for 2023 (calculated before EPG)

        - 180,000 fuel poverty deaths (calculated before EPG)

        - 360,000 cold home deaths (calculated before EPG)

OXFORDSHIRE COUNTY COUNCIL

Summary of Government Responses

- Energy Bills Support Scheme (EBSS): £400 to every household over 6 months
  - On Oct 31, the BBC reported that only 60% of EBSS vouchers had been claimed by those on prepayment meters

- Energy Price Guarantee
  - £2,500 from October 2022 to March 2023
  - £3,000 from April 2023

- Winter Fuel Payments & Cold Weather Payments

- Warm Home Discount

- Household Support Fund
  - The Chancellor announced this would continue for 12 months

- Cost of Living payments:
  - £650 (Oct 22) / £900 (2023) for those on means-tested benefits
  - £300 for pensioners
  - £150 for those on disability benefits

OXFORDSHIRE COUNTY COUNCIL

What does fuel poverty look like in Oxfordshire? (1)

Fuel Poverty (2020)		
District	**Count**	**Rate**
Cherwell	4,826	7.8%
Oxford City	6,651	11.0%
South Oxfordshire	4,129	7.0%
Vale of White Horse	3,809	7.1%
West Oxfordshire	3,446	7.3%
Oxfordshire	**22,861**	**8.1%**

As of 2020, the last time official statistics were available, Oxfordshire had an estimated 22,861 households in fuel poverty, a rate of 8.1% compared with 8.6% in the South East.

A household is considered to be fuel poor if:

(a) they have a fuel poverty energy efficiency rating (FPEER) of band D or below;

and:

(b) if they were to spend their modelled energy costs, they would be left with a residual income below the official poverty line.
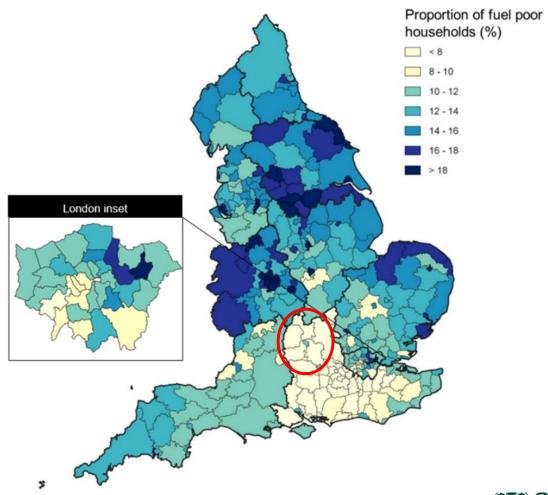
Source: Sub-regional fuel poverty data 2022 - GOV.UK (www.gov.uk)

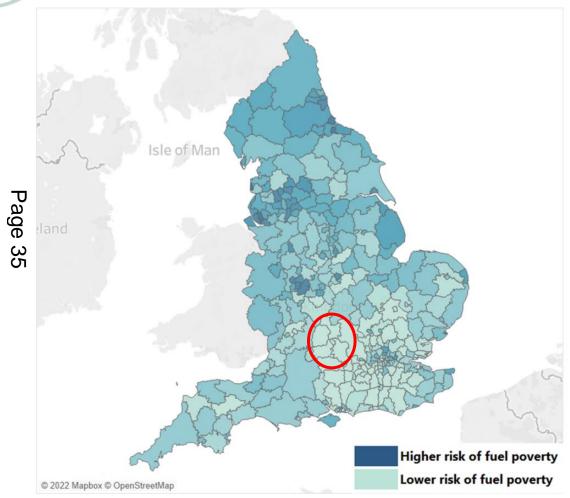# What does fuel poverty look like in Oxfordshire? (2)

Proportion of fuel poor households (%)

- < 8
- 8 - 10
- 10 - 12
- 12 - 14
- 14 - 16
- 16 - 18
- > 18

London inset

Source: Sub-regional fuel poverty in England, 2022 (2020 data) (publishing.service.gov.uk)

OXFORDSHIRE COUNTY COUNCIL

What does fuel poverty look like in Oxfordshire? (3)

Fuel poverty risk index using 12 indicators of fuel poverty

Oxfordshire has a **lower risk** of fuel poverty

Source: Open Data Institute, Fuel poverty and data infrastructure, November 2022

What does fuel poverty look like in Oxfordshire? (4)

- Positives
  - Oxfordshire has among the lowest proportion of fuel poor households (vs other local authorities)—except Oxford city
  - Oxfordshire has a relatively low fuel poverty risk
- Challenges
  - Higher levels of fuel poverty in rural areas
  - High levels of private sector renting in Oxford city → less ability to retrofit/improve household energy efficiency
  - High levels of households using off-grid energy sources (55,000)
  - In 2017, Oxfordshire had 48,482 households on electricity prepayment metres (DBEIS)—potentially 100,000 now:
    - Higher costs of energy
    - Costs increase at a disproportionate rate as compared to 'typical' energy payment arrangements
    - Less likely to have accessed £400 rebate

FOOD POVERTY & INSECURITY

OXFORDSHIRE
COUNTY COUNCIL

Cost of Living Crisis: food

- Another major contributor to inflation is **food**
    - Food and non-alcoholic beverage CPIH is at its **highest rate since September 1977: 16.4%** (ONS: consumer price inflation)
    - Rising food costs contribute +0.56 percentage points of difference between 2nd and 9th income deciles (ONS)
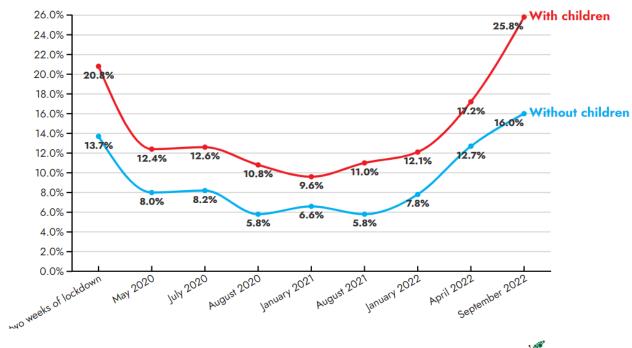- 100% rise in food insecurity over last year (The Food Foundation)
    - In Sep 22, 8.8% of households (4.7 million adults) were food insecure
- Citizens Advice: the national picture
    - A record number of people asked CA for a food bank referral in September 22 (this decreased a little in October after Gov support)
    - October 22 was **still** the second highest month on record
    - October 22 rates are 60% higher than this time last year

OXFORDSHIRE COUNTY COUNCIL

Up close: food insecurity

Food insecurity has increased more in households with children

Percentage of households experiencing food insecurity*:

* 1-month recall period

The Food Foundation

- Food insecurity among households has more than doubled over the past year
- Over ¼ of households with children suffer from food insecurity

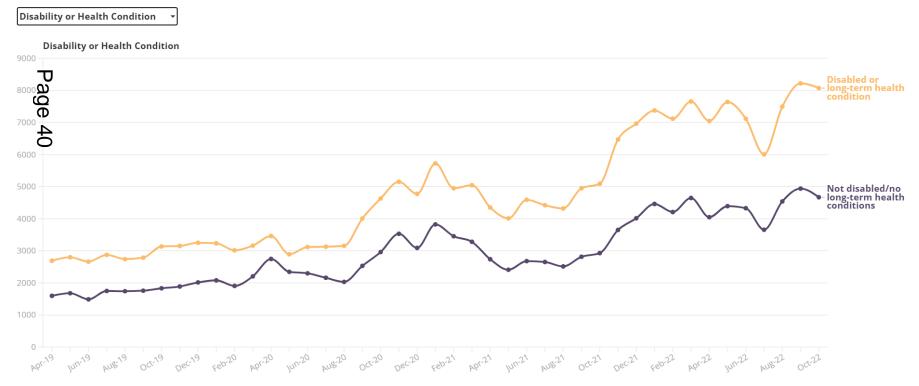Source: The Food Foundation, [data visualisation here](#)

OXFORDSHIRE COUNTY COUNCIL

The inequality of food poverty (1)

CA data shows that the effects of the cost of living crisis on food poverty more adversely affect those who are disabled or have a long-term health condition

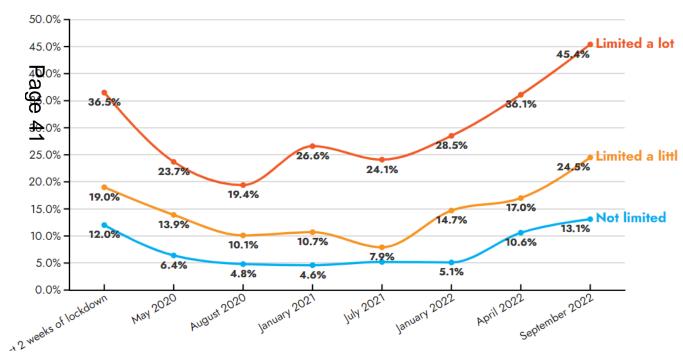**The number of people we are referring to food banks by demographic group**

Disability or Health Condition ▾

Source: Citizens Advice, Cost of Living data dashboard, data visualisation here

The inequality of food poverty (2)

The Food Foundation reinforces this, showing how **the food insecurity gap is widening** between disabled & non-disabled people

There has been a widening of inequalities experienced by people with disabilities

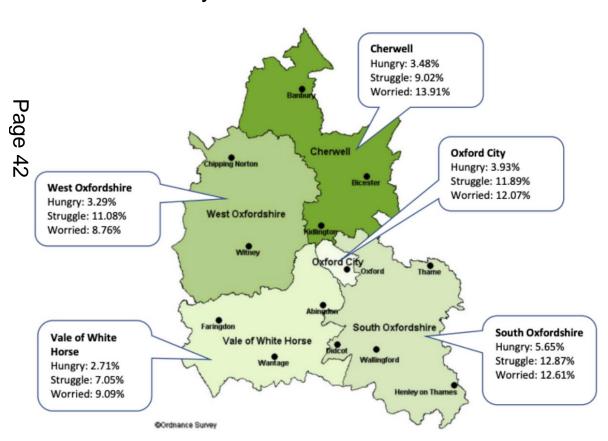Percentage of households experiencing food insecurity* according to level of disability:

* 1-month recall period

Source: The Food Foundation, data visualisation here

What did food insecurity look like in Oxfordshire? (2021)

Food insecurity at an Oxfordshire district level in Jan/Feb 2021

Cherwell
Hungry: 3.48%
Struggle: 9.02%
Worried: 13.91%

Oxford City
Hungry: 3.93%
Struggle: 11.89%
Worried: 12.07%

West Oxfordshire
Hungry: 3.29%
Struggle: 11.08%
Worried: 8.76%

Vale of White Horse
Hungry: 2.71%
Struggle: 7.05%
Worried: 9.09%

South Oxfordshire
Hungry: 5.65%
Struggle: 12.87%
Worried: 12.61%

©Ordnance Survey

Hungry: those who have been hungry at least once in the previous month but were unable to get food
Struggle: those who cut back on food, skipped meals, received support from their community with food essentials, couldn't get to shops/delivery, or were too ill to get food
Worried: those who worry about being able to adequately supply the food they need for themselves and their families

Source: Oxfordshire Food Strategy, Presentation to Health Improvement Board, here

Adapted from Sheffield University Research into UK local good insecurity of adults, January 2021 (Moretti, Whitworth and Blake, 2021)

OXFORDSHIRE COUNTY COUNCIL

What does food insecurity look like in Oxfordshire? (2022)

- Foodbank usage: 25-30% increase since August 21

  - This amounts to +100,000 to 125,000 people across Oxfordshire

- Key feedback (from questionnaires/Community Food Services)

  - Steady increase in demand

  - **New people accessing services**

  - Current supply of fresh food is adequate *but* shortages of ambient basics (pasta, rice, chickpeas/beans, tuna, etc.)

  - Supply of ambient basics dependent on supermarket donation bins: for bigger services, **supermarket donations are insufficient to meet demand**

Page 43

OXFORDSHIRE COUNTY COUNCIL

ADVICE CENTRES

OXFORDSHIRE
COUNTY COUNCIL

Pressures

- AgeUK helpline: 67% increase in demand (vs October 2021)
    - 68% of helpline enquiries are about welfare benefits
    - 41% of callers are phoning on their own behalf
    - 58% of calls are from, or about, someone 75+
- Citizens Advice Oxfordshire
    - September 2022: 2.5x increase in demand (vs September 2021)
        - 4x higher than 2020
    - Citizens Advice Oxfordshire is helping **56 people every day** with crisis support
    - Between January and September, CAO **referred 3990** people for crisis support

RESPONSES: OXFORDSHIRE COUNTY COUNCIL

Tactical & Strategic Responses

Tactical Responses	Strategic Responses
Crisis funds & emergency welfare support	Community asset building
Free school meal equivalent support during holidays	Investment in Voluntary & Community Sector
Warm Spaces / Warm Welcome network	Retrofitting homes to improve energy efficiency
Grants for Voluntary & Community Sector	Benefit maximisation project
	Inclusive economy partnership

OXFORDSHIRE COUNTY COUNCIL

VCS Cost of Living Support

- ✓ £100k grant to OCF to support a round of grants for the Voluntary and Community Sector
- • Goals
  - ▪ Meet immediate crisis demand for essentials
  - ▪ Provide advice & personalised support
  - ▪ Develop preventative solutions
  - ▪ Create super-local community hubs
  - ▪ Promote services
- ➢ Details
  - ▪ [Cost-of-living grants - Oxfordshire Community Foundation](#)
  - ▪ £500 - £10,000 per organisation
  - ▪ Applications **closed**
  - ▪ Grant determination panel: 22 Nov
  - ▪ Grants to be disbursed by end of calendar year

Community Energy Bills Support Scheme (CBESS)

✓ £100k grant scheme via OCF to help community venues with the costs of energy this winter

• Goal: allow existing spaces to continue providing support and activities that contribute to wellbeing

Details

- [Community Building Energy Support Scheme - Oxfordshire Community Foundation](#)

- £250 - £3,000 per organisation

- Applications **closed** noon, 21 Nov

- Grant determination panel: 8 Dec

- Grants to be disbursed by end of calendar year

Household Support Fund 2

- ✓ Total of £3.4m dispersed between April 2022 and September 2022 in 49,000 separate awards

- ✓ Included £1.8m of Free School Meal equivalent support out of term time to 14,300 children and young people

- ✓ Provided £85 vouchers to 11,000 lower income pensionable households during October 2022 for support with energy costs

- ✓ £570,000 was delegated to City and District Councils for the provision of local emergency welfare scheme, including £140,000 specifically awarded to 656 pensioner households

- ✓ £50,000 provided to Citizens Advice to support with the costs of administration

OXFORDSHIRE
COUNTY COUNCIL

Household Support Fund 3

- Further £3.4m from Government to be spent between Oct 2022 and March 2023
  - To help individuals and families with essential costs, especially energy
  - To provide support to those not eligible for government cost-of-living support **and** those still vulnerable to rising prices even if supported through these schemes
  - Specific guidance to help disabled individuals/households adversely affected
- Challenge: significantly greater need than resources available
- Being implemented:
  - Free-school meal equivalent support around school holidays—to help low income families with children
  - Equivalent support for children in early years
  - Further £500,000 delegation to City and District Councils for emergency welfare schemes
- In pipeline: additional support for…
  - Families of children with severe disabilities affected by additional energy costs
  - Hospital discharge
  - Those not covered by national schemes
  - Those fleeing domestic violence

OXFORDSHIRE COUNTY COUNCIL

Other Support Measures

- ✓ £210,000 grant to Citizens Advice
  - Goal: maintain debt and benefits advice services to June 2023
  - Funded from the 2022/23 Emergency Welfare revenue budget

- ✓ £322,00 assigned to the Care Workers Charity (CWC)
  - Goal: provide crisis grants for the most in need and 'Blue Light Cards' for all eligible
  - CWC created an application form and process to validate all applications
  - COVID funded

- ✓ Holiday Activity Fund (HAF)
  - 30,000 places for high-quality, active childcare for low income families during school holidays

OXFORDSHIRE COUNTY COUNCIL

RESPONSES: CITY & DISTRICT COUNCILS

Cherwell District Council

- Energy: offering [a range of grants](#) to landlords and homeowners to improve the energy efficiency of their homes:
  - [Cherwell Energy Efficient Programme (CHEEP) Grants](#)
  - [The small repairs service](#)
  - [Essential repairs grants](#)
  - [Flexible Home Improvement Loans](#)

- Warm Spaces
  - Community venues across Cherwell encouraged to offer a 'Warm Welcome' with activity and engagement to their local neighbourhood
  - Encouraged to display 'Warm Welcome' decal on building
  - Offer a warm drink or food as well as a participatory activity
- Advice
  - New advice contract offered to Citizens Advice for the next two years to support residents with benefits, debt, and money advice

Cherwell District Council

- Food & support for VCS

    - Declared a Food Insecurity Emergency & established a Food Insecurity working group with lead Executive member as Food Champion

    - Working with Good Food Oxfordshire and partners in the Cherwell Community Food Network to reduce food insecurity, secure supply, and reduce waste

    - £100 in food vouchers before Christmas for residents in receipt of housing benefit (£350,000)

    - Grants up to £750 for organisations fighting food insecurity to top up local donations or support capital expenditure on storage/cold storage

    - Community gardens and growing spaces offer residents produce and build community support networks

        o 12 growing spaces across the district with an ambition to grow this into a larger network
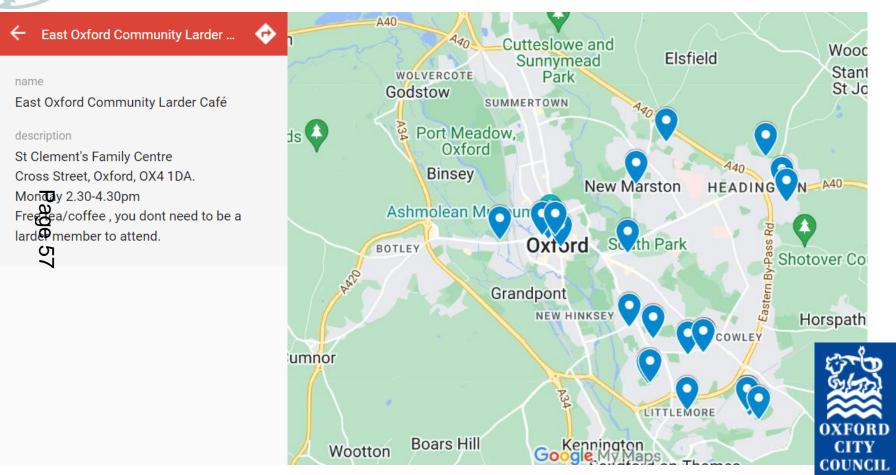
Oxford City Council

- Energy
  - Supported vulnerable residents to claim EBSS
  - Planning to support communities in case of blackouts

- Food
  - Developing proposal to give c £200k to GFO to meet winter pressures
  - Hoping to use HSF 3 funding to extend support until April 2023

- Trained staff on referral pathways

- Locality Managers joining up work in localities to make sure there is a coordinated approach

- Warm Spaces

  - Developed a warm and welcoming spaces network

  - Including a map

Oxford City Warm Spaces Map

Link: https://www.oxford.gov.uk/warmspaces

South Oxfordshire District Council Vale of White Horse District Council

- Energy

  - Advice on how to reduce your home energy use and costs

  - Advice on loans/grants for homeowners to improve warmth, safety or security of homes (including mobile homes and canal boats)

  - To come: dedicating HSF 3 money to improved energy support

- Food (*planned measures subject to confirmation)

  - Emergency Food Support for residents*

  - Food Network Grant for food banks and larders to purchase stock and assist with supply issues*

- General

  - Extended council tax reduction scheme for those with disabilities

West Oxfordshire District Council

- Energy
  - Redirecting funds to BHBH so they can provide more repairs support

- Food
  - Approved funding for community food network
  - Working with West Oxfordshire food network and GFO to build resilience in the community food sector
  - Chairman of the Council has recognised food group volunteers
  - Securing business support to purchase ambient food

- Warm spaces
  - Funding available to support community groups, including town and parish councils, to extend and sustain activities which provide a warm welcome

West Oxfordshire District Council

- Support for VCS

  - VCS grant scheme: grants of up to £1,000 available to small local organisations to sustain activity or develop new opportunities which provide support to those affected by the cost of living crisis

  - Direct funding to voluntary sector food groups

- Advice

  - Funding additional debt and advice worker for Citizens Advice West Oxfordshire

  - Additional funding for Housing and Resident support roles to help residents

WEST OXFORDSHIRE
DISTRICT COUNCIL

OXFORDSHIRE
COUNTY COUNCIL

EXAMPLES OF VOLUNTARY & COMMUNITY SECTOR RESPONSE

OXFORDSHIRE
COUNTY COUNCIL

Good Food Oxfordshire
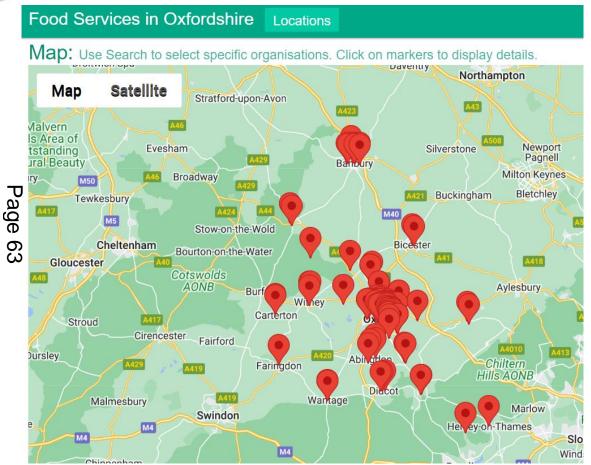
Addressing food pressures:

- Services have started buying ambient basics

  ▪ This is counter to the ethos of many services whose aim is to reduce food waste…

  ▪ **But** they are acutely aware of the scale of the problem of food insecurity

- The scale to which services can fund this in **no way meets the demand**

- Oxford Food Hub and SOFEA:

  ▪ Pursuing additional wholesale food sources

  ▪ Again, this is currently not meeting demand

- Campaigns to ask for more public donations of food and provide support and advice to people struggling: #foodsupportoxfordshire

Good Food Oxfordshire

Food Services in Oxfordshire Locations

Map: Use Search to select specific organisations. Click on markers to display details.

[Locations | Food Services in Oxfordshire (goodfoodoxford.org)](goodfoodoxford.org)

OXFORDSHIRE COUNTY COUNCIL

Age UK

- Simplifying complex and confusing information about available support: [here](#)

- Publicity via: EngAGE, website and social media, mailouts to organizations and individuals

- Talks raising awareness e.g., Diocese, Radio Oxford

- Providing discharge support packs, electric blanket testing packs, IDOP event packs

- Promoting uptake of pension credit, attendance allowance, household grants

PARTNERSHIP RESPONSES

Better Housing Better Health

- ✓ Provided total of £505,000 over two years
  - ▪ £260,000—funded by the Better Care Fund, Public Health Budgets, City and District Councils, and Oxfordshire's CCG
  - ▪ £245,000—additional funding from Oxfordshire County Council cost of living funding
- • Capacity
  - ▪ This provided capacity for 2,600 telephone calls over 15 months
  - ▪ Allowed launch of 500 home visits
    - ○ So far: 162 home visits
- • Who BHBH telephone service helps:
  - ▪ At least 40% of BHBH visits/calls provides support to social housing tenants
  - ▪ Filling in gaps in local energy support provision to housing associations
- • Who BHBH home visit service helps:
  - ▪ About 75% to residents with long-term health conditions
  - ▪ About 60% to those over 65
  - ▪ Support for recipients of means-tested (43%) and non-means-tested benefits (37%)
- ➢ Going forward: aim to reach more families with children and those in private accommodation

Warm Welcome

- County, city, and district councils have agreed a co-ordinated approach to warm spaces in Oxfordshire

- All community organisations offering a warm space will be encouraged to sign up to the national [Warm Welcome Network](#)

- Our libraries are signing up to this network as well

Oxfordshire Food Strategy

- **Healthy, fair, and sustainable food for all**

- **Vision**: everyone in Oxfordshire can enjoy the healthy and sustainable food they need every day

- **Food Justice**: healthy and sustainable food is affordable and accessible for everyone

- [Food poverty action plan](#):
  Emergency provision → building resilience → preventing food poverty

Source: [Food Strategy Presentation to Health Improvement Board](#)

OXFORDSHIRE COUNTY COUNCIL

Digital Inclusion Strategy

- **Vision**: everyone in Oxfordshire is empowered to access & experience the wide-ranging benefits enabled by being digitally connected and confident. No one is left behind.

- Strategy:
  - Digitally inclusive communities
    - Working with partners, businesses, and residents
    - Collaborative and co-ordinated approach
  - Digitally inclusive service delivery
    - Ensure the council's digital transformation does not sustain/increase the digital divide
  - Digitally inclusive workplace

- [Digital Inclusion Charter](#)

OXFORDSHIRE COUNTY COUNCIL

Digital Inclusion Strategy

www.sandrahowgate.com

Source: CA_JUL1922R12 Annex 2 Oxfordshire Digital Inclusion Charter Cabinet.pdf

OXFORDSHIRE COUNTY COUNCIL

Other measures in development

- Additional relief for those paying Council Tax, in partnership with City and District Councils

- Discussion ongoing with City and District Councils re take up of the Council Tax hardship funding offer

- Programme to maximise income, benefit take-up, and utilisation of social tariffs

OXFORDSHIRE
COUNTY COUNCIL

COMMUNICATION AND ENGAGEMENT HEADLINES

Cost of Living Roundtable

- Took place 6 October (see report in Annex B)

- Attendees
    - Members and officers
    - District and City partners
    - Advice centres e.g. CAB
    - VCS
    - NHS
    - Schools

- Key takeaways:
    - This is not just a short-term crisis: it will become a long-term crisis
    - The situation is urgent and widespread
    - There are many new groups of people in need
    - Communication is crucial: information must be visible and accessible
    - We must work collaboratively and locally

OXFORDSHIRE COUNTY COUNCIL

County Communications Strategy

- Focus is on flagging up the support, advice and resources available to residents across the county.

- Cross-county campaign, involving all district and city council partners, to amplify our messages and extend our reach.

- Two aspects:

  - **OCC corporate activity** – including the allocation of funding, the agreement of policies, news about delivery of packages of support with partners. This is being delivered through the press, social media and residents' e-newsletter.

  - **Countywide signposting and support** – practical signposting and support provided through social media, digital channels, and posters. Our role is to clearly articulate the help on offer and provide a central place for people to come to find out information.

- Directing people to **www.oxfordshire.gov.uk/living**

Community Activity

- Over 4,000 posters
- Over 700 locations

Libraries | Parish & Town Councils
Village & Community halls
Children's Centres | GP practices
Care providers | Faith groups

- Cllrs can request posters [here](#)

- Posters emailed to VCS partners, including OCF, CFO, OCVA, OALC, Oxford Hub

- Written content provided for use in community newsletters

"If I can just get one more meal out of this"

... sound familiar?

Let's help point you in the right direction

| Oxfordshire County Council helps with free school meals, childcare and holiday schemes | Your district [city] council helps with free and low cost food services | gov.uk lets you check if you're entitled to the £,000's unclaimed in benefits each month in Oxfordshire |

For practical local and national support to help you care for your family this winter, visit

oxfordshire.gov.uk/living or your local advice centre or library

OXFORDSHIRE COUNTY COUNCIL

Digital campaign

- Campaign focused around three themes:

  - Saving you money

  - Keeping you warm and safe

  - Supporting your family

- Campaign responding to new opportunities & help

- Toolkit provided to district and city partners (with digital assets, graphics, messaging) for co-ordinated approach

- We have already received some good preliminary feedback on our campaign and messages

OXFORDSHIRE COUNTY COUNCIL

Comms & Engagement

- Dedicated webpages
  - [Cherwell](#) | [City](#) | [South](#) | [Vale](#) | [West](#)

- City & District councils
  - Attended BBC cost of living roadshows
  - Distributed cost of living booklets/leaflets
  - Collated easy access funding guide
  - Resident support & community hubs offering offering telephone advice, help and signposting
  - Engaging with radio shows
  - Promoting inclusive activities including physical activity

OXFORDSHIRE COUNTY COUNCIL

Sources (1)

BBC News, 'Record wage rises still outpaced by soaring inflation,' 16 November 2022, https://www.bbc.co.uk/news/business-63624996

BBC News, '£400 energy support vouchers going unclaimed,' 31 October 2022, £400 energy support vouchers going unclaimed - BBC News

Choose Fair Price Comparison, 'Social broadband tariff take-up remains low,' 29 September 2022, Social broadband tariff take-up remains low (choose.co.uk)

Citizens Advice, Jonny Tatam-Hall, 11 November 2022, The Government's support on energy bills has helped a bit — but more will be needed

Citizens Advice, Cost of living data dashboard, 11 November 2022, CA cost of living data dashboard | Flourish

Citizens Advice Oxfordshire, 'Record-Breaking Demand for Citizens Advice Services across Oxfordshire,' 07 November 2022, Record-Breaking Demand for Citizens Advice Services across Oxfordshire - Citizens Advice Oxford

Cornwall Insight, 2 August 2022, Price cap to remain significantly above £3,000 a year until at least 2024

End Fuel Poverty Coalition, 18 November 2022, Coalition responds to Chancellor's autumn statement – End Fuel Poverty Coalition

The Food Foundation, Food Insecurity Tracking, September 2022, https://foodfoundation.org.uk/initiatives/food-insecurity-tracking

Good Food Oxfordshire, Oxfordshire Food Strategy, May 2022, GFO Oxfordshire Food Strategy (goodfoodoxford.org)

HM Treasury, Autumn Statement 2022, AUTUMN STATEMENT 2022 (publishing.service.gov.uk)

House of Commons Library, Domestic Energy Prices, 09 November 2022, https://commonslibrary.parliament.uk/research-briefings/cbp-9491/

House of Commons Library, Rising cost of living in the UK, 20 October 2022, Rising cost of living in the UK - House of Commons Library (parliament.uk)

Institute of Health Equity, 2022, Fuel Poverty, Cold Homes, and Health Inequalities in the UK, read-the-report.pdf (instituteofhealthequity.org)

Institute of Health Equity, Marmot Review Team, The Health Impacts of Cold Homes and Fuel Poverty, the-health-impacts-of-cold-homes-and-fuel-poverty.pdf (instituteofhealthequity.org)

Joseph Rowntree Foundation (JRF), Anxiety nation? Economic insecurity and mental distress in 2020s Britain, 10 November 2022, Anxiety nation? Economic insecurity and mental distress in 2020s Britain | JRF

Sources (2)

Moretti A., Whitworth, A., and Blake M., UK Local Food Insecurity Briefing Report, [UK Local Food Insecurity Briefing Report](#)

Office for National Statistics (ONS), released 11 November 2022, ONS Website, data set, [Public opinions and social trends, Great Britain: 26 October to 6 November 2022](#)

Office for National Statistics (ONS), released 11 November 2022, ONS Website, data set, [Public opinions and social trends, Great Britain: household finances](#)

Office for National Statistics (ONS), released 11 November 2022, ONS Website, data set, [Public opinions and social trends, Great Britain: personal well-being and loneliness](#)

Office for National Statistics (ONS), released 16 November 2022, ONS website, article, [CPIH-consistent inflation rate estimates for UK household groups: July to October 2022](#)

Office for National Statistics (ONS), released 16 November 2022, ONS website, article, [Inflation and the cost of living for household groups, UK: October 2022](#)

Office for National Statistics (ONS), released 16 November 2022, ONS website, statistical bulletin, [Consumer price inflation, UK: September 2022](#).

Ofgem, Ofgem updates price cap level and tightens up rules on suppliers, 26 August 2022, https://www.ofgem.gov.uk/publications/ofgem-updates-price-cap-level-and-tightens-rules-suppliers

Open Data Institute, Fuel poverty and data infrastructure, November 2022, [#DRAFT_ ODI Report - Flagship Story - Fuel poverty - 111022 (theodi.org)](#)

Oxfordshire Food Strategy, Presentation to Health Improvement Board, February 2022, [PowerPoint Presentation](#)

[Oxfordshire Digital Inclusion Charter](#)

Oxfordshire County Council, [Digital Inclusion Strategy 2022-2025](#)

The Resolution Foundation, An Intergenerational Audit For The UK, 14 November 2022, [An intergenerational audit for the UK • Resolution Foundation](#)

Thames Water, Water Help, ['Water Help', a social tariff that reduces bills by 50%](#)

For further information on sources or information in this presentation, please contact:

Jamie Slagel (jamie.slagel@oxfordshire.gov.uk)

This page is intentionally left blank

Cost of Living Crisis Roundtable
(06.10.22)
Report

'Many families are choosing whether to eat or heat; many can't afford either'

Representatives met from across Oxfordshire's voluntary and community sector, NHS, local schools, county, city, and district councils to discuss a collaborative response to the Cost of Living crisis. Set out below is a summary of these discussions.

Understanding the Cost of Living Crisis

Concepts

- This is not another, separate crisis, but rather part of a sequence of worldwide crises including COVID and the impact of climate change
- This crisis requires us to reconsider 'vulnerability' since it will affect everyone
- This crisis will continue long-term

Additional Drivers of the crisis

- Housing insecurity and homelessness
- Lack of **staff retention**, especially among front line workers—we have a long-term labour problem in Oxfordshire
- The **volunteering landscape has changed**: many have moved on, feel it's too demanding or not rewarding enough, or have other duties / personal pressures
- Food banks and larders are seeing a significant **reduction in donations**

Lived experience of the crisis

- Residents are experiencing **widespread and significant anxiety**
- Increased anxiety may contribute to increased risk of **domestic abuse** and **poor mental health and wellbeing**
- Frontline groups are seeing **stigma**, shame, embarrassment, and loss of dignity

Who is especially vulnerable?

Those living in Oxfordshire who are:

- On low income but just outside benefits allowances
- Privately renting
- On pre-payment meters for gas and electricity
- Reliant on fuel-oil
- Families with very young children, especially single parent families, and pregnant women
- Elderly, pensioners, disabled, or young people
- Recently discharged from hospital

We should bear in mind that

- There are **many new groups of people in need**. These groups are not familiar with what help is available or where and how to access it. Some may be fearful and reluctant to seek help
- Just because usual measures show an area as affluent, doesn't mean no one there is struggling—our communities are mixed and varied

How we should approach this crisis

'We must be just as dynamic, bold, and ambitious as during COVID'

- Bear in mind that our staff and volunteers are already **run-down** from the extended COVID pandemic
- Maintain our **collaborative working spirit** & **professional curiosity**
- Work across organisations to collaborate—and to **avoid duplication**
- Remember the importance of **local approaches**
- Implement a range of approaches from county-wide to 'hyperlocal'
- Remember that many people often need a **bespoke solution**
- Advocate our need at **the national level** by sharing our local experiences

Communications

'Good advice is a health intervention'

- People need clear, timely, and non-stigmatising information
- **Make every contact count**
- Information must be easy to understand and **accessible** to all people
- All methods should be considered including non-digital hand out leaflets (including via Cllrs), picking up the phone, knocking on doors, speaking to local newspapers, BBC Oxford & local radio, TV, school newsletters, posters & QR codes, parish councils, notice boards, & bus stop billboards
- Common branding may be useful for residents e.g. for warm, welcoming spaces
- Internal communication to our own staff
- Make use of system-wide **Communications Cells** established during COVID to coordinate
- Communications between VCS, statutory bodies, and health services: can we disseminate regular email updates summarising county-wide work on this crisis?

Specific Ideas

- **'Warm, welcoming spaces'**
  - Warm spaces should not be named as such—perhaps, 'warm welcome'
  - They should be about more than just warmth: **social opportunities**, human contact, and access to further help and information
  - There must be **specific reasons** for people to attend to overcome the stigma of seeking warmth
- #CLICKZERO: supporting a campaign to make essential online services data free
- **Community oil buying schemes** have been used to make heating oil cheaper, albeit are experiencing challenges in the current energy market
- **Buying food wholesale**: this allows food groups to buy at wholesale prices and share out, which is cheaper and avoids supermarket limitations
- **"Can we help?"** events: joined up events offering advice from a range of partners—can be hosted in Council-owned spaces
- Helping residents to **prioritise bill payments**
- Providing accessible & accurate **information to those working on the frontline**
- More **help for frontline NHS workers**: subsidised meals, help paying for petrol
- **Donation pool**: encouraging residents to donate their £400 energy rebate if they feel others could benefit more from it
- Giving charities longer to spend public sector grants: this allows them to develop long-term strategies and more sustainable plans
- Oxfordshire's Public Health team have just put together "Community Profiles" with statistical data and **rich, personal insights**—for everyone to use

Principles for joint working

- We will build on what already works using our **existing structures & partnerships**
- Our response is **local**: different approaches are needed in different places. However, we are committed to joined up, **person- and family-centred** ways of working, aligned across agencies
- Long-term strategy
  - *'Often we are only keeping crises at bay for another day or week'*
  - We will plan for the sustained impact of the cost-of-living crisis, not just the immediate response
  - Prevention remains better than cure: the more we can do to help people avoid crises and harm, the less impact in the long-term
  - Although humanitarian interventions are needed in the short-term, there is a real need for a long-term 'community resilience' strategy which should be woven into all of our actions and interventions

This page is intentionally left blank

Divisions Affected - All

HEALTH AND WELLBEING BOARD
1ˢᵗ DECEMBER 2022

CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 17ᵗʰ NOVEMBER 2022

Report by David Munday, Deputy Director of Public Health, Oxfordshire County Council

RECOMMENDATION

1. The Health and Wellbeing Board are asked to note the content of the most recent Health Improvement Partnership Board meeting on the 17ᵗʰ November and the Board's contribution to the implementation of Oxfordshire's Joint Health and Wellbeing Strategy.

Background

2. The Health Improvement Partnership Board (HIB) has identified 3 priority thematic areas to focus on;
    (a)   Tobacco Control
    (b)   Mental Wellbeing
    (c)   Healthy Weight and Physical Activity

3. Action on these priority areas is supported by an approach which is focused at addressing health inequalities and taking a preventative approach in all we do.

4. The most recent meeting of the HIB was on 17ᵗʰ November 2022. On 17ᵗʰ November a range of topics were covered that address these priorities. A summary is provided below and full reports are available at https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7042&Ver=4

Integrated Care System Strategy Development

5. An update was provided by the Dep Director of Strategy for the Integrated Care Board on behalf of the Integrated Care Strategy Steering Group. The Board agreed with the thematic areas of the emerging strategy which closely reflect the Health and Wellbeing Strategy for Oxfordshire. The guiding principles for the strategy were also welcomed, but a desire for further detail on proposed activity within each thematic area was expressed. Questions were raised over how effective consultation with wider stakeholders and the public would be, given such a short window within the development time scale

allocated to this. The importance of representation from both tiers of local government in Oxfordshire within the development group for this strategy was emphasised and board members expressed a keen desire to engage with and supports the next steps of strategy development and consultation.

Mental Wellbeing

6.   An update on the work undertaken by the Oxfordshire Prevention Concordat for better mental health in the last year was provided. the work is structured around four strategic priorities;

      (a)   informed partners
      (b)   insight and evaluation
      (c)   confident professionals
      (d)   resilient communities

7.   The board was reminded that all partners signed up to this concordat in 2019 and it is an excellent example of system-wide partnership working to deliver improved outcomes for local residents. The challenges that COVID-19 has posed to public mental wellbeing were expressed and the board agreed the proposed action plan for 2023. The importance of securing ongoing funding and financial sustainability for current projects was noted.

Healthwatch Ambassador Report

8.   The HIB welcomed Robert Majilton as the new Healthwatch Ambassador board member. The quarterly update from Healthwatch was received and the progress being made on engagement with NHS England and the BOB ICB commissioners responsible for local dental services was widely appreciated. The ability to register at an NHS dentist in Oxfordshire has been an ongoing issue, and although not immediately resolved, the connection with those responsible for the service is a promising development.

Healthy Weight and Physical Activity

9.   Oxford City Council presented the formative work being undertaken as they start the process of recommissioning the local leisure service in Oxford. The board agreed that there are a range of beneficial health outcomes associated with increasing physical activity and that this was an important moment in the re-commissioning process to consider more broadly the remit and scope of the leisure service, and how it can deliver maximum population benefit.

10.   The potential for the current physical leisure centre estate in Oxford to support further action to tackle inequalities in health was noted. The board agreed further work to take insight from recent community profiles in these areas and scoping out which services could potentially be co-located within physical activity hubs should be undertaken. It was noted that this approach may well have potential for replication in other parts of the county and the HIB would

welcome other updates on case studies from city and district partners to help with sharing ideas, initiatives, and good practice.

Brighter Futures in Banbury

11.   Cherwell District Council presented the 2021-22 annual report from the brighter futures in Banbury project. This programme of work is centred around the wards in Banbury that are within the 20% most socio-economically deprived in the country. The associated negative health outcomes in areas like this are well documented. The brighter futures programme provides a holistic approach to addressing the drivers of these health inequalities and benefits from a broad partnership approach which is co-produced with the local community.

Future meetings

12.   The next meeting of the HIB will take place on 23rd February 2023. The board members agreed to a workshop in January 2023 to develop a forward plan of agenda items for the 2023 calendar year that address the priorities of the board.

DAVID MUNDAY
DEPUTY DIRECTOR FOR PUBLIC HEALTH

Appendix:

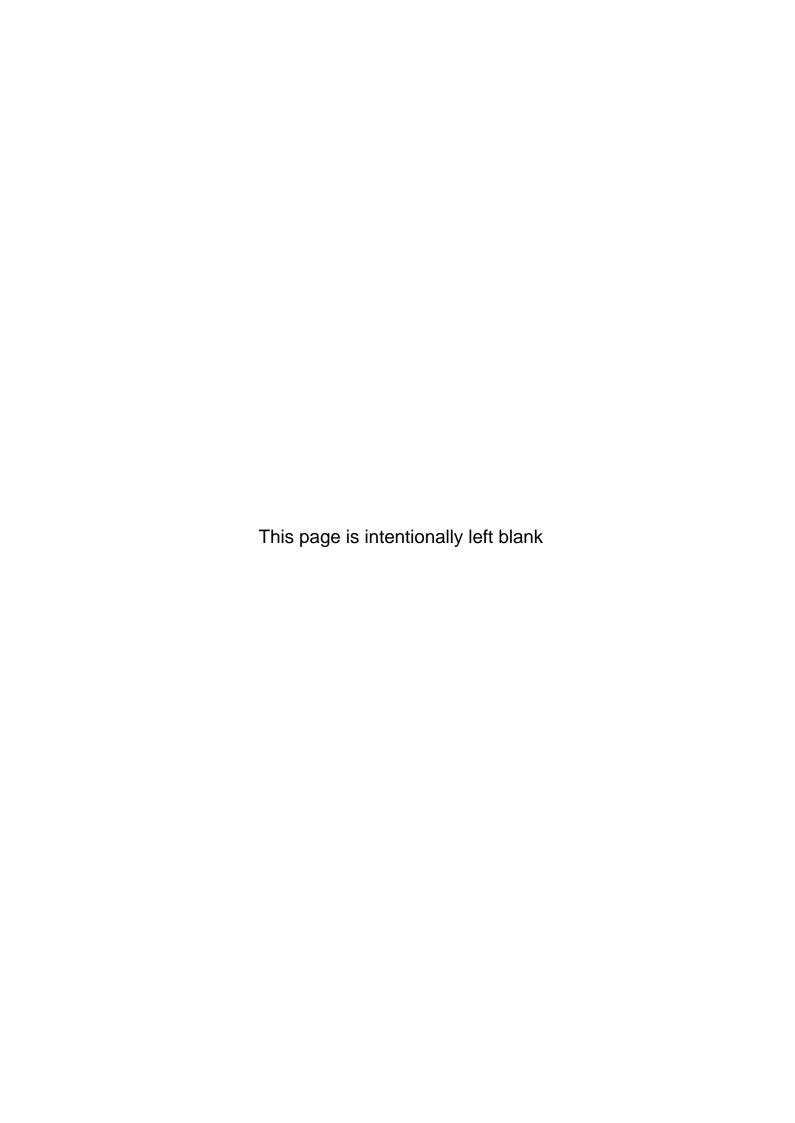Contact Officer: David Munday
                                      Deputy Director of Public Health/Public Health Consultant
                                      david.munday@oxfordshire.gov.uk
November 2022

This page is intentionally left blank

Report to Health and Wellbeing Board

Report from: Children's Trust Board Chair – Cllr Liz Brighouse

Report Date: 1st December 2022

Dates of meetings held since the last report: 8th November 2022 – Virtual meeting

HWB Priorities addressed in this report – A Healthy Start in Life

Link to any published notes or reports:
[Children & Young People's Plan 2018 - 2023](#)

"Working together to help children, young people, and families to thrive"

Priorities for 2022-23 – Focus on Early Help

To ensure all partners on the board dedicate senior leaders to the Early Help (EH) agenda and review their agency's current resource.

Priority focus for 2022/23:
- Early Help & Mental Health & Well-Being
- Early Help & 0–5-year-olds
- Early Help & SEND (Special Educational Needs & Disabilities) Early Intervention

Objectives
- To identify issues and concerns for children and families early so that they can be addressed promptly and without the need for statutory interventions if that is not necessary or appropriate.
- To ensure that Early Help support is at the least intrusive level and designed to support families continue to develop and thrive.
- To use an Early Help Assessment to develop a holistic, coordinated multi-agency intervention where an organization alone cannot fully support the problems a family is facing.

Actions
- Each agency to review their senior leadership and resource levels to early help and report to Children's Trust Board and report on targets for their agency Early Help Assessments.
- To increase the number of Early Help Assessments (EHAs) to 10,000 by 2024/25.
- To identify resource to ensure front-line staff/designated staff across all our services are trained in the early identification and support that can be offered in relation to mental health and well-being, attachment, trauma informed and whole family working by:
  - scoping what is in place
  - adapting existing resources and designing training
  - planning delivery of training and/or train the trainers

Outcomes
- Senior strategic leadership and increased resourcing in place for early help so that fewer children are supported by statutory services.
- Pooled resource for Early Help
- Increase in EHAs (Early Help Assessments) to 5,000 by April 2023; 250 more staff trained to deliver EHAs.
- Reduction in children needing assessments for Education Health Care Needs, Child & Adolescent Mental Health Service (CAMHS) or Children's Social Care statutory support and improvement in Good Level of Development because their needs have been addressed at the earliest opportunity.
- Staff are confident to deliver mental health and well-being interventions, promote whole family working, signpost on as appropriate.

Priority focus for 2022/23: Be Supported
- To ensure the partnership listens to and learns from the views and feedback from children and young people, aged 8-18yrs and up to 25yrs with additional needs, about how supported they feel by the services they access in Oxfordshire.

Progress reports on priority work to deliver the Joint HWB Strategy

Priority Focus	Early Help & Mental Health & Well-being
	Early Help & 0–5-year old's
	Early Help & SEND Early Intervention
Deliverable	See updated Children and Young People Plan for list of deliverables
Progress report	TBC

Priority	Be Supported
Focus	Listen to the feedback from young people in Oxfordshire
Deliverable	This deliverable is measured by ensuring the voice of children and young people is included in our agenda items, via VOXY and the "Be Supported Survey."
Progress report	Be Supported Survey 2022 was launched on the 14th of March and ran for 6 weeks – 4 weeks of school time and then extending into the Easter holidays giving 6 weeks in total to complete the survey and to boost engagement. The full report is now available here after provided for info at the September meeting. Some key messages from this report of children and young people's views are: • Even though the sample size has been smaller in 2022 there hasn't been a significant change in their views and opinions in relation to how supported they feel. • Most of those surveyed do feel supported by the services they use, but it was slightly less compared to 2021. • There were positive responses for them knowing who to speak to when in need of support.

- There were fewer positive responses, with regards to feeling listened to and believed and when they speak to staff, they are experienced and caring.
- As with previous year's most respondents commented again on schools, followed by health services which were mostly positive, but references made to the CAMHS waiting times being unacceptable.
- There were some comments from transgender young people who felt unsupported and not understood by their school and trans healthcare services.
- A general note is that responses have been slightly less positive overall in 2022 compared to 2021.

The data and information for Performance Report Quarter 2 2022/23 is available in *Appendix A* at the end of this report.

1. Early Help 'Ask' from the Children's Trust Board to the Health and Well-Being Board

Cllr Brighouse, as Chair of the Children's Trust Board, has asked all Children's Trust Board partners to:
- Identify a strategic lead for early help
- Identify resources that will be allocated to this work by their agency
- Identify targets to increase their Early Help Assessments (now Strengths & Needs Forms)
- Ensure staff are appropriately trained in the early identification and support that can be offered in relation to mental health and well-being, attachment trauma informed and whole family working

This in accordance with the Children & Young People's Plan 2022/23

The full request is available upon request

The strategic leads would form a new Early Help Board from January 2023, which would be accountable to the Children's Trust and progress would be a standing item at Children's Trust Board meetings. All key statutory and voluntary sector partners would be part of the board and able to influence their organisations to deliver the priority regarding early help.

Progress to date is outlined in the presentation (*available upon request*) along with the Terms of Reference.

Case studies and quotes were provided to demonstrate how Early Help makes a difference and the importance of multi-agency support. These will be available and updated on the OSCB website on a rotational basis. Further information is also available via the Oxfordshire Safeguarding Children's Board (OSCB) website, where there is an area exclusively around Early Help.

Action requested by Children's Trust Board of Health and Well-Being Board

The Children's Trust Board is requesting all Health and Well-Being Board partners to champion this approach in their organisations, to ensure that the early help priority and

response are aligned with their own organisations strategic direction and that they respond to and meet the 'ask' of the Children's Trust Board in relation to early help.

For any queries please contact Maria Godfrey, Strategic Lead, Early Help on maria.godfrey@oxfordshire.gov.uk or Tan Lea, Strategic Safeguarding Partnerships Manager on tan.lea@oxfordshire.gov.uk

2. Other items for noting by Health and Well-Being Board

2.1 New Children's Strapline for all partners: "Working together to help children, young people, and families to thrive"

A poll was undertaken with over 400 responses to agree the strapline for all children's services across our sector. There was good engagement from practitioners, the public and children, young people, and families. This is being brought together along with the Children's Trust Board Vision and Statement of Intent. A 'Thrive model' is being developed to demonstrate how the strapline and vision will be put into practice to ensure that as a partnership we all focus first on universal needs and ensure children are not referred into services at higher levels than they need and to manage our resources effectively.

Presentation available upon request

All partners have been asked to put this strapline into practice in their organisations, through meetings, policies, and procedures to bring it to life and ensure it is a manifesto for children. The board will ask all partners in three- and six-months' for examples of how they have put the strapline into practice.

2.2 Voice of Oxfordshire's Youth (VOXY)

At the Sounding Board on 15th October young people met with councillors about what is important to them. The young people completed a survey which raised themes, such as the cost-of-living crisis, mental health, education, and these were discussed in the session with county council decision makers.

Presentation available upon request

The young people gave feedback: "our voices are heard", "we are part of a wider conversation", "we tried new experiences/hobbies" and "we enjoyed it as it empowered us with the councillors".

2.3 NHS (National Health Service) Health Services in Oxfordshire for Children

The Place Director for Oxfordshire for the Integrated Services Board outlined the new structures and priorities to the Board. The overarching priorities are:

- ➢ Identify the population that will be served best by integrating services
- ➢ Reducing health and inequalities
- ➢ Delivering sustainable models of care that are sustainable in terms of costs and carbon

There is a strong strategic alignment with the Children's Trust Board priorities through the Start Well priorities:

➢ Early years outcomes – 0-5yrs; school readiness
➢ Emotional, mental health and wellbeing
➢ SEND (Special Education Needs & Disabilities) and support for children with neurodiversity and their families

Further information of the major changes taking place across the health and care system with the legal framework of the 2022 Health and Care Act which aims to change this and make it easier for organisations to work together are available here:

[How does the NHS in England work and how is it changing?](#)

Here is a useful summary of Oxfordshire outcomes:

[Public Health Outcomes Framework - at a glance summary](#)

2.4 SEND Reform: Focus on parents and carers and improvement plans

In response to recent petitions, the Council will be doing some specific work around Education Other Than at School (EOTAS), i.e., policy, choices for both system and parents and what this means in terms of resource allocation and equality of service.

The SEND update covered the following areas:

• Changes to SEND staffing
• Delivering Better Value
• Educational Health Care Needs Assessments
• Early Intervention

Full update available upon request

Feedback was more positive from the schools' perspective, the feedback from parents forums is that they do not feel listened to. As part of the SEND strategy and through Parent/Carer's Forum, further work is being undertaken to improve this.

2.5 OSCB on emerging issues

The OSCB Annual Report identifies the following key priorities of neglect, child exploitation and keeping children safe in education.
The OSCB has endorsed recommendations from a recent review, as well as other learning, to support children who are at risk of serious self-harm and suicide. This review also supported similar conclusions/recommendations from the published Serious Case Review for Child R, regarding the insufficiency of placements.
The Board reviewed local data and practice in relation to stop and search on juveniles, in response to the Child Safeguarding Practice Review in Hackney on Child Q including the requirement to inform parents for children of all ages.

2.6 <u>Forward plan for the February 2023 meeting</u>

The following items are due to be considered in forthcoming meetings:

- Partner responses to the request for senior response to the Focus on Early Help in the Children & Young People's Plan and progress on Early Help Board.
- SEND update.
- Cost of Living Crisis update.
- 2023/24 Children and Young People's Plan; review of 2022/23 Plan; You Said, We Did feedback to children and young people.

APPENDIX A

What is being done in areas rated Red or Amber in the Performance Framework

The data and information below are for Performance Report Quarter 2 2022/23.

Be successful
- The number of pupils expelled has reduced and is virtually half the level it was in 18/19. Suspensions have dropped by less.
- 86% of primary and 50% of secondary school pupils who were suspended last year had special educational needs.
- Persistent absence has doubled since 2018/19 and now over a quarter of secondary school pupils and over 17% of primary school pupils persistently absent.
- The number of electively home educated children is 46% higher than pre pandemic levels but only 20 children who are electively home educated are known to social care.
- The number of children missing education is similar to the pre pandemic level. 4 are known to social care and 14 are receiving early help.

Be healthy
- The average (mean) waiting time for core CAMHS services is 6% lower than 12 months ago, and the median is 11% lower.
- To June A&E attendances for self-harm are 18% higher than last year and 50% more than 2019, though hospital admissions have remained stable.
- The children's trust agreed a target of 5,000 early help assessments this year and 10,000 in 23/24. We are currently 28% below target. Most EHAs are for secondary school children and a significant proportion (around 40%) of children becoming the subject of statutory plans for neglect have not had an early help assessment
- The number of under-age conceptions is falling, but the pregnant women scored with a risk of 3 or 4 continue to rise.

Be Safe
- MASH contacts for the first 5 months of the year are 2% lower than last year, but still around 60% higher than pre pandemic levels. Despite this increase the timeliness of red (most urgent) contacts was above target for every month of the year
- August saw a significant increase in children the subject of child protection plans, which stand at over 600. This is part seasonal but was more emphatic this year. It remains below the highpoint of 769 in June 2019.
- The number of children we care for continues to rise and stands at 887 (413 in April 2013) but remains below the national rate. This puts pressure on workloads across the system and on placements.
- Recorded domestic incidents involving children were 4% lower than 12 months ago but 1% higher than 2 years ago and 7% higher than 3 years ago.
- Number of children going missing from home was 19% higher than 12 months ag; 5% higher than 2 years ago and 15% lower than 3 years ago.

Indicator Number	RAG	What is being done to improve performance?
1.3a Mean wait for Core CAMHS (days)	N/A	In May 2022 the number was 118 – 6% lower than April 2021.
1.3b Median wait for Core CAMHS (days)	N/A	In May 2022 the number was 88 – 11% lower than April 2021.
1.11 Reduce the persistent absence of children subject to a Child Protection Plan	N/A	Data available annually only. This is for 2018/19 academic year.
1.1 Reduce the number of children we care for to 750 by March 2022	R	The number in August 2022 was 818 – the number of children we care for continues to rise but remains below the national rate (excluding unaccompanied young people).

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Oxfordshire Place-base Partnership: Update November 2022

1.0 Introduction

Figure 1: BOB ICS in numbers

Major changes are taking place in the way we organise health and care in Buckinghamshire, Oxfordshire and Berkshire West (BOB) promoting greater cooperation between organisations.

So far, we have focussed on structures at Integrated Care System (ICS) level including merging 3 CCGs, establishing the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) and developing our ICP strategy. Our ICS brings the benefits of working at scale to tackle major strategic issues while place-based partnerships driven by collaborations between commissioners and providers are better suited to delivering joined-up care to meet distinctive needs of local populations.

This paper provides a brief update about the development of our Oxfordshire Place-based Partnership.

2.0 Oxfordshire Place-based Partnership

In October the ICB appointed Daniel Leveson as Place Director for Oxfordshire. He is responsible for convening leaders from across the health and care system to develop a thriving partnership. Our aim is to create a partnership and conditions that enable the ICB to delegate some of its functions and budgets to place.

We will accelerate the integration of services for priority populations who will benefit most from joined-up care. We will lead the development of new models of better value care and establish new contracting approaches focussed on provider collaboratives with appropriate transparency, risk and gain shares. We will reduce health inequalities and create a sustainable system (in terms of costs and carbon).

We agreed the following leadership for the partnership:

Name	Job Title	Organisation
Daniel Leveson	Place Director	BOB ICB
Stephen Chandler	Chief Executive	Oxfordshire County Council
Mark Stone	Chief Executive	Rep for City and District Councils
Dr Nick Broughton	Chief Executive	Oxford Health NHS FT
Professor Meghana Pandit	Chief Executive	Oxford University Hospitals NHS FT
Ansaf Azhar	Director of Public Health	Oxfordshire County Council
Rosalind Pearce	Executive Director	Healthwatch
Laura Price	Chief Executive	Oxfordshire Community & Voluntary Action
Dr Mark Gray	GP Lead	North PCNs
Dr Michelle Brennan	GP Lead	South PCNs
Dr Joe McManners	GP Lead	City PCNs

Figure 2: Oxfordshire Place-based Partnership leadership

3.0 Our Approach to Partnership Working

Good relationships are the foundation of successful partnerships. Developing these relationships requires time and effort. We are spending time together to understand each other, the groups we represent and value our differences.

As a leadership team we are creating a clear, shared vision and set of priorities and plans that we can share and receive feedback on. We are setting the tone for our system by being collaborative, inclusive, compassionate and people focussed.

We are looking through a lens of inequality and aim to improve outcomes for minority groups and people living in the deprived areas of Oxfordshire. We will integrate services for populations that will benefit the most from more joined-up care.

Oxfordshire Health and Wellbeing Strategy is at the core of our plans. Our governance and structures will evolve with our partnership and build on what we have, reduce duplication and enable effective decision-making.

4.0 Developing our Partnership

Based on learning and experiences from other place-based partnerships we have developed a maturity matrix and associated success criteria. We are using this as a self-assessment for

to measure our partnership, where we are now and monitor our progress. It will also help us evaluate our readiness for ICB delegation.
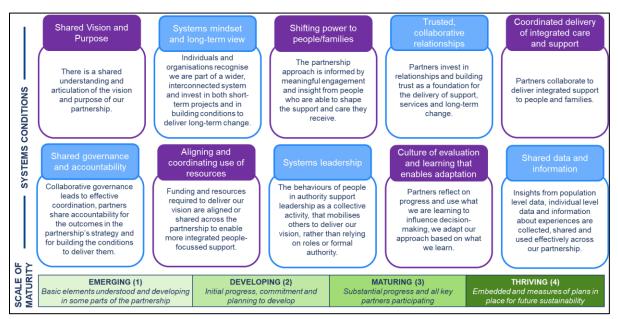

Figure 3: Place-based Partnership Maturity Matrix

We have secured support from a System Leadership and ICS Develop Programme provided by the Local Government Association, NHS Providers and NHS Confederation. Two experienced former Local Authority and NHS leaders will facilitate a series of development sessions. During November they are conducting 17 individual interviews with system leaders to gather their views on our partnership.

In December we will have our first development session altogether. The afternoon will focus on sharing insights from interviews and surveys, learning about each other's organisations and establishing our common purpose and priorities. There will be further development sessions in the new year.

5.0 Emerging Priorities

Traditionally we have organised care in service or specialty silos. We have measured and rewarded compliance with processes and paid predominantly based on volumes of care delivered. We have also encouraged greater competition for small, specified contracts. In some instances, this has led to fragmented care.

As we develop our system we will increasingly focus on groups of populations with similar needs. These population groups will be people and families who will benefit most from receiving more joined-up care. We will focus more on the contribution of our combined efforts to achieving the best outcomes people.

As we align our plans with the emerging ICP strategy and our own Health and Wellbeing Strategy we are likely to consider the following priority populations:

Page 99

- **Children and Young People** including school readiness, CAMHS, LD and neurodiversity.
- **Working Age Adults Mental Health and Wellbeing** Including the Oxfordshire Mental Health Partnership, LD and neurodiversity.
- **People with Urgent Care Needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health Inequalities and Prevention** including healthy lifestyles, wider determinants of health and major employers.

The Partnership will also assume responsibility for oversight of certain areas being led at ICS such as planned care and cancer care and quality and performance in Oxfordshire.

6.0 Timeline and Next Steps
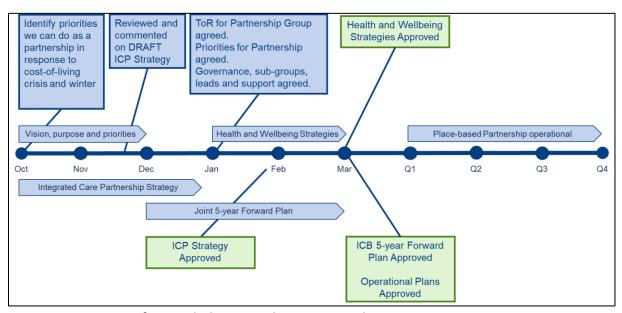
Figure 4: Overview of ICS and Place Development Timeline

- November 17 1-to-1 interviews with system leaders and stakeholders.
- November to January 2023 ICP Strategy engagement process.
- December Oxfordshire Place-based Partnership Development Day.
- January 2023 Oxfordshire Place-based Partnership Development Day follow-up.
- February 2023 ICP Strategy approved.
- March 2023 ICB five-year forward plan and 2-year operating plan approved.
- April 2023 Oxfordshire Place-based Partnership operational.

Daniel Leveson
Oxfordshire Place Director
18 November 2022

Page 100

Developing the Integrated Care Strategy

Oxfordshire Health and Wellbeing Board

November 2022

"Integration" – doing more together

Integrated care system (ICS)
A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated care partnership (ICP)
A statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area

Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

BOB is made up of three places:

Oxfordshire

Buckinghamshire

Berkshire West

Integrated Care Strategy

Purpose of the strategy:

The Integrated Care Partnership are accountable for developing the strategy

The Strategy will set a clear direction for the system and promote joint working to meet local population health, care and social need.

What?

Improve the public's health and well-being needs

Reducing health inequalities in access, experience and outcomes across our system

Bring learning from across places and the system to drive improvement and innovation

addresses the problems that would benefit from require a system response, and multiple partners

How?

✓ Complement but not replace/supersede existing priorities

✓ Joint working with a wide range of ICS partners

✓ Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities and organisations

3

Thematic Working Groups

The working group themes were agreed following analysis of existing strategies and ambitions:

1. Start Well	4. Promoting Healthy Lifestyles
Kevin Gordon, Director of Children's Services Oxfordshire County Council	Ingrid Slade, Consultant in Public Health Wokingham Council
2. Live Well	**5. Health Protection**
Ansaf Azhar, Director of Public Health Oxfordshire County Council	Tracy Daszkiewicz, Director of Public Health Berkshire West Local Authorities
3. Age Well	**6. Demand Management**
Andy Sharp Director of Adult Social Care West Berkshire & Dr Raj Thakkar, GP	Matthew Tait, Chief Delivery Officer, ICB

Proposed vision and principles

Building on health and wellbeing strategies and discussions in the working groups, the following vision and principles have been agreed to set the direction for the BOB health and care system.

> *Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to be able to access the right support when it is needed.*

Preventing ill-health:	Tackling health inequalities	Providing person centred care	Keeping delivery local	Improving join up between our services:
We will help people stay well and independent, enjoying better health for longer. We will help build healthy places and thriving communities to protect and improve people's health and build prevention into all our services.	We will improve physical and mental health for those at risk of the poorest health and social outcomes. This will include addressing differences in access to and experience of our services between different groups and individuals.	We will work together to provide support in a way that meets people's people's needs and helps them to develop the knowledge and skills to make informed decisions, and to be involved in their own health and care.	We will plan and design support and services with local people and our partners to deliver support close to where people live, learn and work.	We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.

Our emerging priorities

```
                    ┌─────────────────────┐
                    │ Promote and         │
                    │ protect health      │
        ┌───────────┼─────────────────────┼───────────┐
        │ Start Well│     Live Well       │  Age Well │
        └───────────┼─────────────────────┼───────────┘
                    │ Improve quality and │
                    │ access to services  │
                    └─────────────────────┘
```

1. Promote and protect health

Aim: To support people to stay healthy we will

- Priority 1: We will reduce the proportion of people smoking across Buckinghamshire, Oxfordshire and Berkshire West.
- Priority 2: Reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing
- Priority 3: We will reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.
- Priority 4: We will take action to address the social, economic and environmental factors that influence our health.
- Priority 5: We will protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.

2.Start Well

Aim: To help all children achieve the best start in life we will:

- Priority 6: We will improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes.

- Priority 7: We will improve emotional, mental health & wellbeing for children and young people

- Priority 8: We will improve the support for children and young people with special educational needs and disabilities, and for their families and carers.

- Priority 9: We will support young adults to move from child centred to adult services

Our emerging priorities

	Promote and protect health	
Start Well	Live Well	Age Well
	Improve quality and access to services	

---

3. Live Well	4. Age Well	5. Improve quality and access to services
Aim: to support people and communities stay healthy for as long as possible we will:	*Aim: To help people live healthier, independent lives for longer we will:*	*Aim: To help people access our services at the right place and right time we will:*

3. Live Well

Aim: to support people and communities stay healthy for as long as possible we will:

- Priority 10: We will reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk.

- Priority 11: We will improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health.

- Priority 12: We will increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes.

4. Age Well

Aim: To help people live healthier, independent lives for longer we will:

- Priority 13: We will support older people to remain healthy, independent, and connected within their communities.

- Priority 14: We will provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.

- Priority 15: We will look after carers.

5. Improve quality and access to services

Aim: To help people access our services at the right place and right time we will:

- Priority 16: We will develop strong integrated neighbourhood teams so that people's needs can be met in local communities.

- Priority 17: We will reduce and eliminate long waits for our planned services, and address variation in access across the system.

- Priority 18: We will support the consistent development of our urgent care services to reduce demand and support timely access.

Approach to engagement

The engagement will be collaborative, undertaken on behalf of the ICP not only one organisation

We will:

- Maximise the time for engagement and listening

- Make it easy for people and organisations to provide feedback

- Attend all Health and Wellbeing Boards and other sessions as requested

- Write a report on the feedback received from different people and organisations, reflecting how different perspective will be taken into account

Engagement with public and communities:

- ✓ Online engagement platform

- ✓ Citizens panel

- ✓ Healthwatch / VCSE fora

- ✓ Local Authority and NHS Partners local channels and networks to reach local communities

- ✓ Virtual meetings to outline the vision, principles, strategic themes and priorities and seek feedback

Timescales for engagement:

- Early December – start period of engagement with public and partners

- December and January – Use meetings and sessions with public and partners to listen to views on proposed priorities for BOB ICS

- End Jan – Engagement period will close.

- Feb – Engagement report developed. Strategy material updated. Final document published.

Publication, delivery planning and review

Publication
The Integrated Care Strategy is expected to be published in Buckinghamshire, Oxfordshire and Berkshire West following sign off by the ICP in February.

Influencing delivery planning
The Integrated Care Strategy will:
- Complement other strategies and plans, not supersede or replace them, notably the local health and wellbeing strategies
- Be considered as an input to partner organisations' delivery planning activity – The timescales have been designed to specifically influence the NHS planning activity (completed by end of financial year)
- Other partner organisations are also expected to consider the implications of the Integrated Care Strategy as part of their planning activity too.

Review
In time, the integrated care partnership is expected to consider how effectively the strategy is being delivered by the integrated care board, NHS England, and local authorities.

Page 109

This page is intentionally left blank

Health & Wellbeing Performance Framework: 2022/23
Quarter 2 Performance report

A good start in life

Measure	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 21/22		Q1 22/23		Q2 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG					
1.1a Reduce the number of children who are cared for who are not unaccompanied young people to 750	750	Q2 2022/23									801	R	817	R	Measure changed to exclude unaccompanied children. Trajectories in place to reduce to the level of similar authorities. Action plan in place reporting to Chief Exec
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q2 2022/23	510	A	548	R	530	A	559	R	558	A	637	R	Seen an increase of almost 100 in two months. Above the target (550) but over 100 less than the highpoint of June 2019 (769).
1.3.1 Mean waiting days for CAMHS	tbc	Jul 22 2022/23	106		132		110		86		114		124		Mean waiting time is 16% up on same time last year
1.3.2 Median waiting days for CAMHS	tbc	Jul 22 2022/23	99		97		106		48		89		70		Median waiting time is 20% down on same time last year
1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Aug 22 2022/23	85	R	146	R	202	A	280	A	43	G	68	G	68 admissions in first 5 months of the year. 163 pro rata for year
1.12 Reduce the level of smoking in pregnancy	6.5%	Q4 2021/22	6.9%	G	6.9%	G	5.7%	G	5.8%	G	7.0%	A	7.0%	A	Figures ranged from 5.4 (Q1) and 7.0 (Q4) across the 4 quarters of 2021-22. Reaching 6.1 across all 4 quarters (391 women) a reduction since last year. This year maternity services across the ICP will be launching a bespoke targeted Stop Smoking Service
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q1 2022/23	93.1%	A	93.7%	A	92.6%	A	93.6%	A	93.7%	A	95.3%	G	A national campaign to increase childhood MMR vaccination is ongoing.
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q1 2022/23	92.5%	A	92.4%	A	91.6%	A	91.9%	A	91.6%	A	96.4%	G	A national campaign to increase childhood MMR vaccination is ongoing.
1.15 Reduce the levels of children obese in reception class	7%	2021/22	6.7%	A	6.7%	A	6.7%	A	6.7%	A	19.9%	G	19.9%	G	Small increase in reception overweight and obesity since pre-pandemic levels in 2018/2019. Work continuing to address this through whole systems approach & specific programmes such as You Move and the child healthy weight service, Gloji Energy.
1.16 Reduce the levels of children obese in year 6	16%	2021/22	16.2%	A	16.2%	A	16.2%	A	16.2%	A	33.4%	G	33.4%	G	Significant increase in Y6 overweight & obesity levels since (pre-pandemic. Work continuing to address this through the whole systems approach & specific programmes such as You Move and the child healthy weight service, Gloji Energy.
Increase the number of early help assessments to 2000 in 2020/21	5000	Q2 2022/23	801	G	1352	G	2188	G	2938	G	849	R	1454	R	Target of 5000 for year. 1454 in the 6 months, so provjecting 2908 in year. All local partners are identifying their pledges to early help via the children's trust
1.18 Monitor the number of children missing from home	Monitor only	Q2 2022/23	260		513		741		982		264		525		Last 12 months: 13% increase compared with last year; 14% increase on 2 years ago; 13% decrease on 3 years ago
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q2 2022/23	1782		3577		5166		6742		1834		3660		Last 12 months: 2% decrease compared with last year; 3% decrease on 2 years ago; 8% increase on 3 years ago

Living well

	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 22/23		Q1 22/23		Q2 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q2 2022/23	94%	G	93%	G	95%	G	95%	G	95%	G	95%	G	Routine inspection on hold, inspecting only where a concern is raised. National average 90%
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Q2 2022/23	8%		20%		39%		71%	G	9%		20%		Action plan in place. Checks tend to happen at the end of the year. IN line with where we were this time last year
2.12 The number of people with severe mental illness in employment	18%	Q1 2022/23	20%	G	21%	G	22%	G	22%	G	22%	G	22%	G	975/4340. Latest figures June.
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Q2 2022/23	6	G	10	G	20	G	33	G	10	A	18	G	18 people permanently admitted to care homes in the quarter (pro rate 36), marginally above target, still top quartile nationally8
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2022	10	Q2 2022/23	5	G	10	A	10	A	8	G	7	G	8	G	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-21	21.3%	R	22.4%	R	22.4%	R	21.0%	R	21%	A	21%	A	Inactivity levels worsened in Covid. Latest data inconclusive (PHOF reports improvement, Nov 2021 Active Lives Survey reported more inactivity). New projects Move Together (July 2021) & You Move (June 2022) should support improvement
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 1146 per 100,000*	Q1 2022/23			678	R	1042	A	1306	G	1384	G	1154	G	The new smoking cessation provider has made excellent efforts to achieve their target 4 week quit rates by delivering the service remotely and continuing to engage with clients through the Covid pandemic.
2.18 Increase the level of flu immunisation for at risk groups under 65 years	85%	Sep 21 to Feb 22	58.9%	R	58.9%	R	58.9%	R	60.4%	R	60.4%	R	60.4%	R	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme. Uptake within the under 65 year 'at risk' cohort remained stable with an increase seen in the over 65 years cohort and the 50 – 64 years cohort.
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	70%	Q2 2022/23	67.0%		69.6%		69.6%		72.6%		62.6%	A	63.5%	A	The NHS Health Check Programme invitations continue to improve each quarter, with 66/67 GP Practices inviting patients to attend their NHS Health Check.
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	42%	Q2 2022/23	31.7%		32.6%		32.6%		33.5%		32.7%	A	28.3%	A	New Service commissioned to work alongside GP Practices. New Provider in Implementation Phase from 1/10 - 31/12/22 & begins delivery from 1/1/23. Programme paused nationally in COVID leading to estimated 28,000 missed health checks locally - service targeting these poeple.
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q4 2021/22	65.9%	R	67.1%	R	67.6%	R	67.1%	R	66.5%	R	66.5%	R	Below England (68.6%) & South (70.2%). Lower coverage in LSOAs with a higher percentage non-white population. NHSE Screening team working with BOB ICS to improve uptake, for younger, non-white women. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit.
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q4 2021/22	75.7%	R	75.3%	R	75.4%	R	75.3%	R	75.0%	R	75.0%	R	Comparable to England (75%) and the South (75.2%).

Aging Well

Measure	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 22/23		Q1 22/23		Q2 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Aug-22	20%	G	20%	G	20%	G	20%	G	20%	G	21%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-22	72%	G	72%	G	72%	G	73.7	G	73.7	G	73.7	G	National social care user survey run each February
3.6 Maintain the number of home care hours purchased per week	21,779	Q2 2022/23	26,333	G	25,643	G	25,128	G	24,509	G	25,395	G	25,786	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Aug-22	21,822	G	22,949	G	22,061	G	20,798	G	22,476	G	23,673	G	
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Aug-22	13	G	14	G	14	G	15	G	16	G	18	G	
3.19 (New measure): unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population	720	Q2 2022/23	769.6	R	745	R	749.5	R	732.0	R	740	A	689	G	2402 admissions in 6 months. Rate of 345. Target for first 6 months rate of 350. Figre reported is projected year end figure
3.21 (New measure) % of people discharged to their normal place of residence	93.0%	Q2 2022/23	91.0%	R	90.9%	R	90.6%	R	90.6%	R	90.5%	R	90.8%	R	Actions in place to improve allocation to discharge pathways; diversion from home with care to home with no care; and from short term bed to home with care within a Home First ethos and practice.
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week (BCF measure)	8.8	Q2 2022/23	9.4	G	8.1	G	9	G	9.2	G	8.6	G	8.2	G	213 admissions in the first 6 months
3.13 Increase the % of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (BCF measure)	77%	Oct - Dec 2022	62	R	62	R	62	R	84	G	84	G	84	G	Figure fell in year, possibly as people with higher needs were supported. Targeted amended in line with BCF
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2021	2.85%	A	2.85%	A	2.85%	A	2.20%	A	2.20%	A	2.20%	A	Figure dropped in year - measured at time of contract change which may have impacted performance
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Aug-22	63.0%	R	63.0%	R	61.0%	R	60.9%	R	61.0%	R	61.7%	R	Below target, but above BoB and SE average
3.16 Maintain the level of flu immunisations for the over 65s	85%	Sep 21-Feb 22	84.4%	G	84.4%	G	84.4%	G	86.4%	G	86.4%	G	86.4%	G	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme.
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q4 2021/22	70.3%	G	70.3%	G	70.9%	G	71.7	G	69.0%	G	68.3%	G	The service is currently inviting at 129% of their pre-COVID-19 rate. Service is fully restored, recovered its backlog in July 2021 and performs within the invite target threshold of inviting within +/- 6 weeks. National average = 68.8%.
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2021/22	55.4%	R	55.4%	R	76.9%	R	66.6%	R	69.6%	R	71.5%	G	COVID-19 restrictions impacted on programme as did workforce sickness/self-isolation. Fewer women presented potentially related to Covid. Additional capacity now in place and provider expects to be back to a sustained round from the Autumn 2022.

This page is intentionally left blank

Guidance is given in square brackets under each of the headings below. Headings which are discretionary are also in square brackets. Please delete as you go along and remove heading and sections not needed.

Divisions Affected -

HEALTH AND WELLBEING BOARD
1 DECEMBER 2022

OXFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22

Report by JAYNE CHIDGEY-CLARK and KAREN FULLER

RECOMMENDATION

1.   **The Health and Wellbeing Board is RECOMMENDED to:**

(a)   note the contents of the report and its conclusions.
(b)   note a specific issue from a Safeguarding Adults Review (Adult "Iain" – page18) regarding a concern about barriers to accessing mental health treatment for people who misuse alcohol or illicit drugs.

Executive Summary

2.   The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2021-22. It is a requirement set out in the Care Act 2014 statutory guidance that the Local Authority receive a copy of the report and that they "will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board" (Chapter 14, para 161).

Background

3.   Safeguarding Boards are required to share their annual reports with all statutory partners and those partners are expected to consider the report and its contents to decide how they can improve their contribution to both safeguarding throughout their own organisation and to the joint work of the Board *(S14.161, Care and Support Statutory Guidance).*

4.   This report and the work of the Board will take on additional significance in light of the new Care Quality Commission Inspection regime, which will see the Local Authority inspected for the first time since Safeguarding Boards became a statutory requirement. Based on feedback received from the inspection pilot areas, the Board will be asked for its view on the Local

Authority and how they discharge their safeguarding function under The Care Act 2014.

Key Findings

Board work during 2021-22

5. The local safeguarding partnership has continued to maintain a high standard of safeguarding work during a second year of COVID that has affected all partner organisations.

6. There has been an increase in safeguarding concerns across all types of abuse and neglect. This increase in concerns is replicated in other Local Authority areas across the country. There is no obvious reason behind this increase in concerns, but it is possible that this is linked to the drop in the number of safeguarding (Section 42) enquiries that have taken place as workers triage cases and complete more of the safeguarding work while it is still in the concern stage.

7. Despite challenging financial and workforce pressures and the against a backdrop of COVID, there is a narrowing gap between the life expectancy for people with a learning disability and the general population. The leading cause of death (cancer) is now the same as for the general population, COVID deaths were no greater for adults with LD than the rest of the population, and the clear line of sight between Commissioners and people in out of county placements.

8. The Making Safeguarding Personal approach has been championed throughout the year and there has been an improvement in the number of people who have defined what they wanted to happen as a result of the safeguarding work and who were satisfied with the work that was undertaken. This is excellent progress during a difficult year and demonstrates professionals are continuing to keep the person at the centre of their work with them, empowering them to make the decisions that are important to them and honouring that as much as they are able to whilst seeking to protect them.

9. The Board's annual frontline practitioner survey has indicated that there is still work to do to improve practitioner confidence with escalating concerns when there is a difference of opinion.

10. The Board's annual safeguarding self-assessment indicates that organisations continue to experience issues around recruitment, retention and resilience, which have been included in the impact assessment consistently since it was introduced.

11. As in previous years, Organisations also reported an increase in demand on their services as well as an increasingly complex individuals seeking our help and support.

Board priorities for 2022-23 from the annual report (and mid-year current position)

12. <u>Refreshing the links between strategic partnerships</u> – during COVID-19 the focus of organisations has rightly been diverted to ensuring those most vulnerable in our society are protected as much possible. This had the effect of reducing the focus on strategic partnership work during this period and has led to some duplication of effort or blurring of responsibilities as groups tackled emerging issues separately rather than taking a coordinated approach.

13. Current Position - There is a piece of work underway on the Partnerships Protocol Framework, which is reviewing how the partnership Boards and group work together. It will address the challenges raised to the Board about efficient use of partnership meeting times on cross-cutting topics or emerging issues.

14. <u>Improving Engagement</u> – there is an extensive plan of work being undertaken by the Engagement Subgroup to better understand the views of the people of Oxfordshire about safeguarding as well as agreeing routes for their views being fed into the work of the Board to influence our work and hopefully improving our impact on adults with care and support needs.

15. Current Position - The Board have agreed funding for the Engagement group work. The group are currently reviewing possible organisations to approach to undertake the work.

16. <u>Improving how we manage risk on a multi-agency basis</u> **–** out of the work around homelessness, the Board developed the Multi-Agency Risk Management (MARM) process to address multi-agency risk and how it is managed. The work is new and throughout 2022-23 the Board will work to improve this process and will be formally reviewed at the end of the year.

17. Current Position - The Board have recently hosted a series of meetings to discuss and map out the multi-agency risk processes across the county. Some are primarily used in statutory services, such as Multi-Disciplinary Team (MDT) meetings, others have very specific remits, such as the Anti-Slavery Multi-Agency Risk Assessment Conference (ASMARAC) meetings. There are also ongoing discussions about the use of MARM for those young adults who have recently let children's services (18-21 years old), still have high levels of risk but do not meet statutory criteria for adult safeguarding. Meetings have been held with Hazel Cringle (Children's Services) to discuss the move from the Multi-Agency Risk Assessment and Management Process (MARAMP) in children's to the MARM in adults for these transitions cases.

Other Board priorities for 2022-23:

18. <u>Preparing for CQC Inspection</u> – The Board is working closely with the Local Authority who are leading on this to ensure that preparedness for the CQC inspection is as thorough as possible.

19. Developing a Prevention Strategy and a Transitional Safeguarding Strategy – preventative strategies are strongly encouraged within guidance for Safeguarding Boards as well as in the CQC inspection framework. Transitional safeguarding is a complex area of work so the two Safeguarding Boards are working together to ensure that the strategy provides a clear framework for working together across our services for those who might otherwise fly under the radar until a crisis point is reached.

20. Safeguarding self-assessment – the annual self-assessment was circulated on 15th September for a deadline of 9th December. This self-reflective work will feed into the CQC preparedness and may be offered as evidence as part of the inspection. For the first year the practitioner questionnaire is going to be circulated to non-Board member organisations to gather a wider view on how frontline workers view safeguarding within Oxfordshire.

21. Cascading learning from reviews – the Board oversees three review processes; deaths of those with a learning disability, deaths of those who are homeless and the deaths or serious injuries of those harmed by abuse or neglect. The Board Officers are producing new 7-minute briefings on the lessons from reviews to give easily-digestible briefings for frontline workers.

22. Responding to training needs – The Board is running a series of workshops on mental capacity and homelessness, a modular programme of financial abuse training and is looking to rerun the incredibly successful trauma training.

Financial Implications

23. N/A – The Local Authority is not being asked to commit any further financial resources towards the Board beyond what is currently committed.

   Comments checked by: Thomas James, Finance Business Partner, thomas.james@oxfordshire.gov.uk

Legal Implications

24. N/A – There are no specific legal implications for the Local Authority if the current range of commitments is is not being asked to commit any further financial resources towards the Board beyond what is currently committed.

   Comments checked by: Kate Charlton, Interim Head of Legal, kate.charlton@oxfordshire.gov.uk

Staff Implications

25. N/A – There are no additional staff resources being requested by way of this report for the work outlined in the Annual Report.

Equality & Inclusion Implications

26.   The Board has taken on a Equality, Diversity and Inclusion Officer to review the work of the Board and its partners, with a specific focus on the accessibility of safeguarding services across Oxfordshire for those belonging to any of the equality strands or otherwise have issues regarding inclusivity.

Sustainability Implications

27.   The Board have moved the majority of its work to a virtual environment, reducing travel congestion, and no longer prints any materials for Board meetings or training sessions, instead making these available electronically.

Risk Management

28.   The Board is made up of the partners who attend the meetings, supported by a small team in the Board Business Unit. If organisations do not continue to provide the level of engagement with the work of the Board it is likely it would fail to meet its duties laid out in statute and its accompanying guidance. As the Local Authority is the organisation charged under The Care Act 2014 to ensure the Board is established and running well, this would represent a reputational risk. It is also likely any such failings would be highlighted under the new CQC inspection framework and in their resulting published report.
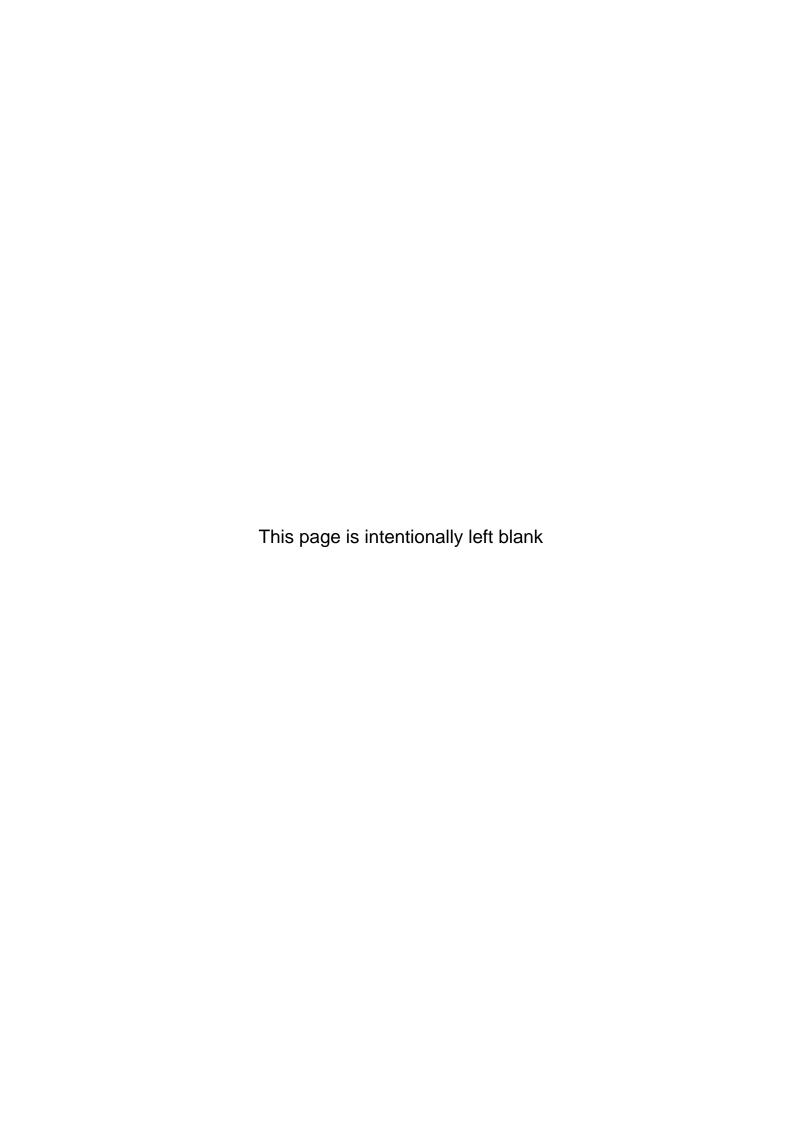

NAME   Karen Fuller, Corporate Director of Adult and Housing

Annex: The OSAB Annual Report 2021-22

Contact Officer: Steven Turner, Strategic Partnerships Manager, 01865 328993

[November 2022]

This page is intentionally left blank

Oxfordshire Safeguarding Adults Board

Annual Report 2021-22

Foreword

"This report covers a year which has raised the profile of adult social care and the importance of Adult Safeguarding to a new level. Whilst COVID has affected all communities, it has had a significant impact on our more vulnerable, including individuals with a learning disability and our older generations, many of whom receive care and support, often in residential and nursing homes, or within their own homes.

I would like to pay tribute to all those who have been working tirelessly to keep adults with care and support needs safe. The safeguarding of some our most vulnerable members of the community remains a key priority for the Board and all its partners.

I have witnessed some great examples of partnership working in Oxfordshire, in which the voluntary and community sectors have played a key role. This puts us in a good place to respond to the ongoing impact of the pandemic that will have a strong influence on the work of the partners well into 2022 and beyond.

As the new Independent Chair, I would like to extend my thanks and appreciation to my Board Strategic Partnerships Manager, the Board and members of our various subgroups, for their continued support and commitment to developing and promoting the work of protecting adults with care and support needs, especially during these unprecedented times.

I would also like to acknowledge the work and commitment of our front-line practitioners, as safeguarding adults at risk would not happen without the dedication and professionalism of our front-line staff."

Dr Jayne Chidgey-Clark
Independent Chair, Oxfordshire Safeguarding Adults Board

Contents

Introduction

The Care Act (2014) requires each local authority to set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

- have needs for care and support (whether or not the local authority is meeting any of those needs)
- are experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect

The SAB has 3 core duties:

- it must publish a strategic plan for each financial year;
- it must publish an annual report of Safeguarding Adults Board activities; this should include information on the findings of Safeguarding Adults Reviews (SAR) completed during the year and the progress of any SARs still ongoing;
- it must conduct Safeguarding Adults Reviews in accordance with Section 44 of the Act.

Each SAB should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults
- establish ways of analysing and interrogating data on safeguarding notifications that increase the Safeguarding Adults Board's understanding of prevalence of abuse and neglect locally that builds up a picture over time
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
- determine its arrangements for peer review and self-audit
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
- carry out safeguarding adult reviews and determine any publication arrangements;
- evidence how SAB members have challenged one another and held other boards to account
- promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership

Who are we Safeguarding? *Demographic Information*

This information is taken from the Joint Strategic Needs Assessment for Oxfordshire, which can be accessed here: https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

The Census 2021 reports the population of Oxfordshire as 725,300. This is an increase of just over 71,000 since the 2011 Census. Currently there is a limited release of the 2021 Census figures, more commentary on the demographic data will be released when more Census data is released in October 2022.

As of April 2020, there were 6,197 adults in Oxfordshire receiving care from adult social care services. 60% of these were older people aged 65 or over. 15% were aged 90 or over. 27% of those receiving care were people with a learning disability. There are 127 residential and nursing home settings in Oxfordshire.

In the population, nearly 91% are white, 2% of mixed ethnicity, 5% Asian, 1.5% Black and 0.5% other groups (from the 2011 census). Within safeguarding this year, it appears all other ethnicities are represented within safeguarding proportionate to their representation in the general public, other than within those identified as Asian where this is a 2% difference (3% in safeguarding). However, reviewing the percentages of concerns that go on to become enquiries, all ethnicities have a conversion rate around 58%, which suggests there is no bias in formal safeguarding processes once safeguarding are notified.

This data will continue to be scrutinised in 2022-23, along with ethnicity data of service users. The census data for 2021 should be available in late 2022 and will mean we have more accurate figures for comparison. The Board has also recruited a Board Officer for Equalities and Inclusion to focus on the data and what it is telling us, as well as doing primary research with communities to establish what barriers exist to accessing safeguarding services, if any.

Providing Leadership for Effective Safeguarding Practice: *How the Board Works*

Much like the Oxfordshire Safeguarding Children's Board, the Safer Oxfordshire Partnership, and the Health & Wellbeing Board, the Safeguarding Adults Board is a strategic partnership group made up of senior staff from member agencies.

The Board is facilitated by an Independent Chair and supported by a small team. In November 2021 a new Independent Chair joined the Board. Thanks to a funding increase by Oxfordshire County Council, the Board has been able to create four new posts to support the work of the Board. These are Board Officers with specific responsibilities around safeguarding and homelessness, learning disability, multi-agency risk management and the equalities and inclusion project.

The partnership is made up of:

Completing the membership of the Board is a Lay Member, who provides another level of scrutiny and challenge to the work of the Board partners. As someone outside of the organisations represented at the Board, they offer another independent view on how services work together and help to ensure that our work is as accessible as possible to the broadest audience. This dovetails with the role of Healthwatch at the Board, who provide additional scrutiny and ensure the voices of service users are heard at the Board.
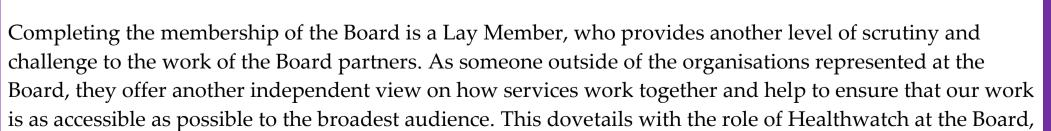
Structure of the Safeguarding Board

The structure of the Safeguarding Adults Board is outlined in the table below. The subgroups report to the Full Board when it meets quarterly. The subgroups have each defined their meeting frequency, ranging from monthly (Safeguarding Adults Review Group) to meeting four-monthly (Homeless Mortality Review Group).

Full Board	
• Multi-agency partnership group, bringing together senior leaders from member agencies to agree on strategic safeguarding work and hold each other accountable for safeguarding practice • Provides direction to all subgroups	
Executive Group • Drives the work of the Full Board between meetings • Discusses urgent and emerging issues, problem solving as required to provide a clear direction and offer leadership support.	**Safeguarding Adults Review Group** • Considers incidents and situations that require a multi-agency review called a Safeguarding Adults Review • Manages the reviews once they are commissioned
Vulnerable Adults Mortality Group • Oversees the Learning Disabilities Mortality Review (LeDeR) process • Leads on sharing the lessons from LeDeR	**Training Group** • Shared with the Children's Board • Oversees the safeguarding training for the Board • Provides multi-agency training and supports training for non-Board partners, such as community and volunteer groups
Procedures Group • Oversees the multi-agency procedures • Offers advice & guidance on single agency procedures	**Engagement Group** • Oversees how the Board interacts with the wider community of people working with adults • Inputs on Board publications
Performance, Information & Quality Assurance Group • Scrutinises performance information from across the partnership, identifying emerging issues and concerns for the board within services • Manages the quality assurance processes, such as the annual Safeguarding Self-assessment and Supportive Learning Visits • Leads on sharing the lessons from reviews	**Homeless Mortality Review Group** • Reviews the deaths of all people identified as homeless or in homeless accommodation at the time of their death. • Provides lessons from these deaths to partnership groups, particularly the safeguarding board and the Countywide Homelessness Steering Group

Priorities for the last year (2020-21)

Boards are expected to set priorities for the year and work towards these through its partner agencies. These priorities must also be reported on within the Board's annual report.

The three priorities set last year were:

1. **Leadership in Homelessness** – During the year, the organisations represented at the Board have come together, with the support of the Board's Business Unit, to form the Homelessness Directors' Group. This group of executive-level representatives from the organisations in Oxfordshire meet with the sole purpose of ensuring that the Countywide Homelessness & Rough Sleeping Strategy 2021-2026 work is progressing and to act as a forum for any 'stuck' issues with this work to be escalated to and resolved.

2. **Working with complexity** – Also during the year, the Board set up the Multi-Agency Risk Management (MARM) process, designed to bring together organisations for multi-agency discussion of individuals who were at risk but who were not already involved with either statutory social care or safeguarding processes. This came out of the work conducted in the previous year for the thematic SAR into homelessness that noted organisations outside of the key statutory partners had no process for or experience of leading on multi-agency work.

3. **Refreshing the links between strategic partnerships** – The Chairs of the Safeguarding Children's Board and the Safeguarding Adults Board have set up monthly meetings to ensure that the two groups are working in alignment. This has also led to discussions around setting some joint priorities for the Boards, which we aim to agree in 2022-23. The Safer Oxfordshire Partnership coordination group brings together the Managers of the two safeguarding boards and relevant information from that group is fed back into the safeguarding board work. There is also a review of all strategic partnership groups underway being led by the Local Authority. The Board is actively involved and will act on any findings.
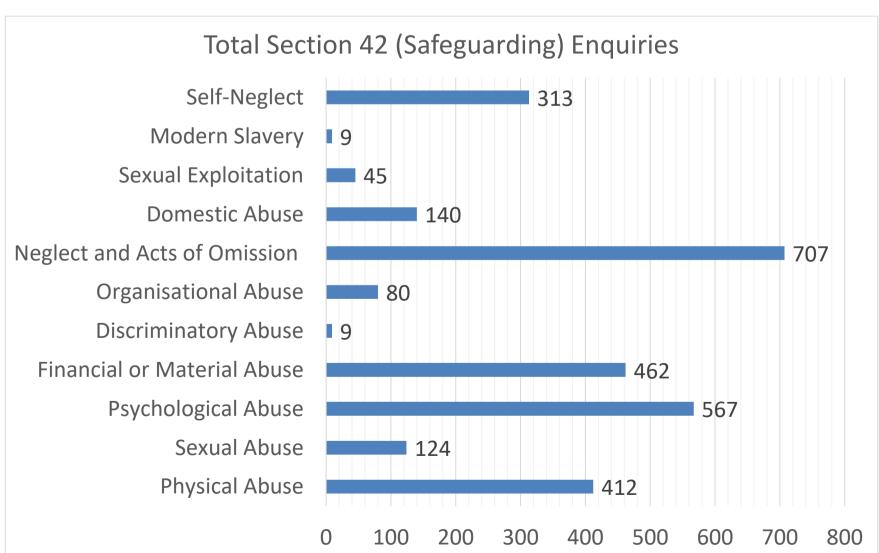
The Effectiveness of Safeguarding Arrangements

Safeguarding data

There are two stages to reporting a concern about abuse or neglect. These are referred to as a safeguarding concern and a safeguarding enquiry. Safeguarding concerns about abuse and neglect can be raised by anyone - the person themselves, their family, friends, a member of the public such as a neighbour, or a paid worker. These concerns are then assessed by the Safeguarding Team in the County Council who decide if it meets the legal criteria for a safeguarding enquiry. Where the adult is currently receiving mental health services from Oxford Health NHS Foundation Trust, the safeguarding concern will be followed up by them as they have a Social Work Team embedded within their organisation

In Oxfordshire, there were **5,934 safeguarding concerns** raised in 2021-22. This is a **21% increase** from the previous year (4,941). Of these concerns, 1,738 went on to be safeguarding enquiries, down from 2,254 in the previous year. (33% decrease). The conversion rate from concern to enquiry has seen significant change in the last year as compared to the previous year (29% in 2021-22 down from 46% in 2020-21, which was up from 26% in 2019-20). However, the conversion rate for concerns raised by the person themselves, family or friends has remained high (72%). As there was a significant increase in the level of safeguarding concerns, the Adult Safeguarding team were required to work flexibly to ensure that concerns were managed and completed earlier which resulted in less cases requiring formal enquires.

The majority of safeguarding issues still occur in the person's own home or in the community (69% of all enquiries). This is an increase on the previous year from 55%. The reasons for this need further exploration but it is suggested some of this may be due to COVID and people remaining in their own homes rather than enter care homes. There was also a drop in the number of concerns coming from care homes as compared to the previous year, so these two factors combined may explain the change. The chart below breaks down the enquiries by the types of abuse. The total here (2,868) exceeds the number of Safeguarding Enquiries quoted above (1,738) as an enquiry may have multiple types of abuse e.g. a person may experience domestic abuse, emotional abuse and physical abuse.

Total Section 42 (Safeguarding) Enquiries

Type of Abuse	Number
Self-Neglect	313
Modern Slavery	9
Sexual Exploitation	45
Domestic Abuse	140
Neglect and Acts of Omission	707
Organisational Abuse	80
Discriminatory Abuse	9
Financial or Material Abuse	462
Psychological Abuse	567
Sexual Abuse	124
Physical Abuse	412

Making Safeguarding Personal data

Where it is possible, an adult at the centre of the enquiry, or their representative, should always be empowered to make decisions about their own lives and define what they want to happen. This includes when there are safeguarding concerns and how the person would like these addressed. This is referred to as Making Safeguarding Personal.

- 96% of adults who were involved in a safeguarding enquiry defined the outcome they wanted

- 98% of those adults reported that they were satisfied with the outcome of the safeguarding enquiry

- 92.5% of safeguarding enquiries resulted in the risks being removed or reduced

In 0.75% of cases the adult was not satisfied with the enquiry **and** the risk remained (11 cases). In all these cases an audit was conducted by senior staff independent of the safeguarding enquiry to ensure that everything possible had been done to remove or reduce the risk and to satisfy the adult. In all cases, these adults had outcomes that could not be achieved by services (such as wanting to move to a different area, finding their exploitative adult child their own home, etc) and did not accept what help could be offered.

For those who struggle to be involved in the safeguarding process themselves, services are expected to ensure that an appropriate advocate is able to represent them through the process.

- 81% of those who were judged to lack capacity, as laid out in the Mental Capacity Act 2005, were supported by an advocate. It is a requirement of The Care Act 2014 that anyone lacking capacity is supported through the safeguarding process and where there is no-one appropriate within their family or friends it should be an independent advocate. The remaining 19% of people not supported by an independent advocate were supported by either family, friends or a trusted carer to act as advocate for the person.

Annual Safeguarding Self-assessment

The annual Safeguarding Self-assessment is a joint piece of work between the Adults Board and Children's Board. The purpose of the Safeguarding Self-Assessment is to formally request and gather information from member agencies on the safeguarding arrangements made in line with section 11 of the Children Act 2004, as well as the standards developed by the Local Government Association for Adult Safeguarding Services.

The assessment tool provides agencies with the opportunity to highlight areas of strengths in practice, identify areas for development, and provide evidence of the impact of policies and practice on children and adults with care and support needs in Oxfordshire. It is intended to be useful as a self-assessment tool to measure and provide assurance on the quality of the safeguarding arrangements that agencies have in place.

Summary of Red, Amber, Green (RAG) ratings

Overall, the self-assessment returns submitted provide assurance that board member agencies across Oxfordshire have procedures in place to safeguard children and adults with care and support needs, are compliant with the standards examined, and committed to ensuring safeguarding practice is embedded in their day to day practice. For those areas where more work is required, there was a clear action plan provided by organisations.

Overview of Red, Amber, Green (RAG) ratings

Section	Question Total	Red	Yellow	Green	% (Red)	% (Yellow)	% (Green)
1 Leadership, Strategy & Working Together	11	0	15	165	0	8	92
2 Service Delivery, Development & Effective Practice	9	0	20	127	0	14	86
3 Commissioning Arrangements	5	0	18	52	0	26	74
4 Safe Recruitment, Staff Development & Effective Learning	9	0	12	135	0	8	92
5 People's Experience of Safeguarding	5	1	10	72	1	12	87

Peer Review

The Peer Review event is held each year for organisations to explain their return responses to a small group of their peers and to receive constructive challenge from them on how they could improve and to provide some moderation to the self-assessment ratings. For 2021, the peer review meeting took a different approach to that of previous years. Board Members were divided into small groups of three or four organisations. Each organisation was given the complete Peer Review response for the others in their small working group in advance of the peer review day. This meant that members were able to ask questions spanning the entirety of the returns of their fellow participants rather than the scrutiny being on standards decided by the Board Business Units.

The event was held virtually, due to the coronavirus pandemic, and there was good discussion in groups, both to provide scrutiny of evidence submitted in relation to ratings given, and in higlighting examples of good practice. There was also some discussion around the challenges and opportunities resulting from the pandemic, examples of how organisations and practitioners have worked creatively to provide support to vulnerable children and adults, and the high level of commitment shown to safeguarding in challenging circumstances.

Summary of findings from practitioner questionnaire

A questionnaire about safeguarding was sent to all Board Members for them to share with their frontline workers and we received 760 responses. These came from a broader range of organisations than previous years and provided a useful snapshot of the views of frontline workers about how safeguarding works within Oxfordshire. Agencies cited the demand on frontline staff during the COVID-19 crisis as a reason for not chasing responses to the same level as the previous year.

Some of the key learning for the Safeguarding Boards came from the practitioner questionnaire:

What do you do when you have safeguarding concerns about a child or adult with care and support needs?		
Speak to line manager (33%)	Speak to Safeguarding Lead (31%)	Consultation with Children's or Adults Social Care (10%)

How does your organisation keep you up-to-date with safeguarding issues in Oxfordshire?		
Staff/team briefings(51%)	Internal newsletter/email 40%	Organisation intranet 10%

How confident would you be to escalate issues if you felt that your safeguarding concerns were not being addressed		
Very confident (54%)	Fairly confident (43%)	Not confident (3%)

Practitioner responses are consistent with assurances given in agency returns regarding compliance with the standards on training and internal policies and procedures.

Overall responses to the questionnaire indicate that the work of the Boards is becoming more integrated into standard working practice and safeguarding is seen less as something done separately to our day jobs.

In 2022 the Board is challenging itself by opening up the practitioner questionnaire to non-Board member practitioners to see how embedded safeguarding is outside of those that sit at the Board.

Summary of findings from the Impact Assessment

The Impact Assessment was amalgamated into the self-assessment in 2018, following a recommendation from the previous year's Peer Review. While the rest of the self-assessment is a check on an organisations' internal processes and procedures, the Impact Assessment is used to understand the issues facing organisations as a system.

Partners were asked to identify three key safeguarding themes from performance data. The six most common responses are listed below:
1. **Increasingly complex individuals**
2. **Increasing volume of demand on services**
3. **Keeping people safe in their own homes (neglect, self-neglect, hoarding, access to services, etc)**
4. **Staffing issues – recruitment, retention and resilience**
5. **Domestic abuse and violence against women and girls**
6. **All forms of Exploitation**

These issues have been shared with Directors within partner organisations for consideration during service review and development.

Overall, the peer review groups felt that returns showed a strong level of critical self-analysis. There were some excellent examples of good practice and a very high level of evidence submitted for review. The following were most commonly highlighted areas for actions to improve practice within agency returns;
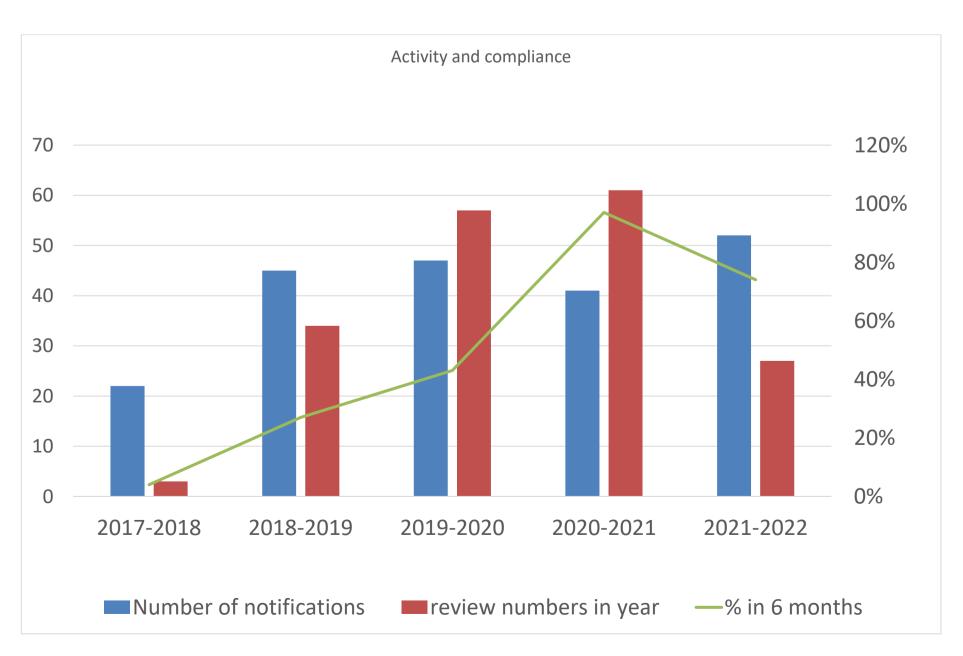
- **Training -** Nearly all agencies highlighted a training need for their staff, although there was no common theme to these needs.
- **Multi-agency Procedures and Tools -** As in previous years, a number of agencies recorded an action to improve knowledge of or use of the multi-agency tools.
- **Monitoring Arrangements -** A number of organisations noted actions to monitor current arrangements to ensure they are fit for purpose and high levels of safeguarding and other service delivery can be maintained.

Vulnerable Adults Mortality Group work

Performance:
The new NHS England Learning from Deaths Review (LeDeR) platform went live in June 2021 The new review process and policy has incorporated into working practice. This has causes some delay in completion.
- 52 notifications in the year 1 April 21 - 31 March 22.
- 27 reviews completed this year (including some cases from previous years). (University of Bristol platform closed to review access 1 March, NHS Digital platform opened in June 2021).
- 74% of the reviews were completed within six months of notification. This reduction is largely due to the gap in access to records as the platform was transferred, and changes in review processes that resulted.

Activity and compliance

Legend: Number of notifications — review numbers in year — % in 6 months

Local reviewer arrangements

- The Oxfordshire Clinical Commissioning group (OCCG) Safeguarding team coordinates the review process.
- Provider teams and support organisations all contribute records and information, which is centrally collated and written up ready for the reviewer.
- The reviewer is responsible for contacting the family and carers, ensuring their contribution is integrated with the review documentation, undertaking the analysis and identification of learning points.
- In 2021-22, 100% of reviews were completed by OCCG reviewers, all from within the Quality Directorate Safeguarding team.
- The reviewer profile includes frontline staff and these in the past have been found to contribute effectively, offering real time learning. This year they have been focused on supporting care provision.

Learning from the reviews:

- There is evidence of some excellent multiagency working crossing acute and community services.
- Prompt relocation to appropriate care facility when care needs changed were seen. It is recommended that the health and care system needs to consider how this was achieved within the timeframe to model a protocol on this approach.
- There needs to be a proactive process for specialist practitioners to seek support and follow up actions from GPs to prevent time delays especially when there are changes in care or treatment needs.
- To ensure a safe and effective discharge, a solid discharge planning procedure to be put in place that involves next of kin and other allied health providers. The process needs to include ensuring that checks on caregivers' physical health abilities, competency in planned discharge care updates for family, and mutual agreement on discharge arrangements have been completed.
- Conversations about death and dying are never easy, but where they have been proactive there is evidence of much greater levels of understanding. There have also been more opportunities to represent views and wishes of an individual more effectively in times of crisis and sadness.
- Developing anticipatory end of life plans proactively has been recognised as good practice, valued by those who are mourning a loved family member or friend.

Homeless Mortality Review Group work

In November 2020 OSAB received the report on the Thematic Review into Deaths of Homeless People. OSAB commissioned this review which focussed on the deaths of 9 people between November 2018 and June 2019 in Oxford.

One of the recommendations in this report was that a Homelessness Mortality Review (HMR) Process be set up that would look at all deaths of homeless people including people who had been homeless in the last 6 months. This would ensure that agencies reflected on their actions in all cases and that the systems learning was extracted and acted on in order to reduce the risks that may contribute to a premature death.

The Mortality Review panel was set up in December 2020. The group initially met monthly, which moved to meeting every four months to reflect the decrease in deaths from the previous year. There were 11 deaths of homeless people identified between April 2021 and March 2022. This is slightly above the pre-COVID figure of 10 per year but significantly below the figure reported last year (2020-21) of 27 deaths.

Emerging Findings

There are some key findings outlined below:
- All those who died were male.
- 1 of the 11 were street homeless at the time of their death. The others were in homeless accommodation.
- 2 of the 11 were Eastern European. The other 9 were British.
- 50% were under 45 when they died. The youngest was 33, the eldest was 68.
- COVID-19 was not noted as contributing to any of the deaths.

The themes from the cases were as follows:
- Alcohol addiction was a feature for the majority of people and in some cases was a very long-term issue.
- Efforts to work with the person were often hampered by threats of and/or acts of violence while inebriated and some services that could offer help are not available to people while they are intoxicated.
- While a majority of these people attended the Emergency department with varying levels of frequency, the follow-up with the services outside of the hospital, such as addiction services, could be improved.

The mortality review process is only in its second year and requires significant commitment from all agencies involved, both in leading reviews but also in providing information to the lead reviewers.

In 2022-23 a new Officer will be joining the Board to oversee the Homeless Mortality Review (HMR) process, conduct the reviews and support the work of the HMR Group. This will provide a greater level of consistency to the reviews, which are currently carried out on a voluntary basis by someone who sits on the HMR group.

Learning from Safeguarding Adult Reviews

There were four Safeguarding Adult Reviews active during 2021-22, three of which were published and are summarised below, the fourth is still in development. This is the same number of reviews as the previous year.

SAR 1 - Adult V

The following SAR was reported on in last year's annual report but had not been completed. As it has now been completed it is being shared again. It has been established from the details contained within the multi-agency chronology that V was a gentleman who had periods of time in his life when he struggled to maintain his health and well-being and was offered support on several occasions to achieve this.

He had not had any active ongoing involvement with services over this period of time and it is evident from the detail contained within the documentation that he did not to respond to professionals despite the numerous contacts they made via phone calls, letters and text messages, in respect of his health and well-being.

V stated to a professional on one occasion that he found it hard to keep "on top of things" and in October 2014 a referral to Adult Social Care highlighted areas of serious concern relating to self-neglect, which included his personal hygiene, his lack of food consumption and extremely poor living conditions. There were occasions when V had to be prompted to pay his rent and the chronology verified that he was evicted on one occasion due to the condition of the property.

The period from 2014 to April 2020 highlights the general ongoing theme of professional concern for V regarding his general wellbeing which included his ability to attend to his basic needs, his health, and his ability to sustain a tenancy. The aim of the Appreciative Inquiry was to look at where, how and why events took place and use professional hindsight and wisdom to design practice improvements.

The method of an Appreciative Inquiry uses a systemic methodology which refers to focussing on the interactions and relationships between professionals to help them address any interactions and to move on. It gives those involved with the process the chance to explore the circumstances and say what they think in a safe, non-judgmental environment. Professionals at the workshop came to a consensus regarding the learning points to be endorsed by the Oxfordshire Safeguarding Adult Board for all agencies involved with Adult V. Board members to ensure that frontline professionals are mindful of the following learning points from this review:

- **Professional curiosity** – remembering to explore with an individual what is happening in their life and challenging when necessary.
- **Professional overreliance** - from the individual without exploring the presenting information from professionals.
- **Professional judgment** - applying the knowledge, skills and experience of professionals to develop an opinion.
- **Multi-agency working** - revisiting the benefits of shared responsibility, improving outcomes, problem solving and working within a holistic framework.
- **Mental capacity** - the existence of capacity should not preclude further investigation into a person's circumstances and choices.
- **Self-neglect** - partnership knowledge of self-neglect needs improving through training to address the fundamental principles of this behaviour.
- **Understanding professional roles and responsibilities** - in respect of "duty of care". Who "owns" the case and is taking the lead?

1. The Board should assure itself that the training offered to frontline workers includes the **fundamental principles of Self-neglecting behaviour and is clear and understood.**
2. The Board should consider producing a **7 minute briefing of the lessons** highlighted above for publication with the report.
3. The Board should consider a partnership audit that addresses the fundamental question of Mental Capacity and its application.
4. The Board should consider an audit to establish the level of partnership training that is offered to professionals.
5. The Board should assure itself that multi agency working is embedded across all services and is clear and understood.

SAR 2 - Adult "Ian"

Ian died in April 2020 at just 36 years of age. The Coroner was satisfied that his death was due to natural causes. Prior to his death, Ian had been in receipt of multiple health, social and homelessness services in regard to his mental health, addiction and self-neglect issues. The day after Ian was evicted from his supported housing onto the street, he had a heart attack and collapsed; he never regained consciousness and died three weeks later. This was during the first national lockdown caused by the 'covid-19' pandemic. In May 2020, the Oxfordshire Safeguarding Adults Board (OSAB) decided to conduct a Safeguarding Adult Review (SAR) to explore how agencies had worked together to safeguard Ian and to learn lessons for the future.

The authors identified and analysed 8 key issues:

i. **Multi-agency care coordination and risk management**: though in receipt of services from nine different organisations, and despite increasing concern for Ian's safety and wellbeing, he had no comprehensive support plan, or risk assessment and management plan.

ii. **A whole family approach**: Ian's parents were heavily involved in supporting him but were never offered carers assessments for their own support. Ian maintained frequent contact with his daughters even when homeless and described how much those relationships meant to him.

iii. **Mental Capacity**: It was clear that not all agencies understood that there is an expectation placed upon them to assess mental capacity. Outside of mental health and hospital services, the authors encountered many practitioners who did not see it as their role to assess capacity nor as something their organisation expected them to do, even when asking a person to give consent, provide a signature, make a decision, or agree with a suggested course of action important to the person's care.

iv. **Self-neglect, trauma and frequent attendance at the hospital Emergency Department:** Towards the end of his life, Ian showed extreme self-neglect, unable to manage the most basic self-care (nutrition, hygiene etc). It is not always possible to establish a root cause for self-neglecting behaviours and there are numerous possible influences, including addictions, brain injury and traumatic life events.

v. **A psychological approach:** Ian was known to have an alcohol problem by his early 20s (possibly earlier) and also abused various illegal drugs for over ten years. In his final year and a half, Ian harmed himself through extreme self-neglect and attempted suicide several times. Ian accessed substance misuse treatment for just a few months, and only in the last year of his life. His GP and

others (including some family members) connected his alcohol use to anxiety. Ian was advised by mental health services to seek treatment for anxiety once he was abstinent from alcohol and drugs.

vi. **The eviction:** The report closely examines events leading up to Ian's eviction from supported housing. Opportunities to prevent Ian's homelessness were not used to the full and the report explores why that might have been, concluding that housing providers need reassurance that in accommodating complex and challenging individuals, they will not be left alone to manage a crisis. Equally, Commissioners need reassurance that housing providers will use all available channels and multi-agency forums to seek support when crises occur, and indeed to prevent them.

vii. **Coronavirus**: The report notes the context in which decisions were taken by agencies about Ian in the final few weeks of his life: the emerging 'covid-19' pandemic. By March 2020, pressure was building on public services at all levels, and decision-making happened in the context of high uncertainty and huge apprehension about what was coming. Oxford's "Everyone-In" initiative to provide self-contained accommodation for all homeless people was impressive, and would have increased Ian's (short-term) housing options, had he not collapsed and been hospitalised.

viii. **Wellbeing and Safeguarding Principles**: Finally, the report comments on the persistence of the idea that safeguarding a person means referring them to a specific safeguarding team at the local authority, rather than working with a client, and collaboratively with other agencies, to understand: what does 'safe' look like for you? What does 'well' look like for you?' The authors describe this as a 'process-led approach" rather than the 'principle-led' approach introduced by the Care Act 2014. Some ideas about how safeguarding principles could have been applied more widely are given in an appendix.

Conclusion

Overall, the review recommends better coordination of care and support, addressing the needs of the whole family, with clear identification of who leads cases and what is expected of each contributing agency. Where there are safeguarding concerns, oversight and guidance to the response by agencies must be provided by the local authority. There needs to be greater integration of mental health, substance misuse and homeless services, with at least one agency having the resources and responsibility to try to find out what has happened to a person that leads them to neglect themselves so seriously, and to formulate robust care and risk management plans. The Care Act (2014) and Mental Capacity Act (2005) provide the framework for effective care coordination but these Acts are not widely understood at the operational level and there is a system-wide issue of Care Act compliance.

Summary of Recommendations

New Learning

Based on the authors' understanding of the thematic review and resulting action plan, they suggest that the following issues have not previously been highlighted, and should be prioritised by the Board.

1. The Local Authority oversees a review of procedures to ensure that it retains oversight of safeguarding and vulnerable adult concerns passed to the mental health trust.

2. OSAB ensures action is taken by all its partners to create greater awareness of carers assessments and support for carers of people with addiction issues, complex mental health needs etc.

3. OSAB partners to consider where the ambulance service can take a person who does not need further medical attention but who is highly distressed and under the influence of alcohol or illicit drugs.

4. OSAB should find a way to hold partner agencies accountable for the support they offer to agencies in the Homeless Alliance to manage homeless people with complex care and support needs.

5. OSAB to highlight to the Health & Wellbeing Board of the need to reduce the barriers to accessing mental health treatment for people who misuse alcohol or illicit drugs, through greater integration of services and services to support clients to bridge the remaining gaps; this would likely include reviewing the provision of assertive outreach support and pre-contemplative work with chaotic drug and alcohol users who are not yet ready to attend appointments.

6. The use of 'excluded licence agreements' in supported housing should be reviewed, with a view to providing some security to residents, and clearer information about breaches.

There were also several learning points that reinforced the learning from the Thematic SAR of Homelessness. These have been made into an audit of the learning from the Thematic SAR

SAR 3 - Rhonda

Rhonda had been relatively well most of her life but had been declining in the short months leading up to her admission to Hospital and her eventual death a month later.

There were a number of concerns relating to her care whilst at Banbury Heights care home raised by her sister, which were subject to a Section 42 enquiry. As an adult with a learning disability, Rhonda's death was also subject to a review under the Learning Disability Deaths Review (LeDeR) process.

The Safeguarding Adults Review (SAR) subgroup of the Board agreed to conduct a discretionary review of what happened during Rhonda's care. This review brings together the findings of the Section 42 enquiry conducted by Oxfordshire County Council and the LeDeR review process carried out by the Clinical Commissioning Group.

Rhonda's Background

Rhonda was born partially sighted and with a mild learning disability after her mother contracted German measles during pregnancy. Although partially sighted, Rhonda had learnt to read and write. Rhonda's family felt that Rhonda could express her needs eloquently and was described as a bubbly, lovely lady who loved ballroom dancing.

Later in life, she moved into sheltered housing flat with support from her family. She then met a gentleman who although 20 years older than her was a lovely caring gentleman. She would visit him most days but return to her flat at night.

About 7 years ago she started becoming forgetful and she was eventually diagnosed with dementia in 2017. She also developed arthritis in her hips which caused her a lot of pain.

Rhonda moved into her partner's house in March 2020 temporarily after discussion between him, his daughter and her sister (and care provider) to ensure that during lockdown she received more companionship and meals. This worked well but tragically her boyfriend, who was in his 80s and had multiple health issues, succumbed to COVID in early April and died in the Horton Hospital. Rhonda really struggled with this, especially as there wasn't a funeral.

After discussions with his daughter, it was agreed that Rhonda and her partner's daughter would both benefit from the company they could offer each other at this sad time and Rhonda also still required help. Rhonda's family paid for Rhonda's living expenses while she was with the partner's daughter.

By prior arrangement and after setting up care visits at her flat, Rhonda returned home on the 6th June 2020. Her health was declining both mentally and physically, prompting the move back into her own flat with four visits a day arranged by social care and agreed by her Doctor

Within 48 hours Rhonda was found wandering in the communal hallway by other tenants, and she was then taken into hospital that night by the paramedics, where she was found to have a UTI. From there she was transferred two days later into a Hospital Hub Bed at Banbury Heights Care Home, under the joint care of Banbury Heights Care Home and the Hospital Hub Unit. At no point was Rhonda's sister advised another MRI had been carried out while Rhonda was in Hospital and the decline that it has shown; this was revealed at a meeting held much later. As Rhonda's legal guardian this should have been shared with Rhonda's sister at the time of the event, which would have helped her understand why the mental health decline was so obvious.

While at Banbury Heights there were a number of issues, which are explored further in this report. These included a lack of clarity about responsibilities for a patient in a hub bed, an overshadowing of perceived behaviours, failure to maintain regular recording and a lack of action in response to concerns raised by Rhonda's sister.

Findings

There are four key areas that need addressing.

There was a clear **failure to monitor and identify a deteriorating patient**. There were no pain charts, observations were irregular, there was no use of recognised warning tool and no evidence of use of the bowel charts.

The **perceived behaviour and known minor illnesses** potentially contributed to a failure to identify a deteriorating patient. This perception based on past behaviour and known medical conditions is referred to as clinical overshadowing.

Patients in hub beds should receive the same level of nursing care and monitoring as in a hospital bed (e.g. daily observations which were in Rhonda's care plan). Nursing staff caring for patients in hub beds have a duty of care to ensure their patients are safe and that appropriate tools and guidance is used at all times (eg Restore2, pain charts, bowels charts).

Nursing home need to change practice for patients in hub beds to ensure there is regular monitoring of patients to ensure timely management of issues and prompt identification of a deteriorating patient. The health system to organise a series of learning sessions on the use of Restore2 tool.

There was a **lack of clarity between teams about who was responsible** for what and how to escalate concerns. Staff need clearer documented information about who is following up on which issues and that explicit processes are in place for sharing concerns, whether or not they are deemed valid or not. Oxford University Hospitals (OUH) should develop guidance for care homes and the MDT re responsibilities for patients in hub beds. Clarity to be sought from commissioners regarding expectations of care and clinical oversight of patients in hub beds.

Rhonda's sister did not feel her **concerns were being heard and valued** and **did not know how to escalate** these when nursing home staff did not value them. Family members & carers have invaluable knowledge of an individual and not considering these is short-sighted of organisations and potentially could lead to important information or opportunities being missed. All organisations involved need to ensure that staff are listening to and valuing a family member's concerns. OUH need to develop a leaflet for individuals and their families about how to escalate concerns when the person is in a hub bed. The Vulnerable Adults Mortality Steering group should consider if this is needed for other settings.

Conclusion

Rhonda's final days were spent in unnecessary pain due to the issues outlined in this report. While professionals can never know the severity of that suffering, this must be taken as an opportunity for organisations to learn the lessons highlighted in this report to bring about positive change, ensuring all reasonable steps are taken to prevent this happening again to another person.

Learning & Action Plan

Nursing home's should:

- ensure there is regular monitoring of patients **as per care plan** to ensure timely management of issues and prompt identification of a deteriorating patient
- ensure that appropriate tools and guidance is used at all times (eg Restore2, pain charts, bowels charts)
- ensure that nursing and care staff have up to date training to be able to spot a deteriorating patient
- All individuals should have personalised care plans
- Staff should be trained in caring for individuals with Learning disabilities
- Staff should consider the interplay between existing known health and emotional conditions and new emerging risks

There must be clarity for staff, patients and family members about who is responsible for which areas of care and how and who to escalate concerns to. Learning for all settings:

- Settings must develop a personalised care plan for every individual in their care
- Settings must work in partnership with family members

As with all Safeguarding Adult Reviews, the action plans are monitored by the PIQA subgroup and then audited for impact once completed.

OSAB Training Programme

During COVID-19, all training was moved to e-learning. This allowed professionals to continue to maintain high levels of training adherence without the risks associated with bringing large groups of people together. It also improved the accessibility to training as it could be done at the pace and time of the delegate rather than attending a face-to-face training session. The training figures have risen from 2,144 delegates to 2,521 delegates. This is likely to rise again in 2022-23 as the Learning & Engagement Officer expands the OSAB's training offer. The Board is also offering a series of interactive sessions on trauma and the impact of trauma.

Satisfaction rates with the training have not decreased despite the move to only providing training in an e-learning format (96% approval rating for the reporting year as well as the previous reporting year). The training has remained free for everyone to remove as many barriers as possible for accessing the training. This is due to the funding from the partner agencies to support the multi-agency training offer.

Conclusion

The Board Member partnership knows:
- The local safeguarding partnership has continued to maintain a high standard of work during a second year of COVID that has affected all partner organisations. There has been an increase in safeguarding concerns across all types of abuse and neglect. There is no obvious reason behind this increase in concerns or the drop in the number of enquiries during the year, but year to date figures (April 2022 to June 2022) indicate this trend is already reversing.
- The Making Safeguarding Personal approach has been championed throughout the year and there has been an improvement in the number of people who have defined what they wanted to happen as a result of the safeguarding work and who were satisfied with the work that was undertaken. This is excellent progress during a difficult year and demonstrates professionals are continuing to keep the person at the centre of their work with them, empowering them to make the decisions that are important to them and honouring that as much as they are able to whilst seeking to protect them.
- The annual Practitioner survey of Frontline workers has indicated that the majority of workers have maintained a high level of safeguarding training despite challenging conditions. There is still work to do to improve practitioner confidence with escalating concerns when there is a difference of opinion.
- Organisations continue to experience issues around recruitment, retention and resilience, which have been included in the impact assessment consistently since it was introduced. As in previous years, Organisations are reporting an increase in demand on their services as well as an increasingly complex individuals seeking our help and support.
- Despite challenging financial and workforce pressures and the against a backdrop of COVID, there is a narrowing gap between the life expectancy for people with a learning disability and the general population. The leading cause of death (cancer) is now the same as for the general population, COVID deaths were no greater for adults with LD than the rest of the population, and the clear line of sight between Commissioners and people in out of county placements. This demonstrates that we can still improve support to the most vulnerable people in our society when we set our minds to it.

There is still work to be done and these are the key messages for local leaders reading this report:
- **Refreshing the links between strategic partnerships** – during COVID-19 the focus of organisations has rightly been diverted to ensuring those most vulnerable in our society are protected as much possible. This had the effect of reducing the focus on strategic partnership work during this period. The relationship between the strategic partnership groups within Oxfordshire (Children's Board, Health & Wellbeing Board and the Safer Oxfordshire Partnership) needs to be reviewed and refreshed.
- **Improving Engagement** – there is an extensive plan of work being undertaken by the Engagement Subgroup to better understand the views of the people of Oxfordshire about safeguarding as well as agreeing routes for their views being fed into the work of the Board to influence our work and hopefully improving our impact on adults with care and support needs.
- **Improving how we manage risk on a multi-agency basis –** out of the work around homelessness, the Board developed the MARM process to address multi-agency risk and how it is managed. The work is new and throughout 2022-23 the Board will work to improve this process and will be formally reviewed at the end of the year.

OSCB

Oxfordshire
Safeguarding
Children Board

**Annual
Report**

2021-22

Foreword by the Senior Safeguarding Partners

We have the responsibility to work collectively and to drive forward improvements in our safeguarding system to ensure that children are safe as possible in Oxfordshire.

In our third year of reporting as senior safeguarding partners it has been rewarding to see progress across the system and to commend practitioners for some excellent safeguarding work.

However, local data tells us that children are 2 and half times more likely to have a statutory assessment than an early help assessment in Oxfordshire. Organisations in Oxfordshire need to increase early help work for families. We support the view that this needs to be led and resourced at a senior level in line with the Children and Young people's plan.

Local safeguarding practice reviews and quality assurance work point to where more could be done. Our message to local organisations is to ensure that they are doing everything they can to support our priorities of neglect, child exploitation and keeping children safe in school. For us to be effective against these serious safeguarding concerns, we need to work collectively.

We will maintain close oversight to make sure capacity issues and demand are known across the partnership so we can tackle them together as a whole system. We thank those people working locally, who make a positive difference to children and families' lives and recognise the commitment that they have to keeping children as safe as possible.

Page 144

Independent commentary by the OSCB Independent Chair

The last year has presented partners with a range of safeguarding challenges, from adjusting to the latter stages of the pandemic to tackling persistent issues such as neglect, extra-familial harm and keeping our children safe in school. All this has had to be faced against a backdrop of increasing demand and worrying staffing pressures.

The Partnership in Oxfordshire has sought to work effectively together to meet the needs of its children and young people, carrying out important learning reviews and holding partners to account for their safeguarding responsibilities.

There is a robust safeguarding structure in the county, with a wide range of agencies and organisations involved. As well as the formal meeting programme I have sought to better understand the day-to-day realities of colleagues by having a series of 1:1 meetings both in-person and virtually. This has shown me at first hand their commitment and dedication to our young people.

We must remain vigilant to the safeguarding risks facing our communities and I am confident the OSCB and its partners are committed to that task.

Derek Benson

Contents

1.   Introduction

We want to keep children in Oxfordshire as safe as possible by making sure everyone understands their roles and responsibilities regarding safeguarding through training, learning and local resources.

This report sets out what we have done to achieve our shared vision and aims for children in Oxfordshire.

Our vision

We want to keep children in Oxfordshire as safe as possible by making sure everyone understands their roles and responsibilities regarding safeguarding through training, learning and local resources.

Page 145

Our aims

We want to provide Oxfordshire's safeguarding partnership with:

1. **Leadership and Governance**
2. **Direction on improving practice**
3. **Scrutiny and quality assurance**

2.   Providing leadership for effective safeguarding practice

Stephen Chandler
Chief Executive of
Oxfordshire County Council

James Kent
Integrated Care System Lead,
Buckinghamshire, Oxfordshire,
and Berkshire West Clinical
Commissioning Group

John Campbell
Chief Constable,
Thames Valley Police

Oxfordshire's senior safeguarding partners.

The Executive Group is responsible for overseeing Oxfordshire's safeguarding arrangements

The Oxfordshire Safeguarding Children Board brings together local organisations, which deliver services that affect families' and children's lives

The board includes independent community members and voluntary sector members also.

Safeguarding work is driven by multi-agency subgroups. You can find information on them, our membership, funding, and links to other partnerships in links at the end of this report.

Our partnership is not responsible or accountable for delivering child protection services, but we keep children as safe as possible because we:

> provide oversight

> identify and escalate emerging issues

> seek assurance

> challenge and hold each other to account

UPDATE ON THE LAST 12 MONTHS

- raised with the government the bigger safeguarding issues, which cannot be sorted locally. This included the availability of homes close to Oxfordshire for children who have a complex set of safeguarding needs and cannot live at home
- strong assessment of risk and capacity in the safeguarding system post-covid
- overseeing the learning from local and national reviews to improve practice
- allocating additional resources on child exploitation and neglect
- new guidance on information sharing by the police regarding taxi drivers
- commended 5 individuals for good safeguarding leadership from schools, the police force and the community and voluntary sector
- commended 3 groups of individuals, who worked well together on safeguarding initiatives

EFFECTIVENESS OF LEADERSHIP IN SUMMARY:

☑ strategic ownership of safeguarding by police, health and the county council

☑ good, frequent engagement of the partners bringing added value in terms of direction, decision making and connection

☑ need to ensure that the new Integrated Care Services for health is represented at the right level in the coming year

3. Children in Oxfordshire

The child population of Oxfordshire has grown by 7.3% in the last ten years and is estimated to stand at 148,097 young people aged under-18[1]. 26% of the school age population are from ethnic minority groups.

What we know about different levels of support for children and families

Early help In Oxfordshire — 2,938 assessments were completed. However early help in Oxfordshire is at lower levels than in similar counties

Request for support through the Multi-Agency Safeguarding Hub (MASH) — 23,920 contacts. An increase of 33 %. However, there was no notable rise in referrals to social care, with most families being directed to other support

Support through a child protection plan — 475 last year to 567 children this year. This number is still lower than in 2019

Children we care for — 776 last year to 846 children this year. This is due to us caring for more Oxfordshire children as well as unaccompanied children

This means that children are 2 and half times more likely to have a statutory assessment than an early help assessment in Oxfordshire. The safeguarding system needs to increase its early help work.

[1]Source ONS Mid-Year Estimates for Oxfordshire for people aged 0-17 2010 & 2020

4. The effectiveness of safeguarding arrangements

Our partnership has 3 safeguarding issues where practice improvement is essential

neglect of children in the family home

minimising risks to children outside the home

keeping children safe in schools and settings

we need to support those families, who are not yet meeting all the needs of their children

we need a system-wide approach to keeping children safe from harm outside their home & from child exploitation

local arrangements need to be properly understood and better used to keep children in full time education

TACKLING NEGLECT

What went well	Even better if
✓ improved focus demonstrated through a 'challenge event' which showed progress so far ✓ operational and strategic level work to support change in practice across our safeguarding partnership ✓ individual organisations taking responsibility for how they can make a difference ✓ audit of practice to identify gaps in the system	● neglect was identified earlier before families reach a crisis point and need statutory help ● changes in practice are embedded across the whole system ● practitioners and managers routinely used the tools and resources available

CHILD EXPLOITATION WORK

What went well	Even better if
✓ hospital navigator system set up ✓ targeted joint-working across the police, children's social care and the youth justice service to disrupt the criminal exploitation of children ✓ review of screening tool to improve identification of children at risk of exploitation ✓ review of multi-agency groups tackling child exploitation to streamline work and improve practice ✓ audit of practice to identify gaps in the system	● the shared vision and strategy are embedded ● the screening tool and pathway are embedded ● inter-agency data systems and information sharing are in place ● disruption of criminals is targeted and effective ● all staff feel confident and have the skills to tackle child exploitation ● need is identified at an early point and support is given

KEEPING CHILDREN SAFE IN SCHOOLS AND SETTINGS

What went well	Even better if
✓ exclusions of children from school have reduced. Looking at a 4-term timeframe they fell from 66 in 2019/20 to 19 in 2021/22 ✓ suspensions fell from 1741 to 846 in the same period	● we improve attendance at school for the most vulnerable groups as this has increased over the last 12 months ● we could increase 'early help' work

EFFECTIVENESS OF DRIVING FORWARD PRACTICE IN SUMMARY:

☑ improvements made in all three priority areas

☑ limitations of progress also noted - a push is needed by all partners to keep these gains

☑ local leaders need to drive forward the cultural change and the system change for the safeguarding partnership to be more effective

5. Findings from Child Safeguarding Practice Reviews

The OSCB has worked on 5 reviews for 6 children in 2021/22.

The Serious Case Review for Child R was published in December 2021. Child R was thirteen years and seven months old when she died in an out of county residential placement. She had previously been in foster care in Oxfordshire and had also been treated in an Oxfordshire in-patient psychiatric unit prior to moving to the residential home. She was part of a large sibling group, who had been supported by services for some time. Safeguarding concerns included neglect, physical harm and sexual harm. A Report and Learning summary are published on the OSCB website. The ten recommendations from the Child R serious case review published this year are a good reference point on what needs to improve in Oxfordshire's safeguarding system.

What we know

The repeat safeguarding themes identified in reviews last year are still current:

early help for families · **neglect of children in the family home** · **risks to children outside the home** · **keeping children safe in schools and settings**

However, there are new repeat factors from the more recent reviews:

Child sexual abuse & Child sexual exploitation

Sharing of intimate images on-line

Children's emotional wellbeing & mental health

Leadership and organisational culture impact on practice. The messages for system leaders are that we should:

- **Make sure that vulnerable children are seen.** Covid has taught us that any decision not to meet with a vulnerable family in person must be a shared one. The risk of not doing so must be central to that shared decision

- **Embed the culture of early help** work across everyone working with children

- **Develop a clear understanding of trauma informed** practice across services and adopt that approach to working with children

- **Develop and invest in plans to keep children close to home** by expanding local residential and foster care provision to meet children's needs

- **Ensure rigorous commissioning and quality assurance** of placements for the children we care for

- **Maintain oversight of how we record and share information** about children. Set high standards

- **Ensure greater understanding of the range of mental health and mental wellbeing support** opportunities for adolescents

- **Improve our use of language and our communication**

EFFECTIVENESS OF LEARNING FROM PRACTICE REVIEWS

☑ analysis is independent and constructive involving families and practitioners

☑ recommendations can be evidenced as changing systems and services

☑ new messages are coming through about how we support practitioners working with safeguarding issues such as child sexual abuse and online abuse

Findings from Child Death Overview Panel 2021-22

The OSCB has worked on 5 reviews for 6 children in 2021/22.

Who Are We?
The CDOP Panel are a multiagency subgroup of the OSCB, who meet 4 times a year

What We Do
In accordance to statutory guidance, review the deaths of all children resident in Oxon

Aim
To take forward recommendations to influence strategic changes and practice and ultimately reduce the incidence of child deaths

Deaths in children are always very distressing for parents, carers, and clinical staff. Reviewing the confirmed causes of childhood deaths can lead to effective action in preventing future deaths, which is at the core of the process. A more detailed report is available.

Summary

In 2021-2022 there were 32 notifications of a child dying in our area – this is a slight increase from last year (23), 46% were under 27 days old. There were 7 joint agency response meetings for a family in which their child died suddenly. The Child Death Overview Panel met 4 times and reviewed 24 cases. 42% of those cases reviewed had 'modifiable factors', compared to the national figure of 37%.

Learning and actions from the reviews completed in 2021-2022:

- Co-sleeping, smoking by the primary carer and alcohol consumption pre-incident were factors identified, together and separately, as modifiable factors in 2021-22

- A new co-sleeping animation was developed and shared widely alongside the Berkshire West 'Lift the Baby' film

- Proactive end-of-life planning and timelier interprofessional communications, particularly between community care providers and acute teams has been recommended to teams as beneficial to improving more holistic care provision and coordinated, shared family support

- New symptoms or behaviours should be proactively followed up in children with complex needs to enable timely treatment changes and care reviews e.g. seizure activity

- Water safety advice to private landlords and to children is schools has been updated especially emphasising the risks of cold water and open water settings.

6. Embedding learning and improvement

'I have just taken part in the (Jacob CSPR Learning) session which was so powerful and beneficial', Probation Service

Really positive to be able to see how a SCR supported the development of services and communication links

The OSCB aims to improve practice through learning from reviews. We keep in touch with practitioners and run online events.

In 2021/22 a 'Big Day of Learning' included the Chair of the National Safeguarding Practice Review Panel as keynote speaker. Over 300 practitioners attended OSCB multi-agency learning events on:

- Improving our practice through learning from reviews
- The right support at the right time
- Introduction to the mental health pathway
- Reducing the Risk, The Domestic Abuse Act 2021
- Untouchable worlds, learning from the Child Safeguarding Practice Review for Jacob
- Updated learning from the CSPR for Jacob

Learning has led to improved ways for us to work together:

Thresholds of Needs Matrix. This provides advice on 'what to do and when' to ensure that children and families get the right support at the right time.

...an updated **Joint Operating Framework for Taxi Licensing** providing a single set of minimum standards for agencies with responsibilities for transporting children

...review of the **multi-agency chronology** to improve the way that we work and understand 'what it means to be a child in the family' that we are supporting

Partners ran campaigns on concerns such as safer sleeping:
- **LIFT THE BABY – for safer sleeping**
- **Lullaby Trust safer sleeping advice**
- **NHS Oxfordshire CCG unsafe sleeping for babies**

The **OSCB online procedures manual** was updated
- **FGM learning resource developed**
- **Joint activity pathway for children and adult services** when supporting parents with mental health problems
- **Protocol for management of bruising in pre-mobile babies/children**

Learning through training

Summary

289	**5,072**	**8,809**
training events in total	practitioners attended virtual and face to face training	practitioners completed online learning

Practitioners have told us about OSCB training

"I described it as akin to quality supervision (a rare experience for many Designated Safeguarding Leads). A fantastic use of time and resource"

"This was by far the best Safeguarding course I have done. Great information sharing"

OSCB trainers are volunteers

volunteer safeguarding trainers

new trainers joined our 'virtual training team' this year

3 development sessions were held for trainers to build their knowledge of self-harm referrals and healthy strategies, domestic abuse and young people and case reviews

The trainers are an invaluable line of communication the safeguarding network. They meet Oxfordshire's workforce over 100 times each year and feedback their views directly to us.

OSCB trainers have told us...

'I enjoy it, it gives me lots of different perspectives, pushes me to keep up to date on research and knowledge, I generally enjoy passing that knowledge to others. People are nice, I find it more valuable in terms of my development then going to training sessions, trainer development days are a good space to get together with other professionals'

EFFECTIVENESS OF EMBEDDING LEARNING IN SUMMARY:

☑ learner gain is recorded & feedback shows how learning will be applied

☑ training is delivered by local volunteers, with pace so that learning is embedded through the local network

☑ multiple resources demonstrate how well partners share key messages

7. Evidence and Assurance

The OSCB looks at the children's safeguarding system in different ways to check how well it is working.

organisations check how well they comply with safeguarding standards and look at pressures on their services

we review how well organisations work with others to support children

from practitioners, families and children: an important part of the jigsaw, these are included wherever possible

we review facts and figures against local targets

we reviewed 11 large services which support children in some way through a self-assessment and a peer review

we reviewed children's experiences of support, where they were at risk of exploitation, where they had experienced substantial neglect

over 700 practitioners completed an online safeguarding questionnaire for the OSCB

we review data on all safeguarding pressure points at all levels of the partnership on a bi-monthly basis

Main areas of safeguarding concern in summary over the last 12 months

The review of information leads to the escalation of some matters to the senior safeguarding partners. The most persistent issues in the safeguarding system remain:

● Contacts into the Multi-Agency Safeguarding Hub (MASH). In 2020/21 the number of contacts into the MASH rose by 33% to 23,920; when just over 10% of children in Oxfordshire had a MASH contact.

● Multi-agency help at an early stage of need is lower than local targets. You remain twice as likely to receive a social care assessment than an early help assessment in Oxfordshire.

● Waiting times for children with mental health problems.

● Increase in the number of children electively home educated. This number has increased by over 30% to just over 900 children. Information has been put in to place to advise parents of the implications and work has been undertaken to identify the most vulnerable in this cohort.

● The number of A&E attendances for self-harm are 56% higher than last year and 58% more than 2019. (However, this has not led to an increase in actual hospital admissions which for self-harm (15-19) are 1% lower than 2 years ago).

● Recruitment and retention across the whole system alongside the impact of Covid. All safeguarding partners have noted this as a challenge in the current economic environment through the safeguarding self-assessment

EFFECTIVENESS OF QUALITY ASSURANCE:

- ☑ partners have a full picture of the safeguarding system for children across the local authorities, police and health including emerging issues e.g., concerns regarding mental health, self-harm, increases in home education

- ☑ progress is evidenced: use of new resources; escalation of issues to strategic safeguarding partners

- ☑ there are a number of repeat messages which need senior leaders to reflect upon to deliver change in particular in terms of neglect and child exploitation

Page 151

Annual Report 2021/22 Conclusions

Strategic safeguarding partners need to take a lead on embedding the learning from 2021/22 in their organisations and across the system. This includes:

- ensuring early help is led and resourced at a senior level in line with the **Children and Young People's plan**

- ensuring organisations are doing everything they can to support our priorities for neglect, child exploitation and keeping children safe in school – these need whole system change and should be everyone's business

- making sure capacity issues and demand in organisations are known across the partnership so we can tackle them together as a whole system. This includes issues of recruitment and retention of our highly valued workforce

Appendix A: Key safeguarding messages for Oxfordshire stakeholders

Our local community: safeguarding is everyone's business. Please report a concern if you are worried.

If you have a concern about a child, please call MASH on **0345 050 7666** during office hours.

Children and young people:

✓ thank you for telling us what you think

● we are promoting the Children Care Council's Good Communication Guide that has been updated with the support of the Safeguarding Young Ambassador

● we know that:
   – family relationships matter to you and we should recognise that more when trying to support you
   – we need to listen better to what you are telling us about what you need and what you feel and that we then take action together that makes a difference
   – we should recognise when your behaviour is telling us something has happened to you
   – how we talk to you and how we write about you matters

Children's workforce:

✓ Thank you for doing a great job under pressure

✓ We have heard some great feedback about you, which has said that you "are committed to improving the experience of children and young people in Oxfordshire"

● Please consider these learning points from recent case reviews:

1. **Child sexual abuse.** We need to know how to recognise it, how to talk about it and how to address it with care. Children need to feel heard and feel safe

2. **Behaviours demonstrating a child's trauma** and their need for help when they are not telling us using words, in particular if they are non-verbal

3. **Thinking about how we talk 'to' and 'about' children.** Thinking through what words we use when we respond to children seeking help. Moving from "what is wrong with you" to "what has happened to you". This includes how we write about children

4. **The long-lasting impact of adverse childhood experiences** which play out as a child becomes an adolescent and then a young person. We need to recognise emotional abuse and emotional neglect and the role that child blame plays within this

5. **Safe sleeping.** Getting the message out there to all parents and carers, not just mums

6. **Working with fathers and male carers.** In the majority of reviews, where a child was harmed by an adult, the adult was a male and not enough was known or understood about that adult. Attention needs to be given to the whole family and all those who care for the children

Heads and Governors of schools:

✓ Good work has been done to keep children in education and to reduce exclusions

✓ More schools are providing 'early help' to pupils and their families. Two schools were recognised for their early help work this year – we would like to extend this to all schools in 2022/23. Tell us about your good work.

✓ Safeguarding partners do not underestimate the investment this takes in terms of time and commitment to all pupils and families

✓ 100% return of schools safeguarding assessments. Make sure that your safeguarding governors have seen this and signed it off.

● Check your pupil attendance and take action – know their 'whereabouts'. We know that children are safer in school

● Governors should ensure that they are focussed on attendance of children in their school and have identified a senior lead with responsibility for early help

The community, faith and voluntary sector:

● Your role in early help is important: we recognise that you are managing a lot of challenging work

● Make use of the bespoke OSCB safeguarding policy template and checklist

● Carry out a safeguarding self-assessment

Senior managers and leaders:

● ensure early help is led and resourced at a senior level in line with the Children and Young people's plan.

● ensure your organisation is doing everything it can to support our priorities for neglect, child exploitation and keeping children safe in school – these need whole system change and should be everyone's business

● make sure capacity issues and demand in your agency are known across the partnership so we can tackle them together as a whole system
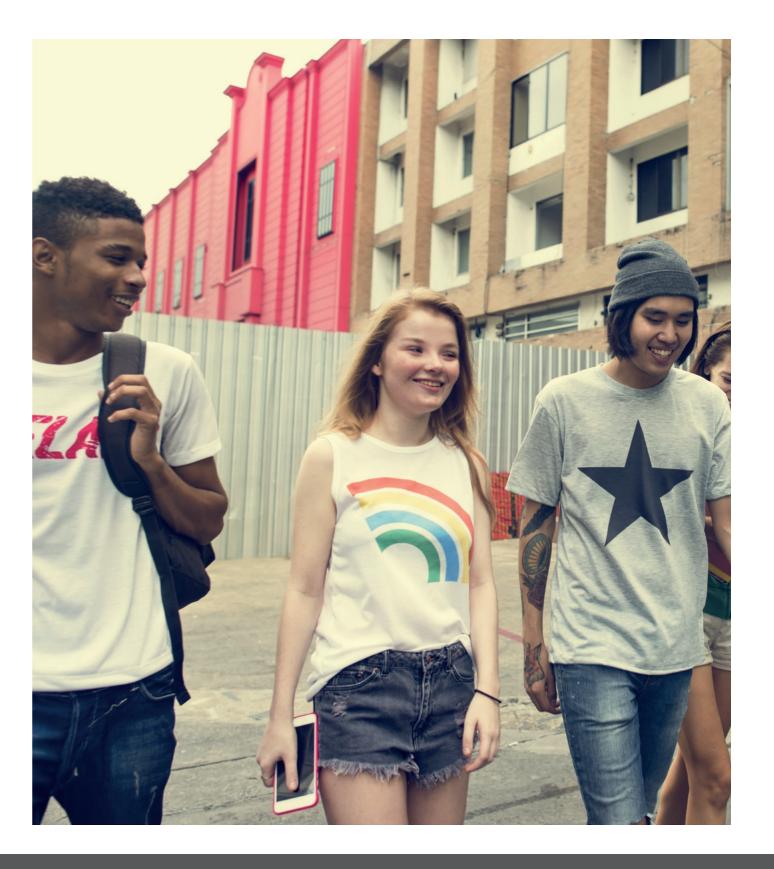
Appendix B: Matrix of safeguarding concerns from quality assurance work

● Review work   ● Quality assurance work   ● Data   ● Escalated issues

...that need regional and national attention	
Availability of homes close to Oxfordshire for children who have a complex set of safeguarding needs and cannot live at home	● ● ● ●
...that are about our systems and how we work together as a whole	
Cultural shift in helping families at an early stage collectively to tackle neglect in the family home	● ● ● ●
County-wide effort to deal with the exploitation of children outside of their home	● ● ● ●
Shorter waiting times for children who need help with mental health problems	● ● ● ●
Shared vision and connectivity with schools about keeping children safe	● ● ● ●
Recruitment and retention across the system is challenging and adding to service pressures post-covid	● ●
...that are about our practice	
Straight talking with families to identify and name neglect	● ● ● ●
Using the same resources to help families at an early stage e.g., early help assessment	● ●
Thinking about safeguarding all family members – parents, children, siblings – when you may have contact with just one family member	● ●
Better sharing of safeguarding information across different health information systems	● ●
...that are repeat themes	
Lower exam grades for the most disadvantaged children	● ● ● ●
Children being visible to others and kept safe in early years settings and education during the day	● ● ●
Complex range of safeguarding issues that children face	● ● ● ●
...that have come to the fore through the pandemic	
Importance of keeping sight of the most vulnerable children	● ●
Emerging issues of domestic abuse and mental health concerns following lockdowns	● ● ●
Increased demand on frontline services post lockdown	● ● ●

Appendix C: Links

...to the multi-agency safeguarding arrangements

...to more 'about us'

Appendix D: OSCB Budget

	End of year figures 2021/22
Funding streams	
Public Health	-£30,000.00
Income	
Foster carer training	-£3,400
Non-attending delegates	-£9,465
Platform fees	-£63
Contributions	
OCC Children, Education & Families	-£206,400
OCC Dedicated schools grant	-£64,000
NHS OCCG*	-£60,000
Thames Valley Police	-£21,000
National Probation Service*	-£1,410
CRC*	-£2,500
Oxford City Council	-£10,000
Cherwell DC	-£5,000
South Oxfordshire DC	-£5,000
West Oxfordshire DC	-£5,000
Vale of White Horse DC	-£5,000
Cafcass	£0
Public Health (see above)	£0
TOTAL INCOME	**-£428,238.00**
Expenditure	
Independent Chair	£26,700
Business unit	£274,107
L & I work	£9,104
Training & learning	£39,868
Subgroups	£8,261
All case reviews	£28,163
CSPR Action planning work	£22,172
Neglect work	£559
TOTAL	**£408,934**
Available reserves*	£73,975
Drawdown	£0
Add to reserves	£19,304
Reserves Balance	£93,279

* NHS Oxfordshire CCG also funds the Child Death Overview Process at a cost of £76,774 per annum

OSCB
Oxfordshire Safeguarding Children Board

This page is intentionally left blank

Annual Report 2021-22

Derek Benson, OSCB Independent Chair

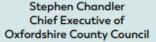# Oxfordshire multi-agency safeguarding arrangements

Our vision

We want to keep children in Oxfordshire as safe as possible by making sure everyone understands their roles and responsibilities regarding safeguarding through training, learning and local resources.

Stephen Chandler
Chief Executive of
Oxfordshire County Council

James Kent
Integrated Care System Lead,
Buckinghamshire, Oxfordshire,
and Berkshire West Clinical
Commissioning Group

John Campbell
Chief Constable,
Thames Valley Police

Oxfordshire's senior safeguarding partners.

- Providing leadership and oversight
- Petitioning the DfE on safeguarding messages from 'Serious case reviews' e.g. insufficient placements
  Checking safeguarding standards set in 'Section-11' of the Children's Act
- Taking on the most serious issues for change e.g. exploitation and neglect
- Training for over 13,000 workers and volunteers in safeguarding

Cherwell
DISTRICT COUNCIL
NORTH OXFORDSHIRE

NHS
Commissioning Board
A special health authority

OXFORDSHIRE
COUNTY COUNCIL

OCVA
Oxfordshire Community & Voluntary Action

NHS
Oxford University Hospitals
NHS Foundation Trust

OXFORD
CITY
COUNCIL

NHS
Oxford Health
NHS Foundation Trust

Probation Service
South Central

response

NHS
South Central
Ambulance Service
NHS Foundation Trust

South Oxfordshire
District Council

THAMES VALLEY
POLICE

Vale
of White Horse
District Council

WEST OXFORDSHIRE
DISTRICT COUNCIL

Quality assurance work tells us:

- **partners have a full picture** of the safeguarding system for children across the local authorities, police and health including emerging issues e.g., concerns regarding mental

- **progress is evidenced**: use of new resources; escalation of issues to strategic

- **there are a number of repeat messages** which need senior leaders to reflect upon to deliver change in particular in terms of neglect and child exploitation

Our current priorities for system change are right – we just need more traction on making change happen.

We need to work better as one system. We all need to think about how we work together based on what we have learnt.

OSCB
Oxfordshire
Safeguarding
Children Board

Case review work tells us we need to focus on:

early help for families

neglect of children in the family home

risks to children outside the home

keeping children safe in schools and settings

However, there are new repeat factors from the more recent reviews:

Child sexual abuse & Child sexual exploitation

Sharing of intimate images on-line

Children's emotional wellbeing & mental health

OSCB Oxfordshire Safeguarding Children Board

Our learning: areas for improvement

Make sure that vulnerable children are seen. Covid has taught us that any decision not to meet with a vulnerable family in person must be a shared one

Develop a clear understanding of trauma informed practice across your services and adopt that approach to working with children

Develop and invest in plans to keep children close to home by expanding local residential and foster care provision to meet children's needs.

Ensure rigorous commissioning and quality assurance of placements for the children we care for

Maintain oversight of how we record and share information about children. Set high standards.

Ensure greater understanding of the range of **mental health and wellbeing** support for adolescents

Priorities
Neglect
Child exploitation
Keeping children safe in school

Take-away messages

Ensure that early help is led and resourced at a senior level in line with the Children and Young People's Plan

Ensure that your organisation is doing everything it can to support the priorities for neglect, child exploitation and keeping children safe in school.

Make sure capacity issues and demand in your organisation are known across the partnership so we can tackle them together as a whole system

OSCB
Oxfordshire
Safeguarding
Children Board

healthwatch
Oxfordshire
Your voice on health and care services

Healthwatch Oxfordshire Report to Oxfordshire Health and Wellbeing Board December 2022

An overview of activity and outcomes April - September 2022

CONTENTS

Overview of Healthwatch Oxfordshire activity April to November 2022

Healthwatch Oxfordshire Reports to external bodies

During April to November 2022 we published the following reports to:

- Oxfordshire Health and Wellbeing Board in June and September 2022
- Oxfordshire Health Improvement Partnership Board May, September and November 2022.
- Oxfordshire Joint Health Overview Scrutiny Committee in May, June, September and November 2022.

All the above reports are available online at:

https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

Healthwatch Oxfordshire reports

https://healthwatchoxfordshire.co.uk/our-work/research-reports/

We published 2 research reports:
- Visiting Care Homes since COVID 19
- Getting your prescriptions from pharmacy (plus a round table discussion)

We published 3 Enter & Review Reports to different services:
- Banbury Cross Health Centre May 2022
- Banbury Heights nursing Home June 2022
- East Oxford Dental Clinic October 2022

Activity and outcomes April to end of September 2022

Between April and the end of September we heard from/engaged with 4,162 people.

Points of note include:

- 156 people received signposting support
- 173 Feedback Centre reviews
- 2,676 people have actively engaged with our social media channels
- 880 people have been heard from during our outreach, research and engagement with voluntary and community organisations
- Completed 4 Enter and View visits where we heard from 100 people

- Our support for Patient Participation Groups and Primary Care Networks continues – we held 4 webinars attended by 74 people and attended 9 PPG/PCN meetings over this period

Outreach activity:

'On the street' outreach to speak to the public took place in Banbury, Faringdon, Oxford Older People's Day and Oxford University Freshers Fair (Keble College) and planned for 18th November in Wallingford and elsewhere in the coming months.

Healthwatch Oxfordshire hospital stands have been held at Horton, Nuffield Orthopaedic, and John Radcliffe hospitals to speak directly with members of the public.

Oxfordshire Men's Health Partnership is encouraging everyone to have a chat with a friend, colleague, family member or stranger every day throughout November to help tackle issues of loneliness and isolation. Healthwatch Oxfordshire are linking into this and supporting its 30 Chats in 30 Days campaign by having 30 conversations in November with working men in Carterton.

Outcomes from our work – To read about other outcomes see our Board papers for the 29th November Healthwatch Oxfordshire Trustees meeting on webpage https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

Key issues we are hearing:

Continue to hear about NHS dentistry, GP waiting times and access, cost of living, CAMHS.

Round table meetings

Following our report **'Getting Your Prescriptions'** we held a round table discussion attended by the local commissioners – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) - GPs, Primary Care Networks, Thames Valley Pharmacy, and pharmacy providers. Agreed actions included a commitment to work closely together as a system, to improve communication with the public, better promotion and awareness of services. This also included commitment to explore improvements to some of the operational challenges of referral and delivery, whilst focusing on understanding gaps in reach or uptake, particularly in communities

facing health inequalities in the county. Healthwatch Oxfordshire will follow up on progress in the future.

Following on from hearing from patients that they cannot find an **NHS dentist** to register with, to access ongoing treatment following an emergency appointment or to register their children Healthwatch Oxfordshire invited the commissioner, Local Dental Committee and Oxfordshire County Council Public Health and Oxford Health NHS Foundation Trust to a round table discussion - **'What can be done to improve patient access to NHS Dentistry?'** Actions agreed were:

1. Improved communication with public including:
   a. Make publicly available the Dental Help Line
   b. Public information about dental care and support
   c. Public health information campaign about dental health
   d. Greater awareness that a patient is not limited to using the same dentist – it is not the same as being registered with a GP!
2. The NHS Commissioner and Public Health to work closely together
3. Healthwatch Oxfordshire and Healthwatch Bucks to support communications with the public – get important messages out there!

An opportunity for BOB ICB to be innovative

The opportunity for BOB ICB as the commissioner of dentistry in the area to explore how they can devise a service that meets the needs of local populations. Healthwatch Oxfordshire is keen to continue this discussion, support BOB ICB to communicate with their population, support the Public Health messaging, and keep the foot on the pedal on improving access to NHS dentistry in the area.