

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

**Thursday, 5 December 2024 at 2.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND**

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves
Chief Executive

November 2024

Contact Officer: **Democratic Services**
Email: committees.democraticservices@oxfordshire.gov.uk

Membership

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

Board Members:

Councillor Rachel Crouch	West Oxfordshire District Council
Ansaf Azhar	Director of Public Health & Communities, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adult Social Care, Oxfordshire Co Co
Michelle Brennan	GP Representative
Stephen Chandler	Executive Director: People, Oxfordshire Co Co
Councillor Rob Pattenden	Cherwell District Council
Councillor Maggie Filipova-Rivers	South Oxfordshire District Council
Karen Fuller	Director of Adult Social Care, Oxfordshire Co Co
Caroline Green	Chief Executive, Oxford City Council (District Representative)
Councillor John Howson	Cabinet Member for Children, Education & Young People's Services, Oxfordshire Co Co
Dan Leveson	Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board
Councillor Nathan Ley	Cabinet Member for Public Health, Inequalities & Community Safety, Oxfordshire Co Co
Lisa Lyons	Director of Children's Services, Oxfordshire Co Co
Grant MacDonald	Interim Chief Executive, Oxford Health NHS Foundation Trust

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Professor Sir Jonathan Montgomery	Chair, Oxford University Hospitals NHS Foundation Trust
Don O'Neal	Chair, Healthwatch Oxfordshire
Councillor Helen Pighills	Vale of White Horse District Council
David Radbourne	Regional Director Strategy and Transformation, NHS England
Councillor Chewe Munkonge	Oxford City Council

Notes:• *Date of next meeting: 13 March 2025*

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 below**
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.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Requests to speak should be sent to: Jack.Ahier@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. **Note of Decisions of Last Meeting (Pages 1 - 16)**

To approve the Note of Decisions of the meeting held on 26 September 2024 and to receive information arising from them.

6. **ICB Update**

To receive a verbal update from the ICB.

7. **Marmot Place Update**

The Board to receive a verbal update.

8. **Prevention of Homelessness Director's Group Update (Pages 17 - 22)**

Report of Director of Adult Social Care

This report provides a progress update on the work that has been undertaken in relation to homelessness services in Oxfordshire to improve support following the Safeguarding Adults Review in 2020, specifically "The Alliance", which is overseen by the Prevention of Homelessness Directors' Group. The report provides an update on progress made and a summary of current activity.

The Health and Wellbeing Board is RECOMMENDED to note the report

9. Development of Oxfordshire Way Prevention Strategy (Pages 23 - 62)

Report by Director of Adult Social Care.

The Health and Wellbeing Board approved a [new strategy](#) in December 2023, with the priorities split between 4 thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health. Delivery against the ambitions within the strategy is the responsibility of all organisations represented on the Board and is supported by an Outcomes Framework agreed by the Board in [March 2024](#).

The Board has agreed to receive a rotating update on delivery of 1 of the 4 strategy themes at its quarterly meetings, meaning that over the course of a 12-month period an update on each theme would be presented once. This report is the first annual report of the thematic domain of Thriving Communities, under The Building Blocks of Health:

- Priority 10: Thriving communities
 - We will support and enable all diverse and vibrant communities to play their key role delivering better health and wellbeing for people across Oxfordshire.

Vibrant and thriving communities are the cornerstone of a healthy and well Oxfordshire. Communities are crucial to creating good health and wellbeing. There are also opportunities to value and cultivate local communities to help people to support themselves, staying well for longer. This report focuses on the progress of health and wellbeing in communities.

Oxfordshire County Council, along with councils across the country, is working closely with communities to establish effective approaches to building community capacity together with our commissioners in the ICB and Districts in partnership with our residents, enabling us all to achieve better health outcomes and improve our wellbeing. The Oxfordshire Way Prevention Strategy sets out the vision and focus for prevention over the next 4 years. Like all authorities across the country, we need to change, adapt and focus how we can work in collaboration across our communities, with our residents and partners to support long-term health and wellbeing.

The Health and Wellbeing Board is RECOMMENDED to:

- (a) Note the progress on the delivery of priority 10: Thriving Communities within the Health and Wellbeing Strategy**
- (b) Comment on the draft Oxfordshire Way Prevention Strategy and endorse the plan to progress to wider consultation.**

10. Oxfordshire Safeguarding Adults - Annual Report (Pages 63 - 116)

Report by Director of Adult Social Care

The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2023-24. It is a requirement set out in the Care Act 2014 and the related statutory guidance that the Local Authority receive a copy of the annual 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).

The Health & Wellbeing Board is RECOMMENDED to note the content of the annual report which appears at the annex to this report

11. Oxfordshire Safeguarding Children's - Annual Report (Pages 117 - 134)

12.

Report by Director of Children's Services

This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

The Health and Wellbeing Board is RECOMMENDED to note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.

12. Safer Oxfordshire Partnership Update (Pages 135 - 154)

Report by Chief Fire Officer and Director of Community Safety

The Safer Oxfordshire Partnership is reporting to the Health & Wellbeing board, and this is the first overview of the work of the partnership in Oxfordshire.

The Health & Wellbeing Board is RECOMMENDED to note the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.

13. Domestic Abuse Safer Accommodation Strategy (Pages 155 - 194)

Report by Director of Public Health and Communities

The Oxfordshire Domestic Abuse Safe Accommodation Strategy, published in December 2021 (included in Annex 1) outlines how Oxfordshire will implement the statutory duties noted above, to ensure victim survivors and their families have access to safe and supportive housing.

MHCLG require strategies are reviewed every 3 years. We are now approaching this time, with the current strategy having been posted for 3 years at the end of December 2024.

Further to a review of the current strategy it was agreed that many of the actions contained within were still relevant. Therefore, it was agreed by the Oxfordshire Domestic Abuse Strategic Board that the approach of a strategy refresh was more

appropriate than implementing a new strategy.

The public engagement and consultation team confirmed the voice of Lived Experience should be fully embed in the refresh process to ensure victim survivor centred approach and that this would fulfil consultation requirements for a strategy refresh.

OCC appointed Solutions in Public Health to undertake the Safe Accommodation Strategy refresh in September 2024, with a view to publishing the refreshed strategy in January 2025.

The Health and Wellbeing Board is RECOMMENDED to note the progress with reviewing the Oxfordshire Domestic Abuse Safe Accommodation Strategy. Statutory duties set out in the Domestic Abuse Act 2021 place a duty on Tier 1 local authorities to assess the need for accommodation-based support and prepare a strategy to provide such support for victims. MHCLG requires strategies to be reviewed every 3 years.

14. Oxfordshire Combating Drugs Partnership - Annual Report (Pages 195 - 208)

Report by Director of Public Health and Communities

The Combating Drugs Partnership has been formed in response to the national drug strategy “From harm to hope: a 10-year drugs plan to cut crime and save lives 2021.”[1](#)

The plan requires that national and local partners work collaboratively, focusing on three strategic priorities

- **Break drug supply chains**
- **Deliver a world-class treatment and recovery system**
- **Achieve a generational shift in demand for drugs**

The Oxfordshire CDP brings together multi agency partners from across the Oxfordshire system to ensure clear strategic direction and delivery of the aims and objectives set out in the government’s plan. The partnership is chaired by Director of Public Health and Communities.

The CDP provides biannual updates to the Safer Oxfordshire Partnership while also reporting directly to the Health & Wellbeing Board.

This dual reporting structure allows for a comprehensive understanding of substance use issues within the context of broader health and community safety considerations.

The CDP is required to submit an annual progress report to The Joint Combatting Drugs Unit. This public facing report, which will be published on the Combating Drugs Partnership area of the Oxfordshire County Council website shortly.

HWB members are asked to note the activity of the Combatting Drugs Partnership.

The Health & Wellbeing Board is RECOMMENDED to note the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.

15. Report from Healthwatch Oxfordshire (Pages 209 - 214)

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

16. Reports from Partnership Boards (Pages 215 - 220)

To receive updates from Partnership Boards. Reports from –

- Health Improvement Board; and
- Children's Trust (verbal); and
- Place Base Partnership

17. Forward Work Programme (Pages 221 - 222)

Members to note the items on the Forward Work Programme.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 26 September 2024 commencing at 2.00 pm and finishing at 4.45 pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Sam Hart (Vice-Chair)

Ansaf Azhar
Michelle Brennan
Stephen Chandler
Karen Fuller
Caroline Green
Councillor John Howson
Dan Leveson
Councillor Dr Nathan Ley
Lisa Lyons
Grant MacDonald
Professor Sir Jonathan Montgomery
Councillor Helen Pighills
Councillor Chewe Edgar Munkonge

Other Members in Attendance: Councillor Jenny Hannaby

Other Persons in Attendance: Matthew Tait (ICB), Richard Smith (Cherwell District Council)

Officers: Jack Ahier (Democratic Services Officer), Ian Bottomley (Lead Commissioner – Age Well Support), Andrew Chequers (Deputy Director of Housing and Social Care Commissioning), Jenny Cummings (Commissioning Officer), Bethan MacDonald (Consultant in Public Health), Shilpa Manek (Democratic Services Officer), David Munday (Deputy Director of Public Health),

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 Democratic Services (Email: committees.democraticservices@oxfordshire.gov.uk)

	ACTION
72 Welcome by Chair (Agenda No. 1)	
<p>The Chair introduced everybody to the meeting. The Chair noted that there had been a turnover in membership since the last meeting in March and wished to thank the following Councillors for their service on the Health & Wellbeing Board:</p> <ul style="list-style-type: none"> - Cllr Joy Aitman (West Oxfordshire District Council). - Cllr Phil Chapman (Cherwell District Council). - Cllr Maggie Filipova-Rivers (South Oxfordshire District Council). - Cllr Louise Upton (Oxford City Council). <p>The Chair warmly welcomed the following new members of the Health & Wellbeing Board and stated that she looked forward to working with them:</p> <ul style="list-style-type: none"> - Cllr Rob Pattenden (Cherwell District Council). - Cllr Georgina Heritage (South Oxfordshire District Council). - Cllr Chewie Munkonge (Oxford City Council). <p>The Chair noted that the intended representative from West Oxfordshire District Council had resigned as a Councillor and thus, a new representative would be appointed for the next meeting.</p>	
73 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Cllr Rob Pattenden and Cllr Rizvana Poole.	
74 Declarations of Interest - see guidance note below (Agenda No. 3)	
Professor Sir Johathan Montgomery declared that he was employed by University College London (UCL) which related to item 7, Marmot Place Update, as the Institute of Health Equity was also based at UCL.	
75 Petitions and Public Address	

(Agenda No. 4)	
There were none.	
76 Note of Decisions of Last Meeting (Agenda No. 5)	
<p>It was agreed that the Note of Decisions of the meeting on 14 March 2024 would be approved.</p> <p>RESOLVED: That the Board APPROVED the notes of the last meeting held on 14 March 2024 and the Chair be authorised to sign them as a correct record.</p>	
77 ICB Update (Agenda No. 6)	
<p>Matthew Tait (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board - BOBICB) provided an ICB update to the Board. He raised the following points:</p> <ul style="list-style-type: none"> - An ICB Board meeting was held on 17 September which confirmed the consultation response on the Change Programme. - Noted an awareness of the Oxfordshire Joint Health and Overview Scrutiny Committee (OJHOSC) discussions and the referral to the Secretary of State for Health and Social Care. - Confirmed the substantive appointments of Nick Broughton as Chief Executive and of Dr Priya Singh as the Chair. - Noted the upcoming financial challenge of the ICB and that an investigation intervention regime was about to be embarked upon with NHS England to try and return to their deficit plan. - Recruitment processes were starting for the position of Chief Medical Officer. - Referenced the successes of the Acute Provider Collaborative. - Noted the challenges ongoing across the system in preparation for the Winter months. <p>Stephen Chandler, Executive Director: People, questioned if, in relation to the Better Care Fund (BCF) and given the ICB restructure, that the ICB was clearly aware that the BCF was a pooled budget and that any change to budgets agreed upon could not be implemented without notifying this forum.</p>	

<p>Matthew Tait (BOBICB) agreed with the point raised and noted the joint governance and oversight of the BCF.</p> <p>The Chair noted that, for the benefit of the Board, that the OJHOSC asked the Secretary of State for Health and Social Care to call-in the decision relating to the BOBICB restructuring.</p>	
<p>78 Marmot Place (Agenda No. 7)</p>	
<p>The Chair introduced David Munday, Deputy Director of Public Health, to provide an update on the Marmot Place initiative. He raised the following points:</p> <ul style="list-style-type: none"> - Noted that ill health was not geographically spread across Oxfordshire, but clearly evident in areas of higher proportion of ethnic minorities, people in vulnerable housing and homeless people and people living in rural areas who may be more isolated. - It was made clear that the drivers to improve ill health were known as the building blocks of health, such as education, housing, employment, access to green spaces and clean air. - It was clear that there were good opportunities in partnership with the Marmot Institute in a two-year programme of work to provide an overarching framework for different local initiatives, particularly noting the challenge of rural inequality that is faced within Oxfordshire. - Helping with research with academic colleagues and innovation to try and address inequalities. - Seeing the Marmot Place initiative as a new methodology to wrap together different initiatives together. - The work will be looking at how the 8 'Marmot Principles' can be best applied locally for greatest impact. <p>Cllr John Howson, Cabinet Member for Children, Education and Young People's Services, commented that it was important to not work in silos and to work with the education sector to see how it could be developed.</p> <p>Cllr Dr Nathan Ley, Cabinet Member for Public Health, Inequalities and Community Safety, noted the importance of addressing rural health inequalities and referenced the launch event in November as an opportunity to work with community leaders. He also noted that the Marmot principles were overlapping and thus, it was difficult to choose two to initially focus on.</p>	

David Munday agreed that it was difficult to disagree with any of the Marmot principles, but that advice from the Marmot team was that work would be too thinly spread if you were initially across all eight principles at the same time.

Ansaf Ahzar, Director of Public Health and Communities, noted that this was an exciting opportunity for Oxfordshire as Michael Marmot was an international expert in tackling inequality and used Coventry as an example of this working over a period of time, despite national trends being in the opposite direction.

Don O'Neal, Chair – Healthwatch Oxfordshire, stated that Healthwatch had recently completed a report into rural and health inequalities and that he would be happy to share that.

The Vice Chair asked about the scope of the project beyond the initial two years. Ansaf Ahzar noted that two years was the just the start of the project.

The Chair noted that Oxfordshire would be different to Coventry due to the rural nature of the county and pointed out the work that had been taking place in deprived urban areas, but that finding pockets of rural inequality would be crucial to this body of work.

Cllr Dr Nathan Ley raised concerns about metrics in Cornwall going in the opposite direction having become a Marmot Place. Ansaf Ahzar responded that it is important to allow time for work to develop and that Coventry was a good example to judge as it was one of the first areas that became a Marmot Place.

The Chair asked about where the priorities would be determined and how often the Health & Wellbeing Board should be updated about progress. David Munday confirmed that the Steering Group would take forward the mapping out of priorities and expected that frequency of updates would be decided upon over time.

Cllr Chewe Munkonge, Oxford City Council, asked if funding arrangements over the next 3 years were sufficient and if there were plans for future funding arrangements beyond that time period. David Munday responded that the money was to facilitate partnership working, but that more would be needed to take forward the programmes of work.

RESOLVED to:

Endorse the proposed partnership with the Institute of Health Equity to develop Oxfordshire as a Marmot Place to advance our local programmes of work to tackle health inequalities in Oxfordshire, noting the rationale for this work and its

<p>connection into the new Oxfordshire Health and Wellbeing Strategy.</p> <p>Agree to act as the existing system partnership board that has oversight of the developing Marmot Place work programme, and receive updates on progress at future Board meetings.</p>	
<p>79 Prevention of Homelessness Directors Group (Agenda No. 8)</p>	
<p>The Chair invited Karen Fuller, Director of Adult Social Care, Richard Smith, Head of Housing – Cherwell District Council, and Andrew Chequers, Deputy Director of Housing and Social Care Commissioning, to present the report. The following points were raised:</p> <ul style="list-style-type: none"> - The piece of work originated in 2020 following a number of Adult Reviews, which made clear that work needed to be done across Oxfordshire to improve these services. - There were challenges around data-sharing and that work was ongoing to provide digital solutions. - Direction as to the frequency of updates that the Health & Wellbeing Board wanted going forward. - Prevention of Homelessness Director's Group was comprised of colleagues from the district councils, the Police and from the probation services. - The three strands of work were: supported accommodation, outreach services (such as rough sleeper engagement) and homelessness prevention. - Challenges surrounding homelessness were faced across County and District boundaries. <p>Caroline Green, Chief Executive – Oxford City Council, emphasised the extreme situations surrounding homelessness faced across Oxfordshire and in the city itself and noted the outside drivers that contribute to homelessness.</p> <p>Karen Fuller noted the difficult decisions around finances that may have to be taken in the future.</p> <p>Dan Leveson, Place Director for Oxfordshire (BOBICB), noted that homeless people faced some of the most extreme inequality and that the challenge moving forward was to put different strands together to recognise that economic and health benefits are also social benefits.</p>	

<p>Professor Sir Jonathan Montgomery, Chair – Oxford University Hospitals NHS Foundation Trust, explained that it was difficult to get a sense of whether this was getting traction, noting the point about the difficulties due to external drivers. He stated that the next stage needed requires the Board to ask if the actions set had had the desired impact.</p> <p>Karen Fuller agreed and noted updates were needed on progress as the strategy was first agreed in 2020.</p> <p>The Health & Wellbeing Board engaged in debate over the frequency of updates required. It was agreed that updates would be provided at each Health & Wellbeing Board meeting.</p> <p>The Health & Wellbeing Board thanked all partners working on the Prevention of Homelessness Directors Group.</p> <p>RESOLVED to:</p> <ul style="list-style-type: none"> a) The Health and Wellbeing Board is RECOMMENDED to note the report. b) The Health and Wellbeing Board is RECOMMENDED to consider the frequency of further updates. 	
<p>80 Oxfordshire JSNA Update (Agenda No. 9)</p>	
<p>The Chair invited Bethan MacDonald, Consultant in Public Health, to provide an update on the Oxfordshire Joint Needs Strategic Assessment (JSNA). The following points were raised:</p> <ul style="list-style-type: none"> - The reports produced were focused on specific areas: inclusion health groups, mental health and wellbeing, SEND, healthy weight, gambling harms, local research and climate and health. - Noted the increasing levels of mental health issues in schools, which is above the national average across the UK. - High proportion of secondary school pupils recorded as persistent absentees. - Building blocks of health outlined in Health and Wellbeing Strategy takes a holistic approach in tackling mental health through financial support and building healthy homes, for example. - The next topic of the Director of Public Health's Annual Report would be focused on children and young people's mental health. 	

- There was improvement in the proportion of children measured as overweight or obese in Oxfordshire, but it was still slightly above pre-pandemic levels.
- Areas where children are more likely to be overweight or obese are areas with higher levels of inequality.
- Proportion of adults who are overweight or obese has improved based on previous years' data.
- Potential opportunities for work to be done on the commercial determinants of health, such as food and gambling.
- Proposals to align timings of Pharmaceutical Needs Assessment (PNA) with other Health & Wellbeing Boards within the BOBICB.

The Chair confirmed that the Health & Wellbeing Board had agreed to move the JNSA report to a digital format. Ansaf Ahzar noted that the JSNA was in a digital platform already.

Dan Leveson noted the impact of social media on children's mental health and felt the Director of Public Health's Annual Report would be a good way to explore these concerns.

Ansaf Azhar noted that the 'green' areas on the JNSA sometimes masked poorer outcomes in the most deprived areas of Oxfordshire and highlighted the significant inequalities that still exist. It was made clear that although demonstratable results may not be seen straight away, indicators can be useful in showing progress, such as more people getting involved in schemes surrounding physical activity, for example.

Veronica Barry, Executive Director – Healthwatch Oxfordshire, stressed the need for the PNA to include more qualitative comments and to engage and listen to patients.

The Chair noted that the JNSA would be a great resource when fully digitised to allow in-depth research into specific rural areas.

Professor Sir Jonathan Montgomery raised the question about trends in loneliness statistics travelling in the wrong direction post-pandemic.

Cllr John Howson pointed out that there were underlying factors that needed to be considered if the JNSA was to be used as a headline tool to track progress.

Cllr Dr Nathan Ley noted that whilst the data looked good in areas, there was lots of work to do, such as in reducing obesity levels in areas of the county.

Michelle Brennan, GP representative, reflected that data had

<p>been gathered over a number of years, but it was now about how to use the data to inform develop integrated neighbourhood teams. David Munday welcomed this point and noted that the JNSA had to be a tool to inform actions.</p> <p>RESOLVED to:</p> <ol style="list-style-type: none"> 1. Approve the content of the Joint Strategic Needs Assessment for 2024 and encourage widespread use of this information in planning, developing and evaluating services across the county. 2. 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. 3. Note requirements and plans for publishing the update of the Pharmaceutical Needs Assessment. 4. Agree to the proposed approach and plan to align PNA workplan and steering group with ICS partners. Including a PNA publication date of 1st October 2025. 	
<p>81 Oxfordshire Better Care Fund 2023-25 Update (Agenda No. 10)</p>	
<p>The Chair invited Karen Fuller and Ian Bottomley, Lead Commissioner – Age Well Support, to introduce the report to the meeting.</p> <p>Karen Fuller noted that the Chair of the Health & Wellbeing Board signed off the Better Care Fund, and that this was being discussed retrospectively as it was scheduled for the July meeting, which was cancelled due to the General Election.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> - The process tried to get best value for money across the system. - The BCF plan had been signed off by the Chair on 2nd July 2024 to meet NHS England deadlines. - The BCF plan has been approved by NHS England. - Noted that there was a big focus on prevention and avoidance of people going into hospital, particularly in some of the winter schemes. - The assumption was that there would be less money available. 	

<p>Dan Leveson paid tribute to the team for the planning round and for building consensus across the partnership with regards to the BCF plan.</p> <p>Professor Sir Jonathan Montgomery made the point that it would be useful to have a dashboard to indicate if good planning was translating to progress.</p> <p>The Chair confirmed she had signed this off via delegated authority in July.</p> <p>RESOLVED to:</p> <p>a) Note the Oxfordshire Better Care Fund Plan for 2024-25, as approved by the Health and Wellbeing Board Chair via delegated authority on 2 July 2024 and NHS England on 23 August 2024</p>	
<p>82 Outcomes Framework (Agenda No. 11)</p>	
<p>The Chair invited Karen Fuller and Ian Bottomley to present the report. The following points were raised, and it was confirmed that 'Age Well' was the outcome framework being reported on:</p> <ul style="list-style-type: none"> - Good progress was being made against measures set out. - Reductions in lengths of stay in hospital were apparent, which, on average was reducing patient stays from 7 and ½ days to 5 days. - Continuous learning is vital and work with Healthwatch Oxfordshire is extremely useful in identifying areas for improvement. - Stressed the importance of community input to avoid hospital admissions where possible. - One area that required improvement was on dementia diagnosis and that the 'Living Well with Dementia' strategy was being developed. <p>Dan Leveson referred to Oxfordshire's top 3 national position regarding hospital discharges, which marked significant progress from a few years ago.</p> <p>The Chair thanked officers for their work on this improvement.</p> <p>Professor Sir Jonathan Montgomery noted that there was confidence that the position was also sustainable. Referencing dementia assessments, it was pointed out that incremental improvements can lead to improved performance.</p>	

<p>Stephen Chandler expanded on the progress referenced previously and noted that the system had become more sustainable and resilient to challenges. The focus now needed to be on early stages as the diagnosis was only one step in a series of steps.</p> <p>RESOLVED to:</p> <p>The Health and Wellbeing Board is RECOMMENDED to note the progress on the delivery of priorities 5 & 6 under the thematic domain of Age Well within the Health and Wellbeing Strategy.</p>	
<p>83 Update on Unpaid Carers Strategy (Agenda No. 12)</p>	
<p>The Chair invited Karen Fuller and Ian Bottomley to present the report. The following points were raised:</p> <ul style="list-style-type: none"> - Noted the co-production in developing the strategy and useful contributions from carers. - There are 53,000 unpaid carers in Oxfordshire. - The importance of combining NHS and social care data sets. - The need for robust challenges from carers to improve delivery. - Engagement between OUH, GP's and social care teams to improve delivery was critical. <p>Cllr Nathan Ley noted the important relationship between carers and GP's.</p> <p>Michelle Brennan noted how important data was to improve the relationship with carers across the system and noted the challenges of navigating the healthcare system for carers. She also raised the importance of social prescribers.</p> <p>The Vice Chair made the point that it was important to keep referring back to this strategy as carers situations were dynamic processes.</p> <p>Karen Fuller noted the point that Carers Oxfordshire were fantastic partners to work with and reflected the issue about people knowing about their support service.</p> <p>Cllr John Howson noted that there were 983 young carers and noted the challenge of getting all secondary schools to know where there were young carers and to understand the pressure they were under.</p>	

<p>RESOLVED to:</p> <ul style="list-style-type: none"> • Note the progress achieved in the first three quarters of the implementation of the All-age Unpaid Carers Strategy and the Action Plan. • Approve the mechanisms established to monitor the progress against the Strategy's agreed priorities and reporting progress to the Health and Wellbeing Board. • Comment on the progress achieved to date and make recommendations for ensuring faster progress in the coming months. • Note that the Place Based Partnership will be accountable for progress and ensuring all health partners are meeting their commitments under the Strategy. 	
<p>84 Report from Healthwatch Oxfordshire (Agenda No. 13)</p>	
<p>The Chair invited Veronica Barry to present the report. The following points were raised:</p> <ul style="list-style-type: none"> - The development of the community research approach to work on things important to the local communities. - Using community connectors in studying the challenges of oral health, particularly in the Banbury Ruscote area, but also extending to SEND parents to understand barriers in accessing oral health services. - Continued to feed into the community network initiatives. - Survey currently out for women's health as part of government drive on women's health strategy and looking at joined up services. <p>Cllr John Howson stated that a focus on SEND access to oral health services was welcomed and noted that communication between GP's and other health professionals could improve services.</p>	
<p>85 Reports from Partnership Boards (Agenda No. 14)</p>	

Place Base Partnerships

The Chair invited Dan Leveson to provide an update. The following points were raised:

- Works ongoing with focus on improving care and reducing inequality.
- Positive progress noted in the SEND 'stock take' in July, particularly on the timeliness of awarding ECHP's.
- Focus on adult mental health and breaking down system barriers to make improvements.
- Focus on upstream prevention and what can be done in communities.
- Shortlisted for two awards (Homelessness pathway project and the whole system approach to activity).

Caroline Green noted that the Place Base Partnerships work was long-term, and it was difficult to gain recognition. One of the challenges was to sustain meaningful change and to communicate it to the public.

Ansaf Ahzar also reflected upon the long-term nature of the partnership's work and that pooling funding was effective in seeing prolonged and structured change. It was noted that continuing funding was the most important thing, rather than awards.

The Chair praised the great partnership working across the system.

Health Improvement Board

The Chair invited Cllr Helen Pighills, Vale of the White Horse District Council, to present the report. The following points were raised:

- There was a focus on mental health and the Board were updated on the refreshed Suicide Strategy.
- Interest in some digital solutions, such as the 'Tell Me' app to help with children's mental health.
- The involvement of the youth voice as critical to Berinsfield community profile, which was welcomed.

Cllr John Howson and Dan Leveson welcomed the youth voice being heard in Berinsfield's community profile.

Ansaf Ahzar noted that this demonstrated work beyond the 10 most deprived areas in Oxfordshire.

<p><u>Children's Trust Board</u></p> <p>The Chair invited Lisa Lyons, Director of Children's Services, and Cllr John Howson to present the report. The following points were raised:</p> <ul style="list-style-type: none"> - The first meeting of the Children's Trust Board would be on the 24 October 2024, with Cllr Howson in the Chair. - A revised set of terms of reference was noted. - It was noted that children do well across Oxfordshire, but that more work could be done to improve those children who do well, as well as those who require extra support. - The good performance of Oxfordshire in the Social Mobility Foundation's recent report was noted. <p>Caroline Green noted that it would be interesting to drill down under headline figures in different areas of Oxfordshire, as there were concerns within Oxford about whether it was a good place to bring children up, due to the cost of housing, for example. It was also referenced as to how to measure against outcomes. There was clear alignment with other strategies, and it was questioned whether there were resource implications as it was ambitious.</p> <p>Lisa Lyons agreed that it was ambitious and that many ambitions were already outlined in other documents, but that this brought that into one place. Resources need to be better aligned towards goals. It was hoped that this was the beginning of a coherent Oxfordshire-wide approach.</p> <p>Dan Leveson noted that the work on SEND demonstrated the need for inclusive settings, whether at work, school or at home. It was reinforced that it was a long-term piece of work. Michelle Brennan made the point that the referrals was a step in the entire process.</p>	
<p>86 Forward Work Programme (Agenda No. 15)</p>	
<p>RESOLVED:</p> <p>The Committee noted the Forward Work Programme.</p> <p>The Chair thanked Shilpa Manek, Democratic Services Officer,</p>	

<p>for her work supporting the Board over the last year and wished her well in her future endeavours as she was leaving the Council.</p> <p>David Munday noted the joint workshop planned with the Future Oxfordshire Partnership scheduled for November.</p>	
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..... in the Chair

Date of signing

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Divisions Affected – All

OXFORDSHIRE HEALTH & WELLBEING BOARD

5th December 2024

PREVENTION OF HOMELESSNESS DIRECTOR'S GROUP UPDATE

Report by Director of Adult Social Care

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to note the report

Executive Summary

1. This report provides a progress update on the work that has been undertaken in relation to homelessness services in Oxfordshire to improve support following the Safeguarding Adults Review in 2020, specifically “The Alliance”, which is overseen by the Prevention of Homelessness Directors’ Group. The report provides an update on progress made and a summary of current activity.

Background

2. Across the Districts, City and County, there is a joint commitment to people who experience homelessness and rough sleeping is derived from the aim to create thriving communities for everyone in Oxfordshire where people live safe, healthy lives and play an active part in their community, providing services that enhance the quality of life in our communities.
3. Homelessness support services are commissioned in partnership between the Districts and City Council’s, which have statutory responsibilities to provide homelessness and housing advice services, Oxfordshire and West Berkshire Integrated Care Board along with the County Council through a pooled fund. This commissioning partnership oversees a delivery partnership between agencies working across the County and City to provide the support services. This delivery partnership is referred to as The Alliance. The providers that make up the Alliance are listed below.
 - A2Dominon
 - Aspire Oxfordshire
 - Connection Support

- Elmore Community Services
- Homeless Oxfordshire
- St Mungo's

4. The service provided fall within one of the following three broad categories, Prevention, Supported Accommodation and Outreach.

Prevention

Prevention in this context means to work upstream with clients to prevent them becoming homeless and rough sleeping in the first place. This could be by providing advice and support regarding their current home and tenancy or by enabling them to access another support service provided outside the Alliance, such as mental health or drug and alcohol services.

Outreach

Outreach provide advice and support to those rough sleeping now, with the aim of getting them into an accommodation option and/or accessing other support. Identification, monitoring and outcomes for rough sleepers are closely monitored.

Supported Accommodation

There are different types of supported accommodation and the intensiveness of support provided within varies depending on the clients needs. There are around 230 properties of supported accommodation across the County that are accessible from the Alliance pathway.

5. A more detailed report regarding the services provided, the partnership and funding arrangements was provided to the Health and Wellbeing Board in September 2024.

Progress

Action Plan Progress

6. As outlined in the report heard at the September meeting, there is an action plan to monitor progress of the providers in delivering services in accordance with the contract aims and improving and transforming services across the County. There are currently nine "priority" actions for delivery this year. The up to date action plan is an appendix of the report.
7. Of the nine priority actions, four are completed currently. Positive progress is being made on another three through current partnership work. With the new resource recruited, see paragraph 10 of the report, it is intended that two other actions area progressed relating to benchmarking by summer 2025.

8. The Action Plan will be reviewed in quarter 4 with the purpose of identifying new priority actions or reshaping existing actions that may no longer be current through a change in context or objectives.
9. A new resource has been recruited to work on behalf of the commissioners, to concentrate on coordination and delivery of the action plan. This resource started work in November 2024 and is hosted by Oxford City Council but is joint funded by the other commissioning partners.
10. Additionally, a new independent chair has been recruited to work with the Alliance Leadership Team (ALT). This has been part of the original contract but has not been in place until now. The new chair recently started in her role. It is hoped that this independence will have a positive effect on the decisions made and the overall delivery of service across the Alliance.

Highlighting Data and Trends

11. The Alliance and District produce a data report each quarter, that is shared and verified with the Ministry of Housing, Communities and Local Government (MHCLG) where appropriate. The current and available verified data at the time of the report is from Quarter 1 2024-25. The following is a summary of the main headlines
 - The number of people seen rough sleeping across the whole of Oxfordshire has risen during the first three months of this financial year, but it is still at a similar level to last year.
 - Oxford City sees the largest numbers of people sleeping rough. The majority are those who have a long history of rough sleeping, and those who have returned to rough sleeping.
 - At the beginning of Q1 Cherwell recorded more new rough sleepers than Oxford after almost matching numbers for the previous 6 months. However, in May and June, the figures have dropped off, with Oxford showing a significantly higher proportion of new rough sleepers during this period.
 - Demand from single person households for homelessness prevention advice from local authorities remains high, with 775 approaches recorded in Quarter 1. This compares with 678 in the same period in 2023, which equates to a 14% increase. Since Q4 last year, there has been a significant rise of approaches in Oxford, up from 167 to 278, while demand has plateaued/slightly decreased in the Districts.
 - In terms of homelessness prevention duties, there has been a marked increase in the number of cases accepted, almost doubling from 126 in Q4 to 245 in Q1 this year. There has been a marked rise from 20 to 91 such cases in Cherwell and also large increases in South and Vale. However,

only 15 cases were recorded in Oxford, which equates to 6.1% for the whole of Oxfordshire.

- In contrast Oxford continues to have the highest proportion of homelessness relief cases across the county - in Q1 79 out of 152 (52.0%) for the whole of Oxfordshire. This would suggest that the districts are being more proactive in dealing with people at risk of becoming homeless than the city, but also highlights the differences in the housing situation in the city where properties for single people are more in demand and rents are generally higher.

Transformation

12. Part of the commissioning contract states that services provided through the Alliance should transform throughout the contracts term. As contexts and pressures change, it is important that services can change with them and, additionally, savings and repurposing of money saved can also occur.
13. A transformation programme commenced in summer 2024 and concluded in October 2024. The main workstreams were divided into the 3 main areas of Prevention, Outreach and Supported Accommodation, and additionally, there was a group that focussed on costs. Each group had ALT and commissioners from the Joint Management Group (JMG) represented.
14. Reports and recommendations were produced and have been agreed by JMG and will now be implemented by ALT for the forthcoming year. Some recommendations identify some savings and efficiencies, as well as service improvements, refocus or wider change. A summary of the main recommendations are outlined below.
 - Reviewing current supported accommodation provided within (and outside) the Alliance. Prioritising specialist supported accommodation provision over lower support, more general needs accommodation and moving towards a "Housing Led" approach.
 - Integrating the two outreach providers, Connections Support and St Mungo's, to generate efficiencies and ensure consistency across the City and County.
 - A more targeted approach to prevention, concentrating on those who would most benefit, such as single homelessness and those at risk of rough sleeping and deprioritising those who are not at immediate risk or could access support, such as tenancy related support, elsewhere. Such as through their social landlord.
15. The recommendations that are made will influence the Alliance budget setting process for next year, and thus what resources are assigned to each key delivery area and, in turn, each provider. It is expected that this will add an

additional layer of complexity to the budgetary negotiations, which are already protracted and can be challenging.

Future Funding

16. There have been positive signals from the government regarding funding for homelessness in the Autumn Budget. It is projected that total spending from government, in the form of grants, will reach £1 billion in the next financial year. The Chancellor signalled at additional £230 million as part of the budget measures. It is currently unclear the form that this will take and whether it will be an extension to the Rough Sleeper Initiative (RSI) funding, that funds a significant proportion of the project, or an alternative mechanism. The relevant Districts and City and in dialogue with their advisors from the MHCLG regarding this, to seek clarity at the earliest opportunity.

Financial Implications

17. The delivery of the action plan is dependent on the funding being available from all partners.

Comments checked by:

Stephen Rowles
Strategic Finance Business Partner
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Legal Implications

18. The report provides a progress report on the work being undertaken to address homelessness across Oxfordshire and as such there are no specific legal implications arising from the same.
19. Nonetheless it is worth noting that, as stated above, District and City Councils have statutory responsibilities to provide homelessness and housing advice services and it is not permissible to circumvent the statutory framework for the provision of such services. It is possible however to utilise the authority's wider powers to support those with particular vulnerabilities or needs, and to support and promote the general well-being of the local population: for example, the prevention powers of S2 Care Act 2014, the powers as to improvement of public health of s2B (1) NHS Act 1996 and the general power of S1 Localism Act 2011.

Comments checked by:

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Karen Fuller
Director of Adult Social Care

Annex: Appendix 1 Countywide Homelessness and Rough
Sleeping Action Plan

Background papers: Nil

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November 2024

Divisions Affected – All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

5 December 2024

HEALTH AND WELLBEING STRATEGY UPDATE - PRIORITY 10 THRIVING COMMUNITIES

Report by Director of Adult Social Care

RECOMMENDATION

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

- (a) Note the progress on the delivery of priority 10: Thriving Communities within the Health and Wellbeing Strategy**
- (b) Comment on the draft Oxfordshire Way Prevention Strategy and endorse the plan to progress to wider consultation.**

Executive Summary

2. The Health and Wellbeing Board approved a [new strategy](#) in December 2023, with the priorities split between 4 thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health. Delivery against the ambitions within the strategy is the responsibility of all organisations represented on the Board and is supported by an Outcomes Framework agreed by the Board in [March 2024](#).
3. The Board has agreed to receive a rotating update on delivery of 1 of the 4 strategy themes at its quarterly meetings, meaning that over the course of a 12-month period an update on each theme would be presented once. This report is the first annual report of the thematic domain of Thriving Communities, under The Building Blocks of Health:
 - **Priority 10: Thriving communities**
 - We will support and enable all diverse and vibrant communities to play their key role delivering better health and wellbeing for people across Oxfordshire.
4. Vibrant and thriving communities are the cornerstone of a healthy and well Oxfordshire. Communities are crucial to creating good health and wellbeing. There are also opportunities to value and cultivate local communities to help

people to support themselves, staying well for longer. This report focuses on the progress of health and wellbeing in communities.

5. Oxfordshire County Council, along with councils across the country, is working closely with communities to establish effective approaches to building community capacity together with our commissioners in the ICB and Districts in partnership with our residents, enabling us all to achieve better health outcomes and improve our wellbeing. The Oxfordshire Way Prevention Strategy sets out the vision and focus for prevention over the next 4 years. Like all authorities across the country, we need to change, adapt and focus how we can work in collaboration across our communities, with our residents and partners to support long-term health and wellbeing.

Introduction

6. The Health and Wellbeing Strategy sets out a strong, unified vision to improve health and wellbeing for local people of Oxfordshire between 2024-2030. The strategy defines our high-level principles and priorities. We are working with partners and communities to track our activities and monitor our progress, ensuring there is good governance, meaningful evaluation and transparent accountability.
7. Our best lives are lived when we have access to the building blocks of health: education, work, a good standard of living, food, transport, access to nature, the strength of family, friends and community networks. These factors, which are often referred to as “the wider determinants of health”, account for 80% of our health and wellbeing ¹.
8. Healthier communities develop and maintain those resources that people can use to look after themselves and which can also be mobilised by friends and family, advocates and professionals to help people in those communities stay well. This is the crux of the Oxfordshire Way - our ambition to help people live independent lives in their own homes and in their own communities. In order to deliver this ambition, we have drafted the all-age Oxfordshire Way Prevention Strategy (Annex 1) with a summary set of slides in annex 2
9. This draft strategy needs to have input from a range of stakeholders in the system and we plan to consult widely after comments have initially been received by the HWB Board today. This will include holding conversations via the Place Based Partnership Board with community leaders and through established forums like communities of practice, and the Promoting Independence and Prevention group. A consultation will be held through Let's Talk Oxfordshire and promoted through social media. Face to face engagement will be held through existing groups

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

10. This cover paper highlights some key successes and challenges which have driven the development of the draft Oxfordshire Way Prevention Strategy and the data annex provides a quantitative report against the Key Outcomes and Supporting Indicators, including a summary of planned action if performance is below our shared ambition.

Key Successes and Challenges

9. The performance report in Annex 3 presents the data for our Key Outcome and Supporting Indicators selected for this priority. As this is the first year of the current Health and Wellbeing Strategy, many of the measures we will use to monitor its success have not had targets for the previous year. For each measure we have therefore produced trend data and where possible compared Oxfordshire's performance with the national performance. The performance report includes actions relevant to the selected indicators.

The Board's attention is drawn to the following key points with the performance report

10. Shared outcome 10.1 - BELONG

Develop thriving, safe communities where all people of all ages feel a sense of belonging

- The local Oxfordshire resident's survey shows a slight decrease in net satisfaction with their area as a "great place to live", from +60% in 2023 to +57% in 2024. A measure of social trust (from the Active Lives survey), however, shows Oxfordshire remaining similar and above the national average, with a higher proportion in the county agreeing "most people in your local area can be trusted".
- Measures of wellbeing show:
 - **Anxiety:** Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire now significantly better than the England average.
 - **Worthwhile:** Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire significantly better than the England average.
- New measures have been agreed by the Safer Oxfordshire Partnership which will continue to be developed for future reports.

11. Shared outcome 10.2 - CONNECT

Enable inclusive, cohesive and connected communities

- There has been an apparent increase (improvement) in the proportion of adult social care users who have as much social contact as they would like in Oxfordshire (the change is not significant). This is similar to the national average.

- The proportion of the population covered by a Local Cycling and Walking infrastructure plan has increased. The proportion of people physically active outdoors in Oxfordshire has remained similar to previous years and similar to average.

The Council set up The **Community Capacity fund**, with the aim of reducing isolation and loneliness. It is now in its third year of operation, attracting a growing number of high-quality applicants and funding from other sources.

The ICB with joint funding with Public health has contracted with Active Oxfordshire to deliver The **Move Together programme** supporting people to increase their activity levels. Includes training of clinicians & signposting.

12. **Shared outcome 10.3 - EMPOWER**

Empowered communities playing a key role promoting health and wellbeing

- There has been a slight increase in the proportion of people participating in any form of volunteering in Oxfordshire (from 25% to 27%). Oxfordshire's rate has remained above the England average of 22%.
- Referrals to social prescribing in Oxfordshire increased by 20% in 2023/24 compared with previous year. This was above the BOB-wide increase of 12%.

Community groups are being supported to increase volunteering via programmes such as the ICB funded **Well Together** working in the 10 most deprived wards of the County.

We continue to improve the [Live Well Oxfordshire website](#) providing residents and their advocates signposting to local community groups and sources of support

The Council has developed **Local Area Coordination networks** (launched mid-2024 in Chipping Norton and part of Bicester) to connect and support people to stay well and thrive in their local communities.

13. **Shared outcome 10.4 - SUSTAIN**

Support our voluntary and community networks across Oxfordshire to be resilient and sustainable

- The **Well Together** programme has received 152 Expressions of Interest and is funding 118 as of mid-Nov 2024. It is expecting to fund 120 to 130 organisations in total. There are a very diverse range of WT projects in Oxfordshire's more deprived priority areas, offering support to mental

wellbeing, connection, physical activity, healthy eating. early cancer diagnosis and health checks.

- The **Community Capacity Fund** has a similar aim and impact in other parts of the County.

Plans for the Year Ahead

14. The draft Strategy sets out the range of initiatives and funding sources that are supporting community capacity and Prevention across the County. Partners are committed to working through the opportunities to align and/or integrate these resources to increase the impact of the Oxfordshire Way. These intentions will be developed in the Delivery Plan that will be appended to the finalised strategy. The Delivery Plan will run from April 2025 and will be aligned to and incorporate the relevant parts of the Oxfordshire Better Care Fund plan. Plans are being developed for the year ahead in the draft Delivery Plan for each shared outcome.
15. Once endorsed by the Health and Wellbeing Board, the draft Oxfordshire Way Prevention Strategy will be published for consultation.

Financial Implications

16. There are no financial implications that the Health and Wellbeing Board is asked to note in relation to this report. As detailed within this update, the pooled budget, BCF and other existing budgets are being utilised to deliver against the above priorities.

Comments checked by: Stephen Rowles, Strategic Finance Business Partner, Stephen.Rowles@oxfordshire.gov.uk

Legal Implications

17. This report provides key updates to the Health and Wellbeing Board in relation to the Council's statutory functions to improve the health and wellbeing of the Oxfordshire population. The Council's statutory functions derive from a variety of legislation including Part III of the National Assistance Act 1948, the National Health Service and Community Care Act 1990, the Care Act 2014 and the Health and Social Care Act 2012.

Comments checked by: Jayne Pringle, Head of Law and Legal Business Partner (Contracts & Conveyancing), Jayne.Pringle@oxfordshire.gov.uk

Karen Fuller
Director of Adult Social Care

Annex: Annex 1: Oxfordshire Way Prevention Strategy (draft)
Annex 2: Performance report – Thriving Communities HWB Framework

Background papers: Nil

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December 2024

Oxfordshire Way Prevention Strategy and Delivery Plan

Supporting everyone in Oxfordshire to live healthy and fulfilling lives

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The Oxfordshire Way Prevention Strategy

Preventing poor physical and mental health for Oxfordshire residents of all ages is a key focus for partners in health and social care. By using the wealth of data available to us, we can take an informed approach to identified people at risk of ill health and intervene early, supporting some of our most disadvantaged communities to have more positive life experiences and potentially reducing the pressure in health and care services in the future.

The Oxfordshire Way Prevention Strategy sets out a vision and focus for prevention over the next 4 years. By working together with all of our communities and partners across the health, education and social care system, we will enable our communities to become increasingly robust and resilient enabling all to thrive.

One of the fundamental ingredients to support people to live their best life is having access to the basic building blocks of health:

- Education,
- Work,
- Good standard of living,
- Access to food,
- Access to transport,
- Access to nature, and
- A strong network of support, including family, friends and community groups.

These factors are often referred to as the wider determinants of health; they account for 80% of our health and wellbeing.¹ This is why Oxfordshire's Health and Wellbeing Strategy has identified that we need to take action to create healthier communities where all residents have a healthy environment in which they can live and work, free from discrimination and poverty.

This is closely linked with our Oxfordshire Way ² vision, to support people to live well and independently within their own communities for as long as possible. The council's principles to become a greener, fairer and healthier county are also embedded in the strategy.

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. American Journal of Preventive Medicine 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

² [The Oxfordshire Way in Adult Social Care](#)

What do we mean by Prevention?

Prevention in the context of *the Oxfordshire Way* is about helping people of all ages stay healthy, happy, and independent for as long as possible, irrespective of age, long-term illness and/or disability or any other factor. This means reducing the chances of problems from arising in the first place; focusing on helping people stay healthy, not just treating their symptoms when they become ill, and if they do, it means supporting them to manage their health earlier and more effectively.³

Prevention includes various types of activities, including:

1. Protective factors/building blocks of health, which includes access to good housing, education, outdoor spaces (among others).
2. Primary prevention includes encouraging and enabling people and communities to reduce the risks to their health and independence from factors in their lifestyle and the local environment and to delay their need for formal health and care services.
3. Secondary prevention for when people become unwell or begin to have care needs, includes early interventions to help stop the health or care needs getting worse. This may well involve several professional people working in a multi-disciplinary team around the person.
4. Tertiary prevention is for people with more complex care needs. People with complex health and care needs are entitled to expect as much control as possible over their support arrangements, helping them remain resilient and independent. This may include specialist services.

Preventative support for children and families includes early help and intervention programmes designed to improve outcomes for children or prevent issues from getting worse. These services are also for families who do not meet the threshold for statutory intervention or no longer need it. Early help and intervention can be provided at any stage of a child's life, from the early years to adolescence, and can be directed towards parents, children, or whole families.⁴

For adult social care, prevention and wellbeing are among the core principles of the Care Act 2014, and it is about the care and support system actively promoting independence and wellbeing of people. In practice, this includes a wide range of interventions from assistive technology to social prescribing, from falls prevention to mental health interventions and supported employment

³ Prevention is better than cure: our vision to help you live well for longer, Department of Health and Social Care, 2018.

⁴ [Early help and early intervention | NSPCC : Learning Early Help and the Locality Community Support Service \(LCSS\) - Oxfordshire Safeguarding Children Board](#)

aiming at supporting people's wellbeing and reducing/delaying the need for more formal support. For Children Social Care prevention and safeguarding are core principles enshrined in Children Act 1989 and Working Together 2023 which asserts that successful outcomes for children depend on strong multi-agency partnership working across the whole system of help, support and protection including effective work from all agencies with parents, carers, and families. This includes principles for working with parents and carers to centre the importance of building positive, trusting, and co-operative relationships to deliver tailored support to families, and expectations for multi-agency working that apply to all individuals, agencies and organisations working with children and their families, across a range of roles and activities. A refreshed Oxfordshire Early Help and Prevention Strategy is shortly to be launched with a new multi-agency board to co-ordinate actions and implementation.

Opportunities

Oxfordshire is rightly seen as generally a healthy, wealthy place to live, and is rich in commercial, cultural and social opportunities that can support people and communities to do great things. But as set out in [Oxfordshire Health and Wellbeing Strategy 2024-2030](#), we know that many people and communities in Oxfordshire have poorer health and wellbeing outcomes as detailed in research such as [Marmot](#) review. These inequalities are detailed in Oxfordshire's [Joint Strategic Needs Assessment](#) which sets out the position and trends about the county's population, the specific factors affecting people's health, wellbeing, and social care needs and confirms the challenge that we face in delivering the Oxfordshire Way. Specifically: ^{5 6}

- ten wards include areas that fall into the 20 per cent most socioeconomically deprived in England, and people in our most deprived neighbourhoods have a life expectancy over 10 years shorter than people in richer areas⁷
- residents at greatest risk of being socially excluded are more likely to experience ill health, including people who are homeless, vulnerable migrants, sex workers (sometimes called 'inclusion health groups')⁸,
- overall, proportionately, our population is aging faster than elsewhere in England⁹,
- people's ability to connect with communities and services may be limited especially in rural areas,

⁵ Health and Wellbeing Strategy 2024-2030, pages 9-12

⁶ [Health conditions and causes of death \(oxfordshire.gov.uk\)](#)

⁷ For more details, please see [Community Insight Profiles | Oxfordshire Insight](#)

⁸ [Oxfordshire Joint Strategic Needs Assessment 2024 Overview of facts and figures about Inclusion health groups](#)

⁹ Source: ONA population estimates

- rates of new diagnosis of depression in Oxfordshire are above the England average¹⁰, and mental health referrals and diagnoses continue to increase,
- the impact of deprivation is visible in health outcomes - national data show that premature mortality (under 75 years) is closely associated with deprivation¹¹. This is consistent with lower life expectancy in deprived wards in Oxfordshire.
- hypertension, depression, asthma and diabetes are the health conditions with the largest number of patients in Oxfordshire¹²,
- the rate of emergency hospital admissions due to falls in Cherwell was above the England average¹³.

Key Principles

Our approach to prevention in Oxfordshire is shaped by the following key **principles**:

- Prevention is about the **places** in which people live and working with partners to strengthen the building blocks of health to create thriving communities,
- Prevention starts from people's **health and wellbeing**, rather than service boundaries, eligibility criteria and pathways,
- Shifting focus and resources to prevention has a positive impact on people's health and wellbeing and tackling health inequalities,
- Prevention requires **collaboration**, trust and relationships with people, communities and organisations,
- Prevention is an **ongoing commitment**, rather than something that happens only once before people develop more significant needs,
- Investing in prevention is **more cost effective** than continuously investing in treating avoidable illness without addressing the root causes.

In partnership, all stakeholders have a role in ensuring all Oxfordshire residents have opportunities to live healthy and independent lives. This may mean something different for each person, but we are healthier if we live in a safe home, have opportunities to be

¹⁰ [Fingertips | Department of Health and Social Care](#)

¹¹ [Mortality Profile - Data | Fingertips | Department of Health and Social Care](#)

¹² [Fingertips | Department of Health and Social Care](#)

¹³ [Fingertips | Department of Health and Social Care](#)

physically active, feel connected with people around us and our communities, have access to social networks, and know where to go for advice and support when we need it.

Key Partners

For prevention activity to be truly effective, partners in health, education and social care, as well as organisations from the community and voluntary sector, will need to work together over a long period of time. Partners include (but are not limited to):

- Oxford University Hospitals
- Integrated Care Board
- Oxford Health
- District and City Councils
- County Council Colleagues – (Fire Service, Customer Service Centre, Policy Team)
- Public Health
- Post 16 Education – Eg Activate Learning, Abingdon and Witney colleges
- Age UK Oxfordshire
- Citizens Advice Services
- Oxfordshire Community and Voluntary Action (OCVA)
- Oxfordshire Community Foundation
- Oxfordshire Youth
- Project PT
- Abingdon Bridge
- Police Crime Commissioners Office
- Community First Oxfordshire
- Carers Oxfordshire
- Active Oxfordshire
- Dementia Oxfordshire
- Healthwatch

Aims of the strategy

Following the principles of producing our work together and building on our guiding principles and supporting the delivery of Oxfordshire Health and Wellbeing Strategy's vision '*everyone in Oxfordshire should be supported to stay well and independent, enjoying better health and wellbeing for longer and interventions delivered as early as possible*', the **aims of the strategy** are to:

- Enable individuals to live healthy, independent lives,
- Work with partners to build on the strengths of communities to adopt an 'asset-based' approach by identifying organisations best suited to delivering the prevention activity,
- Create resilient, thriving communities that support people to have healthy independent lives,
- Develop prevention in partnership with all stakeholders,
- Create learning and evidence-based practice to support these initiatives over the lifetime of the strategy and into the future,
- Identify and create opportunities for excluded and disadvantaged groups and communities,
- Identify resources including funding that could support delivery of the objectives in the implementation plan,
- Evaluate the impact of this strategy as part of an annual review.

The practical activities to deliver the **objectives of the strategy** are to:

- Create a measurable delivery plan based on the four priorities below (belong-connect-empower-sustain),
- Evidence the impact for individuals, communities, the VCSE and the wider system,
- Develop and commit to an investment plan (to be developed by partners).

The roadmap

We will achieve the ambitions of the strategy by focusing on the on four priorities:

Priority 1 – Belong: Develop thriving, safe communities where all people of all ages feel a sense of belonging.

Priority 2 - Connect: Enable inclusive, cohesive and connected communities.

Priority 3 - Empower: Empower communities to play a key role promoting health and wellbeing.

Priority 4 - Sustain Support our voluntary and community networks across Oxfordshire to be resilient and sustainable

Belong	Connect	Empower	Sustain
<ul style="list-style-type: none"> •Community engagement •Cultural and recreational activities •Volunteering opportunities •Employment support •Community Safety •Living healthier (e.g. tobacco, alcohol and drug use) 	<ul style="list-style-type: none"> •Better built environment and outdoor spaces •Promoting inclusion •Promoting physical activity •Reducing social isolation •Community Services and Support (e.g. social prescribing, Local Area Coordination, Community Connectors) •Social and cultural networks 	<ul style="list-style-type: none"> •More partnerships between statutory and voluntary sector partners •Collaborative projects •Community Health Promotion •Access to information and advice •Targeted and specialist support 	<ul style="list-style-type: none"> •Supporting the capacity of VCS organisations •Data on communities and measuring impact •Skill-sharing •Integrated approaches •Networks and peer support •MECC

The Delivery Plan will reflect the existing work across the system and provide details on what we are planning to do under these priorities.

Where do we need to see the impact?

This strategy is designed to support delivery of the Oxfordshire Health & Wellbeing Board Strategy 2024-30. We need to be able to assess and evidence the impact of prevention. Partners acknowledge that it will take a significant length of time to truly assessing the success of the programme, but data can be gathered in short term to ensure we are heading in the right direction. Early indicators will include measuring the personal benefits felt by individuals taking part in specific prevention programmes

Measures (see Appendix 3 for draft indicator set)

We will monitor the impact on the whole population of Oxfordshire as well as measure benefits for individuals who participate in specific prevention initiatives. We will continue the development of the JSNA by locality and population groups and the aligning of data sources to support our understanding of risks and the impact.

Sustaining independence (Sustain)

- Improvements in biggest risk factors in Oxfordshire, i.e., obesity, COPD, diabetes, heart failure, hypertension, anxiety and depression.
- community indicator of wider determinants of health
- Increase in carer wellbeing
- Increase in volunteering
- Increase in work and income
- Reduction in care package size
- Increased self-directed outcomes at the council front door
- Reduced demand on GP services for social-related advice

Joint commissioning and delivery approaches (Empower)

- Improvements in biggest risk factors in Oxfordshire, i.e., obesity, COPD, diabetes, heart failure, hypertension, anxiety and depression.
- Increase in carer wellbeing
- Reduced demand on GP services
- Service mapping and alignment of social prescribing initiatives.
- Integrated prevention planning within existing strategic approaches e.g. Better Care Fund plan, BOB ICB Inequalities Plan,

Evidence of integrated funding and planning (Empower)

- Improvements in biggest risk factors in Oxfordshire, i.e., obesity, COPD, diabetes, heart failure, hypertension, anxiety and depression.
- Mapping of prevention spend to identify opportunities for increased alignment and impact
- Aligned and/or pooled funding approaches between Public Health, Adult Social Care and the ICB
- Prevention workstreams within the Better Care Fund

Targeted initiatives for people and communities who are at greater risk – focus of approach is for people in areas of greatest deprivation and groups who are excluded from mainstream health and care provision (Belong)

- Improvements in biggest risk factors in Oxfordshire, i.e., obesity, COPD, diabetes, heart failure, hypertension, anxiety and depression.
- Increase in carer wellbeing
- Increase in work and income
- Increased self-directed outcomes at the council front door

- Reduced demand on GP services for social-related advice

Ensuring strengths-based approaches in services to support people back to independence (Connect)

- Improvements in biggest risk factors in Oxfordshire, i.e., obesity, COPD, diabetes, heart failure, hypertension, anxiety and depression.
- Increase in work and income
- Reduction in care package size
- Increased self-directed outcomes at the council front door
- Reduced demand on GP services for social-related advice

What difference will this Prevention Strategy make?

The County Council, along with partners, have all committed to [Oxfordshire Health and Wellbeing Strategy 2024-2030](#) that sets out Oxfordshire's plan to improve the health and wellbeing of our residents, considering all factors that influence our health and wellbeing including healthy places, physical activity, maintaining independence and strong social relationships. Our plans and strategies (e.g. Thriving Communities Strategy of Oxford City Council¹⁴) across the health and care system show our shared understanding and commitment to prevention in Oxfordshire.

Despite all these efforts as a system, Oxfordshire still has striking levels of health inequalities, which is increasing demand for support and increasing the complexity of need seen in the work of Oxfordshire services. We, as partners, all agree that investing in prevention is an effective way of managing these challenges as a system and are eager to explore opportunities for more prevention at every life stage, in every community and service area to ensure people can live healthy and independent lives.

Building on our strong foundations and established partnerships, this strategy will provide a platform to join up our efforts more effectively and:

- Increase our collective understanding of the barriers and gaps in which drive health inequalities,
- Increase resilience for people and communities through self-help and community-led initiatives,
- Embed more joint commissioning and delivery approaches that avoid duplication,
- Integrate and/or align funding and initiatives to enhance impact,

¹⁴ [Executive summary - Thriving Communities Strategy | Thriving Communities Strategy | Oxford City Council](#)

- Improve our approach to targeting people and communities at risk of poor outcomes,
- Identify and address opportunities to enable independence within health and care services reducing reliance and encouraging resilience.

Engagement

Oxfordshire County Council and the wider health, care and voluntary sector is committed to the principles and ambition embodied in the [Oxfordshire Way](#) which has a central role in reducing these health inequalities by helping to create thriving communities which deliver better health and wellbeing for people across Oxfordshire. Through our strategies, commissioning plans and approach to support and delivery, we want to enable our residents and our communities to be healthy, sustaining and thrive.

This **Prevention Strategy** has been written to help realise this ambition. It has been led by conversations between partners and multiple networks across the County including people who draw on services, staff from Public Health, social care and district and city councils, Commissioners in HESC and NHS colleagues. The approach to date has seen engagement with the multiple communities involved in the Integrated Care Board and Council place-based initiatives including the Investment of ICB around the health inequalities programme (Well Together), the Local Area Coordinator programme and organisations and residents taking up Community Capacity Grants. The district and city councils have been engaged in critical work coming out of COVID-19 on which we have built a forum of voluntary and statutory partners who oversee the development and delivery of this preventative work.

We want to extend this engagement to as many people, communities and organisations as we can to ensure the strategy is as comprehensive and as effective as possible to support all who face challenges in remaining healthy, resilient and successful in their lives.

People have emphasised to us the strength of our communities and their commitment to their ongoing development. This Strategy is building on what we have heard and what is already in place to reflect that commitment and engagement. The *Oxfordshire Way* is all about building on what is there and what works and co-producing the model from the ground up.

The Oxfordshire Way guides us to identify how we can support local focused efforts, working alongside statutory bodies to give the best chance of preventing or reducing challenges of inequalities and poor social care and health outcomes. We know that **prevention** is better than cure in achieving better outcomes for people.

Case Studies – how we do it now (to be developed with input from partners, showing impact on people where possible)

Oxfordshire already has a range of great work underway that supports a truly preventative approach by enabling people and communities to develop their own responses to local challenges. There are many ways that prevention activities are happening across Oxfordshire, from directly commissioned services, grants, partnerships, or system-wide initiatives, down to grassroots community groups making a difference with little to no funding.

Examples of prevention at work in Oxfordshire:

[NB: these will be formatted by the design team]

The Cornermen

Men's mental health and suicide prevention service, based at a boxing gym, in South Oxfordshire

Received £2377 in December 2022 towards start-up costs.

Has worked with 40 men seeking support for mental health issues.

Has provided over 352 sessions over the last 31 weeks

"I had been going to the doctors since Feb 2022 for anxiety and problems sleeping. They put me on a low dosage of antidepressants. Other NHS services either had long waiting lists (some as long as 2 years) or they were too impersonal - over the phone/video call counselling or group sessions.

I wanted to get out of the house, to see someone face to face, one to one. Eventually I ended up having a breakdown in Sep 2022. Through word of mouth, I heard about The Cornermen and have been using this service since it opened in Nov 2022.

After my first meeting with The Cornermen **I cried with relief because it was the first time I felt there was help**. I feel supported by them."



Dementia Café Thame Senior Friendship Centre

A very popular group who needed to find a bigger venue to accommodate a growing waiting list of members.

Received £5000 in January 2023 towards costs for running "The Memory Café" sessions.

During Covid the waiting list increased. They were unable to meet demand within the existing location of Thame Senior Friendship Centre.

"My Mum really enjoys attending the Memory Cafe, it is the **highlight of her week**. She loves the **company**, feeling **part of something**, getting lots of **attention** and trying different activities in a **non-judgmental safe environment**. She also loves the **regularity** of going to the same place at the same time each week. I think she would love to do a 2nd session each week as well."

"This activity **provides social contact and activities that are not available elsewhere**. Having dementia is not easy to live with even with a carer who is also my husband."

"The team are chatty, friendly and are **aware of everybody's individual needs**. So **eternally grateful** for this service."

"Mum is always **happy and relaxed here**...she doesn't have to try to keep up like she does with other friends."



Stories of Difference: Community Links Oxfordshire

Wendy self-referred after being made redundant at 63 years old. Wendy was unable to find other employment. Wendy did not have a phone and was not online. She had no support network and was experiencing anxiety.

Digital: Offered Digital support to get online and a free phone handset

Employment - Support to create CV and apply for jobs online,
- Signposted to register with recruitment agencies and Job Centre

Financial : Signposted to Citizens Advice regarding benefit entitlement until she found employment
- Applied for winter fuel allowance, and reduction in council tax

Wellbeing Supported to see GP about anxiety
- Signposted to Talking Therapies

Practical: Information given about downsizing her property and signposted to SOHA
- Signposted to GNS for support with paperwork

Social: Signposted to coffee morning, which she attended and now goes weekly
- Signposted to craft club

Wendy said 'I can forget all my troubles, when I'm at TAG group'



Cheers M'Dears - Banbury Community Support Service

Sophie, for the past 4 weeks has been working in Cheers M'Dears which is the community bar at the Banbury Community Support Service, requiring minimum support. Sophie's supporting staff simply sits by the bar, to offer support if needed. Sophie said the bar makes her very happy, she feels 'in charge', and that she has always wanted to work behind a bar. She also said that she moved from another service that was supporting her on a Friday as she loved being at the Banbury service so much.



Healthy Place Shaping Case Study

Public health resources are funding a range of community groups to offer walking and cycling activities to enable people of all ages to get active outdoors to promote physical health and mental wellbeing and to feel more connected to their communities. These activities address some of the barriers that people experience to enjoying the benefits of connecting with nature – such as the right footwear and feeling safe that they will not get lost.

Oxfordshire Asians Women Voice have started their walking group, they have completed 4 walks. The aim is to support socially isolated Asian Women to get walking and to gain the associated health and social benefits.



They are also providing appropriate shoes and waterproofs so that their participants can take part and walk the countryside and green spaces of Oxford.

“The last session was very successful. Thanks to all and Active funding, the ladies were able to express their feelings and gain significant confidence. Some have even started running.”

Locality Community Support Service (LCSS) provides advice and guidance to universal partner agencies including schools, health, and voluntary and community groups, across Oxfordshire when emerging need for children and their families is identified. LCSS supports other professionals/ practitioners undertaking the Strengths & Needs (S&N) forms and Team Around the Family (TAF) meetings to ensure children and families have supportive plans in place and receive the right support at the right time. LCSS aim to support families at the earliest opportunity when needs arise and encourage professionals to contact LCSS to discuss needs so that advice can be offered and appropriate support identified to prevent escalation of need, whenever possible.

- 2,332 TAFs supported and a year on year increase of S&N: 2022=3417, 2023=5732 and currently YTD 2024=2418
- 609 children with TAF and 94 children with S&N currently supported by LCSS.
- 1,246 named conversations since launch in October 2023. This number is similar to the previous 'No Named Conversations'. Our new approach is more transparent to families.
- 985 professionals trained in multi-agency Early Help Skills.
- 7 CASOs (Community Around the Setting Offer), with a recurrent contextual safeguarding theme. Successes include reduction in risky behaviour (Didcot) and reduction in anti-social behaviour (Abingdon).
- 15 Locality Networking events with 333 attendees. Geographical breakdown - 7 North (127 attendees), 3 Central (92); 5 South (114 attendees). Positive feedback given by partner agencies where professionals felt this was making positive difference to families and communities.
- **Holiday Activity and Food (HAF) programmes**
Provide benefits-related free school meal eligible (reception – Yr 11) children and young people with free holiday activities and food during Easter, Summer and Christmas school holidays. Eligible children are entitled to 4 activity sessions at Easter and Winter and 16 activity sessions over the summer school holiday. There are currently 16,419 FSM eligible children across Oxfordshire. This Summer, there were 28 providers delivering across 59 sites throughout Oxfordshire offering 23,587 places with 20,246 being booked.

The aims of the programme:

For children

Eat healthily over the school holidays
Be active during the school holidays

Take part in engaging and enriching activities which support the development of Build resilience, character and wellbeing along with their wider educational attainment

Be safe and not to be socially isolated

Have a greater knowledge of health and nutrition

Be more engaged with school and other local services

For families

To develop their understanding of nutrition and food budgeting

To signpost towards other relevant information and support, for example, health, employment, and education, financial support

Activities must last a minimum of 4 hours, include nutritious food, a minimum of hour of physical activity, enriching activities and nutritional education.

Our provision is largely multi-activity, including free play, educational input such as GCSE revision sessions, life skills such as cooking and nutritional education. Providers include local football, boxing and Rugby clubs. However, we also have STEM-specific camps in addition to unique provision within a local Theatre where children are able to take on roles in productions and in Museums where new cultural learning experiences can take place. There are young leadership opportunities and dance, Bike ability (teaching children how to cycle), 'Grow your own' sessions including seed kits and vegetable gardens, 'bug gardens' – incorporating environment and sustainability, archery, lacrosse, camping, foraging and bushcraft, as well as specialist SEN facilities including sensory rooms, simulation rooms, interactive outdoor activities and camping pods.



Oxfordshire County Council's Targeted Youth Support Service

Is a preventative service providing support for young people aged 11 years upwards. We work from the earliest point of need with the aims of improving resilience, positive decision making, increased wellbeing. We work closely with local communities and Voluntary Community Sector partners to improve outcomes for young people under a range of circumstances.

Oxford City Youth Hub programme Blackbird leys



A partnership application between City and County Councils in 2023 was successful in accessing funding from Department Culture Media and Sport (DCMS) to implement a youth hub with Blackbird leys Leisure Centre.

Aims and purpose

- Improved mental and physical health for young people
- Improved skills for life and work
- More opportunities for young people to connect with their communities and be active citizens

Building works began in October 2024 and is due to complete end March 2025

Current prevention initiatives

Early prevention leads to better outcomes for residents and services, avoiding ill health and reducing the number of people needing treatment and support. Upstream prevention makes good financial sense – residents are less likely to miss work or education due to ill health or to undergo treatment. We need to include adults who have support needs that also have children. It is also more cost effective to intervene early, making better use of public money.

Oxfordshire funds a range of preventative services that support self-help, preventative approaches and community capacity and capability building. This funding comes from the NHS, Public Health, the Better Care Fund and Adult Social Care. Additionally, several commissioned services have a range of preventative aims (e.g. Dementia Oxfordshire, Carers Oxfordshire, Oxfordshire Specialist Advice Services) and there are dedicated health and wellbeing services for people living with severe mental illness, learning disability and/or autism and for children and young people that have similar ambitions to support people live independently in the wider community. We also support young people transitioning into adulthood, especially for those who experience difficult emotions and mental health issues

The resources commissioned in 2024/25 by ICB and County Council (including Public Health) include the following:

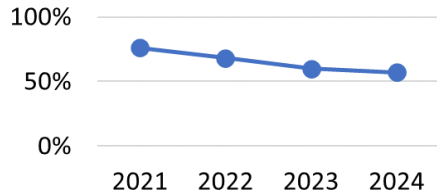
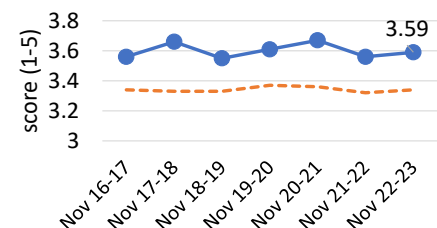
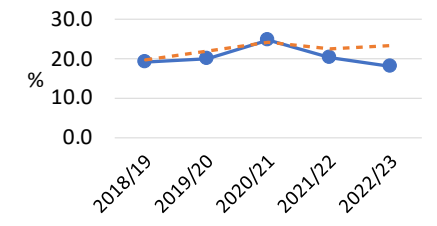
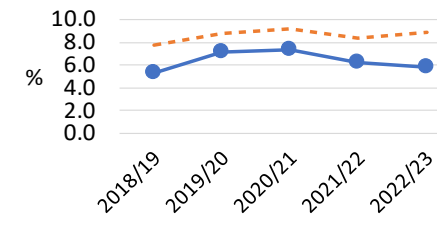
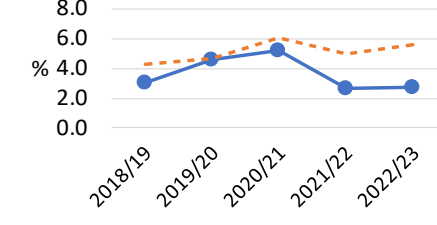
Prevention projects in Oxfordshire 2024-25		
Funding route	Provider	Brief Description
BOB Inequalities Funding	OCVA and OCF	Well Together Programme working with anchor agencies in 10 most deprived wards to identify projects linked to CORE20plus5
BOB Inequalities Funding	OCVA and OCF	Community Grants for anchor organisations working in 10 most deprived wards
BOB Inequalities Funding and Public Health Grant (50/50)	Active Oxfordshire	Move Together working with district councils to support vulnerable residents become more active (joint funding with Public Health) - second year increase to match PH contribution to whole-system approach to physical activity.

BOB Inequalities Funding	Active Oxfordshire	Moving Medicine: training health and care professionals in supporting people to be more active
BOB Inequalities Funding	Flo's in the Park	Early Lives, Equal Start funding maternity advocacy service via Local Maternity Network for vulnerable families in deprived areas
BOB Inequalities Funding	University of Oxford	Evaluation of system approach to prevention and reducing inequalities in Oxfordshire and impact on social change
BOB Inequalities Funding	PCNs	Community Health Workers (Brazilian model of care) linking vulnerable households in deprived areas to access healthcare and other services.
OCC Community Capacity	OCVA and OCF	Promoting Independence Grants (inc. administration) building capacity across Oxfordshire
CSC	Explanation of services	Co-Designed leaflets for families to created greater understanding of Early Help
CSC: LCSS	Community Network Meetings	LCSS co-ordinate network meeting for partner agencies directly connection to children's wellbeing and prevention – Held in South and Central – Network meeting to occur in January 2025 in North.
CSC: LCSS	CASO – Community Around School Offer	
OCC Community Capacity	OCC and PH	Local Area Co-ordination: co-ordinators and community of practice to link people to their communities and support the development of local networks and resources
OCC Community Capacity	Community Catalyst	Community micro-providers: building alternative support models to care in local communities
Better Care Fund and Public health	Age UK Oxfordshire	Stay Strong and Steady and Community Exercise: exercise classes for frail people at risk of falls
Better Care Fund	National Energy Foundation	Better Housing, Better health: assessment and advice for people living in cold homes
Public Health	Active Oxfordshire	Active Travel project community outreach active travel programme grants to community organisations to support disadvantaged groups to cycle and walk more
	GOO	Digital skills and confidence programme

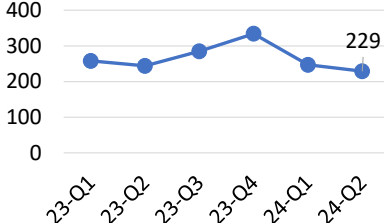
Public Health	ICB	Integrated neighbourhood teams promoting community engagement, e.g. Banbury and respiratory patient programme working with local singing group.
Public Health	OIEP	Employment data and place information to groups excluded from employment and recruitment. Also support to programmes delivered through the Oxfordshire inclusive economy partnership
Public Health	PH	Vulnerable household heat protection leaflet
Public Health	PH	Vulnerable cold protection leaflet
Public Health	PH	Mapping community connectors
Public Health	Local nature Partnership	Live well site green social prescribers
Public Health	PH	Funding social prescribing micro payment project
Public Health others	PH and others	Health checks, MECC, Falls prevention, Climate action work and community resilience plans, Community Safety Partnership, Community Health Development offices
Better Care Fund	Age UK Oxfordshire	Live Well Oxfordshire: information portal and resource for self-help and to support social prescribers
Better Care Fund	Age UK Oxfordshire	Community Links: information, advice and support to help people access resources in the community
Better Care Fund & Public Health	Age UK Oxfordshire	Oxfordshire's Advice Partnership: County-wide information and advice service to assist people with benefits, debt, budgeting and other financial and welfare issues.
Better Care Fund	Age UK Oxfordshire	Dementia Oxfordshire: offering advice and support to people living with dementia, their carers and families, and people with Mild cognitive Impairment.
Better Care Fund	Action for Carers Oxfordshire	Carers Oxfordshire: offering information, advice and support to unpaid adult carers of someone living in Oxfordshire.
Primary Care	Various	NHS Social Prescribing: advice, referral and support for people referred by GPs

Holiday Activities and Food (HAF) DfE Grant	Various	Holiday Activities and Food programmes offer physical activities, hot food, nutritional education and enrichment for children eligible for free school meals – across Christmas, Easter and Summer school holidays, onward advice and guidance available for parents/carers and more specialist input as appropriate.
Oxfordshire County Council	Targeted Youth Support Service	Community detached street based work with adolescents to prevent increases in anti-social behaviour, divert from criminal behaviour, engage in positive activities and improve community relationships and opportunities as well as future life chances. Joint delivery with VCS partners is in place wherever possible.

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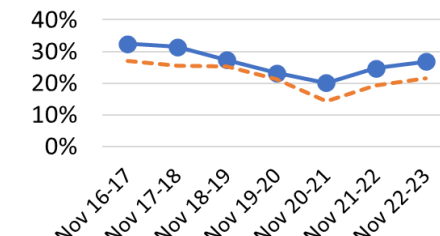
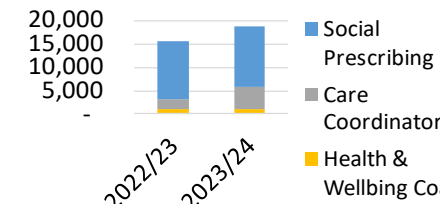
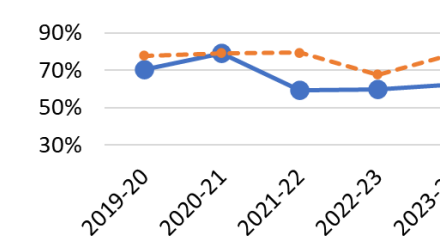
Health and Wellbeing Strategy Outcome Measures																									
Priority 10: Thriving Communities																									
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire																									
	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)																
10.1 Thriving, safe communities where all people of all ages feel a sense of belonging																									
10.101A	Proportion of residents reporting their area - within 15-20 minutes walking distance from home - as a "great place to live" (from Oxfordshire Residents Survey)	Annual		2024	60%	N/A	R	Slight decrease in net satisfaction with their area as a "great place to live", from +60% in 2023 to +57% in 2024, according to the Oxfordshire Residents survey	 <table border="1"><caption>Net satisfaction with their area as a "great place to live"</caption><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2021</td><td>60</td></tr><tr><td>2022</td><td>58</td></tr><tr><td>2023</td><td>60</td></tr><tr><td>2024</td><td>57</td></tr></tbody></table>	Year	Value (%)	2021	60	2022	58	2023	60	2024	57						
Year	Value (%)																								
2021	60																								
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10.101B	Social trust: Most people in your local area can be trusted agreement average score (1-5)	Annual	better than England average	Nov22-Nov23	3.59	G	No change	A measure of social trust (from the Active Lives survey) shows Oxfordshire remaining similar and above the national average, with a higher proportion in the county agreeing “most people in your local area can be trusted”	 <table border="1"><caption>Social trust score (1-5)</caption><thead><tr><th>Period</th><th>Score</th></tr></thead><tbody><tr><td>Nov 16-17</td><td>3.5</td></tr><tr><td>Nov 17-18</td><td>3.6</td></tr><tr><td>Nov 18-19</td><td>3.5</td></tr><tr><td>Nov 19-20</td><td>3.6</td></tr><tr><td>Nov 20-21</td><td>3.6</td></tr><tr><td>Nov 21-22</td><td>3.5</td></tr><tr><td>Nov 22-23</td><td>3.59</td></tr></tbody></table>	Period	Score	Nov 16-17	3.5	Nov 17-18	3.6	Nov 18-19	3.5	Nov 19-20	3.6	Nov 20-21	3.6	Nov 21-22	3.5	Nov 22-23	3.59
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Page 57	Self reported wellbeing: people with a high anxiety score	Annual	better than England average	2022/23	18.1%	G	G	ANXIETY: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire now significantly better than the England average	 <table border="1"><caption>Self-reported wellbeing: people with a high anxiety score</caption><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2018/19</td><td>20</td></tr><tr><td>2019/20</td><td>20</td></tr><tr><td>2020/21</td><td>25</td></tr><tr><td>2021/22</td><td>20</td></tr><tr><td>2022/23</td><td>18.1</td></tr></tbody></table>	Year	Value (%)	2018/19	20	2019/20	20	2020/21	25	2021/22	20	2022/23	18.1				
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2021/22	20																								
2022/23	18.1																								
10.102B	Self reported wellbeing: people with a low happiness score	Annual	better than England average	2022/23	5.8%	G	G	LOW HAPPINESS: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	 <table border="1"><caption>Self-reported wellbeing: people with a low happiness score</caption><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2018/19</td><td>6</td></tr><tr><td>2019/20</td><td>7</td></tr><tr><td>2020/21</td><td>7</td></tr><tr><td>2021/22</td><td>6</td></tr><tr><td>2022/23</td><td>5.8</td></tr></tbody></table>	Year	Value (%)	2018/19	6	2019/20	7	2020/21	7	2021/22	6	2022/23	5.8				
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2021/22	6																								
2022/23	5.8																								
10.102C	Self reported wellbeing: people with a low satisfaction score	Annual	better than England average	2022/23	2.7%	G	No change	LOW SATISFACTION: No change between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	 <table border="1"><caption>Self-reported wellbeing: people with a low satisfaction score</caption><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2018/19</td><td>3</td></tr><tr><td>2019/20</td><td>4.5</td></tr><tr><td>2020/21</td><td>5</td></tr><tr><td>2021/22</td><td>2.7</td></tr><tr><td>2022/23</td><td>2.7</td></tr></tbody></table>	Year	Value (%)	2018/19	3	2019/20	4.5	2020/21	5	2021/22	2.7	2022/23	2.7				
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Priority 10: Thriving Communities									
We will support and enable all communities to play their key role in delivering better health and wellbeing for people across Oxfordshire									
	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)
10.102D	Self reported wellbeing: people with a low worthwhile score	Annual	better than England average	2022/23	1.6%	G	G	LOW WORTHWHILE: Apparent decrease (improvement) between 2021/22 and 2022/23. Oxfordshire significantly better than the England average	
10.103C	Modern slavery - national referral mechanisms	Annual		2023/24	90			Baseline for 2023/24. Definition: referrals of potential victims of Modern Slavery in Oxfordshire into the National Referral Mechanism	
10.103D	Modern slavery - duty to notify	Annual		2023/24	20			Baseline for 2023/24. Definition: Duty to Notify notifications to the Home Office (where potential victims of modern slavery does not consent or not able to be contacted)	
10.104A	Deaths from drug-misuse	Annual (3 year rolling)	no target	2020-2022	3.0 per 100,000	G	No change	The rate of deaths from Drug Use in Oxfordshire is lower than the England rate, but the Oxford City rate is similar to England. Reducing drug related deaths is a priority for the Combating Drugs Partnership, with a focus on ensuring there is increasing provision of Naloxone (which reverses the effects of opiate overdose) and rapid information sharing between agencies when there are cases of fatal overdoses.	
10.104B	% of successfully treated opiate users not requiring treatment again within 6 months	Annual	7%	2023	12%	G	G	The Community Alcohol and Drug Service continues to achieve very high opiate successful completion rates. The service's performance is currently top of the group of 33 similar local authorities and significantly above the national average of 5.1%. At the same time, the service is working to meet the national drug strategy requirements to increase the number of people in treatment per annum, with an increasing focus on increasing opiate users in treatment.	

Priority 10: Thriving Communities																							
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	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)														
10.105	Number of people being case managed by Oxfordshire Domestic Abuse service	Quarterly	150	Q2 (Jul-Sep) 2024	229	G	No change	Q2 performance exceeded quarterly target. This indicator represents the number adult cases which A2D were able to contact and progress to case management. Within this quarter there were 260 adult cases in total in contact with A2D, of which 31 clients either did not respond or leave contact details to take forward to case management (12%). This quarters saw less cases accepted for case management compared to numbers reported in Q2 of 2023, however the indicator continues to achieve above target.	 <table border="1"><thead><tr><th>Quarter</th><th>Value</th></tr></thead><tbody><tr><td>23-Q1</td><td>250</td></tr><tr><td>23-Q2</td><td>240</td></tr><tr><td>23-Q3</td><td>280</td></tr><tr><td>23-Q4</td><td>320</td></tr><tr><td>24-Q1</td><td>250</td></tr><tr><td>24-Q2</td><td>229</td></tr></tbody></table>	Quarter	Value	23-Q1	250	23-Q2	240	23-Q3	280	23-Q4	320	24-Q1	250	24-Q2	229
Quarter	Value																						
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23-Q4	320																						
24-Q1	250																						
24-Q2	229																						

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10.2 Inclusive, cohesive and connected communities																									
10.201	Loneliness: Percentage of adults who feel lonely often/always or some of the time	not yet published by Sport England due to quality issues. Due to be published Jan25						ACTIONS: The Community Capacity fund with the aim of reducing isolation and loneliness is in the third year of operation attracting a growing number of high quality applicants and other sources of funding																	
10.203	Proportion of adult social care users who have as much social contact as they would like	Annual	better than England average	2023/24	46%	Similar to average	G	Apparent increase between 2022/23 and 2023/23 (not significant). Similar to England average.	<table><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2017/18</td><td>48%</td></tr><tr><td>2018/19</td><td>46%</td></tr><tr><td>2019/20</td><td>44%</td></tr><tr><td>2020/21</td><td>45%</td></tr><tr><td>2021/22</td><td>40%</td></tr><tr><td>2022/23</td><td>44%</td></tr><tr><td>2023/24</td><td>46%</td></tr></tbody></table>	Year	Value (%)	2017/18	48%	2018/19	46%	2019/20	44%	2020/21	45%	2021/22	40%	2022/23	44%	2023/24	46%
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10.204	Development of Local Cycling and Walking Infrastructure plans	Annual		2023/24	44%	N/A	G	LCWIPs approved for Oxford, Bicester, Kidlington. Abingdon, Witney. In most recent year (2023/24) Banbury and Didcot have been approved. Expressed as % of population covered.	<table><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>2019/20</td><td>22%</td></tr><tr><td>2020/21</td><td>28%</td></tr><tr><td>2021/22</td><td>30%</td></tr><tr><td>2022/23</td><td>35%</td></tr><tr><td>2023/24</td><td>44%</td></tr></tbody></table>	Year	Value (%)	2019/20	22%	2020/21	28%	2021/22	30%	2022/23	35%	2023/24	44%				
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10.207	Percentage of people physically active outdoors	Annual (Nov to Nov)	better than England average	Nov22 to Nov23	61%	Similar to average	No change	The proportion of the population (aged 16+ years) who were active outdoors in Oxfordshire was 61% compared with 56% in England. Trend data shows this has remained similar since 2017/18. ACTIONS: Move Together programme supports people to increase their activity levels. Includes training of clinicians & signposting.	<table><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>Nov 17-18</td><td>60%</td></tr><tr><td>Nov 18-19</td><td>62%</td></tr><tr><td>Nov 19-20</td><td>60%</td></tr><tr><td>Nov 20-21</td><td>62%</td></tr><tr><td>Nov 21-22</td><td>62%</td></tr><tr><td>Nov 22-23</td><td>60%</td></tr></tbody></table>	Year	Value (%)	Nov 17-18	60%	Nov 18-19	62%	Nov 19-20	60%	Nov 20-21	62%	Nov 21-22	62%	Nov 22-23	60%		
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Priority 10: Thriving Communities									
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	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)
10.3 Empowered communities playing a key role promoting health and wellbeing									
10.301	Number of people participating in any volunteering in the last 12 months	Annual (Nov to Nov)	better than England average	Nov22 to Nov23	27%	G	G	Slight increase in the proportion of people participating in any form of volunteering in Oxfordshire between Nov21-22 and Nov22-23 (from 25% to 27%). Above the England average of 22%. ACTIONS: Supporting groups to increase volunteer support via programmes such as Well Together	
10.302	Number of referrals to social prescribing	Annual		2023/24	18,667	N/A	G	Referrals to social prescribing in Oxfordshire increased by 20% in 2023/24 compared with previous year. This was above the BOB-wide increase of 12%. ACTIONS: Continuing to improve Live Well Oxfordshire website providing signposting to local community groups and sources of support	
10.303	Proportion of social care users accessing support for health and care needs at home	Annual		2023/24	68%	R	No change	No change in % of social care users accessing support at home in Oxfordshire. Difference with national average explained by differences in the way that small packages of social are allocated. In Oxfordshire this is more likely to be via funded community-based groups. ACTIONS: Development of Local Area Coordination networks (launched mid-2024 in Chipping Norton and part of Bicester) to connect and support people to stay well and thrive in their local communities.	
10.4 Resilient and sustainable voluntary and community sector across Oxfordshire									
10.401	Outcomes from Well Together Programme (interim measure): number of vountary and community organisations supported with Well Together funding	Annual		as of 13th Nov 2024	118		G	The Well Together programme has received 152 Expressions of Interest and is funding 118 as of mid-Nov 2024. It is expecting to fund 120 to 130 organisations in total. There are a very diverse range of WT projects in Oxfordshire's more deprived priority areas, offering support to mental wellbeing, connection, physical activity, healthy eating. early cancer diagnosis and health checks.	

Priority 10: Thriving Communities									
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	Indicator	Frequency	Target	Reporting period	Value	RAG	Direction of travel	Commentary	Trend chart Oxon blue; Eng Orange (dash)
Indicators in development - indicator has been identified, data will be available for 2025 report									
10.103A	Number of scam champions	Annual						NEW - measures how many people in the community have been recruited as "scam champions"	
10.103B	Anti-social crime	Annual						NEW - from new Police and Crime Commissioner survey. Will report response to "how worried are you about crime in your area" for Oxfordshire.	

Indicators in development - indicator not yet identified									
10.202	Utilisation and accessibility of shared spaces, parks and community facilities that encourage interaction among residents							indicator design in progress	
10.205	Number of Cycling and Walking Activation initiatives that promote inclusion							indicator design in progress	
10.206	Number of Local Plans that include a specific Healthy Place Shaping policy							indicator design in progress	
10.402	Measures of VCSO sustainability							indicator design in progress	
10.403	Organisational Impact reports							indicator design in progress	
10.404	Programme case study reports							indicator design in progress	

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Divisions Affected - All

Oxfordshire Health & Wellbeing Board

5th December 2024

Oxfordshire Safeguarding Adults – Annual Report

Report by Director of Adult Social Care

RECOMMENDATION

The Health & Wellbeing Board is RECOMMENDED to note the content of the annual report which appears at the annex to this report

Executive Summary

1. The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2023-24. It is a requirement set out in the Care Act 2014 and the related statutory guidance that the Local Authority receive a copy of the annual 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).

Body of the Report

2. Safeguarding Boards are made up of a wide range of organisations, including senior representatives from Oxfordshire County Council, Thames Valley Police, Buckinghamshire, Oxfordshire and west Berkshire (BOB) Integrated Care Board, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and the City and District Councils, amongst others. 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*).
3. 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 2023-24

4. The local safeguarding partnership has continued to maintain a high standard of safeguarding.
5. There has been a slight decrease in safeguarding concerns across all types of abuse and neglect, which is in line with the yearly fluctuations in the number of concerns. Comparative data is published later in 2024-25 so until that point we cannot know whether this pattern is replicated in other Authorities.
6. Despite challenging financial and workforce pressures, the partnership has continued to undertake a large amount of work against the four key strategic priorities of the Board and the details of this work is detailed within the report itself.
7. The proportion of concerns that led to enquiries decreased from 28.8% in 22/23 to 22.25% in 23/24, with care providers (including care homes) remaining the highest source of referrals in 23/24 accounting for 29% of all referrals. To understand this further audit work has been commenced to review decision making at the triage stage of concern. 10% of care home concerns were audited for Q3 and found that decision making by the safeguarding team was correct and in line with statutory guidance. This is indicative that further training and support with care providers would be beneficial in reducing the number of inappropriate referrals.
8. The number of completed safeguarding enquiries also decreased by 22% in 23/24. A number of factors have contributed to this figure. It is noted that where detailed information is gathered when a concern is received this is not being recorded as an enquiry. To address this, the pathways in the Liquid Logic Care records system have been redesigned to ensure that work undertaken by the team is rightly captured as enquiry activity and thus we would expect to see an increase in the number of completed enquiries in 24/25 once this is live in Q3.
9. Throughout the last 12 months, there has been a robust focus on improving safeguarding performance. This included the closure of inappropriate or historic cases throughout 22/23 still open. This has been a significant achievement for the team illustrated by the fact that in July 2023 there were 527 open enquiries with 268 of these open over 12 weeks. As of July 2024, there are 183 open enquiries with only 13 over 12 weeks. Historically there have been waits for an allocated officer to complete an enquiry. To overcome this, allocations were made across adult social care teams where the person was already known to a social worker which provided rapid resolution of longstanding cases and positively ensured continuity of worker. This not only improved the experience for the person but ensured that safeguarding is everybody's business and that all teams participate in the safeguarding duty. This targeted work also identified, that enquiries would often remain open beyond the remit of the safeguarding

intervention where a complex case management approach would be more appropriate from one of the locality teams. Therefore, closure to more appropriate intervention has also contributed to the overall reduction in enquiry numbers. This will need careful consideration throughout the coming year, in view of the data indicating 1107 people who have had a concern raised in both years. Audit focus on decision making will focus specifically on whether the person has had a previous concern and whether safeguarding duty can and should add a more robust approach to the persons situation as opposed to a case management approach.

10. To ensure robust decision making further detailed audits are also planned to review reductions in the number of concerns that do not progress to enquiries specifically in the areas of referrals from Police, Ambulance and those raised by friends or family. This will be an area for Performance Information and Quality Assurance subgroup to scrutinise over the coming year.
11. A number of workshops have been completed in relation to Making Safeguarding Personal (MSP) across the service. Whilst MSP scores remain strong at the closure of an enquiry, the team identified that outcomes were not always robustly sought at the very beginning of the enquiry process. Regular “dip audits” now show that the introduction of the enquiry pod and the focus on MSP means that people’s views are now being sought at the very beginning of the safeguarding episode.
12. Overall, the County Council Safeguarding Team’s performance has improved significantly but will require close monitoring to ensure that enquiry rates remain proportionate to individual circumstances and that data continues to inform areas requiring qualitative exploration.
13. 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. This is backed up by findings with case review and multi-agency work undertaken by the Board.
14. The Board’s annual safeguarding self-assessment indicates that organisations continue to experience issues around recruitment, retention and workforce resilience, which have been consistently included in the assessment since it was introduced. The budgetary constraints on services are outside the scope of the Board but have been discussed at national networks where they impact on safeguarding work, such as the availability of mental health beds.
15. As in previous years, Organisations also reported an increase in demand on their services. More people are presenting with multiple needs requiring the coordinated input of several organisations, which can be challenging for services.
16. There has been significant progress in the work of the Multi-Agency Risk Management (MARM) process, managed by the OSAB, since a dedicated Officer has been taken on to chair the meetings. Feedback from adults who are being discussed at the meeting has been positive, with some very positive

examples of adults changing the direction of their lives thanks to the hard work of those involved in the process.

Board priorities for 2023-24 from the annual report

17. A significant amount of local and national work in regard to adult safeguarding has been undertaken. In acknowledgement of the demands on services to act on learning, the Board is reviewing its strategy and workplan to have a greater focus on acting on learning and measuring impact of learning activity. Sources of learning include:
 - (a) Local Safeguarding Adults Reviews and Homeless Mortality Reviews due to be completed and published in 2024-25
 - (b) The findings from the 2nd SAR national analysis, reviewing 652 Safeguarding Adult Reviews (there is a dedicated briefing on this for Elected Members produced by the Local Government Association: [Briefing for elected members: Second national analysis of Safeguarding Adult Reviews](#))
 - (c) The safeguarding dataset used by the Board
18. Linked to this, the Board will reconsider its strategy overall, ensuring the priorities are informed by the learning mentioned above and framing the priorities against the impact they are expected to have on the people of Oxfordshire.

Financial Implications

19. 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:

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

Legal Implications

20. The requirements of the Care Act 2014 are that the Safeguarding Adults Board must produce an annual report setting out:
 - what it has done during that year to achieve its objective,
 - what it has done during that year to implement its strategy,
 - what each member has done during that year to implement the strategy,
 - the findings of the safeguarding adults reviews (SARs) arranged by it which have concluded in that year, details of any SARs which are ongoing at the end of that year, what it has done during that year to implement the

findings of its SARs, and, where it decides not to implement a finding of its SARs, the reasons for its decision.

The Care Act also requires that a copy of the annual report is to be sent to each of the statutory partners. This has already taken place.

Comments checked by: Janice White

Head of Law and Legal Business Partner, ASC and Litigation
Janice.White@oxfordshire.gov.uk

Staff Implications

21. 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

22. N/A – there are no additional equality & inclusion implications.

Sustainability Implications

23. 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. It has also reduced printing & design costs by making more things, such as this annual report, plain text on the OSAB website.

Risk Management

24. 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.

Karen Fuller
Director of Adult Social Care

Annex: **Annual report** Link: <https://www.osab.co.uk/wp-content/uploads/2024/11/OSAB-Annual-Report-2023-24-v7-1.pdf>

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

November 2024

Oxfordshire Safeguarding Adults Board

Annual Report 2023-24



Report on a Page

During 2023-24, there has been a significant amount of work completed across the partnership (p9-32) contributing to making the people of Oxfordshire safer.

There was a small decrease in the number of safeguarding concerns received by the Local Authority (p33) which is in line with previous yearly fluctuations we see in the numbers of concern.

Self-neglect and neglect remain the main cause for concern about someone, which is in line with previous years locally and nationally.

There was a bigger decrease in the number of safeguarding enquiries conducted by the Local Authority (p36). This means the number of concerns received that were felt to meet the statutory criteria for a safeguarding enquiry under The Care Act 2014 were fewer. Auditing to understand this appears to offer two contributory factors:

- 1. Of 10% of cases audited, the decision-making to not escalate the concern into an enquiry was agreed with in nearly all cases. This may indicate a need for some organisations to improve their training offer to staff to help them better understand what is a safeguarding concern. The Board is highlighting this to relevant organisations and commissioners of services.*
- 2. Further auditing also points towards the safeguarding social workers are doing work that would usually constitute a safeguarding enquiry at the safeguarding concerns stage. The Local Authority is doing internal work with the team on this matter.*

The County Council Safeguarding Team's performance has improved significantly but will require close monitoring to ensure that enquiry rates remain proportionate to individual circumstances and that data continues to inform areas requiring qualitative exploration.

Future Plans for the Board Partnership

- 1. Learning and development are to have a higher focus in 2024-25 as there are a number of workstreams identifying learning. Therefore there will be a greater focus on embedding the learning and measuring its impact.*
- 2. Linked to this, the Board will reconsider its strategy overall, ensuring the priorities are informed by the learning mentioned above and framing the priorities against the impact they are expected to have on the people of Oxfordshire.*

Content

FOREWORD

INTRODUCTION

THE SAFEGUARDING BOARD

- Why it exists
- What our priorities were for 2023-24
- How the Board worked towards those
- What our partners did to achieve these
- What data is telling us
- What case reviews are telling us

PRIORITIES FOR 2024-25



Chair's Foreword

Welcome to Oxfordshire Safeguarding Boards' 2023/2024 Annual Report. Since I joined the Board in 2021 I have seen a number of positive changes in Oxfordshire and I have remained impressed at the dedication organisations have shown to improving care for adults with care and support needs under ongoing challenging circumstances including staffing and funding. Oxfordshire still has many areas to improve but I think it is a real demonstration of the maturity of the Board that members have been open and honest about their services and the improvement journey they are on, both individually and as a system.

During this last year Board and its subgroups met to address safeguarding matters and implement the learning from the different reviews we commission and those that are published nationally. We continue to seek assurance that the adult safeguarding duties within the Care Act 2014 are at the heart of the work of the statutory, voluntary and community services that work together to prevent and/or protect individuals from abuse and neglect in Oxfordshire.

A key part of our role is to scrutinise our data regarding adult safeguarding concerns to examine trends and seek assurance alongside commissioning reviews to learn from where care has not gone as well as it could. This past year we have commissioned seven Safeguarding Adults Reviews and will be publishing further reviews completed this year, the learning points of which can be found on this report. A key focus must be learning from reviews and ensuring we have evidence that recommendations are put into practice and practice is improving across all our frontline services.

This year we have reviewed the team supporting the Board and have amended our structures to maximise the support we can give to the work of the Board and partners. I welcome the appointment of an Independent Scrutineer, Dr Dawne Garrett to support the ongoing work.



Dr Jayne Chidgey-Clark

Why the Safeguarding Board exists

- 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.
- The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect.
- These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.
- It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

How the Board operates

Oxfordshire Safeguarding Adults Board – Full Board					
Learning, Development & Training Subgroup	Safeguarding Adults Review Subgroup	Performance, Information & Quality Assurance Subgroup	Engagement Subgroup	Policy, Procedures & Practice Subgroup	Board Chairs Meeting
<p>Joint with the Children's Partnership</p> <p>Oversees the training offered by OSAB</p> <p>Oversees the multi-agency training strategy</p>	<p>Oversees the case review functions</p> <ul style="list-style-type: none"> Safeguarding Adults Reviews Homeless Mortality Reviews <p>Oversees implementation of learning from actions from these reviews</p>	<p>Scrutinises the dataset of safeguarding activity</p> <p>Oversees multi-agency audit work</p> <p>Oversees the annual safeguarding self-assessment (joint with Children's Board)</p>	<p>Brings together organisations to agree how to cascade messages from the Board to the frontline and the general public as well as how to escalate messages to Board from the frontline</p>	<p>Oversees the multi-agency policies and procedures of the Board</p> <p>Discusses practice changes (locally or nationally dictated) for impact on the safeguarding system</p>	<p>Brings together the subgroup chairs with the Board Chair to discuss cross-subgroup issues, share learning between groups, agree ownership of work raised at the Full Board and share other national news relevant to safeguarding.</p>

Where the Board fits in the partnership geography

Safer Oxfordshire Partnership (SOP)

The Partnership is a thematic group that brings together community safety partners to work together to deliver on joint priorities and emerging themes. The partnership is part of a strategic framework that community safety partners are expected to put in place to improve outcomes for local people. Includes regular reporting on DHR's, Modern Slavery, Prevent & Violent Crime

Safeguarding Adults Board (OSAB)

Its main duty defined in statutory guidance is to assure itself that local arrangements and partners act to help and protect adults with care and support needs in its area. This includes conducting Safeguarding Adult Reviews (SARs)

Safeguarding Childrens Board (OSCB)

The OSCB is there to oversee how organisations work together to safeguard and promote the welfare of children, known as the Multi-Agency Safeguarding Arrangements (MASA) under Working Together 2023

Health & Wellbeing Board (HWBB)

HWBBs are charged with promoting greater integration and partnership between the NHS, public health and the Council. They must produce a Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy for their local population.

Integrated Care Board (ICB)

The ICB's role is to join up health and care services, improve people's health and wellbeing, and to make sure everyone has the same access to services and gets the same outcomes from treatment. They also make sure health services work well and are of high quality.

What our priorities were for 2023-24

The Safeguarding Board agreed a five-year plan covering four themes

Working in Partnership

Preventing Harm Occurring

Responding Swiftly When Harm Occurs and

Engaging Effectively with People at Risk.

*“it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and **what each member has done to implement the strategy**” Care Act Guidance*

What the Board did to towards the priorities

Working in Partnership

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- The Chair of the Safeguarding Adults Board has a monthly meeting with the Chair of the Safeguarding Children's Board to ensure that safeguarding matters are being appropriately addressed. A schedule of meetings is being set up to include the Chair of the Safer Oxfordshire Partnership (that brings together the Community Safety Partnerships). This will strengthen the relationships between the partnerships as well as improving strategic oversight of the issues that are impacting on the safety of the residents of Oxfordshire.
- The Subgroups of the Board have been reviewed to ensure they include a wider membership of organisations. Of particular success in this matter has been the Engagement Subgroup, which is now mainly made up of organisations not represented at the full board and how have extensive experience of listening to the people they are working with.

What the Board Partners did to towards the priorities

Working in Partnership

Oxfordshire County Council

In the last year OCC has forged closer relationships with SCAS, Childrens services and TVP amongst others. We have set up regular meetings with each agency to understand the pressures, priorities and perspectives that each agency has and how the safeguarding can respond.

The safeguarding Service Manager recently met with Benedict Clarke TVP to talk about some of the challenges we have with our timescales. As a way forward we agreed that TVP sharing named Safer Neighbourhood contact details would support OCC to make timelier decisions.

BOB ICB

BOB ICB has introduced a BOB ICS All Age Safeguarding committee; established during 2023, this continues to evolve to facilitate system wide safeguarding oversight, assurance and drive system improvements.

BOB ICB has connected with the Board in terms of assurance in several areas: Working Together 2023 - changes around reporting deaths in the adult care leaver population, Patient Safety Incident Response Framework (PSIRF), migrant populations, modern slavery, Martha's Rule and the Thirlwall Enquiry.

Thames Valley Police

TVP has begun to implement Right Care, Right Person principles in terms of responding to adult safeguarding needs in Oxfordshire. This currently relates to concerns for welfare calls, walk-outs from hospital settings and those reported absent without leave from psychiatric care units. Taking learning from the initial announcement, a multi-agency operational group has been set up to monitor impact and issues.

The TVP custody 2025 project is ongoing with 2024 being the second phase of the project which seeks to reduce reoffending by working with partners and 3rd sector agencies through early intervention in the custody environment. The project is working with NHS and external organisations to signpost referrals for specific at-risk groups including ex-service personnel, women offenders and substance misusers.

Thames Valley Together is an innovative data sharing approach across the region, but including partners in Oxfordshire, where partnership information will be shared across agencies in order to allow data to be used more effectively to understand safeguarding risks and allow for mitigation. The project is ongoing, with the initial strategic-level product being rolled out imminently.

What the Board Partners did to towards the priorities

Working in Partnership

Oxford Health NHS Foundation Trust

We have a dedicated mental health social worker to work collaboratively with homeless services to support people with mental illness out of homeless services. We also work closely with our MH housing pathway and general needs housing partners so that we can respond quickly to concerns, to assess, investigate and implement protection plans. The mental health social care service manager works in partnership with the operations manager of the local authority safeguarding adults' team as well as the local authority principle social worker to identify themes, trends and concerns and to share learning.

The mental health social care service manager has set up a monthly meeting with the Trust safeguarding adults' team to share data on safeguarding adult concerns/enquires and OHFT MCA lead is meeting weekly with Oxfordshire DOLS team to review requests and make sure resources are prioritised effectively.

Co-chair multi-agency Right Care Right Person local implementation meeting and have recently joined a MH and Substance Misuse sub-group of the Combatting Drugs Partnership. OHFT are currently working in partnership with OMHP and wider system partners to review all elements of the current MH contract in Oxon as part of the new contract which will come into place in Apr 2025.

AgeUK

Chairing the Board's Engagement Subgroup and proactively strengthening partnership by widening the membership to include new VCS agencies including advocacy.

What the Board Partners did to towards the priorities

Working in Partnership

Cherwell District Council

As a Board Partnership member, we have an understanding of our accountability as the appropriate representative for Cherwell in each forum.

Good practice is evidenced through the joint district safeguarding partnership group, whereby Cherwell district council works with the other districts on responses changing themes and concerns.

Some themes have relevance across a number of partnerships and in these cases the Boards/Partnerships will work together and take a pragmatic approach to achieve the best outcomes for people and ensure that there is no duplication of effort.

In practice this means that each Board/Partnership has the opportunity to input into an area of work where it carries a responsibility and/or has relevant knowledge, expertise and experience.

Oxford City Council

From April 2023-March 2024, 12 ASmart and 85 ASMARAC meetings have been held under Oxfordshire's Adult Exploitation pathway with 41 different partners involved. As a result of these multi-agency meetings, more victims were supported out of exploitation and disruption plans put in place to tackle the exploiters, which also included 15 multi-agency visits. The partnership approach ensures that the victim is safeguarded and supported in all areas of need for them to exit exploitation and prevent re-victimisation through referrals to relevant agencies or supporting those workers already involved with the individual.

The Safeguarding Coordinator has requested to attend Board subgroup meetings in addition to one district representative, in order to strengthen and maintain partnership working

Contact with statutory agencies has enabled effective internal learning reviews

West Oxfordshire District Council

WODC staff have a key role in attendance at joint agency meetings including, but not exclusively: OSCB; OSAB; Oxfordshire Domestic Abuse Partnership; Prevent Implementation Group; Safer Oxfordshire Partnership Group; Police and Crime Panel; JTAC; PAQA; PIQA; Neglect Strategy Group and Community Safety Partnership.

A Joint Safeguarding Partnership Group has been formed with representatives from each of Oxfordshire's Local Authorities, funded for a countywide Representative to attend Neglect; PIQA; PAQA meetings and others where relevant. To lead, chair and take minutes at this Sub-Group. The Group has introduced a 'Purpose and Aims' document along with 'Commitment Statements'. The Partnership Group enables common themes and policies to be reviewed and implemented, best practice to be undertaken, a common themed dashboard for reporting of issues of concern has been implemented and Districts have a shared Neglect Strategy and Action Plan.

What the Board Partners did to towards the priorities

Working in Partnership

Probation Service

Oxfordshire Probation Delivery Unit (PDU) has had a Partnership Manager in role for a year, working to improve relationships and partnership working between Probation and other organisations.

We rolled out a commissioned Autism Service for People on Probation. Oxfordshire teams make the most referrals the region and client satisfaction with the service is high.

Through Multi Agency Public Protection Arrangements, Oxfordshire Probation and Adult Social Care have better links at senior management level leading to better partnership working.

Oxfordshire PDU has been focusing work on the most complex and vulnerable service users, who also pose significant harm to communities. Staff working with this cohort have been given additional training and resources and work these cases in partnership with Police to best effect.

Oxfordshire PDU has a close working relationship with Turning Point, delivering services, co-locating workers, and co-producing training. In April MIND gave a presentation to all Probation Staff to increase understanding of their services,

The Head of Oxfordshire PDU chairs the Combatting Drugs Partnership Criminal Justice subgroup.

Fire & Rescue Service

OFRS collaborate with other agencies to better protect vulnerable individuals. This includes working closely with health and social care partners, local authorities. By leveraging the expertise and experience of fire and rescue services, health and social care providers can enhance their prevention efforts and adapt engagement strategies for those most at risk.

What the Board Partners did to towards the priorities

Working in Partnership

Domestic Abuse Strategic Board

The Oxfordshire Domestic Abuse Strategic Board is a statutory partnership board which continues to deliver on the Oxfordshire Domestic Abuse Strategy. It has a strong focus on safe accommodation for victim survivors of domestic abuse. The board has multi agency partnership engagement. It brings together system wide leaders to deliver the strategic action plan, focusing on four key areas; Prevention, Provision, Pursuing and Partnership.

Multi-Agency Group Suicide Prevention

Public Health chair the Oxfordshire Suicide Prevention Multi-Agency group which brings together key partners across the system to promote mental wellbeing and reduce suicide and self-harm in children, young people and adults. There are over 20 organisations who are members of the group.

The local action plan focuses on building resilient communities to make suicide prevention everyone's business

Combatting Drugs Partnership

In line with the 10 year national drug strategy From Harm to Hope, Public Health lead the Oxfordshire Combatting Drugs Partnership. This multi agency group brings together key partners across the system to address the harms from drug and alcohol use. This results in safeguarding people not only against health harms but also criminal activity related to drug use.

Over the last year this has become an established group. The group are now in delivery phase of a targeted strategic action plan to deliver on the aims set out in the national strategy at a local level.

What the Board Partners did to towards the priorities

Working in Partnership

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Sexual Health Action Partnership (SHAP)

The Health and Social Care Act 2012 gave health protection duties to Oxfordshire County Council as well as a general function to maintain the public's health.

The SHAP helps raise awareness about issues that help or hinder achieving better sexual health for Oxfordshire. Its main purpose is to build relationships with key partners in order to provide a safe and supportive environment to share good practice and discuss barriers to achieve good sexual health. E.g sharing good practice on prevention of unwanted pregnancies, safeguarding children from sexual exploitation, preventing sexually transmitted diseases and promoting better sexual health, etc.

South & Vale District Councils

South Oxfordshire and Vale of White Horse District Councils work closely with partners and agencies to support vulnerable individuals. Through our monthly Community Safety Joint Tasking meetings and case conferences we help provide solutions for vulnerable people who may not meet the threshold of need or refuse engagement with services.

We work with our district and city colleagues to share good practice and address emerging themes through our joint district safeguarding partnership group.

We have supported the Anti-Slavery Multi Response Conferences and Teams, where victims of modern slavery and Exploitation have been identified to help develop and coordinate disruption plans.

Oxford University Hospitals NHS Foundation Trust

OUH attend OSAB board and sub group meetings to actively support partnership working. Attendance at multiagency case review meetings, SAR's, DHRs, HMRs, MARAC, MARAC and strategy meetings as requested.

There is a health wide BOB ICS meeting to provide assurance and identify area for escalation, areas of good practice and quality improvements.

What the Board did to towards the priorities

Preventing Harm Occurring

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- The **Multi-Agency Risk Management (MARM)** process brings together organisations working with a person who is showing an increased level of risk but who does not current fit within the criteria of a statutory safeguarding duty under Section 42 of The Care Act 2014. There are several very positive examples of multi-agency working that has been undertaken via the MARM process and the Safeguarding Board has received a presentation from a support worker involved in the MARM process to share the positive impact the process has had on the person they were working with.
- A **7-minute briefing** has been produced on the MARM and its use to help inform frontline workers of when it is best to call a meeting under the MARM process or when there are other alternative pathways that can be utilised.
- The Board has also offered specialised training in relation to trauma; **trauma, stigma & belonging**, **trauma and language**, and **trauma-informed coproduction**.

What the Board Partners did to towards the priorities

Preventing Harm Occurring

BOB ICB

BOB ICB work in partnership with primary care (GP, Pharmacy, Optometry & Dentistry) and other key health partners to ensure learning from statutory reviews is identified and embed within frontline practice.

We have committed to and delivered several recent training sessions to Primary care staff; closer connections for primary care & maternity services, understanding the health needs of the homeless population and, carer suicide & homicide. In addition, we have provided additional domestic abuse training to primary care to support disclosures.

Oxfordshire County Council

In the last year we have prevented harm occurring in care settings by working closely with our quality improvement team and care homes to prevent harm to individuals and the wider care community experiencing the risk of harm by having frequent, meetings, discussions and developing action plans. We are completing a care home specific audit to ensure that when cases are closed that wider considerations have been made not only for the individual but to other residents.

Thames Valley Police

TVP has received an uplift in funding for neighbourhood policing roles and this includes Oxfordshire, where neighbourhood teams will be brought up to strength and there will be an increase in dedicated neighbourhood officers. One of their core functions will be the identification and mitigation of risks around safeguarding, taking preventative activity where needed – including early referrals.

Oxfordshire LCU will be rolling out a monthly partnership tasking meeting process – which has been trialled to good effect in Oxford City LPA – allowing police and partners to ensure that effective activity is joined up across the community safety agencies. Early assessment of data from RCRP indicates that the implementation has, thus far, not had a significant effect on the numbers of adults being identified at risk of abuse or neglect. Demand has historically been seasonal, and this demand trend has continued without much change following implementation.

What the Board Partners did to towards the priorities

Preventing Harm Occurring

OUH

The OUH works in partnership to identify harm and ensure care and support needs are met.

Safeguarding incidents are reported and reviewed by the safeguarding team to identify learning. This informs the Harm Free assurance process in place that identifies any areas for improvement and an open learning culture is in place and in line with our Patient Safety Incident Response Framework PSIRF framework.

Mental Capacity Act training is supported across the Trust to ensure the safety of our patients. Safeguarding training compliance monitored closely and meeting the levels required.

AgeUK

Worked to increase public awareness through our Marketing and Comms team actively participating in Safeguarding Adults Awareness Week.

Oxford Health

The s.75 establishment have a 6 weekly meeting called the Safeguarding Prevention Meeting which is a multi-agency meeting to ensure that people in the mental health housing pathway are protected from abuse and neglect. We use the 6 principles of safeguarding to ensure that we take a rights-based approach.

All mental health social workers use leadership skills to ensure that discussion about abuse and neglect is at the centre of MDT working.

OHFT have worked closely with police supporting Drive meetings.

Employed an MCA lead to support staff and improve practice.

We use the MCA as a key concept of safeguarding and intervene to make decisions on people's behalf when they are unable to protect themselves due to lack of decision-making capacity.

Refresh of the DOLS recording in community hospitals with a focus on making sure any restrictions are proportionate and to prevent risk of harm.

What the Board Partners did to towards the priorities

Preventing Harm Occurring

Cherwell District Council

Recruited new domestic coordinator to post supporting victims of domestic abuse alongside our housing team. Increased number of staff training offered on domestic abuse pathways and referrals.

Identifying trends across Cherwell locally or nationally ,reviewing and updating training when needed. Bespoke training form external parties when needed. Districts meeting reviewing themes that can be highlighting concerns across the county or rural locations.

Awareness campaign and signposting to service are best practice through Cherwell's services, internal and external media platforms used to communicate to staff and community.

Oxford City Council

Oxford City's commitment to DAHA accreditation is improving responses to domestic abuse, by equipping staff with the skills, knowledge, and the tools that serve to build their confidence to work more effectively with their most vulnerable tenants. As a housing provider we are best placed to identify and respond to domestic abuse early.

Promotion of Early Help and MARM process to identify and respond to concerns before harm occurs

Training levels have increased over the last year, particularly the last six months

Recorded safeguarding concerns have increased within the last year, demonstrating awareness and effective training

West Oxfordshire District Council

All staff must complete a Mandatory Level 2 Adults Safeguarding online course provided through the council's training provider iHASCO. Level 2 Childrens Safeguarding module is being rolled out to all.

Due to concerns around the rising trend in instances of threat to self-harm from residents in our community a Suicide Prevention Guidance document has been implemented and is available for all staff with links to NHS training. Safe Talk Suicide Prevention face to face training is being undertaken by front line teams.

What the Board Partners did to towards the priorities

Preventing Harm Occurring

Probation Service

Within our collaboration with Turning Point we have ensured all staff are trained in administering naloxone and this is available in all our sites. Turning Point work from our buildings and offer brief interventions to lower-level drug and alcohol users to prevent further harm occurring.

We have facilitated Hepatitis C and Liver Scanning in our buildings.

We have rolled out Mental Health Treatment Requirements and ensured high levels of Drug and Alcohol Rehabilitation Requirements as robust alternatives to custody.

Our commissioned services include a specialist women's services, as well as personal well-being services specialising in issues affecting men.

All staff have been required to attend Preventing Suicide Training. Training completion (child safeguarding, adult safeguarding and prevent) is linked to our annual salary increase. This has led to nearly 100% of required training being completed.

We are engaged with all the MARACs across the county and in May 24 we rolled out domestic abuse tags for perpetrators coming out of custody on licence to strengthen our risk management and oversight of these cases.

In 23/24 we doubled the numbers of home visits from the previous year, which means more oversight of home circumstances and any risk or vulnerabilities.

Domestic Abuse Strategic Board

The domestic abuse board owns a strategic action plan, around four priorities – prevention, provision, pursuing and partnership. The prevention work has included co-producing strategic delivery with victim-survivors of domestic abuse, communications campaigns to raise awareness of domestic abuse and how to seek help, and developing an updated domestic abuse policy for employees of OCC.

South & Vale District Councils

South Oxfordshire and Vale of White Horse District Councils have appointed a Domestic Abuse Support Officer who works closely with our housing needs officers to support the completion of Domestic Abuse Stalking Harassment and Honor Based Violence (DASH) risk assessments, agree a level of priority for housing needs and signpost victims to relevant support organisations.

We have promoted two domestic abuse campaigns across the districts to raise awareness of how to spot the signs and support available.

Domestic abuse training has been delivered to councillors and staff.

We have promoted OSCB/AB pathways and tools kits to staff to prevent harm from occurring.

What the Board Partners did to towards the priorities

Preventing Harm Occurring

Combatting Drugs Partnership

Partners are working together to reduce harm caused by drug and alcohol use. This has included a focus on increasing Naloxone distribution (a drug which blocks the life-threatening effects of opiate overdose)

Sexual Health Action Partnership (SHAP)

Our sexual health providers work with children and young people in various schools and collages in order to improve their knowledge, attitude and behaviour /skills on sexual health and healthy relationships. Topics include: Consent, preventing sexually transmitted infections, healthy relationships, HIV awareness, contraception, intimate photo sharing, media and porn literacy etc

Multi-Agency Group Suicide Prevention

Oxfordshire has a number of initiatives focusing on promoting wellbeing and this is led by the Mental Health Prevention Concordat Partnership. We have also recently launched mental wellbeing and suicide awareness training for local communities and are providing grants to community initiatives for key groups at risk of poorer wellbeing.

Fire & Rescue Service

In 2024, we will be implementing Risk Profiling across Oxfordshire. This approach enables operational crews to take charge of the appropriate prevention activities, knowing that the safety messages will make a difference in improving people's safety and to deliver reliable and relevant safety messaging to our communities.

What the Board did to towards the priorities

Responding Swiftly When Harm Occurs

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- This priority has been the one that has had the least work done at present as the work within it is mainly reliant on work from other priorities being completed first.
- The Performance, Information & Quality Assurance (PIQA) subgroup of the Board have reviewed and updated the dataset that they scrutinise. There is still work to do on making this scrutiny as effective as it can be so that patterns are identified earlier so they can be acted upon before they develop into a significant issue.

What the Board Partners did to towards the priorities

Responding Swiftly When Harm Occurs

Oxfordshire County Council

In the last year we have worked hard to reduce the response times when the team receives safeguarding concerns. We are doing this working towards adhering to the local authorities' timescales increasing the number of concerns answered between 1-2 days. Since the end of January 2024 we have introduced a weekly meaningful measures meeting to review the timeliness of all cases across the service

BOB ICB

BOB ICB works alongside health provider organisations to manage cases which require escalation to NHSE to engage regional support and guidance.

BOB ICB supports health providers identified under section 42 of the Care Act, together with cases that reach both the adult social care strategy stage and the Multi-Agency Risk Management (MARM) process.

Thames Valley Police

Robotic process automation is now used in the triage of all adult protection (AP) and domestic abuse (DA) incidents involving adults in order to allow for swift assessment of threat, harm and risk. Secondary research also takes place to determine whether there are linked persons to the subject who may be at risk – including children and other potentially vulnerable adults. A multi-agency working group to monitor progress and implementation is in place.

A new AP governance board has been instigated to ensure that any risks and themes are identified early – this board is internal but is chaired by a local policing lead and feeds into the TVP vulnerabilities strategic group. Similarly, the DA and RASSO governance boards also identify similar risks and feed into the same strategic group to ensure join-up. TVP MASH have received an uplift in funding to allow recruitment of 10.5 additional staff at various bands. Op Yearn, which began in August 2023 has also allowed for the temporary flex of officers into the MASH to reduce AP and DA queues – reducing outstanding numbers from around 1700 each to 200. The triage process (see above) now means high and medium risk AP/DA incidents are triaged and shared with partners within 24 hours of identification.

What the Board Partners did to towards the priorities

Responding Swiftly When Harm Occurs

Oxford Health

All s.42 safeguarding concerns are triaged daily by a senior social worker and actioned within 48 hours. The s.75 establishment continue to achieve 100% in managing safeguarding enquiries within 12 weeks (as set by the local authority).

Engagement in Homeless mortality review process.

Introduction of Patient Safety Incident Response Framework (PSIRF) which include learning huddles to identify learning quickly.

OUH

The OUH identifies cases of harm on a day to day basis through staff, incident reporting and referrals directly to the team. This ensures a timely referrals and escalations to partner agencies as required.

Response is timely for section 42 enquiries, and request for information request. Any learning from reviews are disseminated across the Trust.

Cherwell District Council

Internal safeguarding reports are monitored, reviewed and patterns or themes are identified and discussed with relevant services, OSCB/OSCB/ DSL/ DA partnership/ Neglect Panel.

Any concerns are discussed in the contract monitoring meetings, we also ensured that the provider was involved in the Cherwell Operations Group meetings.

Where they are connected to the multi-agency discussions about concerns and could report into this forum, their interactions with the clients they meet during the outreach .

All front-line staff have completed compulsory safeguarding training and additional bespoke training such as handling suicidal calls.

AgeUK

Redesigned our staff and volunteer training programme to improve recognition of harm and quality of response.

What the Board Partners did to towards the priorities

Responding Swiftly When Harm Occurs

Oxford City Council

Increased referrals to ambulance service for mental health assessments following Right Care, Right Person policy

Exceptional Circumstances Panel utilised in cases of high risk DA. One such case resulted in a two bedroom property away from the City was offered within days and target hardening was arranged at the new property.

Internal learning reviews conducted to explore potential learning opportunities

Whole-council approach to ensure all concerns are identified and responded to, using appropriate information sharing

South & Vale District Councils

South Oxfordshire and Vale of White Horse District Councils provide support for vulnerable people for example, rough sleepers and victims of ASB through our Joint Tasking Meetings, exceptional case conferences.

We respond promptly to any concerns raised, managing processes such as Domestic Homicide Reviews and engaging in Child Safeguarding Practice Reviews.

Learning is shared internally to support staff and prevent harm reoccurring.

All safeguarding concerns are reviewed, monitored and escalated as appropriate. Where these do not meet the threshold of matrix the cases are managed through internal processes to ensure the individual is kept safe and supported.

West Oxfordshire District Council

An online system for raising issues of concern has been implemented that immediately sends alerts to the safeguarding team there is an issue to triage and support appropriately. There has been an active ongoing case of concern relating Modern Slavery with a Care Service provider which involved immediate attention from the Council's HMO Licensing Team.

There have been instances where an escalation of a concern has been required resulting in a MARM with active engagement across our service teams. The safeguarding team conducts monthly supervision on cases and follow up on outcomes where possible to ensure cases are escalated and progress through the correct channels.

What the Board Partners did to towards the priorities

Responding Swiftly When Harm Occurs

Probation Service

Probation Staff use recall back to prison, variation of licence conditions, GPS tagging, Polygraph, Probation hostels and a range of other measures to manage emerging or escalating risk.

We have made links with links with Oxford University Hospitals to rapidly share information on individuals who may pose a risk of harm in emergency departments or other medical settings.

We commission Serious Further Offence enquiries in the event that someone under our supervision commits a serious offence and we share learning across our staffing group.

We respond promptly and engage with other enquiries, such as the SAR process for homeless deaths and share learning across our staffing group.

Combating Drugs Partnership

Public health lead on the Local Drug Intelligence System which provides rapid alerts to contaminated batches of drugs, reducing the potential harm by reducing the use of these drugs.

Fire & Rescue Service

OFRS plays a crucial role in making our communities safer. Whether it's preventing and protecting people from fire and other risks or responding swiftly and effectively when incidents occur, the work is vital for public safety. Fire crews are also well trained to identify concerns and manage safeguarding referrals.

Multi-agency Group Suicide Prevention

Oxfordshire has a real time surveillance system to ensure that bereaved families and friends are provided with immediate supportive signposting and support. We are also able to monitor emerging methods, clusters and high-risk groups to provide support. As a partnership we have worked in local communities to provide targeted support when required. This has included working with district councils, parish councils, workplaces. We also work closely with the coroners to ensure there is sensitive media reporting on suicides to minimise the impact on communities.

What the Board did to towards the priorities

Engaging Effectively with People at Risk

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- The Engagement Subgroup has grown and now welcomes a wide range of organisations. The majority of those who are in attendance are not represented at the Board but work extensively with adults with care and support needs in Oxfordshire. The advocacy organisation in Oxfordshire (VoiceAbility) are also a member, replacing the former advocacy organisation.
- There is still more work to be done against this priority, particularly ensuring that this work is done in a way that is respectful of the experience of people at risk.
- The presentations of cases at the Full Board (mentioned earlier in this report) is another step towards ensuring that the voice of people at risk is heard at this senior level.

What the Board Partners did to towards the priorities

Engaging Effectively with People at Risk

Oxfordshire County Council

An audit in summer 2023 indicted that Making Safeguarding Personal outcomes whilst well reported at the end of an enquiry were not always sought at the initial information gathering stage. In the last year we have undertaken MSP audits and established a duty enquiries pod. A recent sample audit of closed cases indicates significant improvement in duty enquiries where the persons views and wishes are recorded or an identified plan as to which appropriate partner will make contact with the person is in place.

BOB ICB

BOB ICB commissions All Age Continuing Health care services and supports risk assessing placements and flexing if the needs of the client are not met. BOB ICB works in collaboration with all health systems, police and social care partners as part of both statutory and non-statutory review work, by triangulating information, including urgent escalations and embedding system learning.

TVP

TVP Oxfordshire will be moving to a new policing model in 2024, whereby the existing 3 local policing areas (LPAs) will merge to create one county-wide local command unit (LCU). This unit will, as part of its remit, focus on those individuals (children and adult) most at risk of harm and allow effective engagement with them and partners to reduce identified risks. This structure will allow consistency and clarity around engagement. Additionally, neighbourhoods teams will also feed into the adult safeguarding processes, ensuring ongoing engagement to mitigate against longer term problems/issues.

Officers and staff across Oxfordshire have had refreshed inputs around ensuring capturing concerns correctly, with a view to improving the quality of information provided by officers attending incidents into the MASH process. Within the custody environment as part of the Custody 2025 project, TVP has changed its approach to information sharing – moving to a presumption of data-sharing to proactively offer support to those at risk. TVP is the first force to collaborate with charities to proactively offer details of those at risk rather than seek permission. Pilots have taken place across the force, but in Oxfordshire this is running in Abingdon custody in partnership with the Maslow Foundation, to ensure a proactive offer of support is made to every female detainee. Work is ongoing to expand this process with other agencies to allow focus onto other risk groups.

What the Board Partners did to towards the priorities

Engaging Effectively with People at Risk

Oxford Health

The s.75 establishment use Making Safeguarding Personal and the six principles of safeguarding to ensure that people at risk of abuse and neglect are at the centre of safeguarding meetings and plans. Our safeguarding investigations and plans attest this.

Working as part of a Thames Valley Crisis Project to implement Mental Health Response Vehicles (MHRVs) across the Thames Valley – and will be a mobile health-based blue light response to MH crisis.

Working with system partners to continue to build and adapt the out-of-hospital care team model (homelessness from inpatient care) which has been receiving national recognition and being held up as exemplar service.

Introduction of Keystone Mental Health and Well-being Hubs which are a one stop shop to support mental health and wellbeing and include Primary Care Mental Health Team.

OUH

The OUH works in collaboration with partner agencies to ensure identification and effective risk management of any concerns raised.

Weekly triangulation of incidents, complaints, claims, safeguarding and inquests takes place to provide assurance and follow up as required.

AgeUK

Supported the refresh of the Board's Engagement Subgroup and the development of the action plan to improve engagement.

What the Board Partners did to towards the priorities

Engaging Effectively with People at Risk

Cherwell District Council

Cherwell district council frontline service have safeguarding champions who can triage concerns at point of contact. Informed experienced designated safeguarding leads in place, with continued improvement and training plans implemented across the teams.

People of risk often present in various ways however, the majority of these can by phone call to housing & customer service. There is a percentage of these who will present as homeless, all staff are trained on dealing with making referrals and signposting to services for people at risk or in crisis.

Food poverty has been recognised as a risk in Cherwell and there are various programs and mechanisms to support those most in need.

Oxford City Council

The ASBIT case manager does not have a live ASB case but remains in weekly contact with a tenant who has enduring mental ill health. The tenant is under the care of the Warneford Hospital. They call the ASBIT case manager every week. The phone call is for someone to talk to but also to provide reassurance that they will not lose their social tenancy with Oxford City Council.

The ASBIT case manager speaks to a male tenant every week to support him with his engagement with Turning Point and Hospital. He is constantly causing anti-social behaviour which has led to him receiving a Notice of Seeking Possession (NOSP). The ASBIT case manager does not want him to lose his tenancy so actively engages with him every week to encourage and support him to get the right support to change his behaviour which will enable him to remain housed.

A female tenant spoke to the ASBIT Case Manager and learned she had cut her wrist. The case manager was able to find her CPN on the Aspen Team. The case manager explained the situation so the CPN could get the female urgent support. The Police had raised also raised an adult protection. The female told the case manager she was in crisis and the Aspen Team are working with her for a meds review. The female did received the appropriate response and support. The case manager then made a referral to the Tenancy Sustainment Team so the female could have additional support to maintain her tenancy. Project developed to identify and respond to vulnerable females at risk, part of this project focuses on engagement with the females

What the Board Partners did to towards the priorities

Engaging Effectively with People at Risk

South & Vale District Councils

South Oxfordshire and Vale of White Horse District Councils' Wellbeing and Housing Teams support 'Homes for Ukraine', Afghan families and residents struggling with the cost of living or struggling with day-to-day life to access local services and appropriate support.

Our Community Safety Team resolve issues of ASB, providing mediation and coordinating action to prevent issues from escalating.

Our Senior Management Team are committed to staff wellbeing to ensure any concerns raised in either their work or personal life is managed, and they receive the support they need.

West Oxfordshire District Council

The Community Wellbeing and International Migration Teams are engaged in many activities within the local community and share knowledge and experience with other service areas such as Housing, Disabled Facilities Grants and Client Support to help residents to receive access to appropriate support agencies and professionals.

The Safeguarding Team and Service Managers ensure that risks to staff are mitigated and that their wellbeing is supported when they are involved with an issue of concern or personally.

Fire & Rescue Service

As a service we treat every visit/call as individual and tailor our response accordingly. Examples of this are our Threat of Arson visits, Fire Setter Interventions, Joint agency visits with health and social care.

Our roll out of the Risk Profiling will further develop our engagement with those most at risk in our community.

What the Board Partners did to towards the priorities

Engaging Effectively with People at Risk

Sexual Health Action Partnership (SHAP)

In addition to working with children and young people as mentioned above, our sexual health providers directly engage with various at-risk- groups providing outreach services in order to promote good health and prevent harm . e.g of population covered: MSM, commercial sex workers, BAME communities, asylum seekers in temporary accommodations, homeless population, substance users etc.

Multi-agency Group Suicide Prevention

Samaritans have worked closely with the rail network locally to train staff to talk with passengers they are concerned about. The Men's Health Partnership are providing health and wellbeing events across the county. There are also organisations in place that provide 1:1 support for people at risk such as The Cornermen Project and Safe Haven.

Probation Service

Our Probation Victim Liaison Unit work closely with victims ensuring they are aware of developments and can have a voice in plans to keep them safe.

We are represented at all MARAC meetings across Oxfordshire.

We routinely refer people on probation who themselves may be at risk from others to MARMM, MARAC, ASC,

We work closely with the Anti-Slavery Coordinator with respect to specific cases presenting vulnerabilities to exploitation.

We have a specific women's team with women only reporting times, specific training to ensure effective engagement and management of this vulnerable group.

We have a designated manager who liaises with youth justice teams to ensure smooth transition to adult probation services

We have developed better collaboration with Adult Social Care at MAPPA meetings at all levels to better understand issues and find solutions to the most complex and urgent cases in the community.

Data Headlines

The key figures of the number of safeguarding concerns and safeguarding enquiries carried out in Oxfordshire during 2023-24

MEASURE		2024	2023
Safeguarding Concerns		6581	6770
Page 1	Section 42 Safeguarding Enquiries	1484	1921
	Conversion Rate	23%	28%
	Number of Section 42 Enquiries / Number of Concerns		
	Average enquiries per individual	1.14	1.11
Number of Section 42 Enquiries / Total number of individuals involved in Section 42 Enquiries or Other Enquiries			

Data Headlines

Detail of the changes we have seen in safeguarding concerns and enquiries – Top and Bottom five

Service	Concern change	Service	S42 Enquiry Change
Police	-69 (drop of 11.9%)	Ambulance	-105 (drop of 46.5%)
Ambulance	-60 (drop of 6.6%)	Family	-52 (drop of 28.2%)
Housing	-60 (drop of 18.9%)	Care Home	-42 (drop of 44.2%)
Other Local Authority	-60 (drop of 45.8%)	Police	-33 (drop of 24.6%)
Family	-46 (drop of 10.2%)	Friend/Neighbour	-28 (drop of 58.3%)
Children's Social Care	+10 (increase of 142.9%)	Informal Carer	-3 (drop of 42.9%)
Health – Hospital	+23 (increase of 7.3%)	Children's Services – Education	-1 (drop of 33.3%)
Health – Other	+31 (increase of 8%)	Children's Services – Other	+1 (increase of 200%)
Adult Social Care	+47 (increase of 22.2%)	Children's Services – OCC	+1 (increase of 100%)
Provider Agency	+204 (increase of 18.8%)	Adult Social Care	+10 (increase of 10%)

“analysis of safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements” Care Act Guidance

Data Headlines

- The location of risk has seen no significant change
- There has been no significant change in the demographics of those with an enquiry.
- The risk outcomes have shifted from risk reduced to risk removed (risk removed now 30% from 24%). The percentage of enquiries where risk remained increased slightly from 5% to 6%.
- The percentage of people who lacked capacity and were supported by an advocate fell from 80% to 74%
- The source of risk 'unknown to individual' increased from 19% to 31%, with a reduction in both service provider and known to individual.

What the data is telling us

The total number of safeguarding concerns received in **23/24 was 6581**, a slight decrease from **6670 in 22/23**. These concerns involved **4700 people**, of whom **1107 had concerns raised in both years**.

The proportion of concerns that led to enquiries decreased from **28.8% in 22/23 to 22.25% in 23/24**, with care providers (including care homes) remaining the highest source of referrals in 23/24 accounting for 29% of all referrals. To understand this further audit work has been commenced to review decision making at the triage stage of concern. **10% of care home concerns were audited for Q3** and found that decision making by the safeguarding team was correct and in line with statutory guidance. This is indicative that further training and support with care providers would be beneficial in reducing the number of inappropriate referrals.

The number of **completed enquiries also decreased by 22% in 23/24**. A number of factors have contributed to this figure. It is noted that where **detailed information is gathered when a concern is received** this is not being recorded as an enquiry. To address this, **the pathways in the Liquid Logic Care records system have been redesigned** to ensure that work undertaken by the team is rightly captured as enquiry activity and thus we would expect to see an increase in the number of completed enquiries in 24/25 once this is live in Q3.

What the data is telling us

Throughout the last 12 months, there has been a robust focus on improving safeguarding performance. This included the closure of inappropriate or historic cases throughout 22/23 still open. This has been a significant achievement for the team illustrated by the fact that in **July 2023 there were 527 open enquiries with 268 of these open over 12 weeks.** As of **July 2024, there are 183 open enquires with only 13 over 12 weeks.** Historically there have been waits for an allocated officer to complete an enquiry. To overcome this, allocations were made across adult social care teams where the person was already known to a social worker which provided rapid resolution of longstanding cases and positively ensured continuity of worker. This not only improved the experience for the person but ensured that safeguarding is everybody's business and that all teams participate in the safeguarding duty. This targeted work also identified, that enquiries would often remain open beyond the remit of the safeguarding intervention where a **complex case management approach** would be more appropriate from one of the locality teams. Therefore, closure to more appropriate intervention has also contributed to the overall reduction in enquiry numbers. This will need careful consideration throughout the coming year, in view of the data indicating 1107 people who have had a concern raised in both years. **Audit focus on decision making** will focus specifically on whether the person has had a previous concern and whether safeguarding duty can and should add a more robust approach to the persons situation as opposed to a case management approach.

What the data is telling us

To ensure robust decision making **further detailed audits** are also planned to review reductions in the number of concerns that do not progress to enquiries specifically in the areas of referrals from Police, Ambulance and those raised by friends or family, This will be an area for Performance Information and Quality Assurance subgroup to scrutinise over the coming year.

A number of workshops have been completed in relation to **Making Safeguarding Personal (MSP)** across the service. Whilst MSP scores remain strong at the closure of an enquiry, the team identified that outcomes were not always robustly sought at the very beginning of the enquiry process. Regular “dip audits” now show that the introduction of the enquiry pod and the focus on MSP means that people’s views are now being sought at the very beginning of the safeguarding episode.

Overall, the County Council Safeguarding Team’s performance has improved significantly but will require close monitoring to ensure that enquiry rates remain proportionate to individual circumstances and that data continues to inform areas requiring qualitative exploration.

What case reviews are telling us

During 2023-24, the Safeguarding Adults Board did not sign off any **Safeguarding Adult Reviews**. However, this does not mean the Board has not been completing reviews or learning from serious incidents.

There were **7 referrals** for cases to consider during the year, of which **2** have gone on to be Safeguarding Adult Reviews.

Additionally, there were **3 reviews** already open.

Finally, 9 deaths were reviewed under the **Homeless Mortality Review** process. These are reviews conducted under the discretionary Safeguarding Adults Review framework where the person was experiencing homelessness at the time of their death and where the circumstances do not meet the mandatory Safeguarding Adults Review criteria.

The following pages contain the learning from these currently unpublished reviews.

What case reviews are telling us

Adult L: this discretionary Safeguarding Adults Review (SAR) was initiated following a referral from Adult Social Care. Adult L and Adult M were a private couple who sought to live out their days without the intervention or interference of services, which was clearly documented across agency records. Friends and neighbours were raising concerns about the couple and this continued when Adult L was living alone. There were a number of agencies actively working with Adult L around the time of his death and his needs appear to be well documented. In his last two weeks, Adult L did finally accept that he was not managing well and accepted the offer to find him a care placement, which was being arranged at the time of his death.

Learning Points:

1. There appeared to be a reliance on informal sharing when formal sharing (e.g. a Safeguarding Concern) may have been more appropriate.
2. In adopting a strengths-based approach, it may be that Adult L's limitations to care for himself were not fully appreciated.
3. There appeared to be a lot of activity by professionals but the evidence of this having a positive impact is limited. It may be that a coordinated multi-agency response, bringing together the professionals involved could have offered some alternative options for working with Adult L.
4. Capacity assessments are not clearly documented when references were made to Adult L lacking capacity.

One Reflective Thought for Workers: Impact and Consequence – what is the likely impact of my decision/action? Is this likely to affect anyone else in the family/household? What can I or other agencies, singularly or together, do to mitigate any negative impact?

One Key Lesson for Organisations: Supporting the Frontline - How are we supporting frontline workers who are working with complexity? Are we offering enough time to reflect on practice and enough constructive challenge to ensure we are doing all we can within our resources and have considered the possibilities of multi-agency options?

What case reviews are telling us

Adult K: this discretionary Safeguarding Adults Review (SAR) was initiated following a referral from the Church of England following a review into the death of Adult K. Adult K took his own life on the day he was due to appear in court in regard to historic child abuse allegations made against him. The question was asked in the report of whether Adult K's death should've been referred for a SAR at the time it happened.

On the basis of the information shared for purposes of this SAR, it does not appear that there are significant concerns about how organisations worked together to safeguard Adult K and there are no systemic issues that can be identified from the information provided. There is ample evidence that the agencies interacting with Adult K were working in line with expected practice of the time. There are many examples of good practice in regard to timely referrals between agencies. The regular engagement and thorough work done by the GP Practice is of particular note. Some agencies were unable to provide a complete account of their work due to recording issues and the accessibility of historic information. However, when the information provided from all agencies is reviewed as a whole, there are no indicators that the content that was unavailable is of significance to this review.

One Reflective Thought for Workers: Risk Management - does this information/observation/interaction indicate the person is at an increased risk of harm? If so, how am I mitigating the risk? Who else am I sharing this information with to help mitigate the risk?

One Key Lesson for Organisations: scanning and uploading documents to electronic recording systems is only helpful if the documents are legible afterwards so a check should be done to ensure this is the case before destroying the original document.

What case reviews are telling us

Adult M: this discretionary Safeguarding Adults Review (SAR) was initiated following a referral from Adult Social Care. It concerns a historic death (occurred in 2017) that was revisited after a recent court case concerning neglect by the carers of Adult M leading to his death.

Given the amount of time that had passed since Adult M's death, the Author was asked to review the information assembled for the court case, pull out any learning points based on the practice in the information and then use these to lead a practitioner workshop to assess how a similar case would be approached today, highlighting any areas that still required development.

Findings:

1. The Board should assure itself that how Professional Curiosity and Self-neglect are explained in guidance (internal and multi-agency) and how organisations ensure this is embedded in practice is clear
2. Organisations should consider ways of gathering information about the person's history beyond the presenting issue to help frontline workers identify changes over time that might require further exploration, e.g. by developing a pen portrait of the person.
3. Those involved in this process fed back that it felt valuable and constructive and would recommend further reviews producing shorter reports that were more accessible.

One Reflective Thought for Workers: Risk Management - does this information/observation/interaction indicate the person is at an increased risk of harm? If so, how am I mitigating the risk? Who else am I sharing this information with to help mitigate the risk?

One Key Lesson for Organisations: scanning and uploading documents to electronic recording systems is only helpful if the documents are legible afterwards so a check should be done to ensure this is the case before destroying the original document.

What case reviews are telling us

Steffeny: this homeless mortality review (a discretionary safeguarding adults review) was initiated following her death in 2022. She had a degree in psychology and worked for a time in Childrens Services. She struggled with her mental wellbeing from a young age, attempting to take her own life twice (once at 17 and again in her 20s). On the first occasion she was hospitalised briefly. The second attempt occurred while under a Section, where she attempted to hang herself. The time without Oxygen caused a trauma to her brain, leaving her needing to re-learn how to walk, talk, write & remember. She moved to Oxford to marry her partner around 2016. In 2022 she was sectioned again following a domestic abuse incident. She was discharged from hospital a month later and placed into temporary accommodation. In early December 2022, her husband advised her that he was proceeding with a divorce. Steffeny didn't share this information but continued to engage with support, including spending time in mid-December making Christmas decorations with staff and other residents. She had plans to meet with the Adult Mental Health Team and with the Housing Team at Oxford City Council the following week. Before this happened, Steffeny took her own life by hanging.

Findings:

- The agency supporting Steffeny in this accommodation were not aware of any previous attempts of suicide. This information was not provided on the referral form or on any additional documentation.
- Organisations supporting people in shared, temporary accommodation, with a 'No Visitor' policy should ensure a robust, person-centred plan is in place, to look at how to combat loneliness for residents.

If you do one thing: 'Think about Risk' Assess incoming referrals thoroughly and confirm with referring organisations, that they have shared all risk information with you. This is not to avoid working with people who present with risks, but to understand the best way to support and work with them. Be open with the individual about concerns and involve them in the risk/safety planning. Collaborate with the other relevant agencies who are involved with the person, to ensure you all have a full understanding of the plan.

What case reviews are telling us

“Adam”: this homeless mortality review (a discretionary safeguarding adults review) was initiated following his death in 2023. He was well known amongst the community and remembered as a very happy-go-lucky person, even when drinking and never aggressive towards staff. Adam had a history with criminal justice services, being first convicted in 1996, last convicted in 2016. Between 2005 and 2016 he was in and out of prison for domestic violence offences. His health needs were significant and complex. He lost the use of his right hand after an accident that caused damage to his shoulder. He struggled to access health support around this & was at risk of losing his hand. He was alcohol dependent and had korsakoff syndrome. He also had a diagnosis of spinal haematoma. He also had a historic diagnosis of schizophrenia and experienced low mood, depression and anxiety. It was noted that Adam focused on access to pain relief medication, rather than attending follow-up appointments to address the underlying issues (such as medical appointments and physiotherapy).

Findings:

- Outreach work with rough sleepers – some areas make the outreach worker’s role more challenging. While it was noted that the anti-social behaviour team at Oxford City Council do an excellent job to support them, there are only two Officers.
- Professional Curiosity & Trauma Informed Approaches – There was potential for better outcomes in some instances if staff were a little more curious and followed through with calls to agencies to better understand the person, their background and needs.
- Involving Family - Adam’s mother said that during the times Adam would return home, she felt very alone and unsure how best to help and support him. She realised he would be ill if he did not drink, but it felt wrong to be handing him a bottle of alcohol. She did not fully understand his needs or what the signs of danger were for him if the drinking continued.

If you do one thing: ‘Think Multi-agency working’ When there is more than one agency working with a person, then all the agencies will benefit from a clear understanding of each other’s roles and a joint plan, on how best to support the person with whom they are working. This would avoid duplication of work and support a joined-up approach, with the sharing of risk and help avoid confusion of roles for the service user.

What case reviews are telling us

“Ben”: this homeless mortality review (a discretionary safeguarding adults review) was initiated following his death in 2023. Ben trained in Italy to be a Chef and upon returning to the UK worked in bars and restaurants as a Chef. It was at this point he started using drugs. Following the death of a friend, he entered rehab and moved away from the area to Oxford, where he worked in an Oxford College as a Chef. Ben developed mobility issues and required aids to mobilise himself. He was admitted to hospital after a fall. It became apparent he was being financially exploited by his Landlord and was living in a poor condition. He was accepted as homeless after this and moved to homeless support accommodation outside the city. He was found dead in his accommodation and the cause of death noted as multi-drug toxicity.

Findings:

- It appears that some organisations were unclear of each other's roles and more precisely what they were not able to do or provide.
- It was noted that the embedded housing workers (from Oxford city and from the out of hospital care team) perform a vital role and work hard, but they have a limited capacity.
- It was stated that getting medication for people when they are in temporary accommodation is difficult. Trying to get 'Ben's' prescriptions to a local pharmacy, considering his location and his need to change GP practice etc, caused extra work for the substance misuse service.

If you do one thing: 'Think planning' When planning to place people into any accommodation, especially temporary accommodation (that does not have cooking facilities), agencies must fully understand, what it will be like for every individual. Consideration should be given to its location and their support needs, abilities, mobility, access to funds, medication and transport.

What case reviews are telling us

“Carol”: this Homeless Mortality Review (a discretionary Safeguarding Adults Review) was initiated following her death in mid-2023. Carol had a number of health issues and a history of alcohol dependency. She had also experienced a lot of trauma, including domestic abuse and multiple miscarriages. The miscarriages, which were contributed to by liver cirrhosis, Diabetes and a congenital kidney disease, were often a trigger for returning to drink dependency. Due to Carol being a very private person, not all organisations were aware of who else was supporting her, which also meant that relevant information/knowledge was not shared across these services.

Findings:

- Communication – find out the best way to communicate with the individual you are working with (according to their likes, needs and ability).
- Health needs – what are they? How can you support them? Are there signs and symptoms you should be aware of? Do you have consent to discuss with medical personnel, should the person want that?
- Understanding trauma - use the information you have and consider the triggers people experience that can lead them into negative coping strategies (such as alcohol use).

If you do one thing: ‘ask more questions’ - in order to help you to understand how you can work with people, to suit their needs, remember your ‘6 best friends’...who, what, where, when, how & why? Maximise your time with them and get their consent to work with the other agencies who they are linked to, as a team.

Other Work Partners are Bringing to the Board

Modern Slavery case presentation
South Central Ambulance Service

LGA Peer Review & outcome
Oxfordshire County Council

*Homelessness Strategy &
Action Plan Update*

**Prevention of
Homelessness Director's
Group**

Page 115

*Patient Safety in the NHS
(PSIRF Framework)*

**BOB Integrated Care
Board**

Right Care, Right Person
Thames Valley Police

Carer's Strategy

Oxfordshire County Council

*Safeguarding Adults Collection
(SAC) national data return*

Oxfordshire County Council

*An overview of Public Health:
what we do and how we do it*

Public Health

*The Future of Learning
Disability Death (LeDeR)
Reviews*

**BOB Integrated Care
Board**

PRIORITIES FOR 2024-25

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1. *Learning and development to have a higher focus in 2024-25 as there are a number of workstreams identifying learning so more focus on embedding the learning and measuring its impact. Sources of learning include:*
 1. *The number of our own reviews being published*
 2. *The findings from the 2nd SAR national analysis*
 3. *The dataset from PIQA, which gives clear indications of what areas are either being under-reported or are poorly understood*
2. *The Board reconsiders the strategy overall, framing the priorities against the impact they are expected to have on the people of Oxfordshire*
 1. *For example, theme two might become “The Prevention of Abuse and Neglect” with a desired outcome of “Adults at risk are identified early and have their needs met promptly and effectively.”*

Divisions Affected - All

Oxfordshire Health and Wellbeing Board

5th December 2024

Oxfordshire Safeguarding Children Board (OSCB) Annual Report 2023-24

Report by Director of Children's Services

RECOMMENDATION

Health and Wellbeing Board is **RECOMMENDED** to note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.

Executive Summary

1. This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

Background

2. Local multi-agency safeguarding arrangements are the collective responsibility of chief officers in the County Council, the Integrated Care Board and Thames Valley Police.
3. These three senior safeguarding partners agree ways to co-ordinate their safeguarding services for children; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. They work with relevant partners through the Oxfordshire Safeguarding Children Board, under the leadership of an Independent Chair. The arrangement is referred to as the "Oxfordshire Safeguarding Children Board (OSCB)".
4. The report can be accessed in full on the [OSCB website](#).

Key Issues

5. The OSCB Annual Report sets out the safeguarding challenges in Oxfordshire. The report shows the need to improve practice with respect to the themes of: (1) Neglect (2) Child exploitation and (3) Keeping children safe in education.
6. There are key messages for system leaders to bring a collective focus to:

Tackling Neglect of children in the family home by supporting those families who are not yet meeting all the needs of their children.

Minimising risks to children outside the home to ensure we have a system wide approach to keeping children safe from exploitation

Ensure that we keep children safe in schools and settings by making sure local arrangements are properly understood and better used to keep children in full time education

7. In the last year there were no Child Safeguarding Practice Reviews commissioned and one Rapid Review was completed. A thematic review on intrafamilial sexual abuse was published. Practical learning from these reviews informed the OSCB training programme for local workers and volunteers. It also informed learning summaries, workshops and an OSCB Safeguarding conference.
8. The strategic messages for system leaders from these reviews, are:
9. The Performance Audit and Quality Assurance Annual report sets out what is understood about the effectiveness of safeguarding practice. The report has evidence of high standards of partnership working and acknowledges the complex challenges and pressures faced by workers over the pandemic. It summarises the common themes for learning and improvement to support vulnerable children. It concludes that:
 - The impact of trauma and cumulative harm
 - Family engagement and consistent support
 - Information sharing across the partnership
 - Children with complex mental health/ emotional needs
 - Parental mental health and parenting capacity
 - Children not in school
10. **Our current priorities for system change are right – we just need more traction on making change happen.** This means helping practitioners learn how to identify early and deal with neglect; bringing together educational leaders to work on issues regarding exclusions and alternative provision to keep children safe in education; ensuring earlier and timely access to mental health and well-being services.
11. **We need to work better as one system.** We all need to think about how we work together based on what we have learnt. For example, reminding practitioners to use multi-agency chronologies, share information.

Strategic Policies and Priorities

12. The report outlines the Safeguarding Children Board's priorities, the learning from Child Safeguarding Practice Reviews, the outcomes of quality assurance work and the summarised findings with respect to the unexpected child deaths in Oxfordshire. The report supports the vision, values, objectives and strategic priorities in the Council's Strategic Plan (see [Strategic Plan 2022-2025](#)).

Financial Implications

13. There are no financial implications arising directly from this report. There is no requirement for the council to commit any further financial resources towards the Board beyond what is currently committed.

Checked by: Jane Billington, Strategic Finance Business Partner
(Jane.Billington@oxfordshire.gov.uk)

Legal Implications

14. It is clear in the report that the changes to the statutory guidance Working Together 2023 have been identified and form part of next year's activity. There are therefore no legal implications in adopting this as the annual report for OSCB.

Checked by: Craig Cochrane, Head of Law & Legal Business Partner,
Craig.Cochrane@oxfordshire.gov.uk

Staff Implications

15. There are no additional staff resources being requested by way of this report for the work outlined in the Annual Report.

Equality & Inclusion Implications

16. There are no additional equality & inclusion implications.

Sustainability Implications

17. The Board have moved much 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. It has also reduced printing & design costs by making more things, such as this annual report, plain text on the OSCB website.

Risk Management

18. 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 one of the safeguarding partners to work together under the

Children Act 2004 (as amended by the Children and Social Work Act, 2017), and Working Together 2018, 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 Ofsted framework and in any resulting published report.

Lisa Lyons
Director of Children's Services

Annex 1: OSCB Annual Report

Contact Officer: Laura Gajdus. Business Manager – OSCB

November 2024



Oxfordshire Safeguarding Children Board (OSCB)

Annual Report 2023/2024

Foreword by Strategic Safeguarding Partners

We are pleased to present the annual safeguarding report for the Oxfordshire Safeguarding Children Board for 2023-24. The report is published by the three statutory partners (Oxfordshire County Council, Thames Valley Police and Berkshire Oxfordshire Buckinghamshire Integrated Care Board) who have a shared an equal duty to make the arrangements work together to safeguard and promote the welfare of all children at risk of abuse in Oxfordshire. They are responsible for putting in place effective arrangements to support the co-ordination, quality assurance and continual improvement of activity to safeguard children and young people. At the heart of this report is a commitment to transparency, accountability and above all the protection of the most vulnerable children, young people and families in Oxfordshire.

This annual report provides information and data on how our local safeguarding systems for safeguarding children is working. It provides an overview of learning from children's reviews and how we have embedded this learning into practice.

This report also sets out the achievements and the work that progressed despite unprecedented pressures on service and this progress is testament to the strength of relationships between practitioners and leaders. Building on this relationship will continue to be important and underpin the work we do. Ensuring the partnership work effectively, improving the way it shares information and the ongoing development of our government to maximise improvements across the system will be key in the future success of the partnership in safeguarding for 2024-2025.

Finally on behalf of the Oxfordshire Safeguarding Children Board, we would like to thank the partnership workforce for their dedication in safeguarding and for the positive difference they make to the lives of children, families and communities.

This annual report was approved by MASA on 17th September 2024. In line with statutory requirements and best practice, this annual report will be shared with:

- Child Safeguarding Practice Review Panel
- The What Works Centre for Children's Social Care
- The Police and Crime Commissioner
- The Health and Wellbeing Board
- Oxfordshire Safeguarding Adult's board



Martin Reeves,
Chief Executive of
Oxfordshire County Council



Dr Nick Broughton,
Interim Chief Executive,
Integrated Care Board
Buckingham, Oxfordshire
and Berkshire West



Jason Hogg,
Chief Constable,
Thames Valley Police

Independent commentary by the OSCB Independent Chair/Scrutineer

This annual report has been informed by the safeguarding partners and scrutinised by me as Independent Chair. I was appointed as the new Independent Scrutineer/Chair for the Safeguarding Board in February 2024. I have held several senior leadership roles in the UK, including Director of Children Services and Executive Director of Social Work for a health and social care trust in Northern Ireland.

The aim of my work this year will be supporting the partnership with reviewing the effectiveness of the arrangements. Whilst I have started this post as Chair, I will be moving into the scrutineer function as set out in statutory guidance of Working Together to Safeguard Children 2023.

The role of the Independent Scrutineer is to carry out the independent scrutiny functions as set out in Working Together to Safeguard Children 2023. I will provide the critical challenge and appraisal of the multi-agency safeguarding partnership arrangements and will consider how effectively the arrangements are working for children and families, as well as for practitioners.

I am currently developing a system of scrutiny to provide assurance, monitoring and challenge to the quality of work, to judge the effectiveness of the multi-agency arrangements to safeguard and promote the welfare of all children in Oxfordshire. My role will act as a constructive critical friend and be a key driver to promoting reflection for continuous improvement across the partnership. As the independent scrutineer I will consider how effective the arrangements are working for children and families as well as practitioners, and how well the safeguarding partners are providing leadership and will:

- Provide assurance in judging the effectiveness of services to protect children

- Assist when there is a disagreement between agencies
- Support the OSCB to be a learning organisation

Independent Scrutiny will be provided by a single individual, with a view to generating usable learning for system improvements and is independent from the statutory partners.

The Independent Scrutineer's role includes:

- Attending the MASA Executive Group, as well as other subgroups
- Reviewing and contributing to the Partnership's annual report
- Reviewing audits and performance data, including self-assessment audits
- Ensuring regular thematic peer reviews
- Determine the effectiveness of arrangements to identify and review serious child safeguarding cases
- Involvement in the escalation and conflict resolution process
- Have a direct line of sight to frontline practice including conversations/feedback with frontline practitioners
- Ensuring the voice of the child and service users is at the heart of all aspects of scrutiny, by talking with and receiving direct feedback from children, young people and families, to test the interconnectedness between performance, practice and the voice of the child, young person and family
- Embed scrutiny as a positive process with learning as its outcome

I will share my finding of this work in the next annual report in 2024/25.



Ian Sutherland

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1. Introduction

The guidance, 'Working Together to Safeguard Children 2023' requires safeguarding partners to publish an annual report. The intention is to 'bring transparency for children, families and all practitioners about the activity undertaken' by the safeguarding partners.

We want to provide Oxfordshire's safeguarding partnership with.

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

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.

2. Providing leadership for effective safeguarding practice



The Executive Group set out in page 2 is responsible for overseeing Oxfordshire's safeguarding arrangements. The Lead Safeguarding Partners (LSP) as set out in Working Together named above will delegate the leadership for the partnership to the delegated safeguarding partners (DSP). We experienced changes in the Executive during this year, as we had new appointments with the Local Authority, Health and Police. The workstreams have remained stable during this year, with consistent sub-Chairs and members who have worked effectively together. The partnership continues to function using predominantly online meetings. However, there was a drive from the partnership to hold meetings in person during this year, as partners felt it lends itself more to partnership working. The structure of the partnership has not changed for several years now and is currently being reviewed as part of the compliance work for Working Together to Safeguard Children 2023.

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 the subgroups, membership on the OSCB website.

The partnership is accountable for delivering child protection services and 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

UPDATES ON THE LAST 12 MONTHS

Review and updates of the operating principles for the Child Safeguard Practice Review subgroup have been made. The intention is to ensure a shared understanding of the threshold for serious incident notification and improve the discussion of learning across the safeguarding partners.

- A deep dive of children with complex needs with delayed discharge has been completed.
- Education Safeguarding Advisory Team – provided a comprehensive and rich report on S175/157 self-assessment returns from schools and colleges with 96% sign up. There has been a significant increase on the use of neglect self-assessment in schools compared to last year, which has meant that children and their families receiving more targeted support for neglect
- The Seven Golden Rules to Information Sharing - was updated and circulated in the partnership, it can be found [here](#).
- Commendation letters were written to 25 multi-agency practitioners, to recognise a piece of work that supported improvement in the safeguarding system.

EFFECTIVENESS OF LEADERSHIP IN SUMMARY:

- Strategic ownership of safeguarding by health, local authority and police
- Thames Valley Police during this year, have further strengthened their oversight and delivery of their own safeguarding functions to support partnership working
- Strategic partners have recognised that the voice of children and their families will be an area of focus to strengthen within the partnership going forward
- Review of the structure of the partnership is planned, to show evidence of impact and outcomes for children

3. Children in Oxfordshire

The Safeguarding Board regularly reviews data and performance figures. The partnership's ambition is to continually improve the join up of separate data sources, to provide data that can identify vulnerable cohorts and direct resources to support them. This is a national challenge that it is hoped will be helped by the formation of a central government data strategy due to be published, in response to the 'Stable Homes, Built on Love' Government consultation Response.

Unless otherwise specified, data relates to the figures as at year end 31/3/2024



The child population of Oxfordshire stands at approximately 152,205. Whilst Oxfordshire has many strengths, it is important to acknowledge that 10 out of 83 neighbourhoods in the county fall within the 20% most deprived areas in England. After housing costs, approximately 1/4 children in Oxfordshire live below the poverty line.

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

Early help In Oxfordshire



There were 4,409 strength and needs forms (EHAs) completed in the first 9 months of the year. Whilst this is below the target level of 7500 for the year, it is higher than the number of social care assessments – This means that children are now more likely to be supported by an early help response. (Latest national figures show you are still 2.3 times more likely to be met with a social care, than an early help response). This was an area of focus identified by the partnership during the previous year and demonstrates successful partnership working through a strengthened Early Help service.

Request for support through the Multi-Agency Safeguarding Hub (MASH)



In 23/24 the number of enquiries into MASH was 2% fewer than the previous 12 months. The MASH triages all contacts to Children's Social Care and Targeted Family Support at an early help level. There is assurance that children are receiving the right help at the right time and that the application for threshold is applied by the partnership. Thames Valley Police have increased their staffing within the MASH teams, and this has improved management and functions in this area of work.

Support through a Child Protection plan



As of 31st March 2024, there were 528 children made subject of a Child Protection plan.

Children We Care For



There were 676 Children We Care For, which is 127 less than 12 months ago and now in line with similar authorities.

There are 98 unaccompanied asylum-seeking children living in Oxfordshire.

Children's Health

- The number of A&E attendances and hospital admissions for self-harm continues to reduce. A&E attendances are 14% lower than 12 months ago (650 for 10–19-year-olds) and hospital admissions (15-19) are 36% lower (125).
- There were 172 hospital attendances for children aged 10 - 14 yrs. This is 5% lower than the 182 in the previous 12 months. For 15–19-year-olds there were 478 attendances, 15% lower than the 562 in the previous 12 months.
- The number of hospital admissions, 125, for self-harm (15-19) is 36% lower than the 194 in the previous 12 months. GPs receive summaries from Emergency Department in all cases. Self-harm data and themes are shared at the self-harm forum which is multi-agency in its representatives.
- The Oxford University Hospital information is shared by the safeguarding liaison service with school health nurses and children social care for children on a child protection plan or open to Children We Care For.

The partnership has been focused on the timeliness of children being offered an initial health assessment. This has improved this year and increased to 71% in 23/24 (to January) and 100% for the last 3 months. This follows increased medical capacity and a focus on timely flow of information. Children placed outside of Oxfordshire continue to face long delays for both the initial health assessment and the review health assessment due to limited capacity in the receiving health team. Both issues have been escalated to the Corporate Parenting Panel, the Designated Nurse and through the ICB to NHS England.

Impact of structural changes within Thames Valley Police

During this reporting timeframe, Thames Valley Police introduced a new Public Protection and Safeguarding Command under the direction of an experienced Detective Chief Superintendent, with force-wide responsibility for safeguarding functions such as domestic abuse and child protection. They have recruited several additional senior detectives to improve oversight of this work and in addition invested in more specialist child protection detectives. They all work alongside local police teams, and this has led to more offenders being brought to justice, in particular sexual crimes against children. We have speeded up our assessment and response to missing children in the county and are working closely with our partners to adopt nationally recognised missing people protocols.

4. Focused area for the partnership

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

- There is evidence that the application of Early Help (TAF Team Around the Family) and the first signs of emerging neglect and proactive stance have increased within the partnership
- There is evidence of increase of tool usage to support families – Thrive, Home Conditions and participation in GCP2 for children in TAF, CIN (Child in Need) and CP (Child Protection) plans.
- Collection of evidence base for impact of Neglect Strategy and evidence within actions plans
- Achieving improved attendance across key cohorts (transfer from primary to secondary) and multi-agency understanding of reintegration timetables
- Home Conditions Tool and other tools approved – currently in development a SEN my lived experience tool within a special school. Home condition use evidence in some contacts to MASH
- GCP2 initiative with health visitors (funding by Public Health Grant) – currently in training phase
- Piloting the use of GCP2 within Education in Oxfordshire

Even better if

- Neglect continues to be identified earlier before families reach a crisis point and need statutory help
- Continued increase for partners in support families with tools where neglect is a feature
- Practitioners and managers routinely used the tools and resources available
- Changes in practice are embedded across the whole system
- Increase use of home condition tools from the partnership
- Roll out of the GCP2 to all health visitors
- Once piloting phase has been completed then delivery of the GCP2 in all schools across Oxfordshire

KEEPING CHILDREN SAFE IN SCHOOLS AND SETTINGS

What went well

- Exclusions continue to reduce from pre-covid levels (31 children last year) however, two thirds of exclusions are for children with special education needs
- Progress update on Operation Encompass reporting to schools. The group were pleased to note that progress to address these issues has been made. TVP have ensured that all school contact details are correct and are in the process of training response officers.
- Guidance has been written for schools on how to manage incidents of Child-on-Child harmful sexual behaviour.
- This has been developed over a period of 12 months and has involved a multi-agency working group consisting of colleagues from TVP, education, social care and the school nurse team. The impact is that schools and settings now have clear processes to support their decision making.

Even better if

A strategic education board has now been set up and work is being undertaken to address attendance in the partnership.

Review of the Operation Encompass to ensure changes that have been made have had the right outcomes for children affected by domestic abuse.

Review of this guidance to ensure we can see impact and experiences for children.

Child Exploitation work

What went well

- Children at risk in Oxfordshire (victim, suspect of offender) has increased overall by 3.18%. Reductions have been seen in Oxford City – 11.2% and South and Vale- 7.78 but Cherwell and West Oxfordshire have seen increase of 31.25% (672 to 882) and 5.66% (389 to 411) respectively.
- There is now a multi-agency training package in place for exploitation in the partnership
- More dates have been set for Trauma Awareness Training run through the Violence Reduction Unit
- Effective multi-agency working has been highlighted in the partnership following the response of an increase in violence between two groups of children in an area of Oxford city. A group formed and key leads across the partnership were identified to lead.
- Prevention and engagement worked followed which resulted in a comprehensive partnership plan for every child with a support from their parents. This holistic piece of work has had a positive impact on the children, their families and the communities. The learning from this work will be shared and formal recommendation for recognition was sent from the board to the front-line practitioners leading this work
- Thames Valley Police participate at the regular Contextual Safeguarding Meeting (CSM) and the Multi-Agency Child Exploitation panel with managers from Children Social Care to consider emerging concerns about children at risk of harm and exploitation locally. We are supporting ongoing improvements to the MACE process including the production of joint datasets to better understand the exploitation landscape locally. This work is also to include an audit process to identify good practice and learning. MACE has identified themes such as transitional arrangements which have been reported on to the strategic MACE group and which will influence future service provision.

Even better if

- Further work on how we use data in the Child Protection Prevalence report to inform and shape other subgroups and the wider partnership
- Disruption of criminals to be targeted and effective
- All practitioners feel confident and have the skills to tackle and support child protection
- Increase in partnership workforce to work in a trauma informed way to support victims
- The partnership has worked together to speed up the assessments and response to missing children in the county and are working closely with our partners to adopt nationally recognised missing people protocols. As an outcome this has ensured we can protect children quickly where we identify risks from online harm.

5. Findings from Child Safeguarding Practice Reviews

In 2023/2024, there were no CSPR's published during this period. A thematic summary was published by the partnership and can be found [here](#). This thematic review looked at intra-familial sexual abuse, including siblings abuse, and highlights key practical issues found in Oxfordshire learning reviews. It links with national research and other learning reviews.

There were 6 key findings in this review which were.

1. Professional curiosity and unconscious or conscious bias "It was not seen"
2. Information sharing and working together to gain a full picture/history
3. The need for practitioners to be trauma aware when understanding Inter-generational patterns of abuse
4. Understanding individual children's worlds in their families and hearing their voice
5. Working with families to understand barriers and enablers
6. Impact of the covid-19 pandemic

We are planning to hold a conference in 2024, to ensure the learning from this thematic review and Child Sexual Abuse is shared wider across the partnership.

We had one serious incident notification in this period. The key findings learning from this review were raising awareness of risk factors for suicide, in particular, children affected by parental suicide. The multi-agency partners to ensure anniversaries of important dates for families are considered in any intervention or assessments completed. The child's voice was not always recorded in assessments and direct work. Notification to school health nurse for children that are electively home educated. Police intervention and national guidance – Thames Valley Police agreed to review the system when Education refer matters to them, so timely advice is sought. Finally, the multi-agency response to a change for a child to become electively educated. The learning will be overseen by the multi-agency Child Safeguarding Practice Review Group in the following 6 months period.

EFFECTIVENESS OF DRIVING FORWARD PRACTICE IN SUMMARY:

- Leaders will drive forward the cultural change for the safeguarding partnership to be more effective
- The partnership will strengthen the voice of children and front-line practitioners.

What we know

The repeat safeguarding themes identified in reviews last year are still current and continue to be a priority for the partnership this year

The impact of trauma and cumulative harm

Family engagement and consistent support

Information sharing across the partnership

Children with complex mental health/emotional needs

Parental mental health and parenting capacity

Children not in school

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EFFECTIVENESS OF LEARNING FROM PRACTICE REVIEWS

The partnerships ambition is to improve collaboration of learning from Domestic Homicide and Adult Safeguarding Reviews into the children partnership. The aim is that the learning is shared across the system so that change can be embedded into front line practice.

Findings from Child Death Overview Panel 2023-24

Who Are We?

The CDOP panel are a multi-agency subgroup of the OSCB, who meet 5 times a year to review child deaths.

What We Do

In accordance with statutory guidance, review the deaths of all children resident in Oxfordshire

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 death can lead to effective action in preventing future deaths, which is at the core of the process. The full report can be found [here](#).

Summary

In 2023/24, the Oxfordshire CDOP system received 32 notifications. The Designated Doctor for Child Death chaired 13 Joint Agency Response meetings (JAR's) for children in Oxfordshire in 2023/24. These are held in situations when a child died suddenly and unexpectedly, defined as a death or circumstances leading to death that were not predicted 24 hours previously. In all cases, proactive support plans and a key worker were identified for families, with feedback being reported through late case discussion meetings and multi-agency clinical Child Death Review Meetings (CDRMs).

The Oxfordshire CDOP panel met on five separate occasions in 2023/24 to review the deaths of 38 children, whose usual residence was in Oxfordshire. These reviews included deaths that occurred in previous years, but had been carried over due to additional investigations or reviews which prevented completion of the CDOP process earlier

Learning and actions from the reviews completed in 2023-2024:

- Interagency communication remains the most frequent theme arising from reviews. The value of early, proactive planning, involving acute, community and palliative care teams has been clearly demonstrated during the year, with examples presented of excellent coordinated care.
- Bereavement support has been an area which families have fed back as being variable. This has been particularly challenging in situations where children have died out of area and initial follow up plans have been led by the out of area team. During the year, work was undertaken to review and update details of the bereavement resources available to families. In the acute bereavement phase within Oxfordshire's main hospital and hospice sites, leaflets are provided to families. Ensuring that these are shared with families whose bereavement began away from their home, consistently requires improvement and will be an area of focus for 2024-2025.
- The role of the Keyworker in these situations has been identified as valuable. However, the depth of bereavement support skills and knowledge in non-health Keyworkers has been identified as undeveloped. Action is being taken by CDOP and its members to update Keyworker guidance and plan some more training in the coming year.

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Another key area of work, that is required in 2024-2025, in which the Keyworker plays a vital role, is in ensuring the family experience and voice is heard within the review. Nationally, this has been acknowledged as challenging. In response, a toolkit has been created to help involve bereaved parents in the review of their child's death. The toolkit provides a structured format for parents to ask questions, feedback to professionals, and learn the outcomes of Child Death Review Meetings. The toolkit was developed jointly by bereaved parents and professionals during the research project 'Involving Parents and Staff in Learning from Child Deaths', funded by the National Institute of Health Research. It is recommended that the Oxfordshire area encourage the use of this tool in 2024-2025.

- The cultural support offer to families in the immediate bereavement phase has been identified by panel as limited for non-Christian faiths in the review year. The accessibility, for professionals, of specialist faith leaders has been restricted by limited key communication links being available. All services have agreed to review their local offer, to ensure it is equitable and meets the family needs. The CDOP Panel has agreed to keep cultural needs as an area of focus for reviews in the coming year.

6. Embedding learning and improvement

The OSCB aims to improve practice through learning from reviews. We keep in touch with practitioners and share learning summaries, so that these can be taken related upon and considered for ongoing learning.

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

- Revisions continue to be made to the **'Resolving Professional Concerns and Disagreements'** Policy, to ensure that it is easily accessible and for all partners.
- Updates are being made to the **'pre-birth guidance'** and **'self-harm and suicide guidance'** following reviews, to ensure guidance was up to date. Further work is underway to review **'Children and families Moving cross Local Authority Boundaries/Management of transfer in case conferences'**.

Summary

346

training events in total
have been delivered

6,172

practitioners attended
face to face training

11,338

completed e-Learning virtual
and face to face training

Practitioners have told us about OSCB training...

Domestic Abuse: basic awareness - I thought this was an excellent training. It packed a lot into a tiny amount of time. The trainer was good: approachable, listened carefully, knowledgeable. The pace of the training was good, and the diagrams/models helpful and clear. I will be looking up some of the writers the trainer mentioned, and I will look up the 'power wheel' she has devised with input from users of services. I hope this feedback goes back to the trainer!

OSCB trainers are volunteers who deliver the partnerships training programme.

- 86** volunteer safeguarding trainers currently in core course training pool
- 30** trainers attended the trainer celebration event which was a face-to-face event. The guest speaker, Adrian Bethune, was an inspirational educator and spoke about looking after yourself whilst safeguarding others

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

Thames Valley Police have undergone training in tactical options to tackle exploitation, vulnerability and risk, especially among young people and have participated in the multi-agency training offered but the partnership.

OSCB trainers have told us...

'Working together as part of a multi-agency team to deliver the training was brilliant- it allowed us to pull together our knowledge and offer a holistic approach to safeguarding children, where the concerns are exploitation'.

6. Evidence and Assurance

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

Assessments – Organisations check how well they comply with safeguarding standards and look at pressures on their services. We reviewed 17 large services which support children, through a self-assessment and a peer review.

Audits – We reviewed how well organisations work with others to support children. We carried out a multi-agency audit into neglect and completed a deep dive for children with delayed discharge from hospital.

Views – From practitioners, families and children: an important part of the jigsaw, these are included where possible. Over 687 practitioners completed an online safeguarding questionnaire for the OSCB.

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

Main areas of safeguarding focus over the last 12 months are:

- A growing level of suspensions at secondary schools
- Over 22,000 pupils (20% persistently absent for more than 10% last year)
- 1500 pupils missed more than 50% of schooling including 1:24 secondary pupils
- 88 children missing education currently
- 26 children subject to social care plan, who are electively home educated

The Partnership, in response to the concerns, has completed work to look at an attendance strategy to prevent further increases in the number of children absent from Education. Mental health continues to be a significant reason for low attendance across schools and work is being undertaken to look at a common approach to this and further resources to support schools in addressing this. Transport issues for children in special schools, mean that some children's school attendance is impacted. It was noted that not all schools use data effectively to track attendance and therefore, further work has been identified to address this. The Safeguarding in Education subgroup are linked to the work of the strategic attendance review meetings which are in place and will take forward most of this work. The subgroup and partnership will review and support this work going forward.

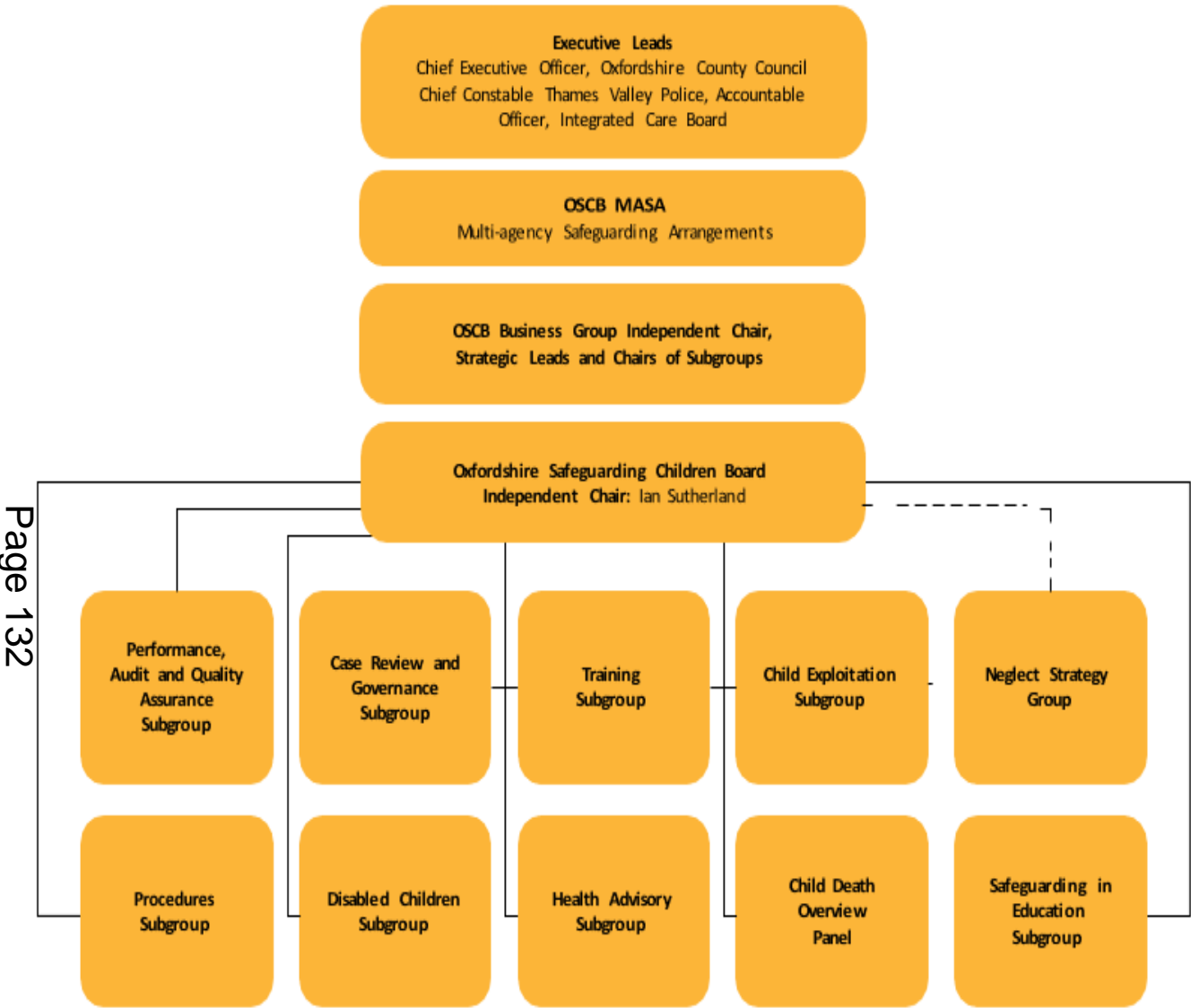
Annual Report 2023/2024 -Conclusions

This year's report for 23/24 covers the activities undertaken by OSCB, including multi-agency reviews for children in the Oxfordshire area. The report demonstrates a high volume of work covered over the period, with areas of strengths and features of effective partnership working.

Going forward into 2024/25, the areas of focus will be on the compliance set out in the statutory guidance Working Together to Safeguard Children 2023. There will be a programme of activity carried out in the next financial year, to ensure we review and make changes to the effectiveness of the arrangements in Oxfordshire. The priorities for the next year will remain unchanged from what was agreed in the previous year's (22/23) report. This will allow time for change and improvements to be embedded and to take effect and enable meaningful impact for children in Oxfordshire.

Senior leads in the partnership have agreed for a dedicated post in the business unit to lead on engagement of young people and their families. This post is actively being recruited to and we can report in the next year's report how this area of work has progressed. In addition, significant work is being undertaken on the OSCB website to ensure that documents, policies and guidance for the partnership is accessible for the partnership and reviewed at regular cycles.

Appendix A: OSCB subgroup structure 2023/24



Safeguarding work is driven by multi-agency subgroups. Each subgroup has a workplan which is reviewed every time it meets. Information on them, our membership, funding, and links to other partnerships are in links at the end of this report.



OSCIB

Oxfordshire
Safeguarding
Children Board

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www.oscb.org.uk

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Images used in this annual report are stock images

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Divisions - All

OXFORDSHIRE HEALTH & WELLBEING BOARD

5TH December 2025

Safer Oxfordshire Partnership

Report by Chief Fire Officer and Director of Community Safety

RECOMMENDATION

The Health & Wellbeing Board is **RECOMMENDED** to note the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.

Executive Summary

1. The Safer Oxfordshire Partnership is reporting to the Health & Wellbeing board, and this is the first overview of the work of the partnership in Oxfordshire.

Safer Oxfordshire Partnership

The Safer Oxfordshire Partnership serves as the strategic framework for enhancing community safety and reducing crime and anti-social behaviour throughout Oxfordshire. By fostering collaboration among various stakeholders, the partnership effectively aligns resources and initiatives to address shared community safety priorities across the region.

Central to its mission, the partnership acts as a vital conduit between the office of the Police and Crime Commissioner and the district-led Community Safety Partnerships (CSPs) in each of Oxfordshire's four districts. This collaboration ensures a cohesive approach to tackling local and countywide safety issues.

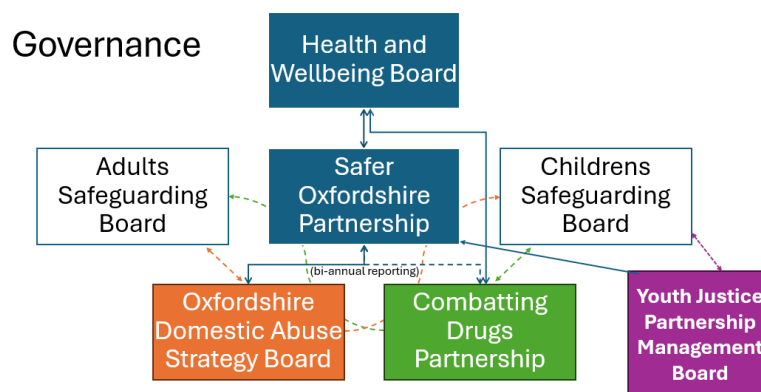
The Safer Oxfordshire Partnership is structured around an officer-led coordination group that oversees the execution of strategic initiatives. Each district CSP is empowered to develop tailored strategic plans that reflect the unique needs and challenges of their respective communities. These district plans are integrated into broader countywide strategies, ensuring that local priorities align with overarching objectives.

Key components of the partnership include the Combatting Drugs Partnership, which provides biannual updates to the Safer Oxfordshire Partnership while also reporting directly to the Health & Well-Being Board. This dual reporting structure allows for a comprehensive understanding of substance misuse issues within the context of broader health considerations.

Additionally, the Youth Justice Partnership Management Board and the Oxfordshire Domestic Abuse Strategic Board are integral to the Safer Oxfordshire Partnership. Both boards have established reporting protocols to ensure that their activities and initiatives are regularly communicated and integrated into the partnership's strategic discussions.

This structure facilitates a proactive and coordinated response to emerging challenges, ensuring that all partners are informed and engaged in promoting safer communities. The accompanying diagram illustrates the reporting relationships and communication channels among the various partnerships, highlighting the collaborative nature of the Safer Oxfordshire initiative.

By prioritizing strategic oversight and fostering collaborative efforts, the Safer Oxfordshire Partnership aims to create a safer environment for all residents of Oxfordshire, ultimately enhancing the quality of life and community well-being across the region.



The Oxfordshire Domestic Abuse Strategic Board are responsible for providing strategic leadership for domestic abuse in Oxfordshire, overseeing the delivery of the Oxfordshire Domestic Abuse Strategy and Safe Accommodation Strategy. The Domestic Abuse Act was enacted in parliament in April 2021 and Part Four of the Act confers statutory duties on Tier One Local Authorities within England including the need for provision of accommodation-based support in its area for victim-survivors and their children.

Health and Wellbeing board are recommended to note the activity of the Oxfordshire Domestic Abuse Strategic Board as outlined in the 23-24 annual report included in Annex 2.

Corporate Policies and Priorities

2. The activity of the Safer Oxfordshire Partnership supports the vision, values, objectives and strategic priorities in the County Council's corporate plan by tackling inequalities through ensuring that services are accessible to all and demonstrates our commitment to prioritising the health and wellbeing of our residents

Financial Implications

3. This report covers the activities achieved in the last year under the SOP and therefore does not present any financial implications.

Legal Implications

4. There are no legal implications specially related to this report

Staff Implications

5. There is no staffing implications specifically linked to this report.

Equality & Inclusion Implications

6. There are no Equality and Inclusion implications specifically linked to this report.

Sustainability Implications

7. There is no sustainability implications specifically linked to this report

Risk Management

8. There is no risk management associated with this report

Consultations

9. There are no consultations as this is retrospective review of activity in the Safer Oxfordshire Partnership.

Rob MacDougall

Chief Fire Officer and Director of Community Safety

Annex 1:

Safer Oxfordshire Partnership Annual Report 2024-25

Annex 2:

Domestic Abuse Annual Report

Contact Officer:

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Angela.McRury@Oxfordshire.gov.uk – Appendix 2

November 2024

Safer Oxfordshire Partnership

Annual Report 2024/25

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INTRODUCTION

Purpose of the Annual Report (Community Safety Agreement)

The legislation states that an annual community safety agreement is required in two tier county areas. Such an agreement provides a summary of our achievements over the past year and sets out our joint priorities for the year ahead. It also sets out our principles for working together and provides information about the partnership works.

Our Vision

Working together to reduce crime and create a safer Oxfordshire.

Background

The Safer Oxfordshire Partnership is a thematic group in Oxfordshire that brings together community safety partners to work together to deliver on joint priorities and emerging themes. The partnership is part of a strategic framework that community safety partners are expected to put in place to improve outcomes for local people.

Regulation eight of The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 sets out the community safety requirements which apply at a county-wide level. This requires that for each county area there shall be a county strategy group whose function shall be to prepare a community safety agreement and partnership plan for the county area on behalf of the responsible authorities in that county area.

In Oxfordshire, the Safer Oxfordshire Partnership fulfils this function through the Co-ordination Group which is a senior officer group that ensures the countywide statutory functions in relation to community safety in Oxfordshire are met through the coordination of action on community safety matters, directing resources to the highest priority areas and ensuring efficiency.

We will deliver this vision through the priorities identified in this plan that outlines our priorities for safeguarding vulnerable adults and children through supporting victims, tackling offending, and collaborating with the local community to keep themselves safe.

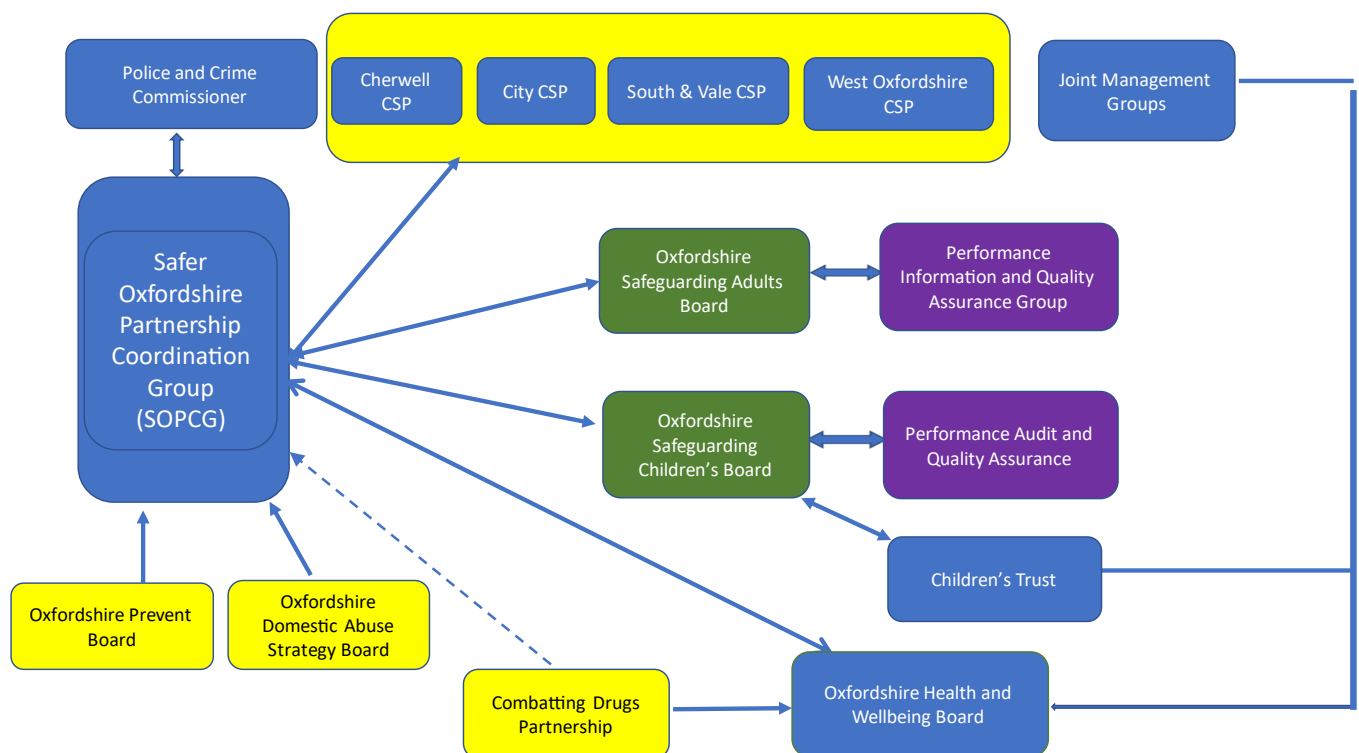
All our activity will include consideration of inclusivity and access to Oxfordshire services by minority and vulnerable groups. Oxfordshire is a low crime area, and we are committed to working together to ensure that crime levels remain low, and we continue to improve the safety of our local community.

WORKING IN PARTNERSHIP

Safer Oxfordshire Partnership

The Partnership provides a coordinated approach to responding to shared community safety priorities across the four-district & City level CSPs. Representation on the Safer Oxfordshire Partnership includes the county council (children's social care, fire and rescue, public health), the district/ city councils (who chair the four CSPs), as well as the police, probation service, community rehabilitation company, prison service, Integrated Care System, and the voluntary sector.

SOPCG's broad membership ensures strong links between other strategic partnerships, such as the Oxfordshire Safeguarding Children Board, the Oxfordshire Safeguarding Adults Board, the Health and Wellbeing Board and the newly formed Combatting Drugs Partnership.



Principles of Working Together

A working protocol has been agreed across the multi-agency Boards/ Partnerships that are working to improve the health and wellbeing of Oxfordshire's residents and safeguard children, young people and adults with care and support needs who are vulnerable to abuse and neglect.

Underpinning this protocol are the principles of thinking partnership working; understanding our own responsibilities and those of other partnerships; working together on themes of common interest; sharing information about risk; providing mutual challenge and support; sharing good practice and resources; and working with openness and honesty.

The protocol sets out how the different Boards and partnerships will interface with each other, including reporting; regular liaison and consultation; and escalating safeguarding concerns.

How the Priorities are Agreed

Each year the partnership produces a Strategic Intelligence Assessment (SIA) for Oxfordshire. The assessment is a snapshot of crime and community safety. It describes future threats and opportunities and helps us to understand crime and disorder issues. The assessment uses data from Thames Valley Police, the Home Office, and the Office for National Statistics. The SIA, together with the strategic objectives of the Police and Crime Commissioner (PCC), and the priorities of the district/ city Community Safety Partnership (CSP) Plans, provide the evidence base to agree our countywide priorities.

We also now have included a Violent Crime Strategic Needs Assessment as prescribed by the Serious Violent Duty Act - <https://www.gov.uk/government/publications/serious-violence-duty>

Strategic Intelligence Assessment – Summary

National police and crime survey trends

As of December 2022, national police recorded crime (excluding fraud) has now exceeded pre-coronavirus pandemic levels.

National crime survey data, however, shows that compared with the pre-coronavirus pandemic year ending March 2020, total crime decreased by 12%.

Oxfordshire has seen a 11.5% (+602) increase in recorded crime in West Oxfordshire from the previous year.

West Oxfordshire has seen an increase of 13% in violence against the person and a 25% increase in violence with injury offences compared to 2021. This is above the Thames Valley rate; +5% violence against the person, +8% violence with injury.

Cherwell has seen a 10% increase in stalking and harassment offences, this is above the Thames Valley rate of change at +2%.

Between 2020/21 and 2021/22, the crime severity score and the offence rate each increased in Cherwell, Oxford, Vale of White Horse, and West Oxfordshire.

Early results of the OPCC survey shows Oxfordshire respondents generally felt:

- A high level of trust for the police
- Those that used public transport felt safe.
- Most felt safe in their normal environment.

Poverty and crime

In Oxfordshire, there is a high correlation between deprivation and violence and sexual offences.

Areas of Oxfordshire that have a high correlation include Banbury Ruscote, Banbury Grimsbury, Banbury Neithrop.

The full SIA document can be found here: <http://insight.oxfordshire.gov.uk/cms/community-safety>

Our Priorities in 2024/25

Fighting modern slavery and serious violence

- The partnership remains committed to tackling child criminal exploitation and safeguarding children from harm outside the home using contextual safeguarding approaches. The Violence & Vulnerability Strategy, Youth Justice & Exploitation Annual Plan and OSCB CE sub-group action plan outlines how, as a partnership, we are continuously striving to develop and improve our practice to safeguard children in Oxfordshire
- The vision is “For everyone in Oxfordshire to live a safe and happy life free from slavery and exploitation in all its forms” and the strategic priorities are to: Improve awareness, understanding, identification and reporting of modern slavery across all relevant organisations and with the public in Oxfordshire; Facilitate a positive protection and support system for victims which prevents repeat victimisation; Prevent the victimisation of those vulnerable to exploitation; and Hold perpetrators to account, promote appropriate prosecutions and develop effective disruption activities.
- The Oxfordshire Violence & Vulnerability strategy sets out how the Safer Oxfordshire Partnership will address public space youth violence including knife crime and serious violence associated with drug-related exploitation of vulnerable adults and children in the county; focussing on the people who are posing the greatest threat, harm, and risk to our communities. We fully recognise that sexual violence, domestic abuse and violence against women and girls is cross-cutting and no less serious in terms of risk and harm, for clarity and accountability these areas are delineated into distinct strategies and plans, each with their own measures and impact indicators.

Protect vulnerable people through reducing the risk of abuse.

As of 1st April 2023, Oxfordshire County Council has a new provider for the Oxfordshire Domestic Abuse Champions Network, Adolescent Safeguarding Consultancy (ASC). All Reducing the Risk DA Champions will be contacted to inform them of the changes to the local provision, ask if they would like to share their details with the new Oxfordshire DA Champion Network lead, and provide contact details and a hyperlink to a survey gathering feedback on what existing Champions would most like from the new set up.

The new model will maintain regular mail outs to Champions, the provision of an online hub, and fourteen half day sessions (including induction sessions for new Champions, CPD opportunities, and networking). The new DA Champion Network Provider is exploring formal accreditation of training modules / interactive workshops to encourage continual professional development & engagement in the networking sessions (intending to improve uptake) - supporting Champions to remain involved in the Network and develop relationships with local professionals, with the aim to gain their accreditation. The new Network focusses significantly on the professional development of Champions to optimise the opportunities for Champions to change attitudes and organisational cultures and improve outcomes for those affected by domestic abuse.

The approach of our new Provider is an exciting opportunity to revitalise the Oxfordshire DA Champions Network. Moving forward ASC will be ensuring that the Network is achieving its

aims and gathering a robust evidence base of the activities, engagement, and outcomes for people affected by abuse across the County.

Reduce the harm caused by alcohol and drugs misuse.

- Aligned with the newly established Combating Drugs Partnership (CDP) Action Plan as part of the National Drug Strategy, two priorities in 2023/24 for the community alcohol and drug service in Oxfordshire delivered by Turning Point are to continue increasing the numbers of people in treatment, and to improve pathways and continuity of care for people coming out of prison with an ongoing drug treatment need.
- The Refresh Café is an initiative that provides support for drug and alcohol users with a history of offending access to work/employment-based interventions and real work experience, to reduce re-offending, increase employment opportunities, support sustained recovery, and prevent relapse. The priority for 2023/2024 is maintaining the achievements in activity delivered through the Refresh Café, whilst integrating it within a broader programme of interventions for drug and alcohol users with offending histories delivered by Turning Point under a new contract for supplementary substance misuse services from 1st April 2023. Key output targets for the Refresh Café to maintain in 2023/2024 include: (i) at least thirty offenders completing its accredited volunteering programme; (ii) at least twenty offenders moved into further training; (iii) at least fifteen offenders moved into paid employment; and (iv) at least thirty offenders becoming drug / alcohol free.
- There are number of other pilot interventions being delivered locally, funded by additional grant money linked to the national drug strategy, Harm to Hope. These include a “drive safe” probation pilot, focusing on people who have committed a driving offence whilst under the influence of drink or drugs, and a custody-based screening pilot ensuring people in custody receive substance misuse support where required.
- Continued development of the Alcohol Partnership in Oxfordshire by Public Health team which comprises CSP leads, local authority licensing leads, Hospital Trust, SCAS, TVP, Commissioned Outreach Teams etc.
- Alcohol Awareness week – social media campaign supporting and advertising events across the county run by our young peoples and adult’s community alcohol and drugs services.

Reduce the level of re/offending, especially young people.

- Improving victim and witness satisfaction - putting people at the centre of the CJS.
- Supporting the principle of facilitating the required Criminal Justice processes necessary to make Restorative Justice a timely, safe, and efficient intervention to reduce re-offending and the risk of repeat victimisation.
- Reducing Reoffending - reducing crime, harm and risk by focusing on evidence-based, partnership approaches including Integrated Offender Management, Focussed Deterrence and prevention and diversion work to prevent children from entering the youth justice system in the first place
- Improving access to health provision for offenders and reducing health inequalities.
- Supporting children within the youth justice system in line with the YJB Child First principles, to treat children as children, include children in decision-making and planning, support them to build pro-social identities and make positive contributions to their

communities, and to ensure all work reduces criminogenic stigma from contact with the criminal justice system

Some of Our Achievements in 2023/24

Public Health – Refresh Cafe

Funding has been used to support the delivery of the Refresh Café' on Cowley Road. Refresh provides access to employment-based interventions and real work experience, to reduce re-offending and sustain drug and alcohol recovery. The project offers a safe environment, a place that people can learn new skills and be surrounded by likeminded people.

We have continued to focus on supporting offenders from criminal justice settings county wide to engage in the programme and to help facilitate engagement in these sessions we aid with transport, bus passes, train travel warrants or providing taxis so they can attend for sessions we provide. In addition to recruiting offenders from our weekly Court sessions, we have also recruited offenders from Turning Point's weekly in-reach sessions at Bicester Probation, Oxford Approved Premises and Bullingdon Prison

Volunteering at the café offers an opportunity to gain valuable work experience and enables offenders to redevelop people skills and work-based skills to allow volunteers to learn and move forward with their lives, promoting self-confidence, responsibility, and a chance to interact with other staff and customers. The volunteers are central to developing the Refresh Café Recovery Community and it has proven to be a successful springboard for offenders. In 2022/23 our offenders' team have provided 4,768 hrs of meaningful activities within our Refresh Café Programme

- Recovery Events – we have run a variety of recovery events over the last 12 months that have included:
- Stoptober – smoking cessation week at the Refresh Café in October 22 encouraging offenders to quit smoking. Free vapes are distributed within formal smoking cessation sessions with fourteen people achieving a quit.
- Sober October - a week of alcohol awareness sessions at the Refresh Café with mocktails, safer drinking sessions and safer drinking resources distributed.
- Dry January – we continue to run weekly alcohol awareness sessions at the start of year that run alongside the national campaign of Dry January
- Sober Spring – a alcohol awareness campaign that we run in conjunction of the Sober App to continue with reduced drinking.
- Health & Wellbeing pop-up days – we run monthly sessions in arrange of community settings.

Public Health – VAWG Coordinator

The VAWG Coordinator regularly attends a range of multi-agency meetings. This helps to ensure, that the right people are in the right places, and the right connections are made. Supporting system coordination of VAWG in this way is anticipated to improve outcomes for those affected by improving strategic consideration and service response, as well as a stronger focus on prevention resulting in reduced tolerance, fewer people experiencing VAWG, and reduced harm for Oxfordshire residents.

As an example, this year the postholder has:

As of 1st April 2023, Oxfordshire County Council has commissioned Adolescent Safeguarding Consultancy (ASC) to provide the Oxfordshire Domestic Abuse Champions Network. The provider

has created a new network of professionals who receive regular mail outs in relation to Domestic Abuse news and updates on the service.

The course which is accredited consists of five sessions of two full-day Domestic Abuse Champion training events some of which take place online but more due to be held in person. There is an online hub which focusses significantly on the professional development of Champions to optimise the opportunities for Champions to change attitudes and organisational cultures and improve outcomes for those affected by Domestic Abuse. September 2024 will see the delivery of the Domestic Abuse Champions training taking place at RAF Brize Norton to raise awareness of this issue to this hard-to-reach group.

The in-person Network sessions are another means for members to continue their professional development and network with others. The network continues to grow with a view to increasing the number of accredited DA Champions in workforces across Oxfordshire.

This approach is an exciting opportunity to revitalise the Oxfordshire DA Champions Network. ASC ensures that the Network is achieving its aims and gathering a robust evidence base of the activities, engagement, and outcomes for people affected by abuse across the County.

South & Vale Community Safety Partnership -Mediation Service

When trying to tackle neighbour related ASB cases (which can present significant demand on the services of the police, district councils and housing associations), there is often no enforcement route that can be taken so being able to offer the practical tool of mediation demonstrates that the agencies want to try and help resolve the ASB.

Although the best outcomes are secured when disputing parties go through the mediation process, even being able to offer mediation as a solution to neighbours can often provide the key opportunity for them to stop and review their situation and take greater ownership of resolving the problems. To try and capture this benefit, the community safety team recorded those neighbour ASB cases they were dealing with where they offered mediation (even if it did not result in a referral being made to Mediation Bucks). The results are as follows:

- Number of times mediation was offered to parties involved in reported case of neighbour ASB - 36
- Percentage of cases where the referring agency received no further reports of the neighbour related ASB after the offer of mediation was made to the complainant, but no referral was subsequently made – 75% (15)

West Oxfordshire Community Safety Partnership Contribution towards Oxfordshire Domestic Abuse Services Contract

The case studies show us how important this support is to victims of domestic abuse, whether it be getting the support to leave an abusive relationship or help with navigating the complexities that life brings after separation.

Places of Safety and Refuges continue to remain available and are a vital aspect of this service. There have been concerns about the delay in receiving security/safeguarding checks through TVP and MASH and we understand this has led to delays in some victims leaving an abusive relationship. It is important that this is improved if at the point they have built up that courage, they then must wait up to a week for clearance to come through, it gives a lot more thinking time and the window of escape gets smaller. Victims continue to be able to access support at any stage of the abuse.

West Oxfordshire Community Safety Partnership - Youth Needs Assessment

- Just under four thousand young people and 177 parents responded to our surveys which informed the Council's Youth Needs Assessment, covering a wide range of issues, including mental health, the pandemic, access to activities as well as a range of community safety topics.
- Young people aged 11-25 have told us where they like to socialise with friends, how safe they feel in those areas and what would make them feel safer. We had several open questions asking about the challenges young people face and what young people need where community safety themes like violence against women and girls, drugs, gangs, and alcohol were all highlighted.
- What was most surprising was that just over 450 young people, representing 12% of those who responded to the survey, said they have felt the need to carry a weapon, with nearly 50% of those being female. When breaking that data down geographically it was closer to 60% of females in the school catchment area that covers Witney.
- The survey provides a wealth of information about young people in West Oxfordshire, which will support decision making around services and provisions, additionally providing a starting point for having future conversations with young people about issues that are important to them. It is also hoped that the Voluntary and Community Sector, which is currently struggling due to escalating core costs and patchwork funding may be able to use this Assessment to evidence a need for young people across the district and access funding.

Cherwell Community Safety Partnership – Safeguarding Children in Banbury Project

SCiB have delivered:

- Bespoke substance misuse drama workshop for year 6 pupils 20 x 2-hour sessions across primary schools in Banbury - this would deliver the workshop to approx. six hundred year 6 children.
- Bespoke 2-hour Exploitation workshop 20 x 2-hour sessions across primary schools in Banbury - this would deliver the workshop to approx. six hundred year 6 children.
- Website hosting - Provides a central and secure place to be able to upload SCiB content and additional related resources (for example, Project 10). This is accessible by any professionals who are associated with SCiB including schools in wider Oxfordshire.
- New resources ('ask me about' stickers and Digital leaflets to be created centrally to distribute to all schools).

Stickers to raise the profile of key concepts within SCiB within the community. This is intended to be three stickers for all primary-aged school children that are directly associated with SCiB in Banbury - this equates to fifteen schools (presently) for all their pupils. This would be approximately 4,500 children and their families (calculation based on average on Fifty children in a year group x 6 years in school x 15 schools).

Oxford City Community Safety Partnership - Host and manage the Oxfordshire Anti-Slavery Coordinator

- Outcomes achieved as at end March 2023:
Development of data recording has enabled threat, risk, harm, and trends to be identified in Oxfordshire. Key risks currently identified are brothels, labour exploitation in hospitality and restaurants and the highest risk being overseas workers in the care sector. The planned weeks of action will give the opportunity to engage and raise awareness with those involved, including potential victims.
- The coordinator is a member of the National Network Coordinators Forum, national trends are also identified, and good practice shared on how other areas are tackling issues. There was concern of exploitation of Ukrainian refugees so work was and continues to be undertaken with the lead in Oxfordshire to develop resources to share with refugees and those supporting them and to attend current support groups to raise awareness of exploitation and to whom they should report. This work will also now be conducted for those accommodated in asylum hotels in the county.
- Development of Guidance and Pathways document for frontline services in Oxfordshire has raised more awareness of what modern slavery is, the typologies, the indicators and how to respond. This coupled with useful resources including an indicators checklist and questions to ask potential victims has ensured that practitioners are able to identify more victims and are more confident in dealing with cases which is encouraging for victims and empowers them to speak to agencies.

Oxford City Community Safety Partnership – Host and manage the Oxfordshire Community Safety Problem-Solving Officer

- Working across Oxfordshire to assess and implement Situational Crime Reduction Surveys in response to local community priorities including drug dealing and misuse, ASB and serious violence. Manage, hotspot identification, deployment, and data protection issues in relation to the redeployment of mobile CCTV cameras in areas that need additional public space surveillance. This will be in response to the recommendations in the Crime Reduction Surveys
- Project management and delivery of interventions. Timescales depend upon the magnitude of the problem, for example, the SSF3 project has run for six months with multiple work-streams. Training of CSP staff based on the number of suitable officers put forward by partners.

Oxford City Community Safety Partnership - Community Safety Framework

- Oxford City CSP lead on development of a multi-agency place-based approach to initially address an increase in serious violence and anti-social behaviour in an Oxford neighbourhood following two deaths over a couple of months and the behaviour of identified children being significant cause for concern.
- The framework is applicable to community safety risks that impact the quality of life in neighbourhoods where the visible signs of youth crime and anti-social behaviour are seen and felt by the local community, for example: drug dealing, child criminal exploitation, anti-social behaviour, and violence outside the home.
- The framework supports the contextual safeguarding model by coordinating interventions and safeguarding/public protection at the person, family, peer, school, and neighbourhood levels. Embedded in it is the person-centred safeguarding work from statutory and voluntary sector organisations who support people in need, or who have vulnerabilities that increase their risk of victimisation and exploitation. Using a localised assessment of need, it helps partners identify where there are local or strategic gaps in provision.

Youth Justice & Exploitation Service – Restorative Justice

Our highly effective Joint-Decision Making Panel continues to play a key role in diverting children from the criminal justice system where appropriate and proportionate, and we have increased the number and use of Outcome 20s where we can evidence work is already being done with a child to help address their behaviour and meet their needs.

Children's feedback is collected following completion of their Reparation activity, and in 2022-2023 the views of thirty children were collated and analysed. The average score (on a scale of 0 – 10) was 9.5 for feeling safe and 9.3 for always being treated with respect, 8.2 for finding Reparation meaningful, 7.2 for Reparation being helpful to the community, and 7.1 for learning new skills. Where reparation is directly for the benefit of the victim. Asked what was good about doing their reparation activity, comments from children included; 'Feeling like I am doing work for a good cause'; 'Learn new skills that are applicable elsewhere'; 'I didn't get treated like a criminal'; 'Meeting people who help the community'; 'Learning about things I never knew I cared about, overall an eye opening experience'; and 'Keeps me busy and reminds me everything comes with a consequence.

Oxfordshire was successful in our bid to be an NRM devolved decision making pilot site, which commenced in March 2023. For the last quarter of 2022 Oxfordshire submitted 3 NRM referrals. For comparison, since the pilot began, we have received 21 NRM referrals to be considered at our local Panel. To date fourteen children have been discussed and we have made nine conclusive grounds decisions. Panels are held fortnightly and ensure a timely response to identification of child victims of modern slavery in Oxfordshire. The Panel consist of representatives from Children's Social Care, YJES, Health, Police and Oxfordshire's Anti Modern Slavery Coordinator. Feedback from the Single Competent Authority (SCA) has been positive and after shadowing our initial Panels they are now confident in our approach and decision-making and have withdrawn from shadowing our Panels. Thus far all our decisions at Panel have been upheld by the SCA.

The YJES 'One Step Ahead' parenting group approach is underpinned by the concept that we need to work with 'parents are partners' when looking at managing the risk to children from outside of the home. The sessions have been led by our Family Support and Student Social Workers and the content draws on delivery of sessions from various partner agencies. In 2022-2023 we ran three groups online with input from police, health, education, youth justice and the child's drug & alcohol service. We reached in total about thirty parents.

We also offered a bespoke face-to-face parenting course for a specific secondary school where they were concerned about drug-dealing in the school. This ran for 4 weeks and focused on social media harms, children missing from home, youth justice interventions and processes, input from the drug & alcohol team and a session by Police around exploitation and how the Police and partners respond.

The feedback from parents has been positive; many spoke favourably about having the direct access to services they would not normally feel able to access, and a resounding response was that this type of support should be available to all parents of adolescents. Parents told us they felt better equipped to have conversations with their children about their peers, lifestyles, and risk and more empowered to work with services to safeguard their children.

Appendix 1 - Police and Crime Commissioner Strategic Objectives

The role of the Police and Crime Commissioner (PCC) includes working with the Safer Oxfordshire Partnership to achieve the shared objectives of tackling crime, the causes of crime, and supporting victims and offenders. The PCC has ring-fenced a portion of his budget for community safety activity and gives this funding to the Safer Oxfordshire Partnership for allocation to various projects and partnerships to reduce crime and anti-social behaviour across the county.

The Safer Oxfordshire Partnership coordinates bi-annual reporting to the Commissioner to account for this funding and ensures that it supports delivery of the PCCs strategic objectives, which are outlined below.

Police and Crime Commissioner Strategic objectives 2021-25

Strong local policing

Recruiting more police officers, supporting neighbourhood policing, and focussing on driving down the crimes that matter most to the public.

Fighting serious organised crime

Cracking down on the threat from "county lines" drugs gangs to protect children from exploitation and abuse.

Fighting cybercrime and fraud

Crime is changing and I will invest in the technology and resources the police need to protect the public online.

Improving the criminal justice system

Supporting victims of crime, bringing more criminals to justice, and reducing reoffending.

Tackling illegal encampments

Ensuring a fair but firm response to illegal encampments and reducing the effect on our communities.

The priorities have been kept broad to allow organisations to address concerns in different ways and to meet local needs but there are a number of key aims under each priority.

For full details of the Police and Crime Plan visit: <https://www.thamesvalley-pcc.gov.uk/police-and-crime-plan/>

Appendix 2 - Resourcing

Investigating and enforcing crime is not the only, nor the best approach to making communities safer. The police cannot cut crime on their own. Effective partnership working is essential. The PCC collaborates with other local leaders to improve outcomes for communities and make sure that local resources are used efficiently and effectively. There are 12 Community Safety Partnerships (CSPs) that bring together key partners at local council levels, and they form a bedrock of delivery on crime reduction and prevention.

CSPs consist of five 'responsible authorities' – police, local authority, fire and rescue authority, probation provider and Integrated Care Boards (ICB) and are under a duty to assess local community safety issues and draw up a partnership plan setting out their priorities.

The OPCC has allocated £712,271 to Oxfordshire for strategic partners to bid into the OPCC for projects and posts to deliver against their plans.

Appendix 3 - Safer Oxfordshire Partnership Membership

Members include representatives of organisations with a statutory responsibility for community safety, and groups key to shaping and delivering the community safety agenda.

The SOPCG will consist of the representatives of the following organisations at a minimum -

- OCC Director of Community Safety and Chief Fire Officer (Chair)
- District and City Community Safety Partnership Managers.
- Chief Superintendent for Oxfordshire
- A representative from the Integrated Care System (formally CCG)
- A representative of Youth Justice and Exploitation Service
- A representative from the Probation Services
- A representative from Public Health
- Appropriate people to provide a voluntary sector perspective.
- A representative from Children's Social Services with oversight of Children Safeguarding.
- A representative Adult Social Care with oversight of Adult Safeguarding.
- A representative from Police and Crime Commissioners Office
- A representative from County Council education team

Appendix 4 - City and District Community Safety Partnership Plans and Priorities

Each district level Community Safety Partnership (CSP) is responsible for publishing its own community safety plan. Each plan outlines how the CSP will engage with local communities to reduce crime and the fear of crime and their priorities for the year ahead. Links to the district community safety pages are below:

Cherwell Community Safety Partnership – <https://www.cherwell.gov.uk/info/120/community-safety/166/cherwell-safer-communities-partnership-cscp>

Oxford Community Safety Partnership – https://www.oxford.gov.uk/info/20101/community_safety/1107/oxford_safer_communities_partnership

South and Vale Community Safety Partnership - <https://www.southoxon.gov.uk/south-oxfordshire-district-council/community-help-and-safety/south-and-vale-community-safety-partnership/>

West Oxfordshire Community Safety Partnership - <https://www.westoxon.gov.uk/communities-and-leisure/community-safety/community-safety-partnership/>

Divisions – All

Oxfordshire Health and Wellbeing Board

5th December 2024

Safer Accommodation Strategy

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to note the progress with reviewing the Oxfordshire Domestic Abuse Safe Accommodation Strategy. Statutory duties set out in the Domestic Abuse Act 2021 place a duty on Tier 1 local authorities to assess the need for accommodation-based support and prepare a strategy to provide such support for victims. MHCLG requires strategies to be reviewed every 3 years.

Executive Summary

1. The Oxfordshire Domestic Abuse Safe Accommodation Strategy, published in December 2021 (included in Annex 1) outlines how Oxfordshire will implement the statutory duties noted above, to ensure victim survivors and their families have access to safe and supportive housing.
2. MHCLG require strategies are reviewed every 3 years. We are now approaching this time, with the current strategy having been posted for 3 years at the end of December 2024.
3. Further to a review of the current strategy it was agreed that many of the actions contained within were still relevant. Therefore, it was agreed by the Oxfordshire Domestic Abuse Strategic Board that the approach of a strategy refresh was more appropriate than implementing a new strategy.
4. The public engagement and consultation team confirmed the voice of Lived Experience should be fully embed in the refresh process to ensure victim survivor centred approach and that this would fulfil consultation requirements for a strategy refresh.
5. OCC appointed Solutions in Public Health to undertake the Safe Accommodation Strategy refresh in September 2024, with a view to publishing the refreshed strategy in January 2025.

Strategy Refresh Update

6. The enclosed report by Solutions in Public Health included in Annex 2 aims to give HWB an overview of the Strategy Refresh to date and includes:-
- Methodology
 - Preliminary findings including strengths and gaps
 - Emerging recommendations
 - Next steps

Corporate Policies and Priorities

7. This strategy refresh supports the vision, values, objectives and strategic priorities in the County Council's corporate plan by tackling inequalities through ensuring services are accessible to all, with a focus on access to accommodation for marginalised groups. The strategy will demonstrate our commitment to prioritising the health and wellbeing of our residents.

Financial Implications

8. There are no financial implications related to this report. This report covers the activities to develop the new strategy, not the final outcomes and recommendations, and as such does not have financial implications at this stage.

Legal Implications

9. Part 4 of the [Domestic Abuse Act 2021](#) details a duty on Tier One local authorities to assess the need for support and prepare strategies to provide support for victim-survivors of domestic abuse [who reside] in safe accommodation in their locality. The Domestic Abuse Support (Local Authority Strategies and Reports) Regulations 2012 require that such authorities review their published strategy within the period of three years from when the strategy was first published and within each subsequent three year period.

The refresh of the safe accommodation strategy meets that requirement.
Comments checked by:

Jayne Pringle, Head of Law & LBP (Contracts & Conveyancing)
Jayne.Pringle@oxfordshire.gov.uk

Staff Implications

10. There are no staffing implications.

Equality & Inclusion Implications

11. Equality and Inclusion implications will be assessed when considering actions based on the new strategy recommendations

Sustainability Implications

12. There are not sustainability implications

Risk Management

13. There are no risk management implications.

Consultations

14. The public engagement and consultation team confirmed the voice of Lived Experience should be fully embed in the refresh process to ensure victim survivor centred approach and that this would fulfil consultation requirements for a strategy refresh.

Ansaf Ahzar
Director of Public Health and Communities

Annex:

1. Safe Accommodation Strategy 21-24
2. Solutions in Public Health Strategy Refresh Update

Contact Officer: Kate Holburn - Head of Public Health Programmes

November 2024

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Oxfordshire Domestic Abuse Safe Accommodation Strategy

2021 – 2024



Foreword

We are proud to introduce Oxfordshire's 2021 Domestic Abuse Safe Accommodation Strategy on behalf of all of the partners across the County who have worked together to create it.

Domestic abuse is a crime that can affect anyone, having a devastating impact on the lives of victims-survivors and their families. People who have been affected by domestic abuse often experience poor health and wellbeing, and in extreme cases, death. Women and girls are more likely to be affected and die from the impact of domestic abuse. The consequences extend to the family, as children witnessing domestic abuse experience the adverse effects on their mental and physical health and other factors such as educational attainment. Additionally, harmful effects can last over a lifetime and into future generations, including impacts on attitudes to relationships, mental health and self-esteem.

Access to safe accommodation allows victims-survivors and their families to escape their abuser and can provide them with the first step towards a life without fear. The introduction of the Domestic Abuse Act 2021 demonstrates commitment to transforming the response to this crime and includes duties for local partnerships to provide safe accommodation and support, to ensure victim-survivors are able to remain safe in their own home if they wish, or access alternative safe accommodation and support.

The Oxfordshire Domestic Abuse Strategic Board is a partnership working together to provide the best outcomes for victims-survivors of domestic abuse and is responsible for delivering duties under the Domestic Abuse Act. They have worked together to develop this safe accommodation strategy, which defines the priorities for delivering against the statutory duties. They are also working on an overarching domestic abuse needs assessment and strategy, which will be published in 2022.

Councillor Mark Lygo

Cabinet Member for Public Health and Equalities

Kate Holburn

Chair, Oxfordshire Domestic Abuse Strategic Board

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Executive Summary

The Oxfordshire Domestic Abuse Safe Accommodation Strategy 2021 – 2024 outlines how Oxfordshire will implement the statutory duties associated with the provision of safe accommodation, as required by the Domestic Abuse Act 2021.

It is being developed and delivered alongside the overarching Oxfordshire Domestic Abuse Strategy 2019-2024, which is currently in the process of being updated.

The Oxfordshire Domestic Abuse Safe Accommodation Strategy describes how the delivery of support to victims of domestic abuse, including children, in safe accommodation services will be provided over the next three years. The strategy has been aligned with Oxfordshire’s domestic abuse strategic objectives:



1. PREVENTION
Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it.



2. PROVISION
Providing high quality, joined-up support for victims where domestic abuse does occur.



4. PARTNERSHIP
Working in partnership to obtain the best outcome for victims, children and their families.

Objective 3. Pursuing – this relates to perpetrators and is therefore not included in this strategy.

The delivery plan for the strategy will developed by the Safe Accommodation Working Group’ (SAWG) and approved by the Oxfordshire Domestic Abuse Strategic Board (ODASB) in 2021/22. This will include developing and agreeing baseline measures and targets to monitor the impact of the strategy.

1.

Why is the safe accommodation strategy required?



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What is domestic abuse?

The Thames Valley Domestic Abuse Coordinators' Network have developed the following definition, which reflects the statutory definition:

Domestic abuse is any single incident, course of conduct or pattern of abusive behaviour between individuals aged 16 or over who are personally connected to each other as a result of being, or having been, intimate partners or family members, regardless of gender or sexuality. Children who see, hear or experience the effects of the abuse and are related to either of the parties are also considered victims¹ of domestic abuse.

Behaviour is abusive if it consists of any of the following: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; or psychological, emotional or other abuse. This includes incidences where the abusive party directs their behaviour at another person (e.g. a child). Economic abuse means any behaviour that has a substantial adverse effect on someone's ability to acquire, use or maintain money or other property, or obtain goods or services.

This incorporates harmful traditional practices for example but not limited to 'honour' killings, forced marriage and female genital mutilation.

Personally connected means two people who:

- Are, or have been, married to each other
- Are, or have been, civil partners of each other
- Have agreed to marry one another (whether or not the agreement has been ended)
- Have entered into a civil partnership agreement (whether or not the agreement has been ended)
- Are, or have been, in an intimate personal relationship with each other
- Have, or there has been a time when they each have had, a parental relationship in relation to the same child
- Are relatives

Children as victims of domestic abuse:

- Sees or hears, or experiences the effect of, the abuse and is related to either person
- The person is a parent of, or has parental responsibility for, the child
- The child and person are related
- Child means person under the age of 18 years

The statutory definition for domestic abuse as defined by the Domestic Abuse Act 2021² is outlined in Appendix A.

1. Throughout this strategy the term victim has been used to denote a victim/survivor/individual with lived experience of domestic violence and abuse. The terms can be used interchangeably recognising that every person who has been subject to abuse will have their own preferred language

2. Department for Levelling Up, Housing and Communities (DLUHC). Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services. Published 1 October 2021. Available at: www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services

What is the Domestic Abuse Act 2021 and local authority statutory duty?

On 29 April 2021, the Domestic Abuse Act 2021 received Royal Assent. It brings wide reaching changes in protective legislation and provides a new definition of domestic abuse as outlined previously.

Part 4 of the Act introduces a statutory duty on all local authorities to provide safe accommodation support services. It places duties on Oxfordshire County Council to:

- Appoint a multi-agency domestic abuse local partnership board which it must consult as it performs certain specified functions
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all victims and their children who reside in relevant safe accommodation, including those who come from outside of their area
- Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.
- Implement the strategy through commissioning / de-commissioning decisions
- Monitor and evaluate local delivery and effectiveness of the strategy
- Report back to central government annually

On 14 April 2021, Oxfordshire County Council appointed the Oxfordshire Domestic Abuse Strategic Board (ODASB) as its domestic abuse local partnership board. This is multi-agency and is made up of both county and local district councils.

As set out in the Act, members of the Board must include representatives from the following (as a minimum):

- Tier 1 authority³
- Tier 2 authorities⁴
- Person representing the interests of victims of domestic abuse
- Person representing the interests of children of domestic abuse victims
- Charities and other voluntary organisations
- Health care services
- Policing or criminal justice

3. Tier 1 authority is a county council e.g. Oxfordshire County Council

4. Tier 2 authorities are district, borough or city councils e.g. Oxford City Council, Cherwell District Council, South Oxfordshire District Council, Vale of White Horse District Council and West Oxfordshire District Council

Table 1: Definitions for different types of safe accommodation⁵

TYPE OF SAFE ACCOMMODATION	DEFINITION
Refuge accommodation	Offers single gender or single sex accommodation and domestic abuse support which is tied to that accommodation. Victims, including their children, have access to a planned programme of therapeutic and practical support from staff. Accommodation may be in shared or self-contained housing, but in both cases the service enables peer support from other refuge residents. The address is not publicly available.
Specialist safe accommodation	Offers single gender or single sex accommodation, alongside dedicated domestic abuse support which is tailored to also support those who share particular protected characteristic(s) and / or who share one or more vulnerabilities requiring additional support. Accommodation may be in shared or self-contained housing. The address is not publicly available.
Dispersed accommodation	<p>i. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained accommodation with a similar level of specialist domestic abuse support as provided within a refuge but which may be more suitable for victims who are unable to stay in a refuge with communal spaces, and/or where peer support from other residents may not be appropriate, due to complex support needs, or where older teenage sons cannot be accommodated in a women only refuge, for example.</p> <p>ii. Safe (secure and dedicated to supporting victims of domestic abuse), self-contained 'semi-independent' accommodation which is not within a refuge but with support for victims who may not require the intensive support offered through refuge, but are still at risk of abuse from their perpetrator/s.</p> <p>In both types, where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.</p>
Second stage accommodation (sometimes known as 'move-on')	Accommodation temporarily provided to victims, including their children, who are moving on from other forms of relevant accommodation and/or who no longer need the intensive level of support provided in a refuge, but would still benefit from a lower level of domestic abuse specific support for a period before they move to fully independent and settled accommodation. Where second stage accommodation is in shared housing it should be single gender or single sex.
Other forms of domestic abuse emergency accommodation	A safe place (single gendered or single sex, secure and dedicated to supporting victims of domestic abuse) with domestic abuse support tied to the accommodation to enable victims to make informed decisions when leaving a perpetrator and seeking safe accommodation. For example, short term (e.g. 2-3 weeks) accommodation providing victims with the space and safety to consider and make informed decisions about the options available to them.

5. Department for Levelling Up, Housing and Communities (DLUHC). Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services. Published 1 October 2021. Available at: www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services

Privately-owned and managed temporary accommodation, which is not separate or self-contained and with shared toilet, bathroom, or kitchen facilities (such as Bed and Breakfast accommodation) is **not** considered relevant safe accommodation, and is specifically excluded in the regulations.

All support provided under the duties must be provided to victims of domestic abuse, including children, who reside in relevant safe accommodation as set out above and such support should meet the Department for Levelling Up, Housing and Communities (DLUHC) Quality Standards: [Women's Aid National Quality Standards](#), [Imkaan Accredited Quality Standards](#), [Male Domestic Abuse Network Service Standards](#) and / or [DAHA Accreditation Framework for Housing Providers](#).

What type of domestic abuse support should be provided in safe accommodation?

The Domestic Abuse Act statutory guidance describes domestic abuse support within safe accommodation as:

- **Overall management of services within relevant safe accommodation** – including capacity building, support and supervision of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority. Such functions will often be undertaken by a service manager
- **Support with the day-to-day running of the service** – including scheduling times for counselling sessions, group activities. Such functions may often be undertaken by administrative or office staff
- **Advocacy support** – development of personal safety plans, liaison with other services e.g. GPs and social workers, welfare benefit providers

- **Domestic abuse prevention advice** – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation
- **Specialist support for victims**
 - Designed specifically for victims with relevant protected characteristics such as faith services, translators and interpreters, immigration advice, interpreters for victims identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ victims
 - Designed specifically for victims with additional and / or complex needs e.g. mental health advice and support, drug and alcohol advice and support, including sign posting accordingly
- **Children's support** – including play therapy, child advocacy or a specialist children's worker e.g. a young people's violence advisor, Independent Domestic Violence Advisor (IDVA) or outreach worker specialised in working with children
- **Housing-related support** – providing housing-related advice and support e.g. securing a permanent home, rights to existing accommodation and advice on how to live safely and independently
- **Advice service** – including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements
- **Counselling and therapy** – including group support for both adults and children as well as emotional support

Support is limited to accommodation-based support and does not include other support which may be provided to victims of domestic abuse in community-based locations.

Who should be supported by safe accommodation?

Victims aged 16 or over, and their children, with relevant protected characteristics as per the Equality Act 2010 must be able to access the support that they need within relevant safe accommodation, such as, but not limited to, those from Black, Asian and Minority Ethnic (BAME) backgrounds or who identify as LGBTQ+. See Appendix B for information on supporting all victims.

The scope of the Oxfordshire Domestic Abuse Safe Accommodation Strategy

The Oxfordshire Domestic Abuse Safe Accommodation Strategy 2021 – 2024 outlines how Oxfordshire will implement the statutory duties that relate to safe accommodation, included within the Domestic Abuse Act 2021. It describes how victims of domestic abuse are supported through the provision of safe accommodation.

An overarching Oxfordshire Domestic Abuse Strategy 2021 – 2024 is being developed alongside the Oxfordshire Domestic Abuse Safe Accommodation Strategy. The overarching Domestic Abuse Strategy incorporates Oxfordshire’s partnership response across the whole care pathway - from preventing

domestic abuse from happening through to provision of high-quality support for victims, including children, and perpetrators of domestic abuse.

Both the Oxfordshire Domestic Abuse Safe Accommodation Strategy and the overarching Domestic Abuse Strategy will be reviewed annually. This will ensure that they are responsive to changes in needs of the population and an evolving evidence base.

What is the safe accommodation duty funding?

The Ministry of Housing, Communities and Local Government (MHCLG), recently renamed the Department for Levelling Up, Housing and Communities (DLUHC), has committed to providing a three-year settlement for the delivery of the safe accommodation duty.

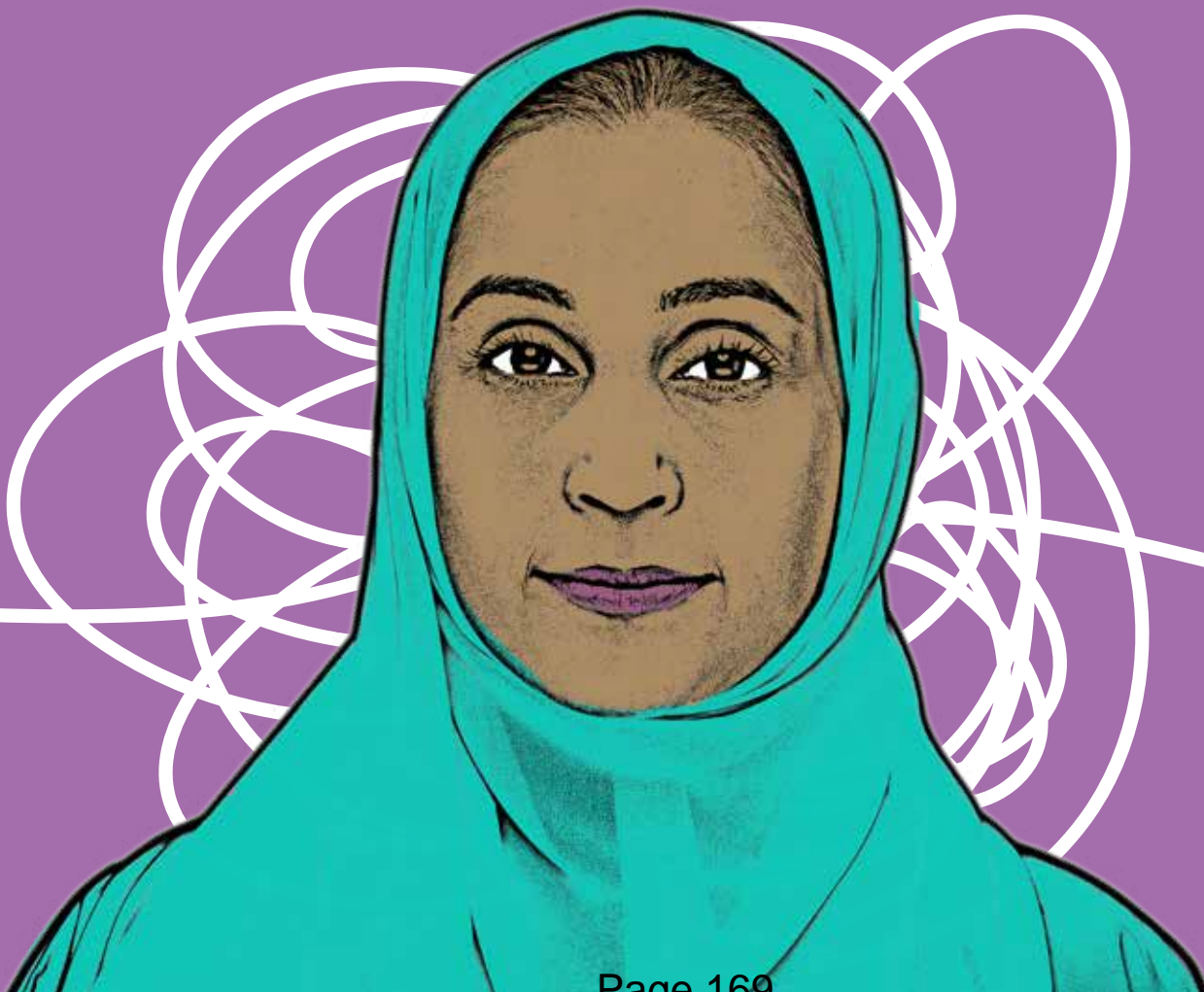
Table 2 provides a summary of the MHCLG/DLUHC funding allocation for 2021/22. Central government has not confirmed whether the same financial allocation awarded in 2021/22 will be continued for years 2 and 3, although it is anticipated the statutory duty implementation will continue to be funded. The budget for 2021-22 has been awarded to individual Tier 1 and 2 local authorities and signed by their chief executives, who are accountable for reporting their budget spend to DLUHC.

Table 2: MHCLG/DLUHC funding allocation for 2021/22

LOCAL AUTHORITY	FUNDING ALLOCATION
Oxfordshire County Council (Tier 1 Authority)	£1,141,151
Cherwell District Council	£34,385
Oxford City Council	£36,788
South Oxfordshire District Council	£33,540
Vale of the White Horse District Council	£35,167
West Oxfordshire District Council	£33,422
Total	£1,314,453

2.

**What is the strategic
and local context within
Oxfordshire?**



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What is the wider strategic context?

Role of the Oxfordshire Domestic Abuse Strategic Board (ODASB)

The ODASB is a partnership group responsible for providing strategic leadership for domestic abuse in Oxfordshire. Its purpose is:

- To ensure world-class provision of services for domestic abuse victims-survivors, both adults and children, including services to embed prevention and reduce the prevalence of domestic abuse
- To work in a co-ordinated way to hold perpetrators to account and to change their harmful behaviours
- To identify local priorities in relation to domestic abuse and outline objectives to meet these priorities, committing the necessary resources
- To improve outcomes for adult and child victims-survivors of domestic abuse through a strategic approach to identifying and addressing gaps in support, including those within safe accommodation services
- To work in partnership to identify and remove barriers to reducing domestic abuse and foster close co-operation between all stakeholders to ensure victims-survivors of domestic abuse have access to adequate and appropriate support, including those within safe accommodation services
- To ensure the effectiveness of Oxfordshire's Coordinated Community Response to Domestic Abuse
- To support local authorities in Oxfordshire in meeting their duties under the Domestic Abuse Act 2021
- To lead on strategic communications

The ODASB reports into the Oxfordshire Health Improvement Partnership Board. It will also report back to DLUHC on delivering the duty in line with statutory guidance.

The Safe Accommodation Strategy has also been informed by, and will support the delivery of:

- Oxfordshire's Joint Health and Wellbeing Strategy
- Thames Valley's Police and Crime Plan
- Director of Public Health Annual Report
- Safeguarding Board Plans
- County and District Community Safety Plans
- Housing and Homelessness Strategies
- Thames Valley Violence Reduction Unit Strategies

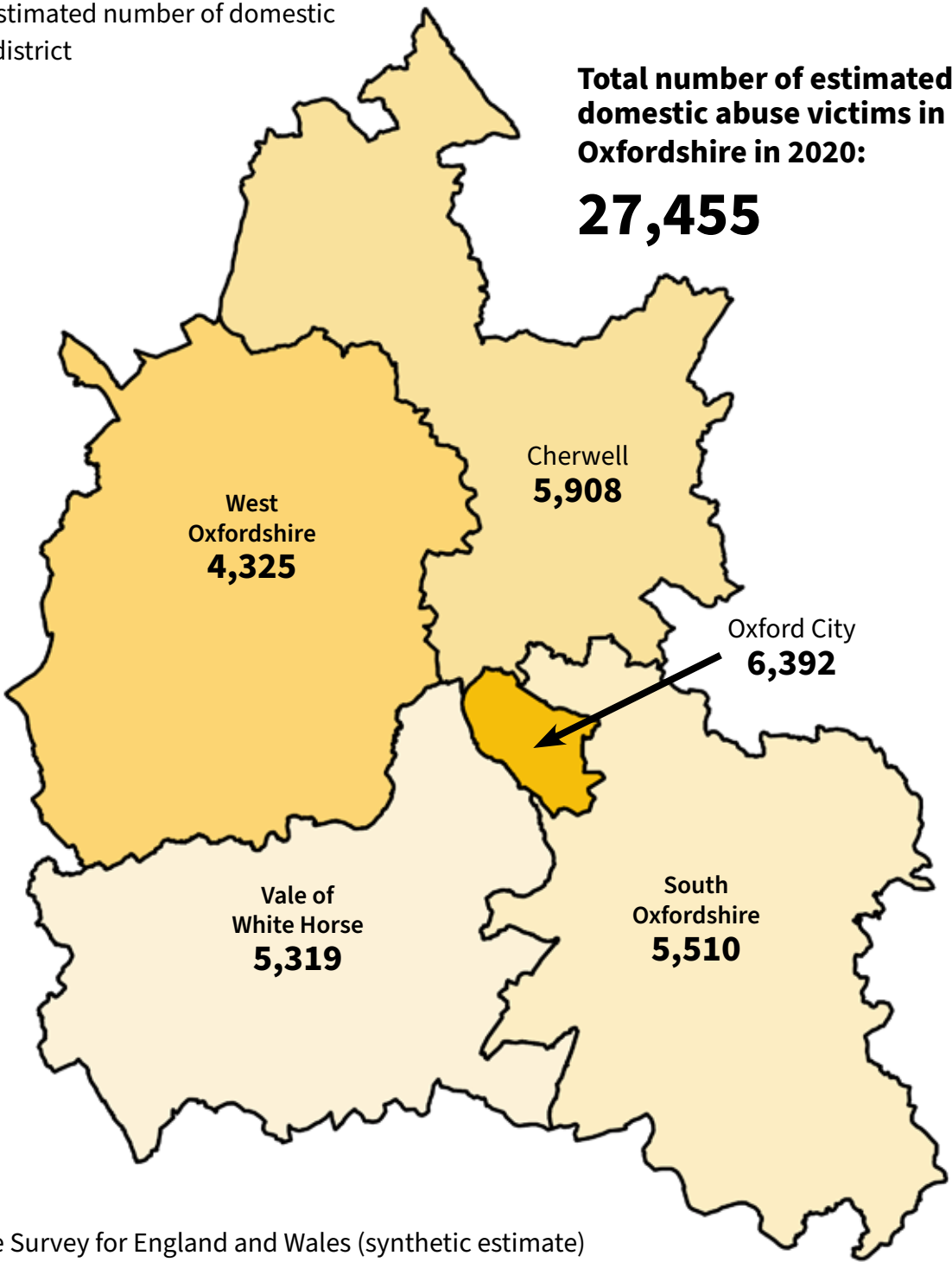
What is the local context?

Oxfordshire County Council conducted a needs assessment looking at the number of victims of domestic abuse in Oxfordshire and the current provision of safe accommodation to support victims, and their children, in Oxfordshire.

The number of victims of domestic abuse in Oxfordshire is calculated using either national data which is modelled to produce a synthetic estimate for Oxfordshire or local data from police and crime datasets to produce a known number for Oxfordshire.

What is the **estimated** number of domestic abuse victims in Oxfordshire?

Figure 1: Map of estimated number of domestic abuse victims by district







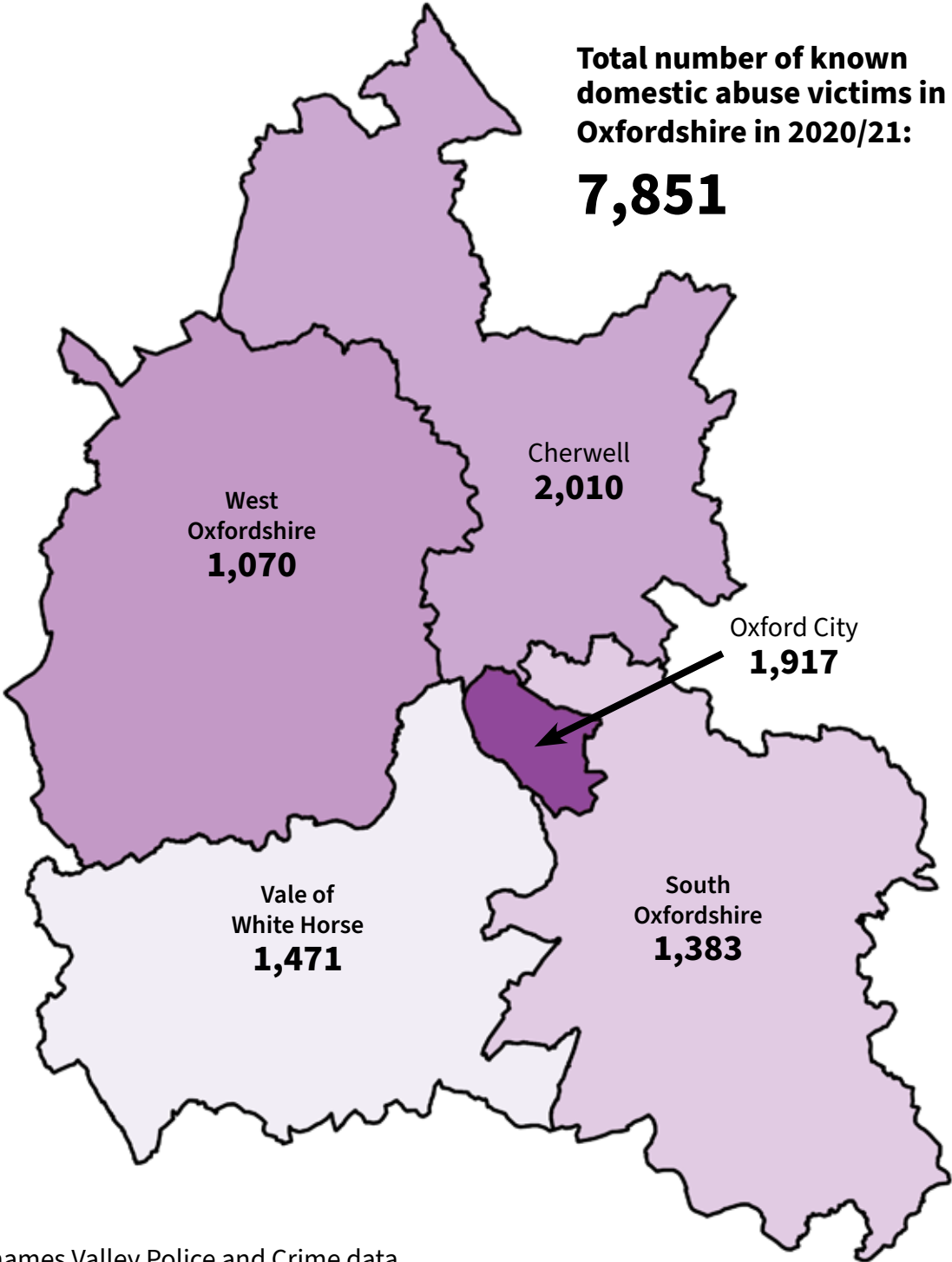
Source: The Crime Survey for England and Wales (synthetic estimate)

What is the **known** number of domestic abuse victims in Oxfordshire?

The synthetic estimate is significantly higher than the known number as only a proportion of victims report domestic abuse to the police. This highlights that the local dataset represents only a proportion of victims and therefore there is a large unknown number of victims of domestic abuse in Oxfordshire.

Figure 2: Map of known number of domestic abuse victims by district

~70% female		56% aged 25-49	
~30% experience domestic abuse multiple times		325 were part of Multi Agency Risk Assessment Conference (MARAC)	



How many victims have accessed help in Oxfordshire?

Access to refuge and dispersed accommodation



59 female victims accessed refuge or dispersed accommodation in Oxfordshire in 2020/21

59% were from outside of Oxfordshire

Source: Oxfordshire Domestic Abuse Service (ODAS)

Access to sanctuary schemes



111 victims accessed the Oxford City sanctuary scheme in 2020/21

95% were female

72% were from a single adult and child(ren) household

Source: Oxford City Council

Access to sanctuary schemes



60 victims accessed the South and Vale sanctuary scheme in 2020/21

100% were female

83% previously resided in social housing

Source: South Oxfordshire and Vale of White Horse District Councils

Access to sanctuary schemes



No data was available for the Cherwell and West Oxfordshire sanctuary schemes

Out of area referrals



Most common out of area referrals are from: **West Berkshire, Slough, Reading, Bracknell Forest, Aylesbury Vale**

Source: ODAS. The data was for all calls to the helpline. A proportion of these calls were accessing refuge and dispersed accommodation

Demographic and socio-economic characteristics



Data is **not routinely collected** by safe accommodation providers on the demographic and socio-economic characteristics of victims

Victims' views



Victims report positive experiences of refuge and dispersed accommodation and differing experiences of sanctuary schemes across Oxfordshire

Source: Victims of domestic abuse

Victims' views



Victims report limited awareness of the types and signs of domestic abuse and the domestic abuse services available in Oxfordshire that can support them

Source: Victims of domestic abuse

What are the gaps in Oxfordshire's safe accommodation provision?

1. Insufficient availability of data

- **Number of victims of domestic abuse:** police, crime and MARAC data is available for total numbers of victims of domestic abuse. The availability of local data on victims of domestic abuse across health, social care, homelessness and housing is limited. Further analysis by demographic classifications and socio-economic characteristics is limited or not available
- **Referrals and use of safe accommodation:** no consistent data collection across safe accommodation providers and insufficient data on access to and use of safe accommodation services including by demographic classifications, socio-economic characteristics and family size (e.g. pregnant and/or number and age(s) of children)
- **Sanctuary schemes:** these are available in Oxford City, South and Vale, West Oxfordshire and Cherwell, but the level of support varies across the five districts. The type of sanctuary support depends on whether the victim is a social housing tenant or owner occupied or private rented tenant
- **Moving on from safe accommodation:** there is limited availability of council housing stock in Oxfordshire, a complex social housing registration process, and high cost of private rented accommodation. There is lack of support for victims when they leave safe accommodation and are trying to establish safe independent living

2. Gaps in provision of safe accommodation

- **Refuge:** Oxfordshire has county-wide refuge provision, but this is only available for women aged over 18 and their children. Although there is no provision for men, it is recognised that men are less likely to request access to refuge and instead require support to access other safe accommodation
- **Dispersed safe accommodation:** Oxfordshire has county-wide provision of dispersed safe accommodation available for people of all genders and for those who are not suitable for refuge, but not for those with multiple complex needs
- **Specialist safe accommodation:** there is no specialist safe accommodation for victims with relevant protected characteristics, additional and/or multiple complex needs in Oxfordshire

3. Inadequate awareness of safe accommodation

- **Service provision:** insufficient awareness of safe accommodation services available in Oxfordshire to support victims of domestic abuse

Overall, there is insufficient information to identify whether the demand is exceeding supply for safe accommodation, and the level of unmet need particularly for those with protected characteristics. It is predicted that there is a large 'unknown' need and demand for safe accommodation.

3.

What are the key priorities in the safe accommodation strategy?



Oxfordshire’s Domestic Abuse Strategy (2019-2024) outlined the following strategic objectives:



1. PREVENTION
Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it.



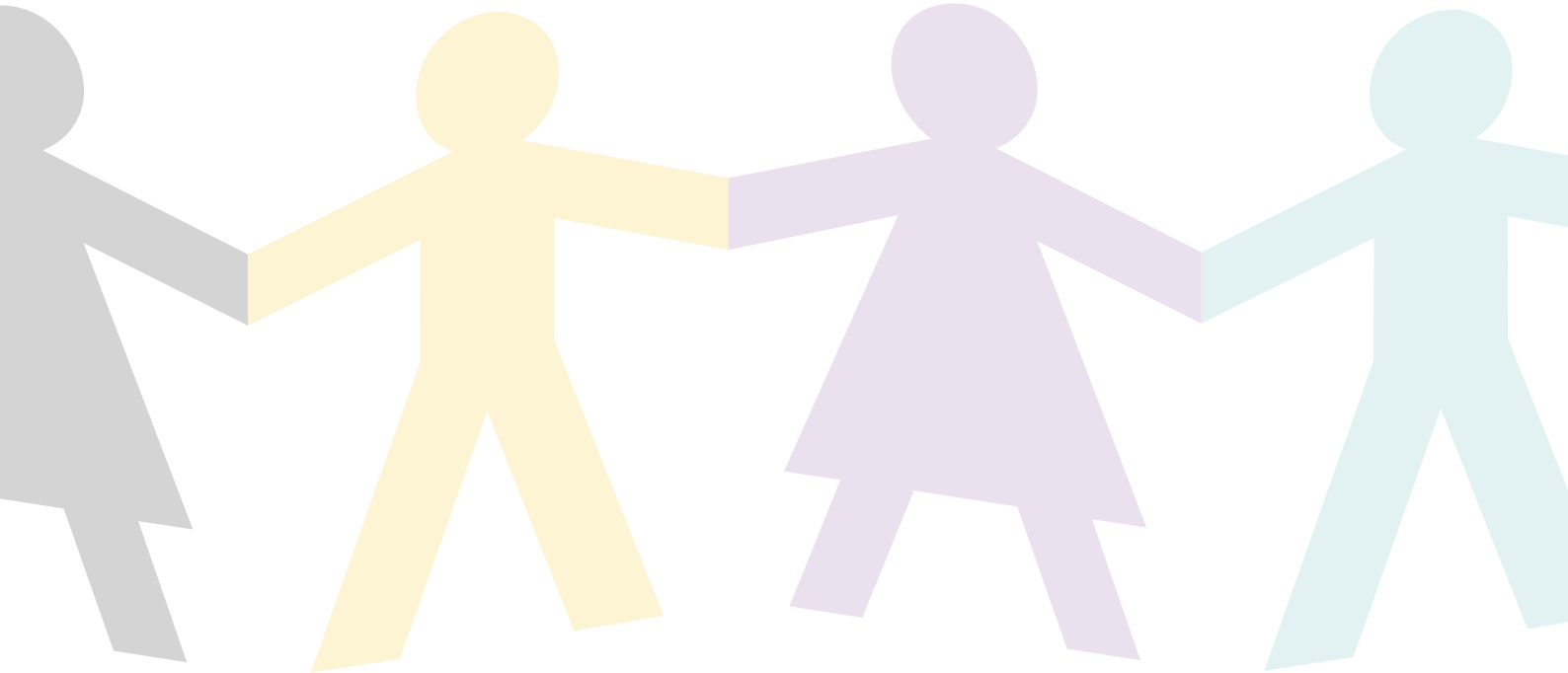
2. PROVISION
Providing high quality, joined-up support for victims where domestic abuse does occur.



4. PARTNERSHIP
Working in partnership to obtain the best outcome for victims, children and their families.

The strategic aims for Oxfordshire’s Safe Accommodation Strategy are aligned with the overarching Oxfordshire Domestic Abuse Strategy, in particular, ‘1. Prevention’, ‘2. Provision’ and ‘4. Partnership’.

Objective 3. Pursuing – this relates to perpetrators and is therefore not included in this strategy.



Strategic Objective 1: Prevention



Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it.

What is Oxfordshire already doing to raise awareness and improve access to safe accommodation?

- **Awareness:** centrally coordinated communications and community engagement activities to ensure a consistent message and enable domestic abuse issues to be more effectively addressed including marginalised communities
- **Access:** Oxfordshire County Council is lead commissioner of the co-commissioned ODAS, which provides a local domestic abuse helpline (not 24/7) and the national domestic abuse helplines also exist. Victims of domestic abuse can access refuge and dispersed accommodation via these helplines
- **Training:** undertook a training needs analysis; developed and delivering a multi-agency domestic abuse training programme for professionals within all services and Oxfordshire residents to improve and increase domestic abuse awareness, identification and response.
- **Champions network:** enabling Domestic Abuse Champions in key teams to provide advice across their organisations

How will Oxfordshire improve services in the future?

- **Increase promotion and raise awareness** to the public and professionals of safe accommodation provision and how to access it in Oxfordshire
- Review and continue to develop the **multi-agency domestic abuse training** programme

“ There needs to be better advertising...Once I made the call, support was available. There are women staying as they think they can't leave and don't think help is available.”

Victim of domestic abuse

Strategic Objective 2: Provision



Providing high quality, joined-up support for victims where domestic abuse does occur.

What is Oxfordshire already doing around safe accommodation?

- **Provision of refuge and dispersed accommodation:** Oxfordshire County Council commissions ODAS to provide refuges and dispersed accommodation for up to 46 spaces over a 12-month period taking into consideration the licence agreement is provided for up to six months. The refuges are for those aged 18 and over and open to women and children. The dispersed accommodation is for people of all genders and their children. They are open to Oxfordshire and non-Oxfordshire residents as per the Domestic Abuse Act. The provision includes domestic abuse support workers for the victims and their children
- **Provision of sanctuary schemes:** provided by each of the five district councils. Offers home security measures to support victims of domestic abuse to feel safe in their homes. Available to anyone who lives in Oxfordshire. The Oxfordshire No Recourse to Public Funds (NRPF) pathway gives victims access to safe accommodation with Sanctuary Hosting until they receive the discretionary grant which allows them to go to refuge and apply for leave to remain

“ They [sanctuary scheme] have been fabulous and I do feel a lot safer in my house.”

Victim of domestic abuse

How will Oxfordshire improve services in the future?

- **Undertake a thorough mapping of the current provision of safe accommodation**, in particular the different sanctuary schemes and move-on accommodation, delivered and available across the county
- **Consider taking a Whole Housing Approach (WHA)** across all housing tenure types (social, private rented, privately owned and supported accommodation) to increase victim accommodation sustainment and reduce homelessness. A WHA provides a framework for domestic abuse and housing sectors to work together to address the immediate and longer-term housing needs of victims
- **Refuge and dispersed accommodation to remain available** for victims, and their children, including Oxfordshire and non-Oxfordshire residents
- Explore options for providing refuge, dispersed and / or specialist accommodation, and support services within these types of accommodation, for **male victims of domestic abuse, those from BAME backgrounds or who identify as LGBTQ+**, where necessary and based on identified need. See Appendix B for information on supporting all victims
- Identify how to improve safe accommodation service provision for **victims and family members with complex needs** e.g. substance misuse and/or mental health

- **Consider the specific support needs of children in safe accommodation** including:
 - Child advocacy or a specialist children's worker
 - Play, art, music therapy, sports and physical activity
 - Children and young people's mental health practitioners, therapy and counselling services (individual and family)
 - Access to education, training, employment and healthcare close to the safe accommodation. The aim is to maintain a degree of 'normality' for children and young people
- **Establish a clearer and more coordinated county wide move-on pathway** to help victims leave safe accommodation and establish independent living
- **Review the existing domestic abuse pathway to determine which people cannot access safe accommodation due to financial constraints** (e.g. those with no recourse to public funds, those who jointly own/rent their property with the perpetrator) and develop a range of options to support them
- **Explore the potential use of 'respite rooms'** (overnight temporary accommodation) for victims affected by domestic abuse
- **Develop a model of safe accommodation across the county** to address current gaps and inequalities in service provision, which takes into account the MHCLG/DLUHC funding allocation(s)
- All changes in service provision to be supported by **future commissioning of safe accommodation**



There should be better advertising about the sanctuary scheme as I did not know about it and had tried to install cameras myself with little money.”

Victim of domestic abuse

Strategic Objective 4: Partnership



Working in partnership to obtain the best outcome for victims, children and their families.

What partnerships relevant to domestic abuse does Oxfordshire have in place?

The following partnership structures are already in place:

- Strategic Board for Domestic Abuse
- Operational Board for Domestic Abuse (OxDAP)
- Multi-agency risk assessment conferences (MARACs)
- Multi agency tasking and co-ordination (MATAC) groups
- [Health and Wellbeing Board](#)
- [Health Improvement Partnership Board](#)
- [Safer Oxfordshire Partnership](#)
- District level Community Safety Partnerships:
 - [Cherwell](#)
 - [Oxford City](#)
 - [South Oxfordshire](#)
 - [Vale of White Horse](#)
 - [West Oxfordshire](#)
- [Oxfordshire Safeguarding Children Board](#)
- [Oxfordshire Safeguarding Adults Board](#)
- [The Children's Trust](#)
- Thames Valley Domestic Abuse Steering Group
- Thames Valley Domestic Abuse Coordinators Network
- Homeless Directors' Group

How will Oxfordshire improve services in the future?

● Establish a 'Safe Accommodation Working Group' (SAWG) as a sub-group of ODASB

The multi-agency sub-group will include representatives from a broad range of commissioners and providers from Tier 1 and Tier 2 local authorities. The main aims of the sub-group will be to:

- Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support
- Identify changes to the current provision of safe accommodation and associated support to enable Oxfordshire to meet the needs of all victims and their children across all protected characteristics
- Inform the commissioning of future safe accommodation services
- Support joint working required between Tier 1 and Tier 2 local authorities
- Produce an annual safe accommodation assessment of need
- Lead on completing the annual return to the DLUHC

“Once I made the call and was on the pathway, the support has been good and they have done everything. You've just got to make the call.”

Victim of domestic abuse

- **Develop an Oxfordshire Domestic Abuse Dashboard** including information on need, demand and supply of safe accommodation. A more coordinated and comprehensive data collection across police and crime, health, social care, housing, homelessness, and safe accommodation providers is needed to build an accurate picture of met and unmet needs of domestic abuse victims in Oxfordshire. This will develop an improved understanding of the local unmet need, especially for those with protected characteristics and/or complex needs, and allow comparison and benchmarking with other local areas. The main aims of the dashboard will be to:
 - Draw on data from a range of local partner agencies and services who support victims of domestic abuse (e.g. health, homelessness, housing, IDVA, MARAC, police and crime, social care, safe accommodation providers, etc.)
 - Agree on a template for quarterly data returns to the ODASB and SAWG. Template to include data on number of victims, number of referrals to safe accommodation services (including inside Oxfordshire and out of area), number accepted or denied access to safe accommodation, and length of time supported in safe accommodation. Data to include demographic and socioeconomic characteristics
 - Compare with reference national data sets on the estimated prevalence of domestic abuse
 - Inform the commissioning of future safe accommodation services, which are based on a robust local dataset
- **Establish a Domestic Abuse MHCLG/DLUHC Funding Task and Finish Group.** The group will discuss and finalise the budget allocation to address the identified unmet needs of victims of domestic abuse, including children, in domestic abuse safe accommodation services
- **Continue to progress the development of a dedicated Lived Experience Advisory Group (LEAG).** This is specifically for hearing the lived experiences, voices and views of victims. The forum must ensure the voices of victims are heard from a range of relevant protected characteristics. This will allow input to and inform future needs assessments, strategies, commissioning decisions, the co-production of services and awareness raising activities
- **Work with key housing stakeholders and link into existing housing workstreams** to ensure provision is made for victims-survivors of domestic abuse using a range of housing options including public private partnerships

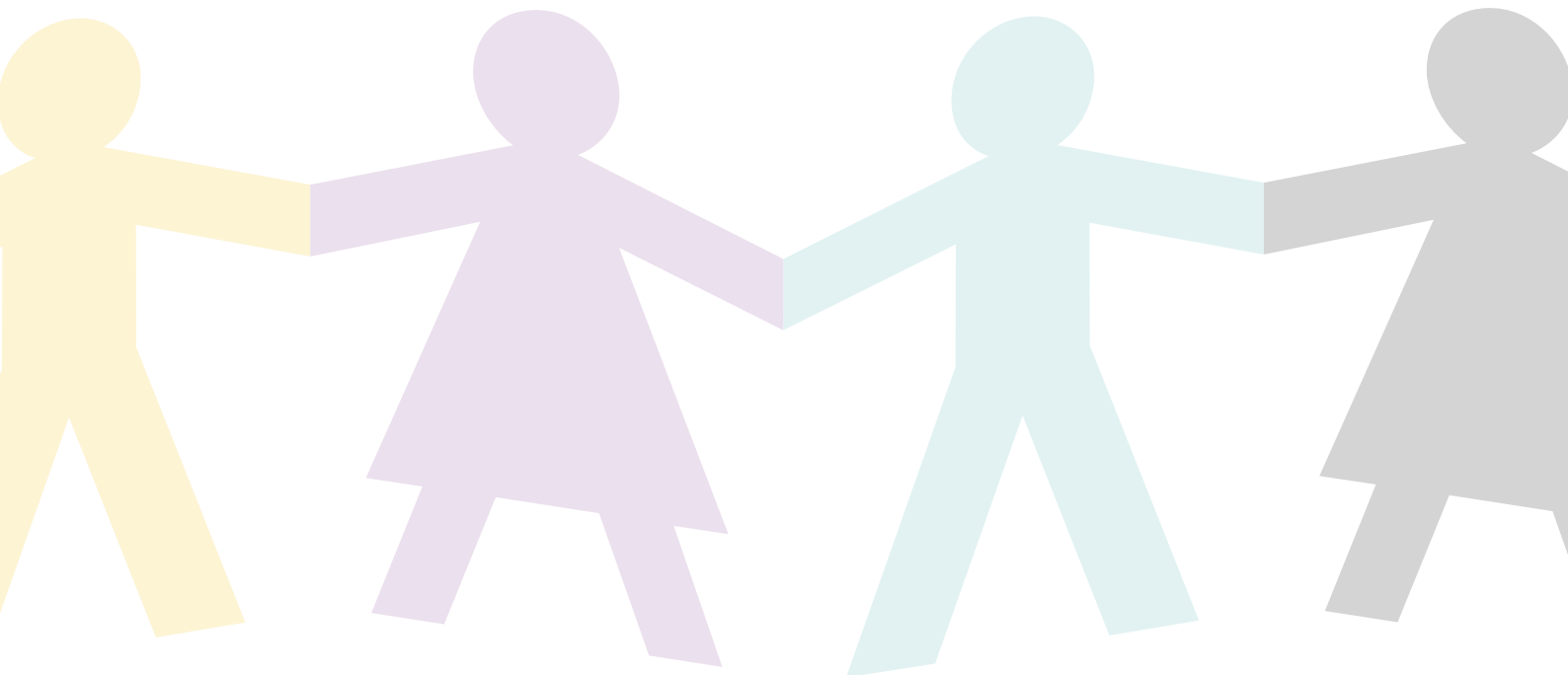
4.

How will the safe accommodation strategy be delivered?



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- The delivery plan for the Safe Accommodation Strategy will be developed by the SAWG and approved by the ODASB in 2021/22
- The delivery plan will include key actions for each deliverable, timescales (i.e. short-term or longer-term), stakeholders involved, and monitoring and evaluation measures to monitor the impact of the strategy. See Appendix C for action plan template, and Section 5 for possible monitoring and evaluation measures
- The overarching Oxfordshire Domestic Abuse Strategy is currently in the process of being developed. The delivery plan for the Safe Accommodation Strategy will be aligned with the overarching Domestic Abuse Strategy
- Alongside the safe accommodation delivery plan, a financial plan will be developed by the MHCLG/DLUHC Funding Task and Finish Group to discuss and finalise the budget allocation. This will cover the specific funding provided to meet the requirements of the Domestic Abuse Act to support the relevant safe accommodation duties. The provision of community-based domestic abuse support provision will be covered by the overarching domestic abuse strategy



5.

How will we know we are making a difference?



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Oxfordshire's SAWG will develop and agree baseline measures and targets to monitor the impact of the Safe Accommodation Strategy.

Examples of measures to consider including in the quarterly and annual monitoring and evaluation of the strategy are:

Strategic Objective 1: Prevention



- Awareness of domestic abuse services: victims and professionals (e.g. number of victims and professionals who can name three or more domestic abuse services in Oxfordshire)
- Number and percentage of victims being referred to each type of safe accommodation (by referral source)
- Number and percentage of victims being referred to each type of safe accommodation (by level of risk: high, medium, standard)
- Number and percentage of victims with protected characteristics (i.e. those underrepresented) being referred to each type of safe accommodation
- Numbers attending specific domestic abuse training (by resident or type of professional and organisation)
- Percentage of staff who report increased confidence in areas of their practice, improved communication and increased awareness as a result of training using longitudinal analysis (e.g. end of training and six month post training evaluations)
- Number attending domestic abuse champions training (by type of professional and organisation)
- Number of Domestic Abuse Champions in Oxfordshire (by type of professional and organisation)
- Average waiting time to access training programmes and Domestic Abuse Champions training

Strategic Objective 2: Provision



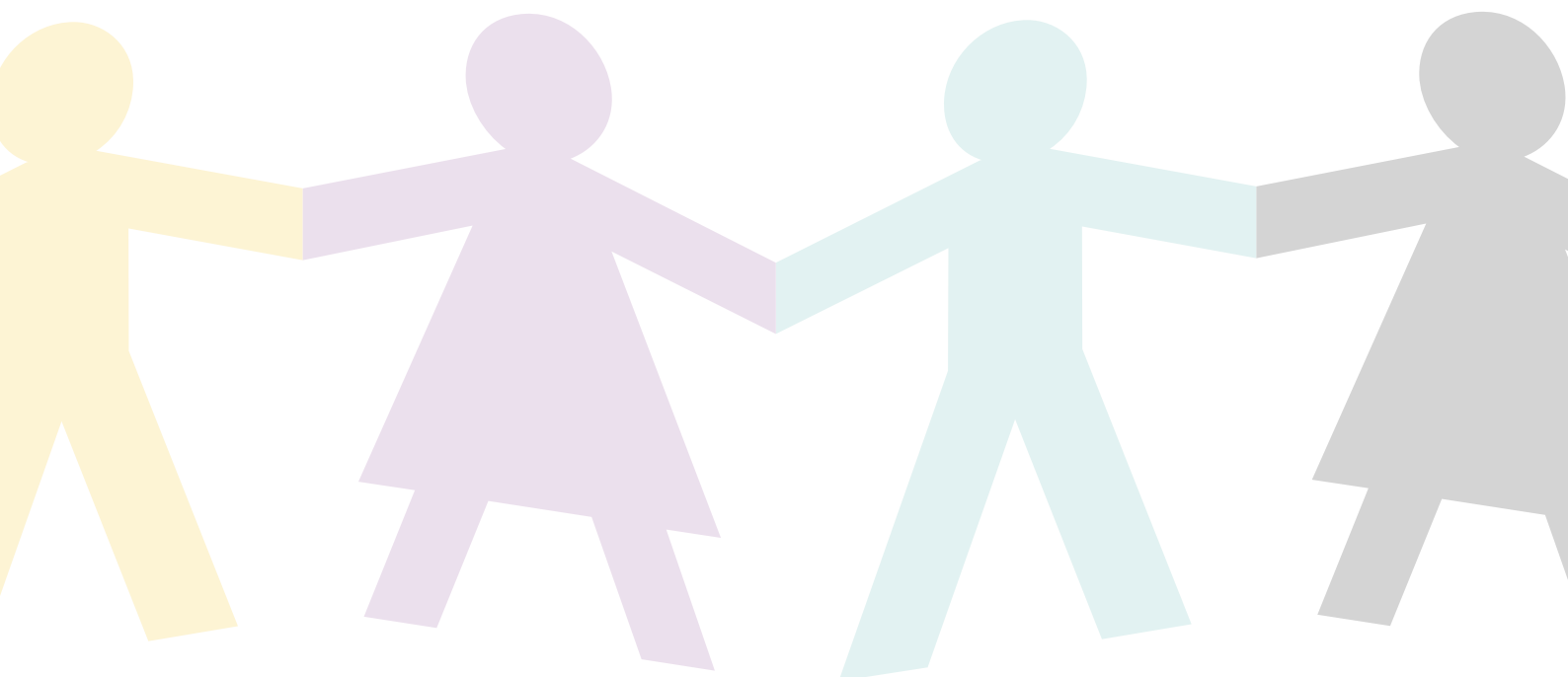
- Number and percentage of victims accessing each type of safe accommodation
- Number and percentage of victims with relevant protected characteristics, additional and/or multiple complex needs (i.e. record age, gender reassignment, sex, ethnicity, disability, language, family/number of children or pregnant, type of housing victim previously resided in, etc.) accessing each type of safe accommodation
- Number and percentage of victims from inside of Oxfordshire and outside of Oxfordshire accessing each type of safe accommodation (record area for those outside of Oxfordshire)
- Number and percentage of victims, and their children, who have a successful or unsuccessful referral to each type of safe accommodation (record reason for unsuccessful referral i.e., reason declined access)
- Average number of referral attempts for victims to gain access to each type of safe accommodation
- Average length of time (days) from victims making contact to accessing each type of safe accommodation (i.e. waiting times)
- Average length of stay (days) victims stay in each type of safe accommodation
- Number and percentage of victims, and their children, who demonstrate improved quality of life and outcomes in economic, health and social situation in each type of safe of accommodation
- Number and percentage of housing providers which are DAHA accredited
- Number and percentage of victims moving on to each type of housing (e.g. private/owner occupied, private rented, social housing, temporary accommodation/supported housing, other supported housing)

Strategic Objective 4: Partnership



- Completeness of quarterly and/or annual data returns by partners contributing to the Oxfordshire Domestic Abuse Dashboard (e.g. not met, partially met, fully met)
- Number (including range of relevant protected characteristics) actively contributing to LEAP
- Satisfaction of victims and survivors engaged in the development of strategies, commissioning decisions and the co-production of services

Once baseline data has been collected in 2021/22, targets can be set for the subsequent years.



Acknowledgements

This strategy has been led by the Oxfordshire County Council Public Health Team and produced by Public Health Action Support Team (PHAST) with input from the following collaborators:

Victim-survivors who shared their experiences

Members of the Oxfordshire Domestic Abuse Strategic Board:

Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee

Cherwell District Council

National Probation Service

Office of the Police and Crime Commissioner for Thames Valley

Oxford City Council

Oxford Health NHS Foundation Trust

Oxford University Hospitals

Oxfordshire Clinical Commissioning Group

Oxfordshire County Council

South Oxfordshire District Council

Specialist providers from the Oxfordshire Domestic Abuse Partnership (OxDAP)

Thames Valley Local Criminal Justice Board

Thames Valley Police

Vale of the White Horse District Council

West Oxfordshire District Council

Appendix A: Definition of domestic abuse from the Domestic Abuse Act, 2021⁶

Section 1: Definition of “domestic abuse”

(1) This section defines “domestic abuse” for the purposes of this Act.

(2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) the behaviour is abusive.

(3) Behaviour is “abusive” if it consists of any of the following—

(a) physical or sexual abuse;

(b) violent or threatening behaviour;

(c) controlling or coercive behaviour;

(d) economic abuse (see subsection (4));

(e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —

(a) acquire, use or maintain money or other property, or

(b) obtain goods or services.

(5) For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of “personally connected”, see section 2.

Section 2: Definition of “personally connected”

(1) Two people are “personally connected” to each other if any of the following applies —

(a) they are, or have been, married to each other;

(b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);

(e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

(g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if —

(a) the person is a parent of the child, or

6. Department for Levelling Up, Housing and Communities (DLUHC). Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services. Published 1 October 2021. Available at: www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services

(b) the person has parental responsibility for the child.

(3) In this section —

“child” means a person under the age of 18 years;

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989;

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

Section 3: Children as victims of domestic abuse

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who –

(a) sees or hears, or experiences the effect of, the abuse, and

(b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if –

(a) the person is a parent of, or has parental responsibility for, the child, or

(b) the child and the person are relatives.

(4) In this section –

“child” means person under the age of 18 years;

“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.




Appendix B: Supporting all victims⁷

The Act states that victims with each relevant protected characteristics as per the Equality Act 2010 must be able to access the support that they need. Under this duty, they expect authorities to ensure sufficient appropriate support is available within relevant safe accommodation to meet the needs of all victims including those with relevant protected characteristics, additional and / or multiple complex needs, or whose support needs cannot be properly met within non-specialist domestic abuse safe accommodation, such as:

- Black Asian and Minority Ethnic victims (Including Gypsy Roma and Traveller)
- Male victims
- Female victims
- Transgender and Non-Binary victims
- Lesbian, Gay, Bisexual victims, and others who may face barriers as a result of their sexuality
- Disabled victims – includes but is not limited to victims who are deaf or hard of hearing, visually impaired, autistic, wheelchair users, those with learning difficulties, as well as those with age-related disabilities
- Young (aged 16-18 – including care leavers) and older victims (over 65)
- Victims with an offending history
- Victims presenting with complex needs including those with mental health and/or drug and alcohol use support needs
- Victims with histories of sleeping rough
- Victims with histories of offending
- Victims facing multiple forms of abuse within the family such as honour-based violence and forced marriage
- Victims from a particular religion and/or with a spiritual belief, particularly if facing barriers to support as a result
- Migrant victims, including victims having insecure immigration status
- Victims from isolated and/or marginalised communities, including where there is limited English proficiency.
- Victims who have no choice but to move away from their local areas, communities, and friends to escape their perpetrator to stay safe and receive the support they need.
- Children of victims (including adolescent male children) who need to move with their parent into relevant safe accommodation.
- Victims accompanied by children, including large families and those with older adolescence boys (12+)
- Pregnant victims

7. Department for Levelling Up, Housing and Communities (DLUHC). Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services. Published 1 October 2021. Available at: www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services

Appendix C: Action plan template

STRATEGIC OBJECTIVE NUMBER	ACTION	LOCAL LEAD (L) & STAKEHOLDERS	ACTION TAKEN (DELIVERABLES OR WORK PLAN)	IMPACT MEASUREMENT	ACTION MET? (FULLY MET, PARTIALLY MET, NOT MET)	ACTION REQUIRED	DEADLINE FOR ACTION REQUIRED
Prevention 							
Provision 							
Partnership 							



Oxfordshire Domestic Abuse
Strategic Board



Oxfordshire Domestic Abuse Safe Accommodation Strategy 2021 – 2024

Oxfordshire County Council Public Health Team

www.oxfordshire.gov.uk

December 2021

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Background

The Oxfordshire Domestic Abuse Safe Accommodation Strategy defines the priorities for delivering duties under the Domestic Abuse Act 2021 to ensure victim-survivors and their families have access to safe and supportive housing. Oxfordshire County Council is working with NHS Solutions for Public Health (SPH) to refresh the strategy, with completion planned by January 2025, in line with national requirements.

Key activities of the refresh include evaluating the current strategy against best practice, updating data analysis, and engaging stakeholders through workshops, surveys, and the Lived Experience Advisory Group (LEAG) to centre survivor voices.

The project builds on Oxfordshire's strong collaborative foundation, guided by the Safe Accommodation Working Group (SAWG) who report to the Oxfordshire Domestic Abuse Strategic Board.

Methodology

1. Scoping conversations: To help inform the focus areas for both the workshop and survey, SPH consulted with key stakeholders, including the service provider, a service-user lead, and a commissioner with historical knowledge of the service's commissioning.
2. Workshop highlights (16th October 2024): A hybrid workshop brought together key stakeholders to review the current SAWG action plan, assess progress, refine priorities, and identify new areas for improvement. Key themes included amplifying survivor voices, adopting SMART actions, and scaling best practices.
3. Surveys: Post-workshop surveys, open until 29th November 2024, are gathering feedback from professionals (<https://forms.office.com/e/V8iRsdvxXr>) and service users (<https://forms.office.com/e/vKZzHsZksb>) to broaden input.
4. LEAG Meeting (19th November 2024): SPH attended a LEAG meeting where the group were given a verbal update on the strategy refresh including an overview of the methodology, timelines, and progress made. Discussions highlighted the importance of developing effective feedback mechanisms, co-production, and the value of embedding lived experience into the strategy.

Preliminary findings

Service Strengths:

- Strong Partnerships: The SAWG has been instrumental in delivering key actions and fostering collaboration across agencies.

- Proactive Service Improvements: Expanding refuge capacity and embedding trauma-informed care have enhanced the safety and support for victim-survivors.
- Data-Led Decisions: Robust data-sharing arrangements have provided valuable insights into service demand and gaps.

Identified Gaps:

- Limited specialist provisions for diverse groups (e.g., LGBTQ+ individuals, families with complex needs).
- Insufficient capacity in transitional and dispersed housing.
- Barriers to access, including stigma, cultural challenges, and inconsistent communication.

Emerging Recommendations

1. Co-Production and Survivor Voice: Ensure survivors are meaningfully engaged in decision-making, with their lived experiences shaping strategic priorities and service improvements.
2. SMART Actions: Set clear, measurable objectives to ensure accountability.
3. Improved Data Use: Agree on key indicators to monitor outcomes and inform service development.
4. Capture and share good practice: Recognise and replicate successful models of care and support across the system.
5. Accessibility and Local Provision: Expand capacity for specialist accommodations and strengthen pathways for marginalised groups.
6. Awareness and Training: Increase the visibility of services through public campaigns and professional training.
7. Sustain Partnerships: Continue building on the SAWG's collaborative approach to deliver coordinated and impactful services.

Next Steps

SPH will review relevant policy and update data using information from the Oxfordshire Domestic Abuse Needs Assessment. Findings will be incorporated into the refreshed strategy.

For further information or to provide input, please contact: Angela McRury Senior Policy Officer Public Health angela.mcrury@oxfordshire.gov.uk

Divisions - All

Oxfordshire Health and Wellbeing Board

5th December 2024

Oxfordshire Combatting Drugs Partnership – Annual Report

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to note the activities and outcomes of the Oxfordshire Combatting Drugs Partnership, reflected in the Annual Progress Report in Annex 1.

Executive Summary

1. The Combating Drugs Partnership has been formed in response to the national drug strategy “From harm to hope: a 10-year drugs plan to cut crime and save lives 2021^{[1](#)}
2. The plan requires that national and local partners work collaboratively, focusing on three strategic priorities
 - **Break drug supply chains**
 - **Deliver a world-class treatment and recovery system**
 - **Achieve a generational shift in demand for drugs**
3. The Oxfordshire CDP brings together multi agency partners from across the Oxfordshire system to ensure clear strategic direction and delivery of the aims and objectives set out in the government’s plan. The partnership is chaired by Director of Public Health in Oxfordshire, Ansaf Azhar.
4. The CDP provides biannual updates to the Safer Oxfordshire Partnership while also reporting directly to the Health & Wellbeing Board.
5. This dual reporting structure allows for a comprehensive understanding of substance use issues within the context of broader health and community safety considerations.
6. The CDP is required to submit an annual progress report to The Joint Combatting Drugs Unit. This public facing report, which will be published on

¹ [From harm to hope: a 10-year drugs plan to cut crime and save lives](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives) - GOV.UK (www.gov.uk)

the Combating Drugs Partnership area of the Oxfordshire County Council website shortly.

7. HWB members are asked to note the activity of the Combating Drugs Partnership.

Corporate Policies and Priorities

8. The activity of the Oxfordshire Combating Drugs Partnership supports the vision, values, objectives and strategic priorities in the County Council's corporate plan by tackling inequalities through ensuring that services are accessible to all and demonstrates our commitment to prioritising the health and wellbeing of our residents.

Financial Implications

9. There are no financial implications associated with this report.

Legal Implications

10. There are no legal implications related to this report.

Staff Implications

11. There are no staffing implications linked to this report.

Equality & Inclusion Implications

12. Any Equality and Inclusion implications for activities are assessed when services are commissioned. There are no Equality and Inclusion implications specifically linked to this report.

Sustainability Implications

13. There are no sustainability implications specifically linked to this report.

Risk Management

14. This report covers the emerging threat of Synthetic Opioids. Details of mitigating actions taken under the "Reducing Drug Related Death" workstream are detailed in the report.

Consultations

15. There are no consultations as this is retrospective review of activity in the Combatting Drugs Partnership.

Ansaf Azhar

Director of Public Health and Communities

Annex: Annex 1 Combatting Drugs Partnership Annual Progress Report
Annex 2 Data for Annual Progress Report (referred to as Appendix 1 in Annual Report)

Contact Officer: Kate Holburn Head of Public Health Programmes

November 2024

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Oxfordshire Combatting Drugs Partnership

Oxfordshire Combatting Drugs Partnership Progress Report October 2024

1. Introduction and Context

The Oxfordshire Combatting Drugs Partnership (CDP) was established in October 2022. It ensures clear strategic direction and delivery of the aims and objectives set out in the government's 2021 drug strategy, From Harm to Hope¹ through delivery of a local strategy and action plan.

The partnership brings together partners from across Oxfordshire to collaboratively deliver pieces of work to Reduce Drug Use, Reduce Drug Related Death and Harm and Reduce Drug Related Crime.

The CDP provides a forum to collectively address local challenges around drug related harm.

About the Oxfordshire CDP

The Oxfordshire Combating Drugs Partnership is chaired by the Director of Public Health at Oxfordshire County Council, Ansaf Azhar. Ansaf is the Senior Responsible Owner for the CDP. This partnership covers the county of Oxfordshire.

Membership

Membership of the Oxfordshire Combatting Drugs Partnership is shown below:

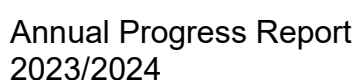


¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

Scope of the Oxfordshire Combatting Drugs Partnership

- Monitoring data including soft intelligence, from those with lived experience to ensure we have a current view of the needs and challenges in relation to drug and alcohol use.
- Overseeing delivery of the local combating drugs plan and other related substance use plans. This includes overseeing the activities funded by external grants provided to support the implementation of the national harm to health strategy.
- Identifying and communicating themes and emerging issues and developing a response which draws on the strength of the systemwide partnership.
- Providing visibility and accountability for issues related to drug and alcohol use.
- Reviewing some challenges in more detail where required and monitoring related actions.
- Sharing intelligence and current activities / developments with other partnership boards where relevant.

Governance



Oxfordshire Combatting Drugs Partnership

How the Partnership Operates

2. Summary of the drugs (and alcohol) landscape in Oxfordshire

The CDP monitor local data included in Appendix 1 each quarter under the headings in outcomes framework:-

- Reduce Drug Use
- Reduce Drug Related Crime
- Reduce Drug Related Death & Harm
- Reduce Drug Supply
- Increase Treatment and Recovery
- Improve Recovery Outcomes

The data pack allows the CDP to understand the local challenges resulting from drug and alcohol use and make decisions on how to help with these. The data is telling us:

- Oxfordshire's adult drug and alcohol treatment service performs well in helping people who attend the service, with 56% progressing in treatment (compared to England's 46%). The numbers in treatment have been growing over the last year, with the current figure being almost 2300 clients. For these people, 91% do not report having a housing problem, and 29% have had at least one paid day of work in the last month. Both figures are higher than for England. 4% are not getting help for their mental health, which is lower than England (19%)
- Recent data showed less Children and Young People going into treatment the CDP took the decision to prioritise this area and mobilise a Task and Finish Group to respond. As a result, this service is now supporting more children and young people than before.
- 9.5% of the population of England and Wales reported using drugs in the year 22/23 – this percentage has been slightly rising in the last 5 years. However, in Oxfordshire the proportion of people using crack cocaine or opiates is less than nationally (7 vs 9.54 per 1000 people.) Also, the proportion of people who need treatment for using opiates and crack cocaine, but are not receiving it, is lower in Oxfordshire than England (48% vs 57%).
- Oxfordshire as a whole has a lower rate of drug related death than the England average. However, the rate in Oxford City is similar to the England average. Also, a lower proportion of people in Oxfordshire die whilst being supported by drug and alcohol treatment services compared to the figure for England.

3. How is the Oxfordshire CDP addressing drugs (and alcohol) caused harms

Further to reviewing the Oxfordshire Drug and Alcohol 2020-2024 strategy and responding to the recommendations outlined in the 2022 Joint Needs Assessment it

Oxfordshire Combatting Drugs Partnership

was agreed to map the action plan to the strategic and intermediate outcomes in the outcome's framework, using local data to inform the requirements of each group.

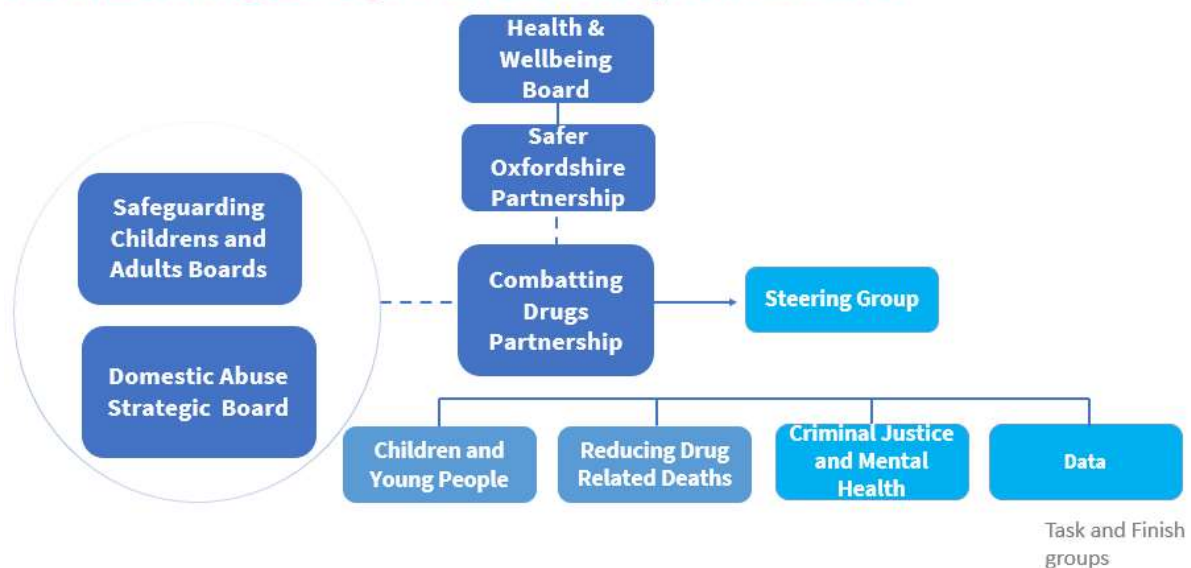
- Reduce Drug Use
- Reduce Drug Related Crime
- Reduce Drug Related Death & Harm
- Reduce Drug Supply
- Increase Treatment and Recovery
- Improve Recovery Outcomes

The diagram below shows the structure of the CDP and related task and finish delivery groups which have been mobilised and report to the Combatting Drugs Partnership on a quarterly basis.

The groups are responsible for progressing actions to support the priority areas outlined above and reporting progress to the CDP.

A summary of the delivery of the groups and progress made is set out below: -

Combatting Drugs Partnership Structure



Steering Group

Chaired by the SRO, the Steering Group oversees the strategic direction of the partnership. It has members community safety, public health and police. The purpose of this group is to review strategic direction of the CDP and identity then resolve any potential barriers to partnership delivery of the strategic action plan.

Oxfordshire Combatting Drugs Partnership

Children and Young People Task and Finish Group (Reduce Drug Use)

As noted in section two, local data evidenced a dip in numbers of children and young people receiving structured interventions for their drug and alcohol use. To respond to this a multi-agency CDP task and finish group was formed using existing structures.

The already established Children and Young People Forum extended its remit and membership to drive partnership actions to increase the number of children and young people who are referred to the specialist service. Key actions of the group include: -

- Reviewing effectiveness of referral pathways
- Checking awareness of service offer across partnership organisations
- Promotion of the service as part of wider health offer
- Focus on School Health Nurse
- Whole family approach -devising guidance for children's workers to make referrals

The impact of this focused work is now showing in the data. The latest data from August 2024 shows that the rate of increase in numbers of children and young people receiving support has accelerated.

The group has made new connections and has ensured a better understanding of the offer of the Here4YOUth service across many agencies.

Reducing Drug Related Crime and Supply

Thames Valley Police share their approach to responding to drug gangs and encourage partnership reporting of concerns.

The CDP and Thames Valley Police are working together to embed a partnership approach to the outcomes noted above.

Reducing Drug Related Deaths and Harm Task and Finish Group (Reducing Drug Related Death and Harm)

Synthetic Opioids are man-made drugs that mimic the effects of natural opioids (such as opium or heroin) but can be much more deadly. They include fentanyl and nitazenes and present a significant risk to people who consume illegal drugs.

The UK government have set up a task force to mitigate this threat, and we are working locally to respond.

A reducing drug related death and harm group has been mobilised. Actions being taken forward by the group include:

- Increasing carriage and distribution of naloxone in CDP agencies / organisations

Oxfordshire Combatting Drugs Partnership

- Establishing a Professional Information Network

Naloxone

Naloxone is a medicine that rapidly reverses an opioid overdose.

The reducing drug related death group are conducting an exercise to understand the level of need for naloxone in Oxfordshire and the purchasing and supply arrangements in the County.

The group are taking learnings from the Oxfordshire South Central Ambulance Service naloxone pilot and a pharmacy pilot for distributing naloxone is also in the early stages.

By increasing the CDP partnership use of naloxone, we are working to prevent potential deaths caused by Synthetic Opioids.

Professional Information Network

The Professional Information Network (PIN) provides assurance that adequate systems and procedures are in place for managing the risk of synthetic opioid threats within Oxfordshire, including having an incident response plan for emerging threats.

The Reducing Drug Related Death Group maintains links with the PIN.

A PIN that uses consistent and efficient processes for sharing and assessing information, issuing early warnings where needed, can help ensure high-quality, effective information rapidly reaches the right people.

The PIN meets three times per year. Ad hoc urgent meetings can be called to address significant and urgent issues in addition to the formal meetings.

The PIN will have a link with the [Thames Valley Local Resilience Forum](#), to ensure they are informed of current local developments and actions.

Information Sharing

Conversations at the group have led to a raised awareness of the risk of synthetic opioids for occasional users of opioids. Partners have been able to take this information away and raise awareness within their own areas.

Increase Treatment and Recovery

Oxfordshire is achieving targets for adults who are starting and progressing in treatment as outlined in Appendix 1. The CDP agreed the focus of increasing the numbers of people in treatment and recovery services should be a theme in all partners work. Therefore, each task and finish delivery groups, report any opportunities to increase Treatment and Recovery to the CDP. This approach is underpinned by the Criminal Justice and Mental task and finish Group detailed below.

Oxfordshire Combatting Drugs Partnership

Criminal Justice and Mental Health Task and Finish Group (Improve Recovery Outcomes)

As noted above a key aim identified by the CDP was to increase the number of people into treatment and recovery during and upon leaving the Criminal Justice System by working together across the criminal justice system, police, prisons, probation and community substance use services, to create and maintain effective pathways. This includes ensuring continuity of care between services and information sharing. The CDP were able to tap into existing structures by expanding the remit of the already formed Community Sentence Treatment Requirement (CSTR) Steering Group.

A community sentence treatment requirement is an umbrella term that brings together the three different requirements that courts can use to place an offender on a community sentence where the offender has consented to complete treatment: the Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR).²

The group are currently driving key actions forward to:

- Ensure a joined-up approach by substance use and mental health services where there's a dual diagnosis of drug use and mental health issues.
- Ensure a joined-up approach between substance use and criminal justice services to increase the numbers of people supported to reduce their drug their alcohol and drug use and offending
- Ensure people with a drug treatment need on leaving prison commence community treatment with alcohol and drug services within 21 days of leaving prison

The group are aware that engaging people with lived experience will be critical to identifying gaps in service provision. Focus groups are currently being considered as a potential mechanism to engage lived experience partners. Progress will be reported back to the CDP. The group maintain oversight of the local continuity of care performance from prison to community treatment, which remains significantly above the national and south-east regional averages.

Data

The data task and finish group meet quarterly to review locally available data including National Drug Treatment Monitoring System (NDTMS), health and social care and criminal justice data from across the partnership. Specific metrics for task and finish groups relate to delivery of key actions, such as increasing the number of Naloxone distributors, and increasing the number of children and young people and adults in treatment.

² <https://justiceinnovation.org/sites/default/files/media/document/2021/cstr.pdf>

Oxfordshire Combatting Drugs Partnership

CDP Horizon scanning and LDIS

The CDP monitors and addresses emerging threats from synthetic opioids and other dangerous substances through the local drug information system (LDIS). This is done by:

- Risk-assessment and ongoing monitoring of emerging threats based on intelligence received and proactive surveillance of local/national data
- Communicating potential threats, using agreed communications strategies and messages, to rapidly inform relevant services and people who use drugs as appropriate
- Taking actions to prepare for and mitigate imminent/potential threats through enhanced/targeted multi-agency harm reduction interventions

4. Progress of Oxfordshire CDP delivery since its establishment

Please see Appendix 1 which details the national metrics and gives insight into the current performance in Oxfordshire.

The introduction of this data pack has supported the local decision of the CDP.

There has been improved cross partnership knowledge and relationships have been strengthened, facilitated by the CDP.

External grant funding has enabled these improvements as well and partnership working in the CDP.

How our local community can get involved in the Oxfordshire CDP

There are several people with lived experience who can attend CDP and contribute to discussions.

They have also shared their own stories to explain the importance of services, and how these should be approached.

It has been identified that the Oxfordshire CDP could expand how we involve people with lived experience, their families and the local community.

In response to this the Oxfordshire CDP lead and colleagues in Public Health are currently undertaking a scoping exercise to explore how to bring the voice of lived experience and the local community into the CDP.

The next steps will be to develop a robust options appraisal to present to the CDP and move at pace to embed the voice of those with Lived Experience and their families at the CDP. We will progress lived experience and recovery community scoping across all substance use workstreams.

		#	Measure	Chart Trend
		NB: New data indicated by highlighted refs number		
		Key Lines: shades of green - Oxfordshire England Baseline TVP Otherwise stated in chart		
Strategic Outcomes & Metrics	Reduce drug use	1.1	England & Wales: Proportion of individuals reporting use of drugs in the last year (age 16-59)	
		1.2	Oxfordshire: Estimated prevalence of opiate and/or crack cocaine use Rate per 1000 population	
		1.3	Oxfordshire: Number of children where drugs were identified at the end of assessment by social services	
		1.4	Oxfordshire: Number of suspensions and the proportion that are drug and alcohol related	
		<p><i>Oxfordshire has a lower estimated rate of opiate and/or crack use than England and the local rate has decreased over the last period;</i></p> <p><i>The number of children identified by social care assessment as using drugs has decreased since 2021/2022;</i></p> <p><i>The number of children identified by social care assessment as being affected by others (parent or sibling) substance use has also decreased;</i></p> <p><i>The proportion of suspensions related to drugs and alcohol has decreased by 3% since 2022/2023.</i></p>		
Strategic Outcomes & Metrics	Reduce drug related crime	2	TVP: Hospital admissions for assault by a sharp object	
Strategic Outcomes & Metrics	Reduce drug related deaths & harm	3.1	Oxfordshire: Deaths related to drug misuse. Rate per 100,000 population	
		3.2	Oxfordshire: NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders Rate per 100K population	<p>Latest data (2019/20) is a rate of 6 per 100,000 population for Oxfordshire compared to 13 /100,000 for England.</p>
		3.3	Oxfordshire: Percentage of people in treatment that have died during their time in contact with the treatment system. (Rolling 12 months)	
		3.4	Oxfordshire: Rate per 100,000 of people who left the emergency dept. with a drug related discharge reason	
		<p><i>Oxfordshire (green line) as a whole has a lower rate of drug related death than the England average (navy line). However, the rate in Oxford City is similar to the England average.</i></p> <p><i>The Oxfordshire rate of NHS admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders is under half the England average. However the rate of people leaving the emergency department with a drug related issue has increased in the last year;</i></p> <p><i>The Oxfordshire percentage of deaths while in alcohol or drug treatment continues to fall, despite an increase in the complexity of people in treatment services over the last 3 years, and is lower than the baseline.</i></p> <p><i>Naloxone administered by SCAS has increased, and may be a result of the increase in nitazenes now in circulation across Oxfordshire.</i></p>		
Intermediate Outcomes & Metrics	Reduce drug supply	4	Oxfordshire: Number and proportion of National Referral Mechanism (NRM) referrals with a County Lines flag	<p>Oxfordshire 24 (2023)</p> <p>Average BOB 23 (2023)</p>

		#	Measure	Chart Trend																		
		NB: New data indicated by highlighted refs number		Key Lines: shades of green - Oxfordshire England, Baseline TVP Otherwise stated in chart																		
Intermediate Outcomes & Metrics	Increase engagement in treatment	5.1	Oxfordshire: Continuity of Care: Proportion of prison leavers with a continued treatment need who engage in community-based structured treatment within three weeks of leaving prison (adults) (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>22-Q4</td><td>59%</td><td>43%</td></tr><tr><td>23-Q1</td><td>64.8%</td><td>48%</td></tr><tr><td>23-Q2</td><td>70%</td><td>52%</td></tr><tr><td>23-Q3</td><td>73%</td><td>53%</td></tr><tr><td>23-Q4</td><td>69%</td><td>53%</td></tr></table>	Period	Oxfordshire	England	22-Q4	59%	43%	23-Q1	64.8%	48%	23-Q2	70%	52%	23-Q3	73%	53%	23-Q4	69%	53%
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		23-Q2	70%	52%																		
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	23-Q4	69%	53%																			
5.2	Oxfordshire: The numbers in drug treatment for adults (excluding Alcohol only) (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th></tr><tr><td>23-Q1</td><td>2,020</td></tr><tr><td>23-Q2</td><td>2,114</td></tr><tr><td>23-Q3</td><td>2,181</td></tr><tr><td>23-Q4</td><td>2,279</td></tr></table>	Period	Oxfordshire	23-Q1	2,020	23-Q2	2,114	23-Q3	2,181	23-Q4	2,279										
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23-Q4	2,279																					
5.3	Oxfordshire: The numbers in treatment for young people (Under 18) (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th></tr><tr><td>23-Q1</td><td>94</td></tr><tr><td>23-Q2</td><td>80</td></tr><tr><td>23-Q3</td><td>78</td></tr><tr><td>23-Q4</td><td>79</td></tr><tr><td>24-Q1</td><td>95</td></tr></table>	Period	Oxfordshire	23-Q1	94	23-Q2	80	23-Q3	78	23-Q4	79	24-Q1	95								
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23-Q2	80																					
23-Q3	78																					
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5.4	Oxfordshire: Proportion and Number of adults starting treatment in the establishment within 3 weeks of arrival (from community or other custodial setting)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>22-Q4</td><td>36%</td><td>32%</td></tr><tr><td>23-Q1</td><td>32%</td><td>29%</td></tr><tr><td>23-Q2</td><td>62%</td><td>32%</td></tr><tr><td>23-Q3</td><td>47%</td><td>32%</td></tr><tr><td>23-Q4</td><td>41%</td><td>32%</td></tr></table>	Period	Oxfordshire	England	22-Q4	36%	32%	23-Q1	32%	29%	23-Q2	62%	32%	23-Q3	47%	32%	23-Q4	41%	32%		
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23-Q2	62%	32%																				
23-Q3	47%	32%																				
23-Q4	41%	32%																				
5.5	Oxfordshire: Unmet need for OCU treatment (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>23-Q1</td><td>52%</td><td>57%</td></tr><tr><td>23-Q2</td><td>53%</td><td>57%</td></tr><tr><td>23-Q3</td><td>51%</td><td>57%</td></tr><tr><td>23-Q4</td><td>49%</td><td>57%</td></tr><tr><td>24-Q1</td><td>48%</td><td>57%</td></tr></table>	Period	Oxfordshire	England	23-Q1	52%	57%	23-Q2	53%	57%	23-Q3	51%	57%	23-Q4	49%	57%	24-Q1	48%	57%		
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<p>The number of people with a drug treatment need leaving prison and accessing community drug services in Oxfordshire remains significantly above the England average, although dipped slightly in the period January to March 2024.</p> <p>The numbers of adults accessing drug treatment has continued to increase over the year as a results of the local ambition to increase the reach of treatment services. The level of unmet need for opiate and crack users continues to fall and is well below the England average.</p> <p>Number of young people in treatment for drug and/or alcohol use reduced slightly over the year but has risen back to 2023 levels. The children and young peoples task and finish group are overseeing an evolving action plan to increase the young people accessing treatment.</p>																						
Intermediate Outcomes & Metrics	Improve recovery outcomes	6.1	Oxfordshire: Proportion of Treatment Progress for drug treatment. (Rolling 12 months) Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 month	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>23-Q1</td><td>59.0%</td><td>46.0%</td></tr><tr><td>23-Q2</td><td>60.0%</td><td>46.0%</td></tr><tr><td>23-Q3</td><td>62.0%</td><td>46.0%</td></tr><tr><td>23-Q4</td><td>57.0%</td><td>46.0%</td></tr><tr><td>24-Q1</td><td>56%</td><td>46.0%</td></tr></table>	Period	Oxfordshire	England	23-Q1	59.0%	46.0%	23-Q2	60.0%	46.0%	23-Q3	62.0%	46.0%	23-Q4	57.0%	46.0%	24-Q1	56%	46.0%
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24-Q1	56%	46.0%																				
6.2	Oxfordshire: Proportion of people in treatment that have reported no housing problems in the last 28 days (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>23-Q1</td><td>87%</td><td>85%</td></tr><tr><td>23-Q2</td><td>89%</td><td>85%</td></tr><tr><td>23-Q3</td><td>89%</td><td>85%</td></tr><tr><td>23-Q4</td><td>90%</td><td>85%</td></tr><tr><td>24-Q1</td><td>91%</td><td>85%</td></tr></table>	Period	Oxfordshire	England	23-Q1	87%	85%	23-Q2	89%	85%	23-Q3	89%	85%	23-Q4	90%	85%	24-Q1	91%	85%		
Period	Oxfordshire	England																				
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23-Q3	89%	85%																				
23-Q4	90%	85%																				
24-Q1	91%	85%																				
6.3	Oxfordshire: Proportion of people in treatment that have reported at least one day of paid work in the last 28 days (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>23-Q1</td><td>30%</td><td>22%</td></tr><tr><td>23-Q2</td><td>34%</td><td>22%</td></tr><tr><td>23-Q3</td><td>29%</td><td>22%</td></tr><tr><td>23-Q4</td><td>29%</td><td>22%</td></tr><tr><td>24-Q1</td><td>29%</td><td>22%</td></tr></table>	Period	Oxfordshire	England	23-Q1	30%	22%	23-Q2	34%	22%	23-Q3	29%	22%	23-Q4	29%	22%	24-Q1	29%	22%		
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23-Q3	29%	22%																				
23-Q4	29%	22%																				
24-Q1	29%	22%																				
6.4	Oxfordshire: Proportion of people in treatment reporting a mental health need who are not receiving treatment or interventions (Rolling 12 months)	<table><tr><th>Period</th><th>Oxfordshire</th><th>England</th></tr><tr><td>23-Q1</td><td>19%</td><td>5%</td></tr><tr><td>23-Q2</td><td>19%</td><td>4%</td></tr><tr><td>23-Q3</td><td>19%</td><td>4%</td></tr><tr><td>23-Q4</td><td>19%</td><td>4%</td></tr><tr><td>24-Q1</td><td>19%</td><td>4%</td></tr></table>	Period	Oxfordshire	England	23-Q1	19%	5%	23-Q2	19%	4%	23-Q3	19%	4%	23-Q4	19%	4%	24-Q1	19%	4%		
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23-Q2	19%	4%																				
23-Q3	19%	4%																				
23-Q4	19%	4%																				
24-Q1	19%	4%																				
<p>Oxfordshire continues to have a higher rate of treatment progress than both the England and South East regional averages;</p> <p>The number of people reporting a housing needs continues to fall, partly due to the Housing Support Service provided by Turning Point, currently funded by the Housing Support Grant. Although the proportion of Oxfordshire people in treatment reporting a housing problems is lower than England, Oxford City as higher levels of homelessness and is the focus of the Housing Support Grant funding.</p> <p>Paid employment rates are above England average and this should continue to improve as the new Employment service commenced in May 2024.</p> <p>The propotion of people with a need but not recieving mental health support remains below the England average.</p>																						

Healthwatch Oxfordshire Report to Health and Wellbeing Board – Dec 2024

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Healthwatch Oxfordshire Board

Notes from the public open forum meeting with Healthwatch Oxfordshire Board on 20 Nov can be seen here:

<https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>

Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board meeting on 26 Sept 2024 we attended:

- Health Improvement Board (lay ambassador Nov 2024)
- Oxfordshire Joint Health Overview Scrutiny Board (HOSC Nov 2024)
- Oxfordshire Safeguarding Adults Board.
- Oxfordshire Children's Trust Board.

Any reports to external bodies we attend can be found online at: <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>. We also attend Oxfordshire Place Based Partnership (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board – BOB ICB) among other BOB ICB committees, including the Quality Committee and Health Overview Scrutiny and Quality Committees. We work closely with Healthwatch Bucks, Healthwatch Reading, Healthwatch Wokingham and Healthwatch West Berks to bring insight into BOB ICB.

Healthwatch Oxfordshire research and insight reports

Our research reports focus on making sure the voice of people who use services is directly linked to recommendation of improvement or change where clear. All our reports and written responses to our recommendations from commissioners and providers can be seen here: <https://healthwatchoxfordshire.co.uk/reports> All reports are available in summary and Easy Read. Since the last meeting in September we published the following reports:

- **What you told us about Hospitals** – (Sept 2024) feedback from Aug 2023 – July 2024 from the public on Oxford University Hospitals NHS Foundation Trust hospitals
- **People's experience of leaving hospital in Oxfordshire** (Nov 2024) Between May and September 2024, Healthwatch Oxfordshire reached out to hear from people in the county about their experiences of this care and support. We heard from 293 people, including 206 members of the public about their experiences of leaving hospital and any follow-on care and support they received after their stay, including 22 unpaid carers. We also heard from 87 health and social care professionals from primary and secondary care and social care. We heard that parts of the process are working well for some patients. People valued the support and care from health and care professionals, good communication, being involved in decision-making about their care, effective follow-up care and aftercare, and high-quality care.

However, we also heard that there are challenges around consistent and clear communication, listening to people and involving their unpaid carers in decision making, delays in leaving hospital and getting care, and accessing follow-up care and aftercare from different services. There are also challenges around the quality and continuity of care provided. We worked closely with health and care professionals to develop and complete this research, enabling learning to be shared throughout as we heard from patients and carers, and to support quick responses.

- **Sharing findings from the community research project 'What community researchers heard about food and the cost-of-living impact on communities in OX4'** (published July 2024) continued. Culmination of work by two community researchers Hassan Sabrie and Mujahid Hamidi (from local group Oxford Community Action) between June 2023 and June 2024 with final report and film (see https://youtu.be/5_P3MMGUirl) This included presentations by community researchers along with Healthwatch Oxfordshire on the community research to events including: Good Food Oxfordshire county group (to feed into Food Poverty Strategy refresh), Oxfordshire Community Research Network, IVAR (Institute for Voluntary Action Research), and to the Applied Research Collaboration (ARC Thames Valley) showcase event in November.

Together we held a joint event on October 17: *'Feeding Oxford: Ensuring Dignity and Access Amid Rising Costs'* (with OX4 Food Crew- Oxford Community Action, Oxford Mutual Aid and Waste2Taste) at Rose Hill Community Centre for over 50 stakeholders. The event shared voices of those with lived experience of food insecurity, and facilitation of discussion and actions to identify further ways of bringing in support to people facing challenges of cost of living. Practical outcomes from this work have included development of a 'social supermarket', piloting a small community food growing garden, weekly sessions of Agnes Smith Advice Centre in the food service, and sharing information on cost of living support to over 700 recipients of food support.

Enter and View visits and reports:

Staff and lay representatives make Enter and View visits to healthcare settings to collect evidence of what works well and what could be improved to make people's experiences better. Based on the feedback of patients and members of staff, we highlight areas of good practice and suggest improvements. <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/> Since the last meeting we have published the following Enter and View reports:

- Ambulatory Care Unit, Churchill Hospital (Sept 2024)
- Oxford Eye Hospital (Sept 2024)
- Outpatients, Wantage Community Hospital (Sept 2024)
- Discharge Lounge, John Radcliffe (Nov 2024)

We have also visited Abingdon Emergency Medical Unit (EMU), White Horse Medical Practice (Faringdon), and Boots Pharmacy, Corn Market Oxford since September.

Current surveys:

In preparation for planning Healthwatch Oxfordshire focus for 2025-6 we have an annual survey asking for members of the public and other stakeholders to **share their priorities**. This survey is available <https://www.smartsurvey.co.uk/s/HWOPriorities/>

and open until end December. This will contribute to our action planning for the coming year, and help inform our planning and area of focus, along with drawing on other sources of information.

We closed a survey on **Women's Health Services**: (report due in new year 2025).

In November we are carrying out face to face outreach in Didcot to hear from **working men** in support of Oxfordshire Men's Health Partnership month's focus and a short report on what we hear will be published in the new year.

Other activity summary to date:

- Summaries of **Healthwatch Oxfordshire's quarterly activity** and achievements since the last meeting – include for Q1 April–June 2024, and **Q2 Jul–Sep(2024–5 year)** activity and can be found here: <https://healthwatchoxfordshire.co.uk/impact/> with quarterly summaries of activity, and examples of how our work has had an impact and made a difference.
- Our **goals and priorities** for the year 2024–5 can be found here: <https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>
- We continue to hold **public webinars** recordings of which can be seen here <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/> on topics including 'Health Care Closer to Home' (Sept 2024) and 'Designing Services with Men in Mind' (Nov 2024 with Oxford Community Champions and Oxfordshire Men's Health Partnership) – enabling residents to hear from health and care providers and commissioners, and contribute views to strategy development, feedback and other insight. We will run two further webinars in January and March.
- We completed street outreach and community insight profile of **Wood Farm and Town Furze**, Oxford, commissioned by Oxfordshire CC and Oxford City Council as part of the ongoing health profiling of parts of the county. This profile will be presented to Health and Wellbeing Board in March 2025.
- We continued work with user led group **My Life My Choice**, run by adults with learning disabilities, to support them setting up a '**Health Voices Group**' and supported one session on the theme of healthy eating.

- In Q2 (Jul-Sep) Healthwatch Oxfordshire was contacted by **94 people** looking for information and advice. People contacted us by either telephone, email, post or via the Healthwatch England webform. The **top three services** people contacted us about were GP Services (29), Hospital care (9) and Mental Health services (7). Of those people who contacted us **about GP services**, the main issues commented upon were access to the service (18), compliments (4) and complaints (3). We are also hearing more about Connect Health (Muscular Skeletal Services) waiting times and communication, and ongoing challenges accessing medication and support for ADHD (Attention Deficit Hyperactivity Disorder).
- In Q2 (Jul-Sep) we engaged directly face to face with approximately **744 people across the county** through attending events, community gatherings and play days (e.g. Abingdon Health Fest, Didcot, Banbury, Bicester Play Days and street outreach). We link our outreach to the topics of focused insight gathering (e.g. Women's health, discharge from hospital) as well as picking up on general issues around people's experiences of health and care.
- In Q2 (Jul-Sep) we received **83 reviews on 44 health and care services** via online and paper feedback centre – plus some outreach at this time <https://healthwatchoxfordshire.co.uk/services>. These comments, both negative and positive, gained **38 responses** directly from service providers. In this way people can see how their comments and feedback are taken seriously by providers and can help to improve services for all.
- **We publish bi-weekly news bulletins** to bring up to date health and care information to the public (to sign up see here: <https://healthwatchoxfordshire.co.uk/>), as well as active social media platforms and sharing communications via local news and community networks. We were interviewed on aspects of our insights by That's TV and Heart Radio.
- Executive Director took part in a round table meeting with Penny Dash who is leading on the second stage of the '**Dash Review**' commissioned by Government to review patient safety pathways including Care Quality Commission (CQC), Healthwatch England and local Healthwatch.

Divisions Affected - All

HEALTH AND WELLBEING BOARD

5th December 2024

CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 7th NOVEMBER 2024

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board are asked to note the content of the most recent Health Improvement Partnership Board meeting on the 7th November 2024 and the Board's contribution to the implementation of Oxfordshire's Joint Health and Wellbeing Strategy.

Background

1. The Health Improvement Partnership Board (HIB) has identified 3 priority thematic areas to focus on;
2.
 - 2.1. Tobacco Control
 - 2.2. Mental Wellbeing
 - 2.3. Healthy Weight and Physical Activity

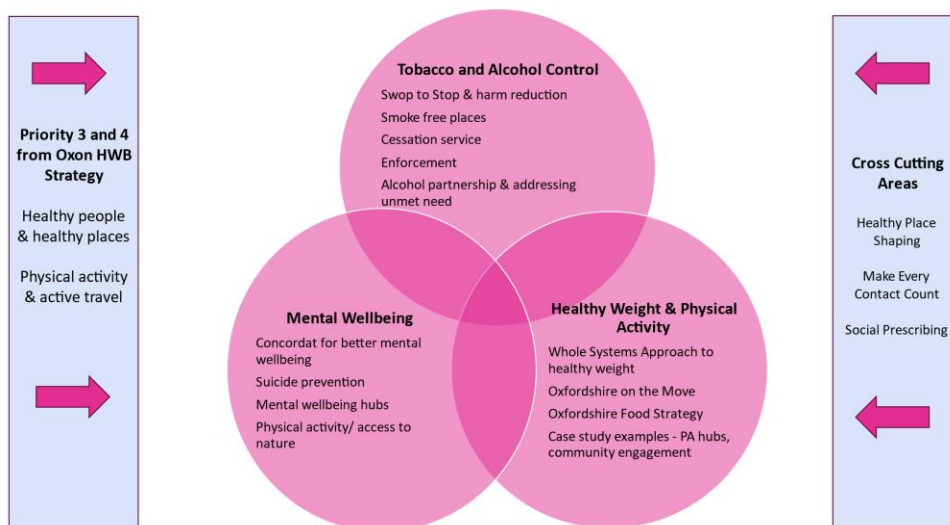


Figure 1- Priorities for the Health Improvement Board

3. Action on these priority areas is supported by an approach which is focused on addressing health inequalities and taking a preventative approach in all we do.
4. The most recent meeting of the HIB was on 7th November 2024. In addition to the standing performance report and Healthwatch update, the thematic focus of the meeting was on tobacco control and health place shaping. There was also an important update item on the Marmot Place initiative to help address local health inequalities. A summary of the meeting is provided below and full reports are available at:
<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7699>

Key Reports

5. **Tobacco Control-** the HIB received an update on this work stream which remains the leading cause of poor health, early death and cause of health inequalities in Oxfordshire. The data review demonstrated a reduction in overall county wide prevalence and a significant decline (26% to 15%) in a key priority group- Routine and Manual Workers. There is also District level data available, but it was noted that the data is a modelled estimate using relatively small sample size, so some caution is needed when sub-Oxon level data is reviewed as accuracy can lessen.
6. The recent announcements on national legislation were welcomed- the banning of disposable vapes, control around marketing vapes to children and the plans to bring in the “smoke free generation” approach through next year. This focused has also led to increased funding for tobacco control in Oxon from the Dept for Health and Social Care (£0.8m) and plans to utilise this locally were outlined to the Board
7. Two partners in the Oxfordshire Tobacco Control Alliance presented specific work in their organisations- Response’s work to support residents experiencing mental ill-health to swap from tobacco to vapes as a harm reduction approach and Cherwell District Council’s smoke and vape-free policies which prohibit smoking and vaping on all council-operated sites in order to create healthier environments for employees and visitors.
8. **Healthy Place Shaping-** This item was focused on progress on air quality action. This included updates to District Council 5-year action plans and changes to Air Quality Management Areas. The County Council now has an air quality technical lead recruited to enhance capacity and support partnership work. This includes accessing more granular data and modelling tools.
9. Dr.Suzanne Bartington from University of Birmingham presented findings from a study on the impact of school streets initiative on air quality. The study used air quality sensors at pilot and control sites to measure nitrogen dioxide levels. Results showed a reduction in nitrogen dioxide levels during road closure periods at intervention sites, with reductions ranging from 10% to 75%.

10. **Marmot Place-** The HIB was updated on developing plans around Oxfordshire becoming a Marmot Place since the briefing at the HWB on 26th September. A process of mapping current strategies, projects and data against the 8 Marmot Principles was outlined and initial findings that the following 3 principles are likely to be focused on

- 10.1. Give every child the best start in life
- 10.2. Create fair employment and good work for all
- 10.3. Ensure healthy standard of living for all

Board members contributed to a discussion the local need, challenges and opportunities they are aware of relating to these principles. This input will be taken into the launch event on the 25th November.

Future meetings of HIB

11. As described above the HIB will continue to focus on its priority areas and ensure this aligns with the Live Well section of the new Health and Wellbeing Strategy. The performance report it receives on a quarterly basis will be updated to reflect the Key Outcome Indicators and Supporting Indicators specific to this priority.

12. The next meeting of the HIB will take place in February 2025

Ansaf Ahzar
Director of Public Health

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

December 2024

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Oxfordshire Place-base Partnership: Health and Wellbeing Board Update - December 2024

1.0 BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 19 November 2024. The papers can be found on then [BOB ICB website](#) . The next meeting will take place on 14 January. Please see the website for papers.

2.0 BOB ICB Operating Model

In July, BOB ICB shared details with partners of [its revised way of working \('operating model'\)](#). Feedback from ICB staff and system partners was considered a final operating model was approved by the BOB ICB Board on 25 September 2024. A programme of work to manage implementation and the transition to the new operating model has been established. Some minor changes have taken place to date, for example a small number of line management changes, but overall, the new operating model has not yet been launched.

3.0 Oxfordshire Place-based Partnership

These following sections provide an update from our Oxfordshire Place-based Partnership.

3.1 Children and Young People

In October, the Oxfordshire Local Area Partnership SEND Improvement Board heard from the Oxfordshire SEND Youth Forum. Representatives attended to give an overview of the work they've been doing to improve processes associated with SEND reviews. The Youth Forum also shared exciting plans to develop a guide of local provision that people have accessed and had very positive experiences. A full summary of the meeting and what it covered can be found in Steve Crocker's [blog](#) (independent chair).

Two critical areas for NHS colleagues to address and improve are the Neurodevelopmental and Integrated Therapies pathways. Despite innovations to increase capacity, such as Assistive Technology supported triage, and additional weekend clinic slots, demand on services continue to outstrip available capacity, resulting in excessive waiting times for assessment and/or treatment. However, with a greater focus on what is available to CYP and families from the point at which a need is identified, there are opportunities to support people at the earliest possible stage. This was a key talking point at the recent SEND Conversations that took place on 20 November. These interactive sessions take place on a termly basis and provide an opportunity for parents and carers to discuss all things SEND with Oxfordshire Local Area Partnership.

As the calendar year ends, commissioner and provider organisations embark on operating planning for 2025/26. Guidance is yet to be released from NHS England the Department of Health and Social Care, but there are some key activities in Oxfordshire that will impact on the SEND agenda, these include; the recommissioning of Children and Adolescent Mental Health Services (CAMHS), as well as updating service specifications for Special School Nursing and Children's Integrated Therapies.

3.2 Adult and Older Adult Mental Health and Wellbeing

Key partners are collaborating to design, commission and deliver a new and improved mental health model of care in Oxfordshire for adults and older adults. We are exploring how the [Provider Selection Regime](#) (PSR) can be applied to enable the development of a partnership led by Oxford Health, as the NHS mental health prime provider. Our aim is to develop an

integrated model of care and deliver the best outcomes and experiences with the funding available. We hope to learn lessons from the existing outcomes-based contract to take into our future model.

September's Joint Health Overview and Scrutiny Committee (JHOSC) will focused on current commissioned services and plans in adult and older adult mental health. Recommendations from the committee will be considered for the new model of care and underpinning contract. Alongside recommendations from JHOSC, numerous surveys have been conducted with patients, carers and practitioners. Findings will help inform the priorities and phasing of work for the early stages of implementation from April 2025.

3.3 Urgent and Emergency Care

Alongside our ICB Urgent and Emergency Care (UEC) funding a key component and enabler of delivering UEC for Oxfordshire residents is the Better Care Fund (BCF). We are about to relaunch a systemwide planning process with representation and contributions from a diverse range of organisations and sectors within Oxfordshire.

Findings from Health watch Oxfordshire's Hospital Discharge report have been shared with key stakeholder across health and social care (including the Oxfordshire Place Based Partnership). The report helped to further define and quantify some of the issues that experienced practitioners and leaders have cited for some time and shone a light on some newly emerging themes. To further capture resident views and experiences, the Oxfordshire Health and Social Care Connections roadshow has now come to an end. As part of this, throughout the year leaders from health and social care organisations attended 25 community events and stakeholder meetings, connecting with approximately 800 Oxfordshire residents, a write up will soon be available.

3.4 Prevention and Health Inequalities

Following the shortlisting of two system projects for the prestigious Health Services Journal (HSJ) Awards in the category of Place-based Partnership and Integrated Care Award. Interviews took place with a judging panel in October and the awards ceremony happened on 21 November. Unfortunately, neither project won the award, but the process provided us with an opportunity to recognise and celebrate success through collaboration. Operating planning for 2025/26 will also incorporate prevention and health inequalities, an area which we are excited to progress and emphasise in line with the development of Oxfordshire as a Marmot County.

Daniel Leveson
Oxfordshire Place Director
September 2024

Draft Forward Work Programme

Future Meetings:

13 March 2025:

- Development/Update of ICB 5-Year Joint Forward Plan
- Development Community Research Capacity and Partnerships across Oxfordshire
- Director of Public Health Annual Report
- Update on Primary Care Strategy
- Health & Wellbeing Strategy Update – Start Well
- Community Profiles – Dashboard
- Prevention of Homelessness Director's Group Update
- JNSA 2024 Update

26 June 2025:

- JNSA 2024 Update
- BCF Plan 2023-2025
- Community Profiles
- Health & Wellbeing Strategy Update – Building Blocks (Priorities 7&9)
- Prevention of Homelessness Director's Group Update

25 September 2025:

- Oxfordshire Winter Plan (+ Vaccinations)
- ICB 2023/24 Annual Report
- PNA Update
- Prevention of Homelessness Director's Group Update
- JNSA report
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