



PEOPLE OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 19 March 2026 commencing at 10.00 am and finishing at 11.22 am.

Present:

Voting Members:

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

Other Members in Attendance:

Cllr Kate Gregory, Cabinet member for Public Health & Inequalities (*online*)

Officers:

Ansaf Azhar, Director of Public Health and Communities
Serena Abel, Interim Head of Public Health Programmes & Public Health Principal (Domestic Abuse)
Ben Piper, Senior Democratic & Scrutiny Service Officer

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

8/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

There were none.

9/26 DECLARATION OF INTERESTS
(Agenda No. 2)

There were none.

10/26 MINUTES
(Agenda No. 3)

The minutes of the meeting on 15 January 2026 were **AGREED** as a true and accurate record.

11/26 PETITIONS AND PUBLIC ADDRESS
(Agenda No. 4)

There were none.

12/26 DOMESTIC ABUSE - SAFE ACCOMMODATION PROVISION IN OXFORDSHIRE
(Agenda No. 5)

Cllr Kate Gregory, Cabinet member for Public Health & Inequalities, Ansaf Azhar, Director of Public Health and Communities, and Serena Abel, Interim Head of Public Health Programmes & Public Health Principal (Domestic Abuse) (Interim Head of Public Health), were invited to present a report on Domestic Abuse - Safe Accommodation Provision in Oxfordshire.

The Cabinet Member for Public Health & Inequalities introduced the domestic abuse report by outlining the Council's statutory duties under the Domestic Abuse Act 2021, including the requirement to assess need, commission safe accommodation, and maintain a dedicated strategy. She clarified the distinction between the overarching Oxfordshire Domestic Abuse Strategy and the more focused Safe Accommodation Strategy, which concerned accommodation-based support. She highlighted the service's role in providing refuge places, places of safety, and assurance on demand, capacity and system pressures.

The Director of Public Health and Communities placed the report in a wider context, noting that domestic abuse work had moved into Public Health around five years earlier, allowing a more holistic and preventative approach linked with services such as mental health, substance misuse, and protective behaviours in schools.

Cllr Overton joined the meeting at this stage.

The Interim Head of Public Health outlined the Safe Accommodation Strategy within Oxfordshire's four-pillar domestic abuse framework. She stressed shared responsibility between the County Council, Districts and police, with the County Council leading on statutory duties and funding, while districts help shape housing pathways.

A2Dominion had provided commissioned safe accommodation since 2018, with plans to benchmark and recommission ahead of 2028. Funding comes from district contributions based on estimated prevalence. Service developments addressed growing complexity of need, including cost-of-living support, hospital-based advocacy, and dedicated complex-needs provision. The strategy also covered support for male victims, rural outreach, referral rejections, tenancy length, move-on challenges, police check delays, and out-of-hours support via the national helpline.

Cllr Boucher-Giles joined the meeting at this stage.

Following the introduction and presentation, the Chair opened the discussion and invited questions and comments from Members.

Members requested clarification on the financial figures. The Interim Head of Public Health stated that all district councils funded the service based on estimated prevalence and agreed to maintain funding until the contract ends.

Members explored the procurement history and asked why A2Dominion had been the sole bidder for the safe-accommodation contract, and what assurances existed regarding quality and value. The Interim Head of Public Health explained that a full procurement process had been followed, including predetermined quality thresholds and independent evaluation. The Officers confirmed that if the bidder had failed to meet the quality requirements, the Council would not have awarded the contract and would instead have re-tendered. Officers noted that the main risk of a single-bid procurement was delay and uncertainty had the bidder failed to meet the threshold, potentially disrupting service continuity. Officers advised that future recommissioning would place greater emphasis on early market engagement, benchmarking, and exploration of alternative delivery models to widen the provider base.

Members queried which costs were encompassed by the A2Dominion contract in relation to value for money. Officers clarified that the contract covered all aspects of the safe-accommodation service, including staffing, helpline operations, outreach and casework, specialist roles such as the hospital-based advocate, refuge provision, places of safety, and comprehensive recovery and move-on support. Accommodation costs constituted the largest portion of overall expenditure. Regarding benchmarking, Officers noted that this process was integral to routine commissioning and will be pivotal during recommissioning. Oxfordshire's service will be measured against statistical neighbours and comparable areas for capacity, service model, and cost. Robust market engagement will inform future service models and foster competition, with procurement evaluating both quality and price.

Capacity pressures were discussed in detail. Members referred to the 32 safe-accommodation units and queried why many referrals did not lead to placements. Officers explained that a significant proportion of referrals did not require refuge or places-of-safety provision and were instead directed to more appropriate support. Officers added that increasing complexity of need and capacity constraints had affected throughput, with some residents requiring longer periods of stabilisation and specialist support before move-on. Officers confirmed that work was underway to review both the number and mix of units, strengthen move-on pathways, and benchmark Oxfordshire's provision against comparable areas to inform future commissioning.

The discussion then focused on housing pathways and system-wide pressures affecting move-on, with Members emphasising the importance of closer working with housing associations and other providers to increase longer-term housing options and relieve pressure on safe-accommodation units. Officers agreed that sustainable move-on arrangements were critical to system flow. They noted that while the six-month licence period was intended to support turnover, the principal constraint remained the wider housing market and the availability of safe and suitable accommodation. Officers stated that upcoming benchmarking and recommissioning work would assess how partnerships with housing providers could be strengthened, alongside more flexible recovery models and earlier move-on planning.

Members asked how frequently residents remained for the full six-month period and whether stays could be more responsive to individual need. The Interim Head of Public Health explained that length of stay varied, but there was an increasing trend towards residents remaining for the full period or longer, driven by complex needs,

safety considerations and limited move-on options. Officers advised that national guidance had not shifted towards longer standard tenancies, but that commissioning work would explore needs-led approaches and earlier, more proactive move-on support.

Assurance was sought regarding cases that did not enter local safe accommodation, particularly those recorded as “declined” or “rejected”. Officers explained that 14 cases had been redirected because they required 24-hour or higher-intensity provision than could be delivered safely within the commissioned model, while 18 cases had been redirected due to safety risks, including risks linked to geography and proximity to perpetrators. Officers confirmed that referrals were normally made directly to specialist or neighbouring providers, that confirmation was received that the case had been accepted, and that individuals were not left without support. They added that victim-survivors could re-engage with Oxfordshire services without restarting the referral process if circumstances changed.

Members nevertheless highlighted the importance of understanding outcomes for those redirected elsewhere. Officers explained that once a case was accepted by an external provider, ongoing monitoring was not routinely possible, as the individual entered another system. They acknowledged that longer-term outcomes for this group were not consistently tracked and recognised this as a potential area for development, particularly given the complexity of these cases. Officers suggested further exploration of whether more intensive provision could be developed or commissioned locally to reduce reliance on out-of-area placements.

Prevention and early intervention were discussed as Members asked how strongly prevention was prioritised. Officers stated that since the work had moved into Public Health, prevention had been central, enabling stronger links with mental health, substance misuse and wellbeing services, and with protective behaviours in schools. They described the importance of balancing perpetrator-focused activity with early-help approaches, stigma-reducing communication and wider community awareness to encourage earlier support-seeking. Officers referred to ongoing training and engagement work and advised that mapping prevention activity across the system would support more targeted development.

Members asked about partnership working beyond the main commissioned provider. Officers confirmed close collaboration with a wide range of voluntary and community sector partners. SAFE! was highlighted as a key organisation supporting children, young people and families affected by domestic abuse, including through work within refuge settings. Officers also described outreach engagement, attendance at community events and participation in district-level partnership arrangements to strengthen referral routes and local support pathways.

The language used in reporting was raised as a concern. Members noted that the term “decline” could imply that victim-survivors were turned away without support. Officers agreed that the terminology was unhelpful and did not reflect practice, which focused on directing individuals to the most appropriate and safe provision. Officers undertook to review reporting language with the service manager so that future reports better reflected outcomes and onward support.

Members asked how service-user feedback had informed improvements. Officers explained that engagement undertaken for the Safe Accommodation Strategy had led to practical changes. For example, survivors had reported receiving inconsistent advice from housing teams about overstaying tenancies when move-on accommodation was unavailable. Officers explained that this had been addressed through the Safe Accommodation Working Group, which brought the districts and the provider together to align guidance and unblock pathways. Feedback had also informed work with Thames Valley Police to reduce delays arising from background checks.

Clarity was sought on who held which responsibilities within the two-tier local authority system. Officers explained that the County Council held the statutory duty under the Domestic Abuse Act, received national grant funding and commissioned the countywide safe-accommodation service. The district councils contributed funding, managed local housing duties and pathways, and worked directly with the provider on placements and move-on. Officers stated that delivery and oversight were supported through established partnership structures, including the Domestic Abuse Partnership Board and relevant subgroups, bringing together the County and district councils, the NHS, the police and the voluntary and community sector.

Access for households with no recourse to public funds (NRPF) was discussed, particularly in light of Oxfordshire's commitments as a Council of Sanctuary. Officers explained that NRPF cases were challenging, as financial barriers often restricted move-on options and extended stays. They described a case-by-case approach involving intensive wrap-around support, close working with immigration services and partners such as Asylum Welcome, and use of cost-of-living grants to address immediate needs. Officers confirmed that this remained a priority area for further development.

Out-of-hours provision was discussed as Officers explained that the local helpline operated weekdays between 10am and 7pm, with out-of-hours calls diverted to the National Domestic Abuse Helpline, which provided 24/7 risk assessment and safety planning and passed cases back to the local service on the next working day.

Members asked how rural need was considered given Oxfordshire's geography. Officers explained that provision was located to support access across the county, including market towns and semi-rural areas. They noted that referral data could be analysed geographically and referred to work to develop a rural inequalities framework to better understand hidden rural need.

Members queried why referrals from the NHS and police appeared low. Officers explained that higher-risk police cases were often routed through Independent Domestic Violence Advocate pathways rather than the medium-risk route reflected in the figures. NHS referrals also varied due to alternative safeguarding and clinical pathways, meaning activity was not always captured in the safe-accommodation data.

Finally, Members discussed wider pressures on families and the intersection with other challenges, including caring responsibilities and complex needs. Officers acknowledged that domestic abuse often overlapped with other vulnerabilities and

that the system responded through tailored casework, multi-agency working and safeguarding routes. They also discussed awareness-raising and misconceptions about eligibility and access. Officers advised that communications were being reviewed to make pathways clearer and less daunting, informed by engagement findings from the strategy.

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

- That the Council will work with the commissioned domestic abuse service provider to explore options for systematic long-term follow-up with victim-survivors after they leave safe accommodation to understand ongoing wellbeing, identify unmet needs, and inform future commissioning and service improvements. This will be developed in consultation with the service provider and mindful of their capacity and contractual scope.

13/26 COMMITTEE FORWARD WORK PLAN

(Agenda No. 6)

The Committee recognised that it was not within its authority to commit future Committees to any proposed programme of work. Nevertheless, the Committee **AGREED** that the suggested work programme would serve as an appropriate starting point for subsequent Committees.

The Committee suggested the following amendments for the future Committee:

- Bring back the domestic abuse item after the needs assessment, inviting the provider and including lived-experience input. Provide more comprehensive statistics at that session, with detailed information on male victim-survivors. Consider presenting the remaining three pillars of the domestic abuse strategy to the Committee in the future.
- That the Community Grants Panel report, which had been delayed, be scheduled to return to the Committee at a forthcoming meeting.

14/26 COMMITTEE ACTION AND RECOMMENDATION TRACKER

(Agenda No. 7)

The Committee **NOTED** the action and recommendation tracker.

..... in the Chair

Date of signing