



To: Members of the Cabinet

## ***Notice of a Meeting of the Cabinet***

**Tuesday, 18 October 2016 at 2.00 pm**

**Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND**

A handwritten signature in black ink that reads "Peter Clark".

Peter Clark  
County Director

October 2016

Contact Officer:

**Sue Whitehead**

Tel: 07393 001213; E-Mail: [sue.whitehead@oxfordshire.gov.uk](mailto:sue.whitehead@oxfordshire.gov.uk)

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### **Membership**

#### **Councillors**

Ian Hudspeth	<i>Leader of the Council</i>
Rodney Rose	<i>Deputy Leader of the Council</i>
Mrs Judith Heathcoat	<i>Cabinet Member for Adult Social Care</i>
Nick Carter	<i>Cabinet Member for Local Government, Business, ICT &amp; Customer Services</i>
Melinda Tilley	<i>Cabinet Member for Children, Education &amp; Families</i>
Lorraine Lindsay-Gale	<i>Cabinet Member for Property, Cultural &amp; Community Services</i>
David Nimmo Smith	<i>Cabinet Member for Environment</i>
Lawrie Stratford	<i>Cabinet Member for Finance</i>
Hilary Hibbert-Biles	<i>Cabinet Member for Public Health</i>

*The Agenda is attached. Decisions taken at the meeting  
will become effective at the end of the working day on Wednesday 26 October 2016  
unless called in by that date for review by the appropriate Scrutiny Committee.*

*Copies of this Notice, Agenda and supporting papers are circulated  
to all Members of the County Council.*

*Date of next meeting: 22 November 2016*

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

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

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

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

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

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

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

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

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned....."*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

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

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

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

# AGENDA

## 1. Apologies for Absence

## 2. Declarations of Interest

- guidance note opposite

## 3. Minutes

To approve the minutes of the meeting held on 20 September 2016 (**CA3 (to be circulated separately)**) and to receive information arising from them.

## 4. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member, and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

## 5. Petitions and Public Address

## 6. 2016/17 Financial Monitoring & Business Strategy Delivery Report - August 2016 (Pages 1 - 56)

*Cabinet Member:* Finance

*Forward Plan Ref:* 2016/048

*Contact:* Katy Jurczynszyn, Strategic Finance Manager (Finance, Strategy & Monitoring)

*Tel:* (01865) 323975

Report by Chief Finance Officer (**CA6**).

The report is the second financial monitoring report for 2016/17 and focuses on the delivery of the Directorate Business Strategies that were agreed as part of the Service and Resource Planning Process for 2016/17 – 2019/20. Parts 1 and 2 include projections for revenue, reserves and balances as at the end of August 2016. Capital Programme monitoring and a programme update is included at Part 3.

***The Cabinet is RECOMMENDED to:***

- (a) note the report;***
- (b) approve the virement requests set out in Annex 2a;***
- (c) approve the supplementary estimates as set out in paragraphs 41 and 42;***
- (d) approve the request for funding from the Efficiency Reserve as set out in paragraph 57;***
- (e) note the Treasury Management lending list at Annex 3;***
- (f) approve the updated Capital Programme at Annex 8 and the associated changes to the programme in Annex 7c;***
- (g) approve an additional £2.1m in the budget provision for the Westgate Library project.***
- (h) approve the inclusion into the Capital Programme of the new primary school for Southam Road, Banbury; and***
- (i) to approve the new charge as set out in Annex 9.***

## **7. The Oxfordshire Safeguarding Children Board (OSCB) Annual Report/The Performance, Audit & Quality Assurance Annual Report and The Case Review & Governance Annual Report (Pages 57 - 140)**

*Cabinet Member:* Children, Education & Families

*Forward Plan Ref:* 2016/100

*Contact:* Tan Lea, Strategic Safeguarding Partnerships Manager Tel: 07867 923287

Report submitted by the Chairman of the Oxfordshire Safeguarding Children's Board (CA7).

The OSCB's remit is to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire. The annual report summarises the key achievements in the last year and provides an analysis of safeguarding arrangements. These arrangements have been found to be in a good state as confirmed by the Stocktake Report on child sexual exploitation in 2015 and the Joint Targeted Area inspection in 2016. Board members have a clear view of how well child protection work is being managed but also a clearer understanding of the pressures on the system due to the increased activity at the front door.

The annual report directs the OSCB towards the following aims for 2016/17: (1) ensuring that the 'front door' for safeguarding concerns for children provides a swift and robust response (2) protecting younger children from the harm of neglect and parental risk factors (3) protecting older children from harm by maintaining a multi-agency focus on issues such as peer on peer abuse, online and Lesbian, Gay, Bisexual and Transgender bullying, self-harm and suicide (3) testing if learning is embedded across the child protection partnership.

Also attached are two further annual reports: the Performance, Audit & Quality

Assurance Annual Report and the Case Review & Governance Annual Report.

***The Cabinet is RECOMMENDED to note the reports.***

## **8. Director of Public Health Annual Report (Pages 141 - 228)**

*Cabinet Member:* Public Health

*Forward Plan Ref:* 2016/046

*Contact:* Alan Rouse, Business & Planning Manager Tel: (01865) 328603

Report by Director of Public Health (**CA8**).

The annual report summarises key issues associated with the Public Health of the County. It includes details of progress over the past year as well as information on future work.

It is an independent report for all organisations and individuals.

The report covers the following areas:

Chapter 1: The Demographic Challenge

Chapter 2: Building Healthy Communities

Chapter 3: Breaking the Cycle of Disadvantage

Chapter 4: Lifestyles and Preventing Disease Before it Starts

Chapter 5: Mental Health

Chapter 6: Fighting Killer Diseases

The report has also been considered at the Oxfordshire Health Overview & Scrutiny Committee meeting on 15 September 2016.

***Cabinet is RECOMMENDED to RECOMMEND Council to receive the report and note its recommendations.***

## **9. Business Management & Monitoring Report for Quarter 1 - 2016/17 (Pages 229 - 244)**

*Cabinet Member:* Deputy Leader

*Forward Plan Ref:* 2016/049

*Contact:* Ian Dyson, Assistant Chief Finance Officer (Assurance) Tel: (01865) 323875

Report by Assistant Chief Finance Officer (Assurance) (**CA9**).

This paper provides details of performance for quarter one 2016-17 for the Cabinet to consider. The report is required so that the Cabinet can monitor the performance of the Council in key service areas and be assured that progress is being made to improve areas where performance is below the expected level.

***Cabinet is RECOMMENDED to note and discuss the performance reported in the dashboards.***

## 10. Request from Education Scrutiny Committee (Pages 245 - 254)

At their meeting on 29 September 2016 the Education Scrutiny Committee considered a report on 'the Strategic and Operational Responsibilities of the County Council & the Resources Required to Carry Out These Duties, particularly in relation to School Improvement and Support Services'.

The Committee noted that the government continued to reduce resources available to local authorities dramatically, whilst expecting them to continue to carry out their statutory duties, particularly in relation to maintained schools, and that the diminishing funding would have a negative effect on the discharge of our duties. The Committee also noted that there was a lack of clarity about the government's expectations of local government e.g. no right to intervene in academies but still held accountable for their performance.

The Committee agreed to refer the issue to Cabinet with a request that the Cabinet write to the Secretary of State to express the concerns of the Committee. A copy of the report (**CA10**) is attached for consideration.

***Cabinet is RECOMMENDED to consider the request from the Education Scrutiny Committee and to determine any action to be taken.***

## 11. Delegated Powers - October 2016

*Cabinet Member:* Leader

*Forward Plan Ref:* 2016/050

*Contact:* Sue Whitehead, Principal Committee Officer Tel: 07393 001213

To report on a quarterly basis any executive decisions taken under the specific powers and functions delegated under the terms of Part 7.2 (Scheme of Delegation to Officers) of the Council's Constitution – Paragraph 6.3(c)(i). It is not for scrutiny call in.

<i>Date</i>	<i>Subject</i>	<i>Decision</i>	<i>Reasons for Urgency</i>
19 August 2016	Exemption from Contract Procedure Rules- Provision of Independent Day Centres	to approve an exemption from tendering with the Council's Contract Procedure Rules in respect of a contract with the existing providers for independent day centres. The value of this award will total £1,115,966.75.	To allow the review of all day care services for older people to identify whether there are day care service options that can more effectively meet the needs of the most vulnerable service users in the community. The existing services will need

			to continue during this review to ensure continuity of service in the event that any of the services need to be remodelled as a consequence of the review.
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## 12. Forward Plan and Future Business (Pages 255 - 258)

*Cabinet Member: All*

*Contact Officer: Sue Whitehead, Committee Services Manager (07393 001213)*

The Cabinet Procedure Rules provide that the business of each meeting at the Cabinet is to include “updating of the Forward Plan and proposals for business to be conducted at the following meeting”. Items from the Forward Plan for the immediately forthcoming meetings of the Cabinet appear in the Schedule at **CA12**. This includes any updated information relating to the business for those meetings that has already been identified for inclusion in the next Forward Plan update.

The Schedule is for noting, but Cabinet Members may also wish to take this opportunity to identify any further changes they would wish to be incorporated in the next Forward Plan update.

***The Cabinet is RECOMMENDED to note the items currently identified for forthcoming meetings.***

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Division(s): N/A

## CABINET – 18 OCTOBER 2016

### 2016/17 FINANCIAL MONITORING & BUSINESS STRATEGY DELIVERY REPORT

**Report by the Chief Finance Officer**

#### Introduction

- This is the second financial monitoring report for 2016/17 and focuses on the delivery of the Directorate Business Strategies that were agreed as part of the Service and Resource Planning Process for 2016/17 – 2019/20. Parts 1 and 2 include projections for revenue, reserves and balances as at the end of August 2016. Capital Programme monitoring and a programme update is included at Part 3.

#### Summary Position

- The forecast directorate variation at this stage in the year is an anticipated overspend of +£5.8m or +1.4% against a net budget of £411.8m as shown in the table below. However, as in previous years, overspends are expected to be reduced by management action or the use of one – off funding during the year. The report to Cabinet in October 2015 set out an anticipated overspend of +£5.9m. The final year end position for directorates was an over spend of only +£0.7m or 0.2%.

Directorate	Latest Budget 2016/17 £m	Forecast Outturn 2016/17 £m	Forecast Outturn Variance 2016/17 £m	Forecast Outturn Variance 2016/17 %
Children, Education & Families (CE&F)	106.6	111.6	+5.0	+4.7%
Social & Community Services (S&CS)	212.5	212.2	-0.3	-0.0%
Environment & Economy (E&E)	71.0	71.3	+0.3	+0.4%
Corporate Services (CS)	21.7	22.5	+0.8	+3.5%
Public Health (*)	0.0	0.0	0.0	0.0%
<b>Total</b>	<b>411.8</b>	<b>417.6</b>	<b>+5.8</b>	<b>+1.4%</b>

<b>Public Health (*)</b>				
Expenditure	32.1	32.1	+0.1	+0.4%
Grant and Other Income & Transfer to Reserves	-32.1	-32.1	-0.1	-0.4%
<b>Total <sup>1</sup></b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.0%</b>

- The following annexes are attached:

Annex 1	Original and Latest Estimates for 2016/17
Annex 2	2016/17 Virements & Supplementary Estimates
Annex 3	Treasury Management Lending List
Annex 4	Forecast Earmarked Reserves

<sup>1</sup> In 2016/17 Public Health is funded by a ring-fenced grant of £32.1m from the Department of Health.

Annex 5	Forecast General Balances
Annex 6	Government Grants 2016/17
Annex 7	Capital Programme Monitoring
Annex 8	Updated Capital Programme
Annex 9	Planning Performance Agreements Officer Charging Approach

4. Directorate reports setting out the detail behind this report are available from the contact officers named at the end of this report or in the Members' Resource Centre.

## **Part 1 - Revenue Budget**

### **Children, Education & Families (CE&F)**

5. The directorate is forecasting an overspend of +£5.0m, which represents a variation of +4.7% against budget.

#### CEF1 Education and Learning

6. The Education & Learning service is forecasting to overspend by +£1.2m.
7. Home to School Transport is reporting a forecast overspend of +£1.7m. The overspend is mainly due to Special Educational Needs (+£1.4m). As has been reported previously, the cost of transporting SEN students is increasing for a number of reasons including an rise in the number of children with SEN (on average around 70 additional students per year), and a rise in more costly transport such as the need for passenger assistants.
8. This position will change when the information on the uptake resulting from the new school year is available. It is not yet known if the overspend will significantly increase or decrease as a result.
9. The overspends set out above are partly offset by forecast underspends on Service Management and Central Costs (-£0.2m) due to staffing savings; School Organisation and Planning (-£0.2m) due to savings on the Academies Conversion Costs; and Schools & Learning (-£0.1m) due to staffing budgets.

#### CEF2 Children's Social Care

10. Children's Social Care is forecast to overspend by +£3.2m.
11. The growth in the number of children requiring services from Children's Social Care has increased workloads across most services. The majority of the overspend of (+£0.6m) in Management and Central Costs is the result of significant growth in the legal costs relating to Children's Social Care.
12. Looked After Children and Leaving Care are forecasting an overspend of +£0.8m based on current clients. There is a risk demand will increase over the remainder of the year and careful monitoring will continue to identify any further growth in the forecast. There has been an increase of 38 in the number of Looked After Children (499 in April 2016 rising to 537 at the end of August 2016).

## CA6

13. An overspend of +£1.8m is forecast on the Placements budget. The overspend is partly caused by the completion of the new Children's Homes being behind schedule thereby delaying the savings which will arise from reducing the number of external placements.
14. The forecast does not include +£0.5m which it is estimated could arise from new placements during the rest of the year. Since May 2016 the projection for new placements during the year has decreased and placements in this area having reduced compared to the previous year to date. However, there has not been an overall reduction in demand as there has been a significant increase in the number of Corporate Parenting placements resulting in an increased forecast in that area. Corporate Parenting placements are less expensive than external placements.
15. There were 46 clients in mainstream residential placements at the end of August 2016, compared to 49 at the end of July 2016. There were 96 clients in independent foster agency placements at the end of August 2016, a decrease of two since the end of July 2016.
16. The Asylum service is reporting a forecast overspend of +£1.2m. This reflects the full year effect of 55 Unaccompanied Asylum Seeking Children (UASC) who are under 18 and have looked after children status, and 35 UASC care leavers aged 18-25 years. Whilst the Council does receive funding for these clients, it only covers approximately 50% of the cost. The number of clients that Oxfordshire is responsible for is likely to continue to increase as the Government is committed to a transfer scheme to move unaccompanied asylum seeking children from Kent to other local authorities.
17. The Early Intervention Service (including Hubs, Children's Centres, Youth and Engagement and Thriving Families) is forecast to underspend by -£1.7m. This is due to the current remodelling of the service. There are also forecast overspends in Family Support of +£0.3m and Referral & Assessment of +£0.2m.

### CEF2 Children's Social Care Countywide Services

18. Children's Social Care is forecast to overspend by +£0.4m.
19. Corporate Parenting is forecasting an overspend of +£0.4m. The forecast is based on current clients. There is a risk demand will increase over the remainder of the year and careful monitoring will continue to identify any further growth in the forecast.
20. The Corporate Parenting forecast should be considered alongside the forecast for Placements. To date growth in the external placements budget has been below expectations, however growth within Corporate Parenting is exceeding the estimate resulting in this forecast overspend.

### Dedicated Schools Grant (DSG)

21. Services funded from DSG are forecast to be on budget. However, the Special Educational Needs (SEN) service has a potential overspend of up to +£1.8m relating predominantly to significant increases in the number of out of county placements. A range of actions are being taken

to minimise costs in the service including: reviews of the SEN and Early Years SEN services; local authority support for new special free school applications; and through the capital programme, additional classrooms in special schools and new resource base provision. As this is a volatile budget it is likely that this forecast will vary in future months. In the event of an overspend there are three options; to carry the overspend forward into 2017/18, to fund it from DSG balances subject to discussion with Schools Forum or for the Council to fund the overspend. The preference is to fund from DSG balances, but this requires the agreement of Schools Forum.

22. The expected National Schools Funding Formula is likely to ring-fence the various DSG funding blocks making it increasingly difficult to manage such overspends within DSG going forward.

### **Social & Community Services (S&CS)**

23. The directorate is forecasting an underspend of -£0.3m. An overspend on Adult Social Care of +£0.4m is offset by an underspend in Community Safety and Fire & Rescue of -£0.7m. The breakdown across Adult Social Care is shown below:

Adult Social Care & Joint Commissioning	Forecast Outturn Variance 2016/17 £m
Older People & Equipment Pool	+0.1
Physical Disabilities Pool	+0.9
Learning Disabilities Pool	+0.1
Other (ASC non pool, Joint Commissioning)	-0.7
<b>Total Adult Social Care</b>	<b>+0.4</b>

#### S&CS1 Adult Social Care

24. The Adult Social Care overspend includes the Council's element of the joint Council and Oxfordshire Clinical Commissioning Group (OCCG) variation on the Older People and Equipment Pooled budget along with the risk based shares of the variations on the Learning Disabilities, Physical Disabilities and Mental Health Pooled Budgets. As noted in the Cabinet report in July 2016, these remain subject to the formal agreement through the Section 75 agreement.
25. In August 2016, OCCG reported further in year pressures. They have put plans in place to mitigate £12m of the pressure leaving a shortfall of £5m. A savings plan has been developed by OCCG to meet this shortfall. The impact of these proposals on the partnership arrangements and risk shares within the pools varies. These will be considered as part of discussions about the risk shares and associated agreement of the Section 75 agreement for 2016/17 with the intention of resolving this in October.

#### Older People and Equipment Pool

26. The County Council element of the Older People and Equipment Pool is forecast to overspend by +£0.1m. This is after the permanent contribution of +£3.0m from the Adult Social Care precept agreed by Cabinet in September 2016 following completion of the National Living Wage consultation.

27. There is continuing pressure within the pool relating to care home placements where the forecast outturn is an overspend of +£0.9m after the use of funding from the Adult Social Care Precept. The average number of new placements is 12.6 per week, above the budgeted level of 10 per week. This is offset by forecast underspends elsewhere within the pool.
28. The 2% Adult Social Care Precept agreed by Council in February 2016 has resulted in a budget of £5.9m to fund pressures within Adult Social Care including the National Living Wage. To date, £0.9m has been allocated to the Older People's Pool to fund the outcome of the Care Home Fee Consultation, Home Support Price Review and new Help to Live at Home contracts. As set out above, Cabinet agreed to use £3.0m to increase the Council's contribution to the Older People's Pooled budget to fund the pressure on care home placements.
29. The balance of £1.0m is held as a contingency to support specific in year pressures in Adult Social Care. At this stage £0.5m is assumed to be available to support identified pressures but this will be updated as the year progresses.

Learning Disabilities Pool

30. The Learning Disabilities Pool is forecast to overspend by +£0.1m.

Adult Social Care: Non – Pool Services

31. There is a forecast overspend of +£0.7m for services outside of the Pools. This includes a forecast overspend of +£0.3m on the Emergency Duty Team and a consultation is underway to redesign this service. The overspend on the Mental Health Pooled budget contribution is estimated at +£0.4m. This reflects an anticipated overspend on service users who do not fall within the Outcomes Based Contract but are eligible for Social Care and are appropriately care managed by the Community Mental Health Teams.

SCS3 Fire & Rescue and Emergency Planning

32. There is a forecast underspend of -£0.7m, which relates to Fire & Rescue and Emergency Planning. This includes an underspend of -£0.4m relating to vacancies for whole time firefighters and a forecast underspend on fuel costs. There is also a -£0.2m underspend for Gypsy and Traveller sites.

**Environment & Economy (E&E)**

33. The directorate is forecasting an overspend of +£0.3m which represents +0.4% against budget.

EE1 Strategy & Infrastructure and EE2 Commercial Services

34. There is a small forecast underspend of -£0.1m in Strategy & Infrastructure. Commercial Services are reporting a forecast overspend of +£0.4m. There are pressures in Delivery with +£0.4m for defect repairs (potholes) due to updated data showing a 20% increase in activity. Highways Contract and Performance Management are projecting an

overspend of +£0.9m which is offset by an underspend in Supported Transport through early achievement of bus subsidy savings.

### **Corporate Services**

35. The directorate is forecasting an overspend of +£0.8m which represents +3.5% against budget.
36. Transformation is forecasting to overspend by +£1.0m in ICT. This is due to rationalisation savings not being fully realised and continuing pressure from the cost of the data centre. The Transformation overspend is partly offset by an underspend in Policy (-£0.2m) due to staffing vacancies.
37. Legal services are forecasting a breakeven position. However, there is increased counsel spend as a direct result of a significant number of childcare proceedings coming to Legal Services. This has created a pressure of £0.3m which will be funded from council balances.

### **Public Health**

38. Public Health is forecasting an underspend of -£0.1m. In accordance with accounting requirements, any underspend at the end of the year will be placed in the grants and contributions reserve and will be used to meet Public Health expenditure in future years.

### **Virements and Supplementary Estimates**

39. Annex 2a sets out the virements larger than £0.5m or that relate to un-ringfenced grants that require Cabinet approval under the Virement Rules agreed by Council on 16 February 2016. None of these virements represent a change in policy as the service is unchanged.
40. Annex 2d shows virements Cabinet need to note.
41. Cabinet is recommended to approve the supplementary estimate of £0.12m for Network & Asset Management as requested in Annex 2e. From 2016/17, there is a change to the way the Council is required value its highway network on the balance sheet under CIPFA's Transport Infrastructure Code. In order to implement the requirements of the code, one-off investment of £0.1m is required to comply with the data, systems and process requirements of the code.
42. Cabinet is recommended to approve the supplementary estimate of £0.3m for Legal Services as requested in Annex 2e. This is due to the increase in the number of childcare proceedings coming to Legal Services. The estimate is based on the latest forecast position and will be updated during the year.

### **Government Grants**

43. As set out in Annex 6, ring-fenced grants totalling £299.3m are included in Directorate budgets and will be used for the specified purpose. After the budget was agreed by Council in February 2016, notification was received of the Public Health Grant for 2016/17. It was confirmed as

£32.1m, £1.7m more than estimated. Any grants unspent at year end will be held in the Grants & Contributions Reserve for use in 2017/18, or returned to the funding body.

44. At the time of setting the 2016/17 budget in February 2016 several unringfenced grant notifications still had not been received. Annex 6 also sets out the latest unringfenced grant allocations.

### **Business Strategy Savings**

45. The forecasts shown in this report incorporate Business Strategy savings that were agreed by Council in February 2016 and previous years. At this stage, 85% of the planned savings are expected to be delivered.
46. £5.3m of the £5.7m Children Education & Families savings for 2016/17 are expected to be achieved. The £0.4m saving on placements is expected to be delayed until 2017/18 due to delays in opening the new homes. However, the offsetting funding for the cost of prudential borrowing pressure will not be needed in 2016/17 either.
47. Adult Social Care savings total £10.5m. It is expected that there will be slippage of around £0.8m on the delivery of savings, primarily within the Older People's Pool. This relates to the implementation of a panel, and associated review team within the new Responsible Localities structure that will go live on 1 October 2016, to agree packages of care within the Older People's Pooled budget. Further work is on-going to assess whether the £1.0m efficiency saving resulting from the implementation of Responsible Localities will be achievable in 2016/17. Because of the timing of the go-live for the new teams, it is likely that the majority of this will slip into 2017/18. Underspends elsewhere mean that this does not have a significant effect on the overall position for adult social care which currently has a forecast overspend of £0.4m.
48. £4.9m of the £5.6m in Environment & Economy are expected to be achieved. Due to interim contract arrangements being needed and the time lag associated with realising the benefits of the LED replacement programme, the £0.4m energy saving in Street Lighting will not be achieved. The £0.2m saving from in-year mothballing of Speedwell House will not be realised. However, this is mitigated through the early release of the lease at Unipart. Increases in forecast income for parking charges of £0.1m are also at risk of being achieved.
49. In Corporate Services, it is unlikely that the ICT rationalisation savings of £0.4m will be realised due to a delay in vacating premises and £0.2m for the self-funding Customer Service Centre model is also at risk.
50. Savings of £1.25m are built into Public Health for 2016/17. The savings were agreed by Council in February 2014 contingent on the expectation that the ring-fenced grant would cease from 2016/17. The retention of the ring fence has been confirmed, and this means that these savings cannot be delivered on an ongoing basis against the Public Health budget. Funding of up to £0.5m from the public health reserve is expected to contribute to the saving of £1.25m in 2016/17 on a one off basis.

51. Progress against delivery of savings will be monitored on a regular basis by the Delivery Board and action taken where savings are not expected to be achieved. Any on-going pressures will be considered as part of the 2017/18 Service & Resource Planning process.

### **Bad Debt & Loan Write Offs**

52. There were 16 general write - offs to the end of August 2016 and these totalled £1,838. In addition Adult Social Care has written off 48 Client Charge debts totalling £73,252.

### **Treasury Management**

53. The latest treasury management approved lending list (as at 31 August 2016) is shown in Annex 3.
54. The following table displays average in-house cash balances and average rates of return for June to August 2016. Interest receivable for 2016/17 is currently forecast to be in line with the budgeted figure of £3.2m. Interest payable is currently forecast to be in line with the budgeted figure of £17.6m.

<b>Month</b>	<b>Average cash balance</b>	<b>Average rate of return</b>
June	£331.3m	0.88%
July	£345.5m	0.84%
August	£337.1m	0.79%

## **Part 2 – Balance Sheet**

55. Annex 4 sets out earmarked reserves brought forward from 2015/16 and the forecast position as at 31 March 2017. These reserves are held for specified one – off projects, contractual commitments and to support the Medium Term Financial Plan. Directorate reserves are expected to reduce from £52.9m to £44.4m at 31 March 2017.
56. Other Reserves, which include Insurance, Capital and Cash flow reserves, are forecast to total £53.2m at 31 March 2017. This includes £8.7m in the Budget Reserve and £2.9m in the Efficiency Reserve.

### Efficiency Reserve

57. An integrated Adult Social Care and Finance system went live in November 2015. Cabinet is recommended to approve £0.15m funding from the efficiency reserve to fund further system improvements in 2016/17.

### Balances

58. As set out in Annex 6 general balances were £19.0m as at 31 March 2016. This compares to £17.5m as set out in the Medium Term Financial Plan (MTFP) approved by Council in February 2016. The Annex also sets out the position pending approval of supplementary estimates recommended in this report.

Contingency

59. The 2016/17 budget agreed in February 2016 included a contingency of £4.2m. £1.8m of this has been required to offset a loss of recharge income to the Council from the Dedicated Schools Grant (DSG) following a ruling by the Secretary of State for Education. A further £0.6m has been used to offset the pressure in Education Support Services arising from the loss of income from school's converting to academies. The ongoing impact of this pressure will be addressed through the 2017/18 Service & Resource Planning process.

## Part 3 – Capital Programme

### Capital Monitoring

60. The capital monitoring position set out in Annex 7a, shows the forecast expenditure for 2016/17 is £143.6m (excluding schools local capital). This has increased by £0.6m (Directorate Programmes) compared to the latest approved capital programme. The table below summarises the variations by directorate.

Directorate	Last Approved Programme * £m	Latest Forecast Expenditure £m	Variation £m
Children, Education & Families	53.2	53.9	+0.7
Social & Community Services	15.9	15.8	-0.1
Environment & Economy – Transport	50.3	50.2	-0.1
Environment & Economy – Other	11.1	11.1	- 0.0
Corporate Services	12.5	12.6	+0.1
<b>Total Directorate Programmes</b>	<b>143.0</b>	<b>143.6</b>	<b>+0.6</b>
Schools Local Capital	1.8	1.8	0.0
Earmarked Reserves	5.5	1.5	-4.0
<b>Total Capital Programme</b>	<b>150.3</b>	<b>146.9</b>	<b>-3.4</b>

\* Approved by Cabinet 19 July 2016

61. Significant in-year variations for each directorate are listed in Annex 7b. New schemes and total programme/project budget changes are listed in Annex 7c.
62. In the Children, Education & Families (CEF) programme the increase is due to the inclusion of an additional £2m for the new primary school (GEMS Academy) at Didcot, Great Western Park that was opened in September 2016. This follows the recommendation to Cabinet in July 2016.
63. This was offset by re-profiling £1.3m to reflect the delivery timetable of the September 2017 basic need programme. The in-year budget provision for the basic need programme is £16.3m. £0.3m of funding has been transferred from the CEF annual programmes to the School Structural Maintenance Programme to reflect additional pressures. No planned projects have been deferred from the annual programmes.
64. In the Transport programme, the overall variation is a reduction of £0.1m from re-profiling of several projects and programmes. The urgent need to

## CA6

complete reconstructive works to the substructure of Kennington Railway Bridge was identified during a maintenance inspection. Interim measures costing £0.7m will be carried out in-year and were approved under delegated authority of the Leader of the Council in consultation with the Chief Finance Officer. This has been funded from capital programme reserves. The permanent works will be considered as part of the Service & Resource Planning process. Additional project development budget of £0.25m funded from s106 contributions has been agreed to continue design of the Didcot Northern Perimeter Road.

65. These have been offset by revised delivery dates on the Science Vale Cycle Network Improvements programme (£0.5m), Woodstock Road Radcliffe Observatory Quarter project (£0.4m) to co-ordinate with planned City Council carriageway maintenance works and Challenge Fund – Resurfacing (£0.4m) to later years.
66. In both the Social & Community Services and Corporate Services programmes, the in-year changes are only £0.1m and are due to the re-profiling of expenditure budgets.

### Actual & Committed Expenditure

67. As at the end of August actual capital expenditure was £29.1m (excluding schools local capital). In year commitments are £60.4m, which with actual capital expenditure, makes a total of £89.6m or 65% of the total forecast expenditure.

### Five Year Capital Programme Update

68. The total forecast 4-year capital programme (2016/17 to 2019/20) is now £491.9m, an increase of £7.7m compared to the last capital programme for this period approved by Cabinet in July 2016. The full updated capital programme is set out in Annex 8. The following table summarises the variations by directorate and the main reasons for these variations are explained in the following paragraphs.

Directorate	Last Approved Total Programme (2016/17 to 2019/20) * £m	Latest Updated Total Programme (2016/17 to 2019/20) £m	Variation £m
Children, Education & Families	156.3	160.5	+4.2
Social & Community Services	38.8	38.8	0.0
Environment & Economy – Transport	148.6	150.0	+1.4
Environment & Economy – Other	30.7	30.8	+0.1
Corporate Services	17.6	17.6	0.0
<b>Total Directorate Programmes</b>	<b>392.0</b>	<b>397.7</b>	<b>+5.7</b>
Schools Local Capital	4.9	4.9	+0.0
Earmarked Reserves	87.3	89.3	+2.0
<b>Total Capital Programme</b>	<b>484.2</b>	<b>491.9</b>	<b>+7.7</b>

\* Approved by Council 19 July 2016

69. In addition to the £2.2m overall cost pressure on the Didcot, Great Western Park Primary School project, a further £2.0m has been identified from developer contributions which are earmarked for specific projects within the basic need programme.
70. The overall size of Transport programme has increased by £1.4m due to the in-year changes reported above and the previously reported approved increase in budget for Harwell Link Road of £0.3m.
71. Cabinet is recommended to increase the budget provision by £2.1m to a total of £3.6m for the proposed improvements at Westgate Library. This is being part funded from additional funding of £1m from the Westgate developer. The remaining funding will be met from corporate resources. The improvements are expected to commence in January 2017 to enable the Library to relocate back in October 2017.
72. Cabinet is recommended to include into the capital programme the new primary school at Southam Road, Banbury. This includes a budget provision of £6m funded from expected s106 resources.

#### **Part 4 – Review of Charges**

73. Environment & Economy are proposing a new charge for Planning Performance Agreements to be introduced during this financial year. Cabinet is recommended to approve the proposed charge as set out in Annex 9.

#### **RECOMMENDATIONS**

74. **The Cabinet is RECOMMENDED to:**
  - (a) **note the report;**
  - (b) **approve the virement requests set out in Annex 2a;**
  - (c) **approve the supplementary estimates as set out in paragraphs 41 and 42;**
  - (d) **approve the request for funding from the Efficiency Reserve as set out in paragraph 57;**
  - (e) **note the Treasury Management lending list at Annex 3;**
  - (f) **approve the updated Capital Programme at Annex 8 and the associated changes to the programme in Annex 7c;**
  - (g) **approve an additional £2.1m in the budget provision for the Westgate Library project.**
  - (h) **approve the inclusion into the Capital Programme of the new primary school for Southam Road, Banbury; and**
  - (i) **to approve the new charge as set out in Annex 9.**

**LORNA BAXTER**

Chief Finance Officer

Background papers: Directorate Financial Monitoring Reports to the end of August 2016

Contact Officers: Katy Jurczynszyn, Strategic Finance Manager  
(Financial Strategy & Monitoring)  
07584 909518

October 2016

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**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation to Budget  underspend - overspend + £000 (9)	Projected Year end Variance Traffic Light  (13)
		Original Budget  £000 (3)	Movement to Date  £000 (5)	Latest Budget  £000 (7)			
(1)	(2)	(3)	(5)	(7)	£000 (8)	(9)	(13)
CEF	<b>Children, Education &amp; Families</b>						
	Gross Expenditure	397,389	7,472	404,861	409,857	4,996	G
	Gross Income	-290,793	-7,513	-298,306	-298,306	0	G
		<b>106,596</b>	<b>-41</b>	<b>106,555</b>	<b>111,551</b>	<b>4,996</b>	A
SCS	<b>Social &amp; Community Services</b>						
	Gross Expenditure	219,371	-1,780	217,591	217,329	-262	G
	Gross Income	-6,478	1,432	-5,046	-5,046	0	G
		<b>212,893</b>	<b>-348</b>	<b>212,545</b>	<b>212,283</b>	<b>-262</b>	G
EE	<b>Environment &amp; Economy</b>						
	Gross Expenditure	123,432	-3,803	119,629	119,989	360	G
	Gross Income	-61,011	12,385	-48,626	-48,701	-75	G
		<b>62,421</b>	<b>8,582</b>	<b>71,003</b>	<b>71,288</b>	<b>285</b>	G
CEO	<b>Corporate Services</b>						
	Gross Expenditure	52,620	3,508	56,128	55,944	-184	G
	Gross Income	-24,516	-9,932	-34,448	-33,500	948	A
		<b>28,104</b>	<b>-6,424</b>	<b>21,680</b>	<b>22,444</b>	<b>764</b>	A
PH	<b>Public Health</b>						
	Gross Expenditure	32,480	0	32,480	32,480	0	G
	Gross Income	-32,480	0	-32,480	-32,480	0	G
		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	-24,149		-24,149	-24,149	0	G
	Gross Income	24,149		24,149	24,149	0	G
	<b>Directorate Expenditure Total</b>	<b>801,143</b>	<b>5,397</b>	<b>806,540</b>	<b>811,450</b>	<b>4,910</b>	<b>G</b>
	<b>Directorate Income Total</b>	<b>-391,129</b>	<b>-3,628</b>	<b>-394,757</b>	<b>-393,884</b>	<b>873</b>	<b>G</b>
	<b>Directorate Total Net</b>	<b>410,014</b>	<b>1,769</b>	<b>411,783</b>	<b>417,566</b>	<b>5,783</b>	<b>G</b>

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation to Budget  underspend - overspend + £000 (9)	Projected Year end Variance Traffic Light  (13)
		Original Budget	Movement to Date	Latest Budget			
(1)	(2)	£000 (3)	£000 (5)	£000 (7)	£000 (8)		

	Contributions to (+)/from (-)reserves	-3,057	7	-3,050	-3,050	0
	Contribution to (+)/from(-) balances	0		0	-5,783	-5,783
	Public Health Saving Recharge	-1,250		-1,250	-1,250	0
	Contingency	4,625	-1,755	2,870	4,625	1,755
	Capital Financing	33,095		33,095	33,095	0
	Interest on Balances	-5,818		-5,818	-5,818	0
	<b>Strategic Measures Budget</b>	<b>27,595</b>	<b>-1,748</b>	<b>25,847</b>	<b>21,819</b>	<b>-4,028</b>
	Unringfenced Government Grants	-20,149	-21	-20,170	-20,170	0
	Council Tax Surpluses	-7,015		-7,015	-7,015	0
	Revenue Support Grant	-39,331		-39,331	-39,331	0
	Business Rates Top-Up	-37,394		-37,394	-37,394	0
	Business Rates From District Councils	-27,823		-27,823	-27,823	0
	<b>Council Tax Requirement</b>	<b>305,897</b>	<b>0</b>	<b>305,897</b>	<b>307,652</b>	<b>1,755</b>

**KEY TO TRAFFIC LIGHTS**

**Balanced Scorecard Type of Indicator**

Budget	On track to be within + /- 2% of year end budget
	On track to be within + /- 5% of year end budget
	Estimated outturn showing variance in excess of + /- 5% of year end budget



**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Movement to Date	Latest Estimate			
		£000 (3)	£000 (4)	£000 (5)		underspend - overspend + £000 (7)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CEF1	<b>Education &amp; Early Intervention</b>						
	Gross Expenditure	66,063	4,318	70,381	71,622	1,241	G
	Gross Income	-45,134	-4,445	-49,579	-49,579	0	G
		<b>20,929</b>	<b>-127</b>	<b>20,802</b>	<b>22,043</b>	<b>1,241</b>	R
CEF2	<b>Children's Social Care</b>						
	Gross Expenditure	47,712	1,641	49,353	52,543	3,190	R
	Gross Income	-5,858	-1,239	-7,097	-7,097	0	G
		<b>41,854</b>	<b>402</b>	<b>42,256</b>	<b>45,446</b>	<b>3,190</b>	R
CEF3	<b>Children's Social Care Countywide Services</b>						
	Gross Expenditure	28,030	-329	27,701	28,286	585	A
	Gross Income	-1,179	13	-1,166	-1,166	0	G
		<b>26,851</b>	<b>-316</b>	<b>26,535</b>	<b>27,120</b>	<b>585</b>	A
CEF4	<b>Schools</b>						
	Gross Expenditure	240,794	1,842	242,636	242,616	-20	G
	Gross Income	-240,351	-1,842	-242,193	-242,193	0	G
		<b>443</b>	<b>0</b>	<b>443</b>	<b>423</b>	<b>-20</b>	A
CEF5	<b>Children, Education &amp; Families (CEF) Central Costs</b>						
	Gross Expenditure	5,660	0	5,660	5,660	0	G
	Gross Income	0	0	0	0	0	
		<b>5,660</b>	<b>0</b>	<b>5,660</b>	<b>5,660</b>	<b>0</b>	G

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Movement to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
	<b>Non Negotiable Support Service Recharges</b>						
	Gross Expenditure	10,859	0	10,859	10,859	0	G
	Gross Income	0	0	0	0	0	
		<b>10,859</b>	<b>0</b>	<b>10,859</b>	<b>10,859</b>	<b>0</b>	<b>G</b>
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	-1,729	0	-1,729	-1,729	0	G
	Gross Income	1,729	0	1,729	1,729	0	G
		0	0	0		0	
	<b>Directorate Expenditure Total</b>	<b>397,389</b>	<b>7,472</b>	<b>404,861</b>	<b>409,857</b>	<b>4,996</b>	<b>G</b>
	<b>Directorate Income Total</b>	<b>-290,793</b>	<b>-7,513</b>	<b>-298,306</b>	<b>-298,306</b>	<b>0</b>	<b>G</b>
	<b>Directorate Total Net</b>	<b>106,596</b>	<b>-41</b>	<b>106,555</b>	<b>111,551</b>	<b>4,996</b>	<b>A</b>

**KEY TO TRAFFIC LIGHTS**

Balanced Scorecard Type of Indicator

Budget	On track to be within + /- 2% of year end budget	G
	On track to be within + /- 5% of year end budget	A
	Estimated outturn showing variance in excess of + /- 5% of year end	R

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Virements to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
<b>SCS1</b>	<b>Adult Social Care</b>						
	Gross Expenditure	181,085	997	182,082	182,399	317	G
	Gross Income	-7,972	4	-7,968	-7,968	0	G
		<b>173,113</b>	<b>1,001</b>	<b>174,114</b>	<b>176,065</b>	<b>317</b>	<b>G</b>
<b>SCS2</b>	<b>Joint Commissioning</b>						
	Gross Expenditure	7,013	-2,775	4,238	4,288	50	G
	Gross Income	-2,978	1,427	-1,551	-1,551	0	G
		<b>4,035</b>	<b>-1,348</b>	<b>2,687</b>	<b>2,737</b>	<b>50</b>	<b>G</b>
<b>SCS3</b>	<b>Community Safety</b>						
	Gross Expenditure	25,741	-2	25,739	25,110	-629	A
	Gross Income	-2,277	1	-2,276	-2,276	0	G
		<b>23,464</b>	<b>-1</b>	<b>23,463</b>	<b>22,820</b>	<b>-629</b>	<b>A</b>
	<b>Non Negotiable Support Service Recharges</b>						
	Gross Expenditure	12,281	0	12,281	12,281	0	G
	Gross Income	0	0	0	0	0	
		12,281	0	12,281	12,281	0	G
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	-6,749		-6,749	-6,749	0	G
	Gross Income	6,749		6,749	6,749	0	G
		0	0	0	0	0	
	<b>Directorate Expenditure Total</b>	<b>219,371</b>	<b>-1,780</b>	<b>217,591</b>	<b>217,329</b>	<b>-262</b>	<b>G</b>
	<b>Directorate Income Total</b>	<b>-6,478</b>	<b>1,432</b>	<b>-5,046</b>	<b>-5,046</b>	<b>0</b>	<b>G</b>
	<b>Directorate Total Net</b>	<b>212,893</b>	<b>-348</b>	<b>212,545</b>	<b>212,283</b>	<b>-262</b>	<b>G</b>
Budget		On track to be within + /- 2% of year end budget			G		
		On track to be within + /- 5% of year end budget			A		
		Estimated outturn showing variance in excess of + /- 5% of year end budget			R		

October Financial Monitoring and Business Strategy Delivery Report: Social & Community Services  
CABINET - 18 October 2016

Pooled Budgets

Original Budget	Latest Budget		Forecast Variance Year End	Forecast Variance May 2016	Change in Variance
£m	£m		£m	£m	£m
		<b><u>Older People's &amp; Equipment Pool</u></b>			
66.923	68.280	Oxfordshire County Council	+0.064	+3.426	-3.362
33.897	36.075	Better Care Fund	+0.000	+0.000	+0.000
86.282	86.210	Oxfordshire Clinical Commissioning Group	+4.701	-0.544	+5.245
<b>187.102</b>	<b>190.565</b>	<b>Total Older People's &amp; Equipment Pool</b>	<b>+4.765</b>	<b>+2.882</b>	<b>+1.883</b>
		<b><u>Physical Disabilities Pool</u></b>			
11.925	11.925	Oxfordshire County Council	+0.891	+0.241	+0.650
7.345	7.866	Oxfordshire Clinical Commissioning Group	+0.517	+0.159	+0.358
<b>19.270</b>	<b>19.791</b>	<b>Total Physical Disabilities Pool</b>	<b>+1.408</b>	<b>+0.400</b>	<b>+1.008</b>
		<b><u>Learning Disabilities Pool</u></b>			
70.616	70.616	Oxfordshire County Council	+0.078	-0.194	+0.272
13.317	13.317	Oxfordshire Clinical Commissioning Group	+0.014	-0.034	+0.048
<b>83.933</b>	<b>83.933</b>	<b>Total Learning Disabilities Pool</b>	<b>+0.092</b>	<b>-0.228</b>	<b>+0.320</b>
<b>149.464</b>	<b>150.821</b>	<b>Total Oxfordshire County Council</b>	<b>+1.033</b>	<b>+3.473</b>	<b>-2.440</b>
<b>33.897</b>	<b>33.897</b>	<b>Total Better Care Fund</b>	<b>+0.000</b>	<b>+0.000</b>	<b>+0.000</b>
<b>106.944</b>	<b>107.393</b>	<b>Total Oxfordshire Clinical Commissioning Group</b>	<b>+5.232</b>	<b>-0.419</b>	<b>+5.651</b>
<b>290.305</b>	<b>292.111</b>	<b>Total Pooled Budgets</b>	<b>+6.265</b>	<b>+3.054</b>	<b>+3.211</b>

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Movement to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
EE1	<b>Strategy and Infrastructure</b>						
	Gross Expenditure	11,028	-946	10,082	10,082	0	G
	Gross Income	-5,710	356	-5,354	-5,429	-75	G
		<b>5,318</b>	<b>-590</b>	<b>4,728</b>	<b>4,653</b>	<b>-75</b>	<b>G</b>
EE2	<b>Commercial</b>						
	Gross Expenditure	116,143	1,380	117,523	117,883	360	G
	Gross Income	-39,496	-394	-39,890	-39,890	0	G
		<b>76,647</b>	<b>986</b>	<b>77,633</b>	<b>77,993</b>	<b>360</b>	<b>G</b>
	<b>Non Negotiable Support Service Recharges</b>						
	Gross Expenditure	9,458	-4,237	5,221	5,221	0	G
	Gross Income	-29,002	12,423	-16,579	-16,579	0	G
		<b>-19,544</b>	<b>8,186</b>	<b>-11,358</b>	<b>119,990</b>	<b>0</b>	<b>G</b>
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	-13,197	0	-13,197	-13,197	0	G
	Gross Income	13,197	0	13,197	13,197	0	G
	<b>Directorate Expenditure Total</b>	<b>123,432</b>	<b>-3,803</b>	<b>119,629</b>	<b>119,989</b>	<b>360</b>	
	<b>Directorate Income Total</b>	<b>-61,011</b>	<b>12,385</b>	<b>-48,626</b>	<b>-48,701</b>	<b>-75</b>	
	<b>Directorate Total Net</b>	<b>62,421</b>	<b>8,582</b>	<b>71,003</b>	<b>71,288</b>	<b>285</b>	

**KEY TO TRAFFIC LIGHTS**

Balanced Scorecard Type of Indicator

Budget	On track to be within + /- 2% of year end budget	G
	On track to be within + /- 5% of year end budget	A
	Estimated outturn showing variance in excess of + /- 5% of year end budget	R

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Movement to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
<b>CEO1</b>	<b>Chief Executive &amp; Business Support</b>						
	Gross Expenditure	409	144	553	568	15	A
	Gross Income	0	0	0	0	0	
		<b>409</b>	<b>144</b>	<b>553</b>	<b>568</b>	<b>15</b>	<b>A</b>
<b>CEO2</b>	<b>Human Resources</b>						
	Gross Expenditure	4,904	-689	4,215	4,200	-15	G
	Gross Income	-1,584	417	-1,167	-1,119	48	A
		<b>3,320</b>	<b>-272</b>	<b>3,048</b>	<b>3,081</b>	<b>33</b>	<b>G</b>
<b>CEO3</b>	<b>Corporate Finance &amp; Internal Audit</b>						
	Gross Expenditure	6,624	-184	6,440	6,407	-33	G
	Gross Income	-2,618	547	-2,071	-2,071	0	G
		<b>4,006</b>	<b>363</b>	<b>4,369</b>	<b>4,336</b>	<b>-33</b>	<b>G</b>
<b>CEO4</b>	<b>Law &amp; Culture</b>						
	Gross Expenditure	8,971	-110	8,861	8,880	19	G
	Gross Income	-6,359	61	-6,298	-6,298	0	G
		<b>2,612</b>	<b>-49</b>	<b>2,563</b>	<b>2,582</b>	<b>19</b>	<b>G</b>
<b>CEO5</b>	<b>Policy</b>						
	Gross Expenditure	885	583	1,468	1,182	-286	R
	Gross Income	-401	154	-247	-247	0	G
		<b>484</b>	<b>737</b>	<b>1,221</b>	<b>935</b>	<b>-286</b>	<b>R</b>
<b>CEO6</b>	<b>Corporate &amp; Democratic Core</b>						
	Gross Expenditure	79	0	79	47	-32	R
	Gross Income	0	0	0	0	0	
		<b>79</b>	<b>0</b>	<b>79</b>	<b>47</b>	<b>-32</b>	<b>R</b>

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light
		Original Budget	Movement to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
CEO7	<b>Transformation</b>						
	Gross Expenditure	30,462	-472	29,990	30,138	148	G
	Gross Income	-9,671	1,311	-8,360	-7,460	900	R
		<b>20,791</b>	<b>839</b>	<b>21,630</b>	<b>22,678</b>	<b>1,048</b>	A
	<b>Non Negotiable Support Service</b>						
	<b>Recharges</b>						
	Gross Expenditure	2,760	4,236	6,996	6,996	0	G
	Gross Income	-6,357	-12,422	-18,779	-18,779	0	G
		<b>-3,597</b>	<b>-8,186</b>	<b>-11,783</b>	<b>-11,783</b>	<b>0</b>	G
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	-2,474		-2,474	-2,474	0	
	Gross Income	2,474		2,474	2,474	0	
	<b>Directorate Expenditure Total</b>	<b>52,620</b>	<b>3,508</b>	<b>56,128</b>	<b>55,944</b>	<b>-184</b>	
	<b>Directorate Income Total</b>	<b>-24,516</b>	<b>-9,932</b>	<b>-34,448</b>	<b>-33,500</b>	<b>948</b>	
	<b>Directorate Total Net</b>	<b>28,104</b>	<b>-6,424</b>	<b>21,680</b>	<b>22,444</b>	<b>764</b>	

**KEY TO TRAFFIC LIGHTS**

Balanced Scorecard Type of Indicator

Budget	On track to be within + /- 2% of year end budget	G
	On track to be within + /- 5% of year end budget	A
	Estimated outturn showing variance in excess of + /- 5% of year end budget	R

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**  
**Budget Monitoring**

Ref	Directorate	BUDGET 2016/17			Outturn Forecast Year end Spend/Income	Projected Year end Variation  underspend - overspend + £000	Projected Year end Variance Traffic Light
		Original Budget  £000 (3)	Movement to Date  £000 (4)	Latest Estimate  £000 (5)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)
<b>PH1</b>	<b>LA Commissioning Responsibilities - Nationally Defined</b>						
	Gross Expenditure	18,121	0	18,121	18,111	-10	G
	Gross Income	0	0	0	0	0	
		<b>18,121</b>	<b>0</b>	<b>18,121</b>	<b>18,117</b>	<b>-10</b>	<b>G</b>
<b>PH2</b>	<b>LA Commissioning Responsibilities - Locally defined</b>						
	Gross Expenditure	13,688	0	13,688	13,575	-113	G
	Gross Income	-354	0	-354	-354	0	G
		<b>13,334</b>	<b>0</b>	<b>13,334</b>	<b>13,264</b>	<b>-113</b>	<b>G</b>
<b>PH3</b>	<b>Public Health Recharges</b>						
	Gross Expenditure	99	0	99	100	1	G
	Gross Income	0	0	0	0	0	
		<b>99</b>	<b>0</b>	<b>99</b>	<b>100</b>	<b>1</b>	<b>G</b>
<b>PH4</b>	<b>Grant Income</b>						
	Gross Expenditure	0	0	0	0	0	
	Gross Income	-32,126	0	-32,126	-32,126	0	G
		<b>-32,126</b>	<b>0</b>	<b>-32,126</b>	<b>-32,126</b>	<b>0</b>	<b>G</b>
	<b>Transfer to Public Health Reserve</b>				122	122	
	<b>Non Negotiable Support Service Recharges</b>						
	Gross Expenditure	572		572	572	0	G
	Gross Income	0		0	0	0	
		<b>572</b>	<b>0</b>	<b>572</b>	<b>572</b>	<b>0</b>	
	<b>Less Recharges Within Directorate</b>						
	Gross Expenditure	0		0	0	0	
	Gross Income	0		0	0	0	
	<b>Directorate Expenditure Total</b>	<b>32,480</b>	<b>0</b>	<b>32,480</b>	<b>32,480</b>	<b>-122</b>	<b>G</b>
	<b>Directorate Income Total</b>	<b>-32,480</b>	<b>0</b>	<b>-32,480</b>	<b>-32,480</b>	<b>0</b>	<b>G</b>
	<b>Directorate Total Net</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-122</b>	

## KEY TO TRAFFIC LIGHTS

On track to be within + /- 2% of year end budget

G

On track to be within + /- 5% of year end budget

A

Estimated outturn showing variance in excess of + /- 5% of year end budget

R

# Financial Monitoring and Business Strategy Delivery Report

## CABINET - 18 October 2016

CABINET IS RECOMMENDED TO APPROVE THE VIREMENTS AS DETAILED BELOW:

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CEF	Oct	EY Schools Readiness contribution to Early Intervention	CEF1-42	Foundation Years	Temporary	-1,055.0	1,055.0
			CEF2-72	Children's Centres	Temporary	1,055.0	-1,055.0
EE	Sept	16/17 Redistribution of Waste Budgets	EE2-51A	Waste Management	Permanent	-1,025.7	1,025.7
		Allocate 2016/17 Bus Services Budget	EE2-51B	Supported Transport	Permanent	1,354.8	-1,354.8
SCS	Sept	Admin staff to Joint Commisioning	SCS2-1 to SCS2-4	Joint Commissioning	Permanent	768.7	-766.6
			SPB1	Older People	Permanent	-8.2	6.1
		NLW price increase	SCS1-1A	Pooled Budget Contri	Permanent	857.0	0.0
			SCS1-4N	ASC Precept	Permanent	-857.0	0.0
		Care Home pressure as a result of NLW price increase	SCS1-4N	ASC Precept	Permanent	-3,000.0	0.0
			SCS1-1A	Pooled Budget Contri	Permanent	3,000.0	0.0
		CD	Sept	Corporate Finance Budget Review 2016/17	CEO3	Corporate Finance	Permanent
CEO5	Policy				Permanent	-43.1	0.0
EE3-4	Business Development				Permanent	656.9	0.0
SM	Strategic Measures				Permanent	-21.0	0.0
Oct	Adjustment to MSS Income from Above the Line Recharges to DSG Funded Cost Centres		CEO2	Human Resources	Permanent	0.0	267.8
			CEO3	Corporate Finance	Permanent	0.0	293.9
			CEO4-1	Legal Services	Permanent	0.0	34.6
			CEO4-2	Governance	Permanent	0.0	25.7
			CEO5	Policy	Permanent	0.0	153.8
			EE2-22	Property & Facilities	Permanent	0.0	409.0
			EE3-3	ICT	Permanent	0.0	498.3
			EE3-5	Customer Service Centre	Permanent	0.0	72.0
			SM	Strategic Measures	Permanent	-1,755.1	0.0
			Grand Total				

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**

**VIREMENTS REQUIRING CABINET APPROVAL ACTIONED IN THIS REPORT**

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
SCS	Jul	S&CS Budget Tidy	SCS2-1 to SCS2-4	Joint Commissioning	Permanent	-250.0	250.0
CEF	Jul	Early Years DSG Redistribution	CEF1-42	Foundation Years	Permanent	1,500.0	-1,500.0
			CEF2-72	Children's Centres	Permanent	-1,500.0	1,500.0
		Placements Education Cost	CEF1-21	Special Educational Needs	Permanent	1,352.1	-1,352.1
			CEF2-34	External Agency Placements	Permanent	1,168.0	-1,168.0
		Baselining DSG Redistribution	CEF1-21	Special Educational Needs	Permanent	1,732.3	-1,782.3
			CEF1-22	SEN Support Services	Permanent	0.0	-37.7
			CEF1-41	Schools & Learning	Permanent	8.6	-8.6
			CEF2-34	External Agency Placements	Permanent	0.0	87.7
			CEF4-1	Delegated Budgets	Permanent	-3,695.6	3,695.6
			CEF4-2	Nursery Education Funding	Permanent	-251.7	251.7
			CEF4-4	Sch Sup Non-Neg Recharges	Permanent	-1,755.1	1,755.1
	Oct	EY Schools Readiness contribution to Early Intervention	CEF1-42	Foundation Years	Temporary	-1,055.0	1,055.0
EE	Jul	Move various EE1-3 budgets to EE1-6 LEP	CEF2-72	Children's Centres	Temporary	1,055.0	-1,055.0
			EE1-1 to EE1-5	Strategy & Infrastructure	Permanent	-606.1	270.0
		Commercial Establishment Costs 16/17	EE1-6	LEP	Permanent	616.1	-280.0
			EE1-1 to EE1-5	Strategy & Infrastructure	Permanent	27.3	0.0
			EE2-1	Commercial Services	Permanent	-0.5	94.8
			EE2-31 to EE2-34	Network & Asset Management	Permanent	-165.8	62.8
			EE2-35	Countryside & Records	Permanent	-73.5	-4.9
			EE2-4	Delivery	Permanent	339.9	0.0
			EE2-51A	Waste Management	Permanent	-50.5	0.0
			EE2-52	H&T Contract & Performance	Permanent	40.8	-12.6
			EE2-53	Area Stewards	Permanent	-296.1	-20.3
			EE2-6	Major Infrastructure	Permanent	924.5	-866.1
		Restructure ICT Budgets	EE3-3	ICT	Permanent	-2,210.6	2,210.6
		Restructure of Customer Service Centre Budgets 2016/2017	EE3-5	Customer Service Centre	Permanent	796.4	-796.4
		Education Support Services tidy budgets					
			EE3-2	Education Support Services	Permanent	-930.9	930.9

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**

**VIREMENTS REQUIRING CABINET APPROVAL ACTIONED IN THIS REPORT**

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CD	Jul	Front Door recharge budget	EE3-5	Customer Service Centre	Permanent	-390.0	0.0
			SCS1-1A	Pooled Budget Contribution	Permanent	390.0	0.0
	Oct	Adjustment to MSS Income from Above the Line Recharges to DSG Funded Cost Centres	CEO2	Human Resources	Permanent	0.0	267.8
			CEO3	Corporate Finance	Permanent	0.0	293.9
			CEO4-1	Legal Services	Permanent	0.0	34.6
			CEO4-2	Governance	Permanent	0.0	25.7
			CEO5	Policy	Permanent	0.0	153.8
			EE2-22	Property & Facilities	Permanent	0.0	409.0
			EE3-3	ICT	Permanent	0.0	498.3
			EE3-5	Customer Service Centre	Permanent	0.0	72.0
			SM	Strategic Measures	Permanent	-1,755.1	0.0
			Grand Total			-5,035.4	5,035.4

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**

**NEW VIREMENTS FOR CABINET TO NOTE**

Directorate (CD = Cross Directorate)	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
CEF	Sept	re-allocation SENSS budget pressures (2)	CEF1-22	SEN Support Services	Permanent	46.1	-46.1
		Early Years DSG Redistribution	CEF1-42	Foundation Years	Permanent	-30.0	30.0
			CEF1-51	Early Years Sufficie	Temporary	-483.1	483.1
		YOS Grant Allocations	CEF1-51	Early Years Sufficie	Permanent	30.0	-30.0
			CEF1-51	Early Years Sufficie	Temporary	483.1	-483.1
		TRANSFER OF BUDGET TO SCHOOLS AND LEARNING	CEF3-5	Youth Offending Serv	Permanent	-13.3	13.3
		TRANSFER OF BUDGET TO SCHOOLS AND LEARNING	CEF1-1	Management & Central	Temporary	-222.6	0.0
			CEF1-41	Schools & Learning	Temporary	222.6	0.0
		NCS Budget Allocation	CEF2-73	Youth	Permanent	650.0	-650.0
		Reverse Recoupment Adjit	CEF4-1	Delegated Budgets	Permanent	3,873.9	-3,873.9
		Move Pru borrowings budget allocation to temporarily alleviate pressure within	CEF2-34	External Agency Plac	Temporary	420.0	0.0
			CEF3-2	Corporate Parenting	Temporary	-420.0	0.0
		SENSS Re-allocate Budget Pressures	CEF1-22	SEN Support Services	Permanent	-17.8	17.8
		Transfer of costs for EY Admin Staff April to June	CEF1-1	Management & Central	Temporary	18.8	-18.8
			CEF1-41	Schools & Learning	Temporary	-18.8	18.8
CEO	Sept	Corporate Finance Budget Review 2016/17 (3)	CEO3	Corporate Finance &	Permanent	14.2	-14.2
		Clear Workforce Initiatives budget as cost centre no longer	CEO2	Human Resources	Permanent	-166.2	166.2
		Reallocated grant correctly to Staffing	PH2-3	Public Health Genera	Permanent	0.0	0.0
EE	Sept	Highways Operational Budget Tidy 2016-17	EE2-31 to EE2-34	Network & Asset Management	Permanent	-50.0	164.6
			EE2-35	Countryside & Record	Permanent	-60.0	0.0
			EE2-4	Delivery	Permanent	-54.6	0.0
SCS	Sept	dementia service	SCS1-1A	Pooled Budget Contri	Temporary	0.0	0.0
		Set Commercial Training budget	SCS3-1	Fire & Rescue Servic	Permanent	-124.9	124.9
		Merging County Print Finishers and Reprographics cost centres	SCS1-4E	Employment Services	Permanent	-54.9	54.9
		Home to School Transport E&E	CEF1-53	Admissions & Transpo	Permanent	-12.9	12.9
			EE2-51B	Supported Transport	Permanent	-47.1	47.1
Grand Total						3,982.7	-3,982.7

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**

**Supplementary Estimates**

**SUPPLEMENTARY ESTIMATES REQUESTED THIS REPORT**

Directorate	Month of Cabinet meeting	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
E&E	October	Funding to implement the requirements of the Transport Infrastructure Code	EE2-31 to EE2-34	Network & Asset Management	Temporary	121.0	
Corporate Services	October	Funding to meet the pressure of counsel expenditure in Legal Services	CEO4-1	Law & Culture	Temporary	300.0	
Grand Total						421.0	0.0

## Financial Monitoring and Business Strategy Delivery Report

CABINET - 18 October 2016

## Oxfordshire County Council's Treasury Management Lending List

as at 31 August 2016

Counterparty Name	Lending Limits			
	Standard Limit £	Group Limit £	Group	Period Limit
<b><u>PENSION FUND Call Accounts / Money Market Funds</u></b>				
Santander UK plc - PF A/c	15,000,000			6 mths
LloydsBank plc - Callable Deposit A/c (OXFORDCCPEN)	25,000,000			9 mths
Standard Life Sterling Liquidity Fund - (Pension Fund) (formerly Ignis)	25,000,000			6 mths
Svenska Handelsbanken - Call A/c (Pension Fund)	25,000,000			364 days
<b><u>Call Accounts / Money Market Funds</u></b>				
Santander UK plc - Main A/c	15,000,000	15,000,000	a	6 mths
Close Brothers Ltd - 95 day notice A/c	10,000,000	10,000,000	d	6 mths
Lloyds Bank plc - Callable Deposit A/c	25,000,000	25,000,000	b	9 mths
Svenska Handelsbanken - Call A/c	25,000,000	25,000,000	c	364 days
Goldman Sachs Sterling Liquid Reserves Fund	25,000,000			6 mths
Deutsche Managed Sterling Fund	25,000,000			6 mths
Federated (Prime Rate)	12,000,000			6 mths
Standard Life Sterling Liquidity Fund - (County Council) (formerly Ignis)	25,000,000			6 mths
Morgan Stanley Sterling Liquidity Fund	5,000,000			O/N
Legal and General Investment Management	25,000,000			6 mths
Barclays current A/c	15,000,000		t	100 days
Barclays 95 day notice A/c	15,000,000		t	100 days
Santander 95 day notice A/c	15,000,000		a	6 mths
<b><u>Money Market Deposits</u></b>				
Santander UK plc	15,000,000	15,000,000	a	6 mths
Bank of Montreal	25,000,000			364 days
Bank of Nova Scotia	25,000,000			364 days
Bank of Scotland	15,000,000	25,000,000	b	9 mths
Barclays Bank Plc	15,000,000		t	100 days
Canadian Imperial Bank of Commerce	25,000,000			364 days
Close Brothers Ltd	10,000,000	10,000,000	d	6 mths
Commonwealth Bank of Australia	25,000,000			6 mths
Coventry Building Society	15,000,000			6 mths
Credit Suisse	15,000,000			100 days
Danske Bank	15,000,000			100 days
DBS Bank (Development Bank of Singapore)	25,000,000			6 mths
Debt Management Account Deposit Facility	100% Portfolio			6 mths
English, Welsh and Scottish Local Authorities (limit applies to individual authorities)	30,000,000			3 years
HSBC Bank plc	25,000,000			364 days
Lloyds TSB Bank plc	25,000,000	25,000,000	b	9 mths
Landesbank Hessen-Thuringen (Helaba)	20,000,000			6 mths
National Australia Bank	25,000,000			6 mths
National Bank of Canada	10,000,000			100 days
Nationwide Building Society	15,000,000			6 mths
Oversea-Chinese Banking Corp	25,000,000			6 mths
Rabobank Group	25,000,000			364 days
Royal Bank of Canada	25,000,000			364 days
Svenska Handelsbanken	25,000,000	25,000,000	c	364 days
Toronto-Dominion Bank	25,000,000			364 days
United Overseas Bank	25,000,000			6 mths

Financial Monitoring and Business Strategy Delivery Report  
CABINET - 18 October 2016

EARMARKED RESERVES

Earmarked Reserves	Balance at 1 April 2016 £000	2016/17 Movement		Balance at 31 March 2017 £000	Last month's forecast as at 31 March 2017 £000	Change in Provision Outturn Closing Balance to February Forecast £000	Commentary
		Contributions from Reserve £000	Contributions to Reserve £000				
<b>Revenue Reserves</b>							
<b>Schools' Reserves</b>	<b>20,684</b>			<b>20,684</b>		<b>20,684</b>	
<b>Cross Directorate Reserves</b>							
Vehicle and Equipment Reserve	3,123	-1,096	821	2,848		2,848	Forecast includes funding for Fire & Rescue Service vehicles and equipment. Forecast includes £8.770m Dedicated Schools Grant and £1.093m Public Health Grant. A large amount of this reserve was used to fund several large ICT projects in 2015/16.
Grants and Contributions Reserve	14,567	-4,272		10,295		10,295	
ICT Projects	273	-273					
Government Initiatives	865	-785		80		80	
<b>Total Cross Directorate</b>	<b>18,828</b>	<b>-6,426</b>	<b>821</b>	<b>13,223</b>		<b>13,223</b>	
<b>Directorate Reserves</b>							
<b>CE&amp;F</b>							
CE&F Commercial Services	844	-844					To be used to support commercial services within CE&F. Includes Oxfordshire Children's Safeguarding Board (£0.022m), Outdoor Education Centres (£0.314m) and School Intervention Fund (£0.510m). Funding for the Thriving Families service. £206k pathway funding applied to implementation of Pathway contract in early 2015/16. £520k applied to New children's Homes transition costs, and social care staffing pressures. Young carers support funding unspent due to recruitment delays taken into 2016/17 as cannot be spent on other areas.
Thriving Families	1,754			1,754		1,754	
Children's Social Care	85	-85					
Foster Carer Loans	240	-50	17	207		207	
Academies Conversion Support	109			109		109	To meet Children's Act loans write off and interest costs in future years. £361k applied to meet costs of Academies conversion service in 2015/16. Budegt has been mainstreamed at £370k net from April 2016, but remaining balance retained for accelerated academy conversion rate. To fund various projects with the Early Invention Service and the replacement of equipment
Early Intervention Service Reserve	3	-1		2		2	
<b>Total CE&amp;F</b>	<b>3,035</b>	<b>-980</b>	<b>17</b>	<b>2,072</b>		<b>2,072</b>	
<b>S&amp;CS</b>							
Older People Pooled Budget Reserve	1,661	-827		834		834	To be used in future years as agreed by the Joint Management Group To be used in future years as agreed by the Joint Management Group To be used in future years as agreed by the Joint Management Group - Balance retained to pay for ingoing works to 130 and 132 West street - money originally transferred from NHS England. To Support the implementation of the Fire Control Centre with Bucks and Berks fire authorities. To be used for unbudgeted fire hydrant work and renewal of IT equipment This reserve will be used for improvements to play areas at the Wheatley and Redbridge Gypsy and Travellers sites and to support the cost of complex Trading Standards investigations.
Physical Disabilities Pooled Budget Reserve	544			544		544	
Learning Disabilities Pooled Budget Reserve	82	-82					
Fire Control	359			359		359	
Fire & Rescue & Emergency Planning Reserve	186			186		186	One off budget contribution will now be used to support bridges investigation work in 2016/17 This surplus has arisen under the operation of the Road Traffic Regulation Act 1984 (section 55). The purposes for which these monies can be used are defined by statute. To fund forecast pressures on the Parking Account over the medium term, additional transfers to this reserve have been made during 2015/16, hence the large movement. To be used to fund future repair and maintenance costs The movement in 2015/16 is due to funding several SALIX projects and repaying loans in 2015/16. This reserve holds the revenue proportion of the unutilised element of the performance reward grant secured by the Oxfordshire Waste Partnership (OWP) To fund engineering (cell) work at Dix Pit waste management site and any other on-going liabilities due to the closure of other landfill sites. The bulk of the movement this year was due to the reserve being used to part fund the investment costs relating to the IBC Partnership. This will be repaid to the reserve in future years.
Community Safety Reserve	156			156		156	
<b>Total S&amp;CS</b>	<b>2,988</b>	<b>-909</b>		<b>2,079</b>		<b>2,079</b>	
<b>E&amp;E</b>							
Highways and Transport Reserve	37			37		37	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
On Street Car Parking	1,879	-2,580	1,880	1,179		1,179	
Countryside Ascott Park - Historical Trail	21			21		21	
SALIX Energy Schemes	87			87		87	
Oxfordshire Waste Partnership Joint Reserve	12	-12					To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Dix Pit Engineering Works & WRC Development	215			215		215	
Waste Management	380			380		380	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Property Disposal Costs	267			267		267	
Developer Funding (Revenue)	535			535		535	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
West End Partnership	56			56		56	
Catering Investment Fund (formerly FWT)	416			416		416	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Asset Rationalisation	192	-192					
Job Clubs	123	-123					To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Minerals and Waste Project	270			270		270	
Joint Use (moved from CE&F)	199			199		199	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
LABGI Funding to support Local Enterprise Partnership	62	-62					
OCS Development Reserves	750			750		750	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Money Management Reserve							
Oxford Western Conveyance							To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
Oxfordshire - Buckinghamshire partnership							
Cultural Services Reserve	940	-100		840		840	To fund financial liabilities due to any contract deficit mechanism payments as part of the Engery from Waste Contract. To meet disposal costs in excess of the 4% eligible to be charged against capital receipts To meet the costs of monitoring Section 106 agreements This reserve is to ring-fence funding relating to the West End Project To be used to fund catering improvements in Schools plus a contingency for unforeseen costs Investment fund for the implementation of the asset rationalisation strategy To be spent on Job Clubs in 2014/15 To fund the Minerals and Waste project Will be used to support the joint-use agreements with the district councils in future years. This reserve contains LABGI funding that has been allocated by Cabinet to support the Local Enterprise Partnership . To be used to develop the Customer Service Centre and the Transforming Oxfordshire Customer Services Project Contingency in case of an overspend if income received is less than budget To hold Oxford Western Conveyance flood relief scheme contributions This reserve is to ring-fence funding for the Oxfordshire & Buckinghamshire Partnership graduate teacher training programme To be used to update software & hardware to maintain an effective library management system.
<b>Total E&amp;E</b>	<b>6,441</b>	<b>-3,069</b>	<b>1,880</b>	<b>5,252</b>		<b>5,252</b>	

Financial Monitoring and Business Strategy Delivery Report  
CABINET - 18 October 2016

EARMARKED RESERVES

Earmarked Reserves	Balance at 1 April 2016	2016/17 Movement		Balance at 31 March 2017
		Contributions from Reserve	Contributions to Reserve	
<b>Chief Executive's Office</b>				
Coroner's Service	40			40
Coroner's Service	487		130	617
Registration Service	404			404
<b>Total - CEO</b>	<b>931</b>		<b>130</b>	<b>1,061</b>
<b>Directorate Reserves</b>	<b>13,395</b>	<b>-4,958</b>	<b>2,027</b>	<b>10,464</b>
<b>Corporate</b>				
Carry Forward Reserve				
Efficiency Reserve	2,876			2,876
<b>Corporate Total</b>	<b>2,876</b>			<b>2,876</b>
<b>Total Revenue Reserves</b>	<b>55,782</b>	<b>-11,384</b>	<b>2,848</b>	<b>47,246</b>
<b>Other Reserves</b>				
<b>Insurance Reserve</b>	<b>7,086</b>			<b>7,086</b>
<b>Capital Reserves</b>				
Capital Reserve	23,758			23,758
Rolling Fund Reserve	494			494
Prudential Borrowing Reserve	10,301			10,301
<b>Total Capital Reserves</b>	<b>34,553</b>			<b>34,553</b>
<b>Cash Flow Reserves</b>				
Business Rates Reserve				
Budget Reserve - 2013/14 to 2016/17	8,711			8,711
<b>Total Cash Flow Reserves</b>	<b>8,711</b>			<b>8,711</b>
<b>Total Other Reserves</b>	<b>50,350</b>			<b>50,350</b>
<b>Total Reserves</b>	<b>106,132</b>	<b>-11,384</b>	<b>2,848</b>	<b>97,596</b>

Last month's forecast as at 31 March 2017	Change in Provision Outturn Closing Balance to February Forecast
	40
	617
	404
	<b>1,061</b>
	<b>10,464</b>
	2,876
	<b>2,876</b>
	<b>47,246</b>
	<b>7,086</b>
	23,758
	494
	10,301
	<b>34,553</b>
	8,711
	<b>8,711</b>
	<b>50,350</b>
	<b>97,596</b>

Commentary
This was used to support the project in 2014/15 This will be used to fund future elections. In years where no County Elections take place any underspend on the Council Elections budget will be transferred to this reserve. To be used for refurbishing the Registration buildings and facilities
The Carry Forward reserve allows budget managers to carry forward under and over spent budgets between financial years in accordance with the County Council's budget management arrangements, subject to Cabinet approval. This reserve is being used to support the implementation of the business strategies and the Medium Term Financial Plan.
This reserve has been established for the purpose of financing capital expenditure in future years. Contributions include £2m from the Public Health Reserve for use on the Children's Homes project. This reserve has been established to facilitate, through forward funding, the timely provision of infrastructure that supports planned growth. This reserve was created as part of the 2008/09 budget setting process to meet the costs of borrowing for increased funding for the capital programme. Similar contributions are to be made each year with draw downs being required as costs are incurred.
This reserve is being used to manage the cash flow implications of the variations to the Medium Term Financial Plan.

## Financial Monitoring and Business Strategy Delivery Report

CABINET - 18 October 2016

General Revenue Balances

Date	Forecast 2016/17		Budget 2016/17
	£m	£m	£m
General Balances: Outturn 2015/16	18.984		17.517
County Fund Balance		<b>18.984</b>	<b>17.517</b>
Planned Contribution to Balances		2.000	2.000
Planned Contribution from Balances			
<b>Original forecast outturn position 2015/16</b>		<b>20.984</b>	<b>19.517</b>
<b>Additions</b>			
<b>Calls on balances deducted</b>		0.000	0.000
Total calls on balances		0.000	-2.000
<b>Automatic calls on/returns to balances</b>		0.000	
<b>Additional Strategic Measures</b>		0.000	
<b>Other items</b>		0.000	
<b>Net General Balances</b>		<b>20.984</b>	<b>17.517</b>
<b>Total Balances including Severe Weather Recovery Scheme Grant</b>		<b>20.984</b>	<b>17.517</b>
<b>Total Gross Expenditure Budget</b>		<b>798.025</b>	<b>798.025</b>
<b>Balances as a % of Gross Expenditure</b>		<b>2.63%</b>	<b>2.20%</b>
<b>Net Balances</b>		<b>20.984</b>	
<b>Calls on / returns to balances agreed but not actioned</b>		0.000	
<b>Calls on / returns to balances requested in this report</b>			
Network & Asset Management - Transport Infrastructure Code		-0.121	
Legal Services - counsel expenditure pressure		-0.300	
		-0.421	
<b>Forecast Variation at Year End</b>			
Less forecast directorate overspend (as set out in Annex 1)		-5.783	
<b>Revised Outturn position</b>		<b>14.780</b>	

**Financial Monitoring and Business Strategy Delivery Report**  
**CABINET - 18 October 2016**

**Ringfenced Government Grant Details - 2016/17**

Directorate	2016/17 Budget Book	In year Adjustments / New Allocations reported in July 2016	In year Adjustments/ New Allocations reported this time	Latest Allocation
	£m	£m	£m	£m
<b><u>Children, Education &amp; Families</u></b>				
<b><u>Ringfenced Grants</u></b>				
Asylum (UASC & Post 18)	1.143			1.143
Dedicated Schools Grant	243.608			243.608
Education Funding Agency – Sixth Form and Bursary Funding	2.855			2.855
PE and Sport Grant (£0.684m in 2015/16 and £0.8m in 2016/17)	1.484			1.484
Pupil Premium	8.481			8.481
Remand	0.064			0.064
Universal Infant Free School Meals	5.946			5.946
Youth Justice Board	0.536			0.536
<b>Total Children, Education &amp; Families</b>	<b>264.117</b>			<b>264.117</b>
<b><u>Environment &amp; Economy</u></b>				
<b><u>Strategy &amp; Infrastructure</u></b>				
City Deal Skills Grant	0.575			0.575
DCLG (Local Enterprise Partnership Funding)	0.500			0.500
ERDF (European Regional Development Fund)	0.040			0.040
C&EC (Careers & Employment Centre)	0.020			0.020
<b><u>Commercial</u></b>				
DEFRA - Natural England	0.242			0.242
Bus Service Operators Grant	0.795			0.795
<b>Total Environment &amp; Economy</b>	<b>2.172</b>			<b>2.172</b>
<b><u>Public Health</u></b>				
Public Health Grant	30.419	1.707		32.126
<b>Total Public Health</b>	<b>30.419</b>	<b>1.707</b>		<b>32.126</b>
<b><u>Corporate Services</u></b>				
Music (Youth Music)	0.642			0.642
<b><u>Oxfordshire Customer Services</u></b>				
Department for Business Innovation & Skills	0.250			0.250
<b>Total Corporate Services</b>	<b>0.892</b>			<b>0.892</b>
<b><u>Social &amp; Community Services</u></b>				
<b>SCS Directorate Total</b>	<b>0.000</b>			<b>0.000</b>
<b>Total Ringfenced Grants</b>	<b>297.600</b>	<b>1.707</b>		<b>299.307</b>
<b><u>Un-Ringfenced Grants</u></b>				
<b><u>Strategic Measures</u></b>				
Fire Revenue Grant	0.288	-0.084		0.204
Lead Local Flood Authority Grant				
Extended Rights to Free Travel	0.310	-0.011		0.299
Troubled Families - Service Transformation Grant	0.200			0.200
New Homes Bonus	4.130			4.130
New Homes Bonus Adjustment Grant	0.158	-0.008		0.150
Department of Health Revenue Grant	0.515	-0.010		0.505
Education Support Grant	4.365			4.365
Special Educational Needs Reform Grant	0.422			0.422
Section 31 Grant for Cap on Business rates Top-Up	0.541			0.541
Section 31 Grant for Cap on Business rates Other Reliefs	0.964			0.964
Revenue Support Grant	39.331			39.331
Business rates Top-Up	37.394			37.394
Independent Living Fund Grant	3.802			3.802
Transition Funding	4.454			4.454
<b>Total Strategic Measures</b>	<b>96.874</b>	<b>-0.113</b>		<b>96.761</b>
<b>Total Un-Ringfenced Grants</b>	<b>96.874</b>	<b>-0.113</b>		<b>96.761</b>
<b>Total Grants</b>	<b>394.474</b>	<b>1.594</b>		<b>396.068</b>

Directorate	Latest Approved Capital Programme (Cabinet July 2016)			Latest Forecast			Variation			Current Year Expenditure Monitoring				Performance Compared to Original Programme (Council February 2016)		
	Current Year	Future Years	Total	Current Year	Future Years	Total	Current Year	Future Years	Total	Actual expenditure to date	Commitments	Expend-iture Realisation Rate	Actuals & Commitments	Current Year	Variation	Use of Resources Variation
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	%	%	£'000s	£'000s	%
Children, Education & Families 1 OCC	53,210	103,126	156,336	53,910	106,649	160,559	700	3,523	4,223	16,639	26,611	31%	80%	52,410	1,500	3%
Social & Community Services	15,891	22,883	38,774	15,834	22,940	38,774	-57	57	0	3,085	539	19%	23%	11,244	4,590	41%
Environment & Economy 1 - Transport	50,315	98,299	148,614	50,229	99,760	149,989	-86	1,461	1,375	8,065	21,880	16%	60%	47,738	2,491	5%
Environment & Economy 2 - Other Property Development Programmes	11,080	19,643	30,723	11,129	19,648	30,777	49	5	54	-532	11,301	-5%	171%	11,639	-510	-4%
Corporate Services	12,522	5,036	17,558	12,567	4,991	17,558	45	-45	0	1,954	45	16%	16%	10,299	2,268	22%
Total Directorate Programmes	143,018	248,987	392,005	143,669	253,988	397,657	651	5,001	5,652	29,211	60,376	20%	62%	133,330	10,339	8%
Schools Local Capital	1,785	3,133	4,918	1,785	3,133	4,918	0	0	0	552	0	31%	31%	1,148	637	55%
Earmarked Reserves	5,549	81,734	87,283	1,549	87,746	89,295	-4,000	6,012	2,012					5,340	-3,791	0%
OVERALL TOTAL	150,352	333,854	484,206	147,003	344,867	491,870	-3,349	11,013	7,664	29,763	60,376	20%	61%	139,818	7,185	5%

## Financial Monitoring Report Cabinet 18 October 2016

## CAPITAL PROGRAMME: 2016/17 TO 2019/20

## In-year Expenditure Forecast Variations

Project / Programme Name	Previous 2016/17 Forecast* £'000s	Revised 2016/17 Forecast £'000s	Variation £'000s	Comments
<b>Children, Education &amp; Families Capital Programme</b>				
Existing Demographic Pupil Provision (Basic Needs Programme)	10,226	8,348	-1,878	Projects being developed. Draw down of budget provision for the projects below. Additional \$106 resources.
11/12 - 15/16 Basic Need Programme Completions	1,239	1,042	-197	
Edward Feild - 2 classrooms (ED890)	0	200	200	Complete Aug 2016.
Mabel Prichard - 1 classroom (ED850)	0	425	425	On-site. Forecast completion Dec 2016.
Northfield - 2 classrooms (ED894)	0	200	200	On-site. Forecast completion Sept 2016.
Didcot, Great Western Park (Primary 1) - 14 classroom (ED816)	4,225	6,275	2,050	On-site, Out of Tolerance report approved. Forecast completion Sept 2016.
New School Programme Completions	50	0	-50	
Temporary Classrooms - Replacement & Removal	325	75	-250	Transfer to SSMP
Schools Accommodation Intervention & Support Programme	75	25	-50	Transfer to SSMP
School Structural Maintenance (inc Health & Safety)	1,958	2,258	300	Future years are subject to confirmation of the level of capital maintenance grant and priority approval. Programme pressures, additional priority and cost
Loans to Foster/Adoptive Parents (Prudentially Funded)	90	40	-50	
<b>CE&amp;F TOTAL IN-YEAR VARIATION</b>			<b>700</b>	
<b>Social And Community Services Capital Programme</b>				
Fire Equipment (SC112)	138	81	-57	
<b>S&amp;CS TOTAL IN-YEAR VARIATION</b>			<b>-57</b>	
<b>Environment &amp; Economy - Highways &amp; Transport Capital Programme</b>				
Harwell Link Rd Section 1 B4493 to A417	3,354	3,436	82	Construction start expected Sep 2016 as land acquisition now progressing. Stage 2 BC approved July Cabinet with budget increased by £0.349m.
Harwell, Oxford Entrance	321	200	-121	On hold - A decision has been taken to delay work on this scheme until after the Vale Local Plan examination has concluded. The scheme design (and cost) is heavily influenced by whether there is development on land opposite Harwell Campus.
Cuttleslowe Roundabout	2,231	2,245	14	Completion accelerated to Sept 16
Wolvercote Roundabout	2,303	2,351	48	Completion accelerated to Sept 16
Science Vale Cycle Network Improvements	1,000	500	-500	Construction now not expected to commence until Spring 2017. Stage 1 BC due Cabinet December 2016

Project / Programme Name	Previous 2016/17 Forecast*	Revised 2016/17 Forecast	Variation	Comments
	£'000s	£'000s	£'000s	
Oxford Science Transit Phase 2 - A40 Public Transport improvements (project development)	147	318	171	Stage 0b approved Cabinet July 15. Total cost £36.2m - £35m provisional LGF funding, £1.2m s106. Prelim design for Park & Ride now brought into scope.
Didcot Northern Perimeter Road 3 (project development)	82	332	250	Construction start due July 17 however funding not yet secured. Extension of project development budget approved CAPB August 16. Funding for delivery via LGF and s106 not yet secured. Stage 1 BC Dec Cabinet tbc - dependent on confirmation of LGF/s106 funding
Woodstock Rd, ROQ	475	75	-400	Works now postponed until 2017/18 to coordinate with City maintenance.
Small schemes (developer and other funded)	704	765	61	
Completed schemes	230	240	10	
Carriageways	1,893	1,993	100	Jubilee Way Didcot added to programme
Bridges	1,710	1,520	-190	Project development budget for Kennington now shown under major scheme
Edge Strengthening	2,907	2,870	-37	
Resurfacing	722	370	-352	
Embankment Stabilisation Programme	164	153	-11	
A420/A34 Botley Junction & Cumnor Bypass	256	328	72	
Kennington Railway Bridge	0	730	730	£220k project development budget transferred from bridges programme. £760k additional funding for construction of urgent works approved by Leader of Council.
A478 Playhatch Road (project development)	90	77	-13	
<b>TRANSPORT TOTAL IN-YEAR VARIATION</b>			<b>-86</b>	
<b><u>Environment &amp; Economy Capital Programme (excluding Transport)</u></b>				
Spendlove Centre, Charlbury (R11)	307	356	49	Funding agreement to contribute to project led by the Gifford Trust. Stage 2 approved.
<b>E&amp;E TOTAL IN-YEAR VARIATION</b>			<b>49</b>	
<b><u>Corporate Services Capital Programme</u></b>				
Bicester Library (CS13)	70	115	45	Complete March 16.
<b>CORPORATE SERVICES TOTAL IN-YEAR VARIATION</b>			<b>45</b>	
<b>CAPITAL PROGRAMME TOTAL IN-YEAR VARIATION</b>			<b>651</b>	

\*As approved by Cabinet

## Financial Monitoring Report Cabinet 18 October 2016

CAPITAL PROGRAMME: 2016/17 TO 2019/20

## New Schemes &amp; Budget Changes

Project / Programme Name	Previous Total Budget* £'000s	Revised Total Budget £'000s	Variation £'000s	Comments
<b>Children, Education &amp; Families Capital Programme</b>				
Existing Demographic Pupil Provision (Basic Needs Programme)	66,345	67,549	1,204	Projects being developed. Draw down of budget provision for the projects below. Additional S106 resources.
11/12 - 15/16 Basic Need Programme Completions	1,931	1,824	-107	
Edward Feild - 2 classrooms (ED890)	0	226	226	Complete Aug 2016.
Mabel Prichard - 1 classroom (ED850)	24	505	481	On-site. Forecast completion Dec 2016.
Northfield - 2 classrooms (ED894)	0	219	219	On-site. Forecast completion Sept 2016.
Didcot, Great Western Park (Primary 1) - 14 classroom (ED816)	8,950	11,150	2,200	On-site, Out of Tolerance report approved. Forecast completion Sept 2016.
Temporary Classrooms - Replacement & Removal	1,350	1,100	-250	Transfer to SSMP
Schools Accommodation Intervention & Support Programme	375	325	-50	Transfer to SSMP
School Structural Maintenance (inc Health & Safety)	7,208	7,508	300	Future years are subject to confirmation of the level of capital maintenance grant and priority approval. Programme pressures, additional priority and cost
<b>CE&amp;F TOTAL PROGRAMME SIZE VARIATION</b>			<b>4,223</b>	
<b>Social And Community Services Capital Programme</b>				
<b>S&amp;CS TOTAL PROGRAMME SIZE VARIATION</b>			<b>0</b>	
<b>Environment &amp; Economy - Highways &amp; Transport Capital Programme</b>				
Harwell Link Rd Section 1 B4493 to A417	11,300	11,649	349	Construction start expected Sep 2016 as land acquisition now progressing. Stage 2 BC approved July Cabinet with budget increased by £0.349m.
Science Vale Cycle Network Improvements	4,520	4,500	-20	Construction now not expected to commence until Spring 2017. Stage 1 BC due Cabinet December 2016
Didcot Northern Perimeter Road 3 (project development)	500	750	250	Construction start due July 17 however funding not yet secured. Extension of project development budget approved CAPB August 16. Funding for delivery via LGF and s106 not yet secured. Stage 1 BC Dec Cabinet tbc - dependent on confirmation of LGF/s106 funding
Small schemes (developer and other funded)	1,506	1,534	28	
Bridges	7,376	7,156	-220	Project development budget for Kennington now shown under major scheme
Embankment Stabilisation Programme	925	933	8	
Kennington Railway Bridge	0	980	980	£220k project development budget transferred from bridges programme. £760k additional funding for construction of urgent works approved by Leader of Council.
<b>TRANSPORT TOTAL PROGRAMME SIZE VARIATION</b>			<b>1,375</b>	

Project / Programme Name	Previous Total Budget* £'000s	Revised Total Budget £'000s	Variation £'000s	Comments
<b>Environment &amp; Economy Capital Programme (excluding Transport)</b>				
Spendlove Centre, Charlbury (R11)	348	402	54	Funding agreement to contribute to project led by the Gifford Trust. Stage 2 approved.
<b>E&amp;E TOTAL PROGRAMME SIZE VARIATION</b>			54	
<b>Corporate Services Capital Programme</b>				
<b>CORPORATE SERVICES TOTAL PROGRAMME SIZE VARIATION</b>			0	
<b>CAPITAL PROGRAMME TOTAL PROGRAMME SIZE VARIATION</b>			5,652	

\*As approved by Cabinet

## CAPITAL PROGRAMME: 2016/17 TO 2019/20

Programme		Capital Investment Programme (latest forecast)						CAPITAL INVESTMENT TOTAL  £'000s
		Current Year	Firm Programme	Provisional Programme				
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	
Children, Education & Families 1 - OCC		53,910	46,763	40,163	19,283	440	0	160,559
Children, Education & Families 2 - Schools Local Capital		1,785	1,411	911	811	0	0	4,918
Social & Community Services		15,834	4,725	15,485	2,730	0	0	38,774
Environment & Economy 1 - Transport		50,229	49,119	29,259	18,799	2,583	0	149,989
Environment & Economy 2 - Other Property Development Programmes		11,129	8,724	8,831	2,093	0	0	30,777
Corporate Services		12,567	2,180	1,428	1,383	0	0	17,558
TOTAL ESTIMATED CAPITAL PROGRAMME EXPENDITURE		145,454	112,922	96,077	45,099	3,023	0	402,575
Earmarked Reserves		1,549	23,981	26,614	31,617	5,534	0	89,295
TOTAL ESTIMATED CAPITAL PROGRAMME		147,003	136,903	122,691	76,716	8,557	0	491,870
TOTAL ESTIMATED PROGRAMME IN-YEAR RESOURCES		142,224	129,866	101,343	68,987	7,180	0	449,600
In-Year Shortfall (-) / Surplus (+)		-4,779	-7,037	-21,348	-7,729	-1,377	0	-42,270
Cumulative Shortfall (-) / Surplus (+)	43,649	38,870	31,833	10,485	2,756	1,379	1,379	1,379

SOURCES OF FUNDING		2016 / 17	2017 / 18	2018 / 19	2019 / 20	2020 / 21	2021 / 22	CAPITAL RESOURCES TOTAL £'000s
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
SCE(R) Formulaic Capital Allocations - Credit Approval		0	0	0	0	0	0	0
SCE(C) Formulaic Capital Allocations - Un-ringfenced Grant		56,267	50,824	33,334	47,493	0	0	187,918
Devolved Formula Capital- Grant		1,785	1,411	911	811	0	0	4,918
Prudential Borrowing		22,768	26,757	31,991	8,977	5,334	0	95,827
Grants		17,089	6,083	1,692	855	0	0	25,719
Developer Contributions		42,165	42,831	31,074	8,931	1,846	0	126,847
District Council Contributions		1,057	18	0	0	0	0	1,075
Other External Funding Contributions		360	400	0	0	0	0	760
Revenue Contributions		450	200	71	0	0	0	721
Use of Capital Receipts		5,062	8,379	10,345	1,920	0	0	25,706
Use of Capital Reserves		0	0	13,273	7,729	1,377	0	22,379
TOTAL ESTIMATED PROGRAMME RESOURCES UTILISED		147,003	136,903	122,691	76,716	8,557	0	491,870
TOTAL ESTIMATED IN YEAR RESOURCES AVAILABLE		142,224	129,866	101,343	68,987	7,180	0	449,600
Capital Grants Reserve C/Fwd	1,848	0	0	0	0	0	0	0
Usable Capital Receipts C/Fwd	18,043	15,112	8,075	0	0	0	0	0
Capital Reserve C/Fwd	23,758	23,758	23,758	10,485	2,756	1,379	1,379	1,379

## CHILDREN, EDUCATION &amp; FAMILIES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>Provision of School Places (Basic Need)</b>										
Existing Demographic Pupil Provision (Basic Needs Programme)	1,477	8,348	20,439	22,256	14,589	440	0	67,549	66,072	57,724
11/12 - 15/16 Basic Need Programme Completions	0	1,042	702	80	0	0	0	1,824	1,824	782
Banbury, Hill View - Expansion to 3FE (ED825)	1,913	875	87	0	0	0	0	2,875	962	87
Hook Norton - Expansion to 1.5FE (ED827)	371	1,000	59	0	0	0	0	1,430	1,059	59
Banbury, Queensway - Expansion to 2FE (ED831)	193	650	38	0	0	0	0	881	688	38
Steventon, St Michael's - Expansion to 1FE (ED839)	62	615	26	0	0	0	0	703	641	26
Bicester, Longfields - Expansion to 2FE (ED871)	356	1,900	134	0	0	0	0	2,390	2,034	134
Yarnton, William Fletcher Phase 3 - Expansion to 1.5FE (ED853)	124	1,075	57	0	0	0	0	1,256	1,132	57
Edward Feild - 2 classrooms (ED890)	0	200	26	0	0	0	0	226	226	26
Mabel Prichard - 1 classroom (ED850)	24	425	56	0	0	0	0	505	481	56

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
Northfield - 2 classrooms (ED894)	0	200	19	0	0	0	0	219	219	19
<b>Provision of School Places Total</b>	<b>4,520</b>	<b>16,330</b>	<b>21,643</b>	<b>22,336</b>	<b>14,589</b>	<b>440</b>	<b>0</b>	<b>79,858</b>	<b>75,338</b>	<b>59,008</b>
<b>Growth Portfolio - New Schools</b>										
Note: This section of the programme shows available funding and not the full scheme cost, unless specified Project Approval number displayed.										
Didcot, Great Western Park (Primary 1) - 14 classroom (ED816)	4,713	6,275	162	0	0	0	0	11,150	6,437	162
Bodicote, Longford Park - 10 classroom (ED866)	3,121	5,315	538	0	0	0	0	8,974	5,853	538
Bicester Exemplar Eco-development - Primary 1 Phase 1 (7 classroom) (ED865)	2,861	4,350	349	0	0	0	0	7,560	4,699	349
Didcot, Great Western Park - Secondary (Phase 1) (ED836)	4,098	13,500	3,166	907	0	0	0	21,671	17,573	4,073
Oxford - Barton (West)	219	250	3,500	2,846	385	0	0	7,200	6,981	6,731
Didcot, Great Western Park - Primary 2 (14 classroom)	16	250	3,500	2,834	0	0	0	6,600	6,584	6,334
Bicester, South West - Secondary	24	250	8,500	7,226	0	0	0	16,000	15,976	15,726
<b>Project Development Budget</b>	<b>0</b>	<b>50</b>	<b>150</b>	<b>150</b>	<b>250</b>	<b>0</b>	<b>0</b>	<b>600</b>	<b>600</b>	<b>550</b>
· North East Wantage (Crab Hill)										
· Banbury, Southam Rd										
· Bicester, Graven Hill										

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17  £'000s	2017 / 18  £'000s	2018 / 19  £'000s	2019 / 20  £'000s	2020 / 21  £'000s	2021 / 22  £'000s			
New School Programme Completions	0	0	50	24	0	0	0	74	74	74
<b>Growth Portfolio Total</b>	<b>15,052</b>	<b>30,240</b>	<b>19,915</b>	<b>13,987</b>	<b>635</b>	<b>0</b>	<b>0</b>	<b>79,829</b>	<b>64,777</b>	<b>34,537</b>
<u>Children's Home</u> Children's Home Programme	0	0	665	0	0	0	0	665	665	665
Thame - Assessment Centre (ED847/1)	2,229	100	28	0	0	0	0	2,357	128	28
Didcot - Move on Home (ED847/2)	1,207	75	50	0	0	0	0	1,332	125	50
Eynsham - Assessment Centre (ED847/3)	821	950	81	0	0	0	0	1,852	1,031	81
Witney - Move on Home (ED847/4)	591	750	48	0	0	0	0	1,389	798	48
<b>Children's Home Total</b>	<b>4,848</b>	<b>1,875</b>	<b>872</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,595</b>	<b>2,747</b>	<b>872</b>
<u>Annual Programmes</u> Schools Access Initiative	0	400	400	400	400	0	0	1,600	1,600	1,200
Health & Safety - Schools	0	275	300	300	300	0	0	1,175	1,175	900
Temporary Classrooms - Replacement & Removal	0	75	325	350	350	0	0	1,100	1,100	1,025
<u>Schools Accommodation Intervention &amp; Support Programme</u>	<u>0</u>	<u>25</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>325</u>	<u>325</u>	<u>300</u>

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17  £'000s	2017 / 18  £'000s	2018 / 19  £'000s	2019 / 20  £'000s	2020 / 21  £'000s	2021 / 22  £'000s			
School Structural Maintenance (inc Health & Safety)	0	2,258	1,750	1,750	1,750	0	0	7,508	7,508	5,250
<b>Annual Programme Total</b>	<b>0</b>	<b>3,033</b>	<b>2,875</b>	<b>2,900</b>	<b>2,900</b>	<b>0</b>	<b>0</b>	<b>11,708</b>	<b>11,708</b>	<b>8,675</b>
<u>Other Schemes &amp; Programmes</u>										
CEF Transformation Programme - Children & Family Centres	0	800	350	350	0	0	0	1,500	1,500	700
Early Years Entitlement for Disadvantage 2 year olds	711	550	500	500	726	0	0	2,987	2,276	1,726
Free School Meals (ED862)	3,126	750	165	0	0	0	0	4,041	915	165
Loans to Foster/Adoptive Parents (Prudentially Funded)	247	40	90	90	433	0	0	900	653	613
Small Projects	114	0	40	0	0	0	0	154	40	40
<b>Other Schemes &amp; Programmes Total</b>	<b>4,198</b>	<b>2,140</b>	<b>1,145</b>	<b>940</b>	<b>1,159</b>	<b>0</b>	<b>0</b>	<b>9,582</b>	<b>5,384</b>	<b>3,244</b>

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17  £'000s	2017 / 18  £'000s	2018 / 19  £'000s	2019 / 20  £'000s	2020 / 21  £'000s	2021 / 22  £'000s			
<u>Retentions &amp; Oxford City Schools Reorganisation</u>										
<b>Retentions &amp; OSCR Total</b>	<b>0</b>	<b>292</b>	<b>313</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>605</b>	<b>605</b>	<b>313</b>
<u>Schools Capital</u>										
Devolved Formula Capital	0	1,785	1,411	911	811	0	0	4,918	4,918	3,133
<b>School Local Capital Programme Total</b>	<b>0</b>	<b>1,785</b>	<b>1,411</b>	<b>911</b>	<b>811</b>	<b>0</b>	<b>0</b>	<b>4,918</b>	<b>4,918</b>	<b>3,133</b>
<b>CE&amp;F CAPITAL PROGRAMME EXPENDITURE TOTAL</b>	<b>28,618</b>	<b>55,695</b>	<b>48,174</b>	<b>41,074</b>	<b>20,094</b>	<b>440</b>	<b>0</b>	<b>194,095</b>	<b>165,477</b>	<b>109,782</b>
<b>CE&amp;F OCC ADJUSTED CAPITAL PROGRAMME EXPENDITURE TOTAL</b>	<b>28,618</b>	<b>53,910</b>	<b>46,763</b>	<b>40,163</b>	<b>19,283</b>	<b>440</b>	<b>0</b>	<b>189,177</b>	<b>160,559</b>	<b>106,649</b>

## SOCIAL AND COMMUNITY SERVICES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>Fire &amp; Rescue Service</b>										
Fire Equipment (SC112)	512	81	0	57	0	0	0	650	138	57
Relocation of Rewley Training Facility	0	50	500	50	0	0	0	600	600	550
Carterton Fire Station	29	0	0	0	0	0	0	29	0	0
Fire Review Development Budget	0	200	1,500	1,400	330	0	0	3,430	3,430	3,230
<b>COMMUNITY SAFETY PROGRAMME TOTAL</b>	<b>541</b>	<b>331</b>	<b>2,000</b>	<b>1,507</b>	<b>330</b>	<b>0</b>	<b>0</b>	<b>4,709</b>	<b>4,168</b>	<b>3,837</b>
<b><u>SOCIAL CARE FOR ADULTS PROGRAMME</u></b>										
<b><u>Adult Social Care</u></b>										
Adult Social Care Programme	47	750	1,000	1,750	703	0	0	4,250	4,203	3,453
<b><u>Residential</u></b>										
HOPs Phase 1- New Builds	0	0	0	10,503	0	0	0	10,503	10,503	10,503
Oxfordshire Care Partnership	281	8,719	0	0	0	0	0	9,000	8,719	0
<b><u>Specialist Housing Programme (inc ECH - New Schemes &amp; Adaptations to Existing Properties)</u></b>										
ECH - New Schemes & Adaptations to Existing Properties	1,111	1,250	1,600	1,600	1,572	0	0	7,133	6,022	4,772

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
ECH - Completed Schemes	4,290	0	0	0	0	0	0	4,290	0	0
Deferred Interest Loans (CSDP)	378	125	125	125	125	0	0	878	500	375
<b>SOCIAL CARE FOR ADULTS PROGRAMME TOTAL</b>	<b>6,107</b>	<b>10,844</b>	<b>2,725</b>	<b>13,978</b>	<b>2,400</b>	<b>0</b>	<b>0</b>	<b>36,054</b>	<b>29,947</b>	<b>19,103</b>
<u>Disabled Facilities Grant</u>										
Disabled Facilities Grant	0	4,532	0	0	0	0	0	4,532	4,532	0
<b>DISABLED FACILITIES GRANT PROGRAMME TOTAL</b>	<b>0</b>	<b>4,532</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,532</b>	<b>4,532</b>	<b>0</b>
<u>Autism Capital Grant</u>										
Autism Capital Grant		18	0	0	0	0	0	18	18	0
<b>AUTISM CAPITAL GRANT PROGRAMME TOTAL</b>		<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>18</b>	<b>0</b>
Retentions & Minor Works	0	109	0	0	0	0	0	109	109	0
<b>S&amp;CS CAPITAL PROGRAMME EXPENDITURE TOTAL</b>	<b>6,648</b>	<b>15,834</b>	<b>4,725</b>	<b>15,485</b>	<b>2,730</b>	<b>0</b>	<b>0</b>	<b>45,422</b>	<b>38,774</b>	<b>22,940</b>

## ENVIRONMENT &amp; ECONOMY - HIGHWAYS &amp; TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b><u>CITY DEAL PROGRAMME</u></b>										
<b><u>Science Transit</u></b>										
Kennington & Hinksey Roundabouts	7,357	116	0	0	0	0	0	7,473	116	0
Hinksey Hill Northbound Slip Road	252	462	1,831	4,565	1,590	0	0	8,700	8,448	7,986
<b><u>Access to Enterprise Zone</u></b>										
Harwell Link Rd Section 1 B4493 to A417	1,098	3,436	5,759	1,356	0	0	0	11,649	10,551	7,115
Harwell Link Rd Section 2 Hagbourne Hill	4,115	1,552	348	0	0	0	0	6,015	1,900	348
Featherbed Lane and Steventon Lights	1,712	931	3,015	1,196	870	0	0	7,724	6,012	5,081
Harwell, Oxford Entrance	202	200	600	600	398	0	0	2,000	1,798	1,598
<b><u>Northern Gateway</u></b>										
Cotteslowe Roundabout	2,689	2,245	33	0	210	0	0	5,177	2,488	243
Wolvercote Roundabout	2,890	2,351	40	0	81	0	0	5,362	2,472	121
Loop Farm Link Road	235	1,038	4,235	1,792	0	0	0	7,300	7,065	6,027
Other City Deal Programme spend	142	-48	0	0	0	0	0	94	-48	0
<b>CITY DEAL PROGRAMME TOTAL</b>	<b>20,692</b>	<b>12,283</b>	<b>15,861</b>	<b>9,509</b>	<b>3,149</b>	<b>0</b>	<b>0</b>	<b>61,494</b>	<b>40,802</b>	<b>28,519</b>

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>LOCAL PINCH POINT PROGRAMME</b>										
Milton Interchange	10,117	1,443	0	0	0	0	0	11,560	1,443	0
A34 Chilton Junction Improvements	4,175	4,922	507	1,279	0	0	0	10,883	6,708	1,786
<b>LOCAL PINCH POINT PROGRAMME TOTAL</b>	<b>14,292</b>	<b>6,365</b>	<b>507</b>	<b>1,279</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,443</b>	<b>8,151</b>	<b>1,786</b>
<b>LOCAL GROWTH DEAL PROGRAMME</b>										
Eastern Arc Phase 1 Access to Headington	517	3,635	4,760	324	83	1,846	0	11,165	10,648	7,013
Science Vale Cycle Network Improvements	0	500	1,600	1,900	500	0	0	4,500	4,500	4,000
Oxford Science Transit Phase 2 - A40 Public Transport improvements (project development)	103	318	79	0	0	0	0	500	397	79
Didcot Northern Perimeter Road 3 (project development)	418	332	0	0	0	0	0	750	332	0
A34 Lodge Hill Slips (project development)	0	150	0	0	0	0	0	150	150	0
Oxford Queen's Street Pedestrianisation (project development)	0	60	0	0	0	0	0	60	60	0
<b>LOCAL GROWTH DEAL PROGRAMME TOTAL</b>	<b>1,038</b>	<b>4,995</b>	<b>6,439</b>	<b>2,224</b>	<b>583</b>	<b>1,846</b>	<b>0</b>	<b>17,125</b>	<b>16,087</b>	<b>11,092</b>

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>SCIENCE VALE UK</b>										
Milton Park Employment Access Link: Backhill Tunnel	43	643	121	0	0	0	0	807	764	121
Wantage, Crab Hill (contribution)	0	0	2,450	0	0	0	0	2,450	2,450	2,450
<b>SCIENCE VALE UK LOCALITY PROGRAMME TOTAL</b>	<b>43</b>	<b>643</b>	<b>2,571</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,257</b>	<b>3,214</b>	<b>2,571</b>
<b>OXFORD</b>										
Woodstock Rd, ROQ	55	75	400	50	0	0	0	580	525	450
Riverside routes to Oxford city centre	36	571	205	2,000	855	0	0	3,667	3,631	3,060
<b>OXFORD LOCALITY PROGRAMME TOTAL</b>	<b>91</b>	<b>646</b>	<b>605</b>	<b>2,050</b>	<b>855</b>	<b>0</b>	<b>0</b>	<b>4,247</b>	<b>4,156</b>	<b>3,510</b>
<b>BICESTER</b>										
Bicester Perimeter Road (Project Development)	0	300	700	0	0	0	0	1,000	1,000	700
<b>BICESTER LOCALITY PROGRAMME TOTAL</b>	<b>0</b>	<b>300</b>	<b>700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000</b>	<b>1,000</b>	<b>700</b>
<b>BANBURY</b>										
<b>BANBURY LOCALITY PROGRAMME TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>WITNEY AND CARTERTON</b>										
Witney, A40 Downs Road junction (contribution)	0	0	1,250	0	0	0	0	1,250	1,250	1,250
<b>WITNEY AND CARTERTON LOCALITY PROGRAMME TOTAL</b>	<b>0</b>	<b>0</b>	<b>1,250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,250</b>	<b>1,250</b>	<b>1,250</b>

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
COUNTYWIDE AND OTHER East-West Rail (contribution)	0	737	737	737	737	737	0	3,685	3,685	2,948
Small schemes (developer and other funded)	601	765	168	0	0	0	0	1,534	933	168
Completed schemes	27,500	240	180	0	0	0	0	27,920	420	180
COUNTYWIDE AND OTHER INTEGRATED TRANSPORT TOTAL	28,137	1,742	1,085	737	737	737	0	33,175	5,038	3,296
INTEGRATED TRANSPORT STRATEGY TOTAL	64,293	26,974	29,018	15,799	5,324	2,583	0	143,991	79,698	52,724
STRUCTURAL MAINTENANCE PROGRAMME										
Carriageways	0	1,993	923	2,000	2,000	0	0	6,916	6,916	4,923
Surface Treatments	0	6,712	6,482	6,500	6,500	0	0	26,194	26,194	19,482
Footways	0	831	1,050	800	800	0	0	3,481	3,481	2,650
Drainage	0	1,100	900	900	900	0	0	3,800	3,800	2,700
Bridges	0	1,520	1,636	2,000	2,000	0	0	7,156	7,156	5,636
Public Rights of Way Foot Bridges	0	110	100	100	100	0	0	410	410	300
Street Lighting	0	990	990	890	775	0	0	3,645	3,645	2,655
Traffic Signals	0	250	250	250	250	0	0	1,000	1,000	750
Section 42 contributions	0	632	570	0	0	0	0	1,202	1,202	570
STRUCTURAL MAINTENANCE ANNUAL PROGRAMMES TOTAL	0	14,138	12,901	13,440	13,325	0	0	53,804	53,804	39,666

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>CHALLENGE FUND PROGRAMME</b>										
Street Lighting	1,046	1,360	1,684	0	0	0	0	4,090	3,044	1,684
Drainage	954	1,296	1,500	0	0	0	0	3,750	2,796	1,500
Edge Strengthening	481	2,870	2,179	0	0	0	0	5,530	5,049	2,179
Resurfacing	64	370	736	0	0	0	0	1,170	1,106	736
<b>CHALLENGE FUND PROGRAMME TOTAL</b>	<b>2,545</b>	<b>5,896</b>	<b>6,099</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,540</b>	<b>11,995</b>	<b>6,099</b>
<b>Major schemes and other programme</b>										
Embankment Stabilisation Programme	729	153	51	0	0	0	0	933	204	51
A420/A34 Botley Junction & Cumnor Bypass	181	328	11	0	0	0	0	520	339	11
Kennington Railway Bridge	0	730	80	20	150	0	0	980	980	250
Oxford, Cowley Road	0	0	790	0	0	0	0	790	790	790
A478 Playhatch Road (project development)	30	77	13	0	0	0	0	120	90	13
Network Rail Electrification Bridge Betterment Programme	206	1,904	156	0	0	0	0	2,266	2,060	156
Completed Major Schemes	13,301	29	0	0	0	0	0	13,330	29	0
<b>STRUCTURAL MAINTENANCE MAJOR SCHEMES TOTAL</b>	<b>14,447</b>	<b>3,221</b>	<b>1,101</b>	<b>20</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>18,939</b>	<b>4,492</b>	<b>1,271</b>
<b>STRUCTURAL MAINTENANCE PROGRAMME TOTAL</b>	<b>16,992</b>	<b>23,255</b>	<b>20,101</b>	<b>13,460</b>	<b>13,475</b>	<b>0</b>	<b>0</b>	<b>87,283</b>	<b>70,291</b>	<b>47,036</b>
<b>HIGHWAYS &amp; TRANSPORT CAPITAL PROGRAMME EXPENDITURE TOTAL</b>	<b>81,285</b>	<b>50,229</b>	<b>49,119</b>	<b>29,259</b>	<b>18,799</b>	<b>2,583</b>	<b>0</b>	<b>231,274</b>	<b>149,989</b>	<b>99,760</b>

## ENVIRONMENT &amp; ECONOMY CAPITAL PROGRAMME (EXCLUDING TRANSPORT)

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b><u>ASSET UTILISATION PROGRAMMES</u></b>										
Asset Utilisation Programme	48	1,750	1,500	1,500	1,230	0	0	6,028	5,980	4,230
Asset Utilisation Completions	3,195	416	0	0	0	0	0	3,611	416	0
<b>ASSET UTILISATION PROGRAMME TOTAL</b>	<b>3,243</b>	<b>2,166</b>	<b>1,500</b>	<b>1,500</b>	<b>1,230</b>	<b>0</b>	<b>0</b>	<b>9,639</b>	<b>6,396</b>	<b>4,230</b>
<b><u>ENERGY EFFICIENCY IMPROVEMENT PROGRAMME</u></b>										
Rooftop Solar PV Programme	0	200	250	0	0	0	0	450	450	250
SALIX Energy Programme	0	200	200	71	0	0	0	471	471	271
<b>ENERGY EFFICIENCY IMPROVEMENT PROGRAMME TOTAL</b>	<b>0</b>	<b>400</b>	<b>450</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>921</b>	<b>921</b>	<b>521</b>
<b><u>ANNUAL PROPERTY PROGRAMMES</u></b>										
Minor Works Programme	0	477	200	200	200	0	0	1,077	1,077	600
Health & Safety (Non-Schools)	0	24	24	50	74	0	0	172	172	148
<b>ANNUAL PROPERTY PROGRAMMES TOTAL</b>	<b>0</b>	<b>501</b>	<b>224</b>	<b>250</b>	<b>274</b>	<b>0</b>	<b>0</b>	<b>1,249</b>	<b>1,249</b>	<b>748</b>

Project/ Programme Name	Previous Years Actual Expenditure £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost £'000s	Capital Investment Total (excluding previous years) £'000s	Future Capital Investment Total (excluding previous and current years) £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>WASTE MANAGEMENT PROGRAMME</b>										
Waste Recycling Centre Infrastructure Development	0	250	1,000	1,000	539	0	0	2,789	2,789	2,539
Alkerton WRC	0	250	700	750	50	0	0	1,750	1,750	1,500
Oxford Waste Partnership PRG Allocation	580	0	0	0	0	0	0	580	0	0
<b>WASTE MANAGEMENT PROGRAMME TOTAL</b>	<b>580</b>	<b>500</b>	<b>1,700</b>	<b>1,750</b>	<b>589</b>	<b>0</b>	<b>0</b>	<b>5,119</b>	<b>4,539</b>	<b>4,039</b>
<b>CORPORATE PROPERTY &amp; PARTNERSHIP PROGRAMMES</b>										
Broadband (OxOnline) Project	13,525	6,172	3,055	0	0	0	0	22,752	9,227	7,871
Spendlove Centre, Charlbury (R11)	41	356	5	0	0	0	0	402	361	5
Oxford Flood Relief Scheme	0	0	0	5,000	0	0	0	5,000	5,000	5,000
New Salt Stores & Accommodation	50	1,000	1,790	260	0	0	0	3,100	3,050	2,050
<b>CORPORATE PROPERTY &amp; PARTNERSHIP PROGRAMMES TOTAL</b>	<b>13,616</b>	<b>7,528</b>	<b>4,850</b>	<b>5,260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31,254</b>	<b>17,638</b>	<b>14,926</b>
Retentions (completed schemes)	0	34	0	0	0	0	0	34	34	0
<b>ENVIRONMENT &amp; ECONOMY (EXCLUDING TRANSPORT) CAPITAL PROGRAMME EXPENDITURE TOTAL</b>	<b>17,439</b>	<b>11,129</b>	<b>8,724</b>	<b>8,831</b>	<b>2,093</b>	<b>0</b>	<b>0</b>	<b>48,216</b>	<b>30,777</b>	<b>24,464</b>

## CORPORATE SERVICES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17 £'000s	2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s			
<b>COMMUNITY SERVICES PROGRAMME</b>										
Bicester Library (CS13)	568	115	300	300	217	0	0	1,500	932	817
Westgate Library	2	250	1,000	248	0	0	0	1,500	1,498	1,248
<b>COMMUNITY SERVICES PROGRAMME TOTAL</b>	<b>570</b>	<b>365</b>	<b>1,300</b>	<b>548</b>	<b>217</b>	<b>0</b>	<b>0</b>	<b>3,000</b>	<b>2,430</b>	<b>2,065</b>
<b>OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP</b>										
<u>City Deal</u> Culham Advanced Manufacturing Hub & other GPF projects	3,851	0	0	0	0	0	0	3,851	0	0
<u>Local Growth Fund</u> Didcot Station Car Park Expansion (contribution)	493	9,007	0	0	0	0	0	9,500	9,007	0
Centre for Technology, Innovation & Skills (Activite Learning)	2,202	2,298	0	0	0	0	0	4,500	2,298	0
Centre for Applied Superconductivity	684	880	880	880	1,166	0	0	4,490	3,806	2,926
Oxford City Council - Oxpens Site Development	3,520	0	0	0	0	0	0	3,520	0	0
<b>OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP TOTAL</b>	<b>10,750</b>	<b>12,185</b>	<b>880</b>	<b>880</b>	<b>1,166</b>	<b>0</b>	<b>0</b>	<b>25,861</b>	<b>15,111</b>	<b>2,926</b>

Project/ Programme Name	Previous Years Actual Expenditure  £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme Cost  £'000s	Capital Investment Total (excluding previous years)  £'000s	Future Capital Investment Total (excluding previous and current years)  £'000s
		2016 / 17  £'000s	2017 / 18  £'000s	2018 / 19  £'000s	2019 / 20  £'000s	2020 / 21  £'000s	2021 / 22  £'000s			
Completed Projects	0	17	0	0	0	0	0	17	17	0
CORPORATE SERVICES CAPITAL PROGRAMME EXPENDITURE TOTAL	11,320	12,567	2,180	1,428	1,383	0	0	28,878	17,558	4,991

## Planning Performance Agreement (PPA) Officer Charging Approach

The County Council has an agreed policy for recouping costs associated with pre-application advice with developers. As part of that charging schedule, there is flexibility to offer bespoke charging based on an agreed piece of work (most likely relevant to the larger sites which may require several meetings/site visits/pieces of assessment work) to consider master planning or otherwise prepare for the submission of a planning application.

In order to estimate costs for officer involvement for these PPA's the following charging approach has been established. It includes recouping the salary plus an on cost for Corporate Overheads, Management Overheads, and Project Management Costs. This approach will be utilised for any officer charging regardless of grades.

The establishment of charging for pre-application advice was agreed by Cabinet in 2015 and launched in October of that year. As part of the schedule for these charges, a note was included (Note 1) which provided for a customised approach for larger and more complex sites. This states:

*The above are the charges that will generally apply. However, for mixed-use development proposals or other large complex sites a higher fee may be charged than would be the case for the individual elements of the scheme. In these situations, please refer to the County Council's Major Planning Applications Team in the first instance.*

### **Joint PPAs with Districts**

It is anticipated that the Districts lead as the Planning Authority in negotiating PPAs and OCC will look to invoice via the Districts for sake of simplicity and 'one service' to the developer. However, there may be occasions where this is not possible, for instance non allocated sites, when OCC would pursue and invoice directly with the developer.

Post	Grade	Total / hour	Day Rate
Senior Planner	G12	£51	£380
Principal Planner	G13	£56	£417
Locality Manager	G17	£73	£541

Division(s): All
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## **CABINET – 18 OCTOBER 2016**

### **ANNUAL REPORTS FROM THE OSCB - 2015/16**

#### **Three reports submitted by Independent Chair of the Oxfordshire Safeguarding Children Board**

#### **Introduction**

1. Local Safeguarding Children Boards were set up under the Children Act 2004 to co-operate with each other in order to safeguard children and promote their welfare. This paper covers three annual reports from the Oxfordshire Safeguarding Children Board. The reports concern an overview of safeguarding work; serious case reviews and quality assurance.

#### **The OSCB Annual Report 2015/16**

2. The OSCB's remit is to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire.
3. The annual report summarises the partnership's key achievements in the last year and provides an overview and analysis of safeguarding arrangements. These arrangements have been found to be in a good state as confirmed by the Stocktake Report on child sexual exploitation in 2015 and the Joint Targeted Area inspection in 2016. Board members have a clear view of how well child protection work is being managed but also a clearer understanding of the pressures on the system due to the increased activity at the front door.
4. Quality assurance work highlights that partners must address long term issues of neglect and protect children in families where domestic abuse, substance misuse and mental illness are prevalent. Going forward partners need to keep a tight grip across the partnership on what is working well and where challenges are emerging and ensure organisations set clear baselines and targets for improvement.
5. OSCB delivered over 150 free safeguarding training and learning events plus online learning. In 2015/16 the training reached over 9000 members of the Oxfordshire workforce. The OSCB delivered termly newsletters to over 4000 members of the multi-agency workforce. Work has taken place on procedures relating to child death processes; information sharing; male circumcision; modern slavery; child sexual exploitation; coercive behaviour and the Mental Capacity Act amongst others.
6. Significant work has been maintained to address Child Sexual Exploitation (CSE) in Oxfordshire. In March 2016 this was tested again through the Joint

Targeted Area Inspection. The headline judgement was that Oxfordshire now has 'a highly developed and well-functioning approach to tackling exploitation'.

7. The annual report directs the OSCB towards the following aims for 2016/17:
  - Ensuring that local partnership arrangements are understood and that the 'front door' for safeguarding concerns for children provides a swift and robust response to all children.
  - Protecting younger children from the harm of neglect and parental risk factors.
  - Protecting older children from harm by maintaining a multi-agency focus on issues such as peer on peer abuse, online and Lesbian, Gay, Bisexual and Transgender bullying, self-harm and suicide.
  - Testing if learning is embedded across the child protection partnership.

### **The Performance Audit and Quality Assurance (PAQA) Annual Report**

8. The Performance Audit and Quality Assurance subgroup scrutinises the effectiveness of safeguarding practice. This annual report summarises the common themes for learning and improvement to support vulnerable children. The following sources are used: section 11 audits, school audits, single and multi-agency audits, work with children and young people, annual reports and serious case reviews. The information is viewed through a quadrant of quantitative data; qualitative data; practitioner views, child and family views.
9. The quantitative data shows that there are increasing levels of activity across the safeguarding system at a time when there is significant change in resources and agency structures. This is accompanied by an increasingly complex set of issues for vulnerable young people ranging from self-harm, to peer abuse to social media pressures.
10. Qualitative evidence highlights that the child protection partnership has been able to demonstrate effectively what it does well through the Ofsted inspection in 2014, the stocktake report on child sexual exploitation in 2015 and the Joint targeted area inspection in 2016. Areas for improvement include the challenges in dealing with inconsistent and neglectful parenting; reluctance to respectfully challenge self-reported explanations of harm to the child/ren; loss of continuity of service when families move across boundaries and the capacity of adolescents to protect themselves can be overestimated and a tendency to view teenagers as adults rather than children can mean that proactive steps to protect them are not always taken.
11. Practitioners have told the OSCB that they are concerned about the future of 'early help' services and their ability to support families, the effectiveness of the multi-agency safeguarding hub and that they are struggling to 'keep up' with the identified increase in activity.
12. Children and families have told the OSCB that they are concerned about being heard and knowing 'who' you are speaking to; the issues that worry them e.g. bullying, dealing with social media pressures and sexting, consent, sex and

healthy relationships as well as the issues confronted by lesbian, gay bi-sexual and transgender young people in particular in terms of identity, information and bullying.

## **The Case Review and Governance (CRAG) subgroup Annual Report**

13. The purpose of the group is to support the OSCB in fulfilling its statutory duty to undertake reviews of cases both where the criteria are met and where they are not met in order provide valuable information on joint working and areas for improvement. The group comprises members drawn from Thames Valley Police, the County Council's children's services and legal services, the OCCG Designated Doctor and Designated Nurse and a Head teacher representative.
14. The OSCB worked on five different serious case reviews. Three reviews were completed and published. This included a joint domestic homicide review / serious case review.
15. For each review a learning summary was produced highlighting key messages for practitioners and managers. The OSCB ran two learning events and an annual conference in 2015/2016 covering a range of themes emerging from local serious case reviews and audits such as child sexual exploitation, peer violence and domestic abuse, adolescents and risk. These have been attended by over 800 local practitioners, with a mixture of frontline staff, volunteers, management, and board members. Practitioners said, *"It has given me time to reflect on the families that I work with and think who may best support them"*

## **Financial and Staff Implications**

16. The OSCB has a budget which is reported on page 20 of the report.

## **Equalities Implications**

17. The OSCB considers the needs of the most vulnerable children in Oxfordshire.

## **RECOMMENDATION**

18. **The Cabinet is RECOMMENDED to note the reports.**

Paul Burnett, Interim Independent Chair,  
Oxfordshire Safeguarding Children Board

Background papers: OSCB Annual Report 2015/16, CRAG Annual Report 2015/16, PAQA Annual Report 2015/16

Contact Officer: Tan Lea, Strategic Safeguarding Partnerships  
September 2016

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# OSCB Annual Report 2015 - 2016

# Oxfordshire Safeguarding Children Board

## Annual report 2015-16

### Contents

Annual report introduction by Paul Burnett, Interim Independent Chair of the board      Pages:

**Chapter 1**      Local safeguarding context      Pages: 4 - 10

**Chapter 2**      Governance and accountability arrangements      Pages: 11 - 20

**Chapter 3**      Progress made in 2015/16      Pages: 21 - 36

**Chapter 4**      What happens when a child dies in Oxfordshire      Pages: 37 - 41

**Chapter 5**      Challenges ahead and future priorities      Pages: 42

**Chapter 6**      What next for child protection in Oxfordshire      Pages: 43

Glossary      Page: 44

# Annual Report Introduction

By Paul Burnett  
Interim Chair



I am pleased to introduce the Annual Report for Oxfordshire Safeguarding Children Board 2015/16. The role of the OSCB is to make sure improvements continue to be made in protecting all children from harm across Oxfordshire. Safeguarding standards have been tested through the Stocktake Report on child sexual exploitation in 2015 and the Joint Targeted Area inspection in 2016. The findings from these reviews as well as our local knowledge have given Board members a clear view of how well child protection work is being managed but also clearer understanding of the pressures on the system due to the increased activity at the front door.

It is pleasing to see the commitment of colleagues across the safeguarding partnership, which has led to improvements in the transportation of vulnerable children, the services to our most vulnerable children who have been or are at risk of child sexual exploitation and progress made over the last year on work to support adolescents, which has included an increase of older children on child protection plans. It has also been invaluable to involve parents and victims in county wide learning events.

OSCB partners are mindful of ensuring that the needs of both younger and older children are met. Our quality assurance work highlights that we must address long term issues of neglect and protect children in families where domestic abuse, substance misuse and mental illness are prevalent. Going forward we need to keep a tight grip across the partnership on what is working well and where challenges are emerging and ensure organisations set clear baselines and targets for improvement.

Challenges lie ahead with the forthcoming Children and Social Work Bill 16/17. A new statutory safeguarding framework will be introduced, which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children. I believe that we are in a sound position as a Board to meet these requirements, provide scrutiny and give assurance that safeguarding children in Oxfordshire is at the forefront for all organisations.

## Chapter 1: Local Safeguarding Context

### Oxfordshire Demographics

There are 141,200 young people aged under 18 in Oxfordshire. This population has grown by 6% in the last ten years – mainly in urban areas where the majority of new housing has been developed. An estimated 14% of under18s are from minority ethnic backgrounds, with considerable differences across the districts, the figure rising to 35% in Oxford City.

Based on the IDACI (income deprivation affecting children) rankings, Oxfordshire is relatively prosperous and is the 14th least deprived upper tier local authority area (out of 152 in the country). There are areas of deprivation in the urban centres of Oxford and Banbury, with further pockets in Abingdon and Didcot.

Oxfordshire performs above both national and statistical neighbour averages for the proportion of both primary and secondary schools judged as good or outstanding. Despite this the proportion of outstanding schools in Oxfordshire continues to be lower than the national average. Persistent absence rates, permanent exclusions and fixed term exclusions in secondary schools continue to be a concern.

### Early Help

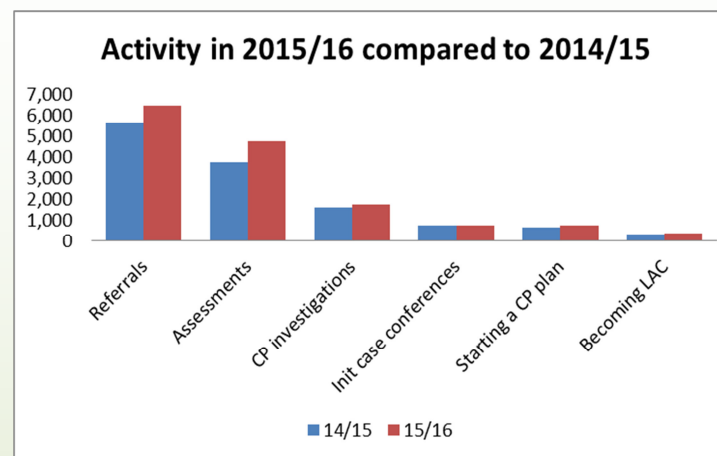
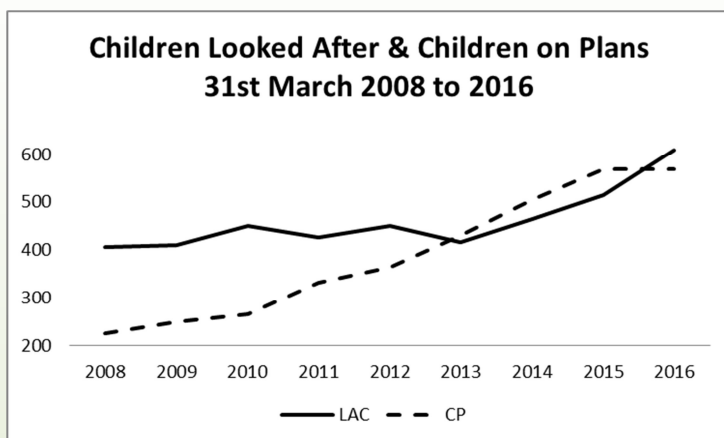
Early help assessments (CAFs) are completed and families are then supported by regular 'team around the child' (TACs) meetings to monitor progress. Support includes help for children where parents or carers misuse substances and help for those families when social care intervention ends. Last year early help work increased. There were 957 recorded CAFs and 912 recorded TACs; with schools predominantly taking the lead in this work. The number of under 5s reached in Oxfordshire i.e. seen at least once at an event or activity at any Oxfordshire children's centre in the financial year 2015-16 was 18,251 or 43.8% of the population of under 5s.

The Troubled Families initiative is working with the most vulnerable families. The initiative has identified 2,000 families with 925 having a named worker from a County Council service. Ofsted reported; *'It is intensive, well organised and cost effective and has led to clear improvement in the lives of particular families.'*

A longer term piece of work is underway to integrate early help and statutory work to support vulnerable children and families. The focus is on services for 'children in need' i.e. for those who meet the statutory thresholds for services but are not deemed to be at the level of significant harm which would warrant a child protection plan. The intention is to develop more robust early help and reduce the numbers of children who are escalated to children's social care.

## Children with a child protection plan

Children who have a child protection plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of two or more of these. The plan details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how we will know when progress is being made. At the end of March 2016 there were 569 children subject to a plan. This was the same figure as 12 months previously and the first time in over 10 years that the figure did not rise. However this masks a considerable increase in activity. The graph below shows the increase in activity last year, which varies from 3 to 26%.



Activity levels are generally slightly below the national average, but above those of statistical neighbours and higher than we would expect for an authority which is the 14<sup>th</sup> least deprived in regard to children in the country. The OSCB has developed a 'report card' on the relatively high levels of activity within the system and a subsequent 'impact assessment' to consider what impact reduced budgets will have on the system.

20% of the child protection plans ended in the year because the child became looked after. The proportion of plans which did not end successfully (i.e. within 18 months and with the child remaining at home) has dropped in each of the last 3 quarters. So far this year 58% of children who become looked after have previously been subject to child protection planning looked after, 49% of them within the last 12 months.

The number of looked after children rose by 18% in the year. For comparison the national growth over the last 5 years has been 3% per annum.

Improvements that are made when a child is the subject of a child protection plan need to be sustained once the plan ceases. Understanding what happens once a child stops being the subject of a plan and ensuring improvements are sustained will be an area of focus in the coming year.

### Children in care

Children in care are those looked after by the local authority. This rose by 15% in the year from 514 to 592. For comparison the national growth over the last 5 years has been 3% per annum. Despite this growth numbers remain comparatively low, the average for our statistical neighbours (the authorities that are most demographically similar to Oxfordshire) would be 600. 61% of all children becoming looked after had previously been the subject of a child protection plan - 49% within 12 months of their looked after episode beginning. 11% of children becoming looked after had been previously looked after. Understanding what happens once a child stops being the subject of a plan and ensuring improvements are sustained will be an area of focus in the coming year.

We want to ensure that where people are looked after, we keep our riskiest closest to home. We have managed to do this over the year. The number of children looked after and not placed in neighbouring authorities rose slightly (74 to 77). The biggest increase has been in children placed in foster care or with family and friends

### Children leaving care

In Oxfordshire 346 care leavers (aged 17-21) are supported. 170 are in education, employment or training (49%). This is an improvement on last year and in line with the national average. Over a third of care leavers are in independent living, 14% with parents or relatives and 12% are in accommodation linked to their employment or training. None are in bed and breakfast or emergency accommodation.

### Children who are privately fostered

The county council worked with a total of 140 private fostering arrangements. This is an increase from the previous year. International students make up the majority of referrals. There has been a decrease in the number of vulnerable children living with friends and distant relatives this has decreased from 28% last year to 23% this year. However, the county service remains focused on this group this year to ensure that the most vulnerable children are identified and supported. At the end of March 2016 the local authority were aware of 43 children living in a privately arranged foster placement, similar to last year (44) but up from 34 the end of March 2014.

### Disabled Children

At the end of March 2015 there were 14 disabled children with a Child Protection Plan; this is in line with previous years

### Children who offend

The children who are involved with Oxfordshire Youth Justice Service (YJS) often present with complex needs requiring significant support both in and out of custody. The YJS has the same amount of work as last year, 246 children received a substantive outcome (a caution or above) in 2014-15 and in 2015-16. The figures for the year 2015/16 (April to March) show “that the performance is satisfactory” and that we are “still better than both the regional and national rates”. There were 12 custodial episodes within the last year period. This is measured against the rate of young people per 1000 in the population. The custodial episodes arise out of serious episodes of offending/ repeat serious episodes of offending.



### Children who are at risk of sexual exploitation

There are currently 280 children open to social care at the risk of CSE. 88 new assessments in 2015/16 identified a risk of CSE for a child in Oxfordshire. This reflected 2.5% of all social care assessments completed and was slightly below the national average of 3%. There was a 25% increase in CSE screening tools in the year (increasing from 178 to 223). There were 119 CSE crimes and a further 133 incidents which were not crimes (to the end of February). There were 13 arrests and 6 people charged. 11 child abduction warning notices were issued. The number of children open to social care at risk of CSE at the end of the year (280) was similar to the end of September (278). However within this the number on children in need plans has halved with a consequent increase in children not on any plan. This may reflect the increase in assessment activity (26% in the last year).

23 children had risk assessments (for sexual abuse or exploitation for sexually active young people and vulnerable adults) requiring referrals to a safeguarding organisation in the first 9 months of the year. 108 people in the first 9 months have accessed drug and alcohol services; 35 at tier 2 and 73 at tier 3. 22 children are currently at risk of CSE and not in full-time education. 40 children in 2015/16 accessed a school nurse. All sexually active young people and vulnerable adults accessing GUM and contraceptive services have had a risk assessment for sexual abuse or exploitation performed at each presentation as a new case. The Joint Targeted Area inspection praised this work in particular.

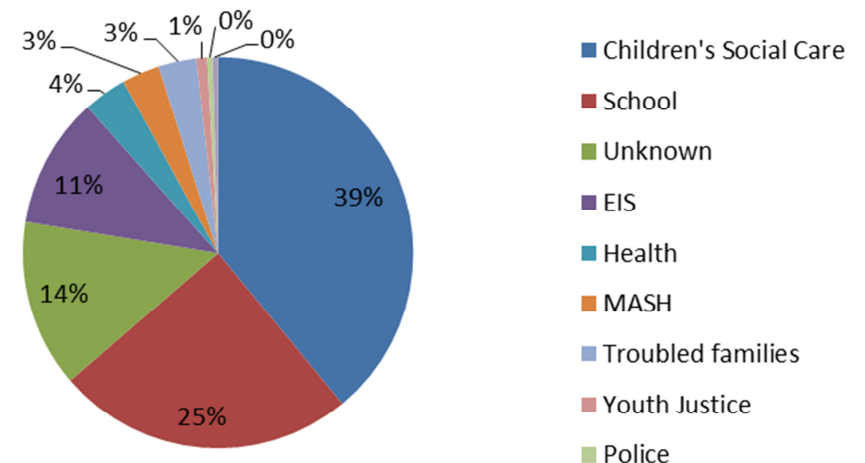
Page 68

*My support worker from the kingfisher team has helped me become the person I am today".*

*"I have grown enormously since the start of this. I've grown into a woman who is now confident in my abilities to move forward in life".*

*"I can now see what my future holds"*

### Completed Screening Tools



### **Children who are at risk of sexual exploitation going missing**

This year 817 children have gone missing; this includes 115 children for whom a CSE screening tool has been completed (14%) and 100 looked after children (out of 864 children looked after at some point in the year in the year) - i.e. 12% of the looked after population.

### **Children who are at risk of sexual exploitation and known to the youth justice service**

Every young person known to the youth justice service is screened for CSE as a matter of good practice. 17 young people, known to the youth justice service have been convicted for a sexual offence on the year out of the 38 young people convicted for a sexual offence last year.

### **Children who are at risk of poor mental health**

Oxford Health NHS Foundation Trust Child and Adolescent Mental Health Services (CAMHS) continues to receive significant increases in referrals, this increase follows the national trend. During 2015/16 the Oxford CAMHS received 6,214 referrals of which 5,724 were accepted as appropriate referrals (92%) and 3,990 young people were assessed by CAMHS during this period. The numbers open to CAMHS continue to increase with a noted intensification in the complexity and presentation of children and young people.

Although CAMHS meet the target of seeing children who need to be seen urgently or as an emergency they are working very hard to reduce the waiting times for those children who are referred for a routine or non-urgent assessment and have plans in place to help reduce the waiting time for routine referrals. Following the DH report "Future in Mind", the partnership review of CAMHS, and in line with the NHS England 5 year Transformation Plan, local services are undergoing transformation to move to a new service model which has been developed in partnership commencing April 2017.

There are strong relationships and developing partnerships between CAMHS and other agencies in respect of working together to safeguard children and young people from harm, to develop easier access to services including targeted and specialist mental health services, to increase resilience and self-help and to reduce waiting times to ensure access as quickly as possible and to the most appropriate intervention.

## Children missing from home

The number of children who have gone missing from home has risen from last year (817 children compared with 694 last year). The number who went missing three or more times rose from 132 to 149 meaning the proportion of children who repeatedly went missing remained at 19%.

### In summary: what does the data tell us?

- There have been more CAFs but the numbers of children under 5 reached by children's centres have gone down
- Increasing levels of activity across child protection plans; neglect being the most common reason for a child protection plan
- Lower levels of children becoming subject to a second or subsequent plan
- Increasing numbers of children in care; the highest level for many years.
- Half of the children becoming looked after had been on a child protection plan within the previous 12 months
- Increasing numbers of children missing from home
- Children at risk of sexual exploitation are being identified at the same rate and there is a higher use of the screening tool
- Children who offend: fall in numbers involved with youth justice service...however...increased custody rates
- CAMHS meet the target of seeing children who need to be seen urgently or as an emergency but they are working very hard to reduce the waiting times for those children who are referred for a routine or non-urgent assessment
- The implications of increased workloads on ensuring children are kept safe: the system is under pressure.



## Chapter 2: Governance and accountability arrangements

### About the OSCB

We are a partnership set up to ensure that local agencies co-operate and work well to safeguard and promote the welfare of children. We are responsible, collectively as a Board, for the strategic oversight of child protection arrangements across Oxfordshire. This means that we lead, co-ordinate, develop, challenge and monitor the delivery of effective safeguarding practice by all agencies. The impact should be evidenced in front line practice.

The Wood Report released in May 2016 will impact on the arrangements for safeguarding boards in the coming year. Changes to safeguarding boards are being outlined within the Children and Social Work Bill 2016-17. Presently the Board's remit is set out in the government guidance, Working Together 2015 and is to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire. We aim to do this in two ways:

#### Co-ordinating local work by:

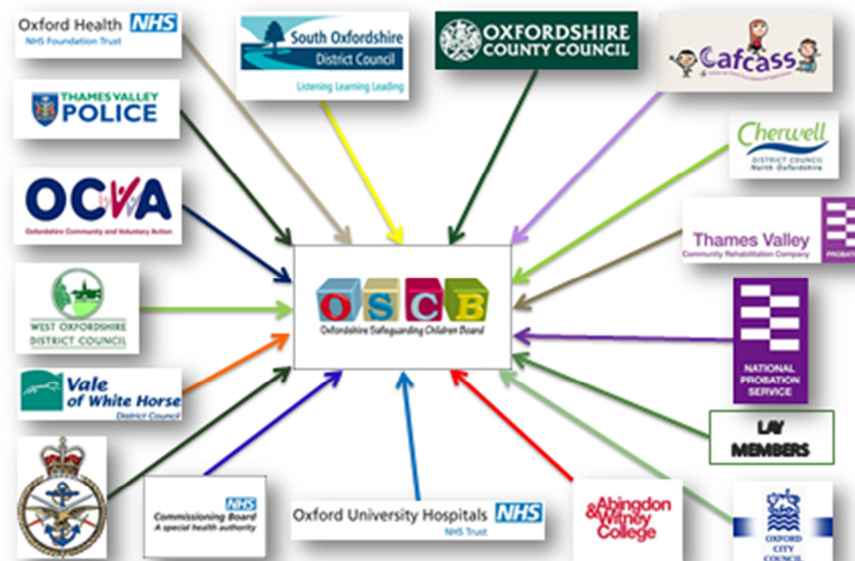
- Developing robust policies and procedures.
- Participating in the planning of services for children in Oxfordshire.
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done.

#### Ensuring that local work is effective by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children.
- Undertaking Serious Case Reviews and other multi-agency case reviews and sharing learning opportunities.
- Collecting and analysing information about child deaths.
- Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

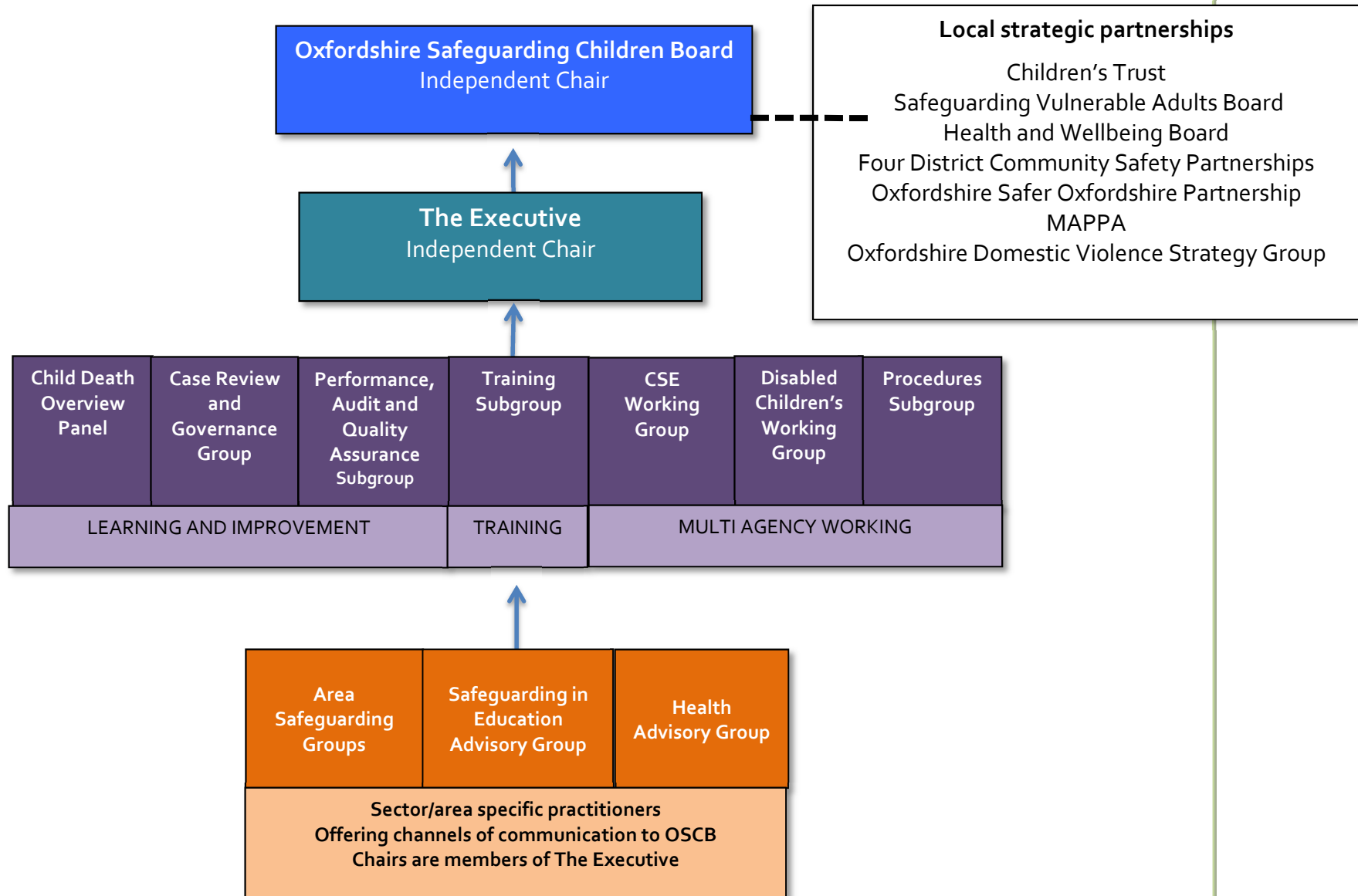
## Board membership

Independent Chair	Thames Valley Police
Oxfordshire County Council: children's services, youth justice services, adult services, fire and rescue services	Children and Family Courts Advisory and Support Service
Oxford University Hospitals Foundation Trust	Community Rehabilitation Company
Oxfordshire Clinical Commissioning Group	National Probation Service
Oxford Health NHS Foundation Trust	Lay Members
NHS England Area Team	Representation from schools and colleges
Cherwell District Council	Representation from the voluntary sector
Oxford City Council	Representation from the military
South Oxfordshire and Vale of White Horse District Council	
West Oxfordshire District Council	



## Structure

The main Board is supported by a range of sub-groups and other panels that enable its functioning:



## How the Board works

### Statutory body

We are a partnership set up under the Children Act 2004 to co-operate with each other in order to safeguard children and promote their welfare. The Board's job is to make sure services are delivered, in the right way, at the right time, so that children are safe and we make a positive difference to the lives of them and their family. We are not responsible or accountable, as a Board for delivering child protection services. That is the responsibility of each of our agencies separately and collectively but we do need to know whether the system is working.

### Local Authority

Oxfordshire County Council is responsible for establishing an LSCB in their area and ensuring that it is run effectively. The Lead Member for Children's Services is the Councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and children. The Lead Member contributes to OSCB as a participating observer and is not part of the decision-making process. During this period Councillor Tilley fulfilled this role.

### Independence

As an independent Board we hold each other and our respective governance bodies to account for how they are working together. The Board's Independent Chair is directly accountable to the County Director at the County Council and works very closely with the Director of Children's Services.

The Independent Chair also liaises regularly with Thames Valley Police and the Police and Crime Commissioner, the Council's executive member for children's services and the Chair of the Health and Wellbeing Board in driving forward improvement in practice. Moreover, the Independent Chair maintains a close relationship with the Oxfordshire Clinical Commissioning Group and NHS Trusts. The OSCB is pleased to have strengthened representation from the voluntary and community sector during 2015/16.

### Individual partners

Member agencies retain their own lines of accountability for safeguarding practice. Members of the Board hold a strategic role within their organisation and are able to speak for their organisation with authority and commit their organisation on policy and practice matters. On the Board we share responsibility collectively for the whole system, not just for our own agency. These governance and accountability arrangements are set out in a [constitution](#).

## Key Relationships

The Board is part of a set of strategic partnerships in Oxfordshire which provide oversight of the planning, commissioning and delivery of services to children. The Board has the specific oversight of safeguarding children within this partnership structure.

Protocols are in place to maintain healthy working relationships with the Children's Trust; the Safeguarding Adults Board; the Safer Oxfordshire Partnership and the districts' Community Safety Partnerships in particular. The newly created 'Strategic Partnerships' post within the Business Unit has developed these working relationships through formal protocols and operating frameworks for key safeguarding issues such as taxi licensing and the transport of vulnerable children, which need a wide ranging and strategic approach.

### Oxfordshire Children's Trust

The OSCB has a strong relationship with the Oxfordshire Children's Trust, which is responsible for developing and promoting integrated frontline delivery of services which serve to safeguard children. The Chair of OSCB is a member of the Children's Trust and the Chair of the Children's Trust sits on OSCB. The Children's Trust has produced a Children and Young People's Plan which sets out its priorities, including a focus upon early help, and how these will be achieved. The Children's Trust and the OSCB share performance monitoring arrangements to ensure a cohesive approach and collective oversight.

The OSCB is formally consulted as part of any commissioning proposals regarding safeguarding children made by the Children's Trust. OSCB presents its annual report to the Children's Trust outlining key safeguarding challenges and any action required from the Children's Trust.



### The Health and Wellbeing Board (HWB)

The Health and Wellbeing Board brings together leaders from the County Council, NHS and District Councils to develop a shared understanding of local needs, priorities and service developments. The OSCB is formally consulted as part of any commissioning proposals regarding safeguarding children made by the Health and Wellbeing Board. OSCB reports annually to the Health and Wellbeing Board and will hold it to account to ensure that it too tackles the key safeguarding issues for children in Oxfordshire.

### Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is an elected official charged with securing efficient and effective policing in the area. OSCB presents its annual report to the PCC outlining key safeguarding challenges and any action required of policing in the area. During 2015/16 the Police and Crime Commissioner actively supported the multi-agency work focussing on vulnerable adolescents at the OSCB annual conference.

### **Safer Oxfordshire Partnership**

The Safer Oxfordshire Partnership aims to reduce crime and create safer communities in Oxfordshire. It has a co-ordination function. It is supported in this task by the district level Community Safety Partnership (CSPs), which develop local community safety plans for their areas and are accountable for delivery.

A core part of the role of Safer Oxfordshire is to distribute funding from the Police and Crime Commissioner to support our community safety priorities: training for domestic abuse champions across the county; raising awareness of Child Sexual Exploitation and Female Genital Mutilation with local practitioners; activities to engage young people and prevent them from engaging in Anti-Social Behaviour and from entering the criminal justice system; education and training opportunities for ex-offenders with drug and alcohol problems; and training on preventing extremism for frontline staff.

Priorities for 2016-17 are to reduce: anti-social behaviour; levels of re-offending, especially young people; the harm caused by alcohol and drugs misuse; the risk of extremism and hate crime; violence and serious organised crime and to protect those at risk of abuse and exploitation.

### **Health Economy**

Page 76  
Oxfordshire's Clinical Commissioning Group (OCCG) is an important contributor to the OSCB. The OCCG and local health provider's work together to lead a health advisory group to engage health professionals in the safeguarding work of the board. The local area team (NHS England) supports this. The Oxford University Hospitals Foundation Trust and Oxford Health NHS Foundation Trust are key partners on the Board and important providers within the Oxfordshire safeguarding system.



### **Community safety partnerships**

The community safety partnerships deliver projects that aim to cut crime and the fear of crime. Based in each district or city council area partners from the local authority, police, probation services, housing, fire and rescues services, the environment agency, the health sector and voluntary sector jointly tackle crime and safety issues. The OSCB partners have worked hard this year to align our safeguarding work. District colleagues are integral to the safeguarding work on child sexual exploitation; engagement with the community and voluntary sector and safer transport. Arrangements have been made for better representation on the Board of these key partners.

### **Oxfordshire Safeguarding Adults Board**

The Board leads on arrangements for safeguarding adults across Oxfordshire. It oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. As a strategic forum it has three core duties: to develop a strategic plan; publish an annual report and commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these. Partners include adult social care, trading standards, the Police, probation services, fire and rescue services, health commissioners and providers. the voluntary sector and Bullinadon Prison.

## OSCB voluntary and community sector members

We are the VCS (voluntary and charity sector) representatives on the Oxfordshire Children's Safeguarding Board (OSCB).

Clive Peters

Former Headteacher of an Oxfordshire Special School and Head of the Oxfordshire Physical Disability Service, he retired in 2007. He is presently a governor of two Oxfordshire schools, where he is the governor link for Safeguarding issues.



Clive is also a Trustee of the Oxfordshire Outdoor Learning Trust (OOLT) ([www.oolt.org.uk](http://www.oolt.org.uk)) and of the Borien Educational Foundation for South Africa (BEFSA) ([www.befsa.org](http://www.befsa.org))

Simon Brown

Simon Brown is CEO of The FASD Trust, an Oxford based charity, which he founded with his wife. ([www.fasdtrust.co.uk](http://www.fasdtrust.co.uk)) It has grown from humble roots in Witney to be the UK's leading charity in this field, supporting thousands of individuals and families affected by FASD (foetal alcohol spectrum disorders) not only in the UK, but increasingly overseas.



Simon is also one of the Directors of The Oxford Foundation for FASD, ([www.oxfordfoundation-fasd.com](http://www.oxfordfoundation-fasd.com)) a project of The FASD Trust, engaging with professionals and encouraging research in the field of FASD. Simon has experience from engaging at Governmental level (see [www.appg-fasd.org.uk](http://www.appg-fasd.org.uk)) to on a personal level being a "service user" as dad of a child with special needs. Simon and Julia have 3 children, two of whom they originally fostered.

Our collective role on OSCB is to ensure:

- The VCS' voice is heard
- The sector's local knowledge and expertise helps enable the Board to meet its and our safeguarding responsibilities
- Decisions being made draw on the cumulative expertise of the sector and take into account the unique and, in these times of austerity, increasingly valuable role that the sector plays in the provision of services to some of the most vulnerable members of our society.

We are mandated to bring our own voluntary sector perspectives to the Board and, where possible, to consult on substantial issues with the wider VCS. This is undertaken through on-line communication and regular meetings of OCVA's Children and Young People's Forum which is facilitated by Gillian Warson ([gillian.warson@ocva.org.uk](mailto:gillian.warson@ocva.org.uk)). Reciprocally we act as a channel of communication from the Board to the sector.

Romy Briant

Romy Briant has worked across the statutory and voluntary sectors. She qualified and worked as a social worker in child protection in South London, and subsequently worked as a volunteer in Oxford developing community projects and resources with a focus on special needs and inclusion. More recently she has been director of Relate Oxfordshire, Chair of Home-Start Oxford and founder trustee of Reducing the Risk of Domestic Abuse ([www.reducingtherisk.org.uk](http://www.reducingtherisk.org.uk)) which she currently chairs. She has represented the voluntary sector in Oxfordshire on various Partnerships including OSCB.

She now deputises for Clive and Simon – and is voluntary sector representative to PAQA and to the Safer Oxfordshire Partnership Oversight Committee and the Oxfordshire Partnership.



## Lay Members

Working Together 2015 sets out a requirement for all LSCBs to have at least two Lay Members on their Board, operating as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. In 2015/16, the OSCB has been fortunate to have had two Lay Members representing the local community: Clare Periton and Modupe Adefala.

Clare and Modupe have continuously demonstrated their commitment to improving safeguarding outcomes for children and young people and have challenged (sometimes easier said than done) the views and assumptions of partners round the table. They have provided a public voice on the board, bringing diverse perspectives and local concerns to discussions.

Modupe Adefala has left the OSCB during this year but played an important role in board meetings often offering the voices of reason, challenge and calm. We thank her for the contribution that she has made. The post will be recruited to in 2016/17.

Clare Periton

*Throughout my career I have been committed to contributing to safeguarding vulnerable people, and am grateful to be able to extend this commitment as a Lay Member on Oxfordshire's Safeguarding children Board. As a Lay Member, I am in a position which is independent from any of the organisations that attend, it is therefore imperative that I exercise my right to ask questions and to make suggestions. I have been a board member for over 4 years and whilst I always attend with constructive, sometimes critical observations, I have always left impressed by the joint ambition of all agencies around the table to work and learn together to promote the welfare of children and young people and to do their utmost to protect them.*



	Projection as at July 2015	Actuals as at July 2016
Funding streams	£	£
OCC Early Years funding	-14,465.00	-19,250.00
Public Health Risky behaviours	-31,625.00	-31,625.00
<b>Contributions</b>		
OCC Children, Education & Families	-196,610.00	-196,610.00
OCC Dedicated schools grant	-64,000.00	-64,000.00
Oxfordshire OCCG	-60,000.00	-60,000.00
Thames Valley Police	-21,000.00	-21,000.00
National Probation Service	-2,500.00	-2,500.00
CRC	-2,500.00	-2,500.00
Oxford City Council	-10,000.00	-10,000.00
Oxford Cherwell DC	-5,000.00	-5,000.00
South Oxfordshire DC	-5,000.00	-5,000.00
West Oxfordshire DC	-5,000.00	-5,000.00
Vale of White Horse DC	-5,000.00	-5,000.00
Cafcass	-500.00	-500.00
Public Health	0.00	0.00
<b>Total income</b>	<b>-423,200.00</b>	<b>-427,985.00</b>
<b>Expenditure</b>		
Independent Chair	36,000.00	40,715.00
CRAG chair	1,100.00	1,650.00
Business unit	270,000.00	255,000.00
Comms	10,000.00	10,000.00
Training & learning	50,000.00	53,000.00
Subgroups	10,000.00	12,366.00
All case reviews	75,000.00	65,000.00
<b>Total expenditure</b>	<b>452,100.00</b>	<b>437,731.00</b>
<b>Use of reserves:</b>	<b>28,900.00</b>	<b>9,746.00</b>

### Financial arrangements

Board partners contribute to the OSCB's joint budget as well as providing resources in kind. The original funding for 2015/16 was projected to be £423,200 – the actual was £427,985. This increased a small amount due to extra funds to cover early years training. This figure does not include the funding of the Oxfordshire Child Death Overview Panel which is funded through Oxfordshire Clinical Commissioning Group. The Board has agreed to carry forward the low level of reserves from 2015/16 to the 2016/17 budget and is revising its forward plan.

## Chapter 3: Progress made in 2015 /16

The OSCB child protection partnership in Oxfordshire is active and committed to ensure the wellbeing of the most vulnerable children. This section provides an account of progress made against priorities in the last year and assessment of where there is need for further work.

### Aim 1: to provide leadership and governance

**Priorities:** partnership arrangements, community engagement and involving parents and carers

#### Why these priorities?

The OSCB is a transparent and effective partnership. It has an important role to challenge the Children's Trust to ensure that the Trust delivers effective services against a backdrop of reduced resources. The 'impact assessment' carried out by Board agencies in 2015/16 enabled services to fully consider the impact of cuts on the delivery of a range of services. This was a helpful assessment of the local provision. The Trust now has the responsibility to manage increased demand, reduced resources and remodelling of services.

The board extended its reach to secure robust safeguarding arrangements; fair representation; working protocols and clearly understood priorities. It placed a priority on increasing engagement with the voluntary, community and faith sector to promote key safeguarding messages through training and to increase representation on the board and its subgroups. OSCB partners also wanted to ensure that the voice of children, parents and carers remains central to safeguarding work.

**Progress includes** the new protocol for partnership arrangements working to support children across the county; new voluntary sector representatives on the Board and Subgroups; focus group with faith and community groups on raising awareness of child sexual exploitation; involving parents and victims in the OSCB's county wide learning events following serious case reviews and ensuring that the voice of children and parents is in the revision of the OSCB child sexual exploitation training materials, new community engagement framework across children and adult services.

## What young people have told us

### Sexting – views of young

Focus groups about sexting were carried out which highlighted that this is a concern for most young people. Many have seen explicit images and are aware of the risks involved, in terms of personal reputation, future prospects and also personal impact e.g. bullying, self-harm, low self-esteem. Knowledge of the law is inaccurate. There are gender differences with girls feeling in a 'no win' situation. Both boys and girls are affected by peer pressure, expectations and this is sometimes coercive. Young people felt current education isn't effective and isn't changing their behaviour. Recommendations included confidential, single-sex, relationships education delivered by those other than school staff.

### HBT bullying including supporting Trans children and young people – views of young people

Last year's online bullying survey indicated that LGBT children and young people are the most vulnerable group in terms of bullying and feeling unsafe (young people identifying as LGBT are almost 12 times more likely to feel unsafe in the classroom). Anecdotal evidence from young people is that if their school openly acknowledges same-sex relationships and provides information about being transgender, this has a huge positive impact. Young people (consulted at Oxford Pride) spoke about SRE being delivered without any discussion of same sex relationships. They described a lack of information meaning that they had to educate themselves by looking on the internet. Some young people described bullying and abuse as a result of their sexuality or gender. Several said they didn't feel safe to 'come out' at school. When asked what would help, inclusive SRE was mentioned several times – to have their gender or sexuality acknowledged would help them feel accepted and able to be themselves.

### Over the last year there have been a number of sounding boards; workshops and the OXME.info website. Here is a short summary of views:

Young people want more confidential, single-sex, relationships education delivered by those other than school staff. They want it to better address single sex relationships and provide information on being transgender. They want more information so that they don't need to rely on the internet.

*"You know everything about me; I know nothing about you."* Young people, in particular those in care, want to know the professionals who know them. This builds trust.

Issues such as sexting, bullying, care plans and reviews as well as sexual health issues such as access to condoms, consent, safer sex have been raised by children in care

Concern that services for young people are being cut and having somewhere to go and 'hang out' that is *"warm and safe"*

Being able to air views – on line, face to face or in forums is important. They would value an Oxfordshire-wide forum for sharing views

## Aim 2: to drive forward practice improvement

**Priorities: working to address neglect, working to safeguard adolescents and monitoring the effectiveness of training.**

### Why these priorities?

Neglect is the most common reason for a child to be subject to a child protection plan; board members and practitioners are signed up to this as an area for improvement. Safeguarding adolescents is a priority due to issues arising through case reviews. Practitioners have identified the need for better sharing of information, more training and resources on these 'high risk' issues. Finally the OSCB is determined to improve the effectiveness and impact of training.

### Neglect: what progress has been made?

Five work streams were identified;

- **Strengthening core groups** as part of the child protection planning process: simple things such as ensuring meetings take place as planned by arranging a 'deputy' to cover in a social worker's absence; ensuring that there is consistent, good quality administration so that all parties know what has been agreed.
- **The use of tool kits**: professionals are developing better 'tools' to support assessment, analysis and intervention across children's services. The scope of this work also includes a review of 'CAF/TAC' and how partner agencies are supported when working with families.
- **Transition and transfer**: The neglect pilot developed a 'transition's meeting' which is a forum where all cases requiring additional resources and services and cases moving in/out of the service through partner agencies or moving between social care teams are discussed. This good practice is to be rolled out.
- **Early identification of neglect**: Oxford Health NHS FT, Children's Centres, Children's Social Care and Oxford University Hospitals are working together to improve identification of neglect as it has become clear that the current 'neglect tool' is not widely used across partner agencies.
- **Training** is being developed to support this new work.

### Neglect pilot: working to support better outcomes for children on Child Protection Plans for neglect – what families told us...

'The North Pilot' ran in the north of Oxfordshire for 6 months in 2015. It sought to establish more effective ways of working to support better outcomes for children on Child Protection Plans for neglect. Interviews were conducted with six families that were involved in the pilot. Some of the key findings from **talking to families** are that: their engagement is the critical factor in enabling change; ensuring there is capacity for practitioners to deliver intensive support to support, and test a family's capacity for change is vital to instigating positive change in complex families and that planning for the needs of the whole family is vital to achieving better outcomes.

## A day in the life of an Independent Reviewing Officer... a typical day full of many emotions.

It's 7.45am. Time to start. I have two hours before my first meeting of the day. There is an email to tell me the child protection plan from yesterday's conference is ready for me to approve. I review the tasks, the actions and the outcomes, which takes just under an hour. I have two social work reports for today's second review of two children in care. The two young children currently have separate placements, which is better for them. Having given full consideration to other options the long term care plan is for them to become adopted although that decision will rest with the courts. A lot of work has been done with Mum. She has had a lot of support to improve her parenting but is not able to do this – it is a sad case as I have known the family for some time. I read the report thoroughly, thinking if any further questions need to be addressed and if any matters are unresolved.

After checking travel details I set off. I am seeing each child separately followed by mum. The first meeting is attended by the foster carer, her worker, the child's social worker and me. We also have a report from the nursery and the health visitor so can take on board many views. The child is at nursery today which enables the foster carer to concentrate on the meeting – I will of course be seeing them as part of this process. We talk through the care plan and the social worker confirms that the plan is for adoption.

It's now 12.30, a quick lunch before heading off to see the younger sibling, who is some 40 minutes away. Once I am inside and introductions are completed we begin. Both children have the same social worker which is as it should be; the child clearly knows who she is and gives a big smile. The child plays happily – laughing and chuckling throughout the meeting. I leave this meeting feeling that there are undoubtedly unresolved issues but they are happy and settled living in a well-structured, safe, stimulating environment.

The final part of this review is the meeting with mum at 3.30pm. I arrive back at the office with time to review the day so far. As I study my notes and the local authority's care plan I fully consider the decisions we are making. I am clear that Adoption is the best way to provide stability and security for the children. The social worker comes for a discussion prior to mum arriving. We are aware that we have distressing information to convey. We agree the best way to talk through the children's progress and the proposed care plan for them – we know that this will be hard news to hear.

Mum arrives in good time. Once in the meeting room we chat and she tells us about her plans for the day. I update her on the children's progress talking in detail about each child one by one. We then move onto the care plan. I begin by explaining the court process. I then tell her that assessments had been completed and that the local authority was recommending to the courts that the children are adopted. I make it clear that the decision rests with the courts. Mum says that she had seen this information - the social work report was ready some ten days ago. It is difficult for her and she becomes tearful but is controlled. I ask her if she feels able to support the plan. She says that she does as long as she has face to face contact with the children. The social worker lets her know the date that they were meeting in court and that this would all be discussed further. Once Mum has left the social worker and I discuss the meeting. We are both subdued as it is difficult news for Mum but we feel that our conversation went as well as it could. The decisions have not been taken lightly but they were in the best interest of the children.

I am now in the office; it's just after 4.30pm. I return to my emails and do some case notes. At 5.35pm I sign off for the day. It has been a typical day - full of many emotions.



## Safeguarding adolescents: what progress has been made?

### Improving mental health services for young people

The OSCB Stocktake Report on child sexual exploitation in July 2015 recommended that there should be better access to therapeutic services for survivors of child sexual exploitation. **The Horizon service** was launched early 2016; this is a service for young people and their families who are experiencing distress as a result of sexual harm and works with partner agencies to provide a comprehensive and consistent service for those children who have experience sexual abuse and exploitation. This mental health service works alongside Safe!, a voluntary sector group, funded by the Police and Crime Commissioner and provides a range of services to young people in need. It is already proving to be a valuable part of the service provision in Oxfordshire. Adult Social Care are funding a new service to support vulnerable adult survivors to access therapeutic and other services.

Over the last year the Trust has further developed services for high-risk young people, offering several closely-coordinated services for young people who present with high-risk behaviours, or who come into contact with the youth justice system. The services include: **Forensic CAMHS** for young people who show a range of risky behaviours towards others; **Child & Adolescent Harmful Behaviour Service (CAHBS)** for concerns in relation to sexualised or sexually-harmful behaviour; **Criminal Justice & Liaison Service** for concerns in relation to mental health or neuro-developmental difficulty at the first point of contact with the youth justice system; **Horizon** which aims to restore sense of safeness and well-being for those experiencing distress as a result of sexual harm.

Other developments over the last 12 months include the offer from CAMHS to secondary schools to increase mental health professional input and resource within all Oxfordshire mainstream secondary schools. In partnership with OUH colleagues CAMHS have been piloting an Autism Diagnostic Clinic. The aims are to streamline the referral, assessment, diagnosis and maximise the health outcomes of children and young people through direct engagement with the specialist multidisciplinary professionals working within the CAMHS team, in collaboration with other disciplines within specialist paediatric neuro-disability services and children's community therapies.

The service is launching a new model specialist CAMHS **Eating Disorder Service** summer 2016 which aims to see and begin treating children in two weeks of referral.



### **Making sure that children in care and care leavers are safe, securely attached and in education**

The county council has increased local capacity to respond to the most risky and vulnerable. The increase in the county's own pool of foster carers, particularly for the hard to place, is the most critical part of placement strategy. Over fifty new carers were recruited. The county developed a "Mockingbird" model of support for them, which enables a hub co-ordinator to support six to eight other carers. In addition a 'residential pathway' is being set up so that the County Council has the capacity to move young people around when the group dynamics are not working.

Ensuring that supported housing is offered to the most vulnerable is essential to a young person's safety. The county council and its partners have developed a robust "supported lodging scheme" for those young people who still want family links. The intention is to further develop this by training supported lodging hosts to deal with CSE risks. Part of this includes helping young people help themselves when they are in a particularly destructive cycle e.g. enabling them to be away from Oxfordshire.

The workforce is responsive and able to step in to prevent family or placement breakdown. The 'residential edge of care service' has at least 8 staff on every weekend providing support in the community which is due to double in 2016/17. They are able to work up to 10pm on weekday evenings. Similarly there is increasing support to foster carers in out of office hours.

The 'residential edge of care service' is now working with 270 families. They work with schools, especially for those who are persistently absent or have been permanently excluded, to keep children on the school roll and to develop alternative education across the county.

### **Making sure that children in care and care leavers are safe, securely attached and in education**

Oxfordshire maintains a significant investment in specialist therapeutic and counselling services for looked after children recognising the importance of placement stability for securing good long term outcomes. There is an embedded understanding that placement breakdowns are both traumatic to our children and can put extreme pressure on budgets. For example adoption placement breakdowns can lead to children being placed in residential settings. The cost of one of these placements for one year is comparable to the full cost of the ATTACH service. The REoC service has now been set up to offer the same level of support to children on the edge of care to safeguard them, improve their outcomes and avoid significant placement costs.

There is a need for tighter evaluation of the impact and outcomes of all looked after children therapeutic provision moving forward. Partners will be developing a therapeutic model across the whole of corporate parenting which will measure the impact of interventions on initial, mid and long term outcomes. This will enable partners to assess whether interventions are having a sustainable impact. Partners are continuing to develop the tracking and monitoring of Strength and Difficulty Scores, and using outcomes stars so that children and families are feeding back whether interventions are making a difference.

### **Development of transgender work and work to combat HBT bullying**

The county council's HBT toolkit has been updated to include guidance on supporting transgender students in school. The county council is currently working with Stonewall and with other local authorities to provide a national trans toolkit for schools which is due for publication in September. Local case studies are being written to supplement the national guidance which will also include a local pathway for support via CAMHS. A workshop on supporting trans children and young people was provided at the Managing Bullying Effectively workshop. Inclusive SRE training for schools and school health nurses has been provided to 7 primary and 18 secondary schools (including training delivered to 20 school health nurses). Training and insets on HBT bullying have been provided both centrally and to individual schools including a specialised inset on supporting transgender children. Other work includes the development of a drama piece by young people to raise awareness about HBT bullying; work with a local LGBT youth group to develop a film resource; work to develop inclusive SRE resources.

### **Understanding the impact that sexting has and how to support young people**

National guidance on sexting to support schools with managing an incident has been promoted via the Safeguarding and Anti-Bullying networks. The Anti-Bullying Co-ordinator and Thames Valley Police have worked together to run the sexting project, involving 4 Oxfordshire schools. Recommendations include development of a resource pack, a survey and supporting schools to review their provision of Sex and Relationships Education to include education on sexting in the context of healthy relationships. Work is ongoing to develop resources and TVP are reviewing their procedures.

### **Ensuring the safe transportation of vulnerable children: Joint Operating Framework for Transporting Children/Adults with Care and Support Needs and Taxi Licensing in Oxfordshire**

The Joint Operating Framework provides a single set of minimum standards for agencies with responsibilities for transporting children/adults with care and support needs in Oxfordshire, including addressing vetting, training, awareness raising, information sharing, policy alignment, enforcement activity and quality assurance and monitoring. The framework is shared by the county and district councils and Thames Valley Police.

It has been developed as a result of the learning from the Bullfinch investigation into historical child sexual exploitation in Oxford, the subsequent Serious Case Review into child sexual exploitation of Children A-F (published in March 2015) and the findings of the Stocktake Report set up to review Oxfordshire's current approach to tackling child sexual exploitation (published in July 2015).

### Improving conversations on consent

Work has been done to understand the level of health practitioner 'knowledge and attitude' to consent. It was initiated as a result of the serious case review into child sexual exploitation and covered a wide range of professionals, including GPs. It considered how effectively consent is discussed with young people seeking sexual health advice. The findings were positive: the majority of health professionals have a good understanding of consent but some areas of improvement were identified. This has led to training for a range of professionals including independent school nurses and pharmacies who provide hormonal contraception; the development of resources for practitioners and improved access to safeguarding advice for Pharmacists through GPs and nurses. Sexual health professionals have worked on and now co-deliver the OSCB course on sexual health awareness and consent.



## **A day in the life of a Sexual Health Outreach Nurse.**

*My work is with young women, who are at risk of unplanned pregnancy, have the potential for poor sexual health and frequently have intimate relationship difficulties. They are all vulnerable in some way. Many could be described as “hard to reach” as they do not always recognise the risks they are exposed to. Most of the clients are under 18 but sometimes I work with young women who are under 24. They tend to be people who find it hard to access services due to where they live or though lack of confidence or mental health problems. Some are teenage parents; others may be in care or have left care; they may be receiving support from the youth justice service or there could be concerns that they are at risk of or experiencing sexual exploitation or abuse.*

*Referrals come from school health nurses, midwives and family nurses, health visitors, social workers, specialist nurses, the Kingfisher Team, and sometimes from colleagues within the Sexual Health Service in Oxfordshire.*

*My work takes place in a range of locations including schools and Pupil Referral Units (providing Governing bodies have agreed to my service in their school), client's homes, Early Intervention Hubs and Children's centres, GP surgeries and health premises. An acceptable location is negotiated with the client; most arrangements are made by text message. A typical consultation can take over an hour. During this time the reason for the referral is explored and information gathered about medical history, sexual history, social circumstances, family structures, friendships and support mechanisms noted. The aim of this first visit is to establish a good rapport and trust between client and practitioner. It is important to give the client a sense of self determination and choices in their care, whilst trying to give accurate and relevant advice, and maintaining professional curiosity. A risk assessment (Spotting the Signs) is always done for under 16s, and if indicated for under 18s, to explore any possible pressure or coercion in their relationships or other possible abuse. Supporting clients to manage the pressures experienced via the internet and social media is a growing part of my role. The concept of consent or agreement to sex is discussed fully. Domestic abuse within the relationship is also assessed using appropriate assessment tools, and referring on as required. The limits of confidentiality must be made clear from the outset as I will need to share information with other professionals if issues of concern arise in consultations.*

*The consultations can include advice about contraception methods, teaching clients how to use and issuing contraception (all methods apart from Intra Uterine Contraceptive Devices IUCDs), Chlamydia Screening tests, and arranging follow up visits as needed. Many of these young people have difficult lives and challenging circumstances, so being able to provide a listening ear is a very important part of the role. Suggesting other professionals who may be able to help and making referrals is part of my role. The ability to network, and understand the different priorities and agendas of different organisations/ services is an essential part of this role. At the end of each day I then have to document all of my appointments, including analysing what I have assessed, and planning future interventions. Documentation via electronic systems is invaluable, as this enables all professionals who come into contact with the client within the service to have up to date information.*

*Sometimes I only need to see a person once, but often I will work with them over a period of time to ensure they are safe, supported and can access other services before I discharge them. Some clients are referred but then decline to see me. When this happens I will inform the referrer that I have been unable to follow up the client – this is vital to ensure no child gets “lost” in a system, without the necessary interventions. It is rewarding when a young person can be helped to take some control and feel healthy and safe in their relationships.*

## Improving practice through safeguarding messages

### Promoting awareness of child sexual exploitation

Say Something If You See Something and Hotel Watch are both national programmes to raise awareness of child sexual exploitation amongst key industries including taxis, hotels, guest houses and bed and breakfast providers and licensed premises and to ensure they know how to recognise signs of child sexual exploitation and when and how to report concerns. There is a county-wide roll out of both programmes which is being successfully led by the City Council and district councils and local police areas.

### Promoting awareness of staying safe

The NSPCC's 'Speak Out Stay Safe' programme visits primary schools across Oxfordshire to give children the knowledge and understanding they need to stay safe from abuse. Delivered by volunteers it educates children about all forms of abuse and how to speak out about it safely. The programme has visited over 150 primary schools and reached 9,910 children across Oxfordshire. Children have said that the programme is: *"A fun way of learning", "It deepened my understanding about what ChildLine does and how it helps people", "It was good for learning about things you may not have known"*

One of the volunteers, Philippa Radford, is based in Oxfordshire and says:

*"The Schools Service assemblies and workshops give children a chance to understand what is right and wrong. It teaches them that they have a choice and that they can get help if they need it. The programme protects children from harm by giving them all an opportunity in their school environment to listen, watch and discuss issues of abuse. Volunteering is rewarding on many levels. I have especially enjoyed being part of a team, gaining new skills and knowledge. It is a wonderful opportunity to work with children to help prevent abuse. The primary schools and teachers are always welcoming and enthusiastic about our service."*

### Raising awareness of self-harm: 'Under My Skin' by the Pegasus Theatre

This is a Public Health funded pilot project to raise awareness of self-harm and support services for young people using a theatre based intervention provided by Pegasus Theatre. The play was performed in a total of 28 schools (including 1 special school) and reached a total of 5,049 young people in Years 8 and 9 in Oxfordshire. 50% reported the play increased their knowledge of self-harm a lot. 71% of young people knew how to access support after seeing the play

## Learning and improvement work

### Resources for practitioners:

- ✓ Child development tool for assessing and tracking neglect
- ✓ Updated child sexual exploitation [screening tool](#)
- ✓ Medical advice for parents considering male circumcision
- ✓ Updated [screening tool](#) for female genital mutilation
- ✓ Revised self-harm [guidelines](#)
- ✓ New referral pathway for young people at risk of domestic abuse
- ✓ Mental health learning summary
- ✓ Homosexual, Bi-sexual and Transgender toolkit updated to include guidance on supporting transgender students in school
- ✓ National guidance on sexting to support schools with managing an incident
- ✓ Schools and settings prevent checklist

### OSCB Training

The OSCB delivers over **150** free safeguarding training and learning events plus online learning each year. The training is overseen by a multi-agency subgroup. In 2015/16 the training reached over **9000** members of the Oxfordshire workforce.

Over 85% of delegates report that they have found the training good or excellent.

Most of the training is delivered by a volunteer training pool comprising members of the children's workforce and is free to the practitioner.

**‘Thank you to Oxfordshire’s  
volunteer trainers!’**

### Learning events were run for over 1,000 practitioners

**Child sexual exploitation:** powerful presentation by a mother and (now adult) child on being a victim of child sexual exploitation. Practitioners received a summary of [the review](#) and were made aware of a [training pack](#) on the views of families which was put together following [another review](#) in to child sexual exploitation.

**Adolescents and risk:** learning from recent serious case reviews - this included a play from the Producers of Chelsea's choice about sofa-surfing, which vividly highlighted the risks that adolescents are exposed to. Professor Ray Jones set the context and Jenny Pearce highlighted the issue of consent and coercive behaviours.

**Young people at risk of domestic abuse:** learning from a serious case review / domestic homicide review launch of the new referral pathway for young people at risk of domestic abuse.

### Aim 3: to quality assure and scrutinise the effectiveness of practice

**Priorities: to test if the learning is embedded across the child protection partnership and to scrutinise how well partner agencies' arrangements can show improvements**

#### Why these priorities?

The OSCB evaluates the effectiveness of the local safeguarding system to ensure that children and young people are kept as safe as possible. Over the last few years a significant amount of learning has been achieved. The OSCB is using its local framework to test this. The current priority is to scrutinise procedures for escalating safeguarding concerns; supervision of workers supporting vulnerable young people as well as the recording and reporting of multi-agency meetings.

#### What progress has been made?

##### OSCB Child sexual exploitation stocktake and report to the Department for Education;

The child protection partnership was jointly assessed this year on how effectively it responds to child sexual exploitation in Oxfordshire. In March 2015 the OSCB published the [A-F Serious Case Review](#) which identified a considerable amount of learning, which was communicated through two multiagency events. Following this the OSCB Independent Chair was asked by the Children's Minister and Ministers from the Home Office and Department of Health to provide an update on the impact of services to tackle CSE across Oxfordshire. This '[Stocktake report into progress made in tackling child sexual exploitation in Oxfordshire](#)', which was supported by an [Independent commentary by Sophie Humphreys](#), a government adviser, was published in July 2015.

The 'Stocktake' demonstrated that the partnership in Oxfordshire had moved a long way to address the problem of child sexual exploitation, identify collective solutions and produce some tangible evidence of impact. The independent government adviser commented, '*the key noticeable difference that was shared by all was that that the partnership is reflecting a more curious approach in its safeguarding arrangements*'.

In March 2015 following the successful Operation Reportage Investigation and criminal trial the OSCB commissioned a review of practice to identify any further learning. This review was signed off by the OSCB in October 2015. The review, like the Stocktake, listened to [children and parents](#). It involved two multi-agency events for professionals and led to a [learning summary](#) for professionals, which was published January 2016. The review was able to demonstrate tangible progress in Oxfordshire and as one child said '*It wasn't just a job to them. They were in it for us.*'

### **Operation Reportage and the Learning Review to test Oxfordshire's approach to child sexual exploitation**

Operation Reportage was the first major investigation following the establishment of the Kingfisher Team in Oxfordshire and led to successful prosecutions of a number of men involved in grooming and abuse of a number of children. The OSCB commissioned a learning review which identified significant improvements in how all the partner agencies were working and evidence of learning from the A- F Serious Case Review. Children were positive about the support they received from the Kingfisher Team. The process of the learning review included practitioner sessions which were in themselves important learning opportunities.

Children's voices and parents' voices were central to the learning review and their messages have been used in the development of the refreshed CSE strategy and action plan. A Children's voices training and development tool has been produced and published on the OSCB website.

### **Checking the effectiveness of joint working through audit**

Page 94

The three multi-agency audits domestic abuse, child sexual exploitation and 'Education, health and Care Plans' for children and young people with learning difficulties or disabilities (aged 0 to 25) highlighted some positive practice in safeguarding arrangements:

- ✓ Good child, young person and family involvement. It is recognised that parents and carers of the children are key partners in keeping them safe and that the needs of other children should also be taken in to account;
- ✓ Children are listened to, believed and drive planning; in particular health partners demonstrated strong evidence of the voice of the child through a persistent approach;
- ✓ Strong partnership between agencies. Good evidence of assessment; communication; information sharing;
- ✓ Dynamic meetings taking place behind plans and some examples of good immediate action.

The audits also highlighted a number of areas for learning and improvement, including:

- Management oversight; whilst the section 11 showed that there are supervision processes in place an audit of records has highlighted that managers need to help assess risk and look at the bigger picture;
- Using practice tools for risk assessment can support the work of practitioners, for example the neglect tool, CSE screening tool or working with drug using parents but they often don't get used or used inconsistently;
- Information sharing whilst there is significant evidence of good practice there are still some gaps – this includes being more vigilant as to when children and young people are subject to a child protection plan or identified as children in need;
- Points of transition between services; evidence suggests that there is room for improvement.

## Scrutinising OSCB agencies' safeguarding practice

Each year the OSCB runs a safeguarding self-assessment for all statutory partners. This year the returns demonstrated good compliance and regard to safeguarding practice as well as positive direction of travel. A peer review was held with all partners to ensure that they had the evidence to back-up their self-assessments. Key multi-agency messages can be summarised as follows:

Escalation – the OSCB can be assured that agencies can reference their internal escalation process and/or adhere to the OSCB multi-agency escalation process. However, agencies struggled to quantify how much escalation goes on due to a lack of recording or the use of informal escalation pathways.

Supervision – the OSCB can be assured that agencies have supervision arrangements in place and most ensure that safeguarding issues form a standing item on their supervision.

Transport – relevant agencies are showing progress in improving arrangements to transport vulnerable children and intend to report more closely against the Oxfordshire's Joint Operating Framework for transporting children and adults with care and support needs in 2016.

Assurance of practice in Commissioned Services – there are mechanisms in place to check safeguarding practice within commissioned services. Areas for improvement (for providers, which by and large are from the voluntary and community sector) were noted as the need to:

- create ways of involving children & young people and their families in the development of policies and practices;
- better understand the PREVENT agenda and how to incorporate this into internal safeguarding policies and training;
- better understand the multi-disciplinary tools available and the participation in safeguarding processes, in particular, the Common Assessment Framework (CAF).

In 2016/17 the OSCB and the Oxfordshire Safeguarding Adults Board will undertake a single assessment of safeguarding practice for both vulnerable children and adults.

## The Joint Targeted Area Inspection

The child protection partnership was jointly assessed this year on how effectively it responds to abuse and neglect in Oxfordshire. The headline judgement was that Oxfordshire now has '*a highly developed and well-functioning approach to tackling exploitation*' provides an important external judgement on an area of work that has been a key priority for the Oxfordshire Safeguarding Children Board in recent years. This builds on Ofsted's judgement in their last major inspection of children's services in 2014 that the OSCB was 'Good'. The report identified a wide range of key strengths and importantly recognised that key agencies have learned lessons from recent investigations into child sexual exploitation and have acted effectively to improve performance. Critically it confirmed that agencies in Oxfordshire understand the needs of children and young people and help them keep safe.

### Key strengths identified by inspectors included:

- Strategic leadership from individuals, agencies and the Oxfordshire Safeguarding Children Board (OSCB);
- The Kingfisher Team which provides specialist multi-agency responses to children at risk of exploitation and its links to MASH – the multi-agency safeguarding hub;
- The responsiveness of local authority, police and health services;
- A high standard of inter-agency working with sexually exploited children and a clear commitment to safeguarding children at risk.

### The report identifies 16 areas of key strength which include praise for:

- Significant investment from the local authority, police and health agencies;
- Effective leadership and commitment from senior leaders of all agencies led by the Director of Children's Services, the Council's Head of Paid Service and senior politicians;
- Strong collaboration between health providers
- The success of the OSCB in leading the development of robust multi-agency services to exploited children;
- Good oversight of practice by professionals across all agencies;
- Post-abuse therapeutic work
- Clear and coherent disruption activity to identify and tackle perpetrators;
- Work with hotels, taxi drivers and the wider community to identify and report signs of child sexual exploitation;
- Work with young people who repeatedly go missing.

Strengths outweighed areas for improvement. Critically areas for development matched those identified by partners in their own self-assessment of performance and action plans to address these matters are already well-developed. The key focus moving forward will be to translate success with CSE into consistently good standards of practice across all services. Most importantly there is a drive to further develop the 'front-door' into services and to secure consistently good standards of practice across all children's services. OSCB is playing a role in ensuring that the changes to MASH to make it a co-located and virtual partnership with the primary aim being to identify hidden harm will make it better. Attention will be paid to ensuring that the 'front-door' to services works well – that they are timely and offer feedback.

## Chapter 4: What happens when a child dies in Oxfordshire

### The Child Death Overview Panel (CDOP)

CDOP is a sub-group of the OSCB. It enables the LSCB to carry out its statutory functions relating to child deaths. It carries out a systematic review of all child deaths to help understand why children have died. Child deaths are very distressing for parents, carers, siblings and clinical staff. By focusing on the unexpected deaths in children, the panel can recommend interventions to help improve child safety and welfare to prevent future deaths. The findings are used to inform local strategic planning on how best to safeguard and promote the welfare of the children.

In 2015/16, 79 child deaths were reported to the Oxfordshire CDOP and were discussed with the Designated Doctor for child deaths. 35 of the child deaths reported were of children normally resident in Oxfordshire and 44 of the deaths were of children normally resident in other counties.

In 2015/16 the Oxfordshire CDOP reviewed the deaths of 39 children who usually reside in Oxfordshire. These reviews included 22 deaths that occurred in the year 2015-16 and 17 reviews that occurred before 2015-16 but had been carried over due to alternative processes and investigations that prevented completion of the CDOP process any earlier. The outcomes of panel meetings are twofold firstly to identify the classification of death and modifiable factors. Of the deaths reviewed in 2015/2016, 6 were identified as having modifiable factors.

Preventable child deaths can be defined as “those in which modifiable factors may have contributed to the death. These factors are defined as those which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. [http://www.workingtogetheronline.co.uk/chapters/chapter\\_five.html](http://www.workingtogetheronline.co.uk/chapters/chapter_five.html)

The panel considers all the available information and makes a decision as to whether there were any modifiable factors in each case. These include factors in the family, environment, parenting capacity and service provision. Consideration should be made as to what action could be taken at a regional and or national level to prevent future deaths and improve service provision to children, families and the wider community. When considering modifiable factors the panel is required to make a decision on whether the factors contributed to or caused the death.

In the year 2015-2016 the CDOP panel concluded that in the 39 cases reviewed 6 modifiable factors were identified that contributed to or caused the death.

Modifiable factors identified were co sleeping; consanguinity; smoking and alcohol; suicide; home safety; drowning. As a result of the identified modifiable factors the following specific recommendations were made by the CDOP:

- Maternity Services to audit the advice given to mothers after the birth of their baby, until discharge, re safe sleeping
- Suicide cluster information should be sent to all agency representatives to share within their agencies. CDOP to be kept informed by the Lead Nurse Suicide prevention (Oxford Health) re developments in the service
- Anonymised details re blind cord deaths to share with ROSPA as part of a national data collection and child safety campaign
- Schools and community policing should review the advice they give re swimming and water safety

## The Rapid Response Service

CDOP is advised of all child deaths and monitors the response when this involves a rapid response process. In Oxfordshire, the rapid response service, coordinated by a team in the Oxford University Hospitals NHS Foundation Trust commissioned by OCCG, is well established and assists in gathering as much information as possible in a timely, systematic and sensitive manner to inform understanding of why the child has died. In addition its primary role is to ensure bereavement support for the family is initiated and that processes are initiated where there may be other vulnerable children within the family. The rapid response coordination (RRC) team has an on-call rota to cover the service 24 hours a day 7 days a week including bank holidays. The RRC Team provides a safe, consistent and sensitive response to unexpected child deaths up to the age of 18, where the child dies in or is brought to hospital immediately after their death. This culturally sensitive approach provides support to the bereaved parents and family.

In collaboration with the Designated Doctor for Child Deaths (in working hours) the rapid response coordination team ensure families are provided with support in the event of a sudden and unexpected child death. They work collaboratively with other organisations including the Coroner's office, Schools, Youth Projects, Social Care, South Central Ambulance Service, Thames Valley Police, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, Helen and Douglas House Hospice and the child bereavement charity SEE SAW, in order to enhance the quality of care provided to all those whose work brings them into contact with bereaved families.

The process ensures that the rapid response team makes a vital contribution not only to the CDOP review but to the immediate response provided in the event of an unexpected child death. This difficult and sensitive work provides robust support for families and professionals in the tragic circumstances surrounding a child death.

In every case in which the death of an Oxfordshire child is unexpected the CDOP officers arrange a professionals meeting. The Designated Doctor for child deaths chairs these rapid response meetings ensuring that the principles underlying the rapid response process are considered throughout by all agencies. These are set out by the DfE:

1. The family must be at the centre of the process, fully informed at all times, and treated with care and respect.
2. Joint agency working draws on the skills and particular responsibilities of each professional group.
3. A thorough systematic yet sensitive approach will help clarify the cause of death and any contributory factors.
4. The "Golden Hour" principle applies equally to family support and the investigation of the death.

Currently families do not attend the Rapid Response meeting however the role of the coroner is to keep them fully informed throughout the process. To this end the notes and actions of the Rapid response meeting are shared with the Coroner and a Coroners officer attends the meeting. In 2015/16, a total of 23 unexpected deaths were reported to the Oxfordshire CDOP and rapid response coordination team. Of these 10 were of children normally resident within Oxfordshire.

### **Update on recommendations from 2014/15**

The CDOP considered issues arising from its review of all the deaths of Oxfordshire children in the year 2014/15. The outcomes of the recommendations by the panel are:

#### **Schools to ensure that road safety education is provided to all pupils:**

Road safety advice is provided in schools through a programme called 'footsteps' in Key Stage 1 and the 'Next Steps' in Key Stage 2.

#### **OSCB to advertise training to health professionals re: the issues around young people and substance misuse:**

The OSCB have held a learning event covering Substance misuse, this was a multi-agency event and was well attended with good representation across agencies.

#### **Maternity staff to ensure mothers have information on safe sleep guidance and safe nappy sack storage.**

The NSPCC leaflet is to be given to all new mothers for information and guidance. An audit on post-natal care and co-sleeping advice reported to the November 2015 CDOP showed that co-sleeping has been discussed with new mothers in 100% of cases, with 88% having been instructed on each contact. The audit tool will be altered in June 2016 to remove the measure for discussion 'at every contact' as this is felt to be unrealistic.

#### **Guidance for schools dealing with suicide clusters to be produced:**

Guidance has been produced. There is ongoing work around suicide reduction and development of suicide prevention work led by public health who will continue to inform CDOP of its work.

#### **The importance of taking folic acid in pregnancy needs to be highlighted to new mothers:**

Public Health Oxfordshire ran a 'Healthy Mother and Baby' campaign in the financial year 2015/16.

## Review of serious cases

### A serious case is one where:

- (a) abuse or neglect of a child is known or suspected; and
- (b) either (i) the child has died;  
or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

### Serious case reviews (SCR)

LSCBs must always undertake a review of cases that meet the criteria for a SCR. The purpose of a SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children. OSCB has also been committed to undertaking smaller scale partnership reviews for instances where the case does not meet the criteria for a serious case review but it is considered that there are lessons for multi-agency working to be learnt.

There has been an exceptionally high volume of work on serious case reviews. During 2014-15 three serious case reviews were completed and one was amended and re-published. Seven new cases were brought to the attention of the OSCB for consideration; of these two serious case reviews were commissioned, one was subject to a learning review with partners and the remainder led to no further action by the OSCB. The OSCB has another two on-going serious case reviews: one which is waiting for a criminal investigation to complete and one which has been delayed due to an Independent Police Complaints Commission investigation which is now complete. All [case reviews](#) and [learning from reviews](#) can be found on the OSCB website.

The OSCB generates learning about how we can work better together. It takes seriously its responsibilities to ensure that lessons learned from case reviews are disseminated and embedded into frontline practice and used to support improvements across agencies. Themes from reviews this year that are in common with other serious case reviews are:

- Challenges in dealing with inconsistent and neglectful parenting;
- Professionals' lack of challenge or curiosity in relation to self-reported explanations of harm to the child/ren;
- Loss of continuity of service (and records) when families move across boundaries;
- Effective risk management supported by systematic planning across the multi-agency partnership;
- The capacity of adolescents to protect themselves can be overestimated and a tendency to view teenagers as adults rather than children can mean that proactive steps to protect them are not always taken;
- Young people can 'slip through the net' by not meeting criteria for a number of services leaving them in need of help but without support.

### Learning points for working together

- Agencies should feedback to Children's Social Care when they do not receive minutes of formal meetings (CP Conferences and Core Groups, and Strategy Meetings) within the required time;.
- Where there are agreed reasons to hold a professionals meeting without a parent, any professional from any agency should be able to request this;
- Effective multi-agency work requires careful joint planning, so that services do not overwhelm the family.

## Story of Child J (serious case review / domestic homicide review published in March 2016)

### Context

17 year old Child J was killed by her ex-partner in December 2013. A wide range of agencies had been involved with Child J and her family at various times. Child J's mother had quite serious problems of her own and Children's Social Care became involved with the family for two periods of time, alongside several other agencies who also attempted to provide help and support, but with limited long term success. She was for a period identified as a 'Child in Need' and at a later date subject to a 'common assessment framework'. Child J became more and more unsettled, her needs were not being met at home, she was missing school and it is apparent that she was very vulnerable with episodes of self-harm.

Child J became involved in a relationship with a young man (Adult L) who himself had a very damaging early life. Adult L was known to services and had a history of violence, including in intimate relationships. His relationship with Child J was highly controlling, emotionally and physically abusive. Many of the services were aware of the level of risk Adult L posed and her case was reviewed at the local 'Multi-agency risk assessment conference' meeting but attempts to help Child J to leave him were unsuccessful. There were often times when she was homeless or sleeping rough and would contact key professionals hungry and in distress. In the last few weeks of her life Child J was placed in supported housing. Despite attempts by staff to persuade her not to, she arranged to meet Adult L when she discovered she was pregnant. She was killed that night. Although she was reported missing it was several days before the seriousness of the risk to her was properly recognised by the statutory agencies. Although some individuals worked very hard to help Child J, statutory assessments of her needs were inconsistent and individual work was not supported by a clear multi-agency plan either with Child J or in relation to Adult L.

### Responding to the findings

The review highlighted two key findings: the continuing need for services to respond effectively to older children in need of protection and the importance of understanding the impact of domestic abuse within adolescent relationships. However, the review concludes that whatever the actions of agencies, there could be no guarantee that Adult L could have been prevented from killing Child J or any other young woman – either at that time or in the future.

Recommendations for individual agencies have been made as part of the review and these are listed in Annex C of the [report](#). In addition, there are seven multi-agency recommendations for all local organisations with child protection responsibilities. The report highlights the importance of all statutory agencies and voluntary organisations, including housing providers, having a clear understanding of the risks facing older children who are the direct victims of domestic abuse within adolescent relationships.

There are also recommendations for strengthening agencies' approaches towards young people who pose a serious risk of harm to others and that it is vital that these are acted upon by law enforcement and child protection services. Thames Valley Police, Oxfordshire County Council and other agencies have already put in place changes to address the issues. A [progress report](#) can be found on the OSCB website

## Chapter 5: Challenges and messages for the local child protection partnership

### National drivers

- Implementation of the Wood Report;
- Implications of the Children and Social Work Bill 2016-17;
- Implications of reduced resources at a national level.

### For the board

- Strengthen partnership arrangements as the Children's Trust function is reviewed;
- Continue to better engage with the voluntary and community sector;
- Continue work to check the impact of reduced resources and increased workloads on services to the most vulnerable;
- Test if learning is embedded from the serious case reviews which have been published in recent years.

### For local multi-agency work

- Promote continuity and reduce risk. leaders in Local Authorities, Police and Health should initiate and lead the streamlining and refocusing of functions to provide local assurance, scrutiny and challenge of multi- agency safeguarding arrangements;
- Implement the new Children's services delivery model at a local level;
- Ensure good understanding of thresholds and use resources to understand and work with them;
- Be vigilant to emerging pressure points and concerns: breast ironing; cyber bullying; suicide clusters; safeguarding travelling families; transgender young people.

### Key priorities

- Ensure that local partnership arrangements are understood and that the 'front door' for safeguarding concerns for children provides a swift and robust response to all children;
- Protecting younger children from the harm of neglect and parental risk factors;
- Protecting older children from harm;
- Testing if learning is embedded across the child protection partnership

## Chapter 6: What next for child protection in Oxfordshire

**Children's workforce:** We know that the volumes of work in the system are high and that you feel that you are dealing with more complex cases than ever before. We are making service providers aware of this through an assessment of impact of reduced resources.

- Take time to go on training; to check out what we have learnt through case reviews already;
- Use your board representative to escalate concerns;
- Make sure you understand the changing 'front-door' to children's services;
- Keep up to date with emerging issues e.g. breast ironing; honour based abuse; child on child abuse and transgender issues.

**Children:** we value what you have to say. We understand that LGBT is something that you want to talk more about; that we need to find better ways to talk about healthy relationships, consent and sex; that what we understand as 'sexting' is something we need to be better at dealing with. We know that you want more opportunities to be heard and we will support 'Oxfordshire Youth Voice' to do that.

### Key Messages to:



**The community, faith and voluntary sector:** we know that you want more training; better understanding of how to get early help and better understanding of how to work in partnership to provide early help through a CAF;

**Our local community:** safeguarding is a shared responsibility. Report a concern if you are worried.

### Heads and Governors of schools:

- Take advantage of local safeguarding initiatives: the NSPCC Childline assemblies are still being rolled out in Oxfordshire;
- Check your pupil attendance and take action – we know that Oxfordshire schools could do better on this – know pupils' 'whereabouts';
- Get informed. Know how to deal with concerns like sexting; self-harm; radicalisation; transgender pupils; honour based abuse;
- Use the termly e-bulletin to stay up-to-date on safeguarding issues – this comes directly from the safeguarding in education subgroup of the OSCB and ties you in to current issues in the safeguarding system.

## Glossary

CAF	Common Assessment Framework
CDOP	Child Death Overview Panel
CiCC	Children in care council
CRC	Community Rehabilitation Company
EIS	Early Intervention Service
FE	Further Education
HBT	Homosexual, bi-sexual and transgender
LAC	Looked After Children
LGBT	Lesbian, gay, bi-sexual, transgender
LIQA	Learning, Improvement and Quality Assurance (framework)
MAPPA	Multi-agency Public Protection Arrangements
NPS	National Probation Service
OCC	Oxfordshire County Council
OH NHS FT	Oxford Health NHS Foundation Trust
OSCB	Oxfordshire Safeguarding Children Board
OUH NHS FT	Oxford University Hospitals NHS Foundation Trust
PAQA	Performance, Audit and Quality Assurance
PPU	Public Protection Unit within the National Probation Service
QA	Quality Assurance
QAA	Quality Assurance and Audit (subgroup)
SCR	Serious Case Review
SRE	Sex and relationships education
TVP	Thames Valley Police
VCS	Voluntary and Community Sector

# **Performance, audit and quality assurance subgroup Annual Report for 2015/2016: Themes for learning and improvement**

**July 2016**

## **Contents**

1. Executive summary: themes for learning and improvement
2. Themes and findings from case reviews, audits, complaints and engagement with young people
  - 2.1 Quantitative
  - 2.2 Qualitative
  - 2.3 Involvement of Practitioners
  - 2.4 Involvement of Young People, Parents and Carers
3. Impact of Work
4. Actions
5. Glossary

## **1. Executive summary: themes for learning and improvement**

### **Introduction**

There are 141,200 young people aged under-18 in Oxfordshire. This population has grown around 6% in the last ten years – mainly in urban areas such as Oxford, Didcot, Witney, Bicester, and Carterton. The purpose of this annual report is to highlight common themes for learning and improvement to support these children. The following sources are used: section 11 audits, school audits, single and multi-agency audits, work with children and young people, annual reports and serious case reviews. The OSCB's framework for this work is based on:

1. Quantitative information
2. Qualitative information
3. Involvement of practitioners
4. Involvement of children, young people, parents & carers

The following pages provide detail against these four areas. A summary of these points is provided below:

### **Quantitative themes for learning and improvement drawn from audits and case reviews**

A review of data would suggest that the child protection partnership should be mindful of the increasing levels of activity across the safeguarding system at a time when there is significant change in resources and agency structures. This is accompanied by an increasingly complex set of issues for vulnerable young people ranging from self-harm, to peer abuse to social media pressures. The partnership needs to better understand why there is an increase in the proportion of children becoming looked after who were previously subject to a plan. The partnership also needs to address the issue school attendance in Oxfordshire, which, for children subject to child protection planning in particular is not good in comparison to similar sized counties.

Over the last year the themes covered by case reviews have been: the long-lasting impact of neglect; child sexual abuse; physical abuse; self-harm; child and parental emotional wellbeing; parental substance misuse and peer on peer violence.

'Damaged and difficult' lives of young people and their capacity to protect themselves has become a repeated theme in recent years. The need for early intervention and the support for parents with children aged under 2 years by universal services is essential.

### **Qualitative themes: repeated process issues in joint working to embed in learning going forward and any repeated safeguarding themes**

The child protection partnership has been able to demonstrate effectively what it does well through; the Ofsted inspection in 2014, the stocktake report on child sexual exploitation in 2015 and the Joint targeted area inspection in 2016. Areas of strength include strategic leadership, multi-agency responses and joint working. Audits show strengths in involving and listening to children and in working with families effectively to bring about change.

Systematic areas for learning and improvement include:

- Challenges in dealing with inconsistent and neglectful parenting
- Reluctance to respectfully challenge self-reported explanations of harm to the child/ren
- Loss of continuity of service when families move across boundaries
- Lack of service as when young people 'slip through the net' by not meeting criteria for a number of services leaving them in need of help but without support
- Effective risk management supported by systematic planning across the multi-agency partnership.
- The capacity of adolescents to protect themselves can be overestimated and a tendency to view teenagers as adults rather than children can mean that proactive steps to protect them are not always taken

Across agencies the learning is that:

- Agencies should feedback to Children's Social Care when they do not receive minutes of formal meetings (CP Conferences and Core Groups, and Strategy Meetings) within the required time.
- Where there are agreed reasons to hold a professionals meeting without a parent, any professional from any agency should be able to request this.
- Effective multi-agency work requires careful planning, so that services do not overwhelm the family.
- Colleagues need more understanding of multi-agency resources and multi-agency for a for dealing with issues collectively e.g. MAPPA and MARAC

At a practice level the learning is that:

- When assessing: always make an assessment of what a father/male partner and his family can offer to a child (positives), as well as of the risks he/they may pose. Managers should remember that thoughtful assessment, reviewed over time, is fundamental to the success of future safeguarding..
- When responding to incidents: ensure that you speak to a child alone in relation to any allegation of harm or physical signs of harm.
- When you are working with complex adolescents seek out proper management support. Managers should remember that damaged and dangerous young people are often well known to services. Ensure that you service collates risk information so that it is easily accessible in records.

- Remember: the risk to a young person is not reduced if they do not live with the perpetrator
- Remember: the protective role of fathers

### **Practitioners' themes:**

Themes highlighted from practitioners concern early help, the multi-agency safeguarding hub and struggling to 'keep up'. Practitioners raised concern about the resourcing of services to provide early help to children. There are concerns that schools and voluntary and community groups do not have the capacity to lead on CAFs. Practitioners were concerned about the responsiveness of the new Multi-Agency Safeguarding Hub in terms of timeliness of action and feedback. Finally there was a message that the system was under pressure and that it is difficult to sustain high quality work for a growing number of children and young people.

### **Young People, Parents and Carers themes:**

A number of themes came through this year – these are just the key points. They include: being heard and knowing 'who' you are speaking to; the issues that worry them e.g. bullying, dealing with social media pressures and sexting, consent, sex and healthy relationships as well as the issues confronted by lesbian, gay bi-sexual and transgender young people in particular in terms of identity, information and bullying.

*"You know everything about me; I know nothing about you."* Young people, in particular those in care, want to know the professionals who know them. They also want the opportunity to be able to speak up and be heard.

Young people want more information - and not necessarily from teachers – on sex and relationships including single sex relationships and on being transgender. They want to discuss issues on a single-sex basis in an environment that felt more confidential. Children in care were concerned about this but also about care plans and reviews and how children 'going missing' are dealt with on return.

The message from parents was that they wanted to be listened to, taken seriously and have timely response to requests for help. A whole family approach – involving fathers - will make a bigger difference.

## **2. Themes and findings from case reviews, audits, complaints and engagement with young people**

### **2.1 Quantitative**

#### **Introduction**

This section aims to summarise the quantitative information available to the OSCB from datasets; case reviews; audits and the Child Death Overview Panel.

#### **The Child's Journey:**

The performance data for last year can be summarised against the following steps in a child's journey through the safeguarding system:

#### **Increase in early intervention**

In the academic year 2014/2015 there were 957 recorded Common Assessment Framework's (CAF) and 912 recorded Team Around the Child's (TAC), with schools predominantly taking the lead in the work. This was an increase on the last two years. The number of under 5s reached in Oxfordshire, seen at least once at an event or activity at a children's centre, was 18, 251 or 43.8% of the population of under 5s, which was the same proportion as the previous year.

#### **Increasing levels of activity in child protection planning**

Neglect is the most common reason for children to be subject to child protection plans. The total number subject to a plan didn't alter too much (569 children) in 2015/16. However there was a significant amount of activity compared to the previous year. Whilst activity levels are slightly lower than the national average they are above those of statistical neighbours and higher than we would expect for an authority, which is the 14<sup>th</sup> least deprived in regard to children in the country.

#### **Disabled Children**

At the end of March there were 14 disabled children with a child protection plan, which is line with previous years.

#### **Increasing numbers of children in care**

Children in care are those looked after by the local authority. This rose by 18% in the year from 514 to 609. For comparison the national growth over the last 5 years has been 3% per annum. Despite this growth numbers remain comparatively low, the average for our

statistical neighbours (the authorities that are most demographically similar to Oxfordshire) would be 690. 61% of all children becoming looked after had previously been the subject of a child protection plan - 49% within 12 months of their looked after episode beginning. 11% of children becoming looked after had been previously looked after. Understanding what happens once a child stops being the subject of a plan and ensuring improvements are sustained will be an area of focus in the coming year.

We want to ensure that where people are looked after, we keep our riskiest closest to home. We have managed to do this over the year. The number of children looked after and not placed in neighbouring authorities rose slightly (74 to 77). The biggest increase has been in children placed in foster care or with family and friends

### **Children at risk of sexual exploitation continue to be identified**

Multi-agency work to identify children and young people who may be at risk of child sexual exploitation (CSE) in Oxfordshire is coordinated by the Kingfisher Team. There are currently 280 children open to social care at risk of CSE. 88 new assessments in 2014/15 identified children at risk. This reflected 2.5% of all social care assessment and was slightly below the national average of 3%

### **Children missing from home: increased reporting of those missing repeatedly**

The number of children who have gone missing from home has risen from last year – 817 children compared with 694 last year. The number who went missing three or more times rose from 132 to 149, meaning the proportion of children who repeatedly went missing from home remained 19%.

### **Children and young people who offend: fall in numbers involved with YJS**

The young people who are involved with Oxfordshire Youth Justice Service (YJS) often present with complex needs requiring significant support both in and out of custody. The figures for the year 2015/16 (April to March) show “that the performance is satisfactory” and that we are “still better than both the regional and national rates”. There were 12 custodial episodes within the last year period. This is measured against the rate of young people per 1000 in the population. The custodial episodes arise out of serious episodes of offending/ repeat serious episodes of offending.

### **The implications of increased workloads on ensuring children are kept safe.**

The continuing pressures on the system are apparent against the context of reduced resources and changing structures.

### **Children who are privately fostered**

At the end of March 2016 the local authority were aware of 43 children living in a privately arranged foster placement, similar to last year (44) but up from 34 at the end of March 2014.

### **Serious Case Reviews:**

Five new cases were brought to the attention of the OSCB for consideration of a serious case review in 2015/16. Of these referrals one serious case review was commissioned.

The OSCB has worked on five serious case reviews over the last year, one of which is also a domestic homicide review. Of those reviews: two have been signed off in 2015/16; one is due to signed off in July 2016, one is active and one is complete as far as possible, whilst a police investigation is underway.

Over the last five years ten serious case reviews and two learning reviews have been commissioned. The reviews fall into two main age groups; pre-school and secondary school age children – just over 50% are older children aged between thirteen and eighteen. The majority of the reviews concern females. The proportion of pre-school children highlights the ongoing need for effective universal service provision for young children; for example health visitors and early-years services such as Children's Centres.

Over the last year the themes covered by case reviews have been: the long-lasting impact of neglect; child sexual abuse; physical abuse; self-harm; child and parental emotional wellbeing; parental substance misuse and peer on peer violence. Factors identified across all cases include:

- Neglect: it is a repeated theme in terms of the risks it presents to young children and the impact it continues to have as they grow up
- 'Damaged and difficult' lives of young people and their capacity to protect themselves has also become a repeated theme in recent years.
- Substance misuse by the victim or parents
- Parents of victims where there have been a number of different partners
- Children who have a number of siblings by different fathers
- Majority children/young people were previously known to children's social care (either current at time of incident or historic)

### **Multi-Agency Audits:**

Multi-agency audits reviewed over 25 cases from the perspectives of the different agencies involved. The purpose was to check how well agencies worked together on issues of domestic abuse, child sexual exploitation and 'Education, health and Care Plans' for children and young people with learning difficulties or disabilities (aged 0 to 25). In addition an audit was undertaken on the multi-agency usage of the child sexual exploitation screening tool – a

sample of 178 screening tools was reviewed followed by an in-depth look at 20 completed tools.

### **Single-Agency Audits:**

Board member agencies reported back to OSCB in 2015/2016 on their internal safeguarding practice covering issues such as training, supervision, assessment of need and escalation of issues. The findings are summarised in the qualitative section.

### **Section 11<sup>1</sup> Audits and Practitioner Questionnaires:**

The 2015 Section 11 return saw a 100% return rate from Board Member agencies. All Board Member agencies provided a return, including several agencies which do not currently sit as Board Members, such as British Transport Police. This meant a total of 24 returns were received for analysis. 530 practitioner questionnaires were returned (more responses but less agencies than the previous year). A peer review was held by OSCB in April 2016 to reinforce the OSCB's culture of challenge. Providers, commissioners and senior leads scrutinised and compared the results of their S11 audits. Twenty agencies attended.

### **'Section 14B<sup>2</sup>' school safeguarding reports, audits and risk assessments**

The Designated Officer team, Oxfordshire County Council, request an annual safeguarding report from each school against the requirements of 'section 14b'. There was 100% compliance from all independent and state schools requested to complete the report. Reports were requested from all four FE colleges as well but only Abingdon and Witney College submitted a return – the OSCB Chair has written to those organisations which failed to respond. These will be targeted in 2015/16 as will pop-up and permanent language schools. All schools state that they are up to date with their safeguarding training and comply with safe recruitment practices.

In addition to the annual report and those schools who self-audited, during the 2014/15 academic year, the team has also undertaken a total of 89 audits in schools; 39 joint visits to early years settings including child minders and 46 risk assessment for children and adults in schools and other settings. Risk assessments included where a staff member is to start work without a DBS disclosure; where they have had a positive disclosure or where a child is alleged to have committed a sexual assault on another child.

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<sup>1</sup> Section 11 of the Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

<sup>2</sup> Under section 14B of the Children's Act 2004 the LSCB can require a school or college to supply information in order to perform its functions; this must be complied with. This fulfils the same function as the section 11 reporting duty.

### **Early Years, Child-minder and 'out of school' Audits:**

The Early Years Team received 100% return rate for their audit in 2015/16 from early years settings (295) and childminders (121). The returns demonstrated good compliance with safeguarding standards. This high level of returns was due to a great deal of support and follow up work by the team for any non-returns. Ofsted ratings have increased to 80% 'outstanding' or 'good' with very few safeguarding actions required by Ofsted.

However, only 64% (88) of 137 'out of school' providers had completed the audit by December 2015. More work will be done this year to encourage a higher uptake. Areas for improvement for out of school providers were noted as DBS checks (10% fell short). This is a decrease from 21% in 2014. Of the 28 settings who replied No to this question 18 settings provided an action response. 60% of out of school respondents had not undertaken Prevent training and 60% of out of school respondents did not wear identity badges. These settings are being targeted in 2016/17.

The issue of verifying and challenging the self-reported results and content of the audits remains a challenge.

### **Designated Officer**

The Designated Officer should be informed of all allegations against adults working with children and provide advice and guidance to ensure individual cases are resolved as quickly as possible. During the academic year 2013/14 there were a total of 138 recorded allegations. During the academic year 2014/15 there were a total of 167 allegations. Approximately 5% of all allegations are of a historical nature but concern individuals who continue to act in a position of trust with children. Well over 50% of the referrals come from schools but in the last year referrals have increased from other settings both within the voluntary and statutory sector.

### **Child Death Overview Panel (CDOP):**

CDOP monitors and records all child deaths in Oxfordshire. The information received from the panel informs the OSCB when identifying whether criteria for a serious case review is met. The annual CDOP report identifies the cause and risk factors relating to the deaths.

79 child deaths were reported to the Oxfordshire child death overview team. 35 of the child deaths reported were of children normally resident in Oxfordshire and 44 of the deaths were of children normally resident in other counties.

Oxfordshire CDOP reviewed the deaths of 39 children who usually reside in Oxfordshire. These reviews included 22 deaths that occurred in the year 2015-16 and 17 reviews that

occurred before 2015-16 but had been carried over due to alternative processes and investigations that prevented completion of the CDOP process. Over the last three financial years there has been no significant change in the number of child deaths in Oxfordshire.

## **2.2 Qualitative**

### **Introduction**

This section summarises the qualitative information available to the OSCB. The sources of information include serious case reviews, multi-agency and single agency audits, Section 11 agency and school audits, the Child Death Overview Panel and the Joint targeted area inspection.

### **Serious Case Reviews:**

Case reviews signed off in 2015/16 have highlighted a number of areas for improvement as well as good practice. The messages are as follows:

#### **Themes in common with other serious case reviews**

- Challenges in dealing with inconsistent and neglectful parenting
- Professionals' lack of challenge or curiosity in relation to self-reported explanations of harm to the child/ren
- Loss of continuity of service (and records) when families move across boundaries
- Effective risk management supported by systematic planning across the multi-agency partnership.
- The capacity of adolescents to protect themselves can be overestimated and a tendency to view teenagers as adults rather than children can mean that proactive steps to protect them are not always taken
- Young people can 'slip through the net' by not meeting criteria for a number of services leaving them in need of help but without support

#### **Multi-agency learning points**

- Agencies should feedback to Children's Social Care when they do not receive minutes of formal meetings (CP Conferences and Core Groups, and Strategy Meetings) within the required time.
- Where there are agreed reasons to hold a professionals meeting without a parent, any professional from any agency should be able to request this.
- Effective multi-agency work requires careful planning, so that services do not overwhelm the family.

#### **Learning points for practitioners**

- When assessing: always make an assessment of what a father/male partner and his family can offer to a child (positives), as well as of the risks he/they may pose.
- Remember: the quality of assessment can impact on all your future plans. Be sure to review and reappraise those assessments over time.
- When responding to incidents: ensure that you speak to a child alone in relation to any allegation of harm or physical signs of harm.
- When you are working with complex adolescents seek out proper management support
- Remember: the risk to a young person is not reduced if they do not live with the perpetrator

### Learning points for managers

- **Assessment:** Comprehensive thoughtful assessment which is reviewed over time is fundamental to the success of future safeguarding. Ensure that systems for support, supervision and challenge are effective.
- **Supervision:** Ensure that reflective supervision is carried out in neglect cases, with a focus on the lived experiences of the child/ren.
- **Management:** Ensure that neglect cases have clear plans – with desired outcomes, timescales, etc. – which are reviewed robustly on a regular basis
- **Risk Management:** Make use of the multi-agency risk assessment and management plan (MARAMP) and support inter-agency colleagues to reduce risk and impose boundaries on dangerous behaviour.
- **Working with adolescents:** Damaged and dangerous young people are often well known to services. Ensure that your service collates risk information so that it is easily accessible in records. Working with adolescents: Consider what contribution you should be making to improving your organisation's approach and services for working with adolescents.

### Multi-Agency Audits:

The three multi-agency audits domestic abuse, child sexual exploitation and 'Education, health and Care Plans' for children and young people with learning difficulties or disabilities (aged 0 to 25) highlighted some positive practice in safeguarding arrangements:

- ✓ **Good child, young person and family involvement.** It is recognised that parents and carers of the children are key partners in keeping them safe and that the needs of other children should also be taken in to account
- ✓ **Children are listened to, believed and drive planning;** in particular health partners demonstrated strong evidence of the voice of the child through a persistent approach

- ✓ **Strong partnership between agencies.** Good evidence of assessment; communication; information sharing
- ✓ **Dynamic meetings taking place behind plans** and some examples of good immediate action

The audits also highlighted a number of areas for learning and improvement, including:

- **Management oversight;** whilst the section 11 showed that there are supervision processes in place an audit of records has highlighted that managers need to help assess risk and look at the bigger picture
- **Using practice tools** for risk assessment can support the work of practitioners, for example the neglect tool, CSE screening tool or working with drug using parents but they often don't get used or used inconsistently
- **Information sharing** whilst there is significant evidence of good practice there are still some gaps – this includes being more vigilant as to when children and young people are subject to a child protection plan or identified as children in need
- **Points of transition between services;** evidence suggests that there is room for improvement

#### **Single Agency Audits:**

Seven agencies reported back to OSCB in 2015/16 on their internal safeguarding practice. Children's social care and Thames Valley Police did not submit summaries of this work to the OSCB although the subgroup chair is aware of audit work taking place. An example of positive practice highlighted through the audit included the National Probation Service, which now routinely checks with Children's Services and Thames Valley Police PVP unit and Area intelligence teams are undertaken at point of sentence and at regular reviews of the offender assessment. Another example was OUH. The audit work completed on 'consent' has led to the revision of level 3 safeguarding children training to include scenarios related to child sexual exploitation, domestic abuse and consent. The audit undertaken by Schools and Learning has led to the challenge for school teams to vigorously seek and record parent and child views even if it is the responsibility of another agency

The learning summaries developed in response to the audits and serious case review findings have been promoted widely on the OSCB website, through training and learning events.

#### **Section 11 Audits:**

The returns demonstrated good compliance and regard to safeguarding practice as well as positive direction of travel. Key multi-agency messages can be summarised as follows:

**Escalation** – the OSCB can be assured that agencies can reference their internal escalation process and/or adhere to the OSCB multi-agency escalation process. However, agencies struggled to quantify how much escalation goes on due to a lack of recording or the use of informal escalation pathways.

**Supervision** – the OSCB can be assured that agencies have supervision arrangements in place and most ensure that safeguarding issues form a standing item on their supervision.

**Transport** – relevant agencies are showing progress in improving arrangements to transport vulnerable children and intend to report against the Oxfordshire's Joint Operating Framework for transporting children and adults with care and support needs.

**Assurance of practice in Commissioned Services** – there are mechanisms in place to check safeguarding practice within commissioned services. Areas for improvement (for providers, which by and large are from the voluntary and community sector) were noted as the need to:

- create ways of involving children & young people and their families in the development of policies and practices
- better understand the PREVENT agenda and how to incorporate this into internal safeguarding policies and training
- better understand the multi-disciplinary tools available and the participation in safeguarding processes, in particular, the Common Assessment Framework (CAF)

### **Child Death Overview Panel (CDOP):**

In the year 2015-2016 the CDOP panel concluded that in the 39 cases reviewed 6 modifiable factors were identified that contributed to or caused the death. Modifiable factors included co-sleeping; consanguinity; smoking and alcohol; health and safety in the home, drowning and suicide. As a result of the identified modifiable factors the following specific recommendations were made by the CDOP:

1. Maternity Services to audit the advice given to mothers after the birth of their baby, until discharge, re safe sleeping
2. Suicide cluster information should be sent to all agency representatives to share within their agencies. CDOP to be kept informed by the Lead Nurse Suicide prevention (Oxford Health) re developments in the service
3. Anonymised details re blind cord deaths to share with ROSPA as part of a national data collection and child safety campaign
4. Schools and community policing should review the advice they give re swimming and water safety

### **Joint targeted area inspection**

The child protection partnership was jointly assessed this year on how effectively it responds to abuse and neglect in Oxfordshire. The headline judgement was that Oxfordshire now has *'a highly developed and well-functioning approach to tackling exploitation'*.

Key strengths identified by inspectors included:

- Strategic leadership from individuals, agencies and the Oxfordshire Safeguarding Children Board (OSCB);
- The Kingfisher Team which provides specialist multi-agency responses to children at risk of exploitation and its links to MASH – the multi-agency safeguarding hub;
- The responsiveness of local authority, police and health services;
- A high standard of inter-agency working with sexually exploited children and a clear commitment to safeguarding children at risk.

## **2.3 Involvement of Practitioners**

This section aims to summarise the views of the practitioner in Oxfordshire. The sources of information include practitioner listening events, serious case reviews, audits and training and learning events, safeguarding groups and workshops attended by the voluntary, community and faith sector.

### **Children's Social Care Practitioner Listening Events:**

Children's social care held 3 listening events across the county attended by 40-50 staff. The staff survey highlighted that they are struggling with the increased volume of work - which this report notes as an 11% increase of children becoming subject to a plan and 24% increase in the number of children becoming looked after. The social work workforce has highlighted that they need support as they manage the changing face of social work.

### **Serious Case Reviews:**

The serious case review published this year highlighted the complexity of situations that practitioners are dealing with on a daily basis: parents spoke of the tenacity of some of the workers who had supported them and their children. There were examples of excellent perseverance from professionals even when they no longer had a direct role in supporting a young person. A great deal of learning has come from reviews, which has been shared through OSCB themed learning events.

### **Audits:**

The Section 11 Audits included a practitioner questionnaire to gather the levels of awareness and impact on frontline staff working with children and young people. Although

only a small number of agencies completed the questionnaires returns showed increased awareness of referral processes, how and where to raise concerns and good take up of safeguarding training.

## **Training**

Following feedback and input from local, volunteer trainers, the core safeguarding courses have been updated over the last year. They have been involved in the quality assurance of the new courses. Over 9000 practitioners have completed face to face or online training. Satisfaction rates continue to be high for face to face courses and 96% told the OSCB that they felt satisfied or very satisfied that online courses gave them the information that they needed to know.

## **Learning**

Two learning events and a conference have been run by the OSCB in 2015/2016 covering a range of themes emerging from local serious case reviews and audits such as child sexual exploitation, peer violence and domestic abuse, adolescents and risk. These have been attended by over 800 local practitioners, with a mixture of frontline staff, volunteers, management, and board members. The OSCB knows that practitioners are anxious about changes to services as a result of cuts in funding from Q&A sessions. Feedback has been gathered after each learning event which emphasises that practitioners value inter-agency discussions, want to hear the perspective of young people and value the opportunity to reflect on work:

*“Young voices of experience seemed to shake the room and helped to see things from a service user’s viewpoint”*

*“It has given me time to reflect on the families that I work with and think who may best support them”*

## **Area Safeguarding Groups**

These groups are chaired by Board members and attended by frontline practitioners across the county. The area groups provide an accessible way for smaller local agencies and settings to be involved with the Board and keep up to date with local safeguarding themes and projects and national guidance and requirements. Locally identified issues included:

- Multi-agency working: the positive message that practitioners value the Locality Link social workers who provide guidance and support in this area;
- Early help: the concern that schools in particular feel increasingly that they do not have the capacity to do CAFs and that they still have concerns about approaching parents with safeguarding issues
- Increased capacity in the system leading to a large workload and its associated risks

- Changes to service structures and the implementation of the MASH: feedback from practitioners has included comments that it can be difficult to contact and that partners are often not given the advice they need.
- Supporting high risk young people: young people worked with by the Kingfisher Team who are not looked after and do not have a transition pathway into adult services despite considerable vulnerability

### **The Voluntary, Community and Faith Sector**

VCS have joined OSCB subgroups and the Board. Common themes from partners and attendees at workshops have been that they would welcome:

- more accessible training – particularly on Prevent
- support on safeguarding children policies and protocol within their settings
- better understanding of the threshold of needs matrix and the Common Assessment Framework

## **2.4 Involvement of Young People, Parents and Carers**

This section aims to summarise the involvement of young people, parents and carers, and how this is fed back to the OSCB. The sources of information include young people forums; the 'neglect pilot' and sounding boards, youth parliament, children in care council and Oxme.info the county council's website for young people.

### **Voice of the Child:**

Gathering feedback from young people is well developed within a number of the Board members agencies and provider services. OU NHS FT has the 'yippee' forum for young people and uses the 'Wellbeing Monkey' to communicate issues to young people. OH NHS FT has an 'Article 12' group, which is active and articulate in its provision of views. However the sharing of this learning to the Board and response back out to the young people continues to require development and a dedication from professionals. The County Council's engagement team are co-ordinating efforts across the children's partnership to do this 2016/17. A young person expressed it as a need to have a '*go-to place*' for young people to air and share their views with professionals. It was important that this could be online, face to face or in fora.

**Neglect pilot: working to support better outcomes for children on Child Protection Plans for neglect.**

'The North Pilot' ran in the north of Oxfordshire for 6 months in 2015. It sought to establish more effective ways of working to support better outcomes for children on Child Protection Plans for neglect. Interviews were conducted with six families that were involved in the pilot. Some of the key findings from talking to families are that: their **engagement is the critical** factor in enabling change; **ensuring there is capacity for practitioners to deliver intensive support** to support, and test a family's capacity for change is vital to instigating positive change in complex families and that planning for the needs of the **whole family** is vital to achieving better outcomes.

### **Youth Parliament and Oxfordshire Youth Voice**

After many years of having young people elected onto the UK Youth Parliament, with limited local young people involvement, our focus has turned to local issues and hearing the voices of local children and young people, before re-engaging back into the national agenda. In partnership with organisations of the Children's Trust, Voluntary Sector, District Councils, TVP, Oxford University Hospitals, CCG, Fire Service, etc. and with the support of the British Youth Council, the county council aims to create a more powerful, vibrant voice for young people who would like to be heard by the people who make decisions empowering them to have influence over the decisions that affect their lives. A 'virtual group' of children and young people will exist alongside the main group to reach out to those unable to attend meetings.

There would be clear outcomes from each meeting and accountabilities to take forward issues mentioned. Senior Officers would be expected to attend meetings and feedback to children and young people about what has happened as a result of feedback from previous meetings. The Childrens Trust would monitor the effectiveness of the Oxfordshire Youth Voice and the impact on its implementation, against the Children's Plan priorities, which would be its driver.

Following a concern of a UKYP Member of Parliament, whose campaign was to keep children and young people safe, a Sounding Board was held to discuss the experiences and views of young people on the issue of safeguarding in order to inform the work of the Oxfordshire Safeguarding Childrens Board. 28 young people spoke about their views on safeguarding and risky issues. The young people were aged between 11 - 23 years old, were from Oxfordshire Early Intervention Hubs, members of Oxfordshire Youth Parliament and the Children in Care Council and included young people with disabilities and those from ethnic minority groups.

Key areas were identified by the young people: fear of speaking up; feeling safe at home; boundaries and safe relationships; mental health and suicide and drugs.

## Children in Care Council:

The Children in Care Council (CiCC) are a productive and engaging forum for young people in Oxfordshire. Meetings are chaired and organised by the young people themselves, with support from the Engagement and Participation team.

The reasons for young people going missing have been a regular theme discussed at the Children in Care Council (CiCC) over the last three years. The information is now frequently used in both missing and multi-agency risk assessments and management training to help practitioners think through the issues and will be annually updated to check whether new themes are emerging. Most critically, the young people were emphatic that a return interview should be undertaken by a trusted individual rather than someone independent. This should take place within the 72 hour window to maximise their readiness to open up.

They focused on children **knowing** their foster carers and key workers, **feeling wanted**, being able to **air their views** confidently and being properly **prepared for independent living** once they leave foster care. The following themes have emerged from our work with Looked After Children and Care Leavers as critical to improving outcomes for those at risk from going missing:

The **Oxfordshire Pledge** to its Children in Care and Care leavers was updated this year in response to specific concerns the CiCC had raised:

- “We will offer training to our foster carers and residential workers on community and internet risks and creating adverts for new foster carer’s.
- We will encourage all Looked After Children to share with their foster carers where they are going and who with. We want children and young people to feel confident to speak out when there is a problem and to know who to speak to”.

CiCC have developed a stronger relationship with Independent Reviewing Officers to tackle a number of issues raised in the Children in Care surveys to make being in care a ‘better and more constructive experience’ for Looked After Children and those leaving care. A new ‘Intro Card’ developed so children get to know their IRO’s better: *“You know everything about me; I know nothing about you.”*

## Young people’s concerns reflected on Oxfordshire’s Website for young people, [oxme.info](http://oxme.info)

In the last year over 160,000 pages of [oxme.info](http://oxme.info) were read by over 40,000 visitors. Finding **jobs, training, apprenticeships** and **employment** continues to be by far the biggest concern on the website, accounting for almost half of the visits, and many of the comments and chats. Other pages which have received very high attention this year include **rights at**

**different ages, Emergency Hormonal Contraception access, the National Citizen Service, GCSE choices, Youth Justice and the Early Intervention Hubs.**

Early Intervention Hubs have been a focus of attention this year, linked to worries about services losing funding and closing down. This comment from a young woman in Didcot is an example: *"We were looking at how many Youth Clubs were actually being funded after looking for sometime we realised that the two that were there and down to one after closing down caused to not being able to find the funderings. All we want is somewhere to sit and hang out thats warm and safe, maybe a hall that is unlocked at all times that has electricity and heating with a bit of a garden or some chairs."*

Sustained interest, chats and comments were also seen on Bullying, Care Plans and Reviews Raising the Participation Age, and Sexual Health issues including access to condoms, the Safety C Cards, consent, safer sex and other enquiries.

### **Sexting project – views of young people**

10 Focus groups about sexting were carried out with 99 young people aged 13 & 14 in single sex group across Oxfordshire. Key findings were that this is a concern for most young people. Many have seen explicit image and are aware of the risks involved, in terms of personal reputation, future prospects and also personal impact e.g. bullying, self-harm, low self-esteem. Knowledge of the law is inaccurate. There are gender differences with young women feeling in a 'no win' situation. Both boys and girls are affected by peer pressure, expectations and this is sometimes coercive. Young people felt current education isn't effective and isn't changing their behaviour. Recommendations included confidential, single-sex, relationships education delivered by those other than school staff.

### **HBT bullying including supporting Trans children and young people – views of young people**

Last year's online bullying survey indicated that LGBT children and young people are the most vulnerable group in terms of bullying and feeling unsafe (young people identifying as LGBT are almost 12 times more likely to feel unsafe in the classroom). Anecdotal evidence from young people is that if their school open acknowledges same-sex relationships and provides information about being transgender, this has a huge positive impact. Young people (consulted at Oxford Pride) spoke about SRE being delivered without any discussion of same sex relationships. They described a lack of information meaning that they had to educate themselves by looking on the internet. Some young people described bullying and abuse as a result of their sexuality or gender. Several said they didn't feel safe to 'come out' at school. When asked what would help, inclusive SRE was mentioned several times – to have their gender or sexuality acknowledged would help them feel accepted and able to be themselves.

## **Summary of compliments and of children's statutory Social Care Complaints 2015-16**

34 formal compliments were received about Children's Services. The compliments were very encouraging and told Children's Social Care that people felt that there are good working relationships with parents and that work is child focused and proactive. They were also told that professionals go over and above to ensure that young people are supported, that there is a talent for engaging with parents and young people and that calls are returned promptly and efficiently.

84 Stage One children's social care statutory complaints in comparison with 104 received in 2014-15. This is a 19% decrease. The majority of complaints were about children looked after and a small proportion were statutory complaints related to the MASH.

8 of the complaints received were directly from young people. This is a reduction in the 13 received last year. Three of these young people received the support of an advocate.

### 3. Impact of work to date

Below are examples of 'positive impact' as reported to the Performance, audit and quality assurance subgroup following the scrutiny of safeguarding practice over the last 12 months.

1. **'Multi-agency risk assessment and management plans'**(MARAMP) training is being rolled out to County Council 'Edge of Care' services and partners in health and Thames Valley Police. The number of MARAMPs in place increased to 300 in 2015/16.
2. With respect to **child sexual exploitation** there has been a clear shift in the culture of organisations across Oxfordshire in attitudes to information sharing and joint planning for children. Examples included clear communication and planning between sexual health services and the Early Intervention Service to address concerns that the child has not acted on advice from the sexual health services. There was evidence that GPs are receiving information about the involvement of other agencies and are clear about the concerns and the support in place.
3. One of the GP surgeries involved in **child sexual exploitation** audit work has amended their internal safeguarding processes to ensure there is a forum for discussing and planning for vulnerable children.
4. There has been a change in professionals' attitude and understanding of victims of **child sexual exploitation**. There are examples of sexual health services spending time with children, exploring issues of consent and giving them time to talk about their home life and the support they are receiving. Evidence on Police files shows a recognition that these children are seen as vulnerable and that they may need to be dealt with in a different way.
5. The audit of the **child sexual exploitation screening tool** has led to a revised, much simpler version of the tool for professionals.
6. The **'consent'** audit has led to changes in the level 3 safeguarding children training at OUH NHS FT to include scenarios related to child sexual exploitation, young people experiencing domestic abuse and to also include the 'cup of tea' consent to sex video clip. It has also led to a consent workshop for staff working in the JR children adolescent unit.
7. Following an audit of self-harm the OUH NHS FT has updated the paediatric **self-harm** protocol, which incorporates the need for a multi-professionals meeting in complex cases; an alert system for all looked after children has been added to the electronic patient record to ensure when young people attend A&E it is known that they have additional vulnerabilities and the practitioner needs to communicate with their social worker.

8. OUH NHS FT has produced a leaflet for staff on 'safeguarding adult and children at risk', which provides them with information about: their **roles and responsibilities to safeguard** and understand the vulnerability / categories of abuse; what to do if they are worried and who to contact.
9. OUH NHS FT has started to use the 'childcare development checklist', which is part of the neglect toolkit, as a routine tool for assessing children with diabetes.
10. Quarterly '**Think Family to safeguard**' meetings are held by OH NHS FT. An audit of this work has led to work more closely with adult services to increase the level of participation in child protection conferences – the most recent monitoring information (March 16) highlighted no non-attenders from adult services.
11. Court report guidance for staff employed by Oxford Health NHS FT was updated in July 2015 to reflect the **Think Family** Agenda.
12. Audit work has demonstrated that, in particular in response to the learning from the serious case review on **child sexual exploitation** the National Probation Service (NPS) has implemented the following:
  - PPU staff have all been directed to **attend learning events** and/or access OSCB on-line learning to develop skills/knowledge around this aspect of child sexual abuse.
  - **Case management of offenders** of this nature has been kept within a group of 3 experienced Probation Officers.
  - NPS has commenced a **new model of working** – liaising closely with TVP Major Crimes in respect of these offenders, and their ongoing investigations as many of the offenders will not be subject to MAPPA for some time. This model has also been adopted in Bucks to manage a similar group of offenders there.
  - **Regular checks** with Children's Services and Thames Valley Police PVP Unit and Area Intelligence Teams are undertaken at point of sentence and at regular reviews of the offender assessment.
13. The Community Rehabilitation Company has implemented a programme of change having undertaken an internal audit of safeguarding. As part of this they are developing a more **robust training programme** to ensure that new staff are properly equipped to do their job effectively and pick up on the safeguarding challenges within their work.
14. OSCB partners developed a report card to look at **capacity in the safeguarding system following analysis of data**. This comprehensive analysis has been used to inform the County Council decisions for managing resources and protecting the most vulnerable children and families as financial resources are subject to reductions.
15. An impact of the audit on 'education, health and care plans' has been the written **safeguarding guidance for professional and parents** who use personal budgets and an additional focus on transitions leading to a further check on older children (16-25 ys) for the most vulnerable learning disabled children.

16. The Public Health audit has led the service to **alter its data systems** to enable more effective recording of **safeguarding** related fields and **risk** across the county.
17. The county's Early Intervention Service was able to: demonstrate **a positive impact for those engaged** with the Early intervention service - 93% of 1,280 rated the service as good or very good; evidence the increased use of screening tools and outcome based indicators, such as 'Outcomes Star'.
18. The county's Youth Justice Service Team was able to demonstrate 92.5% of our **substance misuse** interventions have resulted in a reduction of health, social and other problems directly related to drug misuse. The most common substances that they have worked with during the year were Cannabis and Alcohol.

#### 4. Recommended actions for 2016/17 from the summary of themes

- **Learning events and workshops** for children and adult services practitioners should continue throughout 2016/17 focussing themes, such as sexting and online risks, effective inter-agency working to deliver early help, effectiveness of work to address neglect
- **Learning summaries** should continue to be produced for the multi-agency audits and serious case reviews undertaken in 2016/17 and be available to all professionals and public on the OSCB website.
- OSCB to work with partners and members to ensure schools provide learning about taking risks or '**risky behaviours**' education to young people
- Updated **multi-agency tools and guidance** such as the Threshold of Needs Matrix and the Common Assessment Framework
- The MARAMP tool to be further embedded across children's services where possible to ensure joint approach to planning and **risk assessment**
- Public Health Oxfordshire to update the **suicide risk reduction** strategy and action plan and report back to the Board 2016/17
- OSCB to focus on **voluntary and community service engagement** and involvement in the subgroups and board and improve accessibility of training, understanding of prevent and early help
- **Safeguarding audit work** should target transition for young people and domestic abuse
- OSCB to adapt the new safeguarding self-assessment for commissioners and reinforce the completion of the practitioner questions
- OSCB (via the PAQA Subgroup) to **analyse** high number of young people in care who had previously been subject to child protection planning
- The OSCB needs to constructively **share the learning of 'why'** from case reviews e.g. what was the story of the child, what happened, why did it happen, what can I do differently

- OSCB to continue to seek views and **input from children and families** to direct learning events, training and learning resources for practitioners.
- Practitioners need to acknowledge the importance of including parents, and especially **male family members**, wherever appropriate throughout safeguarding and child protection processes
- Support the **Oxfordshire Pledge for young people with the Corporate Parenting Panel and the Children in Care Council**, in ensuring the delivery of actions and support by member organisations
- Increase local knowledge on **cyber bullying** and **social media pressures** on young people and how to support them

## 5. Glossary

CAF	Common Assessment Framework
CDOP	Child Death Overview Panel
CiCC	Children in care council
CRC	Community Rehabilitation Company
EIS	Early Intervention Service
FE	Further Education
LAC	Looked After Children
LIQA	Learning, Improvement and Quality Assurance (framework)
MAPPA	Multi-agency Public Protection Arrangements
NPS	National Probation Service
OCC	Oxfordshire County Council
OH NHS FT	Oxford Health NHS Foundation Trust
OSCB	Oxfordshire Safeguarding Children Board
OUH NHS FT	Oxford University Hospitals NHS Foundation Trust
PAQA	Performance, Audit and Quality Assurance
PPU	Public Protection Unit within the National Probation Service
QA	Quality Assurance
QAA	Quality Assurance and Audit (subgroup)
SCR	Serious Case Review
SRE	Sex and relationships education
TVP	Thames Valley Police
TVPS	Thames Valley Probation Service
VCS	Voluntary and Community Sector

## Annual report from the Case Review and Governance subgroup

### 1. Introduction

This is the annual report of the Case Review and Governance (CRAG) subgroup. It covers information on cases considered, cases reviewed and learning achieved as part of the OSCB's learning and improvement framework<sup>1</sup>.

### 2. Local context

The subgroup comprises members drawn from Thames Valley Police, the County Council's children's services and legal services, the OCCG Designated Doctor and Designated Nurse and a Head teacher representative. The purpose of the group is to support the OSCB in fulfilling its statutory duty to undertake reviews of cases both where the criteria<sup>2</sup> is met, and where it is not met, in order provide valuable information on joint working and areas for improvement. Cases include death and serious injury associated with abuse or neglect. The CRAG produces a short learning summary for practitioners and ensures multi-agency learning events take place following each review.

The OSCB has worked on five serious case reviews over the last year, one of which is also a domestic homicide review. Of those five reviews: two have been signed off in 2014/15; one was signed off in July 2016, one is active and one is complete as far as possible, whilst a police investigation is underway.

### 3. National Context

In recent months national guidance and reforms have been released which will impact on local work. In April 2016 the '*Learning in to practice: improving the quality and use of the Serious Case Reviews*<sup>3</sup>' was published, which set out quality markers

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<sup>1</sup> Working Together to Safeguard Children, 2015, Chapter 4, sets out the requirement for LSCBs to maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.

<sup>2</sup> Working Together to Safeguard Children 2015

<sup>3</sup> Serious Case Review Quality Markers – supporting dialogue about the principles of good practice and how to achieve them. SCIE & NSPCC 2016



Oxfordshire Safeguarding Children Board

and principles of good practice in case reviews. In May 2016 the government published 'The Children and Social Work Bill', which includes a set of clauses that set out arrangements for a new Child Safeguarding Practice Review Panel. The Panel will identify a number of serious or complex child safeguarding cases which raise issues of national importance and will review cases which they believe will result in learning. The Secretary of State will also be able to set up arrangements for the Panel, including arrangements relating to the criteria for reviews, reviewers and reports. However, the intention is that the majority of SCRs will continue to be managed by local boards. Further government guidance has been released following the 'Wood Review of LSCBs' commissioned in December 2015. In addition we are awaiting the publication of the Triennial Review of Serious Case Reviews from 2011-14 from the University of Warwick and the University of East Anglia, which will bring together a national analysis of this and previous biennial reviews to provide child protection practitioners with evidence of key issues and challenges across the sector and learning to ensure children are kept safe. A national repository of all case reviews is held by the NSPCC, which also produces learning documents based on thematic findings.

#### **4. Cases considered for review by the subgroup**

The decision making criteria for serious case reviews has changed over time to permit different types of reviews and strengthen the conditions which apply to inter-agency learning. The current Working Together (DfE 2015) guidance is attached at appendix A.

Five new cases were brought to the attention of the OSCB for consideration of a review, in 2015/16. Of these five referrals one serious case review was commissioned, one led to no further action and the remainder had a series of quality assurance actions to be reported back in to the subgroup. This included a case which did meet the criteria for a domestic homicide review (DHR). The CRAG has remained involved with this DHR and reviewed the proposed recommendations and actions as it reaches its conclusion. In all cases reviewed by the CRAG further local actions have been considered in order to test the effectiveness of agency work and



Oxfordshire Safeguarding Children Board

hold them to account. If they are significant they have been referred in to the OSCB Executive for consideration.

All cases considered by the CRAG must be referred to the National SCR Panel. This independent expert panel of four colleagues was established through Working Together (DfE 2013). It advises LSCBs and the DfE on aspects of SCR procedure and reviews *all* decisions. The panel members will challenge LSCBs where they do not feel the criteria has been applied correctly. This has led to a tighter focus on the criteria and evidence-based decision making. Of five Oxfordshire cases submitted to the National SCR Panel in 2014-15 none were contested.

## **5. OSCB SCR Methodologies in 2015/16**

Working Together (DfE 2015) gives LSCBs permission to be innovative in the range and types of reviews commissioned and proportionate with respect to the scale and complexity of the issues being reviewed.

OSCB reviews have been completed using a range of approaches. Of the five cases worked on in 2015/16 one used the systems methodology developed through the Social Care Institute for Excellence (SCIE), one was 'reviewer-led' and three were the Working Together (2010) style of serious case review. The CRAG has not arrived at one recommended approach but considers the best approach for each case based on the scale and complexity of issues. Below is a commentary on the component parts of reviews, which have varied with each approach.

- **SCR Reference Panel**

In all instances the OSCB has used an SCR reference panel to support the reviewer. Only one of the reviews involved an additional SCR panel chair, which has been appropriate for the case. In all cases either the designated nurse or doctor now forms part of the panel. Learning this year has been to clarify the role of the 'link SCR Panel Member'. This panel member has the role of representing their own agency and also providing a link to a second agency, if that agency is not directly represented. The CRAG has set out these additional responsibilities so that all



Oxfordshire Safeguarding Children Board

partners in the review are kept abreast of its progress and able to input and sign up to actions and recommendations.

- **Chronologies**

All reviews have required a chronology of some type. The practice has been to request summarised information, based on significant events, in preference to detail, with further detail provided on request of the reviewer e.g. copies of core assessments or meeting minutes. Thames Valley Police have continued to produce full chronologies for their own reference. The feedback has been that chronologies are essential and helpful when in a summarised format.

- **Analysis**

Agency self-analysis has been an essential element in all reviews, but the methodology and depth has varied across these models. The SCIE model and the reviewer-led approaches have required summarised agency information and analysis with the scope and focus determined according to the case, by the SCR panel and reviewer. Thames Valley Police have continued to produce individual management reviews (IMRs) for their own reference. The feedback from most agencies has been that they welcomed the reduced report-writing burden. Where agency reports and IMRs have been produced the reviewers have commented on the high quality of the submissions.

- **Practitioner involvement**

The Working Together (DfE 2015) encourages practitioner involvement as a means of analysis and learning. Practitioner involvement has been central to the SCIE review, the joint SCR/DHR and to the most recent reviewer-led reviews. In all cases practitioners have valued feedback sessions before the review is finalised. At these sessions the reviewer has tested out their initial findings and learning points. The CRAG has reflected that this is good practice in any case review.

- **Average time taken**

Working Together (DfE 2015) recommends that reviews are undertaken within a six month timeframe of the decision. Influencing factors tend to be parallel processes



Oxfordshire Safeguarding Children Board

such as criminal investigations or Independent Police Complaints Commission (IPCC) enquiries, which may mean that practitioners or families are not able to contribute until these are concluded. Publication is also affected by timescales for criminal prosecutions, as it is only after the conclusion of a trial that the contents of the review can be placed in the public domain. Most reviews take 15 – 30 days of a reviewer's time (dependent on how much time is given to family contribution and practitioner involvement).

Of the reports signed off this year, timeframes ranged from 12 to 24 months. One review has been ongoing for 3 years due to continuing criminal investigations which have prevented any further work being undertaken whilst key individuals could be called on to give evidence in a trial. The independent Chair is discussing with the National SCR Panel what actions the safeguarding board should take, given the unprecedented delay.

- **Costs**

Costs tend to increase with the complexity of review; family contribution, practitioner involvement and preparation for media interest. These costs are reported in to the OSCB budget monitoring at year end.

## **6. Subjects of the reviews**

- The five different serious case reviews have concerned six children.
- Four of the children were under the age of four years – one was a baby. Two were adolescent children.
- Four were female. Two were male.

## **7. Family contribution**

It is essential to involve subjects and families in reviews. Family members have contributed to all reviews which has added a layer of complexity but also provided valuable learning.

Further meetings with families are undertaken to prepare for publication and to offer support to withstand the media attention they may receive. The OSCB has valued the support of the family liaison officers (FLOs) at Thames Valley Police, social



Oxfordshire Safeguarding Children Board

workers from the County Council, the engagement team at the County Council and probation officers who have facilitated family meetings.

## **8. Themes and learning**

Over the last year the themes covered by case reviews have been: the enduring impact of neglect; child sexual abuse; physical abuse; self-harm; child and parental mental health; peer and familial violence (domestic abuse) and parental substance misuse.

The issue of neglect is a repeated theme in terms of the developmental damage it does to young children and the impact it continues to have as they grow up. The issue of 'damaged and difficult' lives of young people and their capacity to protect themselves has also become a repeated theme in recent years.

The two case reviews signed off in 2015/16 have highlighted themes in common with other serious case reviews; practice learning points and multi-agency learning points. Some of these messages resonate with the reviews in production and these are outlined below:

### **Themes in common with other serious case reviews**

- Challenges in dealing with inconsistent and neglectful parenting
- Professionals' lack of challenge or curiosity in relation to self-reported explanations of harm to the child/ren
- Loss of continuity of service (and records) when families move across boundaries
- Effective risk management supported by systematic planning across the multi-agency partnership.
- The capacity of adolescents to protect themselves can be overestimated and a tendency to view teenagers as small adults, rather than children, can mean that proactive steps to protect them are not always taken
- Young people can 'slip through the net' by not meeting criteria for a number of services, leaving them in need of help but without support

### **Multi-agency learning points**

- Agencies should feedback to Children's Social Care when they do not receive minutes of formal meetings (CP Conferences and Core Groups, and Strategy Meetings) within the required timeframe.
- Where the criteria are satisfied for holding a professionals' meeting without parental attendance, an involved professional from any agency should be able to request this.
- Effective multi-agency work requires careful planning, so that services do not overwhelm the family.

### **Learning points for practitioners**

- When assessing: always make an assessment of what a father/male partner and his family can offer to a child (positives), as well as of the risks he/they may pose.
- Remember: the quality of assessment can impact on all your future plans. Be sure to review and reappraise those assessments over time.
- When responding to incidents: ensure that you speak to a child alone in relation to any allegation of harm or physical signs of harm.
- When you are working with complex adolescents seek out proper management support
- Remember: the risk to a young person is not necessarily reduced if they are not living with the perpetrator and is likely to be exacerbated at the point of separation

### **Learning points for managers**

- Assessment: Comprehensive thoughtful assessment which is reviewed over time is fundamental to the success of future safeguarding. Ensure that systems for support, supervision and challenge are effective.
- Supervision: Ensure that reflective supervision is carried out in neglect cases, with a focus on the lived experiences of the child/ren.
- Management: Ensure that neglect cases have clear plans – with desired outcomes, timescales, etc. – which are reviewed robustly on a regular basis

- Risk Management: Make use of the multi-agency risk assessment and management plan (MARAMP) and support inter-agency colleagues to reduce risk and impose boundaries on dangerous behaviour.
- Working with adolescents: Damaged and dangerous young people are often well known to services. Ensure that your service collates risk information so that it is easily accessible in records. Working with adolescents: Consider what contribution you should be making to improving your organisation's approach and services for working with adolescents.

## **Learning**

The OSCB disseminates learning from SCRs in a range of ways e.g. through the annual conference, learning summaries from practitioners, learning events and training. This year three learning summaries have been produced. In 2015/16 the OSCB has produced a learning summary for the published review and also held learning events picking up on the key themes from the reviews. The learning events have involved: a narrative of the case; professionals' learning from the SCR; the child and parent's perspectives; opportunities to address difficult challenges; local resources and networking opportunities for local practitioners. These events are well-attended by hundreds of multi-agency practitioners and managers.

## **9. Report recommendations and agency actions from case reviews**

On publication of a review the OSCB will produce a progress report or a statement on learning to date. The OSCB Performance, Audit and Quality Assurance Group (PAQA) monitors agency actions on a quarterly basis and the OSCB Executive monitors the recommendations made to the OSCB, at every meeting. It has been agreed that once a review is completed a closure report is compiled by the PAQA. The PAQA subgroup has the remit to test out how well the learning is embedded through audits and self-assessment frameworks such as the 'section 11' self-assessment.

## **10. Recommendations agreed by the Board**



*Oxfordshire Safeguarding Children Board*

- The OSCB has supported the appointment of a permanent Learning and Improvement post and Training post to ensure effective learning and practice improvement in Oxfordshire
- The OSCB is to be kept appraised by CRAG of developments in the commissioning and undertaking of SCRs by a national panel.

## Appendix A

The Working Together (DfE 2015) guidance requires a Serious Case Review to be undertaken for every case where abuse or neglect is known or suspected<sup>4</sup> and either:

- a child dies; or
- a child is seriously harmed and there is cause for concern as to the way in which the local authority, LSCB partners or other relevant persons have worked together to safeguard the child.

This includes cases where a child died by suspected suicide. Where a case is being considered where the child was seriously harmed unless there is *definitive evidence that there are no concerns about interagency working*, the LSCB must commission an SCR.

Seriously harmed includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- a. a potentially life-threatening injury;
- b. a serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred.

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<sup>4</sup> The threshold for 'suspect' should be consistent with s47 Children Act 1989 "reasonable cause to suspect". The following question should be asked: given what we now know should this incident have led to a child protection investigation? If "yes" and the child has been seriously harmed then a Serious Case Review should take place.

## Appendix B

### Background information on each review

**(1) Summary:** Review of a girl who died whilst living in an out of county therapeutic placement. There is an on-going police investigation in North Wales.

**Review commissioned:** March 2013

**Status:** The review is on hold until criminal investigation completed.

**(2) Summary:** SCR / DHR for teenage girl who was killed by her ex-partner.

**Review commissioned:** January 2014

**Status:** Published March 2016

**(3) Summary:** SCIE review of a baby who died by drowning whilst in the family home.

**Review commissioned:** September 2014

**Status:** Report completed and will be published following criminal trial.

**(4) Summary:** Review of a baby who died having suffered an impact to the head using review model developed by Jane Wonnacott

**Review commissioned:** January 2015

**Status:** Report completed and due for publication.

**(5) Summary:** Review of two young children who were sexually assaulted whilst in the care of their special guardian

**Review Commissioned:** July 2015

**Status:** Report in draft format.

### Glossary:

CRAG	Case Review and Governance Group
IMR	Individual Management Review
OCC	Oxfordshire County Council
OCCG	Oxfordshire Clinical Commissioning Group
PAQA	Performance Audit and Quality Assurance Subgroup
SCR	Serious Case Review

**DIRECTOR OF  
PUBLIC HEALTH  
FOR OXFORDSHIRE**

**ANNUAL REPORT  
IX**

***Reporting on 2015/16  
Produced: July 2016***

## Contents

Foreword.....	3
Chapter 1: The Demographic Challenge.....	4
Chapter 2: Building Healthy Communities .....	17
Chapter 3: Breaking the Cycle of Disadvantage .....	22
Chapter 4: Lifestyles and Preventing Disease Before It Starts.....	59
Chapter 5: Mental Health .....	74
Chapter 6: Fighting Killer Diseases .....	81

## Foreword

Every Director of Public Health must produce an Annual Report on the population's health.

This is my 9<sup>th</sup> Annual Report for Oxfordshire.

It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

I hope that it is found to be interesting, but, more than that I hope it is found to be useful in shaping the County's services for the future.

I am responsible for its content, but it draws on the work of many too numerous to name. I thank you all for your help, support and encouragement.

With best wishes,

Dr Jonathan McWilliam  
Director of Public Health for Oxfordshire.  
July 2016

## Chapter 1: The Demographic Challenge

### Main messages in this chapter:

- The demographic challenge is about all ages, not just older people.
- However the growth in the number and proportion of older people in the population remains the biggest challenge to health and to services.
- Services will need to change to respond to the challenge – doing nothing is not an option.
- The change is not even across the County – service change will need to be tailored to different localities – there is no ‘one size fits all’ solution.
- The demographic challenge affects all of us now. Its effects can be felt on our busy roads and through plans for housebuilding in the County.
- Because of its relatively ‘old’ population profile, Oxfordshire will be affected more and sooner than elsewhere.
- The nature of the population will change too- for example the population will become increasingly diverse.
- New patterns of disease and new forms of inequality will follow and we need to be ready to tackle these.
- Shifting from a focus on treatment to a focus on prevention will be key.

In this chapter I want to focus on health and change in our population and what this means for services and what it may mean for each one of us as individuals.

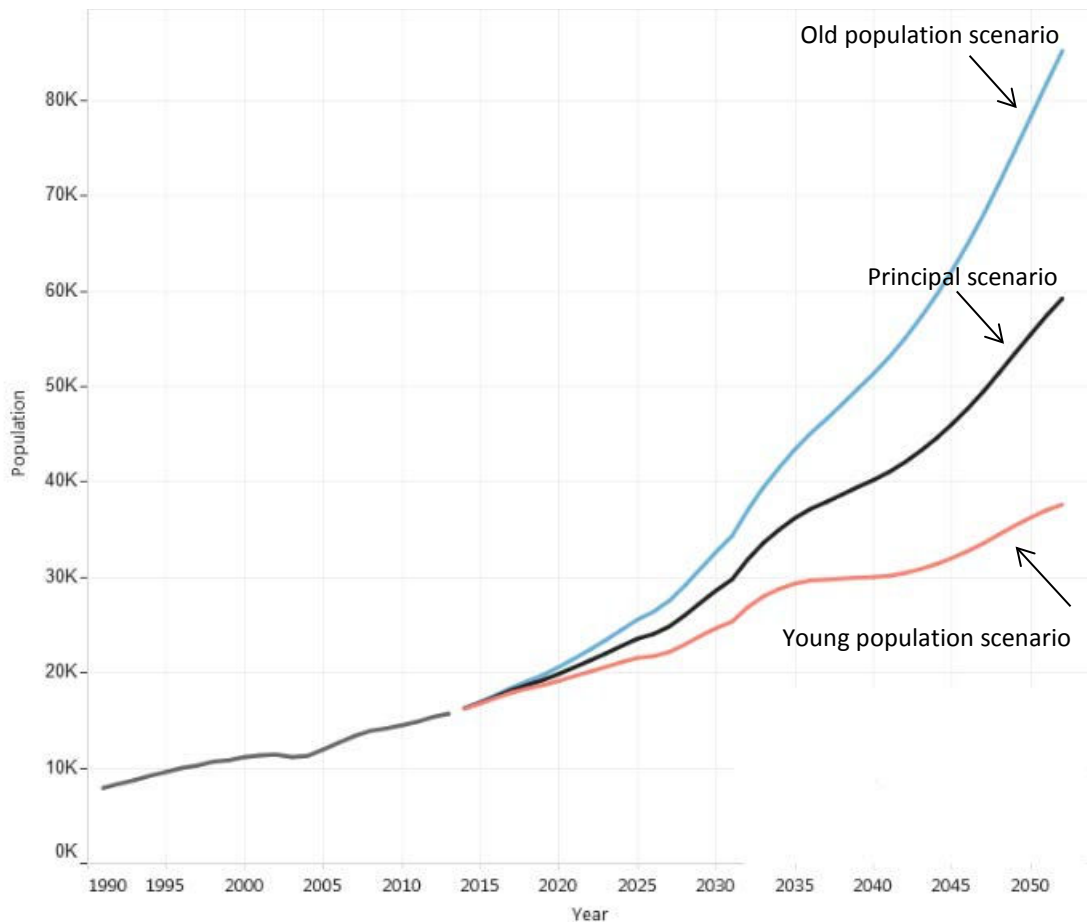
The demographic challenge isn’t just about older people – there are issues for all age groups and for the changing composition of the population itself, particularly linked to changes in ethnic group composition. In this chapter I will look at each of these factors in turn.

**The overall conclusion is that the demographic challenge is a real game-changer for services and that there is no ‘do nothing’ option: change is inevitable.**

### The ageing population

Everyone knows that the population is ageing, and this remains by far and away the biggest challenge to all current services and is the biggest health issue in the County. The chart below shows the picture well for those aged 85 and over in Oxfordshire, looking forward as far as 2050.

## Change in Oxfordshire's older population (age 85+)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

It shows that:

- The 85 plus population is set to increase by around 7,800 people between 2014 to 2026.
- That is an increase of 48% - a huge increase.
- There is uncertainty about the absolute numbers, as no one is sure how long people will live for in the future. The top line shows the maximum growth scenario, the bottom line the minimum and the middle line the most likely. The most dramatic projection to 2050 shows that there may be 75,000 people aged 85+ living in Oxfordshire compared with around 16,000 at present.
- If this even comes close to being an accurate projection it will completely change the nature of society, and services, as we know them.

The **proportion** of older people differs from place to place across the County and this will be significant in terms of the shape of future services.

The balance between those contributing relatively more to the tax-base (i.e. those of working age) compared with those who are over 75 affects affordability of services going forward. I know that older people make a significant contribution to the economy through taxation, but not at the same rate as those in pre-retirement years. A higher proportion of older people means that services funded from taxation will become progressively more stretched.

This isn't a static situation. ***An 'ageing population' means that both the number and proportion of older people in the population are changing.*** This is a crucial point. If all ages were increasing at the same rate it would mean that we would all have less space to live in but factors such as the tax-base for funding services would stay the same, i.e. services can be 'more of the same but more of them'. It is a more affordable scenario. ***However, if the proportion of older people also changes it affects the balance of diseases that need to be treated, the availability of carers and the range and shape of services that need to be offered.***

***This means that staying as we are simply isn't an option and things must change – it is a simple and inevitable fact.***

The table below shows the proportion of the population aged 65+ in the County as a whole and in Districts using 2014 data.

**Number of people aged 65 and over in Oxfordshire and its districts**

Area	Number of people aged 65+	% of area's population
Cherwell	24,500	17%
Oxford	17,800	11.3%
South Oxfordshire	27,300	19.9%
Vale of White Horse	24,400	19.5%
West Oxfordshire	21,600	19.9%
<b>Oxfordshire Total</b>	<b>115,600</b>	<b>17.2%</b>

Source: ONS mid-year population estimates, 2014

The table shows that:

- Overall, around 17% of the population are aged over 65.
- In South Oxon, Vale and West Oxon the figure is higher than 19%
- In the City the figure is markedly lower at around 11%.

Looking even more closely at the proportion of over 65s shows that some wards top the 25% mark for people aged over 65, and Burford hits over 32%. The table below sets out the Oxfordshire wards topping 25% of residents aged 65+.

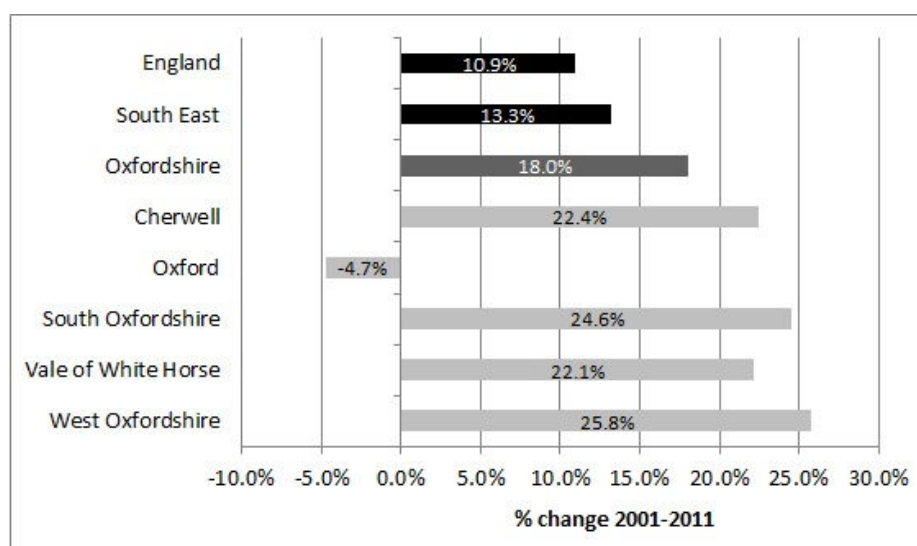
## Oxfordshire wards where older people make up more than a quarter of the population

Ward and District	Number aged 65+	% of ward's population
Burford, West Oxfordshire	630	32.5%
Goring, South Oxfordshire	1654	28.7%
Henley North, South Oxfordshire	1560	27.8%
Greendown, Vale of White Horse	654	27.3%
Sonning Common, South Oxfordshire	1478	27.1%
Ascott and Shipton, West Oxfordshire	544	26.9%
Cropredy, Cherwell	715	26.1%
Deddington, Cherwell	692	25.9%
Woodstock and Bladon, West Oxfordshire	1080	25.7%
Blewbury and Upton, Vale of White Horse	542	25.7%
Adderbury, Cherwell	745	25.2%
Milton-under-Wychwood, West Oxfordshire	525	25.2%
Kennington and South Hinksey, Vale of White Horse	1141	25.0%

Source: ONS mid-year population estimates, 2014

Not only is the proportion of older people different in different places, the proportion is also changing at different speeds. The table below shows how the number of people aged 65+ has already increased dramatically in the County and four out of five Districts between 2001 and 2011.

## % change in the number of older people in Oxfordshire and its districts (2001- 2011)



Source: ONS, 2001 and 2011 Censuses

It shows that this affects Oxfordshire more than the national and regional pictures – the national and regional increases are around 11% and 13% respectively compared with a huge 18% for Oxfordshire as a whole and topping 22% in Cherwell, South Oxfordshire, Vale and West Oxfordshire.

The City is very different – more younger residents means that the number of 65+ residents fell by almost 5% in the same period.

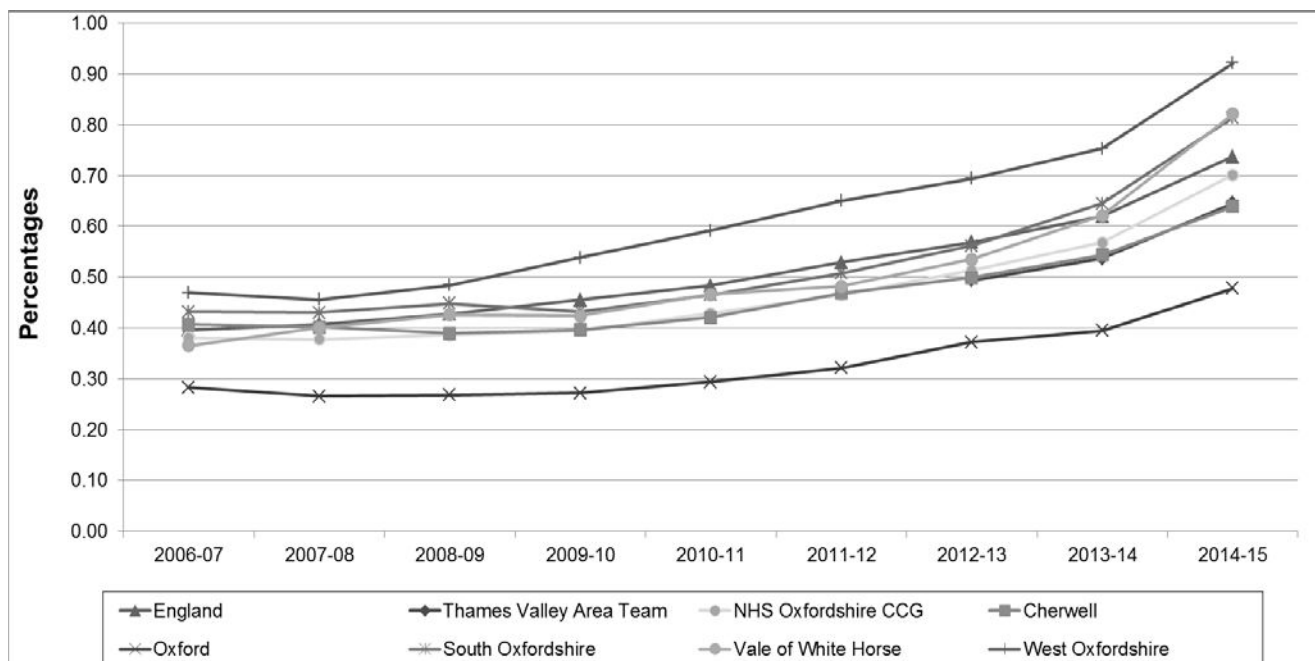
***This means that the need for change to services will hit Oxfordshire harder and faster than elsewhere in the country. This puts more pressure on the 'Oxfordshire £' and means that our services will be hit harder and sooner than elsewhere, making the case for change even more compelling.***

The differences between different Districts also show that **the right range of services for the future will not be 'one-size fits all'**. Taking into account journey times and distances from health facilities and hospitals means that each locality will need a tailor-made service.

**An ageing population means that patterns of disease are changing.**

This applies to many chronic diseases such as diabetes, but most topically to dementia. Previous reports have looked at the good developments in detecting and treating dementia in the County and the potential for preventing dementia from a healthy diet, keeping the mind active and exercising more. Upward trends in the detection of dementia are shown in the chart below.

**Percentage of patients with a recorded diagnosis of dementia in the GP registered population - 2006/07 to 2014/15**



It should be noted that this measures the percentage of dementia in a population – the figure for the City is low because the percentage of older people is lower than elsewhere – it is the rising trend in detection that is important and this should be welcomed.

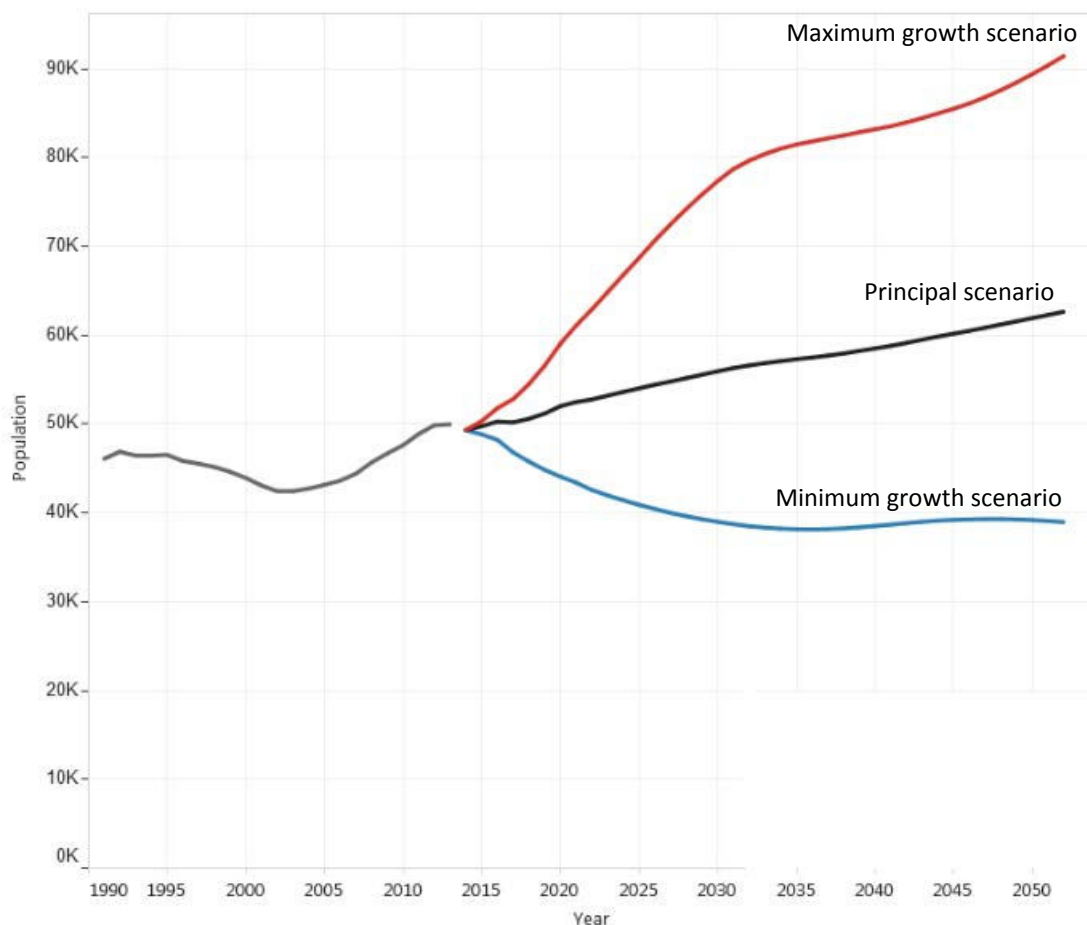
## The Demographic Challenge and younger age groups

Population growth due to new housing will tend to swell the number of younger families in the county. The **long range population projections** take into account ambitions for **93,560-106,560**

**new homes between 2011 and 2031**, as set out in Oxfordshire's Strategic Housing Market assessment

According to the County Council's principle population projection (the most likely scenario), the number of 0-5s in the population is set to increase from 49,600 in 2014 to 54,400 in 2026 (a rise of around 10%). However, there is considerable uncertainty around these figures, as is clear from the chart below. The actual number will depend on a range of factors, including future birth rate, migration patterns, and housing developments on the ground.

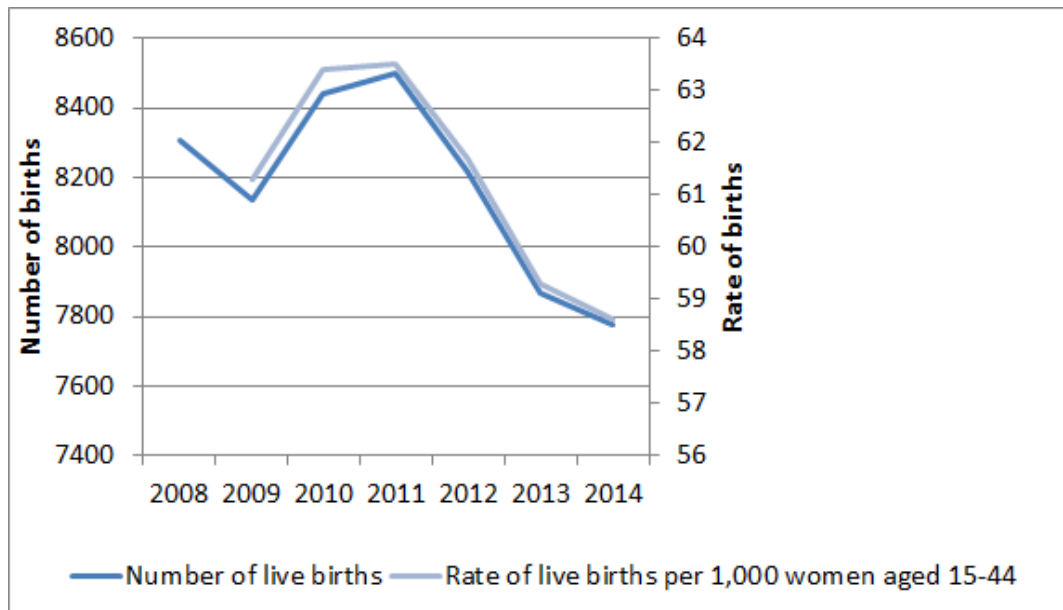
## Change in Oxfordshire's population aged 0-5 (inclusive)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

The impact of growth due to future housing developments is demonstrated by comparing this growth with the underlying local birth rate which has been falling steadily for the last few years as shown in the chart below. In 2014 there were 7,775 live births to Oxfordshire mothers, representing a rate of 59 babies being born per 1,000 women aged 15-44 each year.

### Number and rate of live births in Oxfordshire (2008-2014)



Source: Office for National Statistics Birth Statistics

The expected growth in young families in the County will have obvious implications for provision of health care, midwifery services, health visiting services and school provision and a much wider range of services. All of this will need to be funded from a shrinking tax base.

**This is a further reason why change is inevitable.**

***We will simply have to find new ways to provide services.***

**If we didn't have growth from housing and more people moving into the County, would the population grow or shrink?**

A statistic called the total fertility rate (TFR) or completed family size (CFS) gives the answer. It adds up the number of children women will have in their reproductive lifetime on average. A figure over 2.1 children per woman means the population size is steady – i.e. people replace themselves through childbirth.

A figure lower than 2.1 means the population will fall and over 2.1 means the population will grow, all else being equal. Of course this is an average. Women having 3 or 4 children make up for those having none or one.

The current figures are:

- Oxfordshire: 1.75
- England: 1.83

***This means that if nothing else happened, the Oxon population would naturally fall, and it would fall faster than the England rate.***

This shows that population growth stems from housing and net migration into the County.

### **More People in the Same Space Means Inevitable Change**

As we have seen, the net population of Oxfordshire is set to increase and to carry on increasing.

***Simply having more people in Oxfordshire will impact on services, travel, housing stock house prices and the nature of the local workforce.***

The implications of having more people living in Oxfordshire are:

- **There will be more pressure on existing services and increased demand for new services and new ways of delivering services.**
- **It will be more difficult to travel around the County** if things remain as they are. Travelling to Oxford hospitals for tests or outpatients (and finding a parking space) can already be challenging and may become more so. New options will have to be found which are more local or use online technology.
- **Mobile services like home care and district nursing will need to be organised** to cope with traffic congestion and the areas professionals can practically cover in a day will shrink.
- **The housing stock will need to change to meet the needs of an ageing population** as well as for young families. This means that we will need to develop more options like extra care housing. Older people may demand a different model of housing, and may well wish to group together for mutual support and to reduce the costs of care. It is possible that more people will want to trade in their existing home as they age for a place in purpose-built communities which provide company, care and medical support as seen in other countries.
- The debate about prevention may well change considerably. In the future **preventative services may become a matter of economic necessity**. People may well take prevention of disease and the imperative to adopt a healthier lifestyle more seriously as a means of self-defence and an economic tool. Once the link is firmly made in people's minds between piling on the pounds and a less-rewarding and less wealthy old age, we may see a sea-change in the way in which diet and exercise are viewed by people in their 40s 50s and 60s. **In the future, prevention of disease and investing in a healthy lifestyle may well be taken as seriously as pension planning is now.**

### **'We' are not the same 'We' as we were.....**

In looking to the future it is important to note that the population structure is changing in other ways too. In a very real sense, collectively, 'we' are not the same type of population as 'we' were twenty years in the past or will be twenty years from now. Our habits, beliefs, and use of technology will all change patterns of health, sickness and expectations.

Add in change due to changing ethnic mix and we are looking at completely new scenarios. These issues are picked up in detail elsewhere in the report. In summary the main impacts are as follows:

### **Re changing lifestyles:**

The major changes may well be about diet and activity. Both increasing obesity and decreasing activity as independent factors result directly in more chronic disease, diabetes and cancers. Alcohol consumption leads to a wide range of diseases and cancers and fuels obesity. The trend for alcohol consumption to creep up as we get older is a cause for concern. Any alcohol intake increases the risk of cancer as the Chief Medical Officer has recently pointed out, but the greatest effect in terms of numbers might be seen through the high calorie content of alcohol as a factor in middle-age weight gain.

### **Re the changing face of health and care technology:**

A summary of recent trends shows the following:

- more can be done locally and remotely to diagnose, monitor and treat disease and care needs
- drugs to combat heart disease and cholesterol have helped to reduce deaths from heart and circulatory disease. New drugs now in the pipeline may help.
- new treatments are developed all the time fuelling both expectation and cost of services. The cost of new health technology and drugs outstrips baseline inflation rates. Recouping the research and development costs that go into new treatments makes them very expensive initially.

### **Re the changing ethnic mix of the population:**

- The figures are given in full in chapter 3. I want to focus here on the impact of changing ethnicity on ageing. The ageing population will increasingly be ethnically diverse. This means that the pattern of disease will change. For example, people from parts of Asia and the Indian sub-continent are more prone to develop diabetes and its complications at lower levels of obesity. We haven't yet seen the impact of this, but it will become a more significant factor.
- In 2011, the ethnic mix of over 65s for the whole County was: 94% White British, 4% White Non-British and 2% Black and other Minority Ethnic Groups.
- This contrasts with the picture seen in the City which has a more diverse population. Around 7% of City residents aged 65+ are Asian, Black and other Minority Ethnic Groups – 5 percentage points more than the County average. This trend will continue and will be seen in all parts of the County.

## The Demographic Challenge: Putting It All Together

We have seen that many factors in the population are changing – it is not just about change in older people.

We have looked at the implication of simply having more people. Other factors will change as well, for example:

### New patterns of Inequalities may emerge

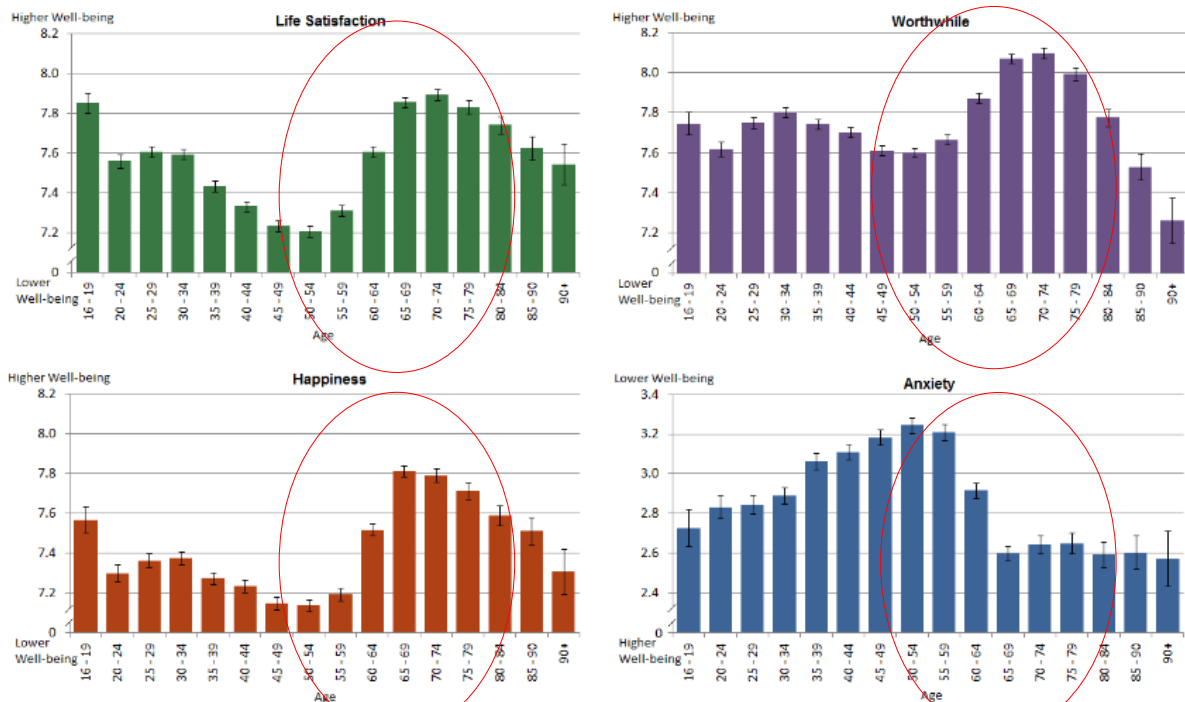
It is likely that new forms of inequality will emerge. For example we may start to see:

- ***Inequalities of support and companionship*** – having supportive networks and a peer group to lean on is like cash in the bank. We know that isolation and loneliness lead to all manner of worse health outcomes. The people who have supportive networks will simply do better and those who do not will be more at risk.
- ***Inequalities of take-up of lifestyles which prevent disease*** may be another key inequality to emerge. Those who make a series of small changes to their daily lives – simple things about more exercise, better diet and drinking less – will tend to have better health en masse than those who do not. Again, it is like cash in the bank – an inequality may emerge between those who create their own personal plan for improving their lifestyle and those who do not– it's like backing yourself in life's race to improve your odds of a healthier life.
- ***Inequalities in health knowledge***. If you don't know something might be bad for you, you can't make the choice to do something about it. Simple messages like '5 a day' do hit home and do change people's behaviour in the long term. We can see this for sure when supermarkets start to market '5 a day' products because there is a demand for them. This isn't about preaching and nannying – it's about informing local people about health issues so that they can make their own decisions within their means. Everyone can make small positive changes – taking the stairs more often or eating the odd apple instead of a chocolate bar – but not if they don't know it might be a good idea.

### But it isn't by any means all bad news – the up-side of older age

UK data asking people about their levels of satisfaction with life, happiness and anxiety shows some surprising and hopeful results for older people. The results are shown below in 5 year age bands from age 16 onwards below.

## Average personal wellbeing ratings in the UK, by age (pooled data for 2012-2015)



Source: Office for National Statistics

The results show:

- All measures of happiness and wellbeing dip in the 30s, 40s and 50s and then leap up around retirement age.
- Anxiety levels do the opposite – they are high in adults of working age and then fall dramatically.
- As older age increases, life satisfaction and happiness do fall, but anxiety does not increase.

Factors stated by people in the survey as reasons for poorer mental wellbeing in the over 50s are (in order): financial difficulties; having long term illness or disability; being unemployed or retired; being divorced or separated; having a mortgage and living in an urban area.

I don't pretend to be able to interpret these statistics, but they do seem to give something of a clue about the recipe for increasing the odds of a contented old age which seem to be something like: enough money to get by, positive relationships, being in generally good health, a lack of day to day worries and having a sense of purpose.

**When will the demographic challenge kick in? The future is already upon us.**

The effects of these changes have already begun – we all know it – you just have to look around you to see:

- At some times of day it is hard to make journeys on our major roads
- Hospital parking is more difficult
- GP services have changed radically – for most people there is no such thing as ‘my own Doctor’
- The health and social care sectors are short of cash
- The retirement age is getting later
- Pensions are under pressure
- Half of adults are now overweight
- Health scares have changed – once it was all about heart disease and ulcers, now it’s dementia and diabetes
- Some parts of the County are now multi-ethnic communities
- So many things are done on-line with new technology
- Radical service changes are being formulated as we speak.

***So, all in all, the inescapable conclusion is that it isn’t about whether services and our approach to disease changes; it’s about how we must change.***

**What Can We Do to Meet the Demographic Challenge Head-on?**

Mixing common sense and clinical evidence suggests that we should do the following 8 things:

- 1. Do more to prevent disease from starting in the first place**
- 2. Re-shape health and social care**
- 3. Use housing growth to build communities which encourage good health**
- 4. Level up inequalities**
- 5. See mental and physical health as a continuum, not as two separate things**
- 6. Help carers, community groups, voluntary groups, volunteers and faith groups to bridge the gap between statutory services and what people can do for themselves**
- 7. Join up services better to give a better start in life**
- 8. Protect people from ‘unseen threats’ such as infectious disease, emergencies and disasters**

The chapters in this annual report deal with many of these points.

Chapter 2 reports on building health communities through the Healthy Towns Initiative

Chapter 3 takes a close look at disadvantage and inequalities, focussing on children

Chapter 4 looks at how we can prevent more disease from starting

Chapter 5 focusses on current mental health issues

Chapter 6 reports on infectious diseases and emergencies

With regard to re-shaping services, the NHS is about to embark on a major service consultation about the future shape of health services in the County. It will be vital to engage the public in this, as every one of us has a part to play in the changes that are inherent in the demographic challenge.

## **What did we say last year and what has happened?**

Last year the recommendations focussed on the need for the NHS to plan for the increasing number of older people in the population, the rise in dementia and to take account of loneliness as a risk factor for older people's health. The need to integrate health and social care was also highlighted, as was the need to further improve NHS Health Checks.

This to a large extent has happened – the NHS is currently preparing a major public consultation on service change which will take these factors into account. This is scheduled for the Autumn.

Progress on NHS Health Checks is covered in chapter 4.

## **Recommendations**

1. The major NHS service consultation about 'care closer to home' should be debated thoroughly and the views of the public and partners taken into account. The extent to which the proposals meet the need to re-shape services to meet the demographic challenge should be a major consideration.
2. The Health Overview and Scrutiny Committee and Healthwatch should consider the consultation carefully and take the issues covered in this chapter into account in their responses.
3. The County Council and the Clinical Commissioning Group should consider the factors in this chapter in shaping plans to integrate health and social care and should do more to prevent disease from starting.

## Chapter 2: Building Healthy Communities

### Main messages in this chapter

- **If we are to meet the demographic challenge we need to get health issues into local planning of housing, communities and transport schemes.**
- **The Healthy New Towns initiative gives this work an excellent boost in Oxfordshire.**
- **The challenge will be to apply the lessons learned to local planning across the board.**

### What can we do to plan, design and build healthier places.

Last year I looked in detail at the intertwined relationship between health, housing, transport, environmental factors and community planning.

In particular I focussed on the complexities of getting health issues into the local planning system with network of Councils, developers, developer contributions, appeals etc.

This year I want to be a little more positive and look at some local work that may help to point the way forward - the Healthy Towns initiative.

### **This is an important step towards meeting the demographic challenge head on.**

In general, the penny seems to have dropped that if we are to combat the demographic challenge we have to think differently about community planning and be more sophisticated about building in healthy features such as cycle paths and community spaces as well as making provision for homes that adapt as one ages, and homes that can be afforded by the lower paid hospital and care workers we depend on.

This is more easily achieved in new developments where we start with a blank sheet of paper – trying to add things like cycle routes to existing medieval road layouts is another matter altogether.....

### **The Healthy Towns initiative**

This idea is being showcased in a Government initiative called the NHS Healthy New Towns initiative via a number of pilot sites. It is about putting 'health' at the forefront of the design of new communities.

We are the only County in the country to have two sites chosen to become part of this, which is a real achievement. The 'Healthy Towns' initiative is led by the NHS in close collaboration with Local Government. District, City and County Councils have all been involved, as has the local NHS and the Public Health team. There is also the bonus of expert help from Government Departments and a grant from the NHS.

In a nutshell the Healthy New Town Programme aims to make it easier for people to make healthier choices for themselves and their families.

Being part of the NHS Healthy New Towns Programme puts Oxfordshire on the map as one of the leaders in getting health into planning.

We have two NHS Healthy New Town sites in Oxfordshire, one in Bicester and one in Barton Park. The sites were selected from an original 114 applications and were announced in March 2016. Bicester has 26,000 new homes that will be available across the whole town, of which 13,000 will be new homes including the exemplar Elmsbrook at NW Bicester Eco development. Barton Park has 885 residential units planned. The two sites are very different but there is much we can learn from these differences as well as sharing the learning from the similarities.

The Barton Park programme is developer and City Council led, with housing to be built alongside the existing Barton area which is an area of significant social disadvantage. Integration of both parts of Barton will be essential to spread the benefit of this new approach.

The idea is to design communities where:

- walking to school or cycling to work become the default option
- public spaces are dementia-friendly from the outset
- health services are joined up with other local services, using digital technology to promote health
- houses can be adapted to meet the needs of people as they age.

It is worth dwelling on some of the details in the **Barton Park** initiative which include the building of a new school which is expected to link with the existing school in Barton. The school will also have community space which will provide an area for social activities, clubs, groups and activity sessions to keep people active and to reduce isolation and encourage mental wellbeing. It is hoped that these will link to the existing community facilities such as the Barton Neighborhood Centre. Being a part of the school also means that a community 'hub' is created where there is an opportunity for more contact between a wide range of people.

There will also be a civic area which will include shops and further opportunities for social contact with others.

The football pitch provision is planned to be upgraded. It is expected that some of the pitches will be artificial turf and so available to play on for longer during the year. The pitches will mean that pupils at the school will be able to keep active and play sports, but they will also provide a community facility for local clubs to use.

There are also plans for upgrades to the allotments which will serve the whole community, both existing and new. Working on allotments will help people to be active, enjoying the fresh air and socialising with others, as well providing the means for healthy food to be grown.

Green routes are planned where people can walk through attractive areas for pleasure or to reach facilities and services in other areas of the development. Some sections will also link to footpaths leading out to the open countryside, which will make it easier for people to be active and enjoy the outdoors without having to travel in the car to get there.

It is planned that there will be play areas where children can be active outside in open spaces. A 'trim trail' will be created which will link to the existing green area in Barton. It is also expected that there will be upgrades to the GP practice in the existing Barton area which will serve both the existing and new communities.

The development will be designed to 'fit in' with the area, with the use of design materials local to Oxford where possible. It is planned that the streets will be designed so that choosing to cycle or walk is easier than choosing to drive. Cycling and walking instead of using the car boosts physical health and mental wellbeing and makes socializing easier which reduces isolation.

The programme at **Bicester** is focusing on the whole town and how the new housing can improve the health and wellbeing of all residents. This is based on a broad partnership of around 21 organisations and, along with the developer, includes Local Authorities, health service commissioners, universities, businesses and many more. The plans include:

- options for people to choose healthier ways to travel through cycling, walking or using these in combination with public transport
- more opportunities for social interaction with others
- green space such as parks and walkways and cycle networks which will give people safe and attractive areas to walk or cycle through and will make these methods of transport more appealing.
- Homes designed so that people can live independently for as long as possible. The houses will have features such as good insulation to prevent them from becoming damp, to keep people warm and well and to reduce the amount of money that they will need to spend on heating bills.
- It will be easier for people to eat healthily by ensuring that there are adequate cooking facilities in people's homes, with easy access to shops and plans to provide opportunities to grow food locally.
- Some of the community facilities and services will be located in shared buildings or in the same area so that resources can be shared and they are easier for people to get to them and use them.
- Well-designed community spaces that are attractive and easy to access will give people more opportunities to have contact with others to help reduce isolation and improve mental wellbeing.

Technology will be key in NHS Healthy New Towns. The Elmsbrook Eco development in Bicester will consist of 393 houses which will be installed with digital tablets known as 'Shimmy's'. The tablets will enable households to have access to a range of information. This could include community information such as opening times of services, dates of local events, contact details of services and can carry reliable health information and messages. The Shimmy could also have a feature to let people know 'live' travel options e.g. when the next bus will be, how long it would take to walk to their destination and the routes they could take to make it easier for people to choose travel options that don't automatically mean getting in the car.

There will also be an element of home energy efficiency on the Shimmy where people could monitor temperatures and the amount of energy that they are using in their homes. There are also plans to improve access to health care through the Shimmy such as appointment booking, remote consultations and electronic monitoring of people's vital signs.

## **That's all well and good, but will it happen and is it generalizable?**

This is the big question and the proof of the pudding is in the eating. We will have to wait and see which of these features can be achieved and which make a real difference.

Fancy developments with some Government funding are fine, but what about the 1000's of other developments being proposed across the County? No-one knows the answer, but the Healthy Towns initiative could mark a turning point. Health is now on the map in terms of local planning, and there are many ideas coming from the Healthy Towns development that could be built in to other areas.

Of course the market will have an influence – if these developments prove to be popular, there could be a commercial incentive for developers to build them in elsewhere.

The key is to realise that that we need this type of development if we are to cope with the demographic challenge.

Also the ideas may only be really viable in medium and large size developments. If we continue with 'pepper-pot' developments of a few houses here and there it may be difficult to spread the benefits.

The NHS is alive to the issue of getting health into planning. Proposals for changes to health services are likely to look towards more efficient use of public buildings – the same goes for changes to library services, schools and other public amenities.

The NHS's Sustainability and Transformation Plan is talking about finding ways to work with Local Government in Oxfordshire, Buckinghamshire and Berkshire on local planning as a matter of course.

Various options for Unitary Local Government are currently being debated in the County. It is clear that a Unitary approach would make this sort of planning easier as planning, road building, housing, environmental health, social care and public health functions would all be run by one organisation.

There is far to go and this journey has just begun, which is just as well as we will need to pull together in this way if we are to tackle the demographic challenge while managing a tightening public purse.

## **What did we say last year and what has been done about it?**

Last year's report introduced the topic of 'getting health into planning' and looked at the health issues such as the effect of pollution and the importance of cycling in some detail. The recommendations were all about taking this work further and the Healthy New Towns initiative means that good progress has been made.

## Recommendations

1. The Healthy New Towns initiative should be monitored closely and lessons learned should be generalised within the current and future planning system.
2. The NHS through its Sustainability and Transformation Plan should carry out more detailed work with Local Authorities to get health issues into local planning as a routine activity.

## Chapter 3: Breaking the Cycle of Disadvantage

### Main messages in this chapter

- **Disadvantage and Inequalities remain a major issue for the Public Health of Oxfordshire.**
- **There has been a further modest reduction in disadvantage overall and this is to be welcomed.**
- **We await the findings of the independent Commission on Health Inequalities for Oxfordshire– it will be published later in the year.**
- **There has been steady progress against last year's recommendations.**
- **Because children's services are changing we need to establish a firm baseline of indicators now so that we can measure any future changes. A basket of indicators is set out here.**
- **It is vital that this topic is kept under close review**

We are in between two important developments:

1. Last year this report reviewed thoroughly all aspects of disadvantage in the County and drew the conclusion that, overall, useful progress had been made but there was more to be done,
2. By next year the Health and Wellbeing Board's Independent Commission on Health Inequalities will have reported, having sifted the evidence with a fresh pair of eyes which should help to point the way forward.

This year therefore I want to do 3 things:

1. Review progress on last year's recommendations in detail
2. Report on new data which has emerged during the year
3. Concentrate on children and young people by proposing a set of indicators to monitor changes to children's services in the future

### Detailed review of last year's recommendations

Because this topic is so important to improving health, I am going to repeat the detail of last year's recommendations and formally review progress on each one:

The recommendations came in two parts – short term and long term:

**Review of Short term recommendations made last year:**

Each recommendation from last year is set out in full and is followed by a progress report:

Recommendation 1 said:

The Health and Wellbeing Board should carry out its plans to sponsor a more detailed review of disadvantage, and should use the analysis in this report as a source of information. This analysis should inform the Joint Health and Wellbeing Strategy, Local Authority plans, the Clinical Commissioning Group's 5 year plan and the work of the NHS and County Council Systems Leadership Group and Transformation Board.

***Progress report:***

***Good progress has been made. The Health and Wellbeing Board has sponsored an independent Commission on Health Inequalities and the work is due to report in the Autumn. It has taken evidence from a wide range of sources and has had access to local data.***

***The NHS's 5 year plan is being implemented through a 'Sustainability and Transformation Plan' (STP), which is including prevention and health inequalities as a major concern to be addressed. The NHS has determined that this plan should cover Oxfordshire, Buckinghamshire and the West half of Berkshire.***

***Making plans is all well and good – it will be important to make sure this is followed by real action.***

Recommendation 2 said:

All agencies should maintain current programmes which are successfully reducing disadvantage. These include:

- Teenage pregnancy
- The Thriving Families programme
- Work with schools to improve school results
- The promotion of breastfeeding
- Improved dementia services
- Improved mental health services.

***Progress Report***

***Satisfactory progress has been made on all of these programmes – many will form part of the NHS's Sustainability and Transformation Plans (STP) mentioned above.***

***Further information on school results, teenage pregnancy and the Thriving Families programme are included later in this chapter.***

Recommendation 3 said:

All agencies should target the causes of disadvantage which are static or increasing. Specifically:

- The Health Improvement Board should continue its efforts to prevent homelessness through partnership working
- GPs and the Public Health team should target NHS Health Checks to improve take up by ethnic groups and manual workers
- Partnership work to eradicate Female Genital Mutilation should continue.

***Progress report:***

***The Health Improvement Board is currently grappling with the issue of homelessness through a multi-agency sub-group. We await the results, but the problem is being pursued in detail.***

***NHS Health Checks were reviewed to make sure that there are no inequalities in the invitations sent out to people. Next year will see plans come forward to increase uptake in priority groups where disease levels are higher such as manual workers and ethnic minority groups.***

***Work to prevent Female Genital Mutilation (FGM) has continued successfully as planned. A study has been set up to work with communities with high levels of FGM to find out more about why the practice might be sustained in a UK context. There is currently a dearth of factual information about this because of the sensitivity of the topic. The more we know, the more we can prevent FGM at source. Community researchers have been trained to work with their own communities to tackle the factors that motivate people to consider FGM.***

***The project will be completed in late 2016 and the findings reported to the FGM partnership group and the Children's Safeguarding Board.***

Recommendation 4 said:

Contract specifications for services being renewed should carefully consider how to target areas in the bottom 20% 'Index of Multiple Deprivation' and areas of high child poverty so as to give a good service across the county and a specific service to meet the needs of these areas.

***Progress Report:***

***The issue of placing 'smarter' NHS contracts for services so that areas of high social disadvantage can be targeted has been proposed as part of the 'prevention' plan as part***

***of the NHS's Sustainability and Transformation Plans (STP). We wait to see developments. This is important and we need to keep a watching brief on progress.***

Recommendation 5 said:

NHS Trusts and General Practice should consider how to give additional help to those in the target groups listed above when they come for help for any condition. This consideration should be built into the Health and Wellbeing Board's planned work on disadvantage and specific recommendations should be made.

***Progress Report:***

***This is another strand of what is proposed in the NHS's Sustainability and Transformation Plans (STP). Again, the proof of the pudding will be in the eating and we need to keep monitoring progress.***

**Longer term recommendations from 2014/15:**

Recommendation 1 said:

Recommendations regarding housing and the design of communities so as to combat isolation, loneliness and to break the cycle of disadvantage in specific areas should be progressed.

***Progress Report:***

***The Healthy Towns initiative described in Chapter 2 has given a real boost to this strand of work.***

***Making real progress on the mixture of housing stock available, designing communities which encourage social contact and building new developments that can be adapted easily as residents age, will probably require a resolution to the current 'unitary debate' going on in the County at present.***

***The real change is that these topics are now 'on the agenda' as mainstream issues whereas they were given scant regard in previous decades.***

Recommendation 2 said:

The Local Enterprise Partnership, Local Government, Local Employers and Oxford University should continue to work together to secure central government funding to provide the infrastructure to favour continued economic prosperity and high levels of employment.

***Progress Report:***

***We work well together as partners in Oxfordshire on these topics and our County remains one of those which contributes positively to the national economy. Making real progress on this topic will also require resolution of the 'unitary debate'. The intense debate in the County about devolution and unitarisation has had the beneficial effect of bringing***

***forward ambitious thinking about how to attract national funding to drive the economy forward.***

Recommendation 3 said:

The Health Overview and Scrutiny Committee should consider scrutinising the extent to which reducing disadvantage and inequality are built into the plans of the Clinical Commissioning Group, General Practice and NHS Trusts.

***Progress report:***

***The Health Overview and Scrutiny group has considered issues of inequity in specific services – the committee has had its plate full in considering major health service plans, CQC and Healthwatch reports, changes to community hospitals and other urgent issues. The time for the Health Overview and Scrutiny Committee to consider inequalities in the round will be when the NHS puts forward its Sustainability and Transformation Plans (STPs) in the Autumn and the Commission on Health Inequalities publishes its findings later in 2016.***

Recommendation 4 said:

Healthwatch should be invited to consider monitoring the inequalities identified in this chapter as part of its on-going work programme.

***Progress Report:***

***Healthwatch have continued to champion topics related to inequalities during the year and have helped give voice to those who might otherwise go unheard, including through the Health and Wellbeing Board and the Health Scrutiny Committee. Healthwatch have also been able to contribute constructively to the Commission for Health Inequalities while preserving their neutrality. Their commentary on the published report will be valuable.***

**Breaking the Cycle of Disadvantage part 2: Update on data produced during the last year**

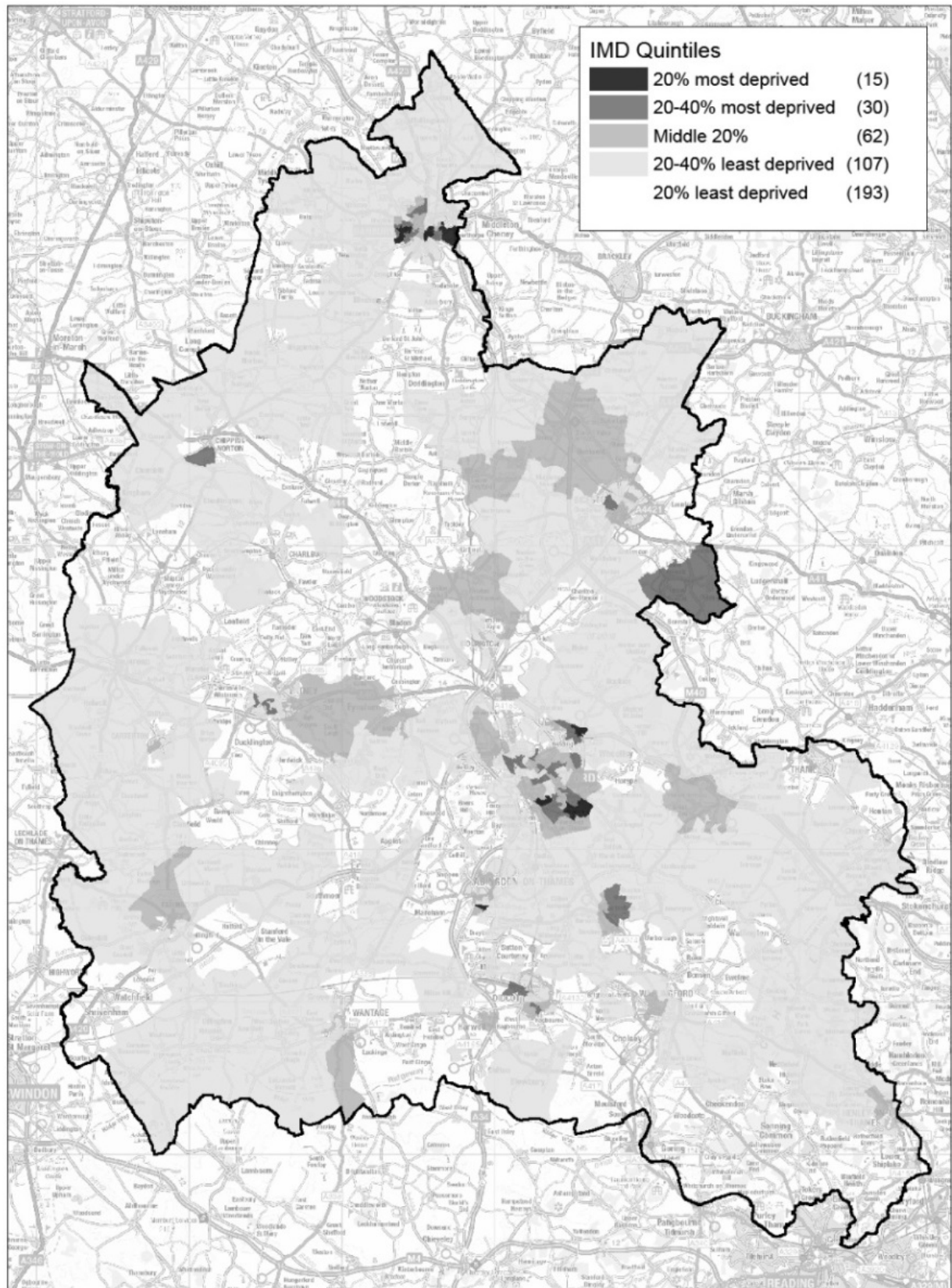
**Measuring overall geographical disadvantage – the ‘Index of Multiple Deprivation’ (IMD)**

The best overall measure of disadvantage in the County – the ‘Index of multiple deprivation’ (IMD) has been updated.

This measure uses 37 indicators spanning seven broad types of disadvantage. These indicators are used to calculate an overall Index of Multiple Deprivation (IMD). The indicator looks at 407 small areas within Oxfordshire and compares them with national figures.

Overall, Oxfordshire has relatively low levels of disadvantage. It is the 11<sup>th</sup> least deprived of 152 upper tier local authorities in England (up from 12<sup>th</sup> least deprived in 2010). ***However, as we know, there is significant variation across different parts of the county.*** The map below tells the story – the areas in Oxfordshire which fall within the 20% most disadvantaged in England are shaded the darkest and the areas which fall within the least disadvantaged 20% of areas are not shaded at all.

## Overall map of multiple disadvantage in Oxfordshire



Source: DCLG English Indices of Deprivation 2015

The map shows that:

- Most of Oxfordshire's 407 small areas are less disadvantaged than the national average.
- 110 are among the least deprived 10% nationally.
- Overall, nearly half (46%) of the county's population lives in areas that are among the least disadvantaged 20% in England.
- More than four in five residents (82%) live in areas that are less disadvantaged than the national average.
- Of course this does not mean that there is no disadvantage in those areas – individual communities such as Berinsfield for example are 'masked' by being included in larger more affluent areas, and many rural communities can tell the same story.
- 13 areas are among the 10-20% most disadvantaged (down from 17 in 2010).
- Two areas are among the 10% most disadvantaged in England. These are in Oxford City, in parts of Rose Hill and Iffley ward, and Northfield Brook ward. In 2010 only Northfield Brook was among the 10% most disadvantaged areas.

The most disadvantaged areas are concentrated in parts of Oxford City and Banbury with one in Abingdon. They are set out in detail in the following table, along with their national 'ranking' – a sort of league table of all 34,844 small areas in England, where the lower the number, the greater the disadvantage.

**Small areas in Oxfordshire among the 20% most disadvantaged nationally**

Small Area	Ward	District	Deprivation Decile	Rank position in England (where 1 is the most deprived and 32,844 is the least disadvantaged)
Oxford 016E	Rose Hill and Iffley	Oxford	10% most deprived	2,578
Oxford 018B	Northfield Brook	Oxford	10% most deprived	3,078
Cherwell 004A	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	4,701
Cherwell 004G	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	6,520
Cherwell 005B	Banbury Ruscote	Cherwell	10-20% most deprived	6,173
Cherwell 005F	Banbury Ruscote	Cherwell	10-20% most deprived	6,299
Oxford 005A	Barton and Sandhills	Oxford	10-20% most deprived	4,722
Oxford 005B	Barton and Sandhills	Oxford	10-20% most deprived	5,319
Oxford 016F	Rose Hill and Iffley	Oxford	10-20% most deprived	6,182
Oxford 017A	Blackbird Leys	Oxford	10-20% most deprived	5,225
Oxford 017B	Blackbird Leys	Oxford	10-20% most deprived	3,785
Oxford 017D	Northfield Brook	Oxford	10-20% most deprived	6,523
Oxford 018A	Blackbird Leys	Oxford	10-20% most deprived	4,293
Oxford 018C	Northfield Brook	Oxford	10-20% most deprived	3,553
Vale of White Horse 008C	Abingdon Caldecott	V White Horse	10-20% most deprived	5,936

Source: DCLG English Indices of Deprivation 2015

In general, the areas of Oxfordshire that were identified as the most deprived in 2010 remain the most deprived. However, in Oxford City, one area in Holywell ward, and another in Littlemore, have moved out of the 10-20% most deprived. However, one in Rose Hill has moved *into* the 10-20% category.

In Banbury, one area in Ruscott ward has moved out of the 10-20% most deprived.

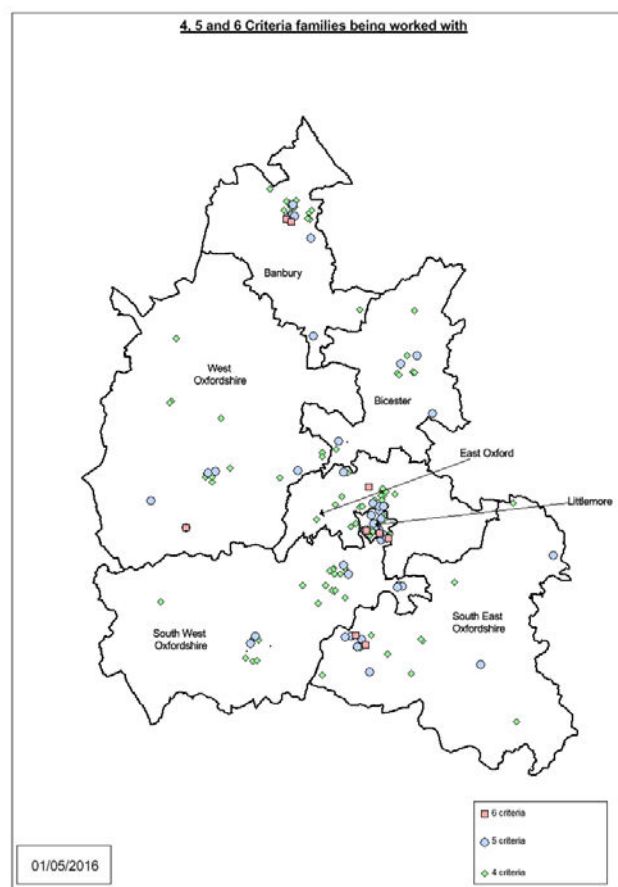
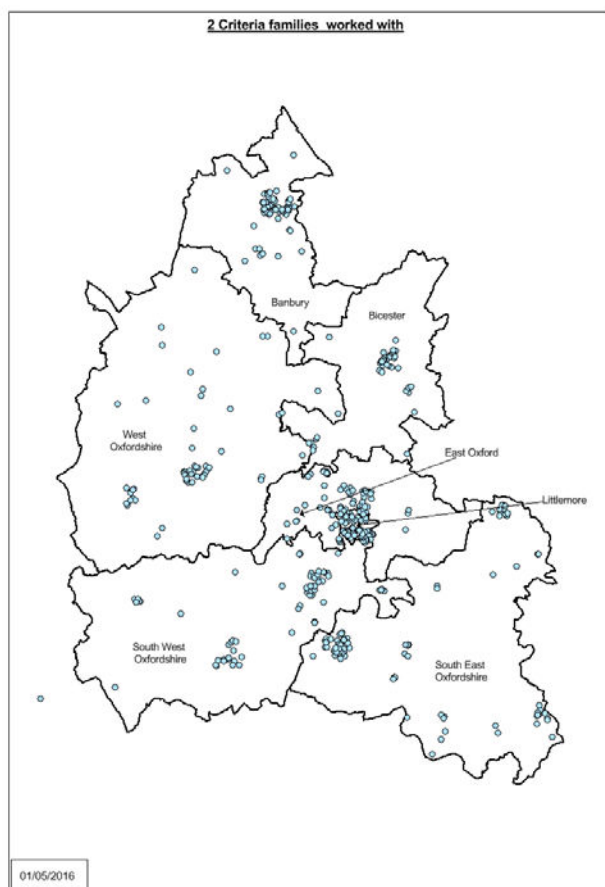
***Conclusion: Breaking the cycle of disadvantage in Oxfordshire is all about targeting services to level the experience of all up to the best. Disadvantage in small areas of the County remains the biggest challenge, and services need to be designed to focus on them.***

We can get more insight into the spread of individual high-need families by looking at the 'Thriving Families' data below.

## Thriving Families Data (The national Troubled Families programme)

This national programme measures 6 indicators of high need in whole families and then focusses services to help them, aiming to break the cycle of disadvantage, get children back into school, adults into work and save the state money.

The families identified can be mapped depending on how many of these 6 criteria they meet. The maps are revealing. I have included 2 of the maps below, one for families with any 2 factors and one map for families with higher needs with 4, 5 or 6 factors:



Comparing the 2 maps shows:

- Families with any 2 of the 6 criteria are spread across the County in rural and urban areas, with clusters in more populated areas.
- Families with 4, 5 or 6 criteria, and therefore greater need, show less 'scatter' and are more concentrated in urban areas, especially Oxford and Banbury.

These maps illustrate well the practical difficulty of planning services on the ground in Oxfordshire – yes, there are needs across the whole County, **but** they are focussed on the main population areas and do cluster in the bigger towns.

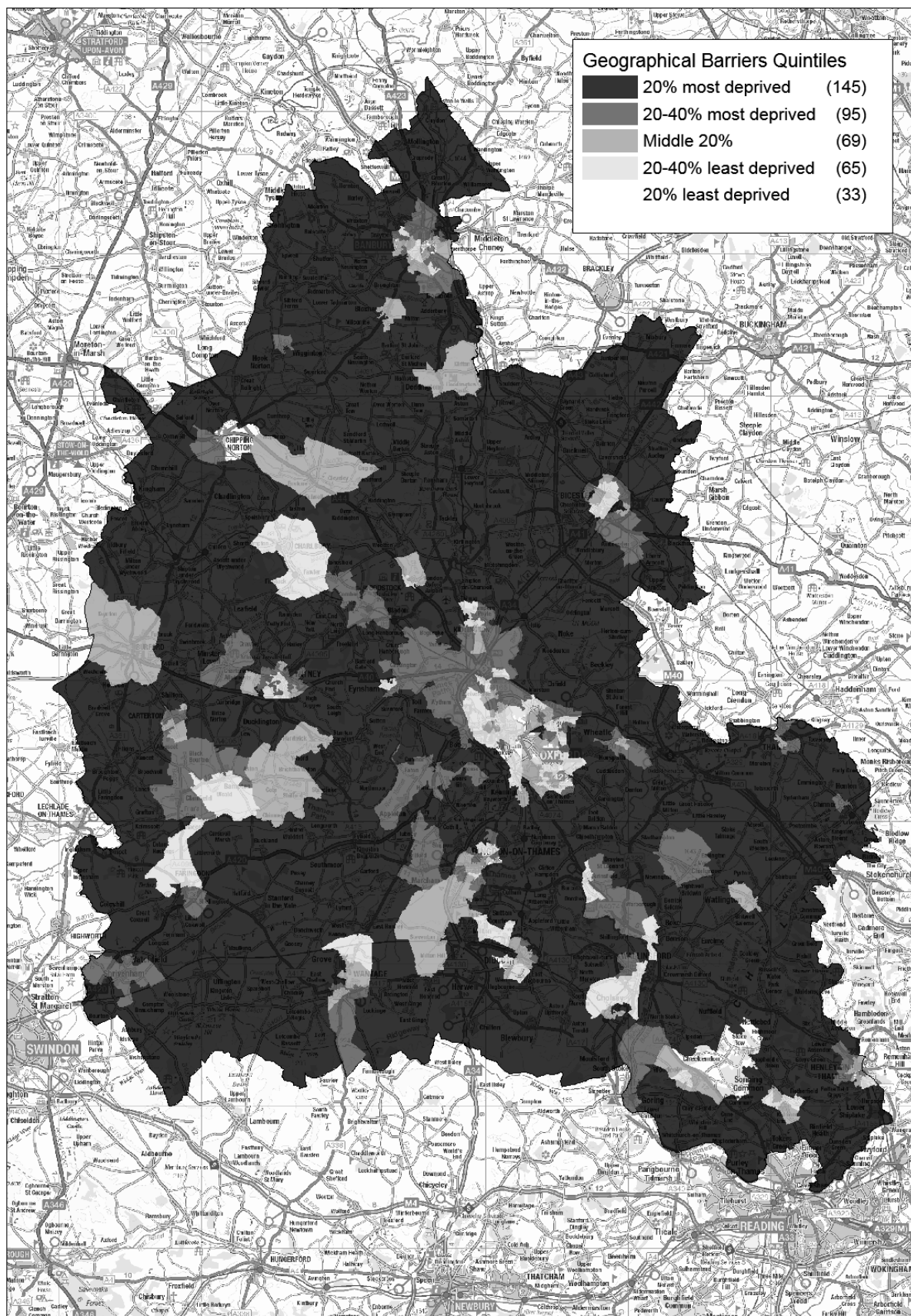
***Conclusion: Because the 'Thriving Families' programme is reaching out to all parts of the County, urban and rural, and because it achieves demonstrable results, it is likely that this represents a decrease in disadvantage.***

***However, the true cycle of disadvantage is passed down from one generation to the next. This will be more likely to happen in communities where many disadvantaged people live together. So, to break the cycle we do need to focus efforts on such communities.***

## **Rural Disadvantage**

The other major cause of disadvantage in the County stems from its rural nature. This means that some areas have more difficulty in accessing services as well as having a high proportion of older people. This is shown in the map below in a measure called 'geographical barriers. It takes into account the many challenges posed by rurality in terms of accessing services. It was updated in 2015.

This index is based on road distances to post offices, primary schools, GP surgeries, and general stores or supermarkets.



The map shows that **the majority of Oxfordshire's 407 small areas are more deprived than the national average**. 85 are among the 10% most deprived nationally and are concentrated outside the main urban centres. A further 60 small areas are in the 10-20% most deprived nationally.

The implications of this were discussed in chapter 1. This is where the demographic challenge will be felt the most and services will need to be re-designed to meet the needs of these communities.

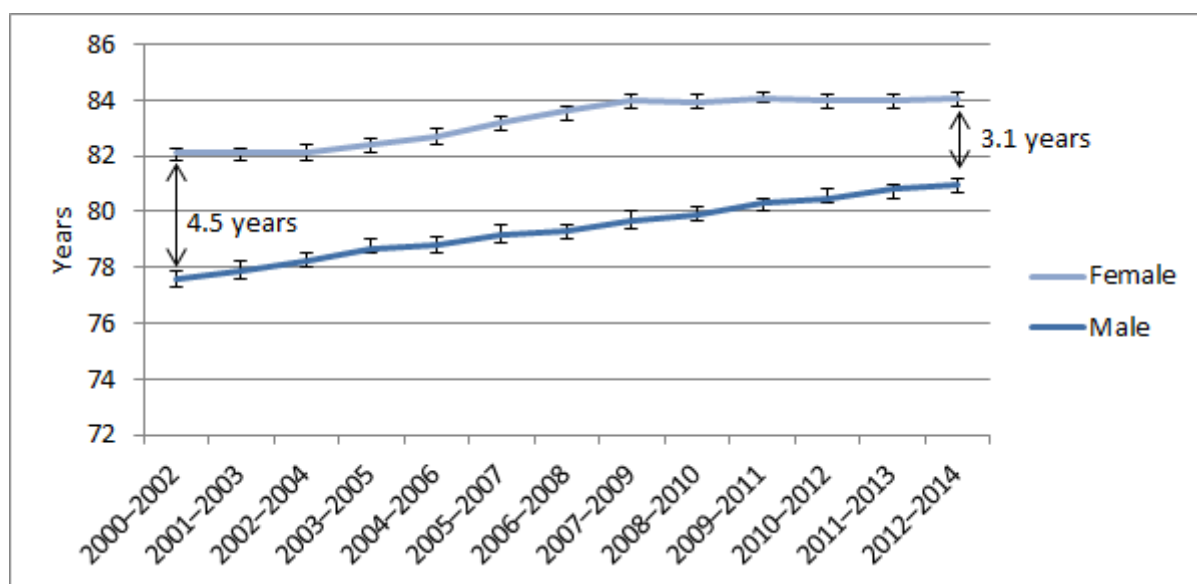
**Conclusion: The rural nature of Oxfordshire presents a real challenge to providing services fairly across the County and this form of disadvantage needs to be monitored closely.**

## Reduction in the 'life-expectancy gap' between males and females.

**Life expectancy at birth** predicts the average number of years a person born could expect to live if they were to experience their local area's death rates in the future. It is an estimate, but a useful general indicator of life chances in general.

Male life expectancy continues to edge upwards to 81 years, closing the gap on females. Males lag behind by 3.1 years – it was 3.2 years last year. Female life expectancy however seems to have plateaued at 84 years on average. It is still too early to suggest why this might be.

### Male and female life expectancy at birth in Oxfordshire, 3-year rolling data for 2000-02 to 2012-14



Source: Office for National Statistics. NB the vertical axis starts at 72 years, not 0 years.

For the 2012-14 period, life expectancy for both sexes was higher in Oxfordshire than the national average. *Male* life expectancy was also higher than the regional average (whereas *female* life expectancy was similar to the regional average).

**Conclusion: we need to keep this indicator under review, especially as it may indicate a levelling off female life expectancy.**

## Healthy life expectancy

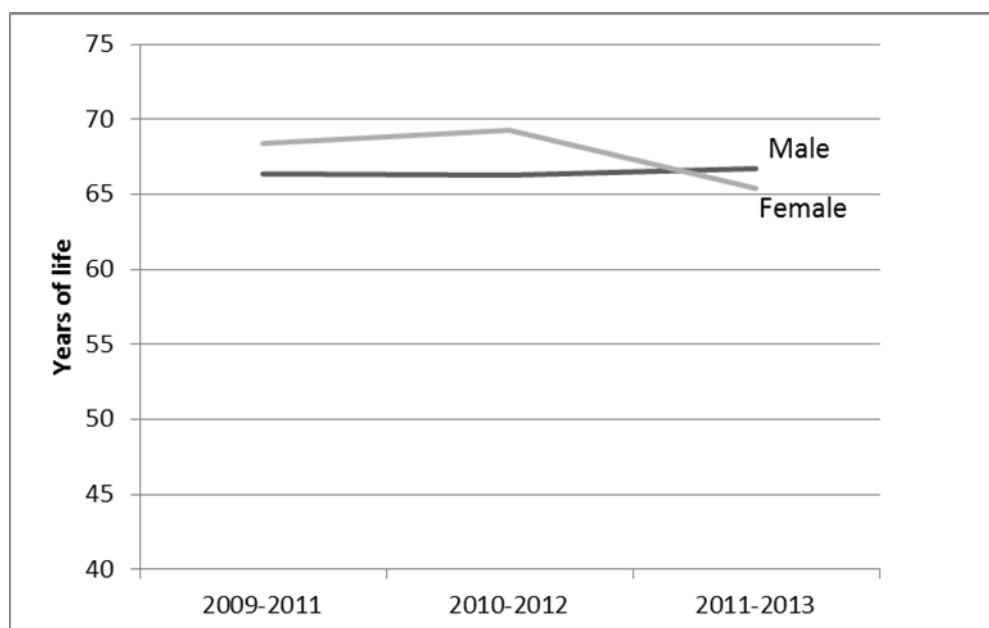
The question then arises, 'so how long can I expect to live in good health'. To answer this we have **healthy life expectancy** figures. Nationally, overall life expectancy has been increasing faster than healthy life expectancy in recent years; ***this means people may have more years living in ill-health in the future.***

Males do better than females this time – males can expect nearly 67 years of good health on average and the figures are steady year on year, whereas the figure for females is just over 65 and has fallen slightly and is now lower than for men.

Again, no one is sure quite why this is, but it is important to keep a watching brief.

Healthy life expectancy in Oxfordshire is above the national average for both sexes and close to the Regional average.

### Healthy life expectancy at birth in Oxfordshire (2009-11 to 2011-13)



Source: Office for National Statistics subnational health expectancies. NB vertical axis starts at 40 to aid legibility.

***Conclusion: This data sounds another note of concern for women's health as a whole and we need to monitor the situation closely***

## Changes in the ethnic minority population

It is worth reviewing the changes in the ethnic minority population again, as this shows a need to provide a wider range of services in the future if disease is to be prevented and detected early. Comparing the last two censuses, Oxfordshire's Black and Minority Ethnic (BME) communities numbered 59,800 in 2011, - just over 9% of the population. This was nearly double the 2001 proportion of just under 5%, and resulted from growth across all of the county's BME communities.

People from Asian backgrounds constituted the largest BME group, numbering 31,700, or almost 5% of the county's population (up from 2.4% in 2001). Most came from Indian backgrounds (1.3% of the population) or Pakistani backgrounds (1.2%).

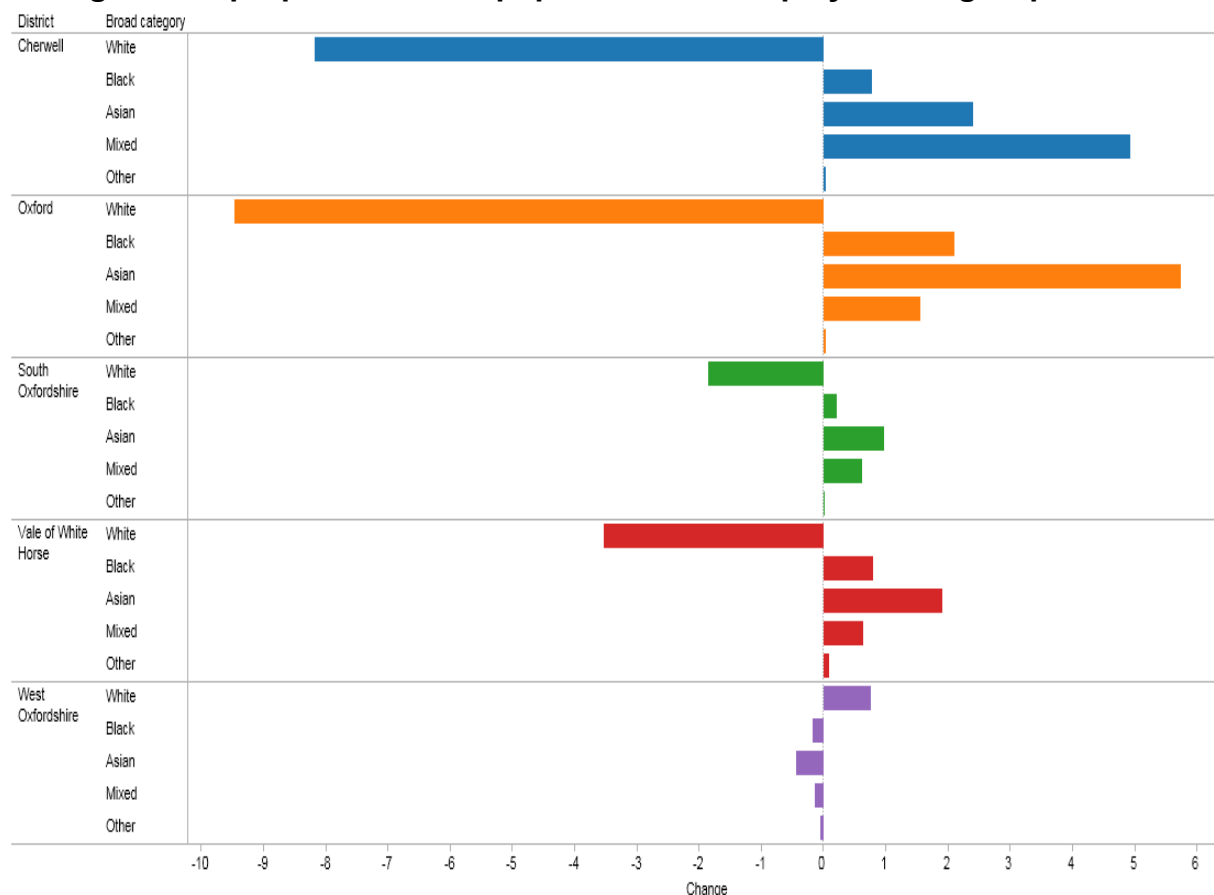
There were 13,200 people from mixed ethnic backgrounds, accounting for 2% of the population (up from 1.2% in 2001).

The number of people from all Black ethnic minority groups was 11,400, or 1.8% of the county's population (up from 0.8% in 2001).

The chart below shows the percentage increase or decrease in the main BME groups between the censuses. The chart shows that:

- Oxford and Cherwell saw the largest increases in the proportion of the population made up by BME communities between 2001 and 2011.
- There was a 6% increase in the proportion of people from Asian backgrounds in Oxford, the largest increase of any of the broad categories.
- Cherwell saw a 5% increase in the proportion of people of mixed ethnic backgrounds.
- Vale and South Districts showed modest rises.
- The proportion of the population made up by ethnic minorities fell slightly in West Oxfordshire.

## Change in the proportion of the population made up by ethnic groups



Source: Oxfordshire Insight, data taken from 2001 and 2011 ONS Census surveys

### Conclusion:

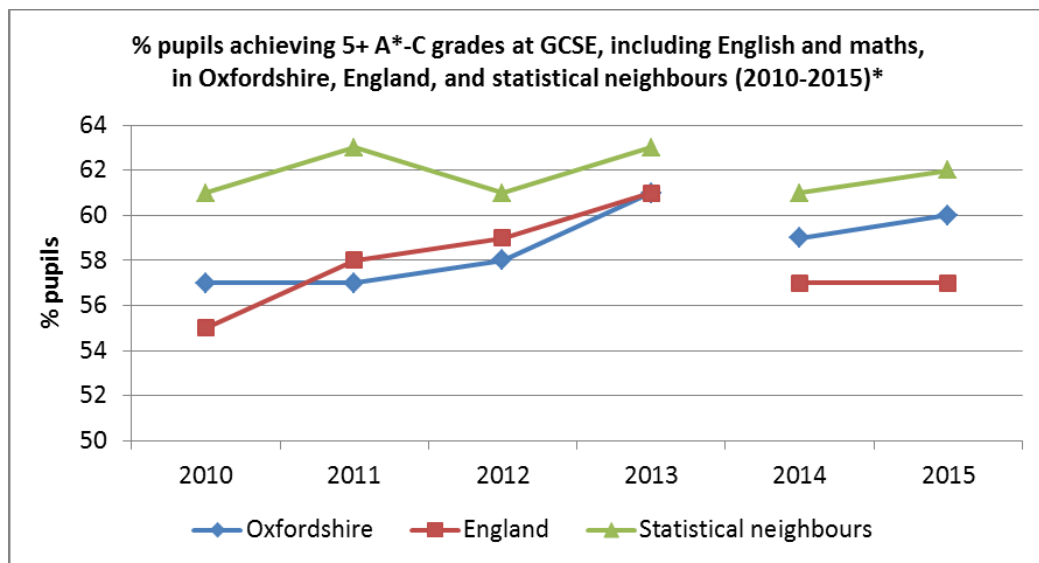
**The increasing diversity of Oxfordshire's population remains a key factor in tackling disadvantage through targeting services.**

### School results at GCSE (typically children aged 15)

These are important measures of the life-chances of children and I report on them each year.

2015 was a good year overall, with **60% of pupils achieving five or more A\*-C grades at GCSE, including English and maths. This was above the England average of (57%).**

***This is very good news*** because the chart shows an increase in good results above the national figures. There is further to go as the results were below the average across Oxfordshire's statistical neighbours (similar Counties) by 2 percentage points.



Source: Department for Education

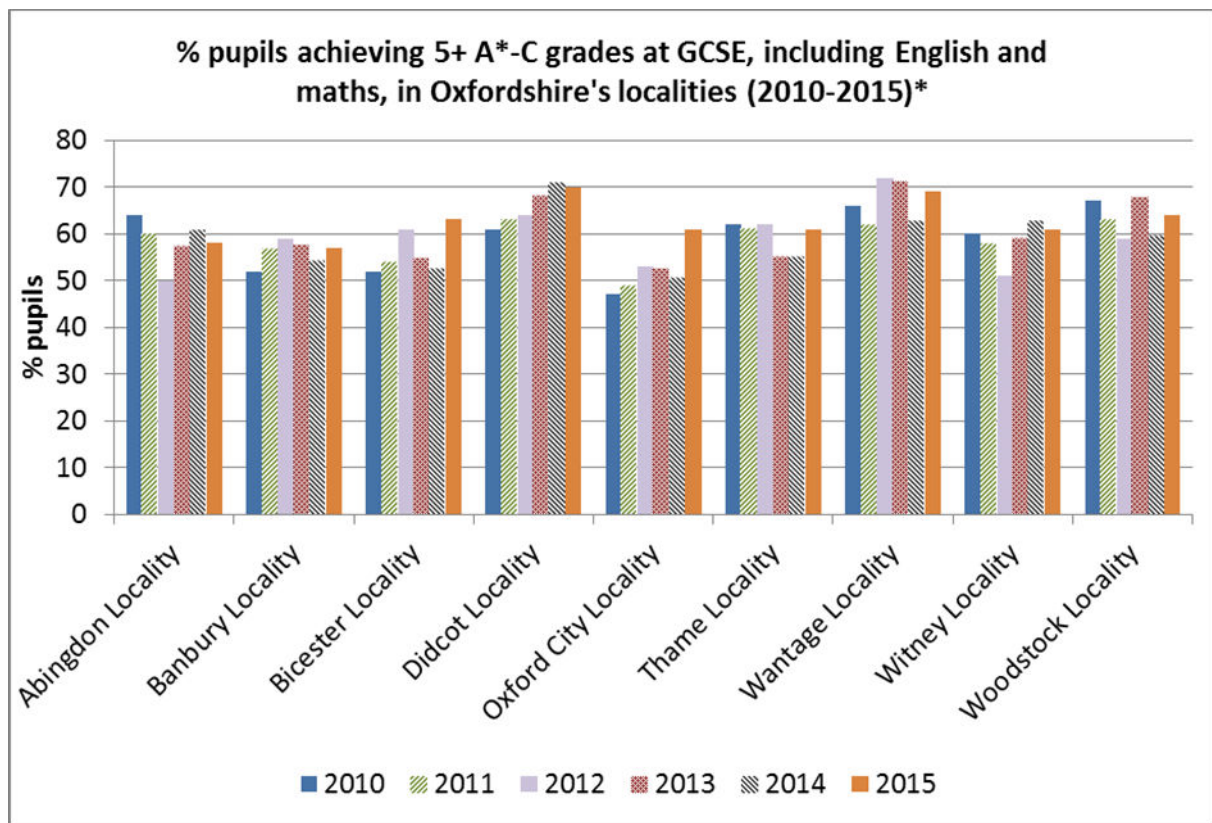
\*Before 2014 the measure was based on best entry; from 2014 it is based on first entry

\*\*NB vertical axis starts at 50 to aid legibility.

However, this good news must be tempered when we look at results for **children eligible for free school meals** which we can use as a rough measure of poverty - 31% of pupils known to be eligible for free school meals achieved five or more A\*-C grades at GCSE, including English and maths, compared with 62% of other pupils (a gap of 31 percentage points). This was slightly worse than the England average by 2 percentage points, but it was higher than our statistical neighbours by 1%.

## School results at GCSE by locality

There is some good news here too. The chart below tells the story with results at GCSE shown by locality for the last 6 years. **Compared with last year, results were more even across the board and there was a very welcome improvement from schools in Oxford City which have been worryingly low for some time.** Oxford's performance in achieving 5 GCSE's at grades A\* to C just passed that in schools in Banbury and Abingdon. Scores ranged from 57% in the Banbury and 58% in Abingdon, to 69% in Wantage, and 70% in Didcot.



Source: Department for Education

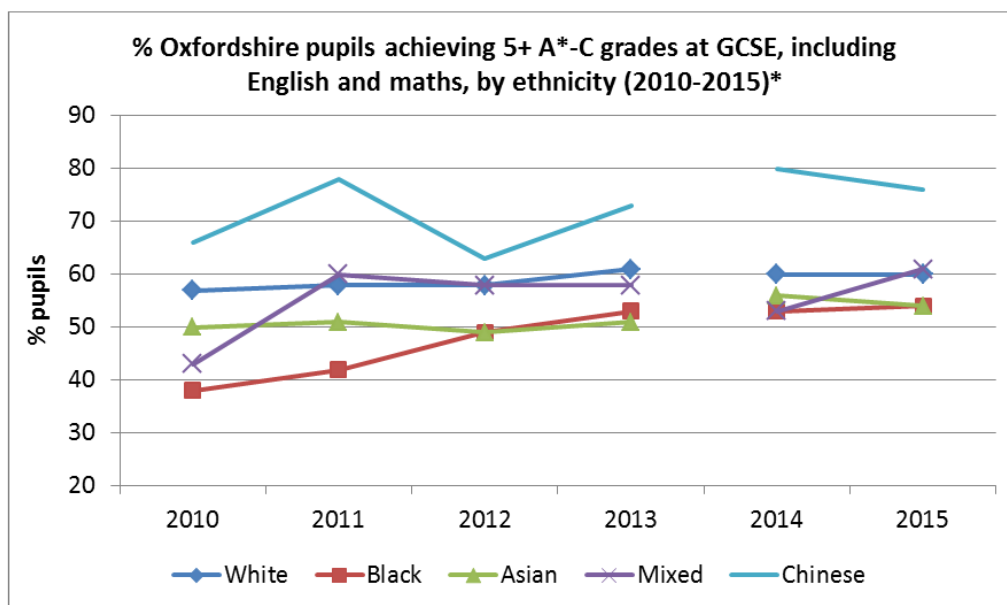
\*Before 2014 the measure was based on best entry; from 2014 it is based on first entry.

## GCSE results by ethnic minority

The chart below compares performance between the different ethnic groups in Oxfordshire. The results show:

- Chinese pupils continued to outperform those from other ethnicities.
- On average, GCSE attainment among pupils from White and Mixed ethnicities was similar to the Oxfordshire average.
- Attainment among pupils from other Asian and Black ethnicities was below the Oxfordshire average, but children from Black ethnic minority groups show gradual improvement.

*We should interpret these figures with some caution due to the relatively small numbers of non-White pupils: this is likely to account for some of the fluctuation from year to year.*



\*

Source: Department for Education

\*Before 2014 the measure was based on best entry; from 2014 it is based on first entry

\*\*NB vertical axis starts at 50 to aid legibility.

## Conclusions:

***The overall standard of attainment in Oxfordshire's state schools is improving and inequalities are reducing.***

***The inequality gap between pupils from different ethnic groups is closing overall and this is to be welcomed.***

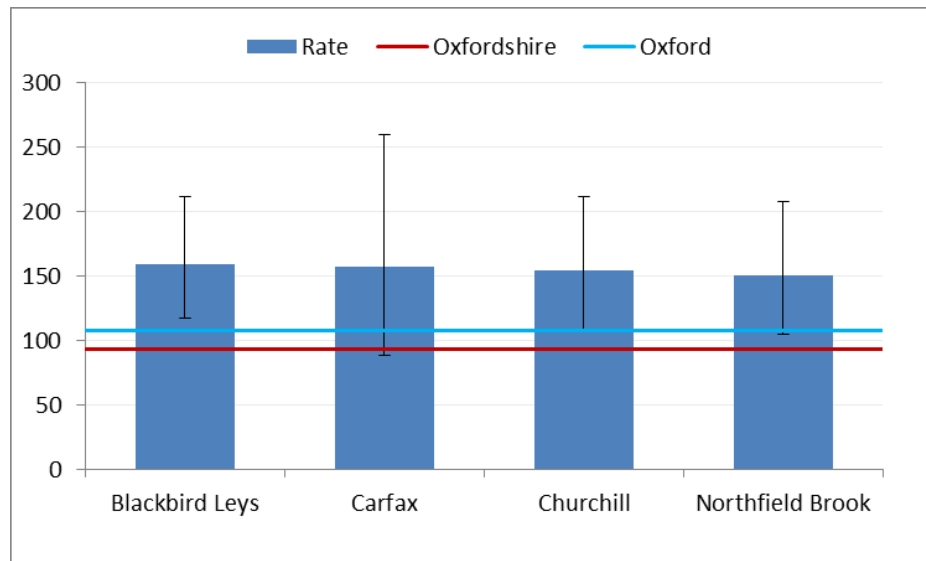
***The performance of children receiving free school meals remains a matter of concern.***

## Deaths from Cancer by District and wards.

Looking at death rates gives us another insight into how disadvantage plays out in the County.

The chart below shows characteristic findings for Oxfordshire:

## Oxfordshire wards with the highest cancer mortality (indirectly age-standardised ratios)



Source: Public Health England

The chart shows that:

- Disadvantage has very tangible results – in this case higher death rates from cancer in Oxford City than in the rest of the county.
- The bars on the chart show the death rates for the highest areas in the County. Death rates in the most disadvantaged wards are 50% higher than the County average.
- This pattern of the results of disadvantage is mirrored in many statistics about death and disease and underlines the reasons for tackling disadvantage head on.

## Health and disadvantage among carers

The population's health and our services depend on carers. Being a carer can have its rewards, but it is also a significant disadvantage in terms of everyday freedoms and life choices as set out in previous annual reports.

From the 2011 census we already knew that:

- 61,000 people in Oxfordshire said they provided some level of **informal care** to a relative or friend.
- This is just over 9% of the County's population – slightly lower than the national average.
- The proportion of carers by District mirrors the age structure of each District – a higher proportion of older people means a higher proportion of carers.
- Figures for Districts are: Oxford City 8%, Cherwell 9% and 10% in West, South and Vale.
- 72% provided between 1 and 19 hours of care per week, and 18% provided more than 50 hours.
- Most carers are aged 50-64. In this age group 1 in 5 are carers.
- Females provide 58% of care and males 42%.
- 1,300 children aged 0-15 were carers.

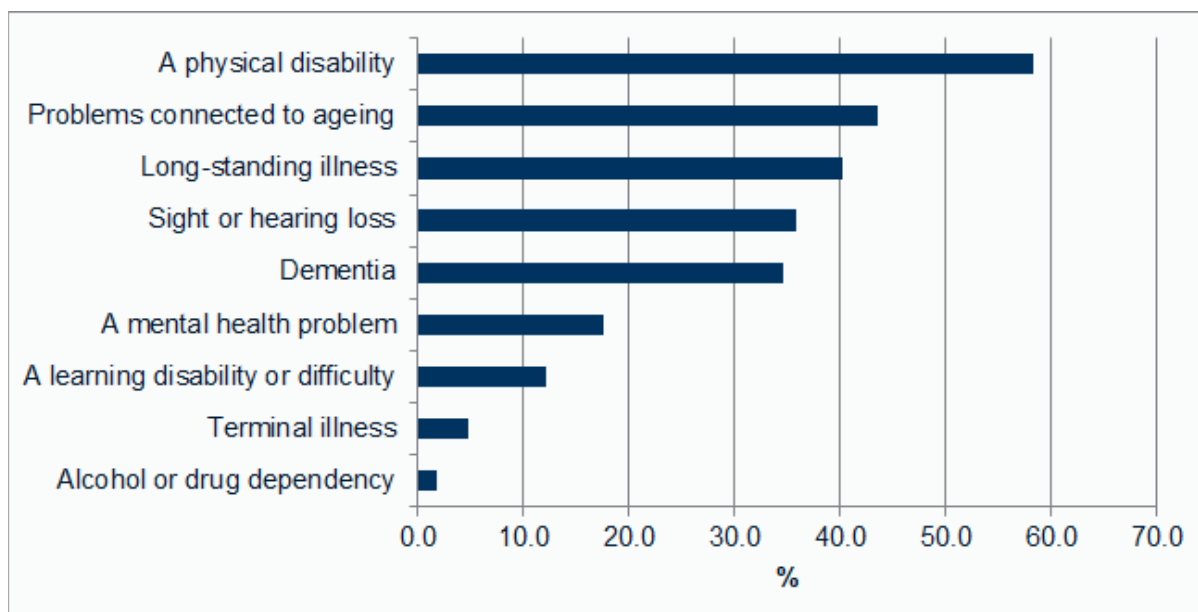
17,200 carers have had their needs assessed by Oxfordshire County Council's social care team during the year, some of whom will also have received a service from the council.

New data was produced as part of a national survey of carers giving a more accurate and up to date picture up to September 2015. The Personal Social Services Survey of Adult Carers in England is carried out every two years covering 18s and over, and it took place for the second time in 2014-15 and 715 carers in Oxfordshire responded. The results show that:

- About three quarters were living with the person they cared for.
- More than one in three had been caring for more than ten years.
- Slightly under half of respondents (44%) reported providing 100 or more hours of care per week.
- Nearly two thirds of the carers who responded (65%) were retired.
- 16% of respondents said they were not in employment *because of* their caring responsibilities.
- Only one in five respondents to the survey in Oxfordshire said they were able to spend their time as they wanted, doing things they value or enjoy.
- 14% said they didn't do anything they value or enjoy.
- Seven in ten respondents said they did not have as much control over their daily life as they want.
- 15% said they had little social contact and felt isolated.
- Most respondents said they had found it easy to find information and advice about support, services and benefits. Nearly 90% had found the information and advice they had received helpful.
- More than three quarters of carers who had received support or services from Social Services said they were satisfied with what they had received. A little under half said they were very or extremely satisfied. These satisfaction levels were broadly similar to regional and national averages.
- These findings overall are broadly in line with the national picture.

For over half of the carers in Oxfordshire who responded to the survey, the person they cared for had a physical disability. The full results are shown in the table below:

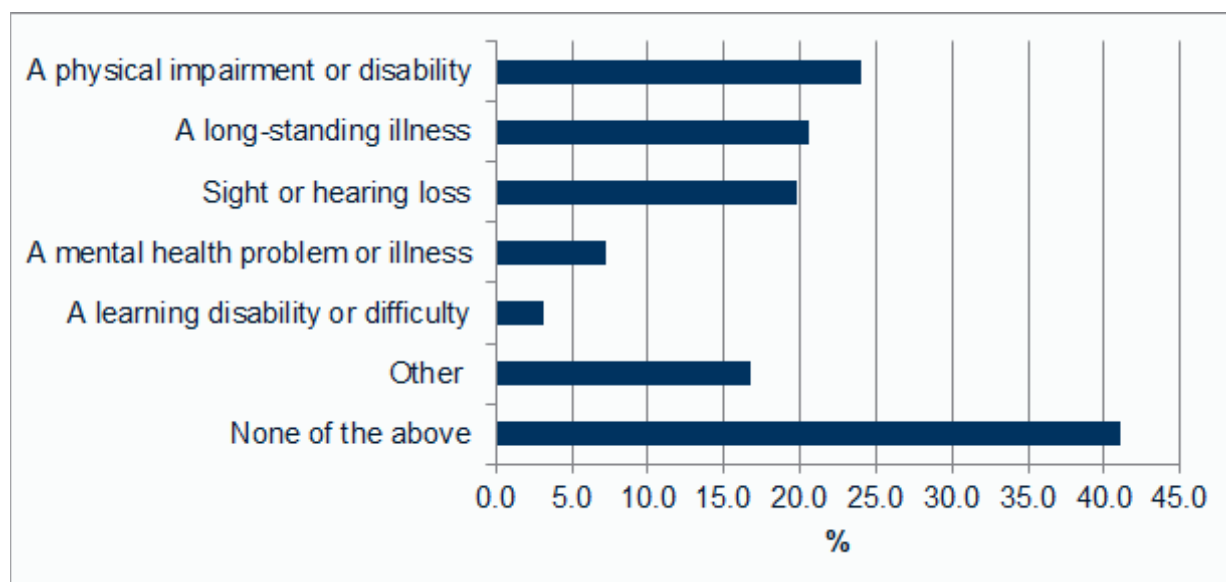
## Carers in Oxfordshire, by health condition of the person they care for (2014/15)



Source: Health and Social Care Information Centre

Over half of the carers surveyed reported having a health problem themselves, commonly a physical impairment or disability, a long standing illness, and/ or loss of sight or hearing. The full details are given below:

## Health conditions of carers in Oxfordshire (2014/15)



Source: Health and Social Care Information Centre

### Conclusion:

*This new information highlights the crucial role played by carers.*

*It also shows the down-side of caring and the limitations it imposes on life choices.*

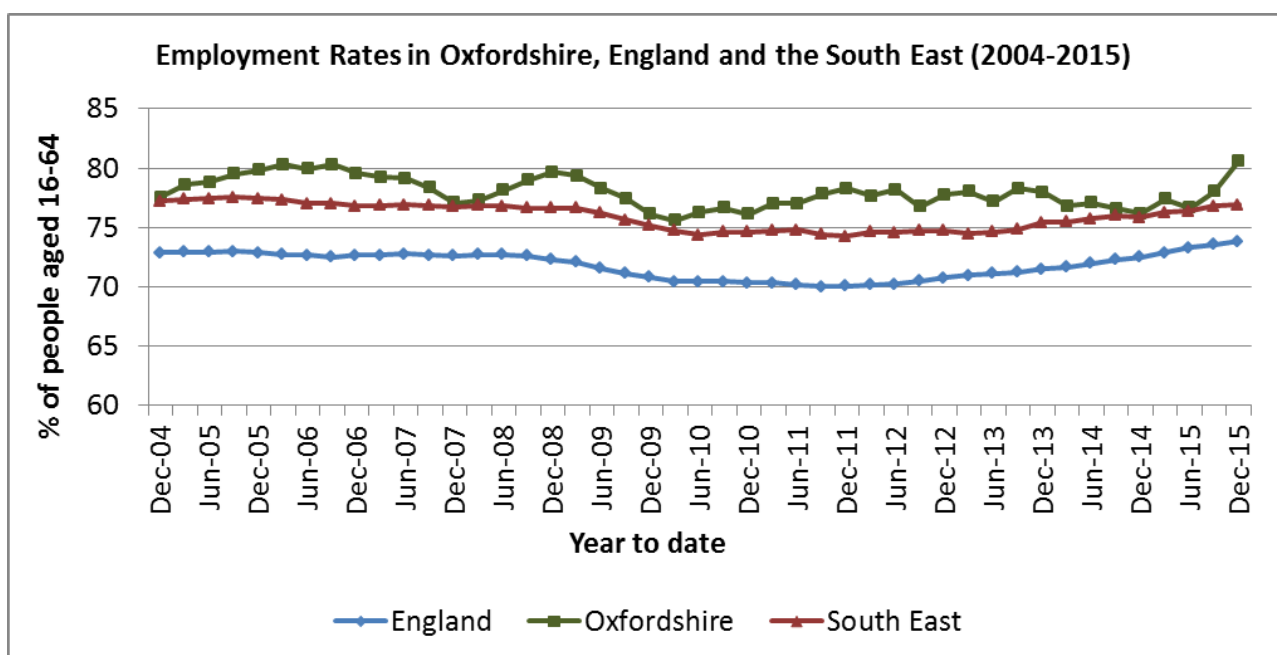
***Our services perform well in terms of looking after carers and this is taken as a serious responsibility. We need to ensure that this position does not slip and that it is improved if possible – our carers and our services depend upon it.***

## A Good Year for Employment

Being in work is good for both physical and mental wellbeing and is crucial for the economy. During last year employment rates rose so that data for the 2015 calendar year show that in Oxfordshire:

**81% of people aged 16-64 were in employment, numbering 342,000.** Again, this was significantly higher than both the England average (74%) and the South East average (77%). The proportion of men aged 16-64 in employment (86%) was significantly higher than the proportion of women (75%). 70% of people aged 16-64 in Oxfordshire were working for an employer, whilst the remaining 10% were self-employed.

The chart below shows the picture.

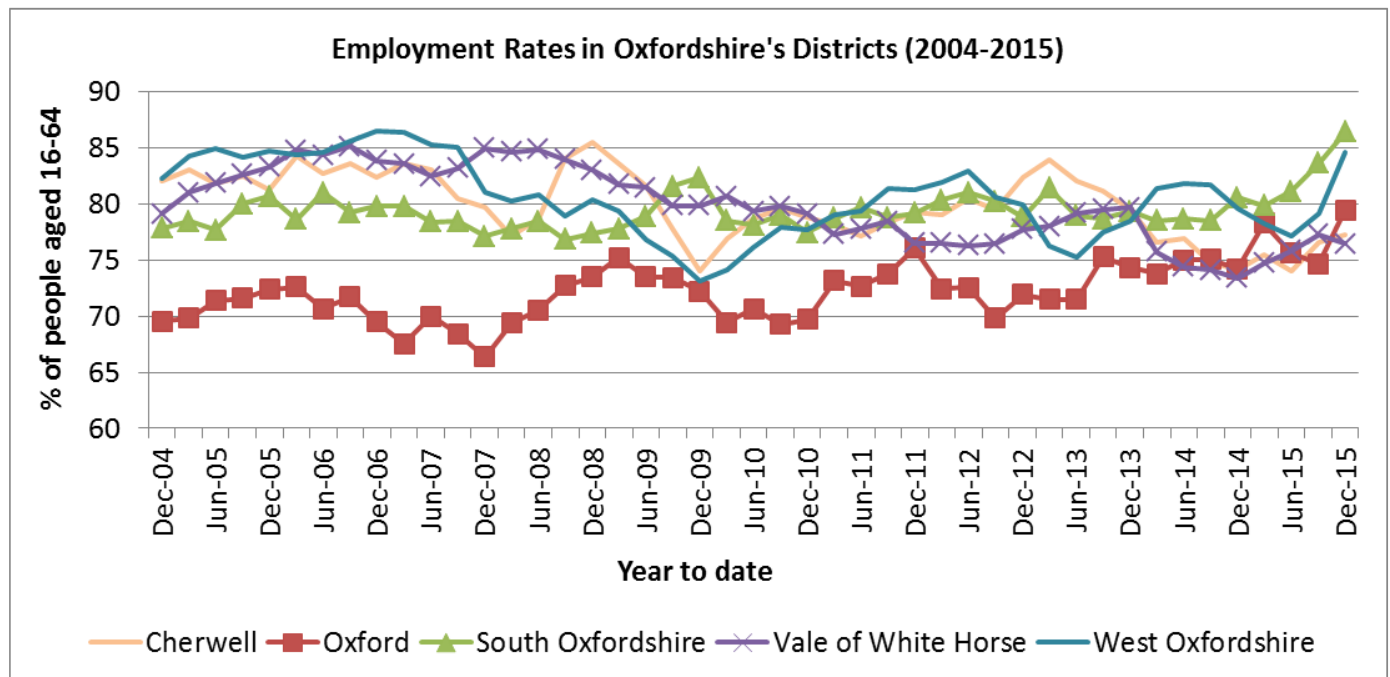


Source: Annual Population Survey. \*NB Vertical axis starts at 60 to aid legibility.

## Employment varies by District

- Employment rates in Districts have varied over the last 10 years with rates in the City gradually rising from 70% to 80%.
- In 2015 employment rates rose in all Districts, but rose more sharply in South Oxfordshire, West Oxfordshire and the City.
- **Overall, disadvantage due to lack of employment is reducing, and inequalities between Districts have reduced over the last 10 years.**
- **This is a good result.**

The chart below tells the story.



Source: Annual Population Survey. \*NB Vertical axis starts at 60 to aid legibility

## Unemployment rates fell slightly during 2015

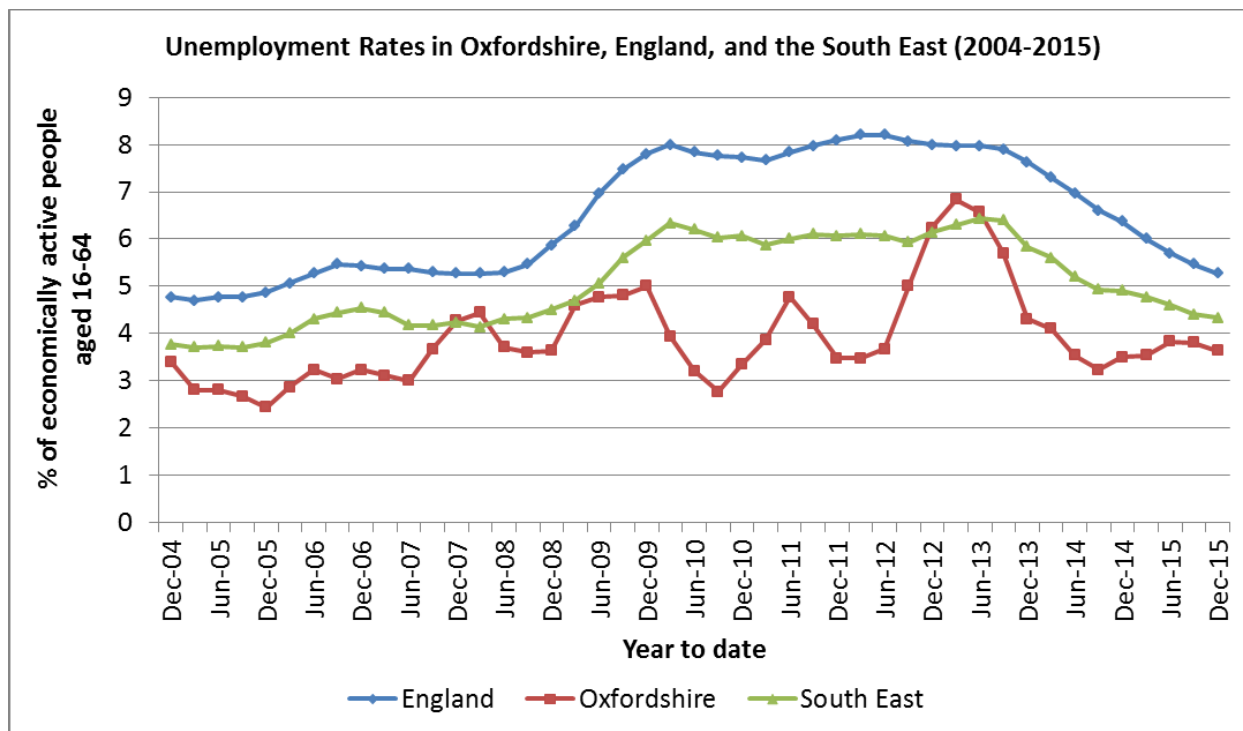
**3.6% of economically active people aged 16-64 were unemployed, numbering 12,700 – a modest reduction over the year.** This unemployment rate was significantly lower than the England average of around 5%.

As of March 2016, less than 1% of people aged 16-64 were claiming benefits due to unemployment. Claimants are more likely to be men than women.

## These are good results.

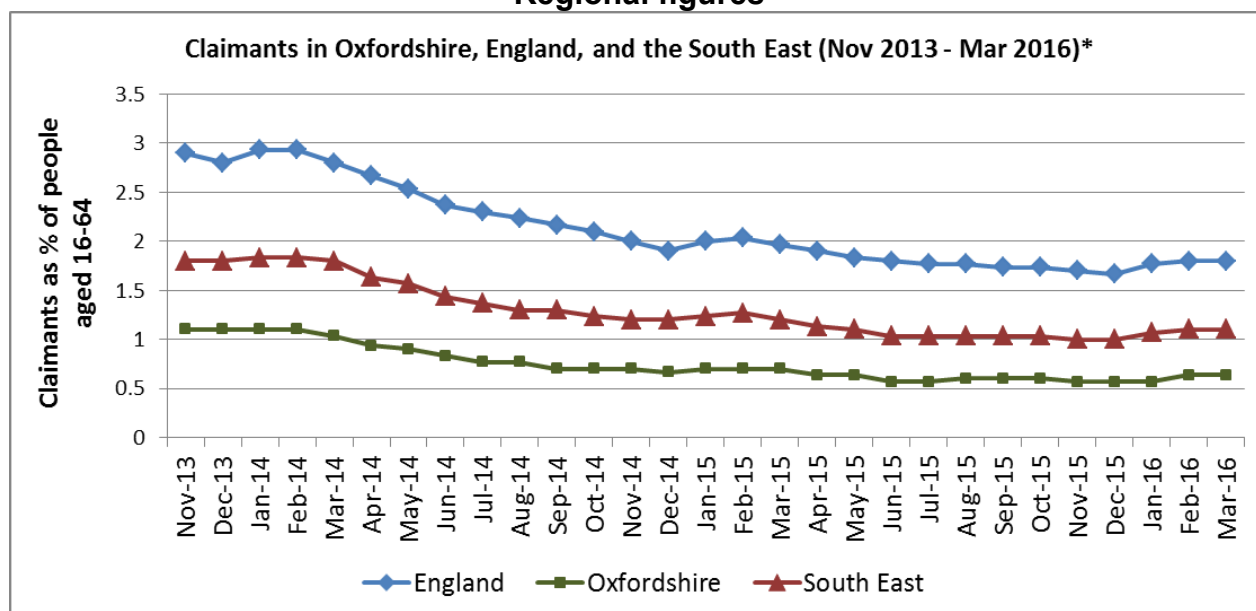
The charts below show the picture and illustrate that Oxfordshire performs better than national and regional figures.

## Unemployment rates comparing Oxfordshire with national and regional figures



Source: Annual Population Survey

## Unemployment Related Benefit Claimants comparing Oxfordshire with National and Regional figures



Source: Department for Work and Pensions

\* This is part of an experimental statistics series running from November 2013, which includes data on all Job Seekers Allowance claimants and all out of work Universal Credit Claimants. Ideally only those Universal Credit claimants who are out of work and required to seek work should be included in the Claimant Count, but it is not currently possible to produce estimates on this basis. The Claimant Count therefore currently includes some out of work claimants of Universal Credit who are not required to look for work; for example, due to illness or disability.

## Breaking The Cycle Of Disadvantage Part III: A Basket of indicators for Disadvantaged Children

Given the proposed changes to children's services in the County, I am keen to monitor the trends in children's life chances using reliable indicators so that we can assess any overall future impact.

The dilemma here is that the data we can rely on tends to come at County level, or District level at best. It will be important to find ways to dig into this data in future years to look more closely at these issues more locally - this is work that the Children's Trust might take on. As we look more locally the numbers will be smaller and will tend to vary, so data from service performance and informed opinion will come into play too. That said, it is important to establish a good baseline now, and that is what I am trying to do here.

***The point of setting a baseline now is to draw a line in the sand that can be used to see if things are getting better or worse in future reports.***

The indicators I have chosen look at outcome measures that together try to give a picture of children's life-chances in Oxfordshire.

The indicators are:

1. Percentage of children (under 16 years) in Low-Income Families
2. Under 18 conception rate per 1,000 female population aged 15-17 years
3. Teenage mothers (ie teenage conceptions which do not result in termination)
4. Percentage of Infants aged 6-8 weeks who are being breastfed
5. Percentage of 2 year olds who have received one MMR vaccination
6. School Readiness: the percentage of children achieving a good level of development at the end of reception
7. Percentage of pupils achieving 5+ A\*-C grades at GCSE, including English and Maths
8. 16-18 year olds not in education employment or training
9. Percentage of children in Reception Year (4-5 year olds) who are obese
10. Percentage of Year 6 children (10-11 years) who are obese
11. Households accepted as homeless
12. Households in temporary accommodation

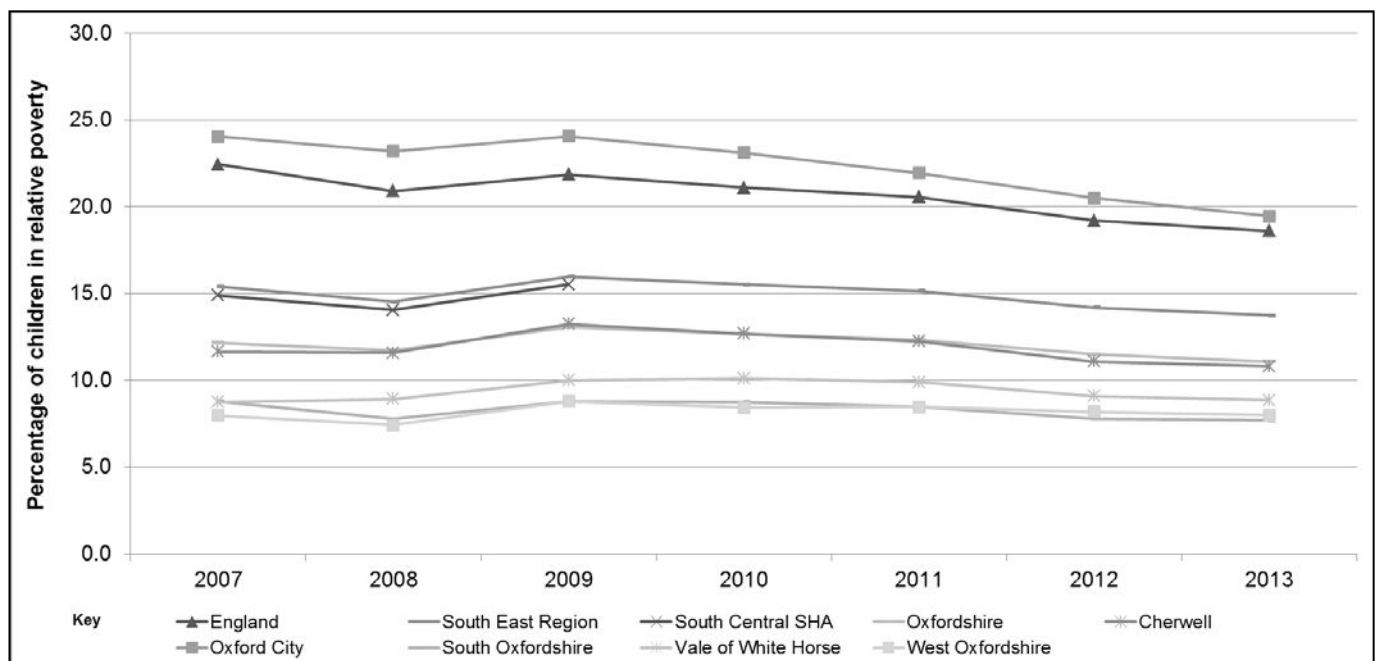
I will look at them one by one and pick out the key features.

## Indicator 1. Child poverty

Features of the baseline data:

- The overall trend is downwards, in line with national trends.
- The County average is well below the national average.
- Only Oxford City has more children in poverty than the national average.
- Other Districts are well below the national average and are broadly comparable.

### Percentage of children (under 16 years) in Low-Income Families Local Measure (2007 to 2013 - calendar years)



Source: Child Poverty Statistics (extracted from Public Health England; Public Health Outcomes Framework)

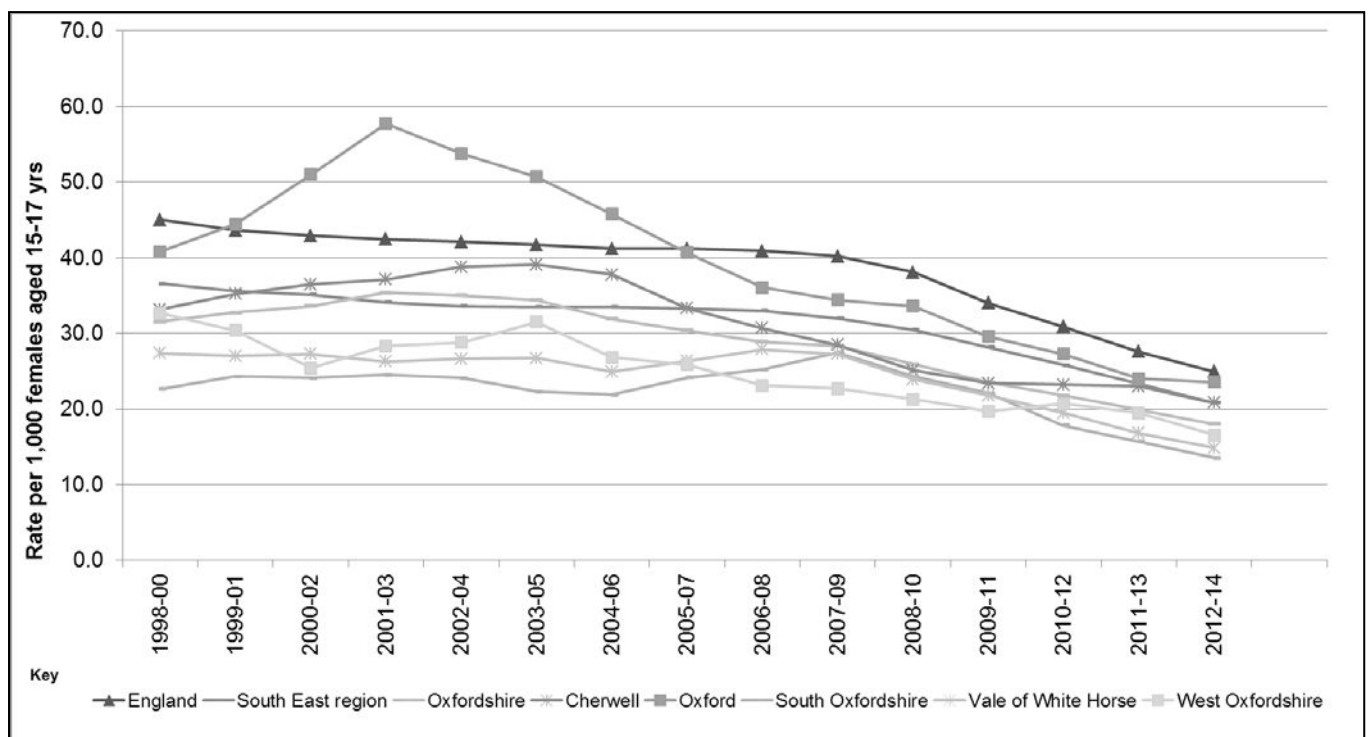
## Indicator 2. Teenage Pregnancy

This measure includes all conceptions no matter whether the pregnancy ends in birth or in a termination.

Features of the baseline data:

- The overall trend is downwards in line with national trends.
- All Districts are below the national average.

**Under 18 conception rate per 1,000 female population aged 15-17 years 1998/2000 - 2012/14 (3-years combined)**



Source: Office for National Statistics (ONS)

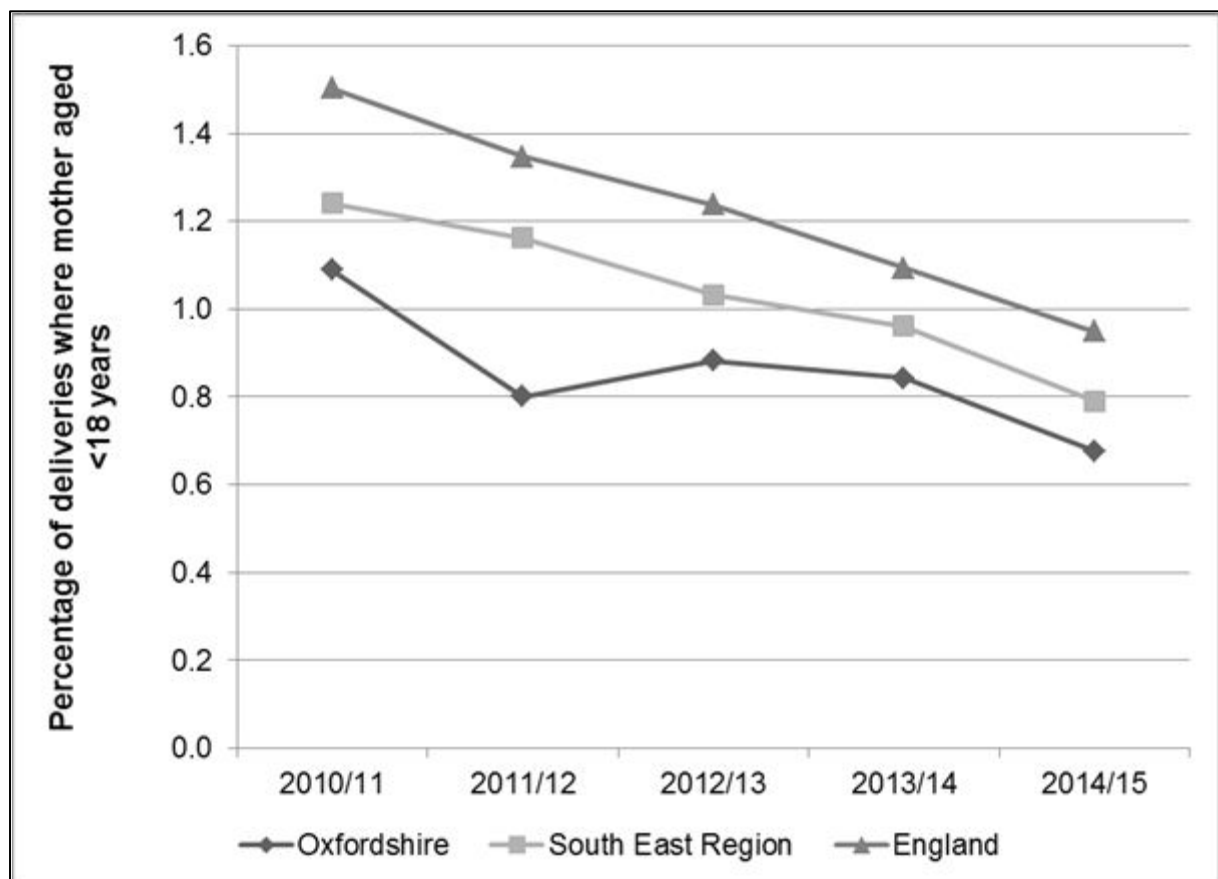
## Indicator 3. Percentage of Teenage Mothers

This indicator measures the percentage of babies delivered where the mother was under 18.

It differs from teenage conceptions in that some teenage conceptions result in terminations. Because it is a percentage of all deliveries, it doesn't tell us as much as teenage conceptions per se. It also assumes that the number of deliveries to mothers aged over 18 stays fairly constant.

Features of the baseline data:

- The percentage of births to under 18s is very small – around 1 in 100 births nationally and around 0.7 per 100 births (7 per 1000) in Oxfordshire.
- The percentage is gradually reducing.
- Oxfordshire does better than both regional and national figures.



Source: Children & Young People Benchmarking Tool (PHE)

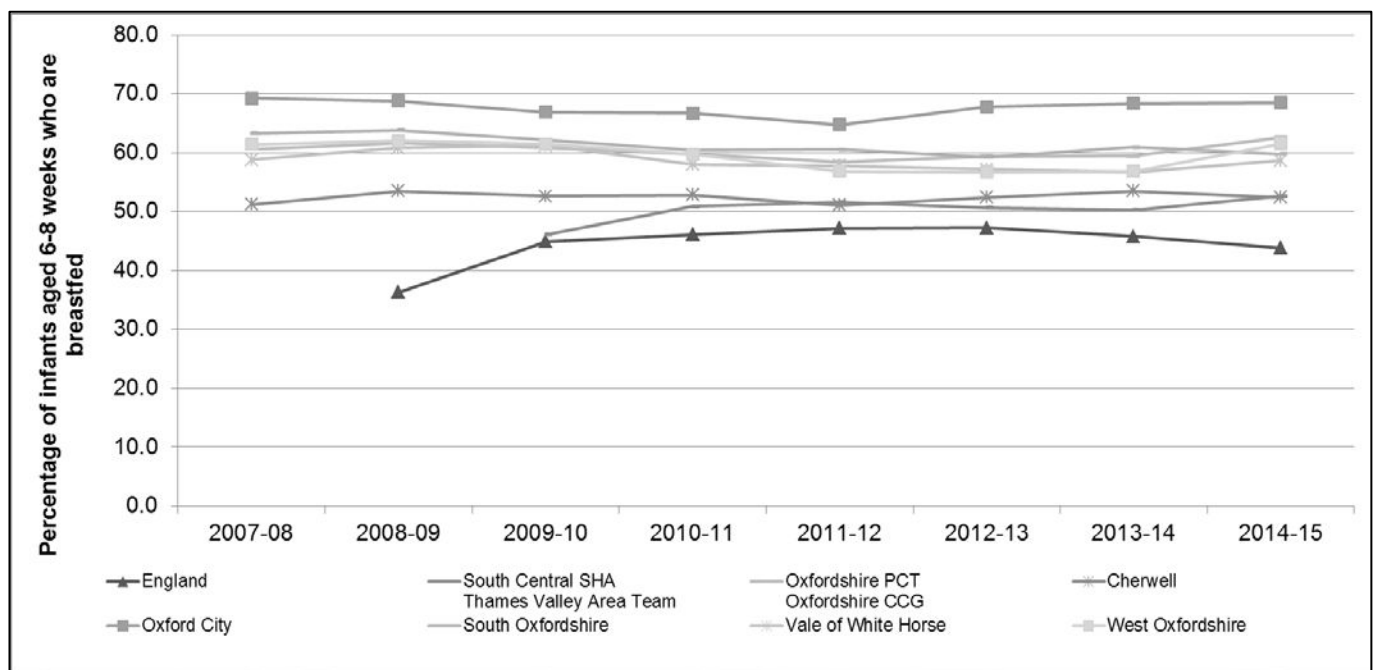
## Indicator 4. Breastfeeding at 6 to 8 weeks

This is a good general measure of quality of care during pregnancy and it has a protective effect on the child. We should remember however that despite best efforts, some mothers cannot breastfeed.

Features of the baseline data:

- The County average of just over 60% is much higher than the national average of around 43%
- The City performs exceptionally well at almost 70%, however this is due to very high rates in North Oxford of around 80% which mask much lower rates in the more disadvantaged parts of Oxford.
- Cherwell has always lagged behind the rest of the County at just over 50% despite best efforts. The reasons for this are unclear.

### Percentage of Infants aged 6-8 weeks who are being breastfed (totally or partially) - 2007/08 to 2014/15



Source: NHS England

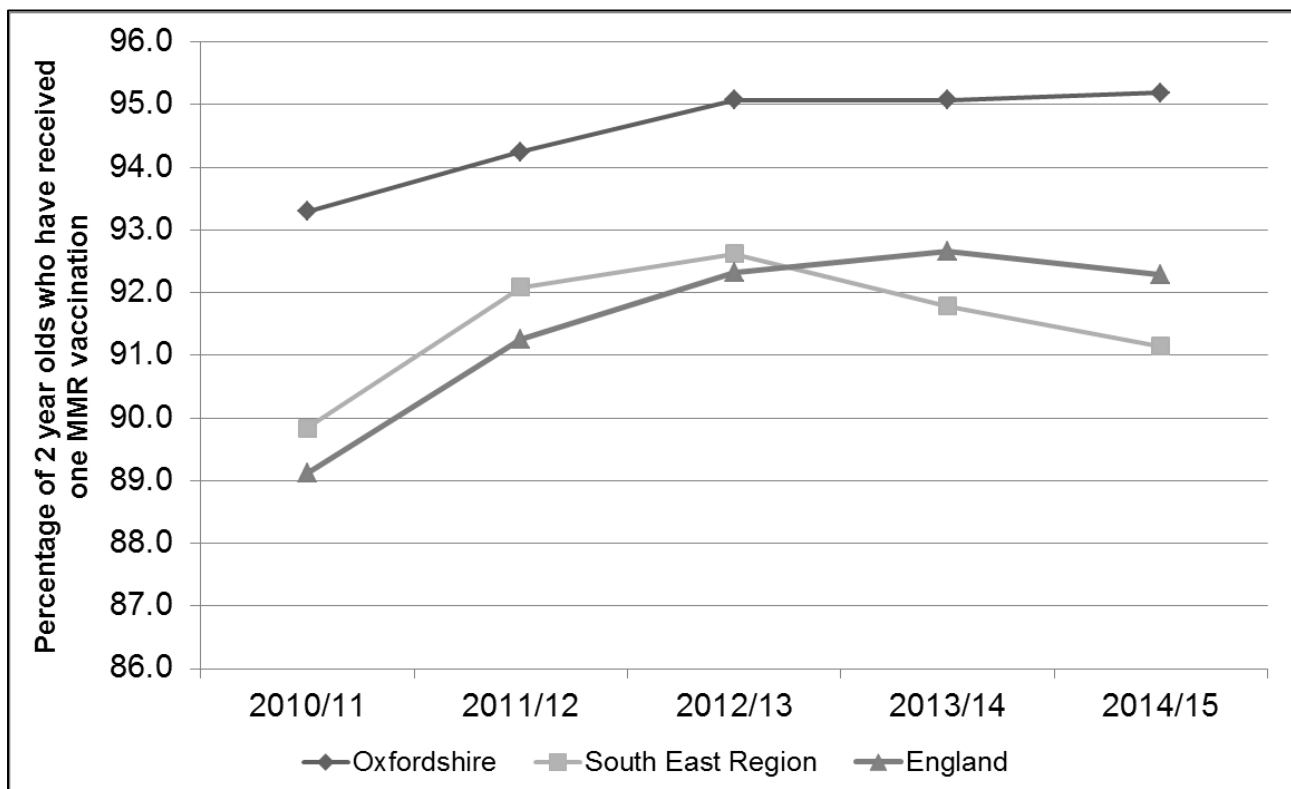
## Indicator 5. Childhood Immunisation

This is a good general measure of the quality of general practice and the extent to which families cooperate to protect their children. There are many immunisation statistics – I have chosen immunisation for Measles Mumps and Rubella (called MMR) as it has a controversial past, and we have struggled to get the County average above the recommended 95%. This service is delivered by NHS England.

Features of the baseline data:

- The level of uptake is higher in Oxfordshire at around 95% than national and regional averages of 91% to 92%.
- The trend in Oxfordshire is rising slightly while it is falling slightly regionally and nationally.

### Percentage of 2 year olds who have received one MMR vaccination



Source: Cover of Vaccination Evaluated Rapidly (COVER) data available from Health & Social Care Information Centre (HSCIC)

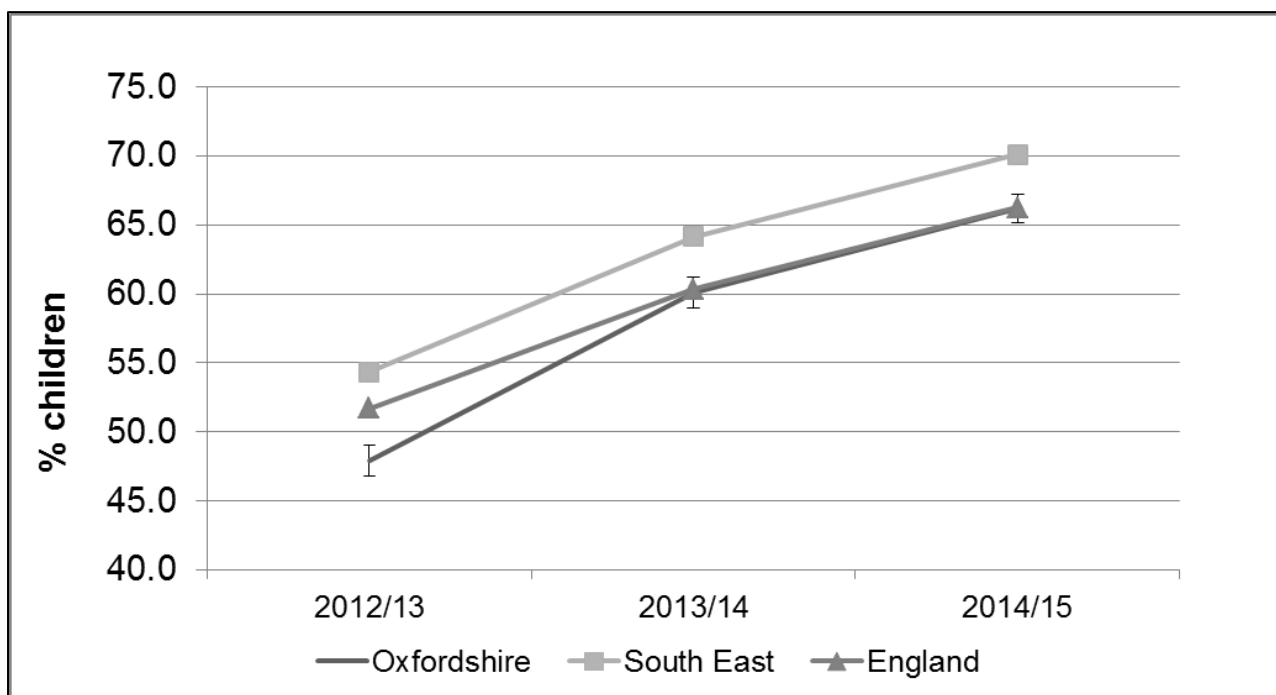
## Indicator 6. School Readiness

This indicator measures school readiness at the end of reception year. It is a useful measure of future life chances of local children. The definition of school readiness is based on children reaching a sound level of development covering personal relationships, social relationships, emotional development, physical development and communication skills as well achieving learning goals in maths and literacy.

Features of the baseline data:

- Oxfordshire's figure is the same as the national average at around 66%.
- It is below the regional average and there is room for improvement.
- All national and local trends have been upward in the last few years.

**School Readiness: the percentage of children achieving a good level of development at the end of reception**



## Indicator 7: GCSE results

This is an excellent indicator of school achievement overall in state schools. It points forward to children's overall 'success' in life. The chart for this is included earlier in this chapter.

Features of the baseline data:

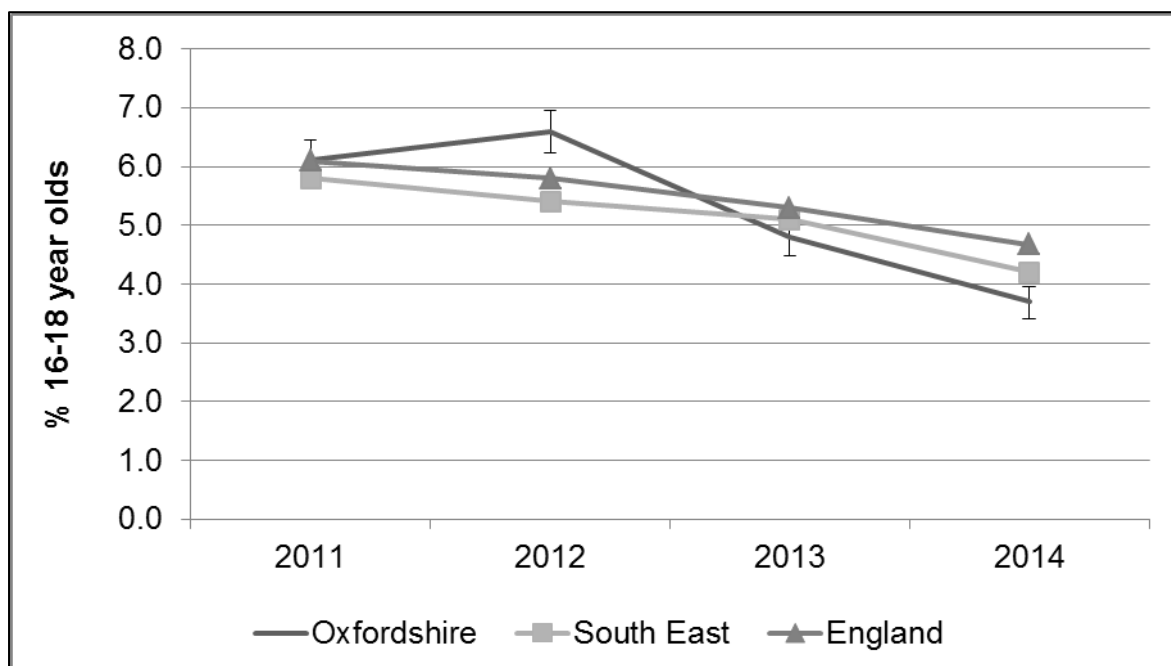
- Around 60% of Oxfordshire's state educated children achieve at least 5 GCSEs at grades A\* to C including English and maths.
- This has been a success story in recent years. Oxfordshire used to lag below the national average and now we are around 3 percentage points above.
- This is a good result, but there is still room for improvement as we are 2 percentage points behind similar Local Authorities (our statistical neighbours).

## Indicator 8. 16-18 year olds not in education employment or training

This is a direct measure of success in young peoples' achievement in higher education and training, which foreshadows their economic success and that of the County.

Features of the baseline data:

- Progressively fewer young people are not in higher education or training.
- Oxfordshire's figure is better than both the national and regional figures at just under 4%.
- This is a good result



## Indicator 9. Obesity in children in reception year.

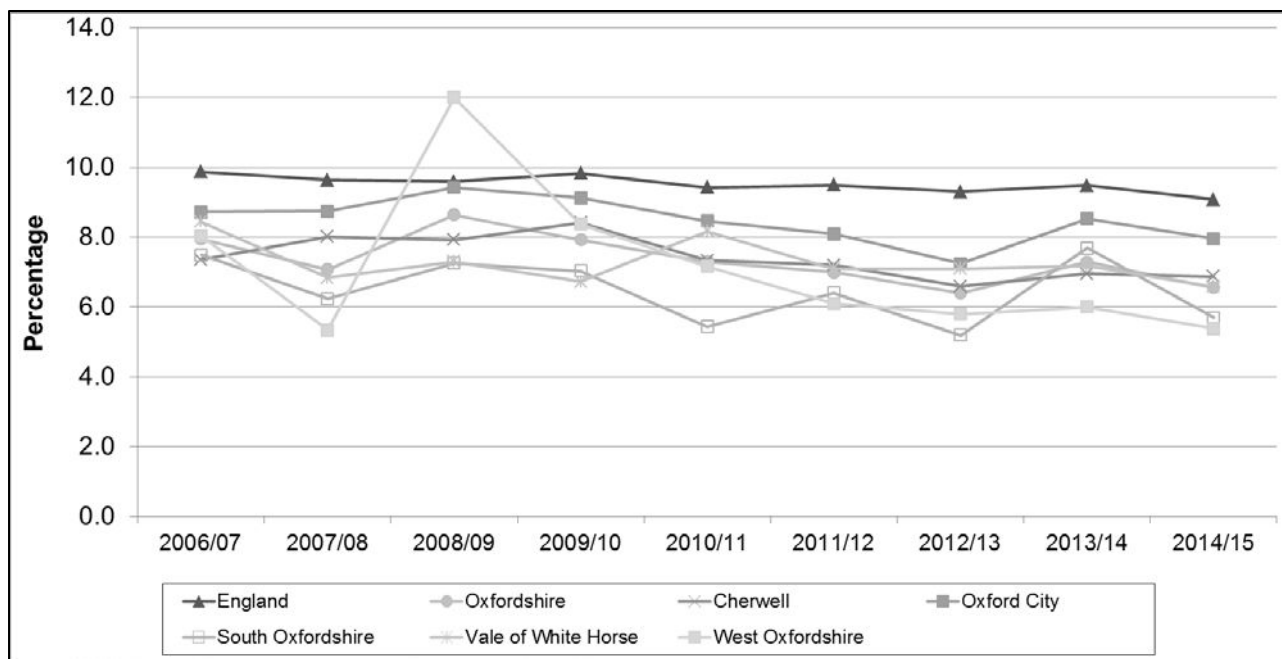
This is a useful indicator of children's life chances in terms of health. Obesity and overweight gradually increase with age which foreshadows the future likelihood of diseases such as diabetes, heart disease, some cancers and ultimately an early death. It is linked to levels of physical activity. Keeping this figure as low as possible is crucial for the health of the next generation.

There is more detailed information on obesity in the next chapter.

Features of the baseline data:

- Overall Oxfordshire does better than national figures by about 2 percentage points.
- Oxfordshire's current level of obesity in reception year is between 6% and 7%.
- However there are clear inequalities in this data, with Oxford City showing consistently higher levels than other Districts. The City's figure is around 8% - still better than the national average.
- The remaining District's figures fluctuate around the 6% mark.

### Percentage of children in Reception Year (4/5 years) who are obese - 2006/07 to 2014/15 (Academic Years)



Source: National Child Measurement Programme

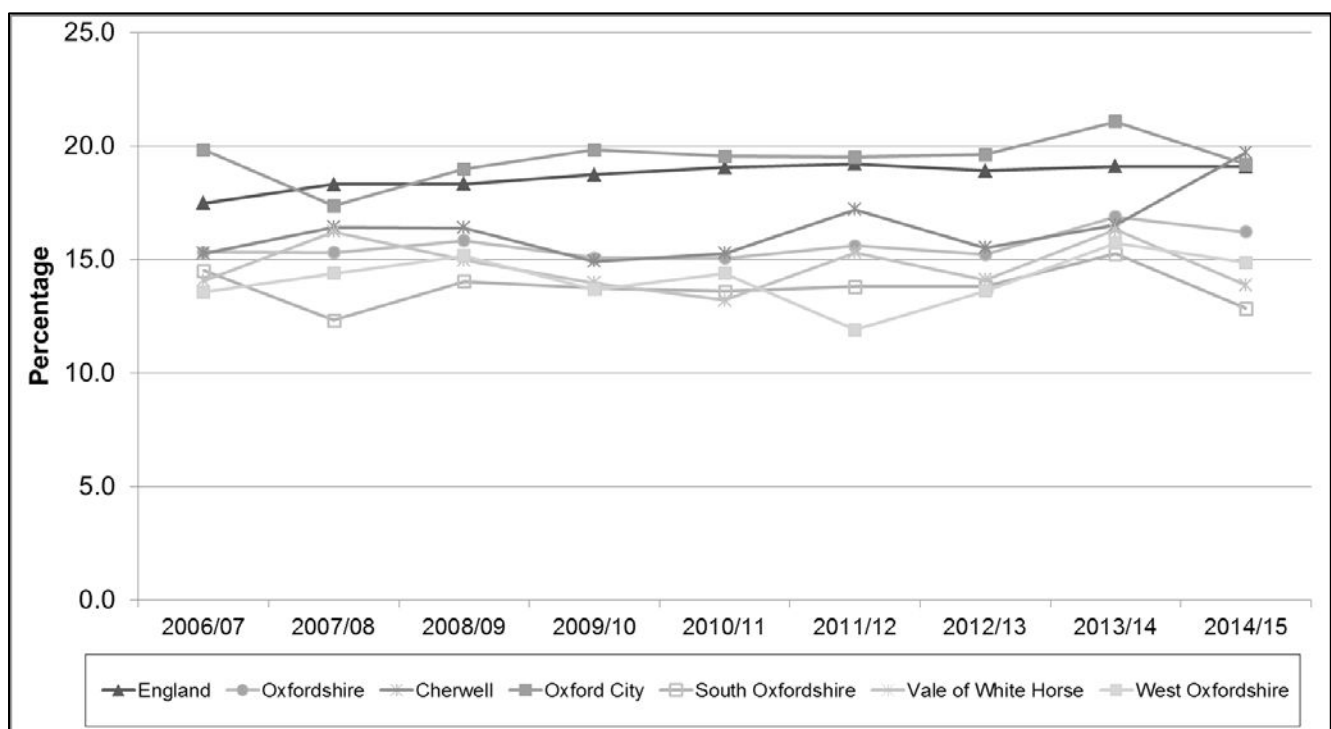
## Indicator 10. Obesity in 10 to 11 year olds – (school year 6)

Seen alongside the data on obesity in reception year above, this figure tells the story of obesity and overweight in children as they grow older – gradually more slip from a healthy weight into overweight and obesity. This trend will tend to continue into adulthood and is the root cause of much later chronic disease. Obesity also magnifies the impact of all disabling conditions such as joint and mobility problems and so it also affects the need for social care.

Features of the baseline data:

- The County figure stands at around 16% having increased from 7% in reception year.
- The County figure is better than the England average by 2 percentage points.
- Until last year, the City's figure was the worst – just above the national average.
- Last year showed a sharp rise in the figure in Cherwell. It is too early to say if this is a 'real' change or a 'blip' in the statistics, but it is important and we need to keep a close watching brief.

### Percentage of Year 6 children (10-11 years) who are obese: 2006/07 to 2013/14 (Academic Year)



Source: National Child Measurement Programme

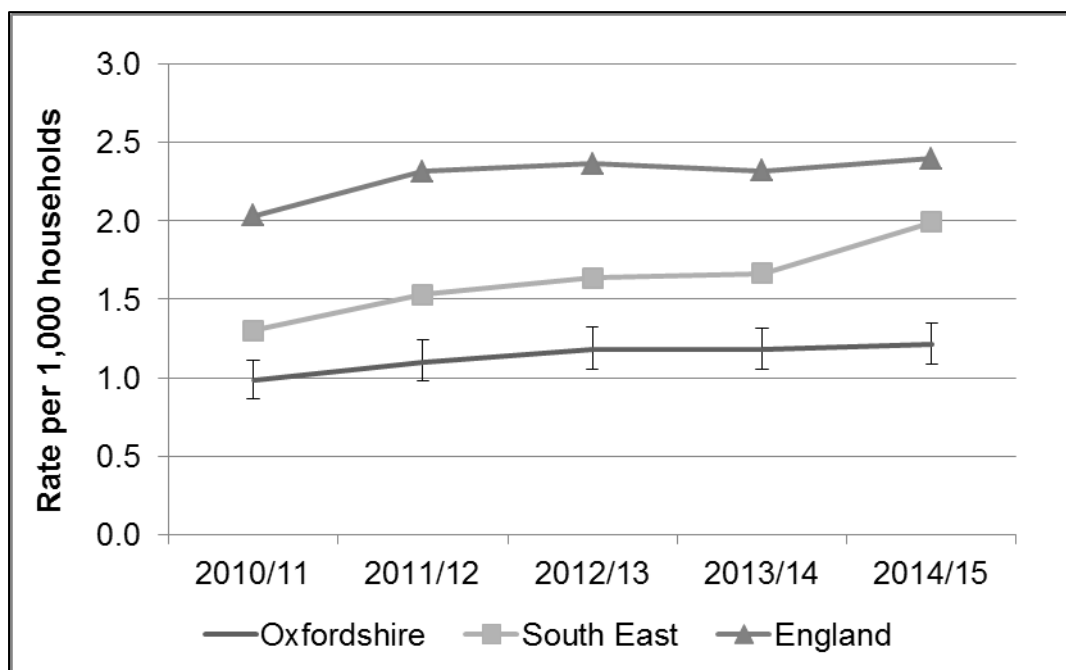
## Indicator 11. Homeless Households

Being part of a homeless household has a serious impact on children and families. Young people who are homeless have markedly poorer life chances. This indicator gives us a general 'feel' for the trends in homelessness in the County.

Features of the baseline data:

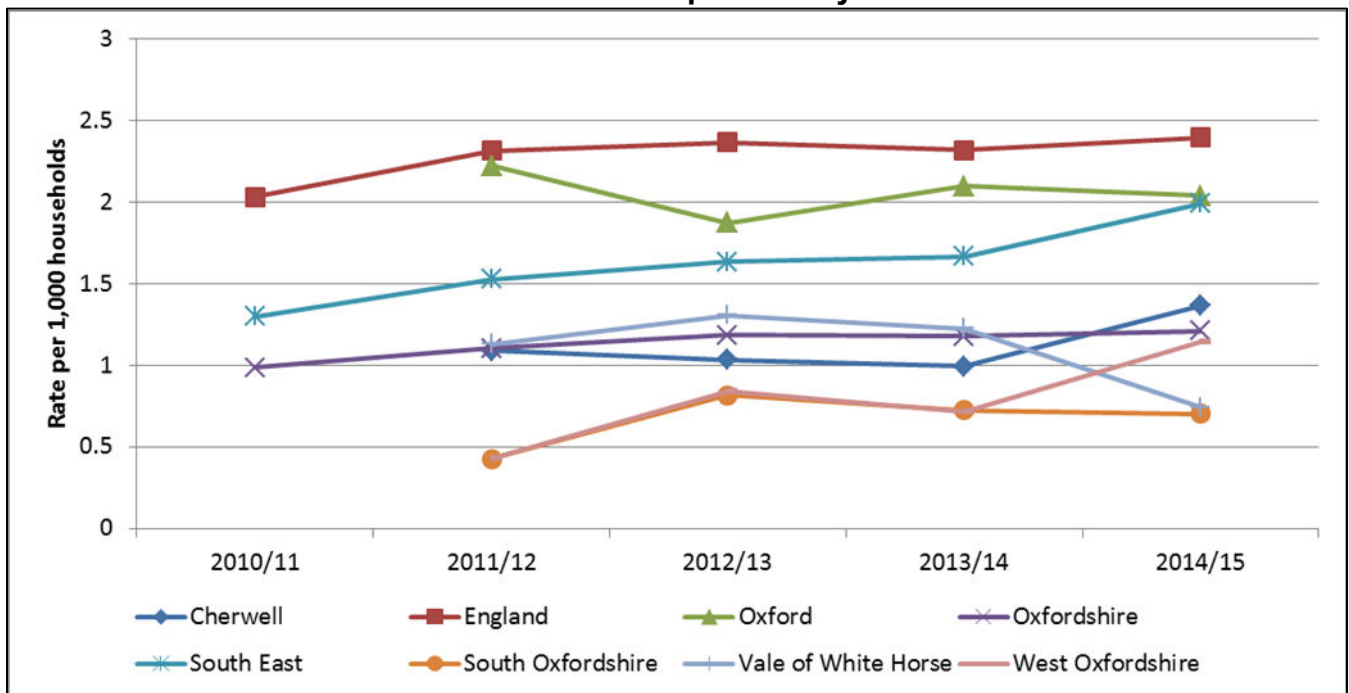
- The figure for Oxfordshire as a whole is low - just over 1 in a thousand households.
- Oxfordshire's figure outperforms national data which stands at just under 2.5 per thousand households.
- Oxfordshire performs better than similar local authorities.
- The general trend is rising slightly.

**Homelessness acceptances per 1,000 households**



The position on this indicator is not uniform across the county. For the sake of completeness, results for each district are shown below.

## Homelessness acceptances by district



The chart shows that:

- The rate in all districts is lower than the England average.
- The City has had the highest rates for some years at around 2 homeless households per 1000 while the other districts cluster at one homeless household per 1000.

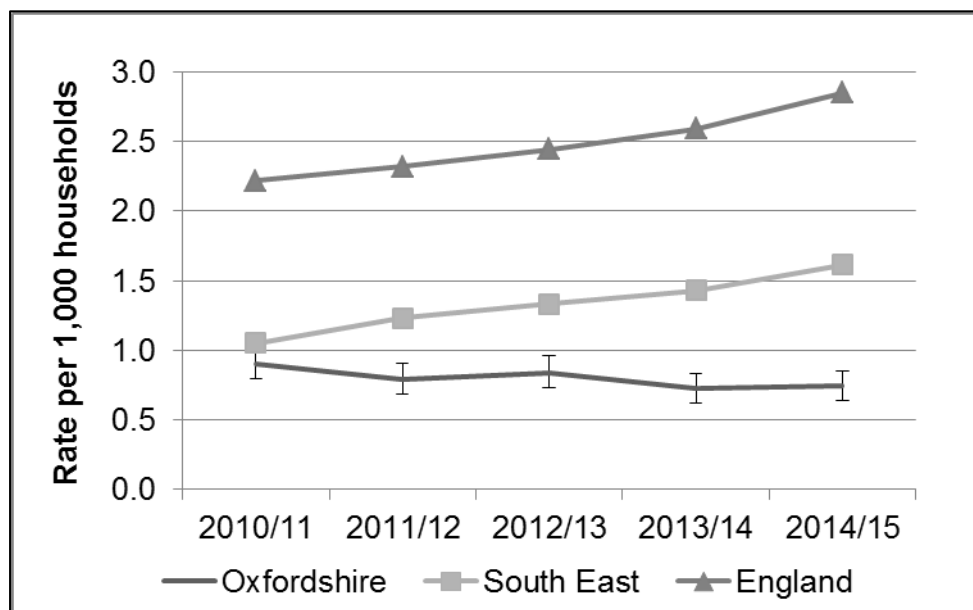
## Indicator 12. Households in temporary accommodation

Homelessness is prevented in part by placing families in temporary accommodation. This is not a good option in terms of life-chances, but it much better than facing homelessness.

Trends in the baseline data:

- Oxfordshire's compares well with national figures and compares well with similar Local Authorities.
- Oxfordshire's figure stands at less than 1 per thousand households being placed in temporary accommodation and the rate is falling.
- This is in sharp contrast to the national figure which stands at almost 3 per thousand and is rising.

### Households in temporary accommodation per 1,000 households



## Breaking The Cycle Of Disadvantage: Summary and Recommendations

### Summary

- Overall it has been a good year for reducing disadvantage.
- Progress has been made on last year's recommendations.
- School results are up.
- Employment is up.
- Child poverty and teenage pregnancy are down.
- In equalities in school results and employment have reduced.

However there are some early warning signs for women's health and childhood obesity levels are still too high despite comparing favourably with national figures.

It is vital that we maintain this momentum, particularly during times of change for children's services.

Establishing a basket of indicators for children is an important step forward – we now have a firm baseline against which to compare future developments.

We await the results of the Independent Commission on Health Inequalities so that we can add the Commissioners' insights to the overall picture.

The key to success remains:

**Identify the Disadvantage**  
**Put in place long term interventions to counteract it**  
**Persist in this over decades**  
**Monitor progress assiduously**

We are making steady progress in Oxfordshire and it is vital that this is maintained in these times of change.

### Recommendations

1. The report of the Commission for Health Inequalities should be studied carefully when it is published and all organisations should use it to challenge current practice and make appropriate changes to services.
2. Trends in disadvantage should continue to be monitored closely in Director of Public Health Annual Reports
3. The Children's Trust is requested to consider the basket of children's indicators proposed in this report and to drill down into indicators to uncover further inequalities at more local level using data from services.
4. The NHS's Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The NHS 'offer' should not be 'one size fits all'.

## Chapter 4: Lifestyles and Preventing Disease Before It Starts

### Main Messages in this chapter

- Obesity remains the biggest lifestyle challenge in Oxfordshire and preventing it is a key requirement for reducing disease levels and early deaths.
- NHS Health Checks continue to perform well.
- Solid progress has been made in tackling alcohol problems and in combatting poor oral health.
- There has been a sea-change in the way people quit smoking tobacco through the use of e-cigarettes.

### Obesity, Diet and Physical Activity

#### Why is obesity an issue?

Obesity is widespread, a quarter of children aged 2-10, and one third of 11-15 year olds and two thirds of adults are overweight or obese. This remains our greatest lifestyle challenge.

Overweight and obesity in adults is predicted to reach 70% by 2034.

This is a crucial issue because being overweight increases the risk of cardiovascular disease, diabetes and some cancers. It is also associated with poor mental health in adults, and stigma and bullying in childhood.

Obesity can cause:

- Heart disease, stroke and late-onset diabetes.
- Depression and anxiety, asthma, cancer, liver disease, reproductive complications, osteoarthritis and back pain.

There are also inequalities in levels of child obesity which was mentioned in chapter 3, with prevalence among children in the most deprived areas being higher than among children in the least deprived areas. If an individual is less well-off, he or she is more likely to be affected by obesity and its health and wellbeing consequences. The impact is uneven across ethnic groups – obesity is more prevalent among males in black ethnic minorities.

The consequences of obesity are costly to health and social care and have wider economic and societal impacts. The annual **cost** of obesity is estimated to be:

- £27bn to the economy through reduced productivity and increased sickness absence
- £6.1bn cost to NHS
- £352m cost to Social Care by way of additional disease, disability and mobility problems.

***Obese people are over three times more likely to need social care than those who are a healthy weight.***

**Obesity reduces life expectancy by an average of 3 years whilst severe obesity reduces life expectancy by 8-10 years.**

## Where are we now?

Chapter 3 showed the local picture in children. The Oxfordshire picture is better than the national average and levels fell slightly last year. This is a good result but there is no cause for complacency.

We now have enough data about local children to show what happened between their being measured in reception year and again in year 6.

Children measured in Year 6 in 2014/15 are the same cohort as those who were measured in Reception Year in 2008/09. **The level of obesity for this cohort when in Reception Year in 2008/09 was 8.6% and is now 16.2% which clearly shows that obesity has doubled in this cohort of local children over a six year period as they have grown up.**

This indicates that we need to act to prevent obesity during pregnancy and in the very early years. Breast feeding is protective against obesity and makes an excellent start for children whose mothers are able to breastfeed.

## The Adult obesity, Health Survey for England (HSE) 2014 showed that:

- 58% of women and 65% of men were overweight or obese. This is now the social norm.
- The prevalence of morbid obesity (the most severe category of obesity) has more than tripled since 1993, and reached 2% of men and 4% of women in 2014.
- Over three quarters of females aged 45+ were overweight or obese.
- Black women were considered to be most at risk of diabetes, with 60% having high risk, and a further 27% having increased risk.
- Amongst men, White groups had the highest mean BMI (27.4) and Asian groups the lowest (26.0).
- Amongst women, Black groups had the highest mean BMI (29.5) and Asian groups the lowest (26.2).
- For women, the prevalence of obesity increased with disadvantage, from 22% in the least disadvantaged areas, to 33% in the most disadvantaged areas. This relationship was not evident for men.

## Obesity is everyone's business

Obesity is everyone's business and every organisation needs to play a role in tackling it. To help an individual stay slim requires multiple actions both locally and nationally with changes needed to food labelling, food marketing, and the design of local communities which encourage physical activity.

We have talked about the role of planning healthy communities in chapter 2. It is now time to look more closely at physical activity.

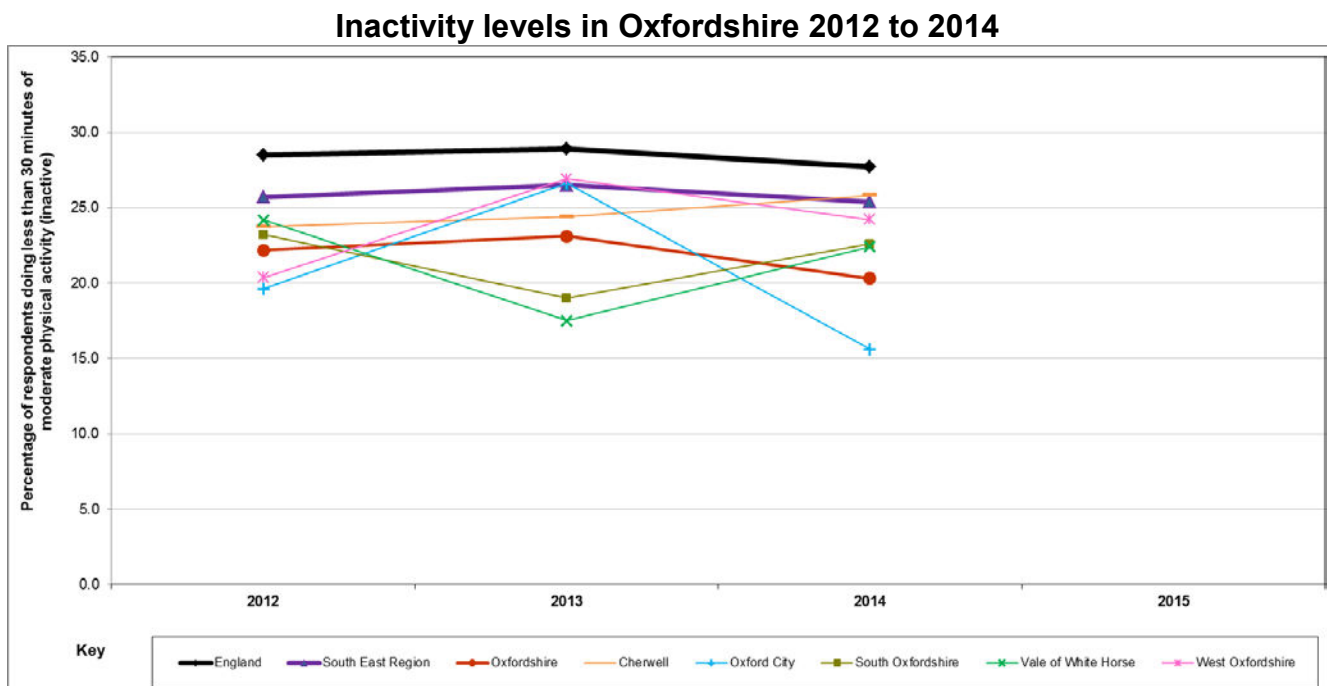
## The Role of Physical Inactivity

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The health benefits of a **physically active lifestyle** are well documented and there is a large amount of evidence to suggest that regular activity is related to reduced incidence of many chronic conditions such as diabetes, osteoporosis, colon cancer, breast cancer. Physical activity also improves mental health.

**Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss.**

The chart below shows levels of inactivity across the County.



Source: Active People Survey, Sport England

It shows that in 2014, rates of inactivity in adults were better than for England, but still too high at around 20%. The England level is around 28% inactive.

Levels of physical activity levels amongst 5-15 year olds are falling. The proportion of boys who met the weekly physical activity guidelines fell from 28% in 2008, to just 21% in 2012. The proportion of girls who met the weekly physical activity guidelines fell from 19% in 2008 to 16% in 2012.

## What did we say last year and what are we doing about it?

The Health Improvement Board is taking recommended action to review its physical activity strategy which brings together the action of District and County Councils, the NHS and other major partners. District Councils have a key role to play in their stewardship of green spaces and recreation facilities.

The Health Overview and Scrutiny Committee carried out a scrutiny of District council functions as recommended.

Less progress has been made by the NHS in improving the referral and treatment of physical disability. If we are to tackle obesity we need to see a real 'shift to prevention' and find new ways for clinicians, nurses and therapists to help people who are overweight more actively.

## What should we do next?

The main challenge is to make work on prevention a mainstream activity in health services. There is an understandable tendency to concentrate on disease once it has happened rather than focus on preventive work from cradle to grave. It is hoped that the NHS's Sustainability and Transformation Plan will focus on preventative work over the next 5 years.

## Recommendations regarding obesity, diet and physical activity

1. The prevention of obesity and its treatment should become a priority for the NHS and over the next 5 years actions should be put in place to train all health professionals to help in the fight against obesity. This should become part of the NHS's Sustainability and Transformation Plan.
2. The Health Improvement Board should continue to monitor partnership work on the prevention of obesity across the county.

## NHS Health Checks

The NHS Health Check is a national cardiovascular risk assessment and prevention programme required by statute. It is delivered by local GPs and has been commissioned by the County Council since 2013.

**NHS Health Checks specifically target the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.**

Eligible individuals aged 40-74 years old are invited for a Check every five years (191,000 people), which means that 20% of this age group are invited per year so that every eligible person is invited at least once every five years. The age range is set nationally because it is the most cost-effective group in which to detect preventable cardiovascular disease.

In Oxfordshire, the Joint Health and Wellbeing Strategy set an aspirational target for 66% of those invited for NHS Health Checks to turn up for their Check. Nationally this same target has

now been set by Public Health England. We have not yet reached this target but we aspire to do so.

Last year in 2015/16 in Oxfordshire, GPs invited 38,293 people for a NHS Health Check and 19,212 people took up this invite and received a Check. The continued good performance of the NHS Health Check programme helped the Public Health Directorate achieve a quality premium payment from Public Health England.

Since the County Council took the responsibility for NHS Health Checks in 2013, 119,792 people have been offered a Check and 59,613 people have had a Check done. These Checks have helped the local health of the population by:

- **identifying 1,063 people who had high blood pressure and required an anti-hypertensive drug**
- **discovering 2,957 people who were at high risk of cardiovascular disease and required a statin**
- **detecting 251 undiagnosed cases of diabetes and 27 cases of chronic kidney disease, allowing people to manage their condition sooner and prevent complications**
- **referring 479 people to local weight management programmes, with 8,100 obese patients receiving brief advice**
- **offering 20,249 people brief advice to take up more physical activity, with 4,640 signposted to local physical activity services**
- **generating 434 referrals to smoking cessation services, with 5,777 receiving brief advice**
- **providing 2,125 people with brief advice to reduce their alcohol intake**
- **helping to reduce the increasing health and social care costs related to long term ill-health and disability.**

### **What We Said Before and What We are Doing About It**

Last year we said that we would continue to work with GPs to improve the uptake of the offer of a free NHS Health Check. The Public Health team continue to work with GPs to improve the quality of delivery of the programme; this work was recognised by Public Health England with a nomination for a national award.

This work has helped embed the NHS Health Check programme as a reliable method of promoting the health of the local population and engaging with people in the community to think about their own health.

The Oxfordshire Clinical Commissioning Group recognise the value of the NHS Health Check programme and are looking to incorporate the programme in their bid to be part of the second

wave of the National Diabetes Prevention programme in 2017. They have also chosen the NHS Health Check programme as an indicator for their quality premium submission with NHS England. **This is all good progress.**

We also said we would continue to market the NHS Health Check programme and raise awareness in the local community. This has been met with some success - in a recent survey the NHS Health Check programme was the most recognised programme of services advertised by the County Council.

In the last year we launched a NHS Health Check results booklet for every person who received a Check. This gave people who received a Check a record of their results with information about services and lifestyles to refer to at their leisure.

### Recommendations for NHS Health Checks

The NHS Health Check programme continues to perform well and is well received by the public. However we cannot be complacent and must continue the efforts to improve this programme. This includes:

1. Continue to market the NHS Health Check programme in new and innovative ways to further raise awareness in the local community.
2. Continue to work with GPs to improve the uptake of the offer of a free NHS Health Check, including improving the invitation process.
3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.
4. Continue to work with partners to further improve the quality of the programme locally and add to the knowledge base supporting the programme nationally.

### Smoking Tobacco

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementia, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

In Oxfordshire the prevalence of adult smokers has seen a continued decline in the past few years. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 14% which is better than the national prevalence (18%). **This is a good result.**

**However we still cannot be complacent about smoking rates in the County. There still continues to be an inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities. Indeed in routine and manual workers the level of smoking is as high as 29% - double the County average.** To meet this challenge, we need to target services at the groups who need help the most.

Regular smoking in young people in Oxfordshire has also seen a decline over the past years, which is positive. Current estimates are that 5.7% of 15 year olds are regular smokers; similar to the national average of 5.5%.

## Stop Smoking Services

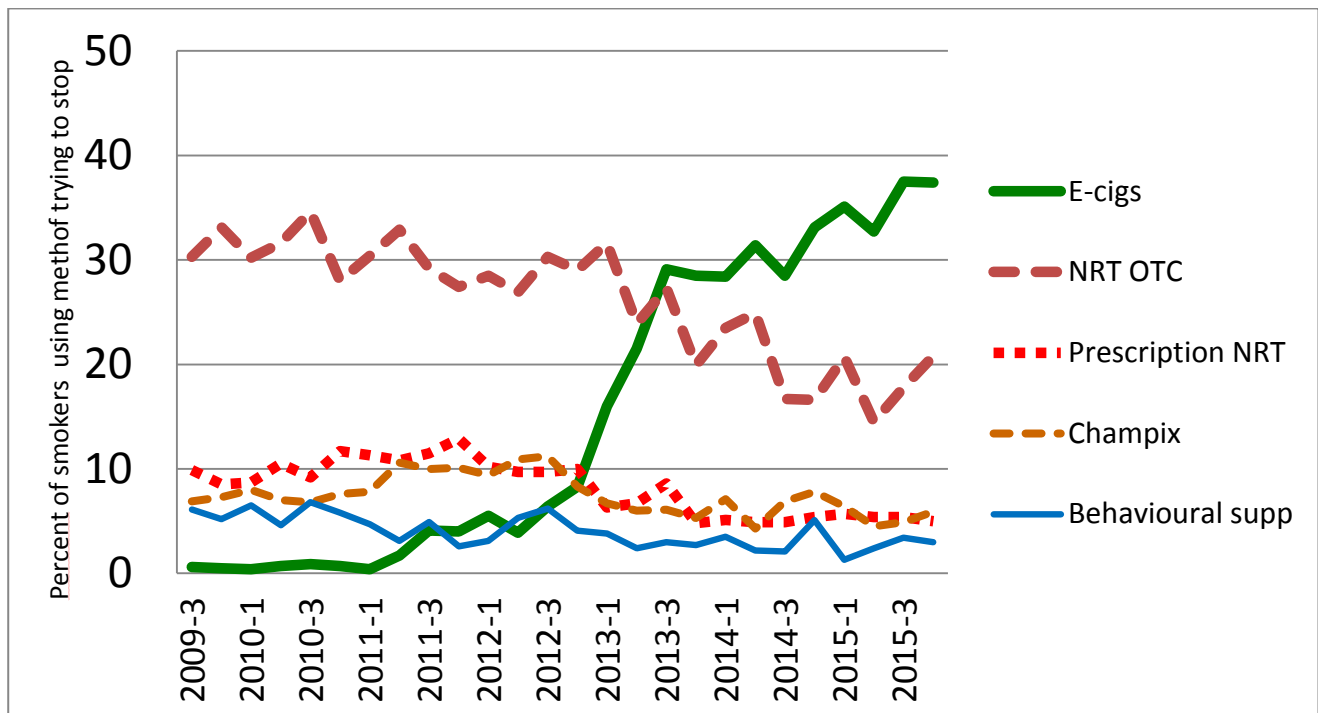
The decline in people accessing traditional stop smoking services seen in recent years continued last year both nationally and locally. The suggestion that the “easier quits” have already been made still holds true and that the challenge is to address the higher levels of smoking in more deprived and hard to reach groups.

**The impact of the dramatic increase in use of e-cigarettes in the UK cannot be ignored as a significant contributor to the reduction in people accessing stop smoking services. E-cigarettes are now estimated to be the most common form of quitting aid in the country being used by nearly 40% of people attempting to quit using tobacco.**

The use of e-cigarettes as a quit aid and the increasing usage has opened a debate in the public health community on a national and international scale. This has seen an increase in the perception in the wider population that e-cigarettes are as harmful to health as normal cigarettes which is not the case.

The chart below shows the dramatic rise in those using e-cigarettes as a means of quitting tobacco smoking as opposed to those helped by various nicotine replacement gums and patches.

Quit attempts by method of quitting



Different product types used by smokers in most recent quit attempt. In 11,000 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use.

Source: [www.smokinginengland.info/latest-statistics](http://www.smokinginengland.info/latest-statistics)

With the increasing amount of conflicting information for and against e-cigarettes becoming available in the public arena there has naturally been confusion for the public and health professionals alike. In response, **Public Health England published an evidence update which concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. The report also concluded there is no**

evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers. This is further supported by a report from the Royal College of Physicians publish in April 2016 which states that e-cigarettes are an effective method for people wanting to quit tobacco and the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco.

#### How we should move forward?

- More staff in health care should become 'level 1 quit- advisors' to encourage smokers they encounter to quit smoking no matter what illness they come for help with.
- The Public Health team should continue to work with GPs to engage with their patients to quit smoking.
- All health professionals should target hard to reach groups to explain the dangers of smoking and how to get support to quit.
- We need to maintain a watching brief on the effects of e-cigarettes in line with national guidance from Public Health England.

#### Recommendations regarding smoking

1. The Health Improvement Board should continue to monitor activities of local smoking services and wider agencies to help people quit smoking and also not start in the first place.
2. The Clinical Commissioning Groups and GP practices should develop services to target hard to reach and priority groups and continue to deliver brief interventions to quit as part of routine consultations.

#### Alcohol

Alcohol remains a risk to health in our society. The impact can be summarised as follows:

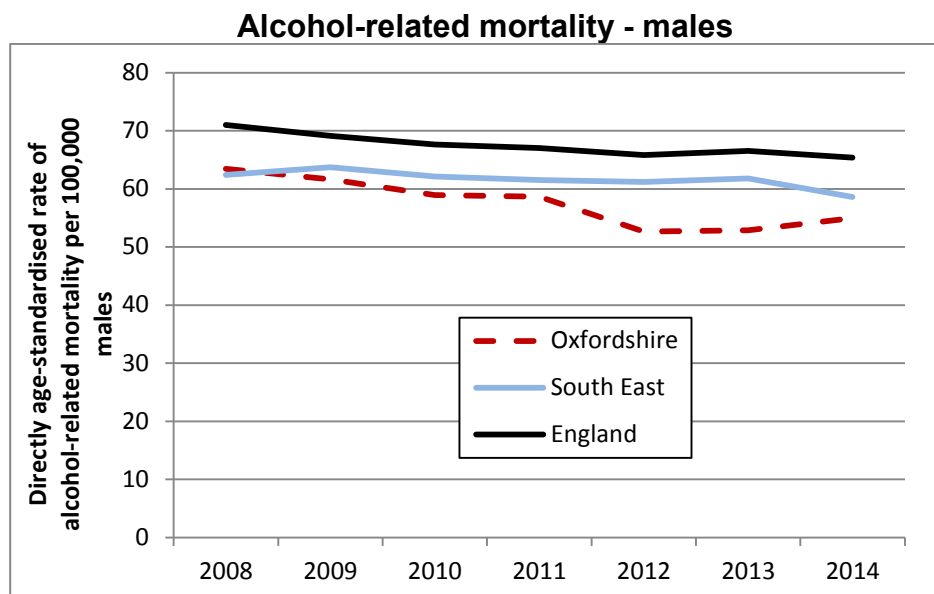
- In the UK there are around 1 million hospital admissions each year related to alcohol consumption.
- There are around 8,000 alcohol-related deaths in the UK each year.
- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.
- Males accounted for approximately 65% of all alcohol-related deaths in the UK.
- Alcohol now costs the NHS £3.5bn per year; equal to £120 for every tax payer.
- **The alcohol-related mortality rate of men in the most disadvantaged socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times higher. This is a serious inequality.**
- In England and Wales, 63% of all alcohol-related deaths in 2012 were caused by alcoholic liver disease.

- The number of older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 150% in the past ten years, while the figure for 15-59 years old has increased by 94%.
- There is no absolutely safe drinking level – the Chief Medical Officer has warned that any alcohol consumption increases the risk of cancer.

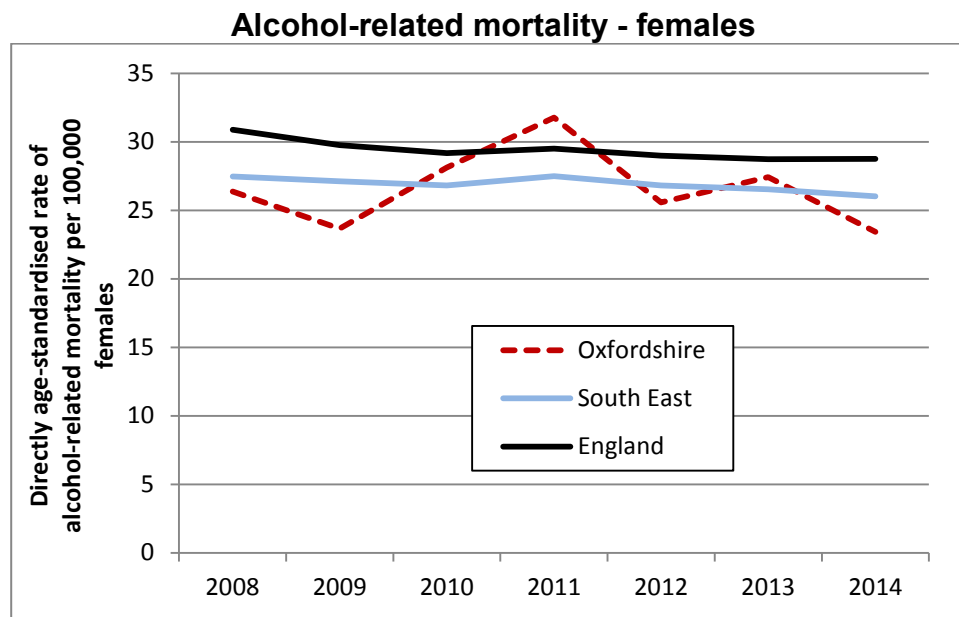
## What has happened in the last year?

A review of the data presented in the Alcohol and Drugs Strategy has been carried out and the following conclusions have been drawn:

1. In 2014 there were an estimated 7,900 **deaths related to alcohol use** in England. The trends for both men and women are shown in the 2 charts below



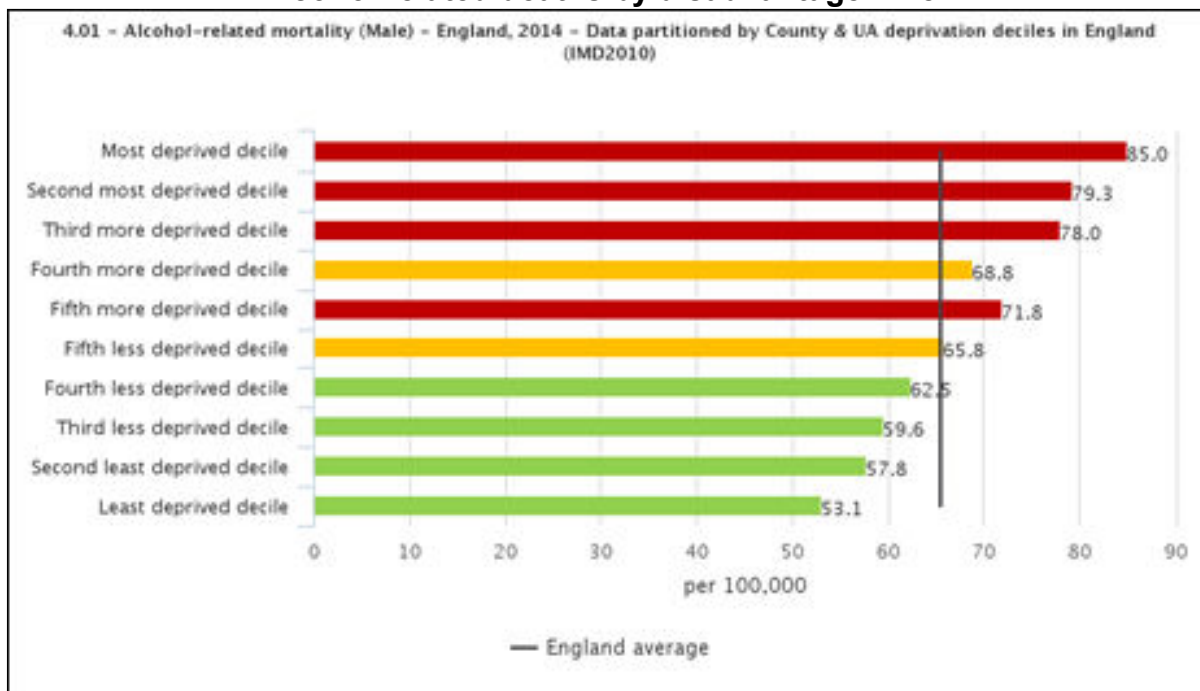
Alcohol-related mortality (males and females) - Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population).



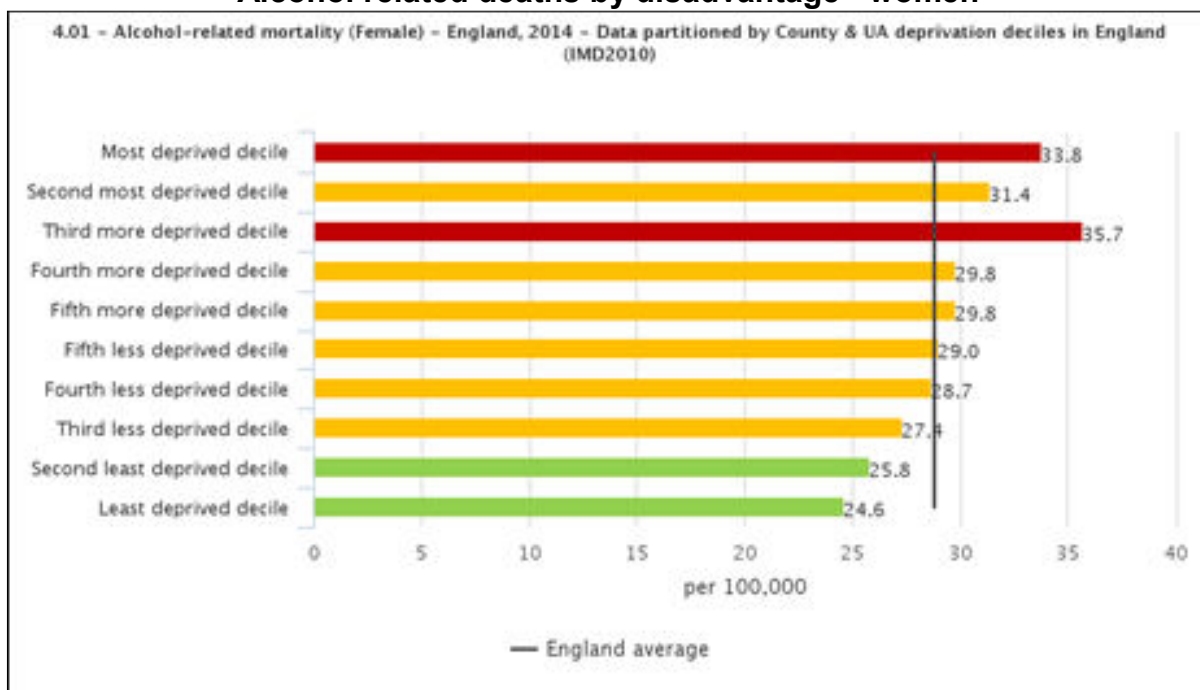
The charts show that:

- Deaths related to alcohol are gradually falling across the board overall.
  - Deaths in Oxfordshire are lower than national levels.
  - Deaths in females are around half those of men.
  - Male deaths in Oxfordshire rose slightly according to the latest figures and female deaths fell.
2. **Alcohol-related mortality by socio-economic class** is not analysed at a local level, but new figures have been published at national level. The charts below show the alcohol related deaths split for England by most/least disadvantaged groups. The chart for men shows a greater difference between the best and worst off than for women. The most disadvantaged tenth of the population are shown at the tops of the chart and the least disadvantaged at the bottom.

## Alcohol related deaths by disadvantage - men



## Alcohol related deaths by disadvantage - women

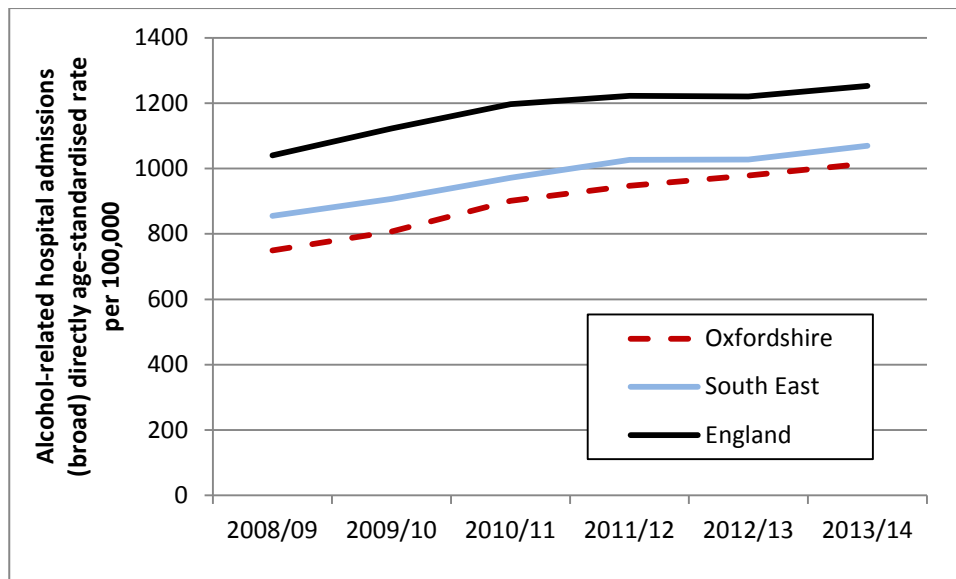


The charts show that:

- There is a strong inequality in deaths related to alcohol.
- In men death rates in the most disadvantaged 1/10 of the population reach 85 per 100,000 and in the least disadvantaged 53 per 100,000.
- In women, death rates in the most disadvantaged 1/10 of the population reach 34 per 100,000 and in the least disadvantaged 25 per 100,000.
- The pattern is stronger and the inequality greater in males than in females

3. Death rates may be gradually falling, but, In 2013/14 there was a continuing upward trend for **alcohol-related hospital admissions** in England. (almost a 4 % increase on the previous year) The annual increase was greater for women (+5%) than men (+3%) **and it remains the case that rate of admissions in the most disadvantaged is 77% higher than rate in least disadvantaged areas.**

### Alcohol related hospital admissions



### What Did We Say Last Year and What Have We Done About It?

The recommendation focussed on giving people information so that they could make their own decisions about their drinking (particularly about binge drinking) rather than nannying them.

A summary of the work of the Alcohol and Drugs Partnership summarises the actions taken:

- Provision of Identification and Brief Advice (IBA) training for front-line staff and professionals across Oxfordshire.
- The promotion of the Dry January campaign targeting middle aged women.
- A major Alcohol Conference for professionals with presentations from a wide range of specialists.
- Exploring test purchasing initiatives with Thames Valley Police to target excessive intoxication in the night time economy.
- Work with the local hospitals to improve referral pathways for young people into support services.

## Achievements in 2015-16

### a) Identification of people drinking at high levels and giving them 'Brief Advice'

Training in how to identify opportunities to talk to people about their drinking and offer relevant brief advice is an effective evidence-based intervention. This can be delivered by a range of professionals in the health service and other settings. Six training sessions were commissioned by the County Council's Public Health team in the last year. The training was offered in locations across the County and has been well attended by a range of professionals.

In addition a 'Train the Trainers' session was provided to Oxfordshire Fire and Rescue Service. This was a bespoke session combining 'giving brief advice' for alcohol and helping people to quit smoking. The session was also very well received.

### b) An Alcohol Conference was held to get the facts more widely known

The County Council held a highly successful Alcohol conference in December 2015, with over 140 delegates attending. The day included a number of guest speakers, including a keynote address from Professor Kevin Fenton, the National Director for Health and Wellbeing at Public Health England.

Participants came from a wide range of Council departments, partner organisations and local services including Community and Residential Treatment Services, Housing services and services for the homeless, Oxford University Hospitals Trust, Oxford Health NHS Foundation Trust, Medical Centres and GP Surgeries, Pharmacies, Thames Valley Police, Oxford Brookes University, Community Dental Services, Public Health England, Mental Health services and charities, Oxfordshire Domestic Abuse Service, Oxford Jobcentre Plus and criminal justice services.

The conference was very well received with 90% of those who filled in the evaluation questionnaire stating that they found the event to be relevant to their learning needs, and 93% felt it increased their knowledge and understanding of alcohol use and the associated risks.

### c) Alcohol workers in a hospital setting

Public Health commissioners are working in partnership with Oxfordshire Clinical Commissioning Group (OCCG) to boost hospital-based early intervention and advice.

### d) Campaigns

The focus of the 'Dry January' campaign this year was on women, particularly those aged 35 and over and who may be drinking regularly at home. The campaign was conducted on social media, Healthy Oxon Facebook and Twitter channels and through radio. The campaign promoted the health benefits of taking part in Dry January and then continuing to have 2 alcohol free days a week. The campaign also promoted use of the DrinkAware App to record drinking, and sign up for Dry January to go 'booze free for 31 days'.

## Recommendations

1. The NHS should use the Sustainability and Transformation Plan to embed brief advice for people with problem drinking into all consultations. This is a real opportunity to nip alcohol related diseases in the bud.
2. This should be backed up by staff training and support.

## Oral Health

Tooth decay has been falling over the last half century, largely due to better brushing with fluoride toothpastes and more awareness of oral health in general. This is a welcome continued trend.

Since the NHS reorganisation, the responsibility for oral health is split 3 ways. The NHS has a responsibility for dentists and more specialised surgery, Public Health England provides dental public health advice while Local Government has an emphasis on prevention.

### The picture in children

**The latest available data from the 2015 oral health survey of five year old children shows that 77% of 5 year old children in Oxfordshire are now free from any dental decay which is higher than the national average of 75% and improved locally from 67% since the 2012 survey.** Whilst this is encouraging there is room for improvement - the number of children who are decay free is significantly lower in Oxford than the other districts at 67%.

The major sources of the sugar which causes decay in children are found in soft drinks and cereals. The announcement of a levy on sugary drinks is a positive step in reducing sugar intake. However, locally we will need to continue to work to educate children and parents about the impact of diet choices on their teeth and wider health.

### The picture in adults

Tooth decay has fallen in adults in England from 46% having active decay in 1998 to 28% in 2009. The main sources of sugar in adults' diets come from cereals, soft drinks, jams and sweets.

Older adults are now keeping their own teeth into old age as the norm. The proportion of 65 to 75 year olds with their own teeth increased from just 26% in 1979 to 84% in 2009 - a significant change. As the population ages it will be important that the NHS keeps pace with this changing need, particularly as the number of people needing more complex dental work rises steadily with age.

### What did we say last year and what has been done?

Last year's recommendations focussed on the need to monitor closely a new oral health promotion service commissioned by the County Council which completed its first year of operation on 31st March 2016. This service has in collaboration with wider dental services aimed to prevent oral health problems in children and adults.

The new service has achieved the following:

- Setting up an accreditation scheme for pre-school settings for 26 locations to help young children with oral hygiene
- Training 40 school health nurses in oral health promotion to promote a 'whole-school' approach to oral health in education, such as through making plain drinking water freely available, providing a choice of food, drinks and snacks that are sugar-free or low in sugar and form part of a healthier diet (including those offered in vending machines), and displaying and promoting evidence-based, age-appropriate, oral health information for parents, carers and children, including details on how to access local dental services.
- Delivering 106 oral health promotion sessions and events in the community.
- Training 38 people who work with young children in oral health to better understand the causes of decay, how to look after your teeth and signposting to local dental services
- Training 117 people who work in the community with adults to promote oral health including understanding the causes of poor oral health in adults, how to maintain good oral health and how to access local dental services.
- Delivering oral health promotion in local workplaces including BMW, Siemens, The John Radcliffe Hospital and in Oxfordshire County Council
- Carrying out promotional events during National Smile Month and National Mouth Cancer Awareness Month.
- Establishing a lending service of health promotion resources for use by local services.

### **Recommendations for oral health**

1. The NHS should ensure that improvements in access to NHS dentistry are maintained including complex care for older people.
2. Providers of care home facilities should be aware of maintaining good oral health in their clients which can significantly affect their quality of life. They should also ensure that their clients have access to dental services to help maintain a pain free mouth.
3. Work should continue with school health nurse and health visitor services to embed oral health promotion into children's health from 0-19, to give a healthier start to life.

## Chapter 5: Mental Health

### Main messages in this chapter:

- The demand for young peoples' mental health services is rising.
- New services have been put in place and these need to be monitored carefully.
- Levels of self-harm in young people appear to be rising and require careful monitoring.
- Mental health conditions should not be seen as distinct from physical conditions.

This year I want to report on two aspect of mental health I have not reported on before that are a cause for concern. These are:

### Mental Health in Young People and Self Harm.

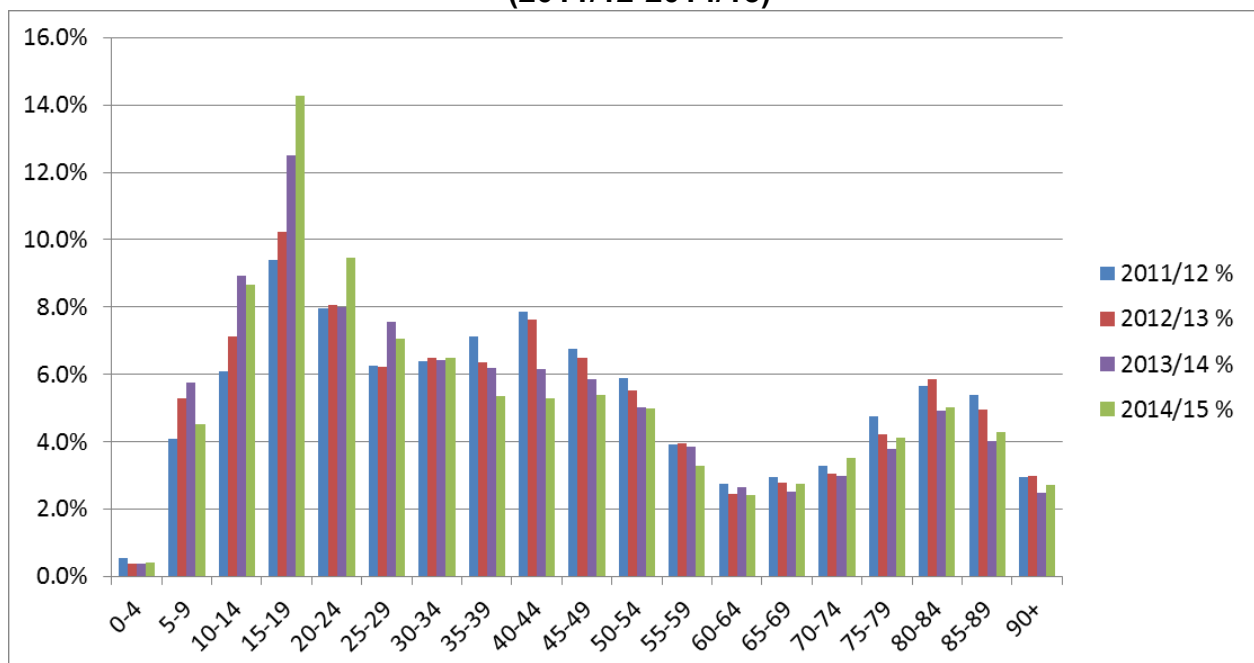
I will discuss each in turn.

#### Children and Young People's Mental Health

The chart below records the number of mental health referrals by age group to our local services, and two facts leap out:

- 1) The highest number of referrals is in teenagers
- 2) The number is steadily growing, particularly for young people aged 15 to 19.

**Oxford Health mental health referrals for Oxfordshire residents, % in each age band (2011/12-2014/15)**



Why should this be?

The first question to answer is:

### **What are emotional disorders in children and young people and why are referrals for treatment going up?**

This is not an easy subject. Emotional disorders in adults are difficult enough to define and count. In children the situation is more difficult because:

- Childhood and adolescence covers a wide range of different stages that can't be grouped easily.
- Disorders and treatments vary greatly with age. The whole topic is tangled up with the overall development of the individual.
- Mental health problems don't always express themselves in the same way as in mature adults. Underlying problems can show themselves through changes in behaviour, changes in mood or changes in activity level – or mixtures of them all.
- To some extent, society creates and modifies the categories of what is deemed to be a disease and these vary over time.
- What may have been dismissed as poor or unusual behaviour in the past is now recognised as an emotional disorder.

To some extent the rise in referrals is a positive development – we want to encourage young people to come forward to talk about problems at an early stage as this gives better outcomes in the long term.

In her 2013 Annual Report the Chief Medical Officer concluded that there was in fact an increase in emotional problems in young people. The possible reasons are unclear, and may or may not be connected to the new pressures young people face as they are the products of a digital world. New stresses may be present in social media, such as cyber-bullying. Also the digital world is 24/7 – there is no respite unless it is self-imposed.

### **What is the local picture?**

#### **Teenagers' mental wellbeing**

The recent 'What About YOUth' survey found that a majority of children aged 15 in England reported having high or very high life satisfaction. On average, boys reported higher life satisfaction than girls. Young people from Black and Minority Ethnic (BME) backgrounds reported lower levels of life satisfaction than those from a White background. Poorer life satisfaction was also seen among young people who were living in more disadvantaged areas, who were in worse health, or who had experienced bullying.

The same study showed that mental wellbeing among children aged 15 in England was better among those who were:

- living in less deprived areas
- had a more positive perception of their body-image
- had high life satisfaction
- were in better health
- consumed more fruit and vegetables
- exercised more

## What builds psychological resilience in Children and Young People?

The Chief Medical officer quotes the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

- Positive relationships with caring adults
- Effective caregiving and parenting
- Intelligence and problem-solving skills
- Self-regulation skills
- Perceived efficacy and control
- Achievement / motivation
- Positive friends or romantic partners
- Faith, hope, spirituality
- Beliefs that life has meaning
- Effective teachers and schools

In contrast, when these factors are deficient, the individual's resilience is likely to be lowered.

## Mental health problems in Children and Young People

1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder; that is around three in every class at school or 8,000 children across Oxfordshire. According to national prevalence rates about half of these (5.8%) have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) and Attention Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16-24 age groups.

Most serious and enduring mental health problems emerge during this time, and if detected and treated early, outcomes are improved. There is evidence that dealing with anxiety and depression effectively the first time it occurs in young people, helps to prevent recurrence and the likelihood of them suffering mental health problems in later life.

The most disadvantaged communities have the poorest mental and physical health and wellbeing. **Children from the poorest 20% of households have a three-fold greater risk of mental health problems than children from the wealthiest 20%.** Parental unemployment is also associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood.

Looked After Children (LAC) experience significantly worse mental health than their peers, and a high proportion experience poor health, educational and social outcomes after leaving care. It is estimated that between 45 and 60% of Looked After Children aged 5 to 17 have mental health difficulties: over four times higher than the average.

Approximately 40% of young people who have a learning disability may also have a mental health disorder. The mean percentage of disabled children in English local authorities has been estimated to be between 3% and 5.4%. If applied to the population of Oxfordshire this would equate to between 3,946 and 7,102 children experiencing some form of disability.

Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems, and to become involved in offending.

## **What is the local picture and what are we doing about it?**

Children and young people's mental health services have been under pressure for some time. Local services work with around 3,500 young people at any one time, with more than 5000 referrals every year, the majority of whom are aged 10-15 years old.

Analysis of the data is hampered by the lack of standardised reporting systems, and so performance cannot be readily compare from place to place.

The CQC rated local services as good, but they were nonetheless creaking as evidenced by increases in waiting times – and so a review was undertaken in 2015 which made a range of recommendations, the thrust of which was:

- To involve young people in service design.
- To reduce waiting times.
- To use online and self-help tools.
- To catch disease earlier in a school setting, teaming mental health support workers with our school health nurses.
- To train frontline services to identify symptoms and provide direct help or make more accurate referrals.
- To improve the service offer to Looked After Children and 'children on the edge of care'.

## **What progress has it made and is it working?**

The new service has now been launched. It is too early to judge whether it has improved matters. This is more difficult to judge than normal, because we aren't trying to reduce referrals per se, we are trying to help more young people in more effective ways using new technology and through strengthened partnerships between professionals. The key changes that aim to make a difference include:

- A dedicated specialist Eating Disorder Service.
- A new therapeutic team specifically working with young victims of child abuse and Child Sexual Exploitation.
- Dedicated workers in every secondary school working with School Health Nurses to provide support, training and direct interventions.
- A new team to work with children who are Looked After and those young people who are on 'the edge of the care'.

## **Recommendation for Children and Young People's Mental Health**

This is an important issue. Progress made by the new service should be reported on in the next Director of Public Annual Report.

## Self-harm

Self-harm is defined as *'intentional self-poisoning or self-injury, irrespective of type of motivation or intent'*. Self-harming behaviour in England has increased in recent years with an increased number of young people needing hospital admissions as a result of injury or poisoning. Relationship issues are often cited as a main contributing factor in self-harming behaviour.

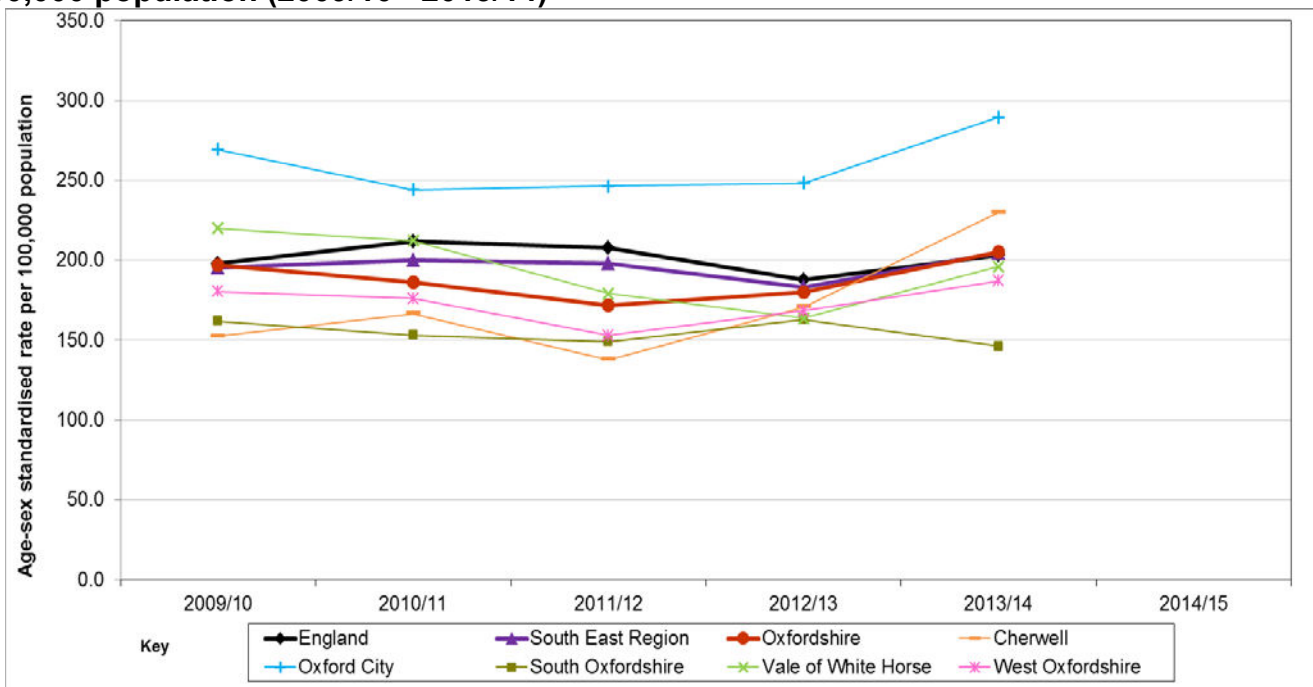
The rates for self-harm in all ages in Oxfordshire give us an idea of the local trends. During 2013/14 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,421. The rate of hospital admissions for intentional self-harm is rising in Oxfordshire, similarly to the regional and national picture.

**However, looking at longer term trends in self-harm shows that overall rates in those aged 15 and over have fallen overall since 2000 but have risen in recent years.**

The peak ages for self-harm are 15 to 24 in females and 20 to 29 in males.

The data in the chart below looks at hospital admissions for self-harm and covers all age groups. It will not include patients who attended Accident and Emergency (A&E) or Minor Injury Unit (MIU) or who were not admitted to hospital; it is likely to be an underestimate of the true rate of self-harm in our population.

**Age/ sex-standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009/10 - 2013/14)**



Source: Local Authority Health Profiles

The chart shows that:

- Oxfordshire's rate is broadly in line with the national rate and rose with it during 2013/14.
- The overall trend is however fairly static from 2009/10 to 2013/14.

- Admission rates are higher in Oxford City than elsewhere in the County, other Districts are on average just below the national levels.

Young people who self-harm are more likely to be vulnerable such as being a Looked After child or in the youth justice system. Those who self-harm have an increased risk of death by subsequent suicide, and over half of people who die by suicide have self-harmed previously. A survey of young people and professionals found that self-harm was a topic that was least likely to be addressed due to fear of stigmatisation and not having adequate confidence in how to access support services. Furthermore, these young people felt that the issue of self-harm should be addressed within school and an open dialogue should be sought.

## Report of a local County Council initiative

An initiative was launched by the County Council in 2015 to try to help the situation based on our knowledge that:

- efforts to raise awareness of self-harm and how to access support in adolescents may contribute to improved overall wellbeing and reduce the risk of suicide
- Approaches using theatre as a form of raising awareness and reducing stigma of mental health issues have been successful previously.
- Within Oxfordshire, rates of admissions to hospital for unintentional and deliberate injuries in 0-14 year olds and 15-24 year olds, is higher than the national average.
- Local surveillance using data from Oxford University Hospital Trust identified that during 2014 there were monthly increases in the numbers of admissions to hospital for self-harm in both female and male young people from homes across the county.

## What did we do?

The County Council's Public Health team commissioned a local Oxfordshire theatre company, Pegasus, to perform a play on self-harm in secondary schools across the county. This involved interviewing young people who had self-harmed as well as working in partnership with Schools, School Health Nurses, Educational Psychologists and Child and Adolescent Mental Health Services.

The play was called 'Under My Skin'. Its aims were to:

- Give young people vital information about coping with feelings around self-harm, stress and the relevant services that can support them.
- Reduce the stigma of discussing self-harm and accessing support
- Highlight the School Health Nursing service as a first port of call in schools for young people and professionals who have concerns over self-harm.
- Give professionals information and subsequent confidence about how to support a young person, and who to refer onto.

The evaluation of the play showed that:

- It went to 28 secondary schools and was very well received.
- Approximately 5000 young people in years 8/9 (ages 12-14) watched the play.
- 50% reported the play increased their knowledge of self-harm a lot.
- 71% of young people knew how to access support after seeing the play.

As a result, we will commission the play again for the academic year 2016/2017.

## **Recommendations for self-harm**

1. Self-harm is a serious issue. Self-harm levels in Oxfordshire should be closely monitored.
2. The new Child and Adolescent Mental Health Service should work with partners to improve the detection of self-harm and offer coordinated support to young people.

## **What we said last year and what has happened since?**

Last year's report described a range of improvements planned for mental health services as a whole, called for close monitoring of a newly-let contract for adult services and recommended that the Health Overview and Scrutiny Committee and Healthwatch keep a close eye on the quality of services.

This has been achieved, and the Clinical Commissioning Group is about to bring forward new plans to improve mental health services further and to join up services for physical and mental health more closely.

These are welcome developments which again call for continued surveillance.

## **Recommendation**

Future Director of Public Health Annual reports should continue to focus on mental health issues and mental health services in the county.

## Chapter 6: Fighting Killer Diseases

### Main messages for this chapter:

- **We need to make sure our specialist services for fighting major outbreaks of disease such as Ebola stays strong and resilient.**
- **Infectious diseases do not go away. They simply change and return in new guises. Constant vigilance is needed to stay ahead of the curve. Good teamwork and cooperation across organisations is essential.**
- **The threat of antibiotic resistance is real and everyone has a role to play**

### Part 1. Epidemics: Ebola, Flu Pandemics and Antibiotic Stewardship

#### Never had it so good?

We are fortunate to live in times where major illness and large numbers of deaths due to communicable diseases are seen as a problem in poor and developing countries far away or something suffered by our ancestors.

This has been a fortunate consequence of improvements in the quality of our living conditions and the advances in modern medicine. However we cannot be complacent about the risks of this changing and the risk of a pandemic and drug resistant bacteria becoming a very real issue.

Most of us live our daily lives unaware of the continued surveillance and planning of many national and local organisations that protect us. The recent Ebola outbreak in Africa was a reminder to everyone how new dangers can arise at any time and present a very real risk to the planet as a whole. Many lessons were learnt from this event nationally and internationally to help us prepare for the next outbreak, wherever it may arise.

This means we need to continue to prioritise the work we do in the background day in, day out, to prepare for the worst while hoping for the best. Directors of Public Health work closely with Public Health England and the NHS across the Thames Valley to make sure that our response is up to the mark. Oxfordshire County Council has the lead role for all Councils in the Thames Valley for making sure this is done.

**As I stated last year the right response isn't fear and panic, it is systematic and calm planning and organising ourselves NOW so that we can fight back when the need arises. This is still the case and we still need to remain vigilant.**

We have been fortunate in the past few years that the **influenza** seasons have been relatively mild. However it is important that we do not forget the potential that flu has to cause serious illness and death in young children, old people and those with poor health. Since the flu pandemic in 2009 we have seen a year on year decline in the numbers of people getting a flu vaccine. To protect these groups from flu it is still important that people understand that the risk of flu has not gone away and that it is important for people at risk to get a flu vaccination every year.

Another cause for concern is the rising threat of **antibiotic resistance** and the rise of “superbugs”. Antibiotics are important drugs for both humans and animals in fighting bacterial infections which were once life threatening. Bacteria are highly adaptable in responding to antibiotics. Widespread misuse of antibiotics and inappropriate prescribing has led to increasing numbers of bacteria which are resistant to antibiotics which used to be effective.

The risk of bacteria which cannot be treated by antibiotics of any kind is a very real and pending threat not only in the UK but throughout the world. This has been brought into sharp focus by the recent development of a resistant strain of Gonorrhoea which is spreading in small clusters in England. Whilst this strain has not been reported yet in Oxfordshire it is could do so in the future.

**Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections.**

### **How Do We Keep This Work Going?**

Success depends on several key elements:

- Maintaining a well-qualified and well trained cadre of Public Health specialists in Local Government.
- Constantly building and maintaining long standing relationships with opposite numbers in Public Health England and the NHS,
- Mainstreaming our plans by working with the Police, the military and many other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).
- Continually learning, planning and practising our plans.
- Educating and advising the public of their role as individuals in limiting antibiotic resistance.

The key is to keep the specialist workforce we have now and to nurture this work carefully.

## **Part 2. Infectious and Communicable Diseases**

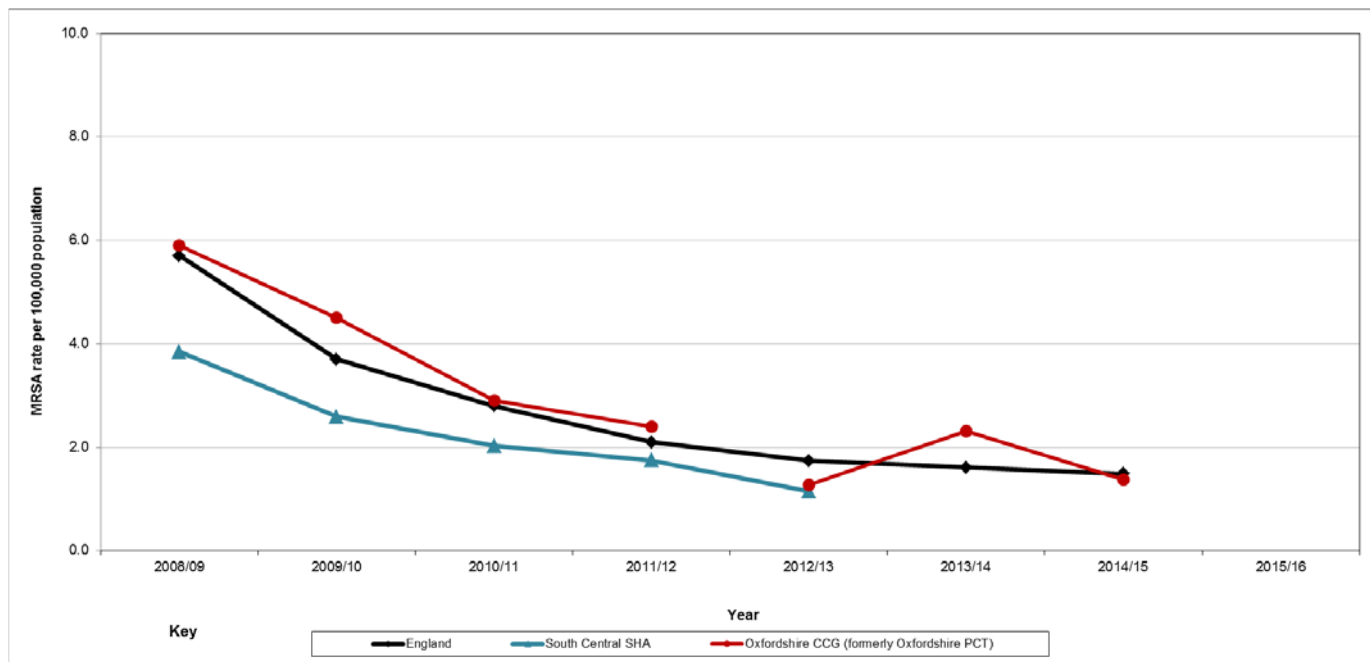
### **Health Care Associated Infections (HCAIs)**

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff.) remain an important cause of sickness and death, both in hospitals and in the community. While these infections do not grab headlines as much as they used to it is vital that everyone remains vigilant to limit the increase of these infections.

### **Methicillin Resistant Staphylococcus Aureus (MRSA)**

MRSA is a bacterium found commonly on the skin. If it gains entry into the blood stream (e.g. through invasive procedures or chronic wounds) it can cause blood poisoning (bacteraemia). It can be difficult to treat in people who are already very unwell so we continue to look for the causes of the infection and to identify measures to further reduce our numbers. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it. The local situation is shown below.

## Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2014/15) England, South Central SHA and Oxfordshire



This shows that infectious diseases can be tackled, often by traditional hygiene measures. Nationally there is a zero tolerance policy and rate of MRSA is still higher than we would like. There have been improvements in the rate of MRSA in Oxfordshire over the past few years. While the levels in Oxfordshire had increased slightly in 2013/14 to be higher than the average for Thames Valley and England they have reduced to be similar to National levels in 2014/15. The recent slight increase reaffirms that continued vigilance is required by all hospital and community services to address this increase.

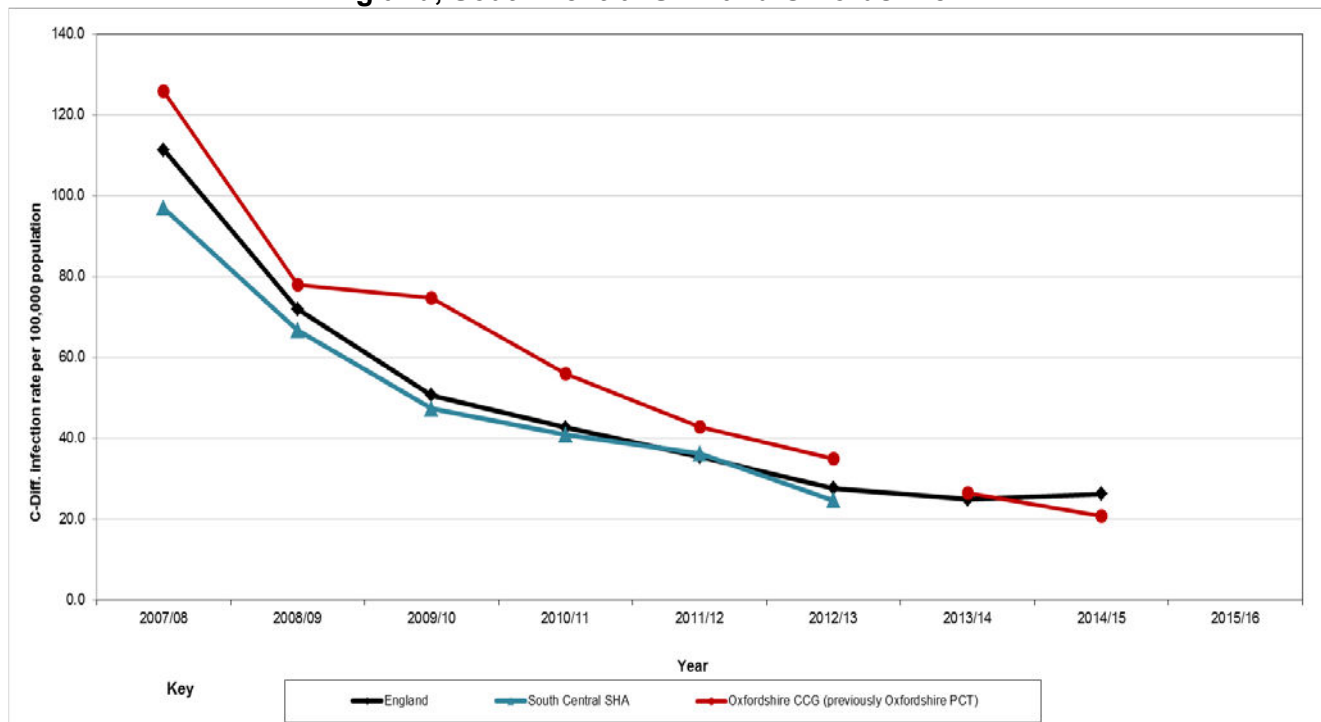
### Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the elderly and infirm. This bacterium commonly lives harmlessly in some people's intestines but commonly used broad spectrum antibiotics can disturb the balance of bacteria in the gut which results in the C.diff bacteria producing illness.

A focussed approach on the prevention of this infection is resulting in a steady reduction in cases since 2007/08 as shown in the chart below. This is in line with regional and national trends. There has been a continued improvement in the rates of C.diff in Oxfordshire.

The reduction in C.diff involves the coordinated efforts of healthcare organisations to identify and treat individuals infected and also careful use of the prescribing of certain antibiotics in the wider community. There are still on-going concerted efforts locally to continue to improve the rate of C.diff infections.

### Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2014/15) England, South Central SHA and Oxfordshire PCT

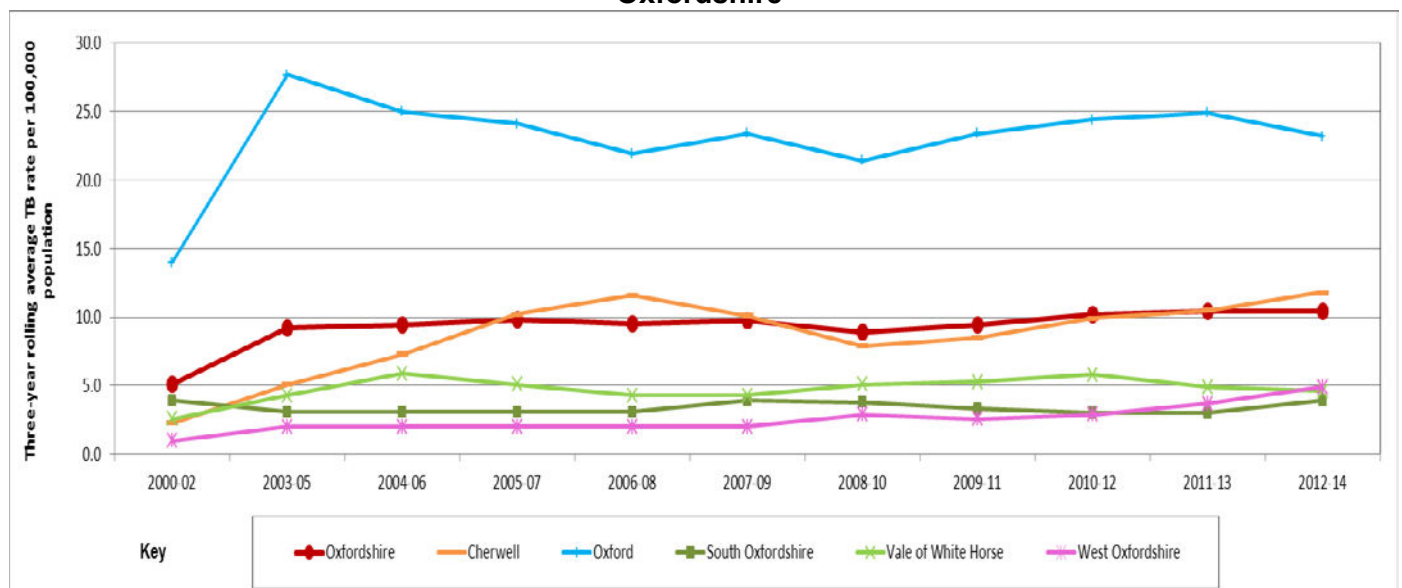


### Tuberculosis (TB) in Oxfordshire

TB is a bacterial infection caused by Mycobacterium Tuberculosis which mainly affects the lungs but which can spread to many other parts of the body including the bones and nervous system. If it is not treated, an active TB infection can be fatal.

In Oxfordshire, the numbers of cases of TB at local authority level per year are very low. The local figures are shown below.

### Tuberculosis (TB) - Rate per 100,000 population (2004 to 2012) Oxfordshire and districts within Oxfordshire



The levels of TB in the UK have been relatively stable over the past years. Much effort has gone into improving TB prevention, treatment and control.

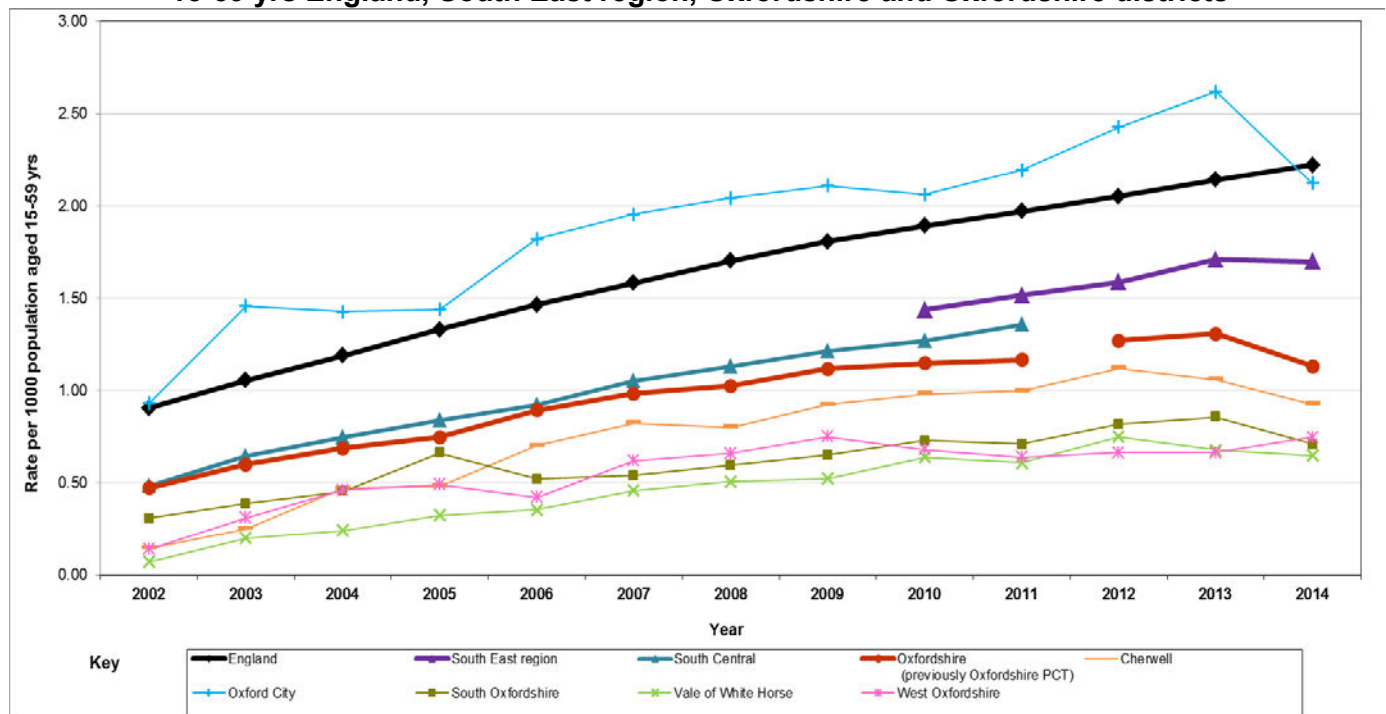
The rate of TB in Oxfordshire is lower than the National average and levels in Oxfordshire, Buckinghamshire and Berkshire combined. In the UK the majority of cases occur in urban areas amongst young adults, those coming in from countries with high TB levels and those with a social risk of TB. This is reflected in the higher rate of TB in Oxford compared to other Districts in the county.

Public Health England has developed a TB strategy to address TB nationally. TB control boards have been established to look at regional levels of TB and services to provide treatment. In Oxford the Clinical Commissioning Group are implementing a latent TB screening programme as part of a national initiative to identify and treat new entrants from high TB prevalence countries.

## Sexually transmitted infections HIV & AIDS

Whilst HIV does not raise the public alarm it used to, it still remains a significant disease both nationally and locally. HIV is now a long term condition so we would expect there to be more people living with HIV long term. 2014 data shows that there are 457 people diagnosed with the infection living in Oxfordshire, 231 out of 457 live in Oxford City. This trend is shown in the chart below and shows a decrease over the last year across the County.

**Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs England, South East region, Oxfordshire and Oxfordshire districts**



Finding people with HIV infection is important because HIV often has no symptoms and a person can be infected for years, passing the virus on before they are aware of the illness. Trying to identify these people is vital. We do this in three ways:

- Providing accessible testing for the local population. In 2014/15 the sexual health service delivered 4,251 HIV tests across the service.
- Through community testing, we have 'HIV rapid testing' in a pharmacy as an initial step. This test gives people an indication as to whether they require a full test; the rapid test takes 20 minutes and gives fast results, although a fast tracking to the sexual health service for a full test is required to confirm diagnosis.
- Prevention and awareness. Educating the local population about safe sexual practices and regular testing in high risk groups.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments. HIV cannot be cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased.

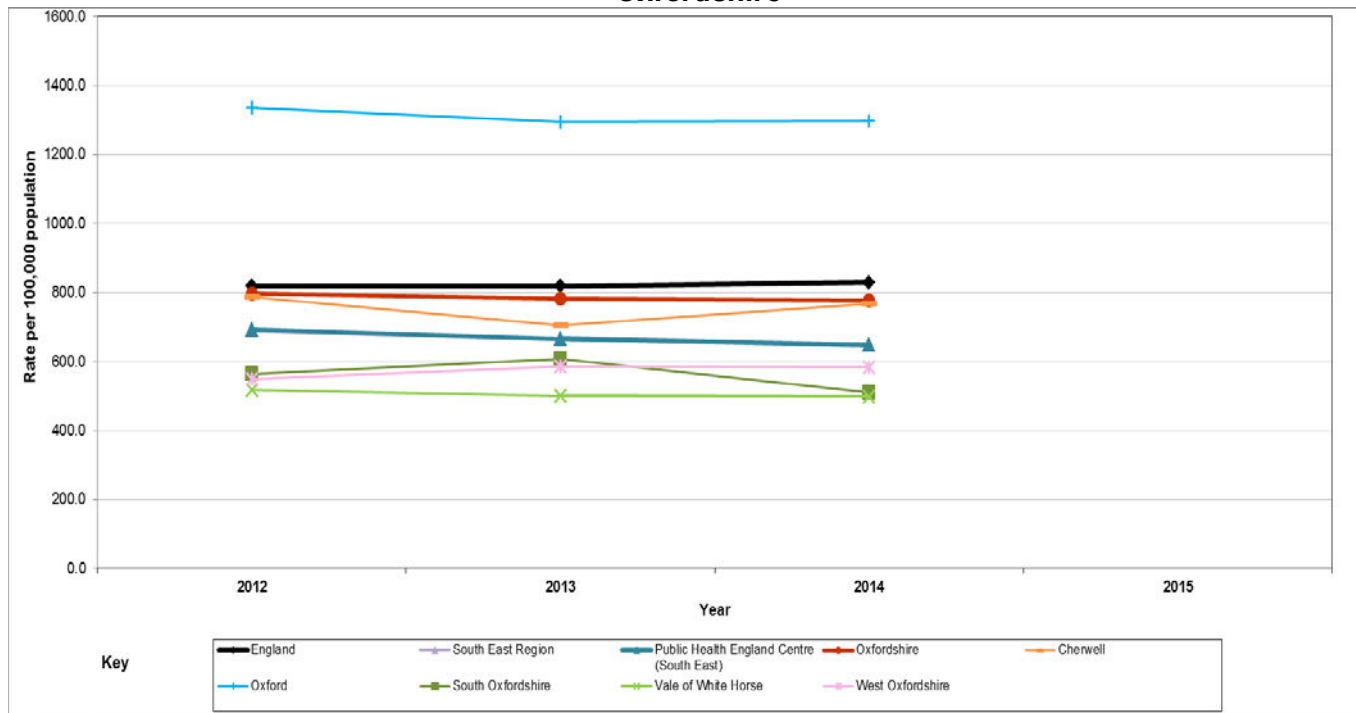
### **Sexual Health**

Sexually Transmitted Infections (STIs) are still high in England with the greatest number of cases occurring in young heterosexual adult men and women and men who have sex with men. STIs are preventable through practising 'safe sex'. Total rates of STIs in Oxfordshire are below the national average except in the City which has remained at a similar rate since 2013. The local picture is shown in the chart below.

The different types of STI each show a mixed picture which is generally good. Looking at each disease in turn gives the following picture:

- Gonorrhoea – is below national average for Oxfordshire as a whole and all districts except in Oxford City. An investigation of recent increases revealed that an apparent increase was a consequence of oversensitive tests resulting in false positive diagnoses. New methods of validation should reduce the number of false positive cases.
- Syphilis - is continuing to fall and is below national average in all areas of the County.
- Chlamydia –levels are lower than national average in all Districts – but we continue to have difficulties in persuading young people to come forward for testing despite, best efforts.
- Genital Warts – rates are now lower than the national average which is an improvement. Oxford City is significantly higher (reflecting the younger age group) but the trend is generally stable. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.
- Genital Herpes – rates are lower than national average except in the City which has higher levels. However the total number of cases in the year is small. Again this reflects the predominantly younger population in the City.

## **All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2014** **England, South East Region, PHE South East Centre, Oxfordshire and districts within Oxfordshire**



The integrated sexual health service which began in 2014 has seen increasing activity levels and this is to be welcomed. This service has improved access to contraceptive and sexual health services at the same time.

In the first year of operation, the sexual health service delivered

- 28,283 Genito-Urinary Medicine consultations
- Provided 19,059 tests for STIs and HIV
- Positively identified 2,215 STI and HIV infections
- Provided 15,888 consultations for family planning
- Fitted 9,809 contraceptive devices
- Prescribed 897 Emergency Hormone Contraceptives

The service has successfully established itself in the community as a range of accessible locations across the county where the local population can access all their sexual health services in the one location.

In line with best practice a partnership of local stakeholders was established in February of 2015. This group still continues to work together to identify and address priorities locally to further improve on the decline in STIs in Oxfordshire.

### **Recommendation**

The Director of Public Health should report progress on killer diseases in the next annual report and should comment on any developments.

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## CABINET – TUESDAY 18 OCTOBER 2016

### BUSINESS MANAGEMENT AND MONITORING REPORT QUARTER 1 2016-17

Report by Corporate Services

#### Introduction

1. This paper provides details of Oxfordshire County Council's performance for quarter one (April-June 2016) for Cabinet to consider.
2. A performance report covering key achievements and performance issues is attached at Annex 1. Performance dashboards are included at Annex 2.
3. The report shows that we have started the year well and are on course to meet the three strategic priorities set out in the Corporate Plan. Of the 24 outcomes reported on, most have been rated Green or Amber. The 6 Red-rated outcomes come under the Corporate Plan priorities "a thriving economy" and "protecting vulnerable people". OCC management teams have concluded that none of these red-rated outcomes require additional action at this time, beyond the actions already in hand described in this paper.
4. The content of Annexes 1 and 2 were published for the meeting of Performance Scrutiny Committee on 22 September 2016.

#### Recommendation

5. **Cabinet is RECOMMENDED to note and discuss the performance reported in the dashboards.**

October 2016

**Report by:** Ian Dyson, Assistant Chief Finance Officer (Assurance)

**Contact Officer:** Steven Jones, Policy & Performance Officer  
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## ANNEX 1 – PERFORMANCE REPORT

### Section A: Key achievements against our Corporate Plan priorities in this quarter

#### A thriving economy

- We have exceeded our target for business advice by Trading Standards.

#### Protecting vulnerable people

- Our aim of delivering safety messages via various social media was achieved in the first month of this quarter.
- We have exceeded our plan to help children and young adults, with our fire prevention campaign work contributing the most to this area.
- Our fire cadet evenings continue to be successful with numbers of young people attending exceeding our target figure.
- The number of delayed transfers of care of adults in hospital due to social care is falling. The target is for 20 delays or fewer by the end of the year. At the end of June there were 12. Nationally in the last 12 months social care delays rose by 32% while in Oxfordshire they fell by 36%
- The timeliness of decision making in the MASH, serving the front door for children's services, has improved and continues on an upward trajectory
- For outcomes "Ensuring children have a healthy start" and "Preventing chronic disease by tackling obesity" there are no concerns. In particular, Indicators related to Health Visiting and Family Nurse Partnership demonstrate that the service has maintained a very high quality since novating to the council.

#### Efficient public services

- We have achieved our response standards targets of sending a fire engine to an incident in the quickest time possible (97% responded to within 14 minutes and 92% responded to within 11 minutes) which is an excellent start to the year and an improvement on last year, assisted by the successful implementation of Thames Valley Fire Control Service.
- We are proud to have exceeded our target to save more people through our emergency response.
- We have achieved twice our target number for attending medical interventions this period as we continue to expand co-responding within Oxfordshire. Slade Park fire station has been particularly active in attending emergency medical interventions.
- We have successfully implemented new Help to Live at Home contracts which help adults to remain in their own homes and has led to improvements in the pick-up times for home care.
- To encourage communities to help themselves we have set out a strategy to increase the number of volunteers across the county. Under the Oxfordshire Together programme 110 Towns and Parishes have signed up to deliver some Highways Services, and we are in discussion with around 20 community groups to deliver some Children's Services when the new service model replaces these in March 2017.

<b>Section B: key issues affecting our ability to deliver our Corporate Plan priorities</b>
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**A thriving economy**

- Nothing to report.

**Protecting vulnerable people**

- We are currently unable to gather some performance data from Trading Standards in relation to activities related to vulnerable adults and children. Full reporting will be completed in time for quarter two.
- Rising demand for our adults' and children's services means fewer people are leading independent lives and pressures grow on budgets. There has been a 5 fold increase in adult social care safeguarding enquiries since 2010/11; a 46% increase in children assessed in social care last year alone and is the highest number of looked after children for many years. Some of this increase reflects the level of risk that the council is willing to hold e.g. the increase in looked after children has brought us into line with similar authorities and remain a third lower than the national rate. Some however will reflect the lack of availability and effectiveness of preventative services, including those provided or commissioned by partner organisations.

**Efficient public services**

- Nothing to report.

**Section C: key performance issues** requiring intervention / decision.

The following narratives explain outcomes which Directorates have rated “Red” in the dashboards. All the Red-rated outcomes come under the Corporate Plan priorities “a thriving economy” and “protecting vulnerable people”.

1.	
<b>Corporate Plan priority</b>	A THRIVING ECONOMY
<b>Outcome affected</b>	20,000 businesses are given advice and support to grow
<b>Recommended action</b>	<b>Cabinet is recommended to note the reasons for the Red rating and confirm that no additional action is required at this time.</b>
<b>Narrative</b>	<p>The number of OFRS building regulations consultations this quarter was below our target. We have responded to 175 building regulations consultations, all of which were completed within the required timescale set by legislation. The number of these sent to OFRS by various building control bodies is largely dependent on the current economic climate. The target set for this was based on historical figures so outturns will not always be in line with expectations. Despite this, we have no concerns as we have a proven track record of responding to these requests within our statutory deadlines.</p> <p>The figures returned each month for the number of Fire Safety Audits completed is slightly below target. This is due to the amount of time currently spent on other Regulatory Reform (Fire Safety) Order 2005 legal activities, such as on-going prosecutions and case conferences. We also have an unfilled post and a number of staff in development. The current function performance reflects the capacity of the team and best efforts are being made to improve. We are confident that as we move forward towards a full, competent team, coupled with robust reporting of data systems, we will see future improvements.</p>

2.	
Corporate Plan priority	PROTECTING VULNERABLE PEOPLE
Outcome affected	37,500 vulnerable children and adults are helped to lead more secure and independent lives, supported by safe and wellbeing visits
Recommended action	<b>Cabinet is recommended to note the reasons for the Red rating and confirm that no additional action is required at this time.</b>
Narrative	Our Trading Standards team provide a range of service activities to help protect vulnerable children and adults. These activities are now contributing to the 365alive vision. The team continue to deliver these programmes but new methods to capture the data to record these activities are required and have not been established in time for quarter one reporting. New processes will be in place by quarter two reporting. No significant impact or risk to the organisation as this is a recording issue only.

3.	
Corporate Plan priority	PROTECTING VULNERABLE PEOPLE
Outcome affected	Supporting older people to live independently with dignity whilst reducing the need for care & support
Recommended action	<b>Cabinet is recommended to note the reasons for the Red rating and confirm that no additional action is required at this time.</b>
Narrative	Measures around availability of reablement are rated Red for this quarter. Offering people reablement is a key part of the council's prevention agenda. The service is provided by Oxford Health NHS trust. The outcome is rated Red for Q1 because the number of people starting reablement continues to fall and service response times are not being met. Over 60% of people who receive this service do not need on-going care. If the service is not picking up cases there is a risk that people will directly enter long term care, reducing their independence and putting pressures on budgets. The failure to pick up cases in a timely manner is affecting overall delayed transfers of care, though not those due to social care as the provider is an NHS service. These performance issues will all be addressed soon as the contract for reablement is out to tender, with a new contract due to begin on October 1.

4.	
<b>Corporate Plan priority</b>	PROTECTING VULNERABLE PEOPLE
<b>Outcome affected</b>	Preventing early death and improving quality of life in later years
<b>Recommended action</b>	<b>Cabinet is recommended to note the reasons for the Red rating and confirm that no additional action is required at this time.</b>
<b>Narrative</b>	<p>For three of the indicators leading to this Red rating (smoking quitters, Successful drug completions opiate and non-opiate users) Quarter 1 data are not yet available and the performance reflects historical issues for which mitigation is in place. This has been reported to and monitored by the Health Improvement Board. The outcome is currently rated Red for the following reasons:</p> <ul style="list-style-type: none"> <li>• NHS Health checks. This service is delivered by General Practice under contract to the county council and has historically performed very well. The recent downturn in performance is currently under investigation and a full recovery plan is in place. Key elements to this are learning from best practice elsewhere and improving the public's knowledge of the service.</li> <li>• Smoking. There has been a sea change nationally in the way people give up smoking. Many are now using e-cigarettes as opposed to traditional stop smoking services. Also those continuing to smoke are more difficult to persuade to quit. This contract was re-let 18 months ago as a way of boosting performance. This has stopped the decline, but in line with the rest of the country we are yet to see an upturn. We are still awaiting Q1 data, so the performance described here is historical. This issue has been debated in public at the health improvement board.</li> <li>• Successful Completions for Drug treatment. Performance in this service has begun to improve since the contract was re-let in April 2015. Despite a modest upturn we are not yet satisfied that performance is as good as it should be, hence the red rating. Public Health England continue to give us their expert advice in turning these services around, and all acknowledge that successful treatment can easily take up to one year before it appears in the statistics.</li> </ul>

5.	
Corporate Plan priority	PROTECTING VULNERABLE PEOPLE
Outcome affected	Keeping children safe
Recommended action	<b>Cabinet is recommended to discuss the reasons for the Red rating and decide whether additional action is required at this time.</b>
Narrative	The measure around caseloads has been rated Amber, within which the variable nature of work means that some teams' performance is rated Red for this quarter. The increase in activity levels in children's social care has a direct impact on caseloads. Last year saw a 19% increase in referrals; a 46% increase in assessments; an 18% increase in child protection investigations and a 13% increase in child protection case conferences - workers are increasingly stretched. The current transformation programme merging Early Intervention with Family Support services will address some of the case load issues. Further remodelling may be necessary to mitigate this risk, one of the options to explore is increasing staff at the front door to manage demand.

6.	
Corporate Plan priority	PROTECTING VULNERABLE PEOPLE
Outcome affected	Reducing the level of need of our most vulnerable families
Recommended action	<b>Cabinet is recommended to discuss the reasons for the Red rating and decide whether additional action is required at this time.</b>
Narrative	The measure for number of children placed out of county has been rated Red for the quarter. The number of looked after children at the end of June has risen to 622. This is a similar rate to our statistical neighbours, and significantly below the national level. If we were to have the same rate of looked after children as the national average the figure would rise to 880. The increase is having an effect on the number of children placed out of county, and spending on the placement budget which has risen in the quarter. The delivery of the residential part of the placement strategy has been delayed by 7 months due to the late completion of the Thame Assessment Centre. For these reasons our Q1 performance in this outcome is rated as Red. The fostering element of the placement strategy has been very successful - with a 41% increase in use of in-house foster placement and foster placement with family and friends since March 2013.

October 2016

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## ANNEX 2 – PERFORMANCE DASHBOARDS

## FOR REFERENCE: CORPORATE PLAN 2016-17 PRIORITIES AND OUTCOMES, BY DIRECTORATE

PRIORITY: A STRONG AND THRIVING ECONOMY							
Outcomes	20,000 businesses given advice and support to grow (OFRS)	Raising achievement for all children and young people (CEF)	An Infrastructure Strategy for Oxfordshire is delivered (E&E)	High-quality jobs, and a skilled workforce, are created and sustained (E&E)	Funding for public services is maximised (E&E)	OCC's responsibilities for spatial planning are executed (E&E)	Highways are adequately maintained (E&E)

PRIORITY: PROTECTING VULNERABLE PEOPLE										
Page 207	85,000 children and young adults (to include looked after children) to be better educated to lead safer and healthier lives (OFRS)	37,500 vulnerable children and adults helped to lead more secure and independent lives, supported by safe and wellbeing visits (OFRS)	To deliver 1.6 million specific safety messages to contribute towards promoting a safer community, across all social media platforms (OFRS)	Ensuring children have a healthy start in life (PH)	Preventing early death and improving quality of life in later years (PH)	Preventing chronic disease by tackling obesity (PH)	Narrowing the gap for our most disadvantaged and vulnerable groups (CEF)	Keeping children and young people safe (CEF)	Adults with long term conditions living independently and achieving their full potential (SCS)	Support older people to live independently with dignity whilst reducing the need for care & support (SCS)

PRIORITY: EFFICIENT PUBLIC SERVICES							
Outcome	6,000 more people alive as a result of our prevention, protection and emergency response activities (OFRS)	When a fire occurs we aim to send the nearest fire engine in the quickest time possible (OFRS)	Reducing the level of need of our most vulnerable families (CEF)	Working together to improve quality and value for money in the Health and Social Care System (SCS)	Household waste is disposed of efficiently and effectively (E&E)	Year on year reduction in OCC's carbon equivalent emissions (E&E)	Communities are helped to help themselves (Corp Services)

## SOCIAL AND COMMUNITY SERVICES – PERFORMANCE DASHBOARD – Quarter 1 2016-17

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG rating
8672636 PROTECTING VULNERABLE PEOPLE	Adults with long term conditions living independently and achieving their full potential	1	20,000 people to receive information and advice about areas of support as part of community information networks.	20,000	Y	G
	Support older people to live independently with dignity whilst reducing the need for care & support	2	Reduce the number of people delayed in hospital awaiting social care from current level of 30 at the end of March 2015 to 20 at the end of March 2017 .	20	N	G
		3	Increase the proportion of older people with an on-going care package supported to live at home from 60% in April 2016 to 62% in April 2017	62%	N	A
		4	Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year (2,115 per week) by April 2017.	110,000	N	R
		5	80% of people who receive reablement need no ongoing support by April 2017	80%	Y	R
EFFICIENT PUBLIC SERVICES	Working together to improve quality and value for money in the Health and Social Care System	6	Increase the number of carers receiving a social care assessment from 7,036 in 2015/16 to 7,500 in 2016/17.	7,500	Y	A
		7	Increase % carers who are extremely or very satisfied with support or services received. 43.8 % baseline from 2014 Carers survey.	44%	N	Available once a year
		8	75% of all adult safeguarding investigations will be concluded within 20 working days or have an agreed exemption by a senior manager	75%	Y	G
		9	75% of all adult safeguarding triage decisions will be made in two working days	75%	Y	G

## CHILDREN EDUCATION &amp; FAMILIES – PERFORMANCE DASHBOARD – Quarter 1 2016-17

	Outcome	Success indicator		Target	Cumulative target Y/N	Q1 RAG rating
THRIVING ECONOMY	Raising achievement for all children and young people	10	% of schools judged good or outstanding by OFSTED to be in top quartile nationally by 2018. *	89%	N	A
PROTECTING VULNERABLE PEOPLE	Narrowing the gap for our most disadvantaged and vulnerable groups	11	Increase the number of troubled families worked with by the council from 915 in 2015/16 to 1,549 in 2016/17 and 2892 by 2020.	1549	Y	G
		12	Increase the number of community Common Assessment Frameworks (CAFs) completed from 770 in 2015/16 to 847 in 2015/16	847	Y	A
		13	Persistent absence rates to be in the top quartile nationally by 2018 for secondary schools	-	N	TBC
		14	Permanent exclusions to remain in the top quartile nationally	-	N	A
	Keeping children and young people safe	15	Set a baseline for caseloads in different teams and reduce this in the year to best practice levels	Varies by team	N	A
		16	Increase the proportion of referrals dealt with within timescales to 75% by March 2017	75%	N	G
		17	Increase the Proportion of assessments completed in 40 working days to 75% by March 2017	75%	Y	A
		18	Increase the proportion of interviews of missing children completed on time	-	Y	G
EFFICIENT PUBLIC SERVICES	Reducing the level of need of our most vulnerable families	19	Recruiting 135 unrelated foster carers over the next three years	135 by March 2019	Y	A
		20	Reduce the number of children placed out of county and not in neighbouring authorities from 77 to 60 by March 2016	60	N	R

\* The annual educational performance report will continue to be reported to Education Scrutiny Committee

## ENVIRONMENT &amp; ECONOMY – PERFORMANCE DASHBOARD – Quarter 1 2016-17

	Outcome	Success indicator		Target	Cumulative Target Y/N	Q1 RAG rating
THRIVING ECONOMY	An Infrastructure Strategy for Oxfordshire is delivered	21	A prioritised infrastructure strategy providing a framework that enables the county's planned growth will be produced by March 2017.	5% (Q1)	Y	G
	High-quality jobs, and a skilled workforce, are created and sustained	22	Oxfordshire is chosen for 35 new investors / re-investors, 14 of which are 'high value' (as defined in OxLEP contract)	35 / 14	Y	A
		23	We participate in 15 funding bids for innovation submitted to support the Smart Oxford programme	6%	Y	G
		24	525 additional apprenticeship starts are delivered	TBC	Y	G
	Funding for public services is maximised	25	Value of monies secured in s106 / s278 agreements as a % of requirements identified through the Single Response process	80%	Y	TBC
		26	No more than 20% of s106 monies are held within 2 years of potential payback	<20%	Y	G
	OCC's responsibilities for spatial planning are executed	27	80% of District Council planning applications are responded to within the agreed deadline	80%	Y	G
		28	50% of Mineral and Waste applications are determined within 13 weeks	50%	Y	G
	Highways are adequately maintained	29	% of highway defects posing an immediate risk of injury are repaired within 24 hours	100%	N	G
		30	% of highway defects that create a potential risk of injury repaired within 28 calendar days	90%	N	G
		31	% of the A and B Classified road network where carriageway maintenance should be considered.	28%	N	A
EFFICIENT PUBLIC SERVICES	Household waste is disposed of efficiently and effectively	32	59% of household waste is reused, recycled or composted	59%	N	A
		34	% of waste from HWRC which is recycled	60%	N	G
	Year on year reduction in OCC's carbon equivalent emissions	35	Average 3% year on year reduction in carbon equivalent emissions from OCC estates and activities	11%	Y	G

## PUBLIC HEALTH – PERFORMANCE DASHBOARD – Quarter 1 2016-17

Outcome		Success Indicator	Target	Cumulative Target Y/N	Q1 RAG rating
PROTECTING VULNERABLE PEOPLE	Ensuring children have a healthy start in life	36 Conceptions in women aged under 18 per 1,000 females aged 15-17 (teenage conceptions). This reflects calendar year 2015	<=16.8 (189)	Y	G
		37 Percentage of mothers who receive a universal face to face contact at 28 weeks or above	Q1 55% Q2 60% Q3 62% Q4 65%	N	G
		38 Percentage of births that receive a face to face New Birth Visit (NBV) within 10-14 days by a Health Visitor	93-95% (each quarter)	N	R
		39 Percentage of births that receive a face to face New Birth Visit (NBV) completed	95%	N	G
		40 Percentage of children who received a 12 month review	93-95% each 1/4	N	G
		41 Percentage of children who received a 2-2.5 year review	93-95% each ¼	N	G
		42 Percentage of infants for whom breastfeeding status is recorded at 6-8 week check	95.0%	N	G
		43 Babies breastfed at 6-8 weeks of age (County). No individual CCG locality should have a rate of less than 55%)	63.0%	N	A
		44 % of Mothers who received a Maternal Mood Review in line with the local pathway by the time the infant is aged 8 weeks.	93.0%	N	G
	Preventing early death and improving quality of life in later years	45 Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%.	15%	Y	G
		46 Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 51.7% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>51.7% (Aspire 55%)	Y	R

## CA9

Page 242		47	Number of the eligible population, aged 40-74, who received their NHS Health Check	Q1 3724 (3939) Q2 7448 (7877) Q3 10722 (11816) Q4 14896 (15755)	Y	R
		48	Number of people who have received a health check that were identified as high cardiovascular risk (heart attack, stroke, diabetes)	Q1 186 (197) Q2 372 (394) Q3 558 (591) Q4 745 (788)	Y	R
		49	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115	Y	R
		50	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months, as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year Aspire 6.8% long term	Y	R
		51	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months, as a percentage of the total number of non-opiate users in treatment.	< 26.2% 30% end year Aspire 37.3% long term	Y	R
		52	All drugs: successful completions	2015-16 national average = 15.2%	Y	A
		53	Successful completions as a % of the total Number in Treatment (ALCOHOL) Good performance = high %	39.2% 2015/16 national average	Y	G
PROTECTING VULNERABLE PEOPLE	Preventing chronic disease by tackling obesity	54	National Childhood Measurement Programme (NCMP) - obesity prevalence in Reception year	Maintain <7%	N	G
		55	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6. No district population should record more than 19%	<=16%	N	A
		56	National Childhood Measurement Programme (NCMP) - % of all children measured in Reception (coverage)	90%	N	G
		57	National Childhood Measurement Programme (NCMP) - % of all children measured in Year 6 (coverage)	90%	N	G

# OXFORDSHIRE FIRE & RESCUE SERVICE – PERFORMANCE DASHBOARD – Quarter 1 2016-17

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG rating
THRIVING ECONOMY	20,000 businesses given advice and support to grow	58	833 businesses given advice and support, per quarter.	833	Y	R
PROTECTING VULNERABLE PEOPLE	85,000 children and young adults (to include looked after children) to be better educated to lead safer and healthier lives	59	3,542 children and young adults to be better educated to lead safer and healthier lives, per quarter	3,542	Y	G
	37,500 vulnerable children and adults helped to lead more secure and independent lives, supported by safe and wellbeing visits	60	1,562 vulnerable children and adults helped to lead more secure and independent lives, supported by safe and wellbeing visits per quarter	1,562	Y	R
	To deliver 1.6 million specific safety messages to contribute towards promoting a safer community, across all social media platforms	61	To deliver 66,666 specific safety messages across all social media platforms, per quarter.	66,666	Y	G

## CA9

EFFICIENT PUBLIC SEERVICES	6,000 more people alive as a result of our prevention, protection and emergency response activities	62	250 more people alive as a result of our prevention, protection and emergency response activities per quarter	250	Y	G
	When a fire occurs we aim to send the nearest fire engine in the quickest time possible	63	80% of emergency call attendances to be made within 11 minutes, per quarter	80%	Y	G
		64	95% of emergency call attendances to be made within 14 minutes, per quarter	95%	Y	G

## CORPORATE SERVICES – PERFORMANCE DASHBOARD – Quarter 1 2016-17

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG rating
EFFICIENT PUBLIC SEERVICES	Communities are encouraged to help themselves with support from the County Council, strengthening the role of individual citizens and communities	65	OCC effectively uses a variety of mechanisms including active participation in the democratic system, being part of Town and Parish Councils, volunteering in their local community and receiving support from the providers of the OCC VCS Infrastructure Contract. Also through direct service delivery under the Oxfordshire Together programme.	-	N	G

Division(s): N/A
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## **EDUCATION SCRUTINY COMMITTEE – 26 SEPTEMBER 2016**

### **STRATEGIC AND OPERATIONAL RESPONSIBILITIES OF THE COUNTY COUNCIL AND THE RESOURCES REQUIRED TO CARRY OUT THESE DUTIES, PARTICULARLY IN RELATION TO SCHOOL IMPROVEMENT AND SUPPORT SERVICES**

**Report by the Director for Children, Education and Families**

#### **COUNCIL RESPONSIBILITIES FOR EDUCATION**

1. This paper reiterates the ongoing strategic and operational responsibilities of the Council. It provides information about the resources required to carry out these duties, particularly in relation to school improvement and support services.
2. A series of briefings on the continued role of the council with schools was delivered in the Summer Term (see Annex 1). In Oxfordshire over 50% of pupils attend academies. Most secondary schools are now academies. The Council still holds responsibilities for maintained schools. It has a role in supporting the academisation process and holds some responsibilities for learners in academies.
3. The implementation of the Government's national funding formula for schools and reformed Dedicated Schools Grant Blocks has been delayed by one year. Plans are now to implement the changes in 2018/19. A consultation about the introduction of an Early Years national funding formula is underway. From September 2017 there will be an extension of the free Early Years entitlement for three and four year olds from 15 to 30 hours per week.
4. Council services managed through 'Education and Learning' continue to be led by Roy Leach, Janet Johnson and Chris Malone. Roy is 'first among equals', which means that he is a member of Directorate Leadership Team (DLT) and associated groups. Leadership of Education and Learning continues to be as follows:
  - Sufficiency and Access (RL)
  - Vulnerable Learners (JJ)
  - Education Quality (CM).
  -

#### **SUFFICIENCY AND ACCESS**

5. The local authority's responsibilities located in Sufficiency and Access are:

- Ensuring that there are enough school, early years and childcare places (sufficient to meet the 30 hour entitlement), including through the commissioning of new schools
- Managing school admissions
- Determining and applying the home to school transport policy
- Exclusions (ensuring alternative full time provision following permanent exclusion)
- Attendance (including prosecutions)
- Schools Health & Safety
- Education visits
- Academy conversions (including sponsorship)

### Resource required

6. The net Council expenditure and staff employed to discharge each of main areas of Sufficiency & Access are set out in the table below:

Service area	Total staff (not FTE)	Net Council budget £000	DSG contribution or income generation £000
Academies	2	374	Income 100
Admissions & transport	13	37	DSG 431
Early years sufficiency & payments	11	483 (inc. capacity building grants)	DSG 4,000
Exclusions & attendance	12	191	
Pupil Place Planning	5	289	DSG 44
Schools H&S	5	-31	Income 301
TOTAL	48	1,343	4,876

### VULNERABLE LEARNERS

7. Local Authorities' responsibilities for vulnerable learners were last set out in the White Paper, Educational Excellence Everywhere (March 2016):
- Identifying, assessing and making provision for children with special educational needs and disability (SEND) and looked after children (LAC).
  - Helping schools to provide the right support for children with additional needs, including LAC and SEND.

- Providing support to navigate the local SEND arrangements.
  - Championing high standards for all children and calling for action from the Regional Schools Commissioner to tackle underperformance where necessary.
8. The Education Bill (May 2016) outlined a new set of principles which LAs should have regard to when carrying out their responsibilities in respect of children in care and care leavers:
- A new requirement on local authorities to consult on and publish a local offer setting out the support available for care leavers.
  - Allowing all care leavers to have support from a personal adviser up to the age of 25 if they need it.
  - Extending the role of virtual school head and designated teachers to children who have been adopted or who are in long-term care (under an adoption, special guardianship or a child arrangements order).

### Resource required

9. The teams supporting vulnerable learners are funded from the high needs block within the dedicated schools grant. The high needs block funding has not kept pace with increasing demand and consequently in 2015/16 spend exceeded the budget for the first time. This is predicted to increase in future years and becomes a risk for the County Council if the current link with the other DSG blocks ceases, as proposed in the national funding reforms consultation, and if Oxfordshire does not receive sufficient funding when the national funding reforms are implemented in 2018/19.
10. Oxfordshire's total High Needs expenditure was **£246** per head in 2014/15, compared with £301 England, £292 South East region and £265 statistical neighbours. Oxfordshire's estimated total high needs expenditure for 2015/16 is reducing to **£221** per head, whereas it is rising in England (£317), SE region (£298) and statistical neighbours (£282), therefore the funding gap is increasing in Oxfordshire. Total high needs expenditure includes top up funding to schools, (for children with statements or Education, Health and Care plans), SEN Support services, support for inclusion and alternative provision.
11. In line with all council services, this area continues to explore how to manage increasing demands with less resource. The three main priorities in 2016/17 are:
- 1) Increasing the range and quantity of provision in Oxfordshire:
    - Strategic development of specialist provision, including free schools opportunities
    - The Placement Strategy (keeping our most vulnerable closest to home) and cost efficiencies
    - Maintaining relationships with local independent providers.

- 2) Early Years and SEN Support Services review:

- Exploring further savings and
- Service transformation to ensure that SEN services are fit for purpose for the next 5 years, taking into account interdependencies with other services, such as nursing and CAMHS, and other market developments.

3) Performance of vulnerable learners

- Stronger strategic and operational links between partners brokered by the Council to provide school improvement functions and central employed staff working within services for vulnerable learners.

## EDUCATION QUALITY

### The Council's strategy to address responsibilities

12. Key risks to current educational performance are:
  - rapid reduction in school improvement budget while Oxfordshire retains statutory responsibilities for its maintained schools
  - rapid unexpectedly high reduction in early years centrally held budget.
13. The council's strategy to mitigate these two risks is described below.
14. Current responsibilities under Oxfordshire's [Education Strategy](#) have been reduced to statutory and strategic requirements. The service to schools is summarised in the 'Guarantee' for schools copied in Annex 2. As a rule, services are offered to academies at a cost whereas maintained schools must participate and may be charged. Responsibilities include:
  - (i) Ensuring statutory duties are met and liaising with Ofsted (HMI), the Regional Schools Commissioner (RSC) and other partners, chairing the Safeguarding in Education Group, facilitating the Oxfordshire Strategic Schools Partnership Board (SSPB), Early Years Board and Chairs of School Partnership meetings
  - (ii) Managing available resource, maintaining a traded offer to schools and settings where full cost can be recovered, including through Hill End Outdoor Centre, and supporting Schools Forum
  - (iii) Risk assessing all education providers, overseeing the sending of position statements, writing targeted follow-up letters, planning and commissioning interventions, leading and commissioning School Improvement services through the Operational Group for maintained schools of concern
  - (iv) Managing the settings causing concern process for nurseries and pre-schools
  - (v) Meeting Standing Advisory Council for Religious Education responsibilities
  - (vi) Supporting head teacher recruitment in maintained schools

- (vii) Meeting assessment and moderation requirements for primary schools
- (viii) Providing inspection support for maintained schools and for settings
- (ix) Facilitating provision of advice and support for governing bodies
- (x) Supporting committees and management teams in early years and childcare provision where quality is a concern or through change
- (xi) Fulfilling statutory responsibilities for Education Off-Site Visits
- (xii) Communicating with education providers through a variety of means

### Resource required

15. As reported to the Education Scrutiny Committee in April 2016, the Council's school improvement capacity has been in decline for a number of years. This is a conscious response to dwindling financial resources (reinforced by the decision of Government to no longer fund councils for this function when the per pupil Education Services Grant is replaced by a core local authority services block grant at the end of the 2016 -17 academic year) combined with the move away from being a direct provider of services to a commissioner role. How the cessation of funding for school improvement sits with an ongoing responsibility for the performance of the remaining maintained schools is still unclear. This year, additional funding has been allocated towards discharging the duties described below.
16. Ten years ago there were over 40 specialist subject advisers and a ten person team of generalist Education Officers. By 2015/16 there were 11 council employees delivering school improvement services, and from September 2016 there will be one 4 day-a week interim role plus business delivery capacity. Statutory services for schools causing concern will be commissioned through the council's approved provider list which has been established and updated for the purpose (called the Dynamic Purchasing System). The budget available for this commissioning will be significantly reduced (see below).
17. The following table lists the core budget reductions for school improvement work from 2015/16 to 2017/18.

	<b>Core Budget 2015/16 £</b>	<b>Core Budget Plan 2016/17 £</b>	<b>Core Budget Plan 2017/18 £</b>	<b>Total Savings (2015/16 - 2017/18) £</b>	<b>% Core Budget Reducti on fro m 2015/16 to 2017/18</b>	<b>Proposed budget 2017/18</b>

School Governance & Accountability	85,274	75,274	15,000	<b>70,274</b>	82%	0 (traded service)
School Improvement	1,118,175	810,690	*205,941	<b>869,234</b>	82%	163,000

\*In 2016/17 funding for Tier 4 roles is being covered centrally to support transition into the reduced budget

18. In addition to these reductions, Dedicated Schools Grant (DSG) is no longer available for functions such as the Primary Support Team (English and Maths advisory work). Due to Council's decision not to expand trading, these council services have now been discontinued to Oxfordshire schools.
19. Pressures on the Early Years DSG funding are likely to be high from April 2017. The Government is currently consulting on a range of proposals for early years funding with a tight time-frame. These include a capping of the proportion of Early Years DSG that councils can hold back to 7% from April 2017 and 5% from April 2018. Oxfordshire currently holds back just over 12%. Officers and Oxfordshire Schools Forum anticipated that a cap, if implemented, would be around of 10%. The unexpected steeper saving required means that the early years advisory function (which is totally DSG funded) will be reviewed and is likely to reduce significantly.
20. Further reduction of the budget in 2017/18 (see above) puts even heavier reliance upon the council brokering partners to complete school improvement work with those schools not yet academies. Although Oxfordshire's Strategic Schools Partnership Board and Operational Group are strengthening, and model the systems leadership method advocated by Government, there is a risk of schools falling through the net. A very lean model may not deliver improved quality of education in all schools that most of Oxfordshire's children now enjoy.

## RECOMMENDATION

21. **Education Scrutiny Committee is encouraged to challenge the robustness of the new structure of the Education & Learning services and the adequacy of the allocated resources, in order to assist officers in continuing to deliver high quality and efficient services to discharge the Council's statutory responsibilities.**

**JIM LEIVERS,**  
**Director for Children, Education and Families**

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September 2016

**Annex 1****The County Council's position in respect of Schools, Full Council, July 2016**

## Oxfordshire context

As of 31<sup>st</sup> May 2016 the split in Oxfordshire between maintained schools and academies (including new schools) is:

Phase	Total	Academies	% Academies
Primary	234*	66	28%
All-through (4 - 18)	3	3	100%
Secondary	35*	29	83%
Special	15	6	40%

\*in addition, 11 primary schools and 3 secondary schools are currently consulting on academy options

- Over 50% of Oxfordshire pupils attend academies
- 83% of state-funded secondary schools are academies (29/35) plus 3 all-through schools
- 28% of state-funded primary schools are academies (66/234)
- 40% of state-funded special schools are academies (6/15)
- 6 maintained nursery schools cannot currently become academies

## National context

- [Education Excellence Everywhere](#), DfE, 2016
  - All schools encouraged to become academies
  - Local authorities no longer to provide school improvement
- Education and Adoption Act, 2016 and [Schools Causing Concern](#) statutory guidance
  - Increased responsibilities for Regional Schools Commissioners for maintained schools (inadequate and 'coasting')

## 'Education and Learning': 3 functions

- Education Sufficiency and Access
- Vulnerable Learners
- Education Quality
- Local Authority as 'Champion for Children'
- Strategic Schools Partnership Board leading partnership delivery of 'school improvement'

## Oxfordshire's School Improvement Guarantee 2016/17

1. [Oxfordshire Education Strategy](#), and 'Equity and Excellence', 2015-18, focus on the good and improving quality and standards in Oxfordshire schools. Our main area for improvement is to raise attainment of vulnerable learners to be in line with national levels.
2. **School improvement work** is managed by partners on the Operational Group in a spirit of openness and transparency with schools. School Improvement Leaders (SILs) are National Leaders of Education / Local Leaders of Education / current Ofsted inspectors. School support tiers will be shared with headteachers in September (this may change mid-year):
  - **Tier 1:** academies
  - **Tier 2:** good and outstanding maintained schools
  - **Tier 3:** maintained schools at greater risk of becoming schools of concern
  - **Tier 4:** maintained Schools Causing Concern
  - (i) **Outstanding** schools will be encouraged to work with Oxfordshire Teaching School Alliance (OTSA) to work in partnership with other schools.
  - (ii) **Good or outstanding** maintained schools will be monitored in a 'light touch' manner. If educational standards drop and a school is deemed vulnerable to an inspection outcome of less than good, the school may be deemed as 'causing concern'. This will be the case if a school is 'coasting' or 'below floor' and the Operational Group will organise support.
  - (iii) Schools judged as **special measures, serious weaknesses or requiring improvement** by Ofsted will immediately trigger a **School Causing Concern** category. Support for maintained schools causing concern will usually be organised through the Operational Group, or through potential academy sponsors.
  - (iv) If an Oxfordshire maintained school is identified as '**causing concern**', the headteacher and the chair of governors will engage in dialogue with either Oxfordshire County Council or its representative about next steps. The council will exercise the right to send a warning letter to schools that meet the criteria in the [Schools Causing Concern Guidance](#), and will liaise with the Regional Schools Commissioner (RSC) as required.
  - (v) **Maintained schools that fall into special measures or serious weaknesses** will be briskly supported to become sponsored academies, through liaison with the RSC.
  - (vi) **Academies causing concern** fall under the remit of the RSC. If they have unresolved concerns about academies, council officers and the Chair of the Operational Group will alert the RSC and the appropriate Multi-Academy Trust, following liaison with academy leaders.
3. **Additional funded services for school improvement**

Attendance at **headteacher interviews** in maintained schools is free of charge to schools. Schools can buy fuller support for the headteacher recruitment process and for governance.

When a **maintained school is inspected**, the council will provide / commission / broker a senior education professional to talk with the lead inspector. This will not be charged to the school.

We set and agree a local syllabus for **Religious Education** in conjunction with the [Standing Advisory Council Religious Education \(SACRE\)](#). SACRE provides support to schools on the provision of RE through the Locally Agreed Syllabus and online resources.

Support for maintained schools with **assessment and moderation** is provided in line with requirements in 'Assessment and Reporting Arrangements' and Guidance for Moderation.

#### **4. OCC traded services for school improvement**

Please see [Oxfordshire Partners in Learning](#) for:

Educational Visits Coordinator training

Inclusion briefings

An extensive suite of Governor Services

and [Step into Training](#) for early years training and development opportunities

Please also see [Oxfordshire Teaching School Alliance](#) [The Diocese of Oxford](#)

and [The Primary Support Team](#)

#### **5. Communication**

- [Schools News](#) is the main method of communication with schools
- Webpages provide up to date information for schools
- In August primary schools will be sent Position Statements via [Perspective Lite](#) (secondary schools: October). *Perspective Lite* is used to convey notes of contact and data messages.
- In September a letter to headteachers and chairs of governors will explain this guarantee.
- [The KEEP](#) is Oxfordshire's directory for sharing ideas and projects for school improvement.
- Local authority officers meet termly with chairs of school partnerships, and with chairs of headteacher associations.
- Jim Leivers, Director of Children's Services, leads termly meetings with headteachers and chairs of governors.

#### **Oxfordshire's School Improvement Guarantee**

We will:

- work with partners to support and challenge maintained schools to offer a good education
- keep a watching brief over outcomes for pupils attending academies

- maintain and honour this guarantee for schools
- maximize the use of existing funding for school improvement
- implement the priorities and principles in Oxfordshire's Education Strategy.

We expect you to:

- understand Oxfordshire's Education Strategy and School Improvement Plan
- check regularly that your school meets statutory requirements eg for safeguarding
- seek support if your school faces difficulties
- offer support for areas in which your school excels
- access schools news weekly in term-time, keep up to date, share key messages in school.

Chris Malone, OCC Strategic Lead, Education Quality  
 Simon Bissett, Education Quality Commissioner  
 On behalf of Oxfordshire's Strategic Schools Partnership Board (SSPB) & Operational Group

## Annex 3

### Local Authority Statutory Duties relating to the quality of education <sup>1</sup>

Maintained schools	Legislation / statutory guidance
Schools Causing Concern	<a href="#">Statutory guidance for local authorities</a> , March 2016
Assessment and moderation	National Curriculum Order, 2003/4, Key Stage 1, 2 & 3 Assessment
School governance appointment of governors and Interim Executive Boards	Chapter IV & Schedule 11 of School Standards and Framework Act & Constitution Regulation's 2003 in Statutory Guidance August 2015
Headteacher appointments	School Staffing Regulations, 2009 (a power not a duty)
Standing Advisory Council on RE (SACRE) and agreed syllabus	Section 390, Education Act 1996 Schedule 31, 1996 Education Act
Educational visits coordination & quality	Health & Safety Advice February 2014, Health & Safety at Work Act 1974
Child performance and employment	Part 2, Children and Young Persons Act 1933, Part 2, Children and Young Persons Act 1963, Children (Performances) Regulations 1968).
<b>Early Years</b> (education) (requirements are on all education establishments with a Foundation Stage) Improving outcomes for all children and narrowing the gap Intervention in settings receiving Nursery Education funding that are not inspected as good or outstanding	Childcare Act, 2016 and 2006  <a href="#">Statutory Guidance for Local Authorities in Education and Childcare</a> , September 2014 to be updated for 2016
<b>Safeguarding</b> (requirements are on all education providers); liaison with LADO	<a href="#">Keeping Children Safe in Education</a> , September 2016 <a href="#">Working Together to Safeguard Children</a> , March 2015

<sup>1</sup> Subject to changes in legislation prompted by [Educational Excellence Everywhere](#), DfE, 2016

Division(s): N/A
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## CABINET – 18 OCTOBER 2016

### FORWARD PLAN AND FUTURE BUSINESS

#### Items identified from the Forward Plan for Forthcoming Decision

Topic/Decision	Portfolio/Ref
<b>Cabinet, 22 November 2016</b>	
<ul style="list-style-type: none"> <li>▪ <b>Staffing Report - Quarter 2 - 2016</b> Quarterly staffing report providing details of key people numbers and analysis of main changes since the previous report.</li> </ul>	Cabinet, Deputy Leader 2016/060
<ul style="list-style-type: none"> <li>▪ <b>Housing Related Support Pooled Budget Agreement</b> To seek agreement in principle to contribute to a pooled budget for housing related support between the County Council, the District and City Councils and CCG.</li> </ul>	Cabinet, Adult Social Care 2016/084
<ul style="list-style-type: none"> <li>▪ <b>Adopt Thames Valley</b> To endorse Oxfordshire County Council's policy in response to proposals for possible regionalisation of the Adoption Service.</li> </ul>	Cabinet, Children, Education & Families 2016/068
<ul style="list-style-type: none"> <li>▪ <b>Electrification Programme Update - Steventon</b> <b>Proposals including Compulsory Purchase Order</b> To seek approval of the delegation of Compulsory Purchase Powers to Director for Environment &amp; Economy for use in supporting Network Rail with their electrification project.</li> </ul>	Cabinet, Environment 2016/099
<ul style="list-style-type: none"> <li>▪ <b>Oxford Working Parking Levy</b> To seek approval of proposed processes funding and governance for the development of a workplace parking levy for Oxford.</li> </ul>	Cabinet, Environment 2016/081
<ul style="list-style-type: none"> <li>▪ <b>Oxfordshire Minerals &amp; Waste Local Plan - Core Strategy</b> To seek approval of:               <ol style="list-style-type: none"> <li>1. Proposed modifications to the Core Strategy for public consultation;</li> <li>2. Revised Minerals &amp; Waste Development Scheme;</li> <li>3. Local Aggregate Assessment 2016</li> </ol> </li> </ul>	Cabinet, Environment 2016/070
<ul style="list-style-type: none"> <li>▪ <b>School Crossing Patrol Policy</b> To seek approval of a new policy.</li> </ul>	Cabinet, Environment 2016/045

- **Treasury Management Mid Term Review (2016/17)**

To provide a mid term review of Treasury Management activity in 2016/17 in accordance with the CIPFA code of practice.

Cabinet, Finance  
2016/059
- **Transition Fund**

To seek approval of the panel recommendations from grant funding pump priming to support open access children's services.

Cabinet, Finance  
2016/113

## Deputy Leader, 28 November 2016

- **Future of Trading Standards Approved Trader Schemes in Oxfordshire**

To seek approval for the delivery of Trading Standards approved trader schemes in Oxfordshire.

Deputy Leader,  
2016/106
- **Trading Standards Service Policy for the Provision of Business Advice and Support Services**

To seek approval for a revision to the current policy for the provision of business advice and support services.

Deputy Leader,  
2016/107
- **The Enforcement of the Consumer Rights Act 2015 - Requirements on Letting Agents**

To seek approval for the implementation of the Consumer Rights Act, with respect to letting agents.

Deputy Leader,  
2016/108

## Cabinet Member for Children, Education & Families, 14 November 2016

- **Revised Pupil Place Plan for Oxfordshire**

To formally approve the annual revision of Oxfordshire's Pupil Place Plan.

Cabinet Member  
for Children,  
Education &  
Families,  
2016/063

## Cabinet Member for Environment, 24 November 2016

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| <ul style="list-style-type: none"> <li>▪ <b>Oxfordshire Minerals &amp; Waste Annual Monitoring Report 2016</b><br/>To seek agreement to the Minerals &amp; Waste Annual Monitoring Report for 2015, setting out progress on preparation of the Minerals &amp; Waste Local Plan and the results of monitoring of minerals &amp; waste planning policies.</li> </ul> | Cabinet Member<br>for Environment,<br>2016/061 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Amendments to Parking Restrictions - Frenchay Road and Elizabeth Jennings Way, Oxford</b><br/>To seek approval of the proposals.</li> </ul>   | Cabinet Member<br>for Environment,<br>2016/083 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Residents Parking Scheme - William Lucy Way, Oxford</b><br/>To seek approval of the proposals.</li> </ul>   | Cabinet Member<br>for Environment,<br>2016/082 |
| <ul style="list-style-type: none"> <li>▪ <b>Revised Arrangements for Visitor Parking Permits - Abingdon and Henley</b><br/>To seek approval of the proposals.</li> </ul>   | Cabinet Member<br>for Environment,<br>2015/080 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Amendments to Traffic and Access Restrictions - Queen Street, Oxford</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/035 |
| <ul style="list-style-type: none"> <li>▪ <b>Horton View and Ruskin Road, Banbury - Proposed Waiting and Parking Restriction</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/079 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Waiting Restrictions - Various Roads, Bicester</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/094 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Access for Pedal Cyclists - Sheep Street, Bicester</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/095 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Amendments to Residents Parking Bays - Worcester Place, Oxford</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/096 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Speed Limit Extension, Toucan Crossing, Shared Use Cycle Track and Bus Stop - A4260, Deddington</b><br/>To seek approval of the proposals.</li> </ul>   | Cabinet Member<br>for Environment,<br>2016/097 |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Waiting Restrictions - Chipping Norton, Witney and Woodstock</b><br/>To seek approval of the proposals.</li> </ul>  | Cabinet Member<br>for Environment,<br>2016/098 |

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| <ul style="list-style-type: none"><li>▪       <b>Proposed Puffin Crossing - London Road, Wheatley</b><br/>To seek approval of the proposals.</li><li>▪       <b>Proposed Amendment to Loading Bay Restrictions -<br/>The Plain Roundabout (East Side), Oxford</b><br/>To seek approval of the proposals.</li><li>▪       <b>Countryside Access Prioritisation Strategy</b><br/>To seek approval of the strategy - Priority Caseload Approach.</li></ul> | <p>Cabinet Member<br/>for Environment,<br/>2016/105</p> <p>Cabinet Member<br/>for Environment,<br/>2016/111</p> <p>Cabinet Member<br/>for Environment,<br/>2016/113</p> |
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