



To: Members of the Cabinet

Notice of a Meeting of the Cabinet

Tuesday, 17 October 2017 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
Chief Executive

October 2017

Committee Officer: **Sue Whitehead**

Tel: 07393 001213; E-Mail: sue.whitehead@oxfordshire.gov.uk

Membership

Councillors

Ian Hudspeth	Leader of the Council
Mrs Judith Heathcoat	Deputy Leader
Lawrie Stratford	Cabinet Member for Adult Social Care
Steve Harrod	Cabinet Member for Children & Family Services
Lorraine Lindsay-Gale	Cabinet Member for Property & Cultural Services
Yvonne Constance OBE	Cabinet Member for Environment
David Bartholomew	Cabinet Member for Finance
Hilary Hibbert-Biles	Cabinet Member for Public Health & Education
Mark Gray	Cabinet Member for Local Communities

*The Agenda is attached. Decisions taken at the meeting
will become effective at the end of the working day on
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: 28 November 2017

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 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 (Pages 1 - 12)

To approve the minutes of the meeting held on 19 September 2017 (**CA3**) 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. 2017/18 Financial Monitoring & Business Strategy Delivery Report - August 2017 (Pages 13 - 60)

Cabinet Member: Finance

Forward Plan Ref: 2017/060

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

Tel: 07584 909518

Report by Director of Finance (**CA6**).

This is the second financial monitoring report for 2017/18 and focuses on the delivery of the 2017/18 budget based on projections at the end of August 2017. Parts 1 and 2 include projections for revenue, reserves and balances. Capital Programme monitoring and 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) note the Virements set out in Annex 2b;***
- (d) approve the bad debt write offs set out in paragraphs 43 and 44;***
- (e) agree the requests for new reserves set out in paragraphs 51 and 52;***
- (f) note the Treasury Management lending list at Annex 3;***
- (g) approve the updated Capital Programme at Annex 7 and the associated changes to the programme in Annex 6c.***

7. Corporate Plan 2017-2021 (Pages 61 - 62)

Cabinet Member: Deputy Leader

Forward Plan Ref: 2017/107

Contact: Ben Threadgold, Policy & Performance Service Manager Tel: 07867 467838

Report by Chief Executive (**CA7**)

Cabinet is asked to consider the approach and direction being taken in developing the council's new Corporate Plan (2018-21), and to approve the draft Corporate Plan prospectus for finalisation and design.

Cabinet is RECOMMENDED to:

- (a) Comment on the attached draft prospectus;***
- (b) Approve the draft prospectus for finalisation and design;***
- (c) Note the approach being taken to develop the full new Corporate Plan, and suggest any matters for consideration by the Working Group.***

8. Director of Public Health Annual Report 2016/17 (Pages 63 - 138)

Cabinet Member: Public Health & Education

Forward Plan Ref: 2017/063

Contact: Alan Rouse, Business & Planning Manager Tel: 07785 744846

Report by Strategic Director for People & Director of Public Health (**CA8**).

The annual report summarises key issues associated with the Public Health of the County. It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

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 14 September 2017.

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

9. The Oxfordshire Safeguarding Children's Board Annual Report/The Performance Audit & Quality Assurance Annual Report and The Case Review & Governance Annual Report (Pages 139 - 228)

Cabinet Member: Children & Family Services

Forward Plan Ref: 2017/139

Contact: Tan Lea, Strategic Safeguarding Partnership Manager Tel: 07867 923287

Report by Independent Chair of the Oxfordshire Safeguarding Children's Board (**CA9**).

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.

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. OSCB delivered over 150 free safeguarding training and learning events reaching over 9000 members of the Oxfordshire workforce. The termly newsletters went to a similar number.

The annual report directs the OSCB towards the following aims for 2017/18:

1. Improving the effectiveness of the board; collaboration with Oxfordshire Safeguarding Adults Board (OSAB) and engagement with local communities including the voluntary and community sector
2. Improving practice in tackling neglect and safeguarding adolescents at risk of exploitation
3. Taking robust action following learning; to ensure continuous improvement and to assess risk and capacity across the partnership .

OSCB's Vice Chair Joe Kidman, Thames Valley Police, will attend to present the report.

The Cabinet is RECOMMENDED to note the reports.

10. Governance Review (Pages 229 - 242)

Cabinet Member: Deputy Leader

Forward Plan Ref: 2017/094

Contact: Glenn Watson, Principal Governance Officer Tel: 07776 997946

Report by Director of Law & Governance (**CA10**).

On 11 July this year, Full Council agreed to ask Cabinet to work with Political Group Leaders to bring forward a plan for implementing revised political governance arrangements. The impetus was to ensure that the Council's governance arrangements are transparent, inclusive and reflect the political dynamics of the Council. The timescale envisaged for implementation of any new structures was 'as soon as practicable'.

In order to gauge more fully the views of current County Councillors, an online survey of members was undertaken in August and September. The headline results are outlined below.

This report sets out:

- a. the potential range of outcomes - changes to the form or structure of decision making
- b. the responses from the councillor survey
- c. the setting up of a cross-party task group to work up options for Political Group Leaders and Cabinet – working within an agreed timeframe and to specific terms of reference
- d. the potential use of comparative costs and benchmarked examples

Cabinet is RECOMMENDED to:

- (a) agree that the governance review should also include a review of potential improvements to the existing arrangements, in the interests of completeness;***
- (b) note the headline themes arising from the councillor survey;***
- (c) agree in principle to the setting up of a Governance Review Task Group in accordance with paragraphs 16 -18 of this report;***
- (d) note that Group Leaders will be asked to make appointments to a Task Group (once Cabinet has agreed to its constitution and terms of reference);***
- (e) agree that the Task Group report back to Political Group Leaders and to Cabinet with recommended options for change.***

11. Business Management & Monitoring Report for Quarter 1 - 2017/18 - October 2017 (Pages 243 - 260)

Cabinet Member: Deputy Leader

Forward Plan Ref: 2017/061

Contact: Ian Dyson, Assistant Chief Finance Officer (Assurance) Tel: 07393 001250

Report by Assistant Chief Finance Officer (Assurance) (**CA11**).

This paper provides details of performance for quarter one 2017-18 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:

- (a) Note the performance set out in this report; and***
- (b) Note the ongoing work to improve business management and performance reporting.***

12. Delegated Powers - October 2017

Cabinet Member: Leader

Forward Plan Ref: 2017/062

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. Any decisions will be reported in the addenda.

13. Forward Plan and Future Business (Pages 261 - 264)

Cabinet Member: All

Contact Officer: Sue Whitehead, Committee Services Manager Tel: 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 **CA13**. 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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CABINET

MINUTES of the meeting held on Tuesday, 19 September 2017 commencing at 2.00 pm and finishing at 4.32 pm

Present:

Voting Members: Councillor Ian Hudspeth – in the Chair
Councillor Mrs Judith Heathcoat
Councillor Lawrie Stratford
Councillor Steve Harrod
Councillor Lorraine Lindsay-Gale
Councillor David Bartholomew
Councillor Hilary Hibbert-Biles
Councillor Mark Gray

Other Members in Attendance:

Councillor Jamila Begum Azad (Agenda Item 6)
Councillor Liz Brighthouse (Agenda Items 6 & 8)
Councillor Helen Evans (Agenda Items 6 & 7)
Councillor Neville Harris (Agenda Item 8)
Councillor Laura Price (Agenda Item 9)
Councillor John Sanders (Agenda Item 6)

Officers:

Whole of meeting Peter Clark (Chief Executive); Sue Whitehead (Resources Directorate)

Part of meeting Item

	Name
6	Maggie Scott, Assistant Chief Executive; Lucy Butler, Director for Children's Services; Sarah Jelley (Resources Directorate)
7	Lorna Baxter, Director of Finance
8	Bev Hindle, Strategic Director for Communities; Sue Halliwell, Director for People & Place
9	Steve Munn, Director of Human Resources

The Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting, and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda, reports and schedule, copies of which are attached to the signed Minutes.

62/17 APOLOGIES FOR ABSENCE

(Agenda Item. 1)

Apologies were submitted by Councillor Yvonne Constance.

63/17 MINUTES

(Agenda Item. 3)

The Minutes of the meeting held on 18 July 2017 were approved and signed subject to the correction of the word “underspend” in the first sentence of the third paragraph of the preamble to minute 52/17 to read “overspend”.

64/17 QUESTIONS FROM COUNTY COUNCILLORS

(Agenda Item. 4)

Councillor Howson had given notice of the following question to Councillor Hibbert-Biles:

‘Eighteen months ago, St Gregory the Great School was placed in financial special measures by the ESFA; recently it received a challenging Ofsted report about aspects of the work of the school; there have also been concerns about both attendance and exclusions.

What steps have the authority, the Regional Schools Commissioner and the diocese taken to ensure the children forced to attend the school because of a shortage of secondary school places in the city will receive a high quality education that ensures they can achieve their potential?’

Councillor Hibbert-Biles replied:

"As Cllr Howson knows, due to our very effective pupil place planning processes, we don't have a shortage of secondary school places in Oxford City, or anywhere else in the county for that matter. It is, however, the case that there aren't enough spare places in other schools to accommodate every pupil currently attending St. Gregory the Great.

I and Lucy Butler, Director of Children's Services, have met with the head teacher and a representative of the Archdiocese of Birmingham. Our safeguarding team has put a lot of effort into helping the school's leadership address a number of pressing safeguarding issues - a return visit has been arranged for October to make sure that improvements are fully embedded.

As Cllr Howson is aware, the Regional Schools Commissioner and the diocese have responsibilities given St Gregory the Great School is an Academy”

Councillor Phillips had given notice of the following question to Councillor Hibbert-Biles:

‘The Royal College of Nursing is asking the government to provide funds for local authorities to fully fund school nursing services. Can you provide an

update of the current staffing position of school nurses in Oxfordshire and the progress being made for primary schools to have access to school nurses?’

Councillor Hibbert-Biles replied:

“Oxfordshire County Council supports the Royal College of Nursing in their call to Government to provide resources to local authorities for school health nursing for all children.

We are aware that other local authorities have reduced their school health nurse provision in the last few years however the Council has prioritised the public health of younger people by increasing public health nursing support in schools and colleges of further education.

Oxfordshire’s School Health Nurse service provides a team of school nurses for primary schools and has school health nurses based in secondary schools and nurse’s based in colleges of further education.

In line with other front line services there are difficulties with recruiting skilled professionals to work in Oxfordshire however there are currently only 3 vacancies in the service which are all being advertised to fill the posts.”

Supplementary: Responding to a further question Councillor Hibbert-Biles stated that it was not possible for there to be a school health nurse in every primary school and undertook to provide information to all councillors on the numbers of visits by school health nurses to schools.

Councillor Phillips had given notice of the following question to Councillor Hibbert-Biles:

‘There is increasing evidence of 6th form pupils being expelled from schools because they have failed to achieve top grades in AS and equivalent internal examinations. Can you give assurances that this practise is not taking place in 6th forms in Oxfordshire?’

Councillor Hibbert-Biles replied:

"Unfortunately no, I cannot give Cllr Phillips the assurance she is seeking. With the exception of two sixth forms which between them have about 150 students, the remainder, around 6,000, attend academies. Although the council is notified of formal permanent exclusions and schools are required to advise us when pupils join or leave, they are not obliged to provide us with the reasons and wouldn't I am sure, identify those departures which are due to unlawful exclusions such as appear to have been happening from the high profile Kent grammar school."

Supplementary: In response to a further question Councillor Hibbert-Biles stated that she was not aware of any anecdotal evidence that such exclusions were happening in Oxfordshire.

Councillor Pressel had given notice of the following question to Councillor Constance:

“It is now several weeks since the County Council received the draft feasibility study on options for a possible zero emission zone and/or more clean air zones. Why are we STILL waiting for the launch of the public consultation?

Air quality is a matter of huge public concern. The Cabinet MUST address it urgently, instead of wasting time and further endangering our health.”

In the absence of Councillor Constance, Councillor Hudspeth, leader of the Council replied:

“As you will be aware the County Council alongside Oxford City Council jointly commissioned a feasibility study which considers the implementation of a Zero Emission Zone (ZEZ) for Oxford to 2035.

This is in hand and the requisite briefings to Councillors have been scheduled with a wider locality briefing planned for early October.

Once the briefings have been completed we will be sending out a press release and then commencing a public consultation (currently expected mid-end of October).

65/17 PETITIONS AND PUBLIC ADDRESS

(Agenda Item. 5)

The Chairman had agreed the following requests to address Cabinet had been agreed by the Chairman:

Item 6 – Transition Fund for Open Access Children’s Centres –

Mr Aquib Hafeez

Mr Misbah Hafeez

Councillor Linda Smith, Oxford City Council

Jane Gallagher

Mr Chris Sewell

Mr Alexander Massey Member of the local Stakeholder Steering Group for the bid.

Dr Hilary Walker

Rev Elizabeth Allison-Glenny

Mr Terry Tran-Nguyen

Nick Lunch

Ms Lesley Williams

Ms Candida March - Member of Stakeholder Steering Group for Aspire's bid for Florence Park Children's Centre

Mr Paul Roberts, Aspire

Councillor Jamila Begum Azad, local councillor for St Clements & Cowley Marsh

Councillor John Sanders, local councillor for Cowley

Councillor Helen Evans, local councillor for Iffley Fields and St Mary’s

Councillor Liz Brighthouse, Opposition Leader

Item 7 – Service & Resource Planning Report 2018/19 - Councillor Helen Evans, Shadow Cabinet Member for Finance

Item 8 - Submission of Expression of Interest to the Housing Infrastructure Fund -

Councillor Jane Murphy, Deputy Leader, SODC

Councillor Neville Harris, local councillor for Didcot Ladygrove

Councillor Liz Brighthouse, Opposition Leader

Item 9 – Staffing Report Councillor Laura Price, Opposition Deputy Leader

66/17 TRANSITION FUND FOR OPEN ACCESS CHILDREN'S CENTRES - SEPTEMBER 2017

(Agenda Item. 6)

Cabinet considered a report that related to the undetermined decisions from the 18th July Cabinet about the Florence Park site. The report also detailed the expenditure against the 'one off' £1m fund to provide pump priming to support community-led solutions for delivering open-access services for children and families agreed by Council in February 2017 and sought approval to the proposed approach to managing and allocating the remaining budget.

Mr Aquib Hafeez, Aflah Nursery, spoke in support of the proposal from the Nursery. He commented that although he was unable to guarantee 40 new nursery places at this time it would be possible should the asset transfer go ahead. The Nursery was keen to pursue working with Aspire and stated that it was not they that were unable to work alongside one another. He added that they were a well established and steadily growing nursery and that Florence Park was an ideal solution for them to continue to grow with little upheaval for the current children. They had not been found outstanding by Ofsted due to the lack of space.

Ms Misbah Rishi Hafeez, Aflah Nursery, stated that as a teacher who had taught all groups she was very aware that teaching was only part of it. She expressed how shaken she had been by attitudes expressed to Cabinet at its meeting in July that did not express community spirit. She had felt that there had been a lack of basic respect in remarks that she had found unacceptable. She felt that there had been false assumptions and stressed that whilst they were a private organisation they were seeking to fulfil the needs of the local community. She thanked the Cabinet member for his efforts throughout the lengthy process.

Cabinet expressed dismay to hear of animosity and aggression towards those involved in the nursery bid and made it clear that they were appreciative of both bids. In response Ms Rishi Hafeez stated that Cabinet had dealt with it to the best of their ability at that point and that the Nursery would respect the decision of Cabinet today.

Councillor Linda Smith, Board Member for Leisure, Parks and Sport, Oxford City Council, supported the bid from Aspire. She commented that this in no way was a reflection on the high quality nursery provision from Aflah but rather that Aspire provided the best opportunity to recreate the broad range of services formerly provided by the regrettably closed Children's Centre. The City Council had agreed to provide £15,000 one-off matched contribution towards the project. Councillor Smith, referring to the café, added that the City Council would not allow the café contract to be a barrier to the scheme.

Jane Gallagher, speaking as a Florence Park area resident and qualified teacher supported the Aspire bid. She highlighted that it was a public building in a public park and was no place for a private business. She wished Aflah well. In response to a query from Councillor Gray as to her views on the existing café which was also a private concern Ms Gallagher replied that it was there to serve the whole community.

Mr Chris Sewell, spoke as a professional involved in building the new centre which had replaced the old Family Centre that had previously been based in the Park. He supported the Aspire bid as it came closest to the original vision for the centre. There was an open access model serving the needs of the local community; making the most of a design that provided a mixture of facilities and given its location in a public park giving access for all to urban spaces.

Mr Alexander Massey Member of the local Stakeholder Steering Group for the bid, highlighted the way in which the community had come together to self-organise and outlined the detailed work undertaken by the Steering Group. He felt that the bid was bold, exciting and practical.

Dr Hilary Walker, a local resident speaking with relevant career experience stated that the evidence was that families benefitted from open access, universal services. Drop in facilities, stay and play in a café setting enhances the experience and was there for all families.

Rev Elizabeth Allison-Glenny, highlighted the importance of open access which ever proposal was successful. As a local mum she had found the former services a vital intervention at the right time. The drop in facility had provided a community and reduced feelings of social isolation.

Mr Terry Tran-Nguyen, stated that he and his partner were local residents and proud parents. His parents as refugees had found the support of local groups invaluable and at 70 were still involved through the links they had made. He supported the Aspire bid to provide community services. The bid resonated with his values and he was willing to volunteer time and skills.

Nick Lunch, highlighted the need for a physical space and that the Aspire bid gave a community hub by the community for the community. Local people were experts on what affects them and the centre would allow links across

the generational divide. It had created new volunteers and provided an alternative model at a time when these were needed.

Ms Lesley Williams, a local resident of Church Cowley spoke in support of the Aspire bid, highlighting the benefits of intergenerational learning and the links between the nursery, productive café and garden.

Ms Candida March, Member of Stakeholder Steering Group for Aspire's bid for Florence Park Children's Centre, was considerably upset to hear how those concerned with the Aflah Nursery had felt following the July meeting of Cabinet. Although not in support of that proposal Ms March wanted to stress that she recognised the value. She wanted to find a way forward to ensure there were no divisions and to work with local community champions to ensure diversity.

Mr Paul Roberts, CEO of Aspire, Oxford, referred to the operating history of Aspire over 16 years. He reiterated the organisation's commitment to the project. It was for a community owned, community led facility which would be genuinely open access. He referred to the revised and enhanced application and expressed confidence that funders would want to be involved. He accepted that it was a bold project, not without risk but that it was a community led solution. Responding to concerns about the funding Mr Roberts referred to the Business Plan which set out funding over the first few years and a project outline going forward. Asked how many nursery places could be provided Mr Roberts stated that 24 entirely additional places could be created from April 2018. He doubted that the 40 places as set out in the sufficiency report was the number required.

Councillor Jamila Begum Azad, local councillor for St Clements & Cowley Marsh, commented that she had not been involved in the various meetings held and expressed the wish to see a joint solution. She hoped that the groups could come together as it was an amazing building which it was sad to see shut down. Asked to comment that the evidence was that the two groups could not work together Councillor Begum Azad replied that Aflah Nursey did not want the whole building, just half of it.

Councillor John Sanders, local councillor for Cowley, highlighted the community support for the Aspire bid, including the 1600 signature petition submitted to the July meeting. A compromise had been explored and was not possible. It was a difficult situation as Aflah Nursery premises were unsuitable and Aspire had none. He supported Aspire being successful in their bid for Florence Park with Aflah Nursery remaining where they were with work to find alternative premises.

Councillor Helen Evans, local councillor for Iffley Fields and St Mary's in supporting Aspire reflected on the process to date, which had been a tough process for the community. Everyone cared and as a County Council there was a need to reflect to avoid a similar position in future with a community

under huge pressure. She felt that the Aspire bid was a model for a good community bid with the opportunity to do something really special.

Councillor Liz Brighthouse, Opposition Leader, commented that the difficult decision before Cabinet was due to attempting to deal with two matters at once. Firstly the dispersal of the open access transition fund to close gaps in provision when Children's Centres closed. Secondly to address the government policy on nursery places for 2 and 3 year olds. She welcomed the gap analysis work carried out by officers. She asked Cabinet to go back to first principles and to look at asset transfer to see what can be done for those nursery places. Councillor Brighthouse hoped they would be able to come to a wise decision and would also reflect on the future.

Maggie Scott, Assistant Chief Executive, outlined the contents of the report and the decisions needed on the two issues set out in the report. She detailed the further work that had been carried out following the July Cabinet meeting.

She commented that neither bid fully fit the requirements but that with conditions either bid could be made to work. The report set out options that the Cabinet was being asked to decide upon.

During discussion Cabinet:

1. Considered the options set out in the paper and explored how the figures for additional nursery places had been reached.
2. Discounted Option 3 recognising that there was a need for the additional places and that this needed to be addressed.
3. Sought assurances that given that neither bid fully met the criteria that the successful bid was not being set up to fail. Sarah Jelley explained the lease negotiations that would take place. This had been done with a number of groups and would aim to give either group the best possible chance to continue. Provision would be monitored and any problems would be reported to members.
4. Noted that the two groups had been unable to find a way to work together.
5. Highlighted the community support behind the Aspire bid and recognised the importance of such support.
6. Commended the value of the work of Aflah Nursery.

In moving Option 2 (the Aspire bid) Councillor Harrod proposed an amendment to the recommendation to provide active and positive support to assist Aflah Nursery finding alternative premises.

In considering the underspend Councillor Bartholomew proposed that Aflah Nursery be invited to reformat their proposal as appropriate to re-apply under the new scheme for transition funding should they so wish.

RESOLVED:

- (a) Regarding the future use of the Florence Park site to support the proposal for asset transfer and transition fund grant for Aspire. Cabinet further agreed to provide active and positive support to assist Aflah Nursery finding alternative premises; and
- (b) To approve the proposed use of the transition fund underspend and to invite Aflah Nursery to reformat their proposal as appropriate to re-apply under the new scheme for transition funding should they so wish.

67/17 SERVICE & RESOURCE PLANNING REPORT - 2018/19 - SEPTEMBER 2017

(Agenda Item. 7)

Cabinet had before them the first in a series on the Service & Resource Planning process for the forthcoming year which will culminate in Council setting a budget for 2018/19 and a medium term plan and capital programme to 2021/22 in February 2018. The initial report set the context and the starting point for the process, and sought approval to the proposed process, including the timetable.

Councillor Helen Evans, Shadow Cabinet Member for Finance stated that the paper highlighted the challenges faced by the County Council and referred particularly to the projected overspend despite extra funding being put in place. Children's Services were at breaking point with it being a national problem with increases in safeguarding. She also referred to the pay cap and the possibility of it being exceeded. She queried how realistic it was to plan for reduced demand and the delivery of savings and what reassurance Cabinet could give that it was able to meet the challenges as local government is expected to do more with less.

Councillor Bartholomew, Cabinet Member for Finance, recognised that there was a problem to be faced in both the short and longer term. However he stressed that the Council would always safeguard those that needed safeguarding. The announcements on the pay cap were quite recent and he was wary of what might happen. However once the scale of any problem was known the Council would deal with it within their constraints.

Councillor Bartholomew introduced the report and moved the recommendations.

RESOLVED: to:

- (a) note the report;
- (b) approve the Service and Resource Planning process for 2018/19; and
- (c) approve a four year period for the Medium Term Financial Plan and Capital Programme to 2021/22.

68/17 SUBMISSION OF EXPRESSION OF INTEREST TO THE HOUSING INFRASTRUCTURE FUND

(Agenda Item. 8)

Cabinet considered a report that sought approval to make bids to the Housing Infrastructure Fund (HIF), an investment programme announced in July 2017 by the Department for Communities and Local Government and administered through the Homes and Communities Agency.

The County Council is required to develop candidate schemes and packages of schemes and make Expression of Interests for viable programmes by 28 September.

The report set out the requirements of HIF and the process of application and assessment.

Councillor Jane Murphy, Deputy Leader, South Oxfordshire District Council highlighted the very strong case for investment of the Didcot Garden Town project. There were ambitious plans in place for Didcot and a successful HIF bid would make a sizable contribution to those plans. The current delivery plan was at an advanced stage and she was pleased that officers had scored the scheme highly in the current report. With regard to governance she supported the County Council being the accountable body for any HIF funding. Councillor Murphy made it clear that neither South Oxfordshire nor Vale of White Horse were suggesting that the Garden Town Delivery Board should be fund holding or have decision making powers over infrastructure investment. Councillor Murphy was pleased to confirm that SODV supported the principle of a Growth Deal for Oxfordshire and would continue to work with others to secure a positive growth package for the County. In summary Councillor Murphy restated that the Didcot Garden Town was a strong proposal and that it was in the best interests of Oxfordshire for it to be included in the HIF process. However SODC recognised that the final decision on prioritisation rested with the County Council Cabinet and they would support whichever scheme or schemes are put forward. Responding to questions Councillor Murphy confirmed that they were happy to support whichever bids came out strongest but that it was their belief that the Didcot Garden Town proposal would come out strongest

Councillor Neville Harris, local councillor for Didcot Ladygrove, referred to recommendation (d) in the report which he saw as a sign of the further demise of local representation and local councillor engagement under a Cabinet system. He queried where the local councillor engagement was and how his local knowledge would be utilised. He referred to the lack of public engagement with no public exhibition or public meetings being held. He asked that cabinet should look at recommendation (d) and build in some local member engagement. Councillor Hudspeth indicated that he would expect full member engagement as the proposals progressed.

Councillor Liz Brighouse, Opposition Leader, thanked officers who had worked on bringing the proposals forward to respond to the very late bid process from central government. Responding Councillor Hudspeth associated himself with the thanks to officers and replying to a request from Councillor Brighouse, undertook to keep Political Group Leaders informed of discussions as matters progressed.

Bev Hindle, Strategic Director for Communities, took Cabinet through the detail of the report. Responding to questions Bev Hindle explained the revenue risk and the need for further conversation as to how this would be handled. Asked about the weighted scores in the report Bev Hindle stated that the comments from Councillor Murphy had been most helpful. It would be important to get written approvals from other partners.

The Cabinet RESOLVED to:

- (a) Agree to the submission of an Expression of Interest to the Housing Infrastructure Fund
- (b) Agree to the process set out above for the assessment of viability of schemes and for their subsequent prioritisation
- (c) Note the current candidate scheme packages and current draft assessments
- (d) Delegate to the Strategic Director for Communities, in consultation with the Leader of the Council and the Cabinet Member for Environment, and taking into account the view of the Growth Board, the final viability and prioritisation assessment and the detail of the bid submission including the detail of projects to be included within each scheme. This should be based upon further thorough evaluation of the robustness of governance arrangements and levels of assurance on deliverability.

69/17 STAFFING REPORT - QUARTER 1 - 2017

(Agenda Item. 9)

Cabinet considered a report that provided an update on staffing numbers and related activity for the period 1 April 2017 to 30 June 2017.

Councillor Laura Price, Opposition Deputy Leader, looked forward to the new format and welcomed the reduction in the use of agency staff. She commented that she would like to see details of the contract for the supply of our agency requirements from a single supplier. Overall there was a risk associated with the massive reduction in staff and she felt that the Council would have to work hard to keep the depth of staff required.

Councillor Heathcoat highlighted the change to the format that would allow Cabinet to follow the trend on staffing over time. In moving the recommendation Councillor Heathcoat referred to the reduction in staff numbers from 2010. There was a continuing need to monitor the balance between full time and part time workers and the use of agency staff. She explained that there were legitimate operational reasons for the use of

agency staff including cover for maternity leave or sickness or to cover a short term gap as a result of the recruitment process.

RESOLVED: to note the report.

70/17 FORWARD PLAN AND FUTURE BUSINESS

(Agenda Item. 10)

The Cabinet considered a list of items for the immediately forthcoming meetings of the Cabinet together with changes and additions set out in the schedule of addenda.

RESOLVED: to note the items currently identified for forthcoming meetings.

..... in the Chair

Date of signing 2017

CABINET – 17 OCTOBER 2017

2017/18 FINANCIAL MONITORING & MEDIUM TERM FINANCIAL PLAN DELIVERY REPORT

Report by the Director of Finance

Introduction

1. This is the second financial monitoring report for 2017/18 and focuses on the delivery of the 2017/18 budget based on projections at the end of August 2017. Parts 1 and 2 include projections for revenue, reserves and balances. Capital Programme monitoring and update is included at Part 3.

Summary Position

2. The forecast directorate variation is an anticipated overspend of +£11.8m or +2.9% against a net budget of £412.2m as shown in the table below. Whilst management action may reduce the anticipated overspend it is expected that the use of contingency and general balances will be required to bring the budget into balance by the year-end. The report to Cabinet at the same time last year anticipated an overspend of +£5.8m. The final year end position for 2016/17 was an under spend of -£1.0m.
3. Despite putting an additional £7.8m into the budget for Children's Services in 2017/18 for Children's Social Care and Special Educational Needs Home to School Transport due to significant demand increases, both services are experiencing continuing rises in demand and are forecasting overspends. It is acknowledged that the continuing rising demand is not sustainable and that there is a need to refocus work on earlier intervention wherever possible. A Children's Services Programme has been established with a focus on addressing demand management; strengthening early help and prevention including closer partnership working; strengthening staffing resources and building community resilience. Whilst the programme will take time to deliver, it is anticipated that the benefits will begin to materialise by the end of the financial year with a financial impact expected in 2018/19.

Directorate	Latest Budget 2017/18 £m	Forecast Outturn 2017/18 £m	Forecast Outturn Variance 2017/18 £m	Forecast Outturn Variance 2017/18 %
People	301.3	311.6	+10.3	+3.4%
Communities	91.5	92.4	+0.9	+1.0%
Resources	19.4	20.0	+0.6	+3.1%
Total	412.2	424.0	+11.8	+2.9%

4. The following annexes are attached:

Annex 1	Original and Latest Estimates for 2017/18
Annex 2	2017/18 Virements & Supplementary Estimates
Annex 3	Treasury Management Lending List
Annex 4	Forecast Earmarked Reserves
Annex 5	Forecast General Balances
Annex 6	Capital Programme Monitoring
Annex 7	Updated Capital Programme

5. 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

People

6. The People Directorate consists of Children's Services, Adult Services and Public Health. The directorate is forecasting an overall overspend of +£10.3m, which represents a variation of +3.4% against the budget.

People – Children's Services

7. Children's Services is forecasting an overspend of +£8.4m which represents a variation of +7.7% against a budget of £108.7m. In addition an overspend of £2.9m on Dedicated Schools Grant (DSG) funded services is forecast.

Education and Learning

8. As previously reported an overspend of +£1m is forecast by the service.

Home to School Transport is forecasting an overspend of +£0.7m relating to a higher rise in the number of children with special educational needs than forecast and an increase in the number of children who need a passenger assistant. A number of measures are to be implemented in this financial year that are expected to reduce this overspend. The forecast will be refined as new arrangements are embedded at the start of the next academic year in September and an update will be provided in the next report.

9. Special Educational Needs services is reporting an overspend of +£0.3m relating to a saving which is not expected to be achieved. A full review of SEN services is planned for 2017/18 with a view to achieve this saving in 2018/19.

Children's Social Care

10. Children's Social Care is forecast to overspend by +£7.4m an increase of £0.7m since the last report.
11. As a result of the significant increase in the number of children becoming looked after over the last two years, additional ongoing funding of £5.3m was agreed by Council in February 2017 as part of the 2017/18 budget and medium term plan. This additional funding has partly addressed the

2016/17 underlying overspend of £5.9m¹. However, the growth in the number of children requiring services from Children's Social Care is continuing in 2017/18 and is increasing workloads and placement numbers across most services.

12. The largest area of overspend is within External Placements, which is forecasting an overspend of +£4.4m; mainly within independent fostering agencies and residential placements. There is a forecast overspend on Looked After Children and Leaving Care of +£0.2m.
13. Corporate Parenting is forecasting an overspend of +£0.9m, the majority of which relates to internal fostering allowances. An overspend of +£1.0m is forecast on Unaccompanied Asylum Seekers, where the grant funding received from the Home Office is not sufficient to reimburse the full cost of many of the placements. In addition there is an overspend of +£1.0m on Placements for Children with Disabilities.
14. The forecasts above are based on the assumption that demand continues to grow at the same pace as recent years. A number of actions are planned to manage demand, with the aim to bring this budget back to a balanced position over the medium-term.

Dedicated Schools Grant (DSG)

15. There is a forecast overspend of +£2.9m for Special Education Needs, an increase of +£0.3m since the last report. The overspend predominantly relates 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; more capital schemes, including the provision of additional classrooms in special schools and new resource base provision. The increase from the previous report relates to the decrease in an underspend within the SEN Post 16 Colleges budget.
16. Any overspend needs to be set against DSG underspends, carried forward to 2018/19, or funded by the Local Authority. At this time there are not any forecast underspends elsewhere in DSG and it is expected that this overspend will need to be carried forward into 2018/19.
17. The pressures in SEN Out of County Placements are expected to continue and increase in future years. From 2017/18, early years DSG is ring-fenced and the expected National Schools Funding Formula is likely to ring-fence the Schools block making it increasingly difficult to manage such overspends within DSG going forward.

People – Adult Services

18. Adult Services is forecasting an overspend of +£1.9m at this stage of the year against a net council budget of £192.6m.
19. The Section 75 Report (Item 59/17) to Cabinet on 18 July 2017 set out the council's outline agreement with Oxfordshire Clinical Commissioning

¹ This was reduced to £3.9m by one-off use of reserves and contingency

Group for the pooled budget arrangements for 2017/18 to 2018/19. The following pools were agreed:

- the **'Better Care Fund' pool**, incorporating the majority of the Older People's Pool and Physical Disabilities pool and reflecting the national Better Care Fund requirements, and;
- The **'Adults with Care and Support Needs' pool**, incorporating the Learning Disabilities Pool, Mental Health Pool and budgets supporting people with Acquired Brain Injuries (previously reported in the Physical Disabilities Pool).

20. Cabinet agreed to delegate responsibility for approving the detail of the schedules to the Section 75 agreement for 2017/18, including the final contributions and risk share arrangements, to the Director for Adult Services in consultation with the Cabinet Member for Adult Social Care. These will also need to be formally agreed by Oxfordshire Clinical Commissioning Group.
21. Since the report to Cabinet in July, draft agreement has been reached between the County Council and the Clinical Commissioning Group on the risk shares. For 2017/18, the risk share for both pools has been calculated based on gross expenditure weighted to take account of the relative risk of the budgets within the pool. The level of risk varies substantially as some budgets fund block contracts, which are effectively set at a fixed agreed level, while other budgets are demand driven and expenditure can vary significantly as a result. The Better Care Fund Pool will be risk shared on a 70:30 basis and the Adults with Care and Support Needs pool will be risk shared on an 85:15 basis. The exception to this is any variation against the budget for services for some service users with needs falling outside of the Outcome Based Contract with Oxford Health Foundation Trust which will be shared 50:50. In both cases the Council will take the greater share of the risk, reflecting the nature and relative size of the budgets.
22. Cabinet will be asked to note the virements required to facilitate the budget changes in the next report to Cabinet in December 2017. For the purposes of this report, variations are reported in the existing pool structures but have been adjusted to take account of the risk shares.

Older People and Equipment Pool

23. The Older People Pooled Budget is reporting an underspend of -£0.1m within which there is an overspend of +£0.4m relating to social care offset by an underspend on health services of -£0.5m. This forecast includes an overspend of +£0.3m on Care Homes with other budgets broadly expected to breakeven.

Physical Disabilities Pool

24. An overspend of +£1.3m is for forecast for the Physical Disability Pooled Budget. Under the risks share arrangements +£0.9m falls to the County Council. Within the overall position, social care funded services are forecast to overspend by +£0.7m and health funded services are forecast to overspend by +£0.6m. This position is after the addition of £2.0m of Precept funding intended to address the increase in demand. Work is on-going to understand and update the assumptions for future growth and to validate the continued increase to the forecast.

Learning Disabilities Pool

25. The Learning Disabilities Pooled Budget has a forecast overspend of +£2.6m of which +£2.2m falls to the County Council. There were a number of new high cost placements and also some high cost packages for service users transitioning from Children's Social Care late in 2016/17 which have impacted on the spend and forecast for 2017/18.

Adult Social Care Non-Pool

26. There is a forecast net overspend of +£0.3m for Adult Social Care services outside of the Pools. This includes a forecast overspend of +£0.4m on the Emergency Duty Team and Approved Mental Health Professional Specialists service due to short-term use of agency staff whilst the new structure that was consulted on earlier in 2017 is implemented. The Deprivation of Liberty Safeguards service is contributing an underspend of -£0.2m due to delays in recruitment.

Adult Social Care Precept Funding

27. In accordance with the Department of Communities and Local Government requirement to demonstrate that the precept is spent on Adult Social Care it is proposed that the £1.6m balance of the funding be transferred to the new Adults with Care and Support Needs pool to fund the Learning Disabilities pressure.
28. £0.7m of unallocated base budget funding from 2015/16 continues to be held outside of the pools. It is anticipated that the funding will be required to meet pressures within the Pooled Budgets during the year.

People - Public Health

29. Public Health² is forecasting an underspend of -£0.2m. 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.

Communities

30. The Communities Directorate consists of Infrastructure Planning, Infrastructure Delivery, and Property and Investment together with Community Safety and the Fire & Rescue Service. The directorate is forecasting an overall overspend of +£0.9m on a budget of £91.5m which represents +1.0% against budget.
31. An overspend of £0.8m is forecast for Infrastructure Delivery. This relates to the Highways service not being expected to fully deliver savings agreed as per the Medium Term Financial Plan (+£0.5m), and a projected overspend on defects of £0.3m due to data in management information systems for the previous financial year being inaccurate. Infrastructure Planning are also forecasting an overspend of +£0.1m due to partially unrealisable savings.
32. Property and Investment had previously reported an underspend of -£0.5m. This is not now expected to materialise as the underspend on

² Public Health is funded by a ring fenced grant of £1.3m from the Department of Health

prudential borrowing costs, Corporate Landlord and the early achievement of asset utilisation savings are mostly offset by pressure in repairs and maintenance as well as the termination and transition costs associated with partial termination of the contract with Carillion.

33. Community Safety and Fire & Rescue Services continue to forecast year end breakeven positions.

Resources

34. The Directorate is forecasting a revenue overspend of +£0.6m on a budget of £19.4m, a variation of +3.1%.
35. An overspend of +£0.4m is forecast for Legal services. This is due to increased Counsel spend as a result of the number of Childcare proceedings.

Virements and Supplementary Estimates

36. Virements larger than £0.5m or that relate to un-ringfenced grants requiring Cabinet approval under the Virement Rules agreed by Council on 14 February 2017 are set out in Annex 2a.
37. A virement of £33,000 is requested in relation to a grant from the Department for Education in relation to Key Stage 2 moderation and phonics. This is an unringfenced grant which is required by Children's services to carry out statutory work. There is also a virement requested to transfer £1.6m of Adult Social Care precept funding to partially offset the overspend on the Learning Disabilities Pooled Budget. None of these virements represent a change in policy as the service is unchanged.
38. Annex 2b shows virements Cabinet need to note.
39. There are no supplementary estimate requests included in this report.

Medium Term Financial Plan Savings

40. The forecasts shown in this report incorporate savings included in the medium term financial plan agreed by Council in February 2017 and previous years. At least 91.9% of the planned savings of £61.1m are expected to be delivered.
41. Progress against delivery of savings will be monitored on a regular basis and action taken where savings are not expected to be achieved.

Bad Debt Write Offs

42. There were 77 general write-offs to the end of August 2017 totalling £37,903 and there were 139 Adult Social Care Client contribution write offs totalling £107,708.
43. Cabinet are recommended to write off four adult care fees debts totalling £46,268.06. Two of the debts relate to cases where the estate was insolvent and the remaining two cases relate to individual exceptional circumstances where it has been agreed that legal action is not appropriate.

44. A refund of £32,333 relating to insurance premiums was made to a school in error when they converted to academy status. Negotiations have been taking place to recover the refund but it has been concluded that it is not possible to recover the debt in full. The Council have subsequently agreed a settlement of £14,549 leaving the balance of £17,784 to be written off.

Treasury Management

45. The latest treasury management approved lending list is shown in Annex 3. Following a review by the Treasury Management Strategy Team, Nordea Bank AB and Australia and NZ Banking Group have been reinstated to the list. Increases to the lending limits for all Singaporean banks and Close Brothers Ltd were also agreed. These changes were based on a range of considerations, including current credit ratings and changes in the global economy.
46. The following table sets out average in-house cash balances and average rates of return for June, July and August 2017. In house interest receivable for 2017/18 is currently forecast as £1.8m, exceeding the budgeted figure of £1.3m by £0.5m. Of the forecast £1.8m interest receivable, £1.0m had been realised as at 31 August 2017. The increased interest received is due to the achievement of higher than forecast average interest rates. For example, an additional £0.1m has been generated by entering into a Revolving Credit Facility with a Registered Provider which was not factored into the 2017/18 budget.

Month	Average cash balance	Average rate of return
June	£355.2m	0.64%
July	£377.2m	0.63%
August	£375.0m	0.64%

47. Dividends payable from external funds in 2017/18 are forecast as £0.9m, £0.3m above the 2017/18 budget of £0.6m. This increase is due to higher than anticipated performance by the CCLA Property Fund.
48. Interest payable is currently forecast to be in line with the budgeted figure of £17.1m.

Part 2 – Balance Sheet

49. Annex 4 sets out the earmarked reserves brought forward from 2016/17 and the forecast position as at 31 March 2018. 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 £55.9m to £49.8m at 31 March 2018.
50. Other Reserves, which include Insurance, Capital and Cash flow reserves, are forecast to total £46.4m at 31 March 2018. This includes £1.2m in the Budget Reserve, £2.0m in the Efficiency Reserve and £0.5m in the Transformation Reserve.
51. The new Community Support Service within Adult Services will begin on 1 October 2017. This new service will incorporate the existing Health and

Wellbeing Centres and Daytime Support Service. Amenity funds relating to these services will be transferred into the new Community Support Service. Cabinet are requested to approve a new Community Support Service reserve to hold the balance of the amenity funds and enable the service to manage future donations so that they can be used in 2018/19 and beyond.

52. Cabinet are also requested to approve a new Children, Education & Families Projects earmarked reserve to set aside funding for projects within Children, Education & Families as part of the work to manage demand. The projects are likely to cross financial years, so a reserve enables the funds to be available when needed by the projects.

Balances

53. As set out in Annex 5 general balances were £20.0m as at 31 March 2017. This compares to £17.8m as set out in the Medium Term Financial Plan approved by Council in February 2017. The forecast outturn position is £17.8m (after allowing for the forecast directorate overspend after the use of contingency funds of £7.6m). Directorate overspends are expected to be reduced by management action or the use of one – off funding during the year. However, if further cost reductions are not made and demand continues to increase in Children's and Adult Social Care this may reduce balances to less than the risk assessed level.

Part 3 – Capital Programme

Capital Monitoring

54. The capital monitoring position set out in Annex 6a, shows the forecast expenditure for 2017/18 is £125.2m (excluding school's local capital). This has decreased by £1.7m compared to the latest approved capital programme.
55. Significant in-year variations for each directorate are listed in Annex 6b. New schemes and total programme/project budget changes are listed in Annex 6c.

Directorate	Last Approved Programme * £m	Latest Forecast Expenditure £m	Variation £m
People: Children	35.4	34.2	-1.2
People: Adults & Public Health	7.4	7.4	+0.0
Communities: Transport	60.9	61.3	+0.4
Communities: Other Property	7.9	6.9	-1.0
Resources	15.3	15.4	+0.1
Total Directorate Programmes	126.9	125.2	-1.7
Schools Local Capital	1.4	1.4	+0.0
Earmarked Reserves	3.0	3.0	+0.0
Total Capital Programme	131.3	129.6	-1.7

* Approved by Cabinet 18 July 2017

56. Within the Children's Services Programme, the total expenditure for the basic need programme is £1.2m lower than previously forecast to reflect the current project delivery timeframes for the projects within the basic

need programme. The expansions at Matthew Arnold School and Faringdon Community College have commenced this year. However, a number of projects are currently awaiting contract prices.

57. Within Communities, the Transport programme incorporates the inclusion of the new project at Henley Road (Flowing Springs) at £1.0m and the £0.7m of re-profiling on the National Productivity Investment Fund programme for works scheduled on Woodstock Road that will be delivered in 2018/19. In the Property programme, £1.0m of expenditure on the Salt Stores project has been re-profiled to 2018/19.

Four Year Capital Programme Update

58. The total four-year capital programme (2017/18 to 2020/21) is £429.1m, an increase of £0.1m when compared to the latest approved capital programme. The updated capital programme is set out in Annex 7. 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 (2017/18 to 2020/21) * £m	Latest Updated Total Programme (2017/18 to 2020/21) £m	Variation £m
People: Children	132.3	132.5	+0.2
People: Adults & PH	26.2	26.2	+0.0
Communities: Transport	136.9	137.7	+0.8
Communities: Other	30.7	30.7	+0.0
Resources	16.6	16.6	+0.0
Total Directorate Programmes	342.7	343.7	+1.0
Schools Local Capital	3.8	3.8	+0.0
Earmarked Reserves	82.5	81.6	-0.9
Total Capital Programme	429.0	429.1	+0.1

* Approved by Cabinet 18 July 2017

59. The £1.0m budget provision for the Henley Road (Flowing Springs) project is funded by a transfer of £0.3m from the annual carriageway maintenance programme and the remainder from earmarked reserves.

RECOMMENDATIONS

60. **The Cabinet is RECOMMENDED to:**
- (a) note the report;
 - (b) approve the virement requests set out in Annex 2a;
 - (c) note the Virements set out in Annex 2b;
 - (d) approve the bad debt write offs set out in paragraphs 43 and 44;
 - (e) agree the requests for new reserves set out in paragraphs 51 and 52;
 - (f) note the Treasury Management lending list at Annex 3;
 - (g) approve the updated Capital Programme at Annex 7 and the associated changes to the programme in Annex 6c.

LORNA BAXTER

Director of Finance

Background papers: Directorate Financial Monitoring Reports August 2017

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

October 2017

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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			
		£000 (3)	£000 (5)	£000 (7)			
(1)	(2)				£000 (8)		
Page 23	People						
	Gross Expenditure	641,941	-193,139	448,802	459,060	10,258	A
	Gross Income	-341,195	193,689	-147,506	-147,505	0	G
		300,746	550	301,296	311,555	10,258	A
	Resources						
	Gross Expenditure	66,959	-1,482	65,477	66,103	626	G
	Gross Income	-47,144	1,009	-46,135	-46,135	0	G
		19,815	-473	19,342	19,968	626	A
	Communities						
	Gross Expenditure	160,697	-811	159,886	160,671	785	G
	Gross Income	-68,896	544	-68,352	-68,262	90	G
		91,801	-267	91,534	92,409	875	G
	Directorate Expenditure Total	869,597	-195,432	674,165	685,834	11,669	G
	Directorate Income Total	-457,235	195,243	-261,992	-261,902	90	G
	Directorate Total Net	412,362	-189	412,173	423,932	11,759	A

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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)				£000 (8)		

Page 24	Contributions to (+)/from (-)reserves	-800		-800	-800	0
	Contribution to (+)/from(-) balances	4,700		4,700	-7,059	-7,661
	Public Health Saving Recharge	-500		-500	-500	0
	Contingency	4,377	189	4,566	4,566	-4,098
	Pensions - past service deficit funding	830		830	830	0
	Capital Financing	25,561		25,561	25,561	0
	Interest on Balances	-4,773		-4,773	-4,773	0
	Strategic Measures Budget	29,395	189	29,584	17,825	-11,759
	Unringfenced Government Grants	-19,226		-19,226	-19,226	0
	Council Tax Surpluses	-7,277		-7,277	-7,277	0
	Revenue Support Grant	-18,665		-18,665	-18,665	0
	Business Rates Top-Up	-37,821		-37,821	-37,821	0
	Business Rates From District Councils	-30,704		-30,704	-30,704	0
	Council Tax Requirement	328,064	0	328,064	328,064	0

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 Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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)
CEF1	Education & Early Intervention						
	Gross Expenditure	69,453	1,731	71,184	72,133	950	G
	Gross Income	-48,306	-1,691	-49,997	-49,996	0	G
		21,147	40	21,187	22,137	950	A
CEF2	Children's Social Care						
	Gross Expenditure	46,040	288	46,328	51,852	5,524	R
	Gross Income	-5,733	-1,429	-7,162	-7,162	0	G
		40,307	-1,142	39,165	44,690	5,524	R
CEF3	Children's Social Care Countywide Services						
	Gross Expenditure	31,914	-15	31,899	33,794	1,895	R
	Gross Income	-1,129	15	-1,114	-1,114	0	G
		30,785	0	30,785	32,680	1,895	R
CEF4	Delegated Schools						
	Gross Expenditure	199,098	-194,375	4,723	4,723	0	G
	Gross Income	-199,098	194,375	-4,723	-4,723	0	G
		0	0	0	0	0	G
CEF4	Other Schools						
	Gross Expenditure	39,175	-3,279	35,896	35,896	0	G
	Gross Income	-38,838	3,147	-35,691	-35,691	0	G
		337	-132	205	205	0	G

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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)
CEF5	Children, Education & Families (CEF) Central Costs						
	Gross Expenditure	5,402	468	5,870	5,870	0	G
	Gross Income	-652	-1	-653	-653	0	G
		4,750	467	5,217	5,217	0	G
CEF9	CEF Corporate Overheads						
	Gross Expenditure	0	814	814	814	0	G
	Gross Income	0	0	0	0	0	
		0	814	814	814	0	G
SCS1	Adult Social Care						
	Gross Expenditure	191,916	-2,051	189,865	191,665	1,800	G
	Gross Income	-14,328	1	-14,327	-14,327	0	G
		177,588	-2,050	175,538	177,338	1,800	G
SCS2	Joint Commissioning						
	Gross Expenditure	4,324	2,994	7,318	7,407	89	G
	Gross Income	-1,423	-729	-2,152	-2,152	0	G
		2,901	2,265	5,166	5,255	89	G
SCS9	ASC Corporate Overheads						
	Gross Expenditure	0	200	200	200	0	G
	Gross Income	0	0	0	0	0	
		0	200	200	200	0	G

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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)
PH1	LA Commissioning Responsibilities - Nationally Defined						
		17,624	84	17,708	17,668	-40	G
	Gross Expenditure	0	0	0	0	0	
	Gross Income						
		17,624	84	17,708	17,668	-40	G
PH2	LA Commissioning Responsibilities - Locally Defined						
		13,394	-85	13,309	13,110	-199	G
	Gross Expenditure	-354	0	-354	-354	0	G
	Gross Income						
		13,040	-85	12,955	12,757	-199	G
PH3	Public Health Recharges						
		670	0	670	670	0	G
	Gross Expenditure	0	0	0	0	0	
	Gross Income						
		670	0	670	670	0	G
PH4	Grant Income						
		0	0	0	0	0	
	Gross Expenditure	-31,334	0	-31,334	-31,334	0	G
	Gross Income						
		-31,334	0	-31,334	-31,334	0	G
	Transfer to Public Health Reserve				239	239	

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			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)
	Non Negotiable Support Service Recharges						
	Gross Expenditure	22,931	86	23,017	23,017	0	G
	Gross Income	0	0	0	0	0	
		22,931	0	23,017	23,017	0	G
	Gross Expenditure	641,941	-193,139	448,802	459,060	10,258	A
	Gross Income	-341,195	193,689	-147,506	-147,505	0	G
	People Directorate Total Net	300,746	550	301,296	311,555	10,258	A

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 Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			Outturn Forecast Year end Spend/Income	Projected Year end Variation underspend - overspend + £000 (7)	Projected Year end Variance Traffic Light Indicator (8)
		Original Budget	Movement to Date	Latest Estimate			
		£000 (3)	£000 (4)	£000 (5)			
(1)	(2)				£000 (6)		
EE1	Infrastructure Planning						
		Gross Expenditure	10,000	-72	9,928	0	G
		Gross Income	-6,425	51	-6,374	90	G
		3,575	-21	3,554	3,644	90	A
EE2	Infrastructure Delivery						
		Gross Expenditure	88,247	-32,328	55,919	820	G
		Gross Income	-31,184	20,975	-10,209	0	G
		57,063	-11,353	45,710	46,530	820	G
EE3	Property & Investment						
		Gross Expenditure	24,562	31,168	55,730	-35	G
		Gross Income	-10,062	-20,214	-30,276	0	G
		14,500	10,954	25,454	25,419	-35	G
EE4	Community Safety						
		Gross Expenditure	25,579	-905	24,674	0	G
		Gross Income	-2,287	549	-1,738	0	G
		23,292	-356	22,936	22,936	0	G
SCS9-2	Community Safety Corporate Overheads						
		Gross Expenditure	0	307	307	0	G
		Gross Income	0	0	0	0	
		0	307	307	307	0	G

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			Outturn Forecast Year end Spend/Income	Projected Year end Variation	Projected Year end Variance Traffic Light Indicator
		Original Budget	Movement to Date	Latest Estimate			
(1)	(2)	£000 (3)	£000 (4)	£000 (5)	£000 (6)	underspend - overspend + £000 (7)	(8)
EE9	E&E Corporate Overheads						
	Gross Expenditure	0	1,019	1,019	1,019	0	G
	Gross Income	0	-817	-817	-817	0	G
		0	202	202	202	0	G
	Non Negotiable Support Service Recharges						
	Gross Expenditure	12,309	0	12,309	12,309	0	G
	Gross Income	-18,938	0	-18,938	-18,938	0	G
		-6,629	0	-6,629	-6,629	0	G
	Directorate Expenditure Total	160,697	-811	159,886	160,671	785	
	Directorate Income Total	-68,896	544	-68,352	-68,262	90	
	Directorate Total Net	91,801	-267	91,534	92,409	875	

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 Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			Outturn Forecast Year end Spend/Income	Projected Year end Variation underspend - overspend + £000 (7)	Projected Year end Variance Traffic Light (8)
		Original Budget £000 (3)	Movement to Date £000 (4)	Latest Estimate £000 (5)			
(1)	(2)				£000 (6)		
CEO1	Resources Business Support						
	Gross Expenditure	944	0	944	1,024	80	R
	Gross Income	0	0	0	0	0	
		944	0	944	1,024	80	R
CEO2	Human Resources						
	Gross Expenditure	4,325	-5	4,320	4,320	0	G
	Gross Income	-1,167	430	-737	-737	0	G
		3,158	426	3,584	3,584	0	G
CEO3	Corporate Finance & Internal Audit						
	Gross Expenditure	6,445	-6	6,439	6,439	0	G
	Gross Income	-2,212	472	-1,740	-1,740	0	G
		4,233	466	4,699	4,699	0	G
CEO4	Law & Governance						
	Gross Expenditure	9,602	1,003	10,605	11,005	400	A
	Gross Income	-7,216	-928	-8,144	-8,144	0	G
		2,386	76	2,462	2,862	400	R
CEO5	Policy						
	Gross Expenditure	4,579	-1,042	3,537	3,537	0	G
	Gross Income	-1,943	1,027	-916	-916	0	G
		2,636	-14	2,622	2,622	0	G
CEO6	Corporate & Democratic Core						
	Gross Expenditure	83	-4	79	79	0	G
	Gross Income	0	0	0	0	0	
		83	-4	79	79	0	G

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
Budget Monitoring

Ref	Directorate	BUDGET 2017/18			Outturn Forecast Year end Spend/Income	Projected Year end Variation underspend - overspend + £000 (7)	Projected Year end Variance Traffic Light (8)
		Original Budget £000 (3)	Movement to Date £000 (4)	Latest Estimate £000 (5)			
(1)	(2)				£000 (6)		
CEO7	Transformation						
	Gross Expenditure	27,867	-1,598	26,269	26,329	60	G
	Gross Income	-5,190	1,670	-3,520	-3,520	0	G
		22,677	72	22,749	22,809	60	G
CEO9	CEO Corporate Overheads						
	Gross Expenditure	0	256	256	256	0	G
	Gross Income	0	-1,663	-1,663	-1,663	0	G
		0	-1,406	-1,406	-1,406	0	G
	Non Negotiable Support Service Recharges						
	Gross Expenditure	13,114	-86	13,028	13,114	86	G
	Gross Income	-29,416	0	-29,416	-29,416	0	G
		-16,302	-86	-16,388	-16,302	86	G
	Directorate Expenditure Total	66,959	-1,482	65,477	66,103	626	
	Directorate Income Total	-47,144	1,009	-46,135	-46,135	0	
	Directorate Total Net	19,815	-473	19,342	19,968	626	

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 Delivery Report
CABINET - 17th Oct 2017

CABINET IS RECOMMENDED TO APPROVE THE VIREMENTS AS DETAILED BELOW:

Directorate	Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
SCS	Oct	Sep	Allocation of 17/18 Precept	SCS1-1C	Learning Disabilities	Permanent	1,600	0
				SCS1-6	Other Funding	Permanent	-1,600	0
				SPB4	Learning Disabilities	Permanent	1,600	-1,600
CD	Oct	Sep	Allocate KS2 Moderation & Phonics Grant	CEF1-4	Education	Temporary	33	0
				SM	Strategic Measures	Temporary	0	-33
Grand Total							1,633	-1,633

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017

CABINET IS RECOMMENDED TO NOTE THE VIREMENTS AS DETAILED BELOW:

Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Data	
						Expenditure + increase / - decrease £000	Income - increase / + decrease £000
Oct	Jul	Resource Base Adjustments	CEF1-2	Additional & Special Educational Needs	P	802	-802
			CEF1-4	Education	P	0	0
			CEF4-1	Delegated Budgets	P	-276	276
		EY DSG FIS Allocation and DSG Allocation Update	CEF1-5	School Organisation & Planning	P	15	-15
			CEF4-2	Early Years Single Funding Formular	P	-15	15
		Movement of outstanding budget to A27200	CEO7	Transformation	P	-220	217
		Residual budget from ER0760	CEO7	Transformation	P	3	0
		Transfer of Staff from OFRS to Communications	CEO5	Policy	P	49	0
			EE4-1	Fire & Rescue Service	P	-49	0
		Commissioning costs for School Health Nursing service	PH1	LA Comm'g - Nationally Defined	T	-10	0
			PH2	LA Comm'g - Locally Defined	T	10	0
		Transfer of budget to fund CEF project work	CEF2-5	Family Support Service	T	-467	0
			CEF5-1	Management, Admin & Central Support Service Recharges	T	467	0
		Transfer of EDT Budget to new Cost Centre	CEF2-1	Management & Central Costs	P	-253	0
			CEF2-3	Social Care	P	353	-100
		Update of Grants Figures for YOS	CEF3-5	Youth Offending Service	P	1	-1
		DSG July Allocations	CEF1-5	School Organisation & Planning	P	95	-95
			CEF4-1	Delegated Budgets	P	0	0
			CEF4-2	Early Years Single Funding Formular	P	-3,248	3,248

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017

CABINET IS RECOMMENDED TO NOTE THE VIREMENTS AS DETAILED BELOW:

						Data	
Month of Cabinet meeting	Month of Directorate MMR	Narration	Budget book line	Service Area	Permanent / Temporary	Expenditure + increase / - decrease £000	Income - increase / + decrease £000
Oct	Jul	marlborough resource base	CEF1-2	Additional & Special Educational Needs	P	19	-19
		Budget Tidy	CEF1-4	Education	P	-123	123
	Aug	Budget Tidy EA1140 correction	CEF1-4	Education	P	20	-20
		Budget Tidy G21048 Schools Health & Safety	CEF1-5	School Organisation & Planning	P	-34	34
		Budget Tidy- Cabinet to Note Annex 2D	CEF2-6	Education, Employment & Training	P	13	-13
	Sep	winter maint budget	EE2-4	Delivery	T	100	-100
		Systems Leadership budget	CEO5	Policy	T	-7	0
			SCS2	Joint Commissioning	T	7	0
			Reallocation of CEF Budgets	CEF5-1	Management, Admin & Central Support Service Recharges	P	340
		CEF5-2		Premature Retirement Compensation	P	-358	0
		CEO5		Policy	P	10	0
		CEO7	Transformation	P	8	0	
	Adding Budget to budget lines across N93120	EE1-6	LEP	P	0	0	
Grand Total						-2,749	2,749

Financial Monitoring and Business Strategy Delivery Report

CABINET - 17 October 2017

Oxfordshire County Council's Treasury Management Lending List

as at 31/08/2017

Counterparty Name	Lending Limits			
	Standard Limit £	Group Limit £	Group	Period Limit
<u>PENSION FUND Call Accounts / Money Market Funds</u>				
Santander UK plc - PF A/c	15,000,000		a	6 mths
LloydsBank plc - Callable Deposit A/c (OXFORDCCPEN)	25,000,000		d	6 mths
Standard Life Sterling Liquidity Fund - (Pension Fund) (formerly Ignis)	25,000,000		N	6 mths
Svenska Handelsbanken - Call A/c (Pension Fund)	25,000,000			6 mths
<u>Call Accounts / Money Market Funds</u>				
Barclays 100 Day Notice A/C	15,000,000	15,000,000		100 days
Barclays Current A/c	15,000,000	15,000,000		100 days
Santander UK plc - Capital A/c	15,000,000	15,000,000	a	6 mths
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			95 days
Lloyds Bank plc - Callable Deposit A/c	25,000,000	25,000,000	d	6 mths
Svenska Handelsbanken - Call A/c (no 33777001)	25,000,000	25,000,000	i	364 days
Santander UK plc - 95 day notice account	15,000,000	15,000,000	a	95 days
Goldman Sachs Sterling Liquid Reserves Fund	25,000,000	25,000,000	N	O/N
Deutsche Managed Sterling Fund	25,000,000	25,000,000	N	O/N
Federated Short-Term Sterling Prime Fund	12,000,000	12,000,000	N	O/N
Standard Life Sterling Liquidity Fund - (County Council)	25,000,000	25,000,000	N	O/N
Morgan Stanley	5,000,000	5,000,000	N	O/N
Legal & General Investment Management	25,000,000	25,000,000		O/N
<u>Money Market Deposits</u>				
Santander UK plc (Through Broker)	15,000,000	15,000,000		6 mths
Santander UK plc Time Deposit Facility	15,000,000	15,000,000	a	6 mths
Australia and New Zealand Banking Group	25,000,000		anz	6 mths
Bank of Montreal	25,000,000		bm	6 mths
Bank of Nova Scotia	25,000,000		K	6 mths
Bank of Scotland Plc	15,000,000	25,000,000	b	6 mths

Financial Monitoring and Business Strategy Delivery Report

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Oxfordshire County Council's Treasury Management Lending List

as at 31/08/2017

Counterparty Name	Lending Limits			
	Standard Limit £	Group Limit £	Group	Period Limit
Bank of Scotland Plc (Through Broker)	15,000,000	25,000,000	b	6 mths
Barclays Bank Plc (Through Broker)	15,000,000	15,000,000	J	100 days
Barclays Bank Plc (Direct)	15,000,000	15,000,000	J	100 days
Canadian Imperial Bank of Commerce	25,000,000		N	6 mths
Close Brothers Ltd	15,000,000		N	6 mths
Commonwealth Bank of Australia	25,000,000		cba	6 mths
Coventry Building Society	15,000,000		cbs	6 mths
Credit Suisse	15,000,000		N	100 days
Danske Bank	15,000,000		N	100 days
DBS Bank (Development Bank of Singapore)	25,000,000		N	13 mths
Debt Management Account Deposit Facility	100% Portfolio		N	6 mths
English, Welsh and Scottish Local Authorities (£30m maximum subject to 10% portfolio limit)	30,000,000		N	3 years
HSBC Bank plc	25,000,000		h	6 mths
Landesbank Hessen-Thuringen (Helaba)	20,000,000			6 mths
Lloyds Bank plc	25,000,000	25,000,000	d	6 mths
National Australia Bank (Through Broker)	25,000,000	25,000,000	nab	6 mths
National Australia Bank (Direct)	25,000,000	25,000,000	nab	6 mths
Nationwide Building Society	15,000,000		nb	6 mths
Nordea Bank AB	25,000,000		N	13 mths
Oversea-Chinese Banking Corp	25,000,000		N	13 mths
Rabobank Group	25,000,000	25,000,000	N	364 days
Royal Bank of Canada	15,000,000		rbc	6 mths
Svenska Handelsbanken	25,000,000	25,000,000	i	364 days
Toronto-Dominion Bank	25,000,000		td	6 mths
United Overseas Bank	25,000,000		N	13 mths

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
EARMARKED RESERVES

Earmarked Reserves	2017/18				Last reported forecast as at 31 March 2018 £000	Change in closing balance to last forecast £000	Commentary
	Balance at 1 April 2017 £000	Movement		Balance at 31 March 2018 £000			
		Contributions from Reserve £000	Contributions to Reserve £000				
Revenue Reserves							
Schools' Reserves	18,373	-500	0	17,873	17,873	0	
Cross Directorate Reserves							
Vehicle and Equipment Reserve	3,334	-1,728	0	1,606	3,278	-1,672	Includes funding for Fire & Rescue Service vehicles and equipment.
Grants and Contributions Reserve	14,681	-1,023	178	13,836	13,755	81	Includes £7.452m Dedicated Schools Grant and £1.391m Public Health Grant.
ICT Projects	198	-75	0	123	198	-75	Used to fund the costs of major ICT projects
Government Initiatives	418	-168	0	250	324	-74	Funding for government initiatives, including adoption reform work.
Total Cross Directorate	18,631	-2,994	178	15,815	17,555	-1,740	
Directorate Reserves							
People							
CE&F Commercial Services	286	-214	0	72	72	0	To be used to support commercial services within CE&F. Includes Oxfordshire Children's Safeguarding Board (£0.072m) and Outdoor Education Centres (£0.224m).
School Intervention Fund	510	0	0	510	510	0	Includes match funding for Schools Forum Parent Partnership work.
Thriving Families	754	-150	0	604	754	-150	To be used to fund the service in future years.
Children's Social Care	0	0	0	0	0	0	
Foster Carer Loans	207	0	-16	191	207	-16	To meet Children's Act loans write off and interest costs in future years.
Academies Conversion Support	109	0	0	109	109	0	To manage the costs arising in legal services, human resources, property, finance and other areas as a consequence of school conversions to academies, and to provide the opportunity to investigate and implement alternate trust structures for groups of schools considering conversion to academies.
Oxfordshire School Inclusion Team	4	0	0	4	4	0	
National Citizenship Service	621	0	0	621	621	0	National Citizenship Service 3-year programme
Children's Centres	77	-174	310	213	0	213	Early Year's Investment
Donations to CEF	3	0	0	3	3	0	
Total Childrens	2,571	-538	294	2,327	2,280	47	
Older People Pooled Budget Reserve	1,295	-439	0	856	856	0	£304k is included in this reserve for the OSJ rent review which may not be required. £371k is expected to be required for Reablement At Home one off costs in 2017/18 with a further £68k required in relation to adult social care workforce development..
Physical Disabilities Pooled Budget Reserve	272	0	0	272	272	0	The balance will be required to meet pressures within the OP pool in the medium term.
Learning Disabilities Pooled Budget Reserve	66	-66	0	0	0	0	This balance will be required to meet pressures within the PD pool in the medium term.
Deprivation of Liberty Safeguards (DOLS)	700	-262	0	438	438	0	This is the balance of the NHS Legacy Fund for year 1 West Street Supported Living development. These costs are anticipated in 2017/18.
Total Adults	2,333	-767	0	1,566	1,566	0	This funding is to be used to manage the position on the DOLS budget and avoid any pressures in the medium term financial plan to 2019/20.
Total People Directorate	4,904	-1,305	294	3,893	3,846	47	
Communities							
Strategy & Infrastructure Earmarked Reserves							
Cotswold & Malvern TP Reserve	15	-15	0	0	0	0	Cotswold & Malvern TP reserve
SALIX Repayments	76	-11	0	65	65	0	To fund the on-going cost of SALIX projects and/or the repayment of SALIX loans should projects stop
Developer Funding (Revenue)	599	0	599	599	599	0	To meet the costs of administering and monitoring Section 106 agreements over their lifetime
West End Partnership	56	-56	0	0	0	0	This reserve is to ring-fence funding relating to the West End Project
Minerals and Waste Project	123	0	123	123	123	0	To fund the Minerals and Waste project
LABGI	199	0	199	199	199	0	To be spent on LEP related project expenditure
			0	0			
Commercial Services Earmarked Reserves							
Investment Reserve	1,683	-300	0	1,383	1,383	0	To fund ongoing projects
Countryside Ascot Park	21	-21	0	0	0	0	Ascot Park rent income is transferred to reserve each year to fund future repairs and maintenance costs
Property Disposal Costs	324	0	324	324	324	0	To meet disposal costs in excess of the 4% eligible to be charged against capital receipts
Asset Rationalisation	2,598	0	0	2,598	2,598	0	Investment fund for the implementation of the asset rationalisation strategy

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EARMARKED RESERVES

Earmarked Reserves	2017/18				Last reported forecast as at 31 March 2018 £000	Change in closing balance to last forecast £000	Commentary
	Balance at 1 April 2017 £000	Movement		Balance at 31 March 2018 £000			
		Contribution s from Reserve £000	Contribution s to Reserve £000				
Catering Investment Fund	860	0	0	860	860	0	To be used to fund catering improvements in Schools plus a contingency for unforeseen costs
Joint Use Reserve	317		0	317	317	0	
Highways Winter Maintenance	18	-18	0	0	0	0	Highways Winter Maintenance
Tourism Signs	4	-4	0	0	0	0	To be spent on bridge investigation work
On Street Car Parking	2,790	-2,500	2,500	2,790	2,790	0	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.
Dix Pit Engineering Works	509	0	0	509	509	0	To fund engineering (cell) work at Dix Pit waste management site and any on-going liabilities due to the closure of other landfill sites
Waste Management	868	-400	0	468	468	0	To fund financial liabilities due to any contract deficit mechanism payments as part of the Energy from Waste contract
Oxford Western Conveyance	100	-100	0	0	0	0	To hold Oxford Western Conveyance flood relief scheme contributions (£350k contribution from OCC in 2014/15)
Fire Control	359	139	0	498	359	139	Funding relating to the Thames Valley Fire Control Centre, which will be used for the replacement of the joint emergency services communications systems (Airwave replacement).
Fire & Rescue & Emergency Planning Reserve	166	0	0	166	166	0	To be used for unbudgeted fire hydrant work and renewal of IT equipment
Community Safety Reserve	156	-75	0	81	156	-75	This reserve will be used for works at Gypsy and Travellers sites and to support the cost of complex Trading Standards investigations.
Total Communities Directorate	11,841	-3,361	2,500	10,980	10,916	64	
Resources							
Coroner's Service	92	-24	0	68	92	-24	To support various Coroner's Service projects.
Council Elections	718	-718	0	0	0	0	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.
Registration Service	464	-14	0	450	464	-14	To be used for refurbishing the Registration buildings and facilities
Development Reserve	62	-62	0	0	0	0	To be used to fund projects which will contribute to the business strategy
Cultural Services Reserve	789	-53	0	736	789	-53	Reserve includes: Village Hall Grants, Library Strategy, Museums and Cultural loans; funding for digitisation projects and donations.
Total Resources Directorate	2,125	-871	0	1,254	1,345	-91	
Directorate Total	18,870	-5,537	2,794	16,127	16,107	20	
Corporate							
Carry Forward Reserve	0	0	0	0	0	0	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.
Efficiency Reserve	2,508	-527	0	1,981	1,981	0	This reserve is being used to support the implementation of the business strategies and the Medium Term Financial Plan.
Transition/Transformation Reserve	2,122	-2,258	636	500	1,136	-636	This reserve was established as part of the 2016/17 budget process to utilise one-off grant funding from the Government to fund the Council's Fit for the Future Transformation programme.
Corporate Total	4,630	-2,785	636	2,481	3,117	-636	
Total Revenue Reserves	60,504	-11,816	3,608	52,296	54,652	-2,356	
Other Reserves							
Insurance Reserve	8,080	0	0	8,080	8,080	0	
Business Rates Reserve	117	0	0	117	117	0	This reserve is to smooth the volatility of Business Rates income.
Capital Reserves							
Capital Reserve	23,688	0	0	23,688	23,688	0	This reserve has been established for the purpose of financing capital expenditure in future years.
Prudential Borrowing Reserve	10,788	0	0	10,788	10,788	0	This reserve is 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.
Total Capital Reserves	34,476	0	0	34,476	34,476	0	
Cash Flow Reserves							
Budget Reserve	1,205	0	0	1,205	1,205	0	This reserve is being used to manage the cash flow implications of the variations to the Medium Term Financial Plan.
Total Cash Flow Reserves	1,205	0	0	1,205	1,205	0	
Total Other Reserves	43,878	0	0	43,878	43,878	0	
Total Reserves	104,382	-11,816	3,608	96,174	98,530	-2,356	

Financial Monitoring and Delivery Report
CABINET - 17th Oct 2017
General Revenue Balances

Date	Forecast 2017/18		Budget 2017/18
	£m	£m	£m
General Balances: Outturn 2016/17	19.970		15.135
County Fund Balance		19.970	15.135
Planned Contribution to Balances		4.700	4.700
Planned Contribution from Balances			
Original forecast outturn position 2016/17		24.670	19.835
Additions			
		0.000	0.000
Calls on balances deducted			
		0.000	
Automatic calls on/returns to balances			
		0.000	-2.000
Additional Strategic Measures			
Forecast Strategic Measures Underpend	0.800		
		0.800	
Other items			
		0.000	
Net General Balances		25.470	17.835
Total Gross Expenditure Budget		797.065	797.065
Balances as a % of Gross Expenditure		3.20%	2.24%
Net Balances		25.470	
Calls on / returns to balances agreed but not actioned			
		0.000	
Calls on / returns to balances requested in this report			
		0.000	
Forecast Variation at Year End			
Less forecast directorate overspend (as set out in Annex 1)		-7.661	
Revised Outturn position		17.809	

Financial Monitoring Report: Cabinet 17 October 2017
Capital Programme 2017/18 - 2020/21

Summary

Directorate	Latest Approved Capital Programme (Cabinet July 2017)			Latest Forecast			Variation			Current Year Expenditure Monitoring				Performance Compared to Original Programme (Council February 2017)		
	Current Year	Future Years	Total	Current Year	Future Years	Total	Current Year	Future Years	Total	Actual expenditure to date	Commitments	Expenditure Realisation Rate	Actuals & Commitments	Current Year	Variation	Use of Resources Variation
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	%	%	£'000s	£'000s	%
People: Children	35,375	96,942	132,317	34,175	98,310	132,485	-1,200	1,368	168	4,259	16,669	12%	61%	37,575	-3,400	-9%
People: Adults	7,426	18,728	26,154	7,426	18,728	26,154	0	0	0	5,353	460	72%	78%	2,325	5,101	219%
Communities: Transport	60,901	75,980	136,881	61,305	76,389	137,694	404	409	813	5,730	24,900	9%	50%	54,087	7,218	13%
Communities: Other Property Development Programmes	7,863	22,807	30,670	6,915	23,817	30,732	-948	1,010	62	565	4,018	8%	66%	7,515	-600	-8%
Resources	15,355	1,270	16,625	15,355	1,270	16,625	0	0	0	1,630	802	11%	16%	5,880	9,475	161%
Total Directorate Programmes	126,920	215,727	342,647	125,176	218,514	343,690	-1,744	2,787	1,043	17,537	46,849	14%	51%	107,382	17,794	17%
People: Schools Local Capital	1,400	2,382	3,782	1,400	2,382	3,782	0	0	0	446	0	32%	32%	1,400	0	0%
Earmarked Reserves	2,986	79,552	82,538	2,986	78,649	81,635	0	-903	-903					9,382	-6,396	0%
OVERALL TOTAL	131,306	297,661	428,967	129,562	299,545	429,107	-1,744	1,884	140	17,983	46,849	14%	50%	118,164	11,398	10%

Financial Monitoring Report: Cabinet 17 October 2017
Capital Programme 2017/18 - 2020/21

In-year Expenditure Forecast Variations

Project / Programme Name	Previous 2017/18 Forecast* £'000s	Revised 2017/18 Forecast £'000s	Variation £'000s	Comments
People: Children Capital Programme				
Existing Demographic Pupil Provision (Basic Needs Programme)	14,225	7,825	-6,400	Projects being developed. Draw down of budget provision for the projects below.
Kingfisher - Expansion (ED899)	0	450	450	On-site. Forecast completion December 2017.
Matthew Arnold - 1FE Expansion (ED877)	0	1,850	1,850	Stage 2 approved. Forecast completion August 2018.
Faringdon Community College - 2FE Expansion (ED876)	0	2,900	2,900	Stage 2 approved. Forecast completion August 2018.
PEOPLE: CHILDREN TOTAL IN-YEAR VARIATION			-1,200	
Communities: Transport Capital Programme				
Hinksey Hill Northbound Slip Road	357	168	-189	Capital project development to be put on hold whilst further revenue options appraisal work completed.
Harwell Link Rd Section 2 Hagbourne Hill	661	170	-491	Scheme complete, awaiting final account.
Riverside routes to Oxford city centre	446	896	450	Bank repairs to take place Summer 17. Main bridge construction may slip to 18/19 due to requirement for statutory instrument approval.
Henley Rd (Flowing Springs)	0	1,040	1,040	New Inclusion
NPIF programme 2017-18	3,215	2,515	-700	£0.700m Woodstock Rd slipped to 18/19 with DfT approval.
Other Small Adjustments			294	
COMMUNITIES: TRANSPORT TOTAL IN-YEAR VARIATION			404	
Communities: Other Property Development Capital Programme				
New Salt Stores & Accommodation	1,500	500	-1,000	
Other Small Adjustments			52	
COMMUNITIES: OTHER PROPERTY DEVELOPMENT TOTAL IN-YEAR VARIATION			-948	
CAPITAL PROGRAMME TOTAL IN-YEAR VARIATION			-1,744	

*As approved by Cabinet on 18 July 2017

Financial Monitoring Report: Cabinet 17 October 2017
Capital Programme 2017/18 - 2020/21

New Schemes & Budget Changes

Project / Programme Name	Previous Total Budget* £'000s	Revised Total Budget £'000s	Variation £'000s	Comments
<u>People: Children Capital Programme</u>				
Existing Demographic Pupil Provision (Basic Needs Programme)	66,822	57,722	-9,100	Projects being developed. Draw down of budget provision for the projects below.
Kingfisher - Expansion (ED899)	1	480	479	On-site. Forecast completion December 2017.
Matthew Arnold - 1FE Expansion (ED877)	169	3,013	2,844	Stage 2 approved. Forecast completion August 2018.
Faringdon Community College - 2FE Expansion (ED876)	345	6,290	5,945	Stage 2 approved. Forecast completion August 2018.
PEOPLE: CHILDREN TOTAL PROGRAMME SIZE VARIATION			168	
<u>Communities: Transport Capital Programme</u>				
Henley Rd (Flowing Springs)	0	1,040	1,040	New Inclusion
Carriageways	6,900	6,524	-376	Contribution to Henley Rd (Flowing Springs)
Small Adjustments			149	
COMMUNITIES: TRANSPORT TOTAL PROGRAMME SIZE VARIATION			813	
<u>Communities: Other Property Development Capital Programme</u>				
Small Adjustments			62	
COMMUNITIES: OTHER PROPERTY DEVELOPMENT TOTAL PROGRAMME SIZE VARIATION			62	
CAPITAL PROGRAMME TOTAL PROGRAMME SIZE VARIATION			1,043	

*As approved by Cabinet on 18 July 2017

CAPITAL PROGRAMME: 2017/18 TO 2020/21

Programme		Capital Investment Programme (latest forecast)						CAPITAL INVESTMENT TOTAL £'000s
		Current Year	Firm Programme	Provisional Programme				
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s	
People: Children		34,175	40,103	36,897	18,529	2,781	0	132,485
People: Schools Local Capital		1,400	850	800	732	0	0	3,782
People: Adults		7,426	13,810	2,925	1,993	0	0	26,154
Communities: Transport		61,305	29,623	24,669	19,142	2,247	708	137,694
Communities: Other Property Development Programmes		6,915	15,023	7,828	966	0	0	30,732
Resources		15,355	1,080	190	0	0	0	16,625
TOTAL ESTIMATED CAPITAL PROGRAMME EXPENDITURE		126,576	100,489	73,309	41,362	5,028	708	347,472
Earmarked Reserves		2,986	23,810	28,741	18,059	8,039	0	81,635
TOTAL ESTIMATED CAPITAL PROGRAMME		129,562	124,299	102,050	59,421	13,067	708	429,107
TOTAL ESTIMATED PROGRAMME IN-YEAR RESOURCES		134,899	93,698	88,256	54,489	2,491	0	373,833
In-Year Shortfall (-) / Surplus (+)	55,361	5,337	-30,601	-13,794	-4,932	-10,576	-708	-55,274
Cumulative Shortfall (-) / Surplus (+)		60,698	30,097	16,303	11,371	795	87	87

CAPITAL PROGRAMME: 2017/18 TO 2020/21

SOURCES OF FUNDING		2017 / 18	2018 / 19	2019 / 20	2020 / 21	2021 / 22	2022 / 23	CAPITAL RESOURCES TOTAL
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
SCE(C) Formulaic Capital Allocations - Un-ringfenced Grant		44,601	47,374	42,743	26,924	0	0	161,642
Devolved Formula Capital- Grant		1,400	850	800	732	0	0	3,782
Prudential Borrowing		29,284	29,355	14,659	12,950	0	0	86,248
Grants		18,596	2,257	405	0	0	0	21,258
Developer Contributions		33,962	27,806	27,252	12,957	2,491	0	104,468
District Council Contributions		659	542	0	0	0	0	1,201
Other External Funding Contributions		710	0	0	0	0	0	710
Revenue Contributions		350	150	102	0	0	0	602
Schools Contributions		0	28	0	0	0	0	28
Use of Capital Receipts		0	15,937	8,704	926	0	0	25,567
Use of Capital Reserves		0	0	7,385	4,932	10,576	708	23,601
TOTAL ESTIMATED PROGRAMME RESOURCES UTILISED		129,562	124,299	102,050	59,421	13,067	708	429,107
TOTAL ESTIMATED IN YEAR RESOURCES AVAILABLE		134,899	93,698	88,256	54,489	2,491	0	373,833
Capital Grants Reserve C/Fwd	11,774	15,290	0	0	0	0	0	0
Usable Capital Receipts C/Fwd	19,899	21,720	6,409	0	0	0	0	0
Capital Reserve C/Fwd	23,688	23,688	23,688	16,303	11,371	795	87	87

PEOPLE: CHILDREN CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		Firm Programme		Provisional Programme								
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s					
<u>Provision of School Places (Basic Need)</u>												
Existing Demographic Pupil Provision (Basic Needs Programme)	1,832	7,825	16,163	20,225	9,373	2,304	0	57,722	55,890	48,065		
11/12 - 16/17 Basic Need Programme Completions	4,532	350	1,201	0	0	0	0	6,083	1,551	1,201		
Adderbury, Christopher Rawlins - Expansion to 1.5FE (ED875)	515	1,750	177	0	0	0	0	2,442	1,927	177		
Drayton - Expansion to 1FE (ED886)	56	450	42	0	0	0	0	548	492	42		
Sutton Courtenay - Expansion to 1FE (ED883)	71	1,050	100	36	0	0	0	1,257	1,186	136		
Chilton - Expansion to 1.5FE (ED893)	124	1,400	200	20	0	0	0	1,744	1,620	220		
Willowcroft - SEN Resource Base (ED905)	0	275	13	0	0	0	0	288	288	13		
Kingfisher - Expansion (ED899)	1	450	29	0	0	0	0	480	479	29		
Matthew Arnold - 1FE Expansion (ED877)	169	1,850	850	144	0	0	0	3,013	2,844	994		
Faringdon Community College - 2FE Expansion (ED876)	345	2,900	2,200	845	0	0	0	6,290	5,945	3,045		
Provision of School Places Total	7,645	18,300	20,975	21,270	9,373	2,304	0	79,867	72,222	53,922		

PEOPLE: CHILDREN CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast						Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		Firm Programme		Provisional Programme						
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>Growth Portfolio - New Schools</u>										
	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 - Secondary (Phase 1) (ED836)	18,561	2,250	860	0	0	0	0	21,671	3,110	860
Didcot, Great Western Park - Primary 2 (14 classroom) (ED835)	648	4,500	1,750	252	0	0	0	7,150	6,502	2,002
Bicester, South West - Secondary	71	1,750	8,500	5,000	679	0	0	16,000	15,929	14,179
Oxford - Barton (West) - 1.5FE Primary School	256	750	700	3,000	2,250	244	0	7,200	6,944	6,194
Banbury, Southam Road - 1FE Primary School	17	200	500	3,000	2,250	183	0	6,150	6,133	5,933
The Swan Free School (Financial Contribution)	0	50	700	800	500	50	0	2,100	2,100	2,050
Project Development Budget · North East Wantage (Crab Hill) · Bicester, Graven Hill	0	100	100	100	100	0	0	400	400	300
New School Programme Completions	0	950	936	0	0	0	0	1,886	1,886	936
Growth Portfolio Total	19,553	10,550	14,046	12,152	5,779	477	0	62,557	43,004	32,454
<u>Children's Home</u>										
New Children's Home Programme Completions	0	150	1,012	0	0	0	0	1,162	1,162	1,012
Children's Home Total	0	150	1,012	0	0	0	0	1,162	1,162	1,012

PEOPLE: CHILDREN CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>Annual Programmes</u>										
Schools Access Initiative	0	400	400	400	300	0	0	1,500	1,500	1,100
Temporary Classrooms - Replacement & Removal	0	325	350	350	350	0	0	1,375	1,375	1,050
Schools Accommodation Intervention & Support Programme	0	100	100	100	100	0	0	400	400	300
School Structural Maintenance (inc Health & Safety)	0	2,350	2,050	2,050	1,700	0	0	8,150	8,150	5,800
Annual Programme Total	0	3,175	2,900	2,900	2,450	0	0	11,425	11,425	8,250
<u>Other Schemes & Programmes</u>										
CEF Transformation Programme - Children & Family Centres (ED895)	917	350	233	0	0	0	0	1,500	583	233
Capacity Building - Early Yrs Entitlement	1,187	1,300	500	500	499	0	0	3,986	2,799	1,499
Free School Meals (ED862)	0	100	10	0	0	0	0	110	110	10
Loans to Foster/Adoptive Parents (Prudentially Funded)	247	75	75	75	428	0	0	900	653	578
Small Projects	114	0	40	0	0	0	0	154	40	40
Other Schemes & Programmes Total	2,465	1,825	858	575	927	0	0	6,650	4,185	2,360
<u>Retentions & Oxford City Schools Reorganisation</u>										
Retentions & OSCR Total	18	175	312	0	0	0	0	505	487	312

PEOPLE: CHILDREN CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>Schools Capital</u>										
Devolved Formula Capital	0	1,400	850	800	732	0	0	3,782	3,782	2,382
School Local Capital Programme Total	0	1,400	850	800	732	0	0	3,782	3,782	2,382
PEOPLE: CHILDREN CAPITAL PROGRAMME EXPENDITURE TOTAL	29,681	35,575	40,953	37,697	19,261	2,781	0	165,948	136,267	100,692
PEOPLE: CHILDREN ADJUSTED CAPITAL PROGRAMME EXPENDITURE TOTAL	29,681	34,175	40,103	36,897	18,529	2,781	0	162,166	132,485	98,310

PEOPLE: ADULTS CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>Public Health Directorate</u>										
PUBLIC HEALTH PROGRAMME TOTAL	0	0	0	0	0	0	0	0	0	0
<u>SOCIAL CARE FOR ADULTS PROGRAMME</u>										
<u>Adult Social Care</u>										
Adult Social Care Programme	355	845	1,750	1,300	0	0	0	4,250	3,895	3,050
<u>Residential</u>										
HOPs Phase 1- New Builds	0	0	10,503	0	0	0	0	10,503	10,503	10,503
Oxfordshire Care Partnership	8,729	271	0	0	0	0	0	9,000	271	0
<u>Specialist Housing Programme (inc ECH - New Schemes & Adaptations to Existing Properties)</u>										
ECH - New Schemes & Adaptations to Existing Properties	1,111	1,200	1,400	1,500	1,922	0	0	7,133	6,022	4,822
Deferred Interest Loans (CSDP)	432	125	125	125	71	0	0	878	446	321
SOCIAL CARE FOR ADULTS PROGRAMME TOTAL	10,627	2,441	13,778	2,925	1,993	0	0	31,764	21,137	18,696
<u>Disabled Facilities Grant</u>										
Disabled Facilities Grant	0	4,985	0	0	0	0	0	4,985	4,985	0
DISABLED FACILITIES GRANT PROGRAMME TOTAL	0	4,985	0	0	0	0	0	4,985	4,985	0
<u>Autism Capital Grant</u>										
Autism Capital Grant	18	0	0	0	0	0	0	18	0	0
AUTISM CAPITAL GRANT PROGRAMME TOTAL	18	0	0	0	0	0	0	18	0	0

PEOPLE: ADULTS CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>STRATEGY AND TRANSFORMATION PROGRAMME</u>										
STRATEGY& TRANSFORMATION PROGRAMME TOTAL	0	0	0	0	0	0	0	0	0	0
Retentions & Minor Works	0	0	32	0	0	0	0	32	32	32
PEOPLE: ADULTS CAPITAL PROGRAMME EXPENDITURE TOTAL	10,645	7,426	13,810	2,925	1,993	0	0	36,799	26,154	18,728

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>CITY DEAL PROGRAMME</u>										
<u>Science Transit</u>										
Kennington & Hinksey Roundabouts	7,355	118	0	0	0	0	0	7,473	118	0
Hinksey Hill Northbound Slip Road	373	168	572	5,677	400	1,510	0	8,700	8,327	8,159
<u>Access to Enterprise Zone</u>										
Harwell Link Rd Section 1 B4493 to A417	3,822	6,661	59	1,107	0	0	0	11,649	7,827	1,166
Harwell Link Rd Section 2 Hagbourne Hill	5,354	170	491	0	0	0	0	6,015	661	491
Featherbed Lane and Steventon Lights	2,307	200	1,000	1,769	2,448	0	0	7,724	5,417	5,217
Harwell, Oxford Entrance	257	350	1,050	343	0	0	0	2,000	1,743	1,393
<u>Northern Gateway</u>										
Cuttesslowe Roundabout	4,903	243	0	31	0	0	0	5,177	274	31
Wolvercote Roundabout	5,257	100	0	5	0	0	0	5,362	105	5
Loop Farm Link Road	264	4,235	2,801	0	0	0	0	7,300	7,036	2,801
Other City Deal Programme spend	182	-88	0	0	0	0	0	94	-88	0
CITY DEAL PROGRAMME TOTAL	30,074	12,157	5,973	8,932	2,848	1,510	0	61,494	31,420	19,263
<u>LOCAL PINCH POINT PROGRAMME</u>										
Milton Interchange	11,966	578	0	0	0	0	0	12,544	578	0
A34 Chilton Junction Improvements	9,693	507	683	0	0	0	0	10,883	1,190	683
LOCAL PINCH POINT PROGRAMME TOTAL	21,659	1,085	683	0	0	0	0	23,427	1,768	683

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>LOCAL GROWTH DEAL PROGRAMME</u>										
Eastern Arc Phase 1 Access to Headington	2,167	5,760	1,024	82	2,132	0	0	11,165	8,998	3,238
Science Vale Cycle Network Improvements	88	1,300	1,400	1,000	712	0	0	4,500	4,412	3,112
Oxford Science Transit Phase 2 - A40 Public Transport improvements (project development)	388	2,300	812	0	0	0	0	3,500	3,112	812
Didcot Northern Perimeter Road 3 (project development)	485	265	0	0	0	0	0	750	265	0
A34 Lodge Hill Slips (project development)	7	143	0	0	0	0	0	150	143	0
Oxford Queen's Street Pedestrianisation (project development)	104	806	560	0	0	0	0	1,470	1,366	560
Bicester London Road - Cycle/Pedestrian Bridge	0	0	0	0	0	0	0	0	0	0
LOCAL GROWTH DEAL PROGRAMME TOTAL	3,239	10,574	3,796	1,082	2,844	0	0	21,535	18,296	7,722
<u>SCIENCE VALE UK</u>										
Milton Park Employment Access Link: Backhill Tunnel	280	527	0	0	0	0	0	807	527	0
Wantage, Crab Hill (contribution)	0	2,450	0	0	0	0	0	2,450	2,450	0
SCIENCE VALE UK LOCALITY PROGRAMME TOTAL	280	2,977	0	0	0	0	0	3,257	2,977	0

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>OXFORD</u>										
Iffley Fields Controlled Parking Zone	0	225	25	0	0	0	0	250	250	25
Woodstock Rd, ROQ	98	502	50	0	0	0	0	650	552	50
Riverside routes to Oxford city centre	566	896	1,800	405	0	0	0	3,667	3,101	2,205
OXFORD LOCALITY PROGRAMME TOTAL	664	1,623	1,875	405	0	0	0	4,567	3,903	2,280
<u>BICESTER</u>										
Bicester Perimeter Road (Project Development)	0	700	300	0	0	0	0	1,000	1,000	300
BICESTER LOCALITY PROGRAMME TOTAL	0	700	300	0	0	0	0	1,000	1,000	300
<u>BANBURY</u>										
BANBURY LOCALITY PROGRAMME TOTAL	0	0	0	0	0	0	0	0	0	0
<u>WITNEY AND CARTERTON</u>										
Witney, A40 Downs Road junction (contribution)	0	1,250	0	0	0	0	0	1,250	1,250	0
WITNEY AND CARTERTON LOCALITY PROGRAMME TOTAL	0	1,250	0	0	0	0	0	1,250	1,250	0
<u>COUNTYWIDE AND OTHER</u>										
East-West Rail (contribution)	29	737	737	737	737	737	708	4,422	4,393	3,656
Small schemes (developer and other funded)	36	875	0	0	0	0	0	911	875	0
Completed schemes	0	240	0	0	0	0	0	240	240	0
COUNTYWIDE AND OTHER INTEGRATED TRANSPORT TOTAL	65	1,852	737	737	737	737	708	5,573	5,508	3,656
INTEGRATED TRANSPORT STRATEGY TOTAL	55,981	32,218	13,364	11,156	6,429	2,247	708	122,103	66,122	33,904

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>STRUCTURAL MAINTENANCE PROGRAMME</u>										
Carriageways	0	1,286	1,854	1,880	1,504	0	0	6,524	6,524	5,238
Surface Treatments	0	7,822	6,075	6,110	5,983	0	0	25,990	25,990	18,168
Footways	0	1,075	752	752	750	0	0	3,329	3,329	2,254
Drainage	0	841	900	900	900	0	0	3,541	3,541	2,700
Bridges	0	2,081	2,005	2,000	1,893	0	0	7,979	7,979	5,898
Public Rights of Way Foot Bridges	0	107	100	100	100	0	0	407	407	300
Street Lighting	0	1,617	890	775	775	0	0	4,057	4,057	2,440
Traffic Signals	0	225	250	172	247	0	0	894	894	669
Section 42 contributions	0	604	555	558	561	0	0	2,278	2,278	1,674
STRUCTURAL MAINTENANCE ANNUAL PROGRAMMES TOTAL	0	15,658	13,381	13,247	12,713	0	0	54,999	54,999	39,341
<u>CHALLENGE FUND PROGRAMME</u>										
Street Lighting	1,161	2,929	0	0	0	0	0	4,090	2,929	0
Drainage	2,251	1,499	0	0	0	0	0	3,750	1,499	0
Edge Strengthening	3,057	1,953	0	0	0	0	0	5,010	1,953	0
Resurfacing	476	694	0	0	0	0	0	1,170	694	0
CHALLENGE FUND PROGRAMME TOTAL	6,945	7,075	0	0	0	0	0	14,020	7,075	0

COMMUNITIES: TRANSPORT CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>Major schemes and other programme</u>										
Embankment Stabilisation Programme	800	133	0	0	0	0	0	933	133	0
Henley Rd (Flowing Springs)	0	1,040	0	0	0	0	0	1,040		
A420/A34 Botley Junction & Cumnor Bypass	480	11	0	0	0	0	0	491	11	0
Kennington Railway Bridge	818	300	1,700	266	0	0	0	3,084	2,266	1,966
Oxford, Cowley Road	0	790	0	0	0	0	0	790	790	0
A478 Playhatch Road (project development)	116	5	0	0	0	0	0	121	5	0
Network Rail Electrification Bridge	228	1,560	478	0	0	0	0	2,266	2,038	478
Betterment Programme										
NPIF programme 2017-18	0	2,515	700	0	0	0	0	3,215	3,215	700
STRUCTURAL MAINTENANCE MAJOR SCHEMES TOTAL	2,442	6,354	2,878	266	0	0	0	11,940	9,498	3,144
STRUCTURAL MAINTENANCE PROGRAMME TOTAL	9,387	29,087	16,259	13,513	12,713	0	0	80,959	71,572	42,485
COMMUNITIES: TRANSPORT CAPITAL PROGRAMME EXPENDITURE TOTAL	65,368	61,305	29,623	24,669	19,142	2,247	708	203,062	137,694	76,389

COMMUNITIES: OTHER PROPERTY DEVELOPMENTS CAPITAL PROGRAMME (EXCLUDING TRANSPORT)

		Latest Forecast								
Project/ Programme Name	Previous Years Actual Expenditure	Firm Programme		Provisional Programme				Total Scheme Cost	Capital Investment Total (excluding previous years)	Future Capital Investment Total (excluding previous and current years)
		2017 / 18	2018 / 19	2019 / 20	2020 / 21	2021 / 22	2022 / 23			
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<u>Fire & Rescue Service</u>										
Fire Equipment (SC112)	547	0	103	0	0	0	0	650	103	103
Relocation of Rewley Training Facility	0	25	500	75	0	0	0	600	600	575
Carterton Fire Station	34	0	0	0	0	0	0	34	0	0
Fire Review Development Budget	0	200	1,500	1,450	275	0	0	3,425	3,425	3,225
COMMUNITY SAFETY PROGRAMME TOTAL	581	225	2,103	1,525	275	0	0	4,709	4,128	3,903
<u>ASSET UTILISATION PROGRAMMES</u>										
Asset Utilisation Programme	0	1,400	1,400	1,266	0	0	0	4,066	4,066	2,666
Asset Utilisation Completions	0	0	416	0	0	0	0	416	416	416
ASSET UTILISATION PROGRAMME TOTAL	0	1,400	1,816	1,266	0	0	0	4,482	4,482	3,082
<u>ENERGY EFFICIENCY IMPROVEMENT PROGRAMME</u>										
Rooftop Solar PV Programme	2	48	0	0	0	0	0	50	48	0
SALIX Energy Programme	198	150	150	102	0	0	0	600	402	252
ENERGY EFFICIENCY IMPROVEMENT PROGRAMME TOTAL	200	198	150	102	0	0	0	650	450	252

COMMUNITIES: OTHER PROPERTY DEVELOPMENTS CAPITAL PROGRAMME (EXCLUDING TRANSPORT)

		Latest Forecast								
Project/ Programme Name	Previous Years Actual Expenditure	Firm Programme		Provisional Programme				Total Scheme Cost	Capital Investment Total (excluding previous years)	Future Capital Investment Total (excluding previous and current years)
		2017 / 18	2018 / 19	2019 / 20	2020 / 21	2021 / 22	2022 / 23			
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<u>ANNUAL PROPERTY PROGRAMMES</u>										
Minor Works Programme	99	500	200	200	278	0	0	1,277	1,178	678
Health & Safety (Non-Schools)	0	24	50	74	74	0	0	222	222	198
ANNUAL PROPERTY PROGRAMMES TOTAL	99	524	250	274	352	0	0	1,499	1,400	876
<u>WASTE MANAGEMENT PROGRAMME</u>										
Waste Recycling Centre Infrastructure Development	0	150	1,100	1,250	289	0	0	2,789	2,789	2,639
Alkerton WRC	0	150	750	800	50	0	0	1,750	1,750	1,600
Oxford Waste Partnership PRG Allocation	580	0	0	0	0	0	0	580	0	0
WASTE MANAGEMENT PROGRAMME TOTAL	580	300	1,850	2,050	339	0	0	5,119	4,539	4,239

COMMUNITIES: OTHER PROPERTY DEVELOPMENTS CAPITAL PROGRAMME (EXCLUDING TRANSPORT)

		Latest Forecast								
Project/ Programme Name	Previous Years Actual Expenditure	Firm Programme		Provisional Programme				Total Scheme Cost	Capital Investment Total (excluding previous years)	Future Capital Investment Total (excluding previous and current years)
		2017 / 18	2018 / 19	2019 / 20	2020 / 21	2021 / 22	2022 / 23			
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
CORPORATE PROPERTY & PARTNERSHIP PROGRAMMES										
Broadband (OxOnline) Project	12,648	3,170	1,769	2,165	0	0	0	19,752	7,104	3,934
Spendlove Centre, Charlbury (R11)	156	246	0	0	0	0	0	402	246	0
Oxford Flood Relief Scheme	0	0	5,000	0	0	0	0	5,000	5,000	5,000
Cogges Manor Farm	0	300	75	0	0	0	0	375	375	75
New Salt Stores & Accommodation	154	1,500	1,050	396	0	0	0	3,100	2,946	1,446
CORPORATE PROPERTY & PARTNERSHIP PROGRAMMES TOTAL	12,958	5,216	7,894	2,561	0	0	0	28,629	15,671	10,455
Retentions (completed schemes)	0	0	0	0	0	0	0	0	0	0
COMMUNITIES: OTHER PROPERTY DEVELOPMENTS (EXCLUDING TRANSPORT) CAPITAL PROGRAMME EXPENDITURE TOTAL	14,418	7,863	14,063	7,778	966	0	0	45,088	30,670	22,807

RESOURCES CAPITAL PROGRAMME

Project/ Programme Name	Previous Years Actual £'000s	Latest Forecast								
		Firm Programme		Provisional Programme				Total Scheme £'000s	Capital Investment Total £'000s	Future Capital Investment Total £'000s
		2017 / 18 £'000s	2018 / 19 £'000s	2019 / 20 £'000s	2020 / 21 £'000s	2021 / 22 £'000s	2022 / 23 £'000s			
<u>COMMUNITY SERVICES PROGRAMME</u>										
Bicester Library (CS13)	710	300	300	190	0	0	0	1,500	790	490
Westgate Library - Redevelopment	199	2,700	701	0	0	0	0	3,600	3,401	701
Cowley Library (Development budget)	0	70	10	0	0	0	0	80	80	10
COMMUNITY SERVICES PROGRAMME TOTAL	909	3,070	1,011	190	0	0	0	5,180	4,271	1,201
<u>OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP</u>										
<u>Local Growth Fund</u>										
Didcot Station Car Park Expansion (contribution)	1,131	8,300	69	0	0	0	0	9,500	8,369	69
Centre for Applied Superconductivity	4,115	375	0	0	0	0	0	4,490	375	0
Advanced Engineering & Technical Skills Centre	676	3,324	0	0	0	0	0	4,000	3,324	0
Northway and Marston Flood Alleviation	321	279	0	0	0	0	0	600	279	0
OXFORDSHIRE LOCAL ENTERPRISE PARTNERSHIP TOTAL	6,243	12,278	69	0	0	0	0	18,590	12,347	69
Completed Projects	10	7	0	0	0	0	0	17	7	0
RESOURCES CAPITAL PROGRAMME EXPENDITURE TOTAL	7,162	15,355	1,080	190	0	0	0	23,787	16,625	1,270

CABINET - 17 OCTOBER 2017

WORKING TOWARDS A NEW CORPORATE PLAN 2018-21

Report by Chief Executive

Introduction

1. Cabinet is asked to consider the approach and direction being taken in developing the council's new Corporate Plan (2018-21), and to approve the draft Corporate Plan prospectus (Annex A) for finalisation and design.

Background – Activity to Date

2. The current Corporate Plan covers the period 2016-20. Given significant change affecting the council since 2016, and the county council elections in May 2017, work has begun on developing a new Corporate Plan which reflects the council's strategy and priorities, articulates the council's renewed direction since May, and sets out a positive, ambitious and aspirational vision of the future.
3. The intention is that the existing Corporate Plan will be replaced by a new one that will be considered by council in February 2018, aligned with the process for Service and Resource Planning for 2018-19 and beyond. Prior to that a shorter, high-level prospectus will be published, setting out the council's new vision.
4. A members' Working Group was established in June 2017 to undertake this work. Chaired by the Deputy Leader, with cross party membership, the group has steered the scope, structure, tone and production method for the new plan. Further meetings of the Working Group will be held as this work progresses.

New Corporate Plan – Structure and Content

5. The structure of the new plan has evolved over time. The working group is keen that a brief, accessible and visual prospectus is developed immediately, to present the council's vision and priority areas of work. The intention is to provide all our audiences – external and internal – with a clear picture of what the council is about, and how and why our leadership, leverage and resources will be applied. This will make our work meaningful to local residents, businesses and communities, and the council's staff and partners, and will set out at a high level the approach to delivering the council's vision:

Thriving communities for everyone in Oxfordshire

To achieve our vision, we will listen to residents so we can continuously improve our services and provide value for money. Our priorities are:

Thriving communities

- *We help people live safe, healthy lives and play an active part in their community*

- *We provide services that enhance the quality of life in our communities, and protect the local environment*

Thriving people

- *We strive to give every child a good start in life, and protect everyone from abuse and neglect*
- *We enable older and disabled people to live independently and care for those in greatest need*

Thriving economy

- *We support a thriving local economy by improving transport links to create jobs and homes for the future*

6. Importantly, the vision and ambitions for the new prospectus and corporate plan are informed by the council's recent survey to understand the views which Oxfordshire residents have of the council. For example, it is clear that residents' views can be positively affected by how effectively we communicate our work to them, and that the more we put our work in plain English and everyday terms, the better engagement we are likely to have with our audiences and customers.
7. On 5 October Cllr Hudspeth presented the previous draft of the prospectus to Performance Scrutiny Committee. The committee's discussion covered the approach, structure and proposed content of the prospectus, and Scrutiny members' comments have informed the revised prospectus presented to Cabinet.

Next Steps

8. Subject to Cabinet's views, the content and design of the prospectus will be developed with a view to a final version being published in due course.
9. Over the autumn, a longer, more detailed Corporate Plan, supportive of internal business management, will be completed. This will benefit from being fully aligned with the Service & Resource Planning process, and will set out the details of how the council's vision will be achieved, and how progress towards that will be measured. This version will be put to full council for agreement in February 2018.

10. Cabinet is RECOMMENDED to:

- (a) **Comment on the attached draft prospectus;**
- (b) **Approve the draft prospectus for finalisation and publication in consultation with the Deputy Leader and**
- (c) **Note the approach being taken to develop the full new Corporate Plan, and suggest any matters for consideration by the Working Group.**

PETER CLARK
Chief Executive

Contact Officer: Steven Jones, Corporate Performance and Risk Manager
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October 2017

**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE**

ANNUAL REPORT

X

***Reporting on 2016/17
Produced: August 2017***

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Foreword

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

This is my 10th 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 you find it 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.
August 2017

Chapter 1: The Demographic Challenge

Let's keep this simple.

There are two major challenges facing Oxfordshire:

- How do we cope with the increasing stresses and strains a growing population brings?
- How do we keep children and adults of all ages healthy so that disease is minimised as the population grows?

Of course there are many other problems and issues, but these two are the overwhelming ones, and this report looks at these two issues from many different angles.

This chapter focusses on the first of these two – the demographic challenge.

The demographic challenge is a challenge because of 5 interlocking factors:

1. The population is growing
2. The population is ageing
3. The proportion of older people is increasing
4. Public expectations are high
5. Money is tight

A further problem is rapidly approaching which will further complicate matters – being overweight is the new norm in adults and increasingly prevalent in younger people, and this will inevitably lead to higher levels of disease – but that's for chapter 4.

Disadvantage also acts as a brake to stop people achieving their full potential and this is another confounding factor – you will find that topic in chapter 3.

Population growth means we have to plan our communities better and poor air quality - generated by more people and more activity – is an important issue - covered in chapter 2.

All of these changes put stresses and strains on the mental wellbeing of young people – see chapter 5.

..... and of course, let's never forget the shadow cast by infectious disease – sleeping, but not defeated - chapter 6.

So let's look first at population growth and population ageing.

Population Growth

Between 2000 and 2015, the total population of Oxfordshire increased by 70,700 people (+12%) compared with 11% across England.

Plans for a significant expansion in new housing, following the Oxfordshire Strategic Housing Market Assessment, imply a growth in the population of Oxfordshire over the next 15 years of more than double that of the previous 15-year period.

Oxfordshire County Council population forecasts, based on expected housing growth, predict an increase in the number of Oxfordshire residents of 183,900 people (+27%) between 2015 and 2030.

This is a massive increase by any standards and will put a huge strain on our already stretched infrastructure such as roads and schools- a factor I will pick up in chapter 2.

Will Government funding of statutory services keep pace? No one knows the answer, but we do know that health and social services are already stretched to breaking point.

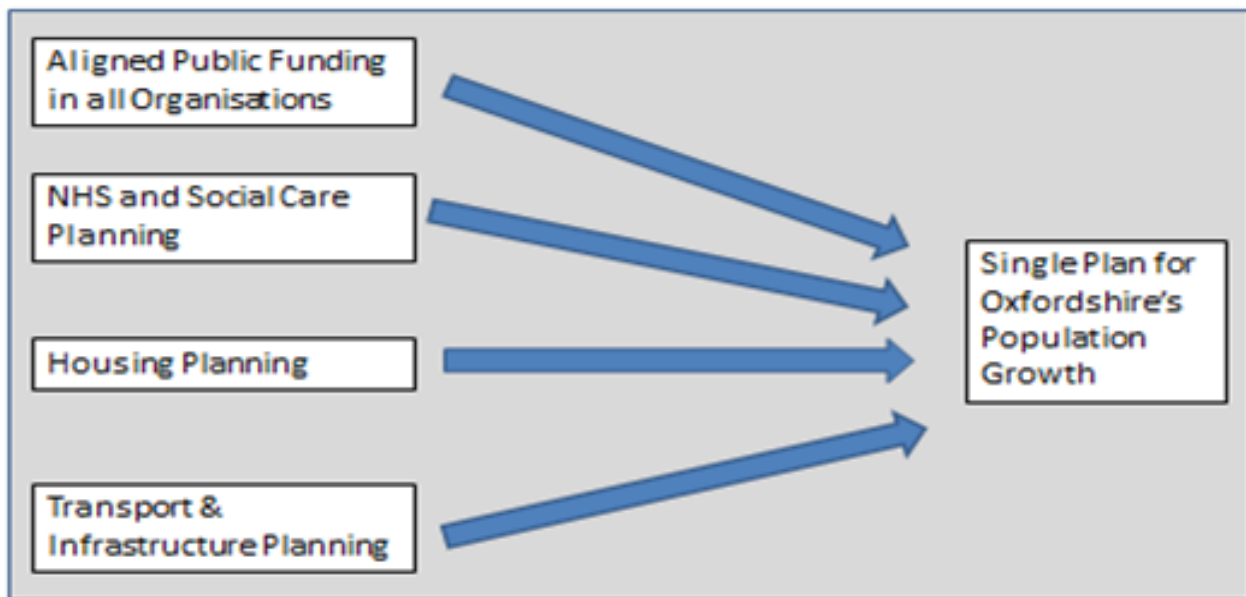
What we also know is that the old ways of doing things aren't likely to cope with such an increase as they stand. Our planning systems need to work far more slickly and intelligently if we are to have the transport systems people will demand. The daily commute will become increasingly tortuous and movement more difficult. Perhaps home working and IT solutions point the way forward.

Of course, people tend not to like change – it's hard-wired into us. During the last year local NHS organisations put forward proposals about radically changing the way hospitals and community services might be changed to cope with this pressure. The response was - to put it mildly - mixed. It's like one of those problems in which you push the problem down in one place but that makes it pop up in another – for example, the NHS proposed increasing the care carried out by people coming to hospitals for the day (ambulatory care), but it is outside the NHS's remit to plan for the increase in journeys and traffic and parking that implies, and so another problem is created.

All of this means that the problem of population growth is too big for any one organisation to cope with alone – we need to harness plans for housing, transport, the NHS and social care to the same yoke so that we can plough a single furrow.

We haven't solved this yet but the problem is staring senior executives and senior Councillors in the face. Necessity will, as always, drive the solution, and the solution we need is to craft a unified planning system.

In simple terms it will need to look something like this:



There are signs that we are closer to this than ever before, and these have occurred during the last 18 months. These are:

- Council Leaders and the NHS, Local Enterprise Partnership and the Universities debating new forms of local Government and Devolution
- The NHS trying to join up the currently fractured system through a single plan
- The Hospital Trusts and Universities reaching out to Local Authority planners to seek a 'joined up' approach.

This is good. These are green shoots. They cause much controversy, but they are clear signs that all the big organisations are saying 'we can't go on as we are' and that is always the first step. No one knows where it will lead, but we seem to have begun the journey, and this is to be welcomed, for the problem of population growth is very real and the solution is likely to be radical.

Expected growth in housing

The plans for housing growth recommended for Oxfordshire shed a factual side-light on the scale of future population growth. In April 2014 the Oxfordshire Local Authorities, published the Strategic Housing Market Assessment (SHMA) for Oxfordshire.

The Assessment suggested that the demographic trends and growth of the County economy and the level of affordable housing required would necessitate **100,060** additional new homes in Oxfordshire between 2011 and 2031. More houses mean more people. There are currently over 600,000 people living in Oxfordshire. 100,060 more houses will swell this number considerably.

Up to the end of March 2016, just under 11,700 homes had been built in Oxfordshire and, since 2011, the year with the highest rate of housing completions was 2015/16 with 3,350 homes built. This leaves a remaining requirement of 88,400 new homes to be built by 2031, or just under

6,000 homes per year for each of the next 15 years. This is a contentious topic and is much debated. Where will the houses go? When exactly will they be built? Will they be grouped to make best use of the 'developer contributions' which can fund the sensible road and transport links we need? The risk is that a piecemeal planning system which doesn't take a view of the whole is less likely to help. This is another reason why organisations need to pull together if we are to cope.

The Strategic Housing Market Assessment represents a view of how Oxfordshire 'should' grow in the national context. Of course it's not just about houses. Houses mean people and people mean more roads, more schools and more workplaces....and more diseases. More people also implies a much higher volume of attendances at GP surgeries and hospitals and more need for social care. All of this requires careful planning and, as highlighted in previous annual reports, there is a widely shared view that our current planning processes are fragmented and won't cope well as they stand. Hence the need to move towards a single planning process.

During the year, a useful start has been made on this and the infrastructure requirements of all organisations across the County have been drawn together in one place in a document called Oxfordshire Infrastructure Strategy. This is a start and is to be applauded. The question is, can this be used to make the disparate cogs of the planning process turn as one smooth machine to serve local people? Only time will tell.

Where will the nurses, home care workers and ancillary staff come from?

The very real and tangible effects of population growth, the relative prosperity of Oxfordshire, low unemployment and sluggish housing growth of affordable housing all combine to create a very big problem for services.

It is becoming increasingly difficult to recruit the staff we need to fill nursing, caring and ancillary posts. In the last few weeks, I attended meetings where the hospital and social care services were spelling this out very clearly. Some hospital wards are for example reported to be running with 25% vacancies. This is unlikely to be sustainable. Looking at local house prices sheds light on this and underlines the problems of high house prices in Oxfordshire. The statistics are as follows:

Housing affordability

- In 2016, house prices in Britain were 10 times the annual salary of residents.
- **Oxford was the least affordable city, with house prices being 16.7 times higher than annual earnings** - on a par with London.
- Burnley was the most affordable city, with house prices being 4.1 times the average annual earnings – 4 times more affordable than Oxfordshire.
- All the top 10 least affordable cities were located in the South of England. The majority of the most affordable locations were in the North West and Yorkshire regions.

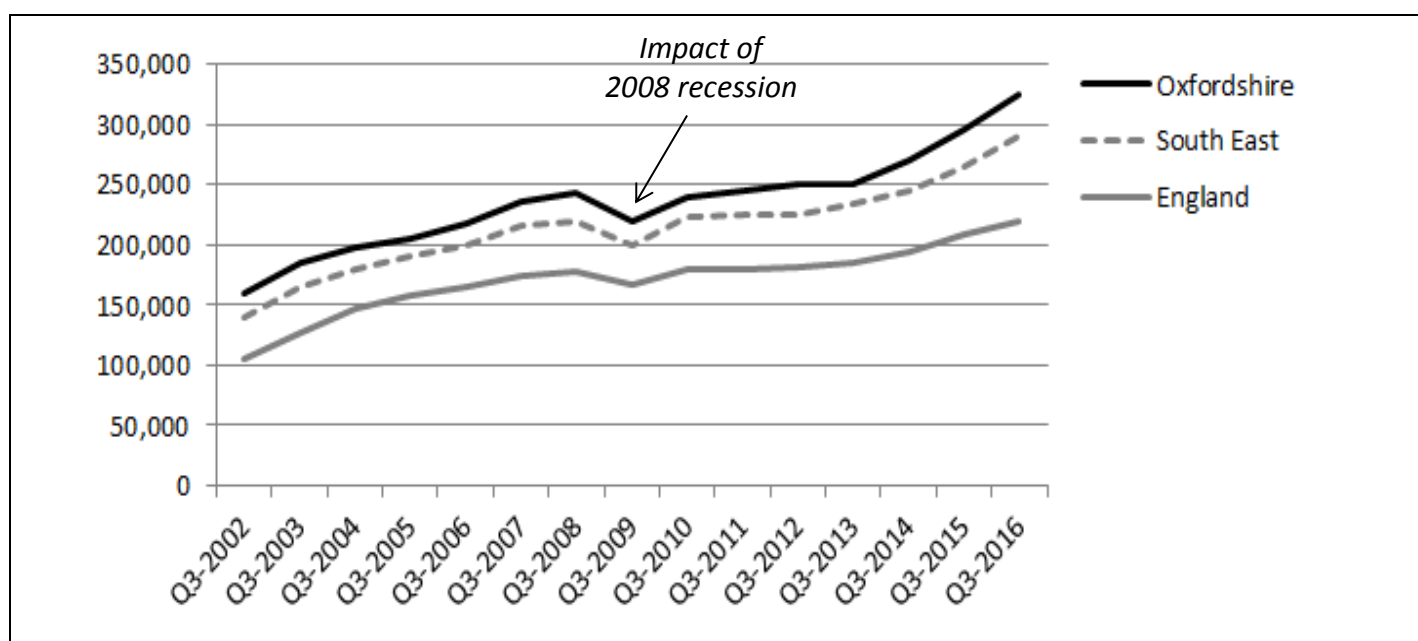
Here is the relevant table.

Rank	City	Affordability ratio	Average house price, 2016 (£)	Yearly wages, 2016 (£)
10 cities with the highest affordability ratio				
1	Oxford	16.7	491,900	29,400
2	London	16.7	561,400	33,700
3	Cambridge	15.8	475,800	30,100
4	Brighton	13.7	367,900	26,800
5	Bournemouth	12.5	309,300	24,700
6	Aldershot	11.6	360,400	31,200
7	Reading	11.3	375,200	33,300
8	Worthing	10.7	279,100	26,100
9	Exeter	10.5	253,500	24,100
10	Bristol	10.4	275,900	26,600

Trends in house prices

Over the past 10 years the increase in the median (mid-point) house price in Oxfordshire has been above the South East region and England. Between 2006 and 2016, the median price of housing in Oxfordshire increased from £218,000 to £325,000, an increase of 49% compared with 46% in the South East and 33% in England. The districts seeing the highest increase were Cherwell (60%) and Oxford (60%). In other words, the local affordability gap is getting worse compared with England.

Median house price 2002 to 2016



Source: ONS released March 2017; These data are part of the House Price Statistics for Small Areas (HPSSAs) release, produced by ONS. These statistics report the count and median price of all dwellings sold and registered in a given year. They are calculated using open data from the Land Registry, a source of comprehensive record level administrative data on property transactions.

Median house price 2006 to 2016

	Q3-2006	Q3-2016	Q3-2006 to Q3 2016	
Cherwell	£183,000	£292,250	£109,250	+60%
Oxford	£235,000	£375,000	£140,000	+60%
South Oxfordshire	£241,100	£355,000	£113,900	+47%
Vale of White Horse	£225,000	£325,000	£100,000	+44%
West Oxfordshire	£212,000	£300,000	£88,000	+42%
Oxfordshire	£218,000	£325,000	£107,000	+49%
South East	£198,950	£290,000	£91,050	+46%
England	£165,000	£220,000	£55,000	+33%

Source: ONS, released March 2017

All services are trying to find new ways to address this problem, and we are likely to need to look beyond the county boundary to developments around, say, High Wycombe to find the solution. Other options such as building hostels for workers are also being considered.

I have dwelt on housing prices because they illustrate with crystal clarity why the demographic challenge is real, it is here now, and it our most pressing challenge.

The ageing population

It is a blessing and a great achievement that people are living longer, often into a productive and active old age..... But it brings with it a new raft of issues for society to deal with.....

Growth of the population aged 65+

Between 2015 and 2030, Oxfordshire County Council predicts that the growth of people in the age group 65+ to be, 62,700 or **an increase of 53%**. This takes into account the plans available for new housing.

Growth of the population aged 85+

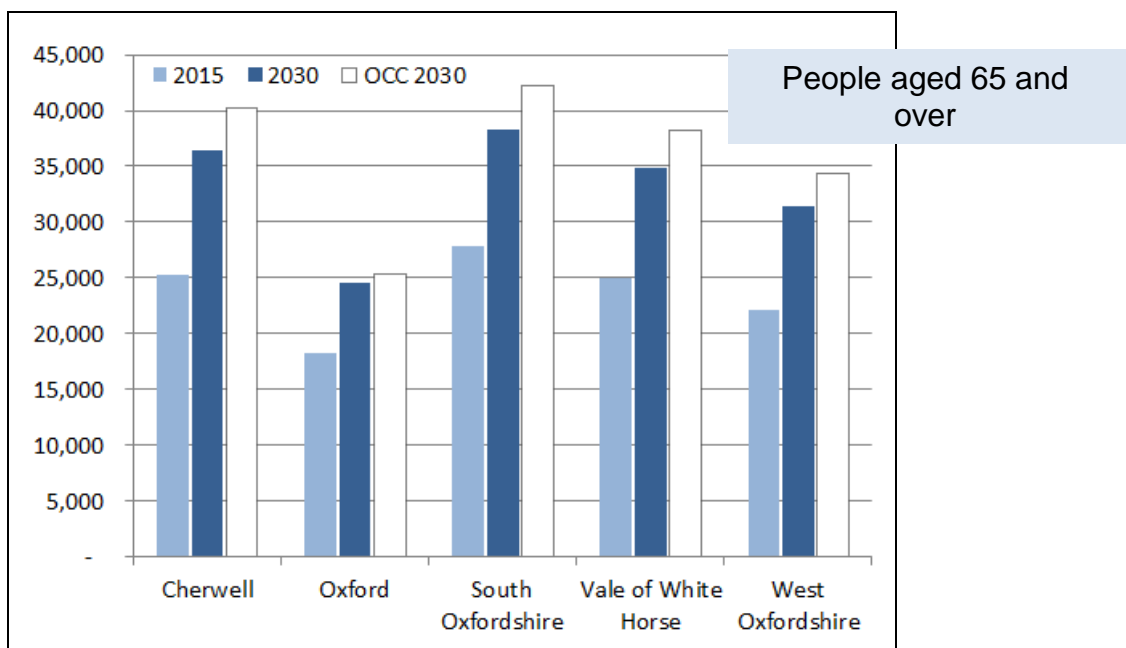
Between 2015 and 2030, Oxfordshire County Council predicts that the increase in people aged 85 and over in Oxfordshire to increase by +15,600 or **an increase of 96%** - a huge percentage increase.

Why does this matter? It is to be welcomed that life expectancy is increasing and in terms of opportunities it has been said that "70 is the new 50". But in planning terms it presents a serious dilemma. It matters because as well as being simply more people, it means more people in the age group who experience most long term disease and disability, and, with advances in treatment and care that means more expense per head than in previous decades..... and not only that.....

.....It matters also because at the same time the proportion of older to younger adults is increasing and this puts a pressure on the tax-base. Every penny going into the exchequer has to be made to go further while the demand on every pound increases.

Looking at this in more detail, different parts of the county are affected differently. The chart below tells the story. It shows the 65 plus population in 2015 and then shows two growth scenarios for 2030. The middle bar in each group shows the growth without house building and the bar on the right of each group takes account of what we know of planned housing growth.

Forecast growth in the number of people aged 65 and over between 2015 and 2030– ONS vs Oxfordshire County Council projections



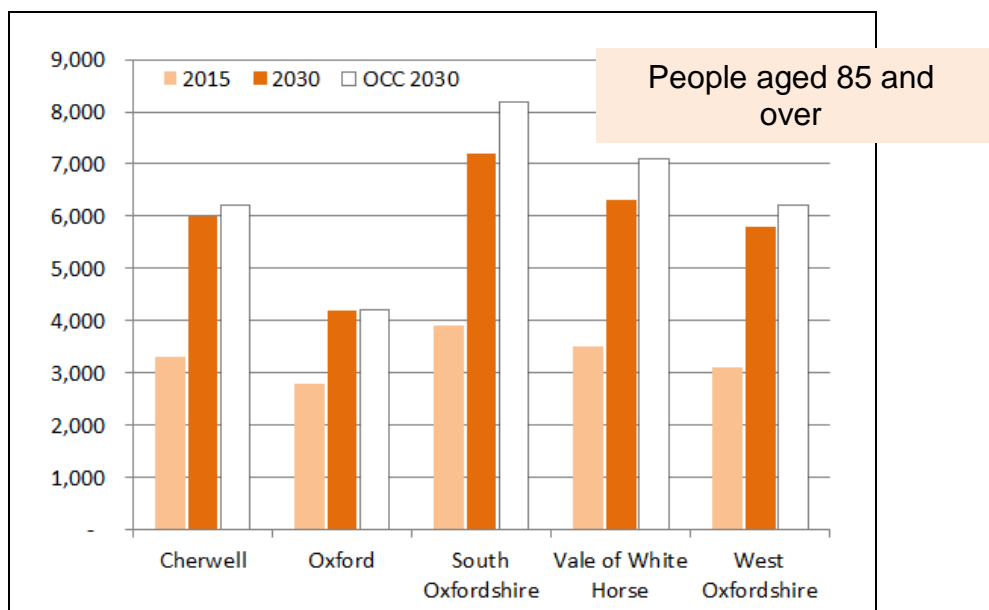
Source: ONS 2014-based sub-national population projections and Oxfordshire County Council released December 2016 including assumptions on expected housing growth

It shows that:

- The rate of growth is pretty evenly spread across all Districts
- Housing increase swells the numbers considerably, apart from in Oxford where housing growth is constrained

Looking at the same data for over 85's using the same format gives the picture below:

Forecast growth in the number of people aged 85 and over between 2015 and 2030 ONS and Oxfordshire County Council projections



Source: ONS 2014-based sub-national population projections and Oxfordshire County Council released December 2016 including assumptions on expected housing growth

It shows that:

- There is uneven growth. The city is the outlier as it has a 'younger' population.
- Housing growth adds to the predicted rise more in South Oxfordshire and Vale of the White Horse than elsewhere.

OK, one might ask, so ***the population is ageing, but is it getting healthier?***

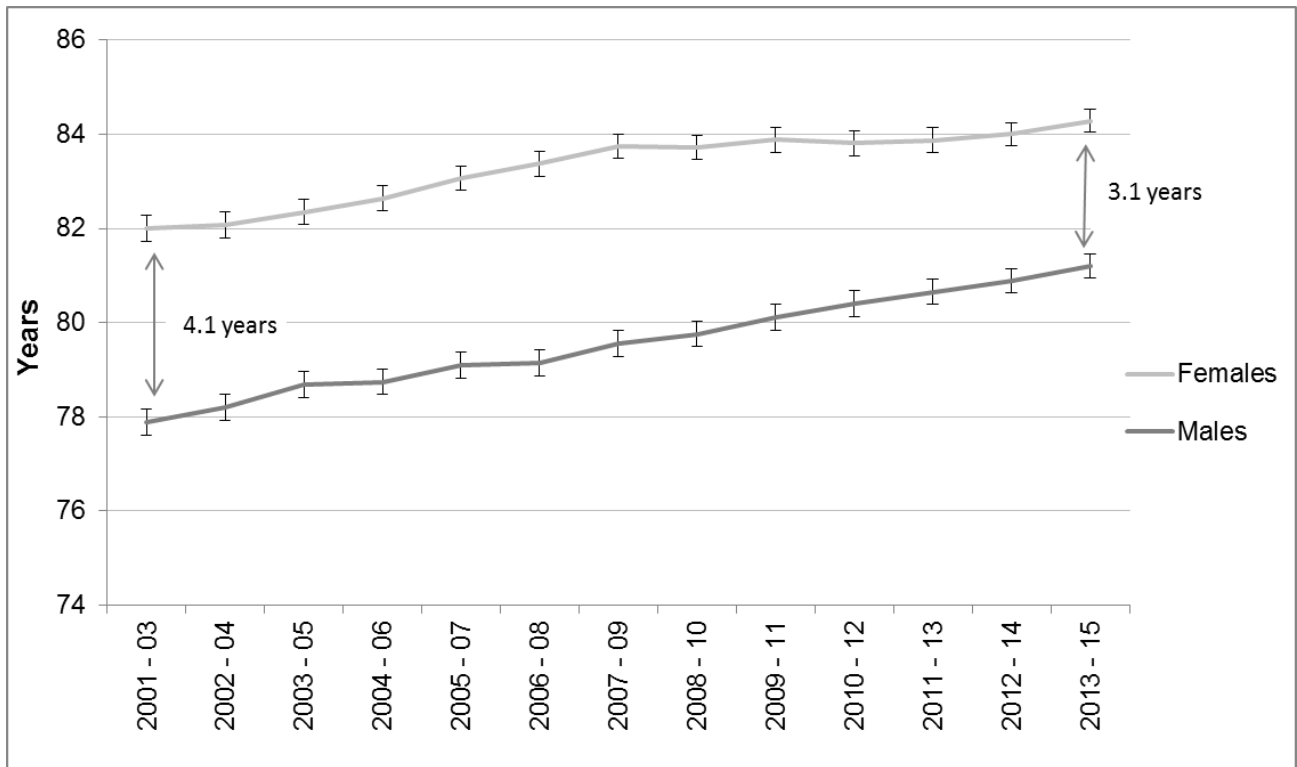
.....An interesting question with no easy overall answer.

We can shed light on it by comparing two statistics.

The first is called 'life expectancy at birth' which estimates the average number of years a person born in an area could expect to live if they were to experience that area's mortality rates in the future. It's a best estimate, as no one really knows the exact answer.

It predicts that both males and females will continue to live longer. The gap between male and female life expectancy in Oxfordshire is narrowing. The gap in 2013-15 is the same as it was in 2012-14. A similar narrowing can be seen for England and in the South East region, so this is a national trend.

**Male and female life expectancy at birth in Oxfordshire,
3-year rolling data for 2001-03 to 2013-15**



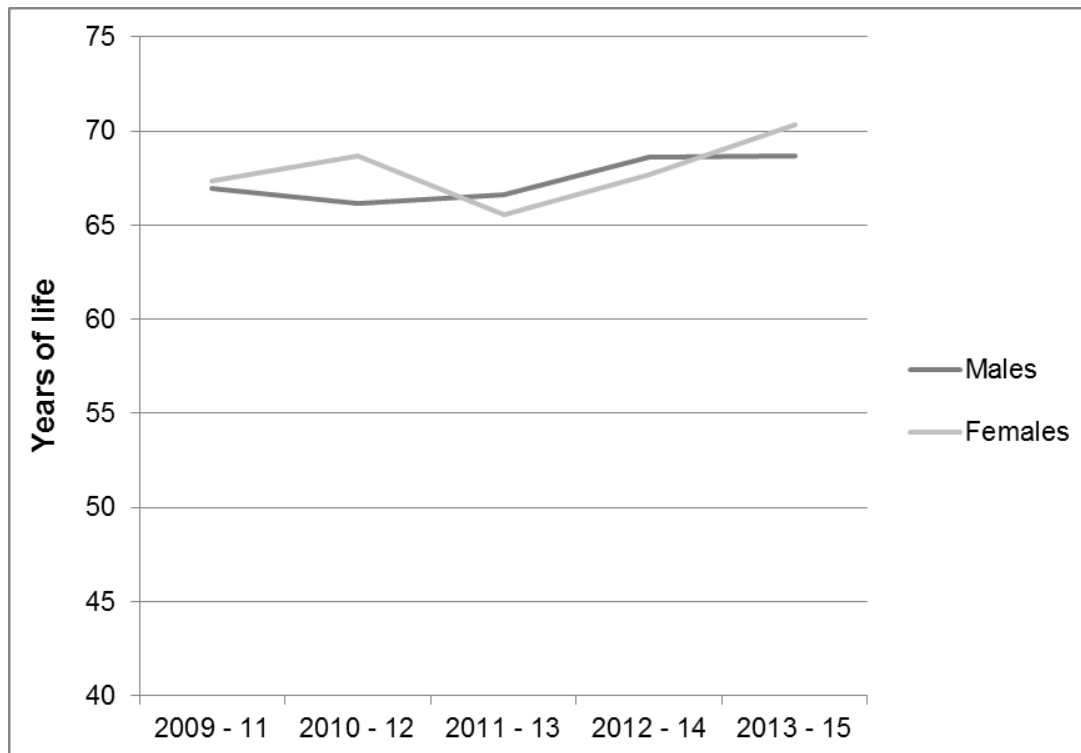
Source: Office for National Statistics (ONS). Vertical axis starts at 74 years, not zero

So far so good – longer life is the engine which drives the demographic challenge with regard to ageing, but the big question is ***are we ageing well or will more older people add to the demand for health and social care?***

A second statistic called ‘Healthy Life Expectancy’ points towards an answer. This statistic estimates how long we can expect to live in a reasonable state of health.

The picture is shown over the page:

Healthy Life expectancy at birth in Oxfordshire (2009-11 to 2013-15)



It shows that, on average, healthy life expectancy lasts into one's late sixties and the trend is moving slowly upwards – which is a good thing, BUT it isn't increasing as fast as average overall life expectancy.....

So we can conclude that ***an ageing population will indeed create a further increase in demand for services because 'good health' isn't increasing as fast as 'long life'***. This in turn means that services really do need to adapt quickly to demographic change, or, other things being equal, they will simply not cope.

What should we do about it?

Keeping it very simple again, and assuming the exchequer doesn't find a crock of gold any time soon, the answer would seem to contain the following elements:

1. Stay in good health for longer through preventing ill health
2. Coordinate all health and social care services so that they pull together, using new technologies to find new solutions
3. Create a single planning system for Oxfordshire encompassing health, social care, housing, and infrastructure planning
4. Be open to new ways of doing things because.....

The demographic challenge means the change is inevitable.

What did we say last year and what progress has been made?

Last year's recommendations have essentially been met. They talked about the need to have a full debate about the NHS's consultation and to scrutinise it thoroughly. The recommendations also proposed that health and social care should be better integrated and more should be done to prevent disease before it starts. So what has been achieved? Looking at the big picture:

- The NHS has put forward significant proposals for change to meet these challenges in a lengthy consultation. Its reception was mixed to say the least. Overall, I think the need for change was broadly accepted, but the specific changes put forward proved controversial. A decision has now been made and is currently being challenged – we await the results.
- Local Government leaders have debated publicly the need to pull together via the many different proposals for reshaping Local Government and through devolution proposals. This has also proved to be very contentious.
- Integration of health and social care has moved forward through the Government's new 'Improved Better Care Fund' and we have a new Director of Adult Social Services in post who is reviewing current arrangements thoroughly so that we can move forward.
- The basics of prevention are in good order (immunisation, screening, maternal health etc.), but organisations have not been able to release funding to make a further step change as tight budgets are swallowed by the immediate service needs of today.

What should we do next?

Again, keeping it very simple, essentially we need to resolve these issues and move on – which is what we are all trying to do. It sounds easy but in practice it is difficult because the precise solutions are not obvious and so debate continues. However, being locked in debate and achieving little is unlikely to suffice for long. Perhaps we need to find a 'good enough' solution that everyone can agree to live with so that we can move on. I understand that this is a re-statement of the obvious, but I am hoping it might help to do just that. The key is that these are interlocking issues that need to be solved as a single whole.

Recommendations

1. The NHS, County Council, District Councils, Universities and the Local Enterprise Partnership should pull together to resolve the current debates about 4 topics:
 - What is the best shape for NHS services for Oxfordshire?
 - What is the best way of achieving a sensible integration of health and social care - including local democracy in health care planning?
 - How can all organisations pull together a 'masterplan' to tackle issues such as the future use of NHS sites in Headington and Banbury, including travel and transport issues, so that services are improved and the 'knowledge economy' boosted?
 - How should housing growth be best coordinated so that developments and their supporting infrastructure are planned as one?

2. Local Government organisations should work together to create a single planning framework including 'health and social care planning', housing planning and infrastructure planning as a single whole.
3. All organisations should agree how to fund a step change in preventative services.

Chapter 2: Building Healthy Communities

For the last two years I have concentrated on public health aspects of the built environment. This year I want to combine that topic with a focus on air quality because two are closely connected in terms of solutions. I will look at air quality first.

Air quality

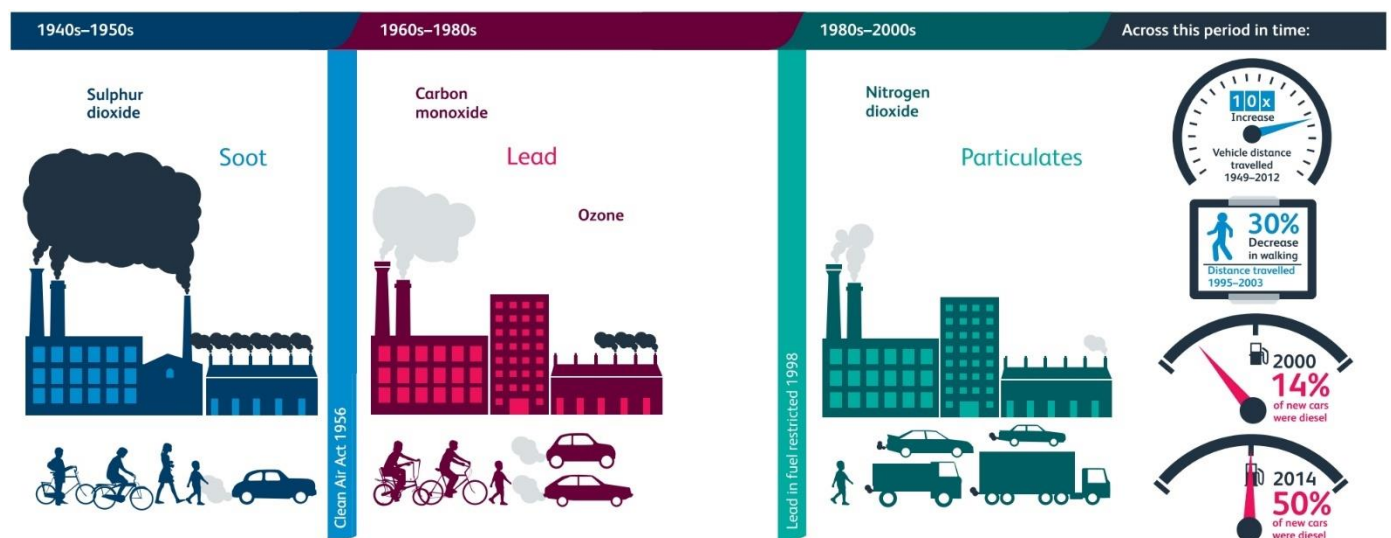
Air quality is a complex topic and I want to approach it from a Public Health point of view. The history of the long term improvement of the air we breathe is a jewel in Public Health's crown.

It's also an interesting topic because it underlines a historical truth of all public health activity – you solve one problem and another rises up to take its place.

Just as beating off many infectious diseases leads to the challenges of long life, and just as improving prosperity and diet leads to the challenges of obesity, so it is with air quality.

In this case it's an issue of scientific advances revealing underlying problems we didn't know were there before – in this case the problems of 'particulates' in the air and their health consequences.

The history of Public health and air quality is summarised in the following schematic:



This shows that in the 19th and 20th centuries the big problem was soot from coal fires and industry – which we solved. In the mid to late 20th century the big problem was lead, mainly from petrol – which we solved.

The new problem is oxides of nitrogen - nitrogen dioxide and its family of gasses – shorthand as NO_x. This has grabbed the headlines recently and is now being grappled with by Government because it is the only atmospheric pollutant where the UK fails to meet EU standards and the Government have been obliged to tackle this by the High Court.

Road transport makes up 38% of all NO_x pollution, and it is highly concentrated in towns & cities where people live. Road traffic continues to grow: between 2000 – 2015 the number of licensed

cars increased from 24.4m to 30.3m. Diesel cars, the worst offenders when it comes to nitrogen oxide, have increased their share of the car market from 12.9% to 37.8%. The widely reported controversy over the accuracy of testing vehicles for particulate emissions has helped to push this issue to the top of the agenda.

Historically the problems of air pollution have generally been solved through national and European standards and legislation. There is a huge debate raging as I write about the Government's proposals to tackle NOx. This includes extending initiatives such as clean air zones and whether responsibility should sit at national or local level. Whatever the outcome of that debate, money remains tight and we need to seek out low cost options we can start to do today.

In this report I want to concentrate on what we can do NOW in Oxfordshire and under our own steam as individuals and within current organisational budgets irrespective of Government's deliberations

Let's look in more detail at particulates in the air

In the 1990s it was felt that air pollution was no longer a major health issue in the United Kingdom. Legislation had made the great smogs of the 1950s a thing of the past. But evidence started to emerge that small particles emitted to the air from various sources, such as road transport, industry, agriculture and domestic fires, were still having an effect on health. This type of air pollution is so small that it can't be seen by the naked eye, but can get into our respiratory systems. For example, nitrogen dioxide and sulphur dioxide are produced by burning fuel, whilst ozone is formed by chemical reactions in the air.

The scientific understanding of the health effects of everyday air pollution has changed dramatically in recent years. Population effects of air pollution that were largely unknown in the 1990s and uncertain until recently are now quantifiable.

Studies have shown that long-term exposure (**over several years**) reduces average life-expectancy, mainly due to triggering death from cardiovascular and respiratory causes and from lung cancer. Air pollution is now associated with much greater public health risk than was understood even a decade ago.

In the UK, the Committee on the Medical Effects of Air Pollutants (COMEAP) estimated the burden of particulate air pollution in the UK in 2008 to be equivalent to nearly 29,000 deaths and an associated loss of population life of 340,000 life years lost.

It is important to understand that long-term exposure to air pollution is not thought to be the sole cause of deaths. Rather, it is considered to be a contributory factor – this is an important point.

Impact on deaths

An Air Quality Toolkit for Directors of Public Health was published by Defra in March 2017 and looks at the health impact of air pollution and particulates in particular. According to the toolkit:

'Short-term exposure to particulates over a period of a few hours to weeks can cause respiratory effects such as wheezing, coughing and exacerbations of asthma and chronic

bronchitis. It can trigger CVD-related mortality and non-fatal events including myocardial ischemia and myocardial infarctions (MI), acute decompensated MI, arrhythmias and strokes.'

In plain English, this means that if you are exposed to particulates for a period of time, it may cause breathing problems and in some cases it can trigger underlying heart problems and strokes. These may in turn contribute to one's death. This is, it seems, the mechanism through which particulates impact on health.

Because of the indirect nature of the effect, it is difficult to measure, estimate or be certain about.

The toolkit sets out a method for calculating the rate of mortality 'attributable' to Particulate Matter. We always need to be careful with 'attributable' statistics. It means that a group of experts have looked at the science and have made a best estimate. In Oxfordshire this rate is 12.6 deaths per 100,000 population per year. What does this actually mean? Well, there is a sort of 'league table' of 'attributable' causes of death (all are best estimates) which looks like this for under 75s:

<u>Measure</u>	<u>Mortality rate, per 100,000</u>	
	Oxfordshire	England
Overall preventable mortality	142.6	184.5
Preventable cancer	64.5	81.1
Preventable heart disease and stroke	34.7	48.1
Mortality attributable to Particulate Matter	12.6	39.0
Preventable Liver disease	11.3	15.9
Communicable diseases	9.4	10.5

It is very clear that the number of deaths relating to air quality, preventable cancer, heart disease stroke, preventable liver disease and communicable diseases in Oxfordshire are well below the national averages and this is a good result. However, this does not mean that we should be complacent. We need to act to consolidate this position and strengthen it further.

The figures mean that preventable deaths associated with particulates are estimated to be associated around 1/5th of the number of preventable deaths due to cancer and around 1/3 of the number of preventable deaths associated with preventable heart disease and stroke.

It is important to grasp when particulates contribute to a death they generally act as a trigger. This isn't like smoking or alcohol related deaths where the main cause is the tobacco or the alcohol directly.

Clearly this isn't an exact science. It is easy to build castles on sand using these statistics, but it does give us a guide – enough to say that the experts think that particulates are a real health issue and should be tackled.

The Government's recent consultation on the topic summed it up as follows,

Poor air quality is the largest **environmental** risk to public health in the UK. It is known to have more severe effects on vulnerable groups, for example the elderly, children and people already suffering from **pre-existing** health conditions such as respiratory and cardiovascular conditions. Studies have suggested that the most deprived areas of Britain bear a disproportionate share of poor air quality.

I would stress that this isn't the biggest threat to the public's health, but it is judged the most pressing environmental risk.

Much of the action has to come nationally from Government, but there is evidence that people are voting with their feet and sales of diesel cars are reported to have fallen recently.

Where does air pollution come from?

The following schematic paints the picture and shows that the sources of pollution are many and varied from the fire in your hearth, to traffic, to pollen, to aircraft, to industry, to agriculture. There's no escape, but this diversity of sources *does* mean that we can all do something about it. for example, 39% of these tiny particles of dust that lodge in the lungs are caused by coal and wood burning.



Exposure to air pollution in everyday life can come from ordinary activities like being near traffic, sitting in traffic jams, traditional home fires and bonfires.

The effects are localised, so, although they are more concentrated in towns, they also occur at hot spots in rural areas like busy crossroads.

Also, air pollution levels tend to be higher in less well-off areas, this is yet another cause of disadvantage which being less well-off brings. These are analysed in chapter 3.

What can we do about it?

While we wait for Government to decide what to do, there are actions we can take – and the good news is that many of these are already in hand. For example, we can:

- Make it easier for people to cycle and walk more through better planning
- Plan cycle routes through quiet areas
- Build pedestrian areas and green spaces into the design of communities and regeneration schemes
- Shift transport fleets to electric or electric hybrid vehicles
- Choose new cars with more care.
- Encourage fewer car journeys through 'park and ride' and similar schemes
- If you suffer from diseases that high levels of pollution might trigger, you can keep an eye on DEFRA's pollution warnings and adapt your lifestyle to avoid areas with high levels of emissions.
- Consider 'no-idling zones' outside schools and similar areas
- Consider where possible installing gas central heating, or modern wood stoves rather than open fires, smokeless coal rather than house coal or burning dry high quality wood rather than green wood.

Whatever the outcomes of the debate on air pollution, the local actions will all boil down to better local planning, which builds health into community design, and residents making choices which are healthy ones.

All of which leads us nicely into an update on the main featured item from last year's report, namely getting health into local planning and the 2 healthy new towns we have as pilot sites in Oxfordshire in Bicester and in Barton.

What did we say last year and what has been done?

Last year we talked about the benefits of building green spaces, community areas, cycle paths and the like into the design of communities. I want to report on progress in two ways – a report of a workshop we held and an update on the Healthy New Towns.

'Planning For Health' Workshop

In November 2016, the County Council hosted a County-wide Health and Planning learning event for Officers working in areas such as planning, transport planning, health commissioning and health improvement. Officers from County, District and City Councils and the local NHS attended. The idea of the event was to enable us to learn together about best practice for creating healthy environments. We were grateful for the support from our regional colleagues at Public Health England (South East) who helped with guiding the learning themes and sourcing the key note speakers.

We aimed for participants to be able to:

- understand the link between health and the built environment
- understand how the planning system works and how it can contribute to health improvement
- keep abreast of national, regional and local work to improve health through the built environment

- learn about current good practice through case studies
- meet other health and planning colleagues from across Oxfordshire to network and learn more about each other's roles.

A wide range of speakers gave the national, regional and local perspective. Some of our speakers included Public Health England, the Town and Country Planning Association, other Local Authorities and both Healthy New Towns in Oxfordshire.

The event was really 'buzzing' and enthusiastic. The main lessons learned included:

- **Early involvement in the Planning Process** - including the need for early health involvement in planning and for a Health Impact Assessment (HIA) to be completed early on for new developments.
- Working in constructive partnerships is essential.
- Understanding the **roles of stakeholders/organisations** and how they could contribute to health through planning.
- Understanding the specialist 'tools' that help to make sound plans.
- Learning from **examples of good practice** elsewhere.
- **Evidence and statistics** being useful to be able to demonstrate the impact of planning innovation on health
- **Understanding the health issues** within communities, and that loneliness and isolation are big issues that need to be addressed. There was recognition of the impact of disadvantage on health and the potential of small initiatives to make a big difference.
- **Understanding the economic benefits** of greener and healthier forms of transport and how these can be encouraged - including the long term benefits of investment in walking. Considering and encouraging active travel (i.e. going by bike or walking) at the earliest possible stage in planning new communities.

The event was a real boost to this area of work, and we need to keep this momentum going. We all have a part to play in this. We need to remember though, it's not just about infrastructure. It's about creating a place where people can actually meet and get together, and where it is easy to stroll, cycle and play in safety.

Healthy New Towns – what has happened in the year since my last report?

Last year I highlighted the NHS Healthy New Town Programme and the opportunities that this could bring to Oxfordshire. With two Healthy New Towns, Barton and Bicester, both within our County there is a real chance to make a difference to the health of not only those living in (or who will be living in) those areas to benefit, but momentum to share this benefit and learning wider – and this is perhaps the real added value.

We can see that the builders are on site now, but what else is happening in the actual community, and what does it mean for the people who live in those areas now or who might live there in the future?

I can report that it's been a productive year. Both areas have been:

- Fine-tuning priorities and keeping the dialogue between organisations flowing.
- Engaging the community to pave the way for new residents coming to the area. Various engagement workshops/meetings have taken place. Everyone tells me that getting residents involved early on is the key.

Bicester is taking a whole town approach and similarly Barton a whole area approach as 'One Barton'

We can look at some of the key achievements and successes of each of the Healthy New Towns in more detail.

Barton

- Funding was secured through WREN (a not-for-profit business that awards grants for to communities) for physical improvements to Fettiplace Road linking the 'linear park' to Barton Park via what is now called 'Barton's Park'. This will mean that people can access green space, play areas and socialise and it will join the new community to the existing community.
- Carrying out a 'Health Impact Assessment' (a device for systematically recording the impact on residents' health when new initiatives are planned) was commissioned which suggested improvements.
- Supporting Bury Knowle's social prescribing pilot (a jargon term for 'prescribing' healthy activities to people instead of pills and powders). This might include joining a group or a club to reduce loneliness and isolation or attending a local exercise class or health walk to become more active.
- Commissioning research to gain a deeper understanding of existing and potential residents' health needs. This can be used by health and other service providers including the voluntary and community sector providers, GPs, leisure and physical activity services, green spaces etc, to help inform the planning of services for the area.
- Providing training for people working in Barton to:
 - understand the link between food, poverty, poor diet and health, and how all that links to the price and availability of fresh fruit and veg and how to avoid the really fatty and salty foods.
 - give people brief advice about stopping smoking, cut down on drinking and tips for staying mentally healthy.

- Supporting the Oxford Brookes University's Healthy Urban Mobility study to look into how access to cycling in Barton can be improved for older people.
- Eight community-led health and wellbeing pilot projects receiving grant-funding to generate learning from practice. The grant scheme was open for applications up to £5,000. Projects included a full independent review of Food Banks to shape the future management of the food bank within the Barton Neighbourhood Centre, ensuring that people needing to access the food bank are best supported. This work then led to the creation of a Barton Community Cupboard - a market-style provision which includes a fridge, recipe cards and a cook book inspired by recipes from local residents' attending a cooking session for all ages. The project has aimed to reduce the stigma attached with using a food bank.
- Another real success story has been the work in Barton to increase the uptake of Healthy Start Vouchers. Healthy Start is a national service through which free vouchers are given to selected families every week to spend on milk, fresh and frozen fruit and vegetables, and infant formula milk. You can also get free vitamins. You qualify for Healthy Start if you're at least 10 weeks pregnant or have a child under four years old and you or your family receive:
 - Income Support, or
 - Income-based Jobseeker's Allowance, or
 - Income-related Employment and Support Allowance, or
 - Child Tax Credit (*with a family income of £16,190 or less per year*)
 - Universal Credit (*with a family take home pay of £408 or less per month*)
 - You also qualify if you are under 18 and pregnant, even if you don't get any of the above benefits.

This was done by an outfit called Good Food Oxford. They did it by producing:

- A paper and electronic map of retailers which accept Healthy Start Vouchers
- Promotion by local retailers their participation in the scheme
- Use of posters and community newspaper
- A guidance leaflet for frontline service providers to help individuals to complete the form

Bicester Healthy New Town

Initiatives during the year included:

- Launch of the community activation programme with small grants available up to £1000. Some of the activities funded have included:
 - A Scout Group purchasing equipment to provide adventurous outdoor activities for children aged 6+.
 - A pilot street-play activity delivered by Oxfordshire Play Association.

- Setting up a Bicester meeting for local learning disabled adults through the voluntary organisation My Life My Choice. The programme has encouraged the group to be active and take responsibility for their health as well as offering the usual support of the organisation which promotes volunteering and social activity.
 - Bicester and Kidlington Ramblers were funded for the printing of a book of local walks of 5 miles and under. The book aims to encourage people to get out and enjoy their local area more and to become more active.
- Looking at how to improve the care of people with diabetes between primary, secondary and community care. Some of this will involve collaborative working with other Healthy New Town sites to work out the impact of population growth on demand for GP services.
 - A Healthy Weight Strategy produced to address childhood obesity in Bicester. The plan outlines life stages, services, key messages and initiatives. The plan aims to provide a co-ordinated approach, with consistent messages which will link to national and local initiatives.
 - Engaging all Bicester schools to participate in Walk to School week for May 2017. A springboard to promote a year round walking to school programme.

What else have we done in the past year?

There are many signs that the penny has dropped and that 'getting health into planning' is now a necessity. The Public Health team's work with planners at County and District level has increased remarkably and there is a demand for more – which is a really positive development.
BUT

It doesn't just happen by accident and it needs a sustained and coordinated approach which we are now moving towards – on a shoe-string....

The key is to

- know your topic so you have something positive and easy to offer
- Know the people and get involved in the networks
- concentrate on the economic benefits and the need to cut diseases such as diabetes, heart disease and some cancers off at the source – as well as slowing the progress of dementia..... and avoid preaching and nannying!
- keep selling the message:

'planning is health and health is planning'

Recommendations

1. All Local Authorities should improve air quality at local level under our own steam through keeping up the work to integrate 'public health and planning'.

2. All Local Authorities should continue to monitor and actively engage with the Healthy New Towns programme and use the lessons learnt to improve all local planning across the County

Chapter 3: Breaking the Cycle of Disadvantage

This year I want to achieve 4 things:

1. To keep the issue of disadvantage high on organisations' agendas
2. To describe overall disadvantage in Oxfordshire in a straightforward way
3. To report in detail on the basket of indicators agreed last year to monitor progress
4. To report on the work of the excellent Health Inequalities Commission

Why is this topic important?

Because disadvantage is one of the factors strongly associated with poor health and poor life chances. Reducing disadvantage will directly improve health and will help people to live lives which are productive and less burdened by disease.

Overall disadvantage in Oxfordshire in two pictures

If I were asked to give a 'helicopter view' of disadvantage in Oxfordshire, I would do it through two pictures, one highlighting rural disadvantage and one urban disadvantage.

Rural Disadvantage

A 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.

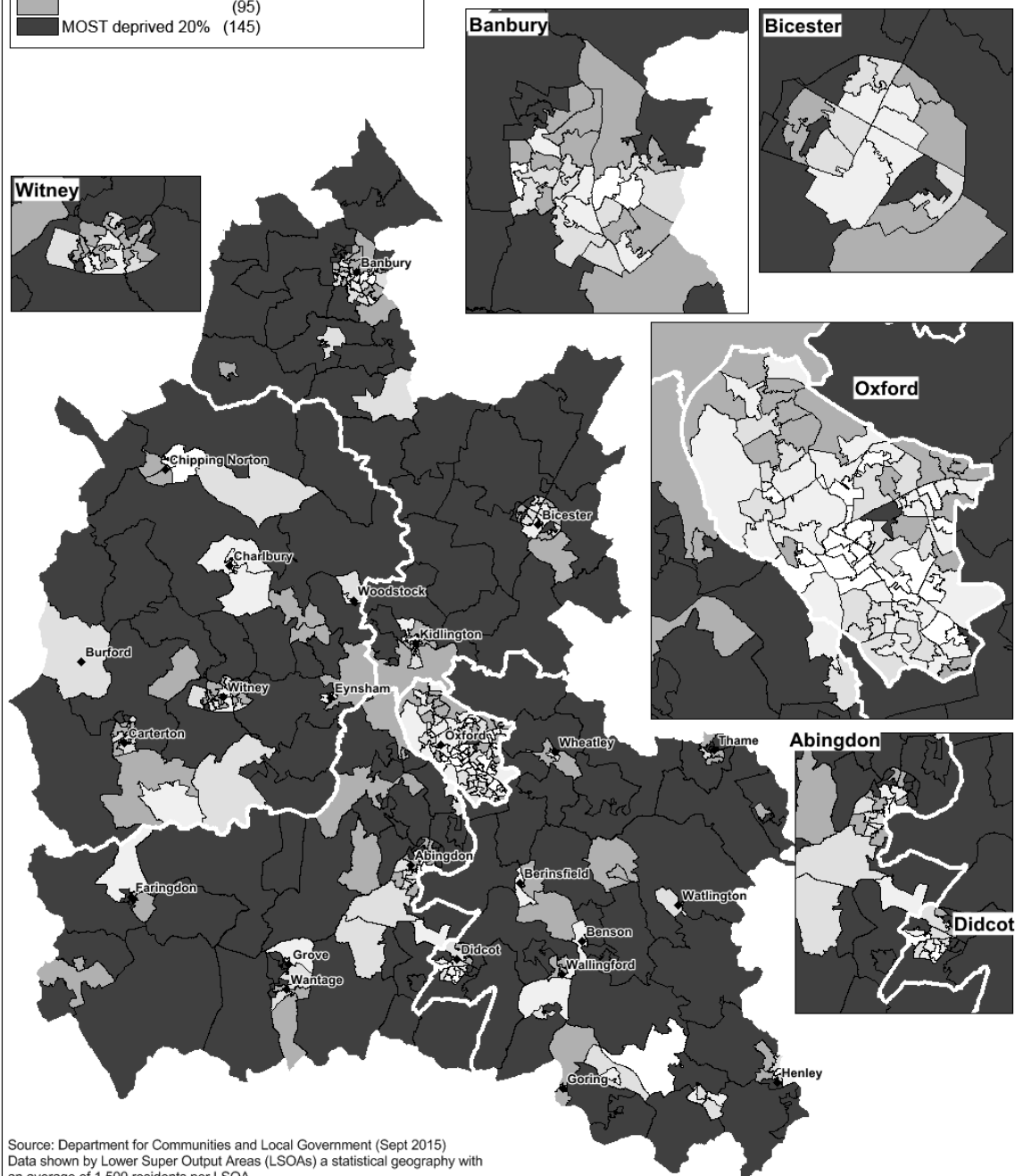
Indices of Deprivation 2015, Geographical Barriers to Services

by Lower Layer Super Output Areas showing District boundaries

IMD 2015 Geographical Barriers to Services

England deciles

	LEAST deprived 20% (33)
	(65)
	(69)
	(95)
	MOST deprived 20% (145)



Source: Department for Communities and Local Government (Sept 2015)
Data shown by Lower Super Output Areas (LSOAs) a statistical geography with an average of 1,500 residents per LSOA

The IMD 2015 Geographical Barriers sub-domain includes:

- Road distance to a post office: A measure of the mean distance to the closest post office for people living in the Lower-layer Super Output Area
- Road distance to a primary school: A measure of the mean distance to the closest primary school for people living in the Lower-layer Super Output Area
- Road distance to a general store or supermarket: A measure of the mean distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area
- Road distance to a GP surgery: A measure of the mean distance to the closest GP surgery for people living in the Lower-layer Super Output Area

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The map shows that the majority of Oxfordshire's 407 small areas are more deprived according to this measure 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 mostly fall on older people and we see the results particularly in terms of isolation and loneliness and in terms of difficulty in getting about. This is where the demographic challenge will be felt the most and services will need to be designed to meet the needs of these communities.

This is difficult because:

- modern hi-tech services tend to need centralised kit and centralised specialists
- it gets harder for anyone to do home visits because of the increasing busyness of the roads

The way to square the circle seems to be to use hi-tech aids (like the alarm systems some people wear on their wrists or round their necks) and on-line communication, and to plan the routes of home carers really carefully. The other solution was discussed in the previous chapter – i.e. planning new communities around communal spaces and local facilities. Nonetheless, there are inevitable challenges to come as GP surgeries coalesce, becoming more specialist and less local.

In conclusion, this picture of rural disadvantage presents one side of the coin of disadvantage in Oxfordshire.

Urban Disadvantage – the 'Index of Multiple Deprivation' (IMD)

This is the flip side of the coin and tends to pick out disadvantage in areas of greater population density - which I am loosely calling 'urban'.

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 11th least deprived of 152 upper tier local authorities in England (up from 12th 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.

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 –Berinsfield is a good example of an area where disadvantage is '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 in the country

The most disadvantaged areas are concentrated in parts of Oxford City and Banbury with one in Abingdon.

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 Ruscote ward has moved out of the 10-20% most deprived.

In summary, these two 'faces of Oxfordshire' usefully sum up the overall picture when it comes to disadvantage.

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.

Report on the Basket of Indicators

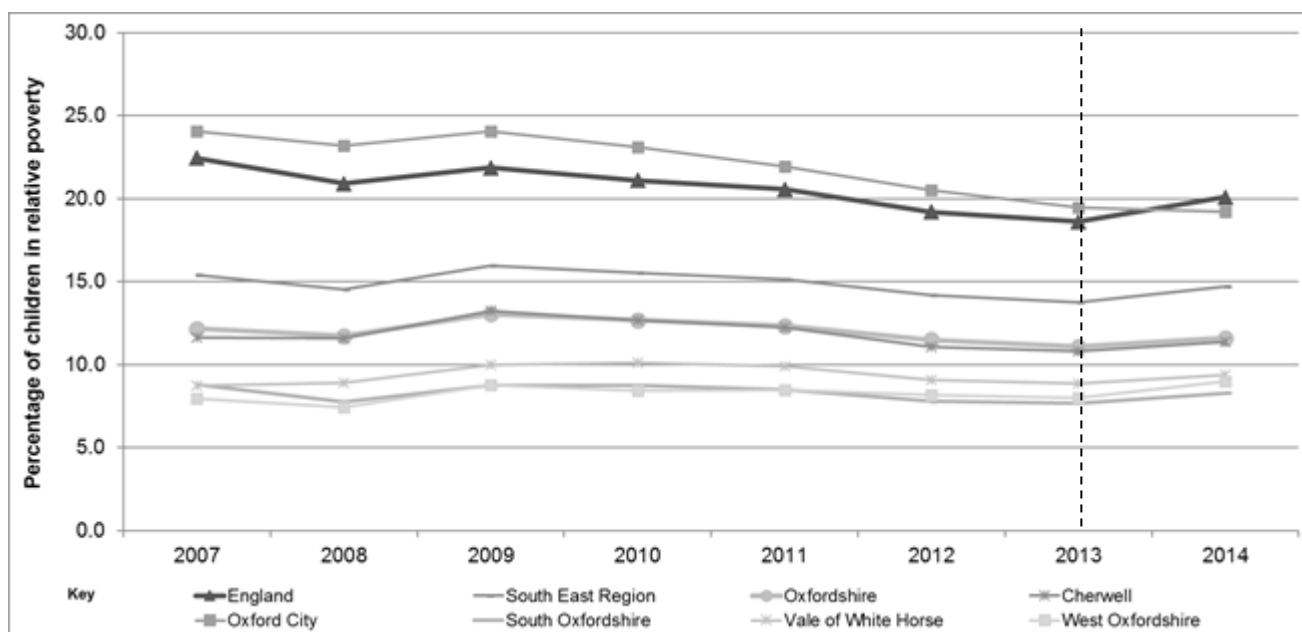
In last year's report I identified a basket of high quality indicators which would help us to measure progress in the fight against disadvantage. I set a baseline figure for comparison and will report on progress against these one by one.

Indicator 1. Child poverty

Percentage of children (under 16 years) in Low-Income Families (2007 to 2014 calendar years)

The proportion of families classed as having 'children in poverty' had fallen for the last few years but has increased slightly across the board according to the latest data from 2014. This is a national trend. The reasons for this are unclear, and a single year's figures need to be treated with caution but it is important that we closely monitor this figure going forward. The correct name for this indicator is 'relative poverty'. An individual is considered to be living in relative poverty if their household income is less than 60% of median national income. Nationally two-thirds of children in poverty are living in households where at least one adult is in work.

Percentage of children (under 16 years) in Low-Income Families Local Measure (2007 to 2014 calendar years)



Source: Child Poverty Statistics (extracted from Public Health England: Public Health Outcomes Framework)

The chart shows that:

- The proportion of children in poverty has increased slightly since we set the baseline (2013 data) across all geographic areas.
- Oxfordshire has a significantly lower percentage of children in low-income families than England. This is good news.
- Oxford City has higher levels than the rest of the County and is closer to the national average.

Note: this is a national statistic and takes time to collate and so we are still seeing historic data from 2014.

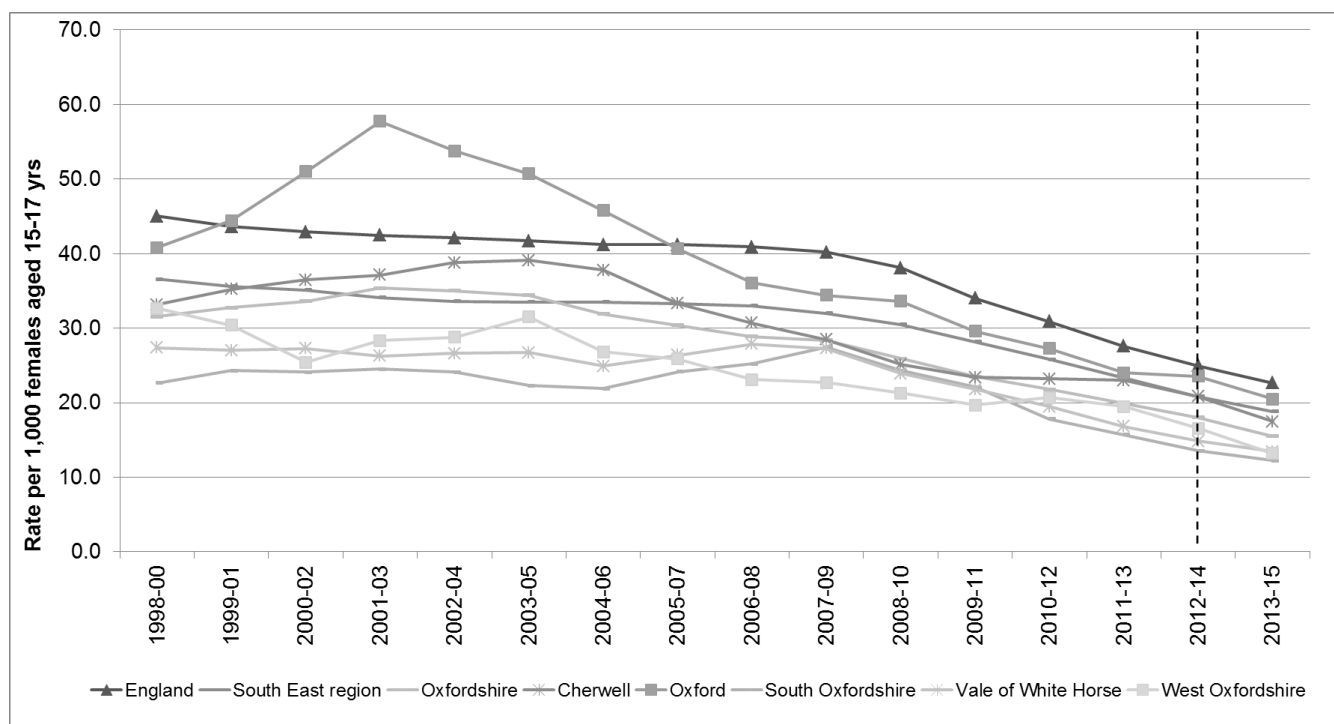
The profound influence and impact of poverty on health needs to be widely recognized and systematically addressed.

Also, as ever, if we drill down into the figures the gaps widen. Whilst Oxfordshire is overall a very 'healthy and wealthy' county, there are significant differences in poverty. For example: children living in Rose Hill & Iffley, Blackbird Leys, Banbury Ruscote, Littlemore, Churchill and Northfield Brook are in the top 10% of children in England aged 0 to 15 living in less wealthy families.

Indicator 2. Teenage pregnancy

This indicator measures all conceptions in females under 18 years of age, no matter whether the pregnancy ends in birth or in a termination.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998-2000 to 2013-15 (3-years combined)



Source: Office for National Statistics (ONS) - combining information from birth registrations and abortion notifications

The chart shows that:

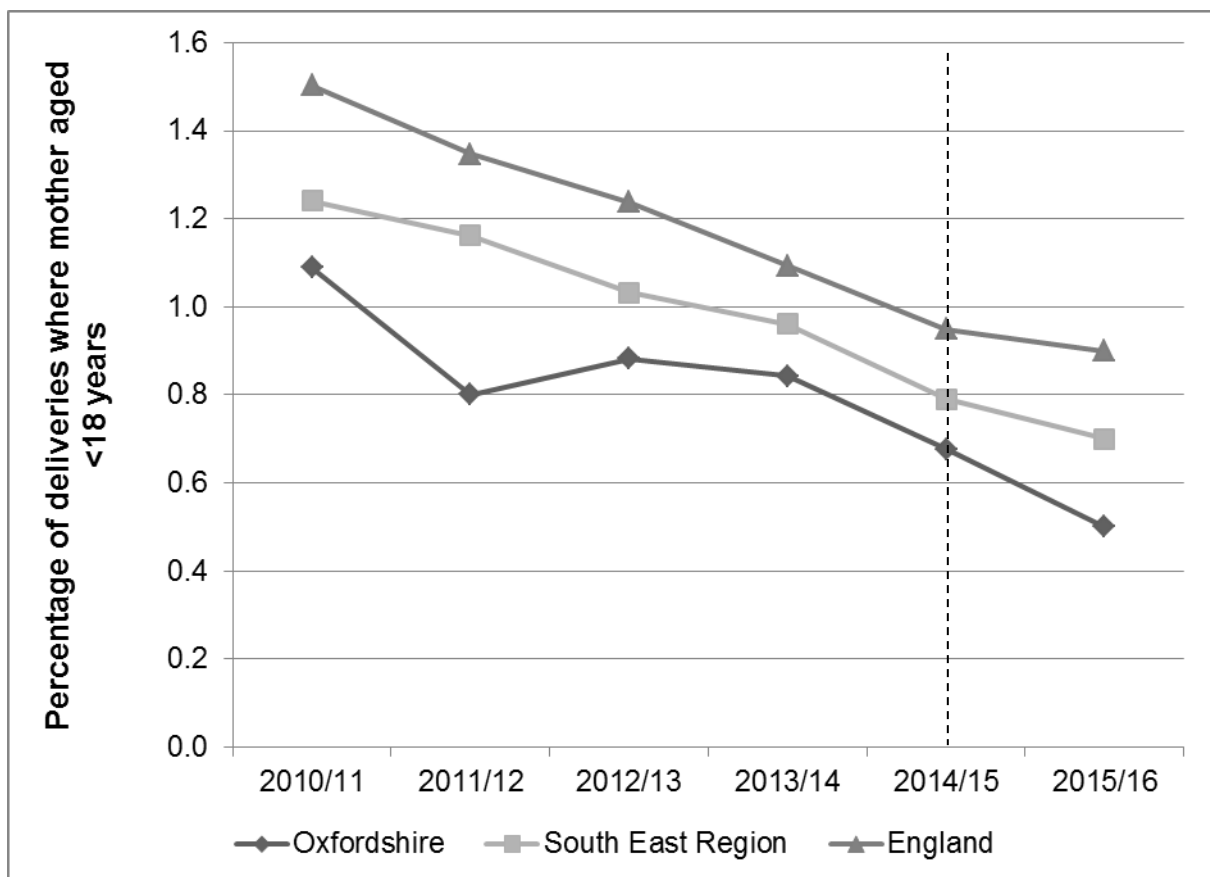
- The teenage conception rate in Oxfordshire is lower than the national average and is decreasing broadly in line with national and regional trends.
- There has been a welcome sharp decline in Oxford City since 2001-03
- Most recent data (2013-15) continues on a downward trend across all geographies.
- This is a good result.

Indicator 3. Percentage of Teenage Mothers

This indicator measures the percentage of babies delivered where the mother was under 18 years of age.

Almost half of teenage conceptions result in termination. This indicator measures the percentage of births to mothers aged under 18.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998-2000 to 2013-15 (3-years combined)



Source: Public Health England: Child Health Profiles: Pregnancy & Birth

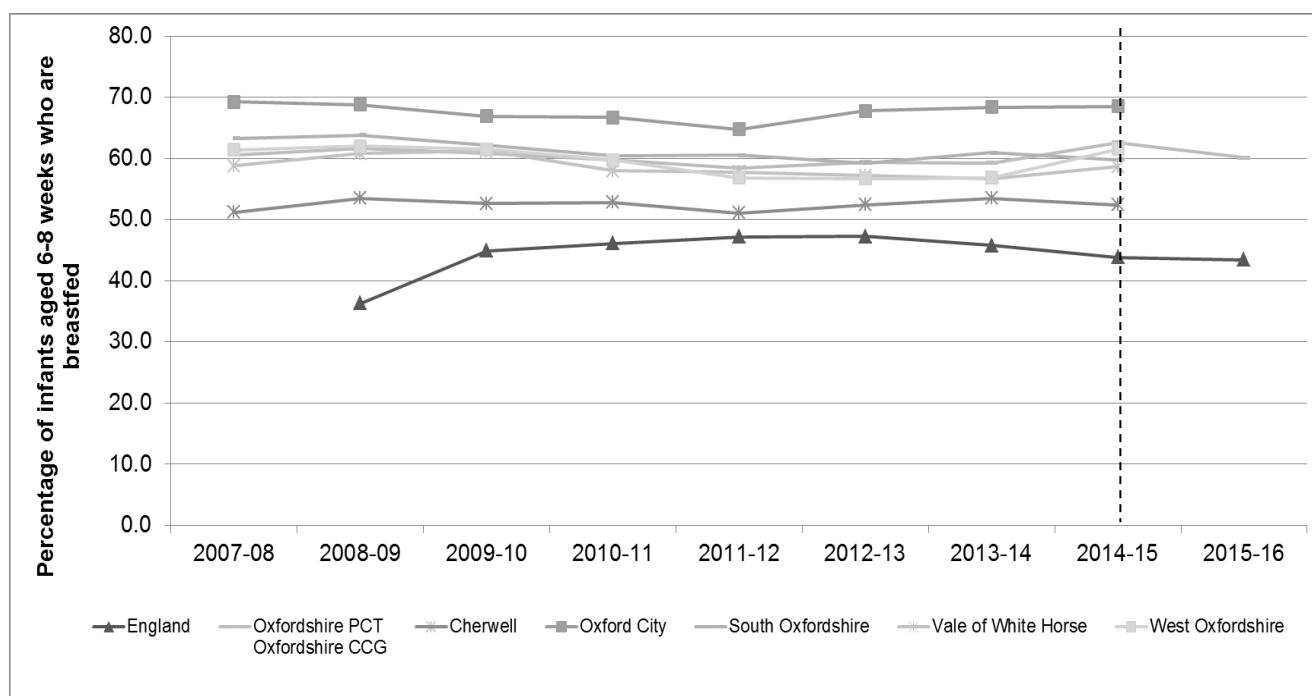
The chart shows that:

- The proportion of births to mothers under 18 years has reduced.
- This is a national trend.
- The proportion in Oxfordshire continues to be lower than the national or regional figures.
- This is another good result, and particularly good in Oxfordshire.

Indicator 4. Breastfeeding at 6-8 weeks

Breastfeeding is important and underpins a healthy life. Its positive effects on health are long-lasting. The breastfeeding rate remains high in Oxfordshire compared to England. The challenge is to get the rates higher in the lowest areas which are historically: Banbury, Bicester, Kidlington, Didcot, Wantage and South East Oxford.

Percentage of infants aged 6-8 weeks who are being breastfed (partially or wholly) – 2007/08 to 2015/16



Source: NHS England

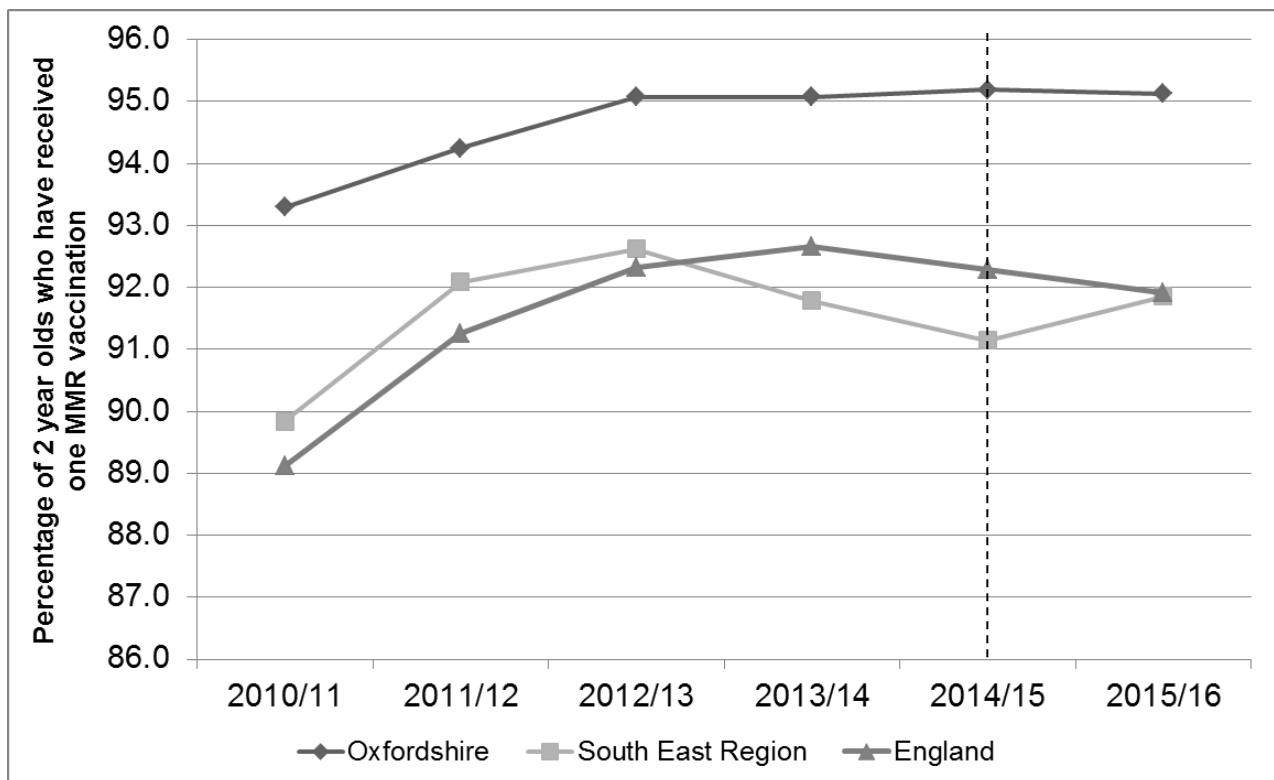
The chart shows that:

- Nationally the prevalence of breastfeeding at 6-8 weeks increased over this time period and now appears to be levelling off at around 43%
- Oxfordshire has a significantly higher rate of breastfeeding at 6-8 weeks than England average at just over 60% This is a good result.
- Locally breast feeding rates remain fairly stable for the county as a whole.
- Data at district level are currently not available for 2015/16

Indicator 5. Childhood Immunisation

Children should receive two Measles, Mumps and Rubella (MMR) vaccinations, one by the time they are 2 years old and the second by 5 years old. We use this as an indicator for the uptake of all immunisations as this is one of many immunisations for children. We monitor all the rates thoroughly through the Public Health Protection Board and through the Health Improvement Board. Oxfordshire's results are very good and NHS England and Public Health England are to be congratulated. An initiative has begun to push the rates higher by tracking down the families who slip through the net individually and offering their children the vaccine.

Percentage of 2 year olds who have received one MMR vaccination



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England

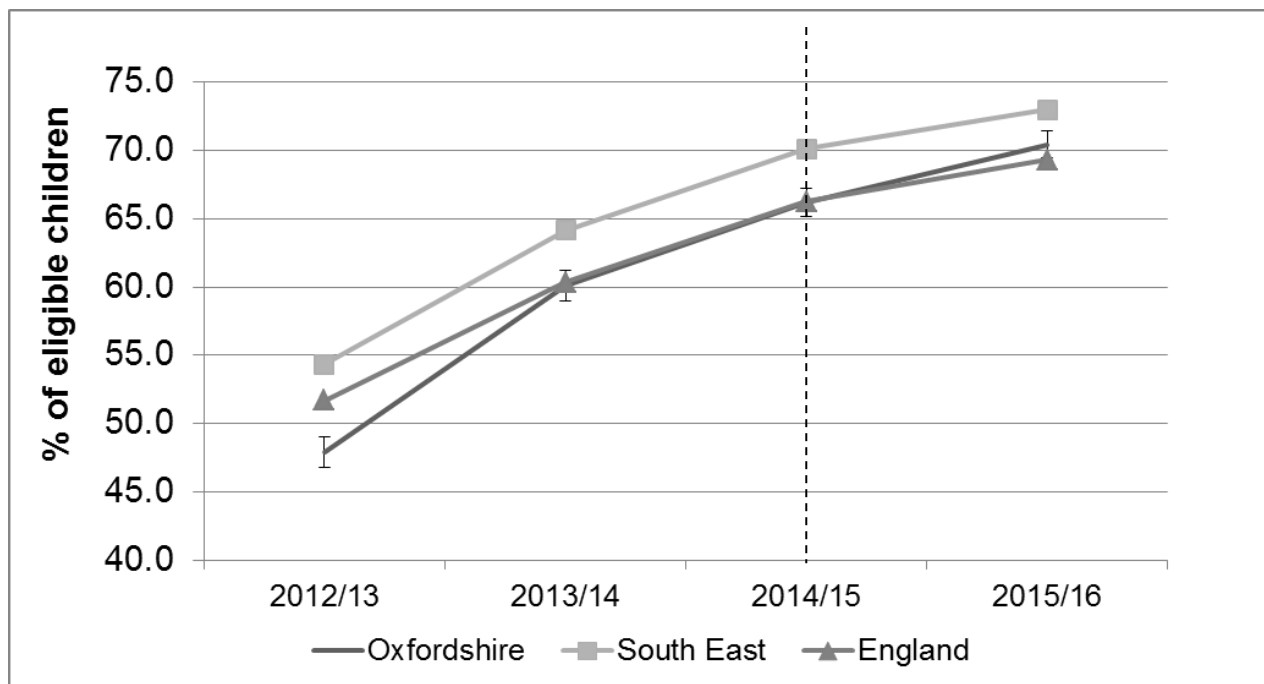
The chart shows that:

- Oxfordshire remains significantly higher than national and regional average. This is an excellent result – our vigilance is paying off.
- Nationally this vaccination coverage is falling and we are bucking this trend.

Indicator 6. School readiness

This indicator measures children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children. Children are defined as having reached a good level of development if they achieve at least the expected level in their 'early learning goals' in the following areas: personal, social and emotional development; physical development and, communication and languages, as well as early tests of mathematics and literacy. This is a useful measure of health in its broadest sense of 'life potential' and a useful marker for disadvantage between different groups of children.

Percentage of children achieving a good level of development at the end of reception year



The data shows that:

- Oxfordshire has a slightly higher percentage of children with a 'good development' compared with the England average but remains below the regional average.
- The proportion of children achieving a good level of development at the end of reception year has increased across all three geographies.
- There is a clear gap between males (63%) and females (78%) in Oxfordshire, similar to national and regional figures.
- The percentages in children with free school meal status is much lower at 51% (43% in males and 59% in females).
- This is reasonable progress but shows the need to focus on disadvantaged groups if performance is to improve.

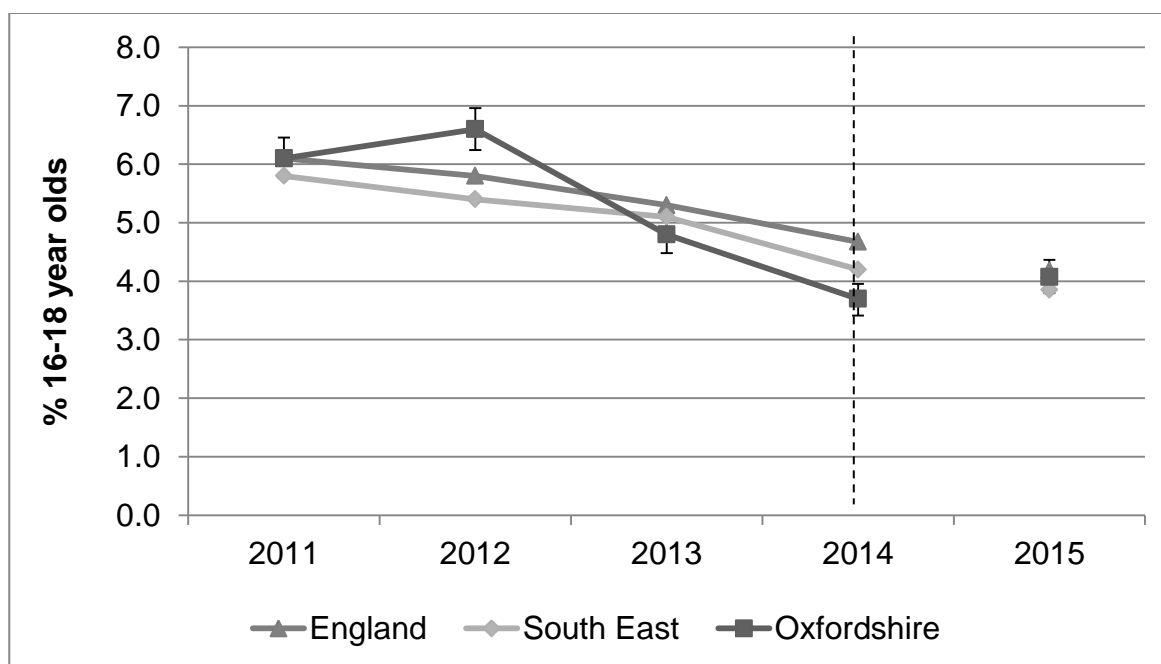
Indicator 7. GCSE results

Unfortunately, the previous indicator which allowed us to measure GCSE performance between different areas and different groups of children in the County has been discontinued by Government. It is unclear whether the new 'performance 8' statistic will be as useful – and there is as yet little data for comparison. Rather than report on this figure prematurely this year, I will need to see how well it is received before I use it to draw conclusions.

Indicator 8. 16-18 year olds not in education, employment or training

This is a useful general indicator of future life chances and prosperity for young people. The way the data has been counted has also changed since last year to try to make it more accurate, so we can't compare it accurately with previous years. The problem comes because for some young people it is not known what their status is. To try to account for this, the new method takes figures for where it is not known if young people are not in education, employment or training and assumes a proportion of them are not and adds this to the old figure. For that reason, there is a break in the line in the chart below and then new figures are shown as a new 'blob' for 2015.

Percentage of 16-18 year olds not in education, employment or training



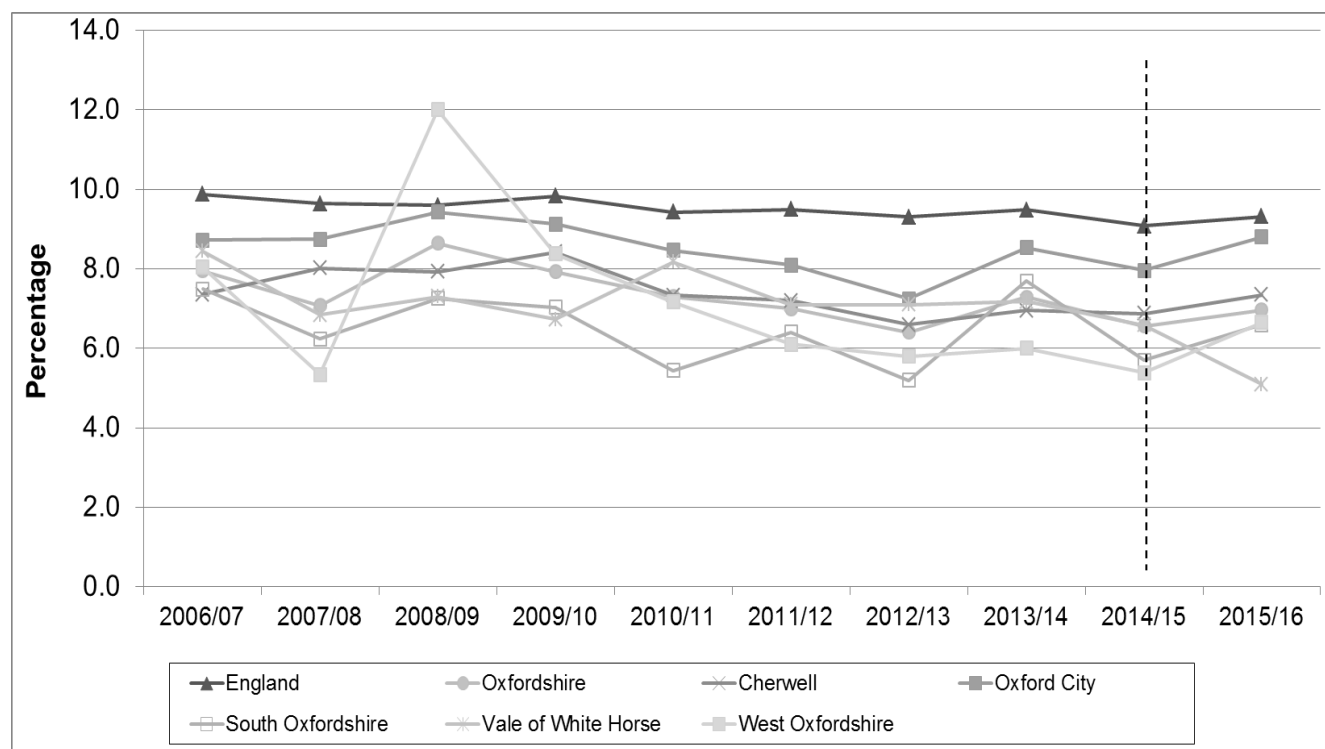
Source: Public Health Outcomes Framework

The data shows that:

- The Oxfordshire figure is comparable to regional and national levels.
- We will monitor this new data in future reports.

Indicator 9. Obesity in children in reception year

**Percentage of children in Reception Year (4/5 year olds) who are obese
2006/07 to 2015/16 (Academic years)**

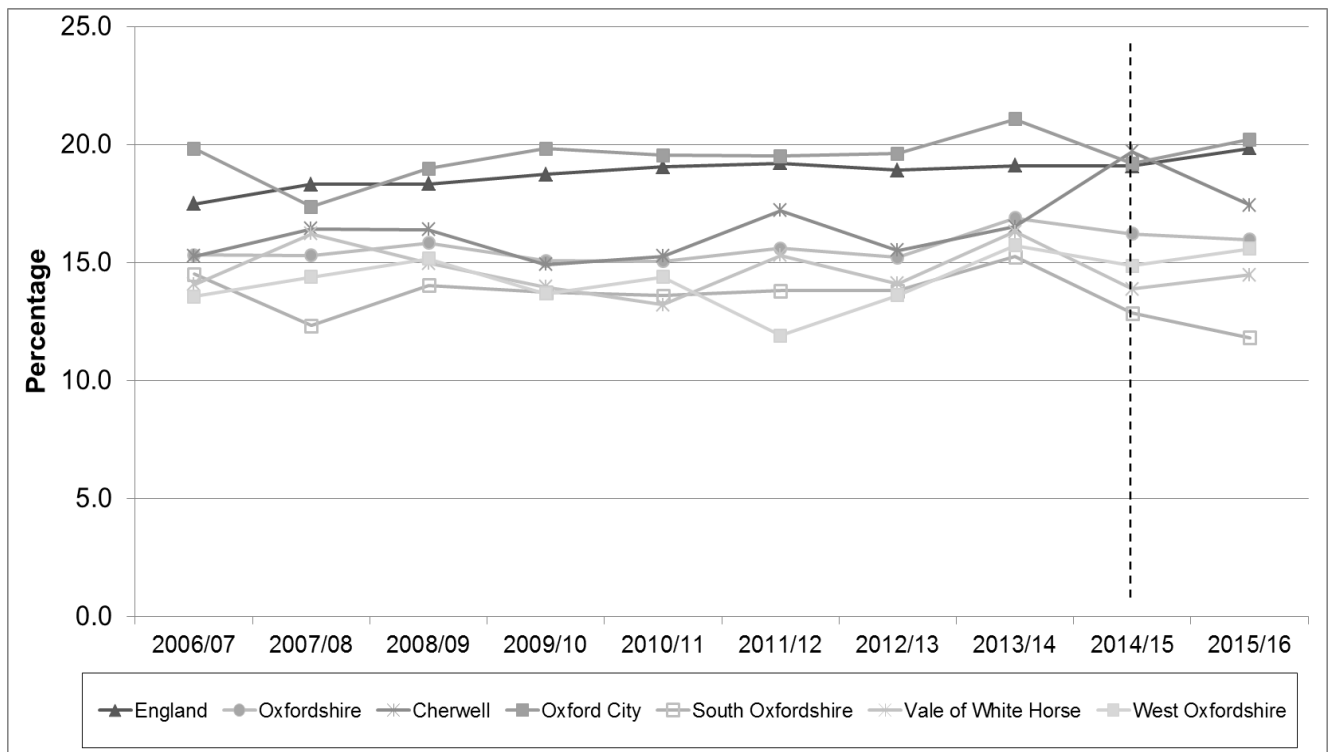


Source: National Child Measurement Programme

- Prevalence of childhood obesity among this age group has remained fairly level at around 7% with some fluctuation at a district level.
- We continue to buck the national trend which is just over 9% and this is a good result.
- Levels of obesity in this age group remain higher in Oxford City, probably reflecting the association between social disadvantage and higher levels of obesity.

Indicator 10. Obesity in Year 6 (10/11 years)

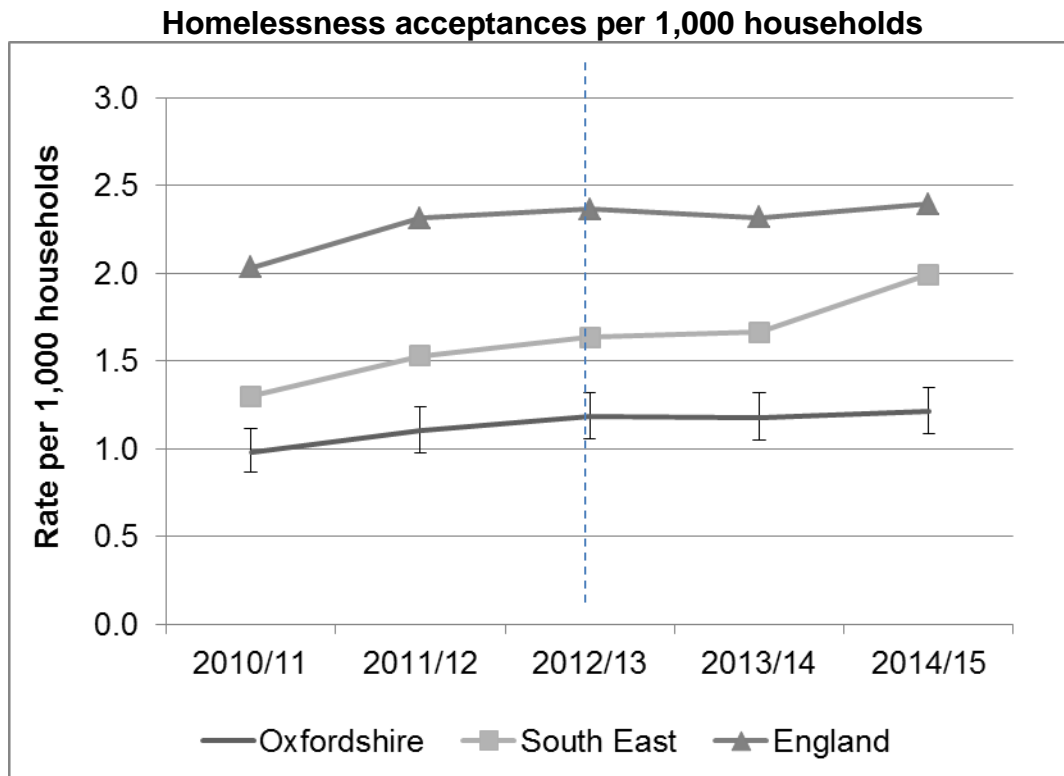
**Percentage of year 6 children (10-11 years old) who are obese
2006/07 to 2015/16 (Academic years)**



- The county figure has continued to fall and is around 16% - better than the England average by almost 4 percentage points (19.8%). This is a significant achievement.
- Oxford City has a higher rate at 20%, again, probably reflecting higher average rates of social disadvantage.
- After an increase in 2014/15 the rate in Cherwell has decreased to 17% for 2015/16 which is good news.

Indicator 11. Homeless Households

Homelessness is a direct reflection of disadvantage to families and is therefore a useful overall indicator.



The chart shows that:

- Oxfordshire's results are well below the national average and have remained fairly stable.
- National figures are slightly up and regional figures show a sharp upward trend.
- It is a good result that Oxfordshire's figure is both lower and more stable than our regional neighbours.

Homelessness acceptances per 1000 households by districts in Oxfordshire

We know that homelessness varies widely across the different Districts. As this is an important indicator, it is worth drilling down more into the data to look at the trends at District level.



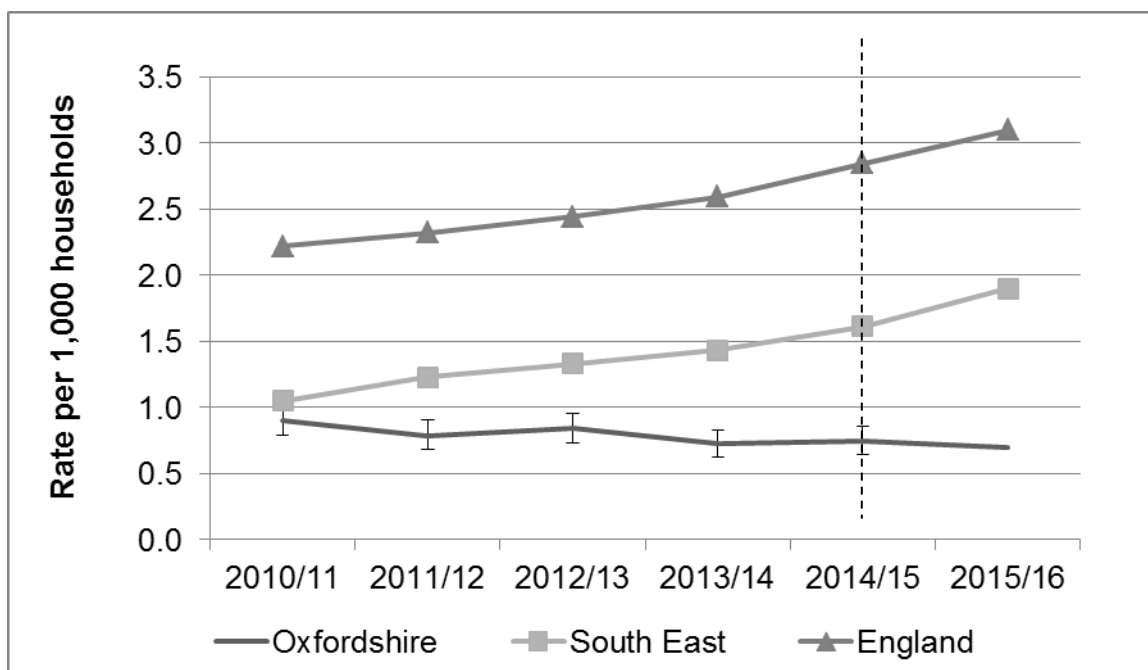
The chart shows that:

- Oxford City has increased to 2.5 homeless acceptances per 1,000 households (higher than the rate for England), putting the level higher than it has been in recent years. This is concerning and the trend needs to be monitored closely. It is possible for quite wide random fluctuations to occur in this data as the numbers involved are quite small and so a watching brief is appropriate, but the figure is a cause for concern.
- The rates in the other districts have also fluctuated – up slightly in Cherwell and down in South Oxfordshire and West Oxfordshire. Vale of the White Horse continues to show a marked downward trend.

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 is better than facing homelessness.

Households in temporary accommodation per 1,000 households



The chart shows that:

- The rate in Oxfordshire shows a gradual continued reduction while rates nationally and regionally have increased.
- This is a good result and indicates overall success in tackling disadvantage.

Summary from the basket of indicators.

Statistics around teenage pregnancy, teenage mothers, obesity, young people in employment and training, households in temporary accommodation, homelessness overall and breastfeeding show good or reasonable results indicating that progress is being made.

Statistics around child poverty, school readiness and homeless acceptances in the city require a close watching brief.

What we said last year and what we have done about it

Last year's recommendations are set out below with a commentary on progress made:

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.
Progress report: Good progress has been made and this is set out immediately below.
2. Trends in disadvantage should continue to be monitored closely in Director of Public Health Annual Reports
Progress: This has been done through the Joint Strategic Needs Assessment and through this report.
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.
Progress: This is scheduled to happen shortly.
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'.
Progress: In the event, the consultation was divided into two parts. Disadvantage featured in the local phase 1 consultation document published by the CCG earlier in the year. However, it is the mooted phase 2 consultation on community services which will probably reflect whether variations between localities have been adequately taken into account to ameliorate health inequalities, so it is too early to form a judgement.

The Work of Oxfordshire's Health Inequalities Commission

I want to report here on the most significant event in tackling health inequalities and disadvantage which happened during the year – a report on the work of Oxfordshire's Health Inequalities Commission.

What is the Health Inequalities Commission?

The independent Health Inequalities Commission for Oxfordshire was commissioned by the Health and Wellbeing Board and carried out its work throughout 2016. It was the brainchild of the Chair of Oxfordshire's Clinical Commissioning Group and took two years of persistent effort to bring about. The Clinical Commissioning Group, the County Council's Public Health team, along with many other partners, including Oxfordshire Healthwatch played a midwife role. The report of the Commission was presented by the independent Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by the media and a wide range of partners.

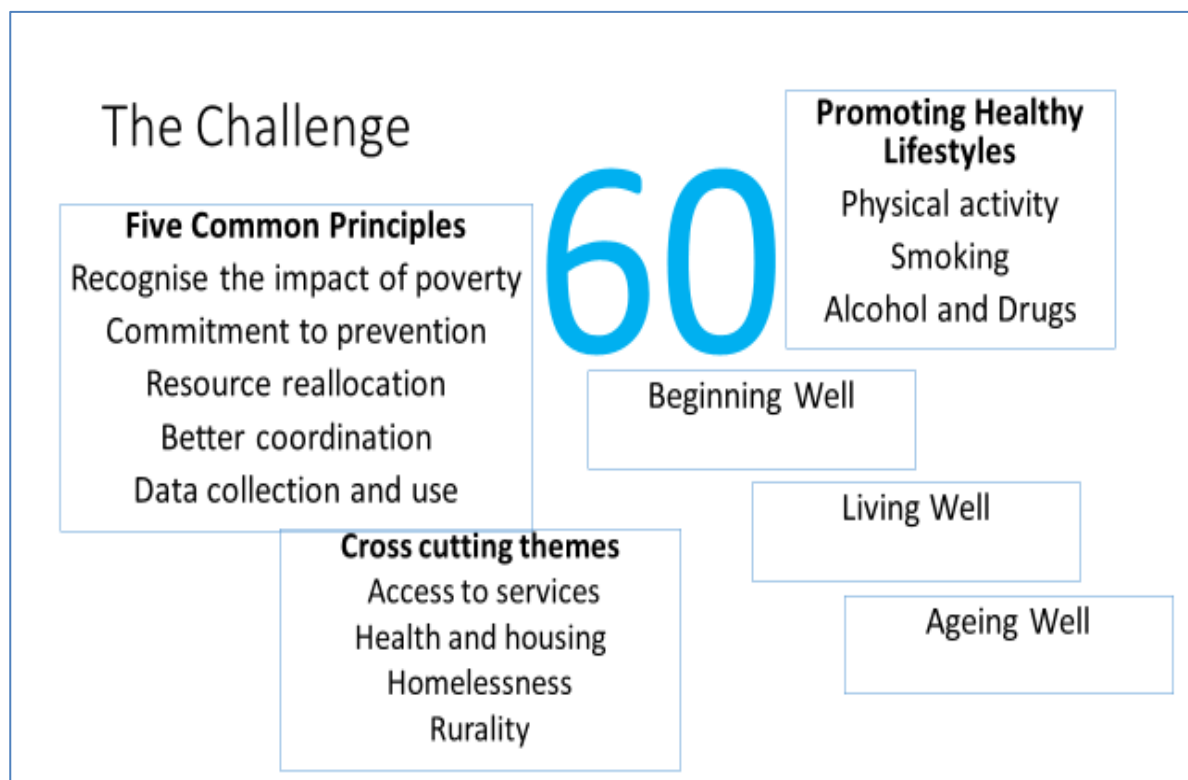
The Health Inequalities Commissioners were independent members selected from statutory and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on health inequalities were also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

What did it say and who signed up to its recommendations?

The Introduction to the report of the commission summarised their remit as follows:

Health inequalities are preventable and unjust differences in health status. People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged. But as Sir Michael Marmot has highlighted, health inequalities are not just poor health for poorer people but affect us all – “it is not about them, the poor, and us the non-poor: it is about all of us below the very top who have worse health than we could have. The gradient involves everyone”.

There are 60 recommendations in the report which are arranged in a set of themes as follows:



How are we taking it forward and who is involved?

The Health and Wellbeing Board agreed to oversee the implementation of the recommendations and receive regular updates.

The report was discussed by a wide range of organisations who signed up to deliver the recommendations, including:

- Oxfordshire Health and Wellbeing Board and its subgroups - The Children's Trust, The Health Improvement Board and the Joint Management Group for Older People.
- Oxfordshire Clinical Commissioning Group Executive, Board and Localities.
- Oxford University Hospitals Foundation Trust Management Executive and Public Health Steering Group

- Oxford Health Foundation Trust Board
- The Stronger Communities partnership in Oxford and the linked Local health partnerships in Wood Farm and Rose Hill
- Cherwell Local Strategic Partnership and 'Brighter Futures' in Banbury
- Oxford City Council Scrutiny Committee, in their oversight capacity.

In addition, an Implementation Workshop was held in May 2017 attended by a wide range of public and voluntary sector organisations. They began the process of identifying current work and discussing how this can be developed.

It may be impossible to keep a complete overview of the activity that develops as a result of the report, as many groups and organisations have renewed their efforts and energy in addressing health inequalities – that was one of the goals of the Commission, to mainstream the debate about health inequalities. This is good news. In addition, a multi-agency Implementation Steering Group has now been set up and will work together in taking forward the recommendations in a more formal way. Their first tasks include:

- Making sure there is a comprehensive overview of all the recommendations and what is being done in response
- Setting up a workshop to explore social prescribing (prescribing healthy activities) as a means of improving health inequalities and beefing up existing prevention initiatives
- Setting up a (modest) Innovation Fund and determining the criteria by which money pledged by all local authorities and the Clinical Commissioning Group can be used effectively.

How do we keep this initiative going?

It is important to maintain the interest and focus on tackling inequalities and disadvantage that have been stoked by the Health Inequalities Commission. This can be done in several ways:

- Demonstrating the impact of current work and new developments on tackling inequalities will keep the momentum going. Keeping watch over a range of indicators that show the variation in health outcomes will be important and a basket of indicators is being drawn up to help with that.
- Changing systems so that they address inequalities. For example, commissioning new services should consider the needs of people in the population who have worse outcomes or poor access to services. The Joint Strategic Needs Assessment and other sources of information will help with this needs assessment.
- Adopting the "Health in All Policies" approach to developing public policies which looks at the health implications of decisions, tries to join things up and prevents harmful health impacts.

- Making sure major plans, such as the Sustainability and Transformation Plan and Joint Health and Well Being Strategy, include action to address inequalities and deliver results.
- Using the Innovation Fund well and attracting more funding to sustain and develop good practice and make a difference.

This annual report is part of that process, and also aims to help carry the torch lit by this work.

What concrete things have happened as a result?

Individual organisations will of course be taking their own actions, not all of which we will know about, and this is to be welcomed. The report aims to galvanise us all – not just the big organisations. The process of bringing about change in the statutory services will be a long haul and we are still putting the foundations in place - but there are already some encouraging signs that things are happening:

The response to the call to improve prevention initiatives includes:

- Oxfordshire Sport and Physical Activity have begun to prepare plans for improving levels of physical activity in disadvantaged groups. Although an initial bid to Sport England to take the work forward was unsuccessful, other opportunities are being worked through.
- A database of food banks and other free or affordable food suppliers has been drawn up by Good Food Oxford. They are also providing 'food poverty awareness' training for front line services and have developed guidelines on "healthy cooking" for those who are training people in cooking skills.

Challenges to improve inequalities faced by vulnerable groups are being responded to, for example:

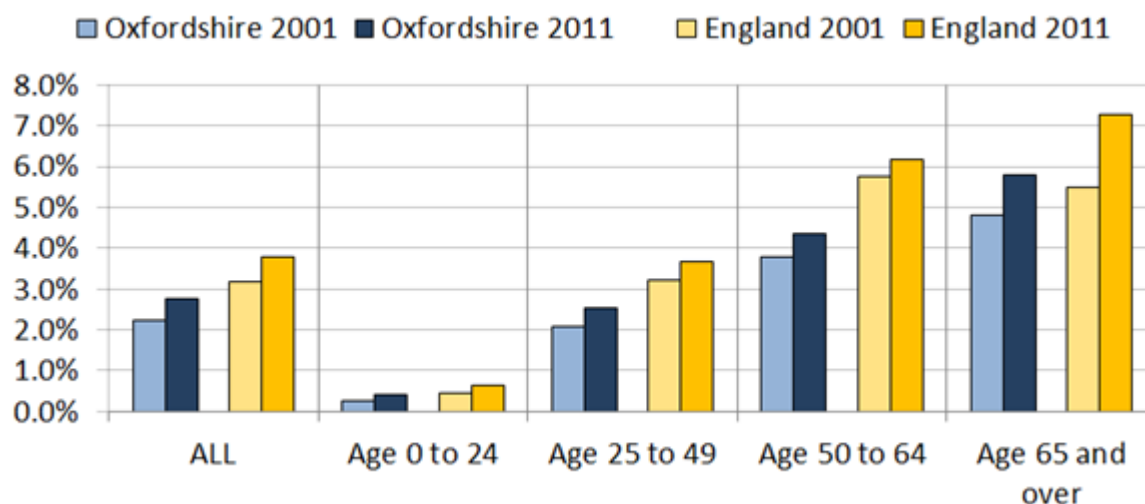
- Planning to make Barton a dementia friendly community as part of the Barton Healthy New Town initiative.
- A Trailblazer grant to reduce homelessness on discharge from hospital or prison. This involves a wide range of partners, led by the City Council.
- Programmes that promote personal resilience and positive lifestyle choices are being run for specific vulnerable groups. This includes a programme for people recovering from drugs or alcohol misuse which is called "Get Connected", run by Aspire and Turning Point. A similar programme, "Active Body, Healthy Mind", is run for mental health service users along with access to regular physical health checks.
- A pilot project has been set up to provide counselling to children who are asylum seekers or refugees. This is already in place in Oxford Spires Academy and needs more funding to be expanded. This is led by Refugee Resource.

Caring for others as a cause of disadvantage

Previous reports have highlighted caring for others as a factor which can cause disadvantage. Before I close this chapter I am keen to report on the current situation.

Looking at the last two censuses shows the following picture for Oxfordshire compared with national data:

% of people providing 20 or more hours of unpaid care per week by age 2001 to 2011, Oxfordshire and England



The chart shows:

- An increase in the proportion of people providing unpaid care (of 20 or more hours per week) across all age group in Oxfordshire.
- The proportion of carers in each of the broad age groups in Oxfordshire remains below the England average.
- Between 2001 and 2011, the increase in the proportion of carers in the age group 50 to 64 in Oxfordshire was above the increase in that age group nationally.

As highlighted in previous reports, carers do a marvellous job, and organisations should continue to make sure they are well supported and taken into account when planning new services.

Recommendations

1. The Health and Wellbeing Board should ensure that the work of the Health Inequalities Commission continues to be taken forward.
2. The Basket of indicators of inequalities in childhood should be reported in the DPH annual report next year. The Health Improvement board should monitor homeless acceptances closely during the year.
3. The next phase of the Oxfordshire Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The service 'offer' should not be 'one size fits all' and the needs of different parts of the county should be recognised.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

We are what we eat, breathe, drink and do: whichever way we look at it, how we live our lives has a huge impact on our health. True, our genetics at birth deal us a basic hand of cards to play, but how well we feel, and how long we live has a lot to do with how we play our hand. What's your game-plan?

This chapter looks at some of the things people in Oxfordshire do that affect their health and looks at some of the actions we are taking to inform them of their choices and give them a helping hand.

This isn't about nannying, it's about giving the people the inside info to help them make the best choices they can.

The Health Survey for England gives us a good place to start – and the picture here will apply pretty well to Oxfordshire. In 2015 a total of 8,034 adults (aged 16 and over) and 5,714 children (aged 0 to 15) were interviewed. 5,378 adults and 1,297 children had a nurse visit as part of the survey.

The headlines (which we will unpack in this chapter) were:

- Smoking in adults fell from 28% in 1998 to 18% in 2015 – this is excellent. However, we know that around 25-30% of manual workers still smoke – this is a serious health inequality
- Alcohol consumption in adults is falling slowly (bringing with it a decline in alcohol related disease) – good news
- Obesity and overweight increased – it is now the new 'norm', with around half of adults overweight or obese – this is bad news for our future health.
- Children reporting smoking and drinking both fell steeply – more good news – though of course new threats like 'new psychoactive substances' (formerly called "legal highs") may be filling some of this gap.
- I would also add that teenage pregnancy continues to fall both locally and nationally – which is also good news.

So, what does this quick overview tell us?

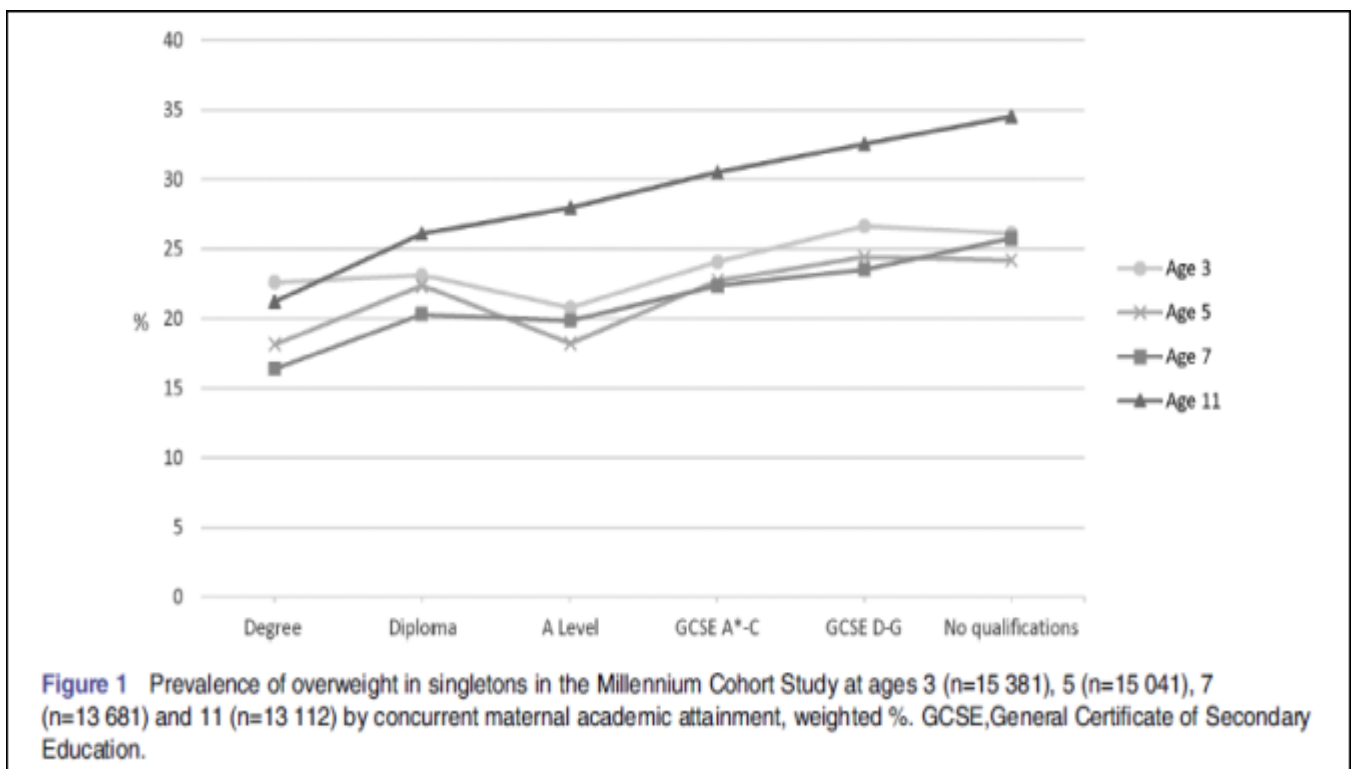
It tells us that the lifestyle challenge that is still on the rise is all about obesity. Let's look at that first.

Obesity, Diet and Exercise

I'm not for a moment minimising other challenges and issues, but the unavoidable fact is that as a society the problem we are storing up for ourselves is all about our weight. Why? Because it leads to heart disease, cancer, mobility and disability problems and costs the economy an estimated £27bn, the NHS £6bn and social care £350m each year.

We also know that it is an inequalities issue and affects women more than men, unskilled workers more than skilled and Black and Asian ethnic groups more than white.

The UK Millennium Cohort Study, published an update in 2017 which illustrates this point beautifully. The following chart from the report shows very clearly that prevalence of children overweight increased by age and by lower maternal academic attainment. Mothers without qualifications (and so with less income and fewer choices) had on average children who were around 75% more likely to be overweight than mothers with degrees. The chart also underlines the steady increase in overweight children with age.



We saw again in the previous chapter that obesity begins early – doubling between reception year and year 10, and continues to increase into adulthood.

A recent report from Public Health England sets out the situation with regard to physical inactivity well;

“Put simply, we are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030. We are the first generation to need to make a conscious decision to build physical activity into our daily lives. Fewer of us have manual jobs. Technology dominates at home and at work, the 2 places where we spend most of our time. Societal changes have designed physical activity out of our lives.”

This won't be news to anyone who has read these reports before as it has featured as an issue in ten out of ten reports. Why? Because it is still a problem and, as a collective, we still haven't cracked it..... although there may be some 'green shoots' of hope emerging.

If it matters so much, and we all know about it, why is it so hard?

I suspect this is for a number of reasons which I have teased out below. This isn't about victim blaming – absolutely not – this is really hard stuff – if it wasn't, it wouldn't be such a problem. In brief, the issues seem to be:

1. What we want regarding our lifestyles short-term works against us long-term when it comes to weight gain. We want comfortable lives, we want to travel by car or public transport, we want to watch TV, we want fast and easy food - and all these things lead to weight gain over time.
2. Our genetic programming may work against us. The evolutionists tell us we are programmed to gobble goodies when we see them to hedge against times of famine from our hunter-gatherer days (e.g. a glut of ripe fruit on a tree) by building up a fat store. That makes sense, but we are fortunate that the famine doesn't come any more, and so the fat builds up.
3. Because weight gain is insidious and we are hard-wired for short term responses. We seem to be programmed to respond to immediate dangers and tend to be blind to longer term issues.
4. Because the problem becomes invisible when the majority have it – I suspect that if you could bring a coach full of time-travellers from the 1950's they would be truly surprised to see us now.
5. Because the answer is multi-faceted. The answer isn't simple and implies change by individuals, families, organisations employers and government. We need a 'team UK' effort – and this is always difficult.
6. Because it isn't fair –Our metabolic rates and our genetic make-up are like hands of cards dealt to us at birth. It means that we put on the pounds in different patterns to one another. Where one loses another gains – it isn't fair. It also means that the answer isn't a one shot deal. The answer will vary from individual to individual and this makes setting a consistent policy harder.
7. Because it changes with age. I think many of us know that if we were to eat now what we ate as twenty-somethings we would put on weight very quickly. We are probably on average also less active than in our younger days. This implies that our eating and exercise patterns need to change with age. It is another challenge of an ageing society – how do we adapt to each decade, because the answers at 25 do not apply to 55.
8. Because it's so easy to put on weight and so hard to get it off. It's a bit like a lobster pot: easy to get into and hard to get out again. Many of us have tried slimming, and I think we all know how difficult it is to keep the pounds off once they have been lost. It does take a lifestyle change- and that can be hard graft.
9. Because we don't like preaching – especially if it makes us feel a bit uncomfortable. The messages are I think clear to us all. But they can get a bit 'preachy' and that tends to make us close our ears.

So what do we do?

The answer has to come through teamwork between the individual, family, government, employers, planners and organisations. It's about 1000 adjustments to 1000 tillers to turn the flotilla we all sail in..... and there are green shoots - for example, in the last year or two:

- The health messages continue to seep home into the public's mind – the '5 a day' message is well embedded and shoppers are demanding healthier prepared foods – and the supermarkets are responding.
- At national level, Government has taken steps to improve food labelling and to reduce the sugar content of drinks.
- The climate in schools is changing – take for example the adoption of the 'daily mile' in schools across the country.
- Health and exercise options are being main-streamed by planners into new developments.
- The inequalities issues are clearer - and our Health Inequalities Commission report helps.
- Front-line health professionals are more willing to consider giving lifestyle advice during routine consultations.

And more locally.....

- We have made very good progress in building exercise options into planning through the Healthy New Towns.
- The Health Improvement Board has made useful efforts to begin bringing recreation and leisure services together with the Sports Partnership to update its healthy weight strategy.
- The NHS has taken the topic of 'making every contact count' more seriously so as to get health advice into more face to face consultations.
- More schools are looking at options such as the 'daily mile'.

What Did We Say Last Year and What Have We Done About It?

We said that this topic should become a priority for the NHS's Sustainability and Transformation Plan – this has happened on paper, but there is no spare cash to fund the scale of change needed.

We said that the Health Improvement Board should play its part in partnership activity and this has been more than achieved.

What should we do next?

To keep it brief, this is a long haul, so essentially it is more of the same – more awareness, more coordination and more money are required.

Recommendations regarding obesity, diet and physical activity.

1. The NHS should continue to seek a serious investment fund to take this work forwards.
2. The Health Improvement Board should continue to coordinate the activities of all Local Authorities and the NHS
3. Planners should continue to plan communities that support active lifestyles until this is the norm.

Alcohol

There seems to have been a helpful shift in drinking patterns that will reap benefits in the decades to come.

Previous reports have set out the real health risks of alcohol as a causative factor for a wide range of diseases and its corrosive effects on society when consumed to excess.

I am not saying the problems have gone away altogether because:

- There were over 1 million alcohol related hospital admissions in England in 2015 and over 23,000 deaths related to alcohol.
- Alcohol is a causal factor in many medical conditions including mouth, throat, colon, liver and breast cancers; strokes and heart failure; liver disease and pancreatitis as well as road traffic accidents and injuries due to falls.
- Alcohol affects us all – for example, the highest earners (those earning £40,000 and above annually) are more likely to be frequent drinkers and “binge” on their heaviest drinking day when compared with the lowest earners.

But on the other hand:

- Overall alcohol consumption in the UK has decreased between 2000 and 2014, reducing from over 10 litres of pure alcohol per person aged 15+ to around 9.5 litres per head
- The proportion of the adult population of Great Britain (aged 16 and over) who drink alcohol has fallen from 64% in 2005 to only 60% in 2016).
- Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group.
- Alcohol consumption in young people in general is falling

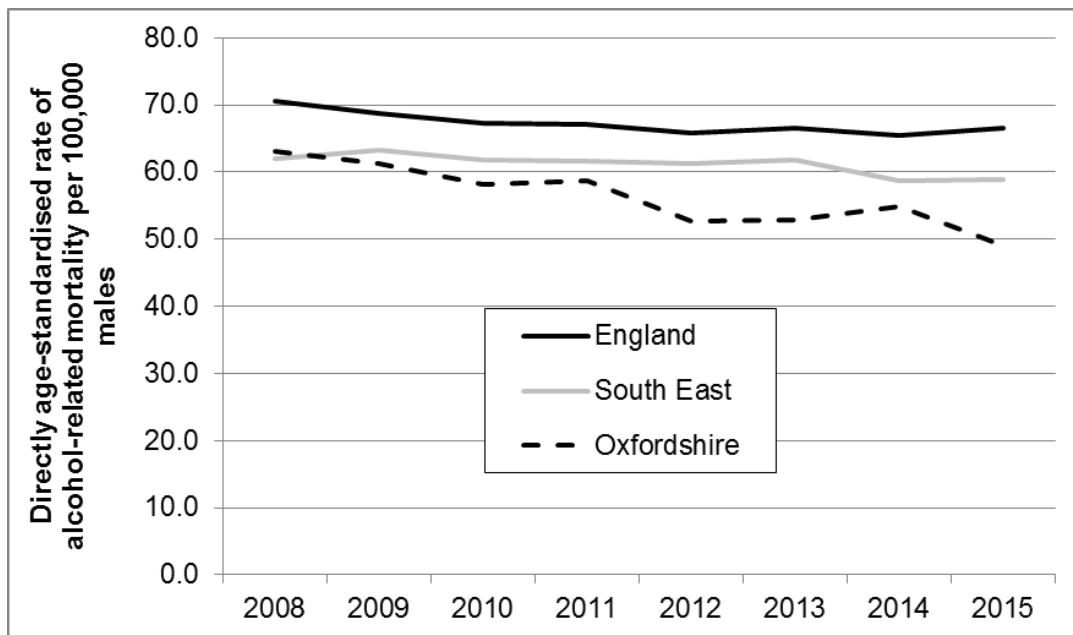
Why should this be?

I'm not sure anyone really knows. It may be that the health messages have hit home, or it may just be one of those complex societal 'fashions'. My money would be on the latter. Looked at over centuries, the average trend in alcohol consumption per capita has always fluctuated. We may have entered a down-turn and, whatever the reason, that is very good long term news.

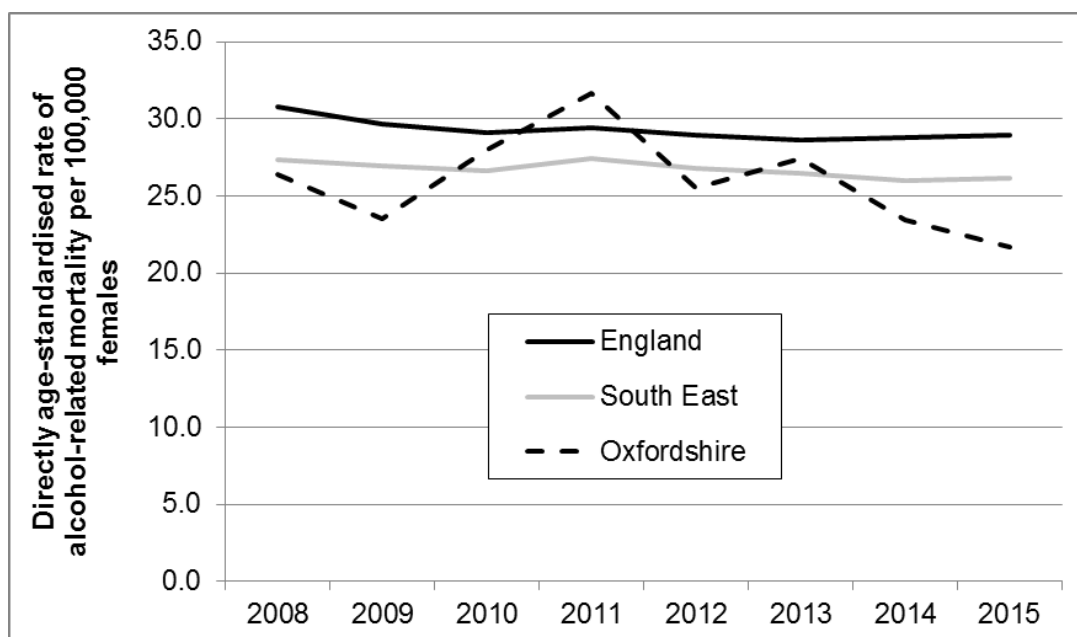
The statistics paint the picture well:

- Alcohol related deaths in males and females have been declining over the last 6 of 7 years and the figures are better for Oxfordshire than nationally. Also, deaths in females are around half of those in men

Alcohol-related mortality – males



Alcohol-related mortality – females

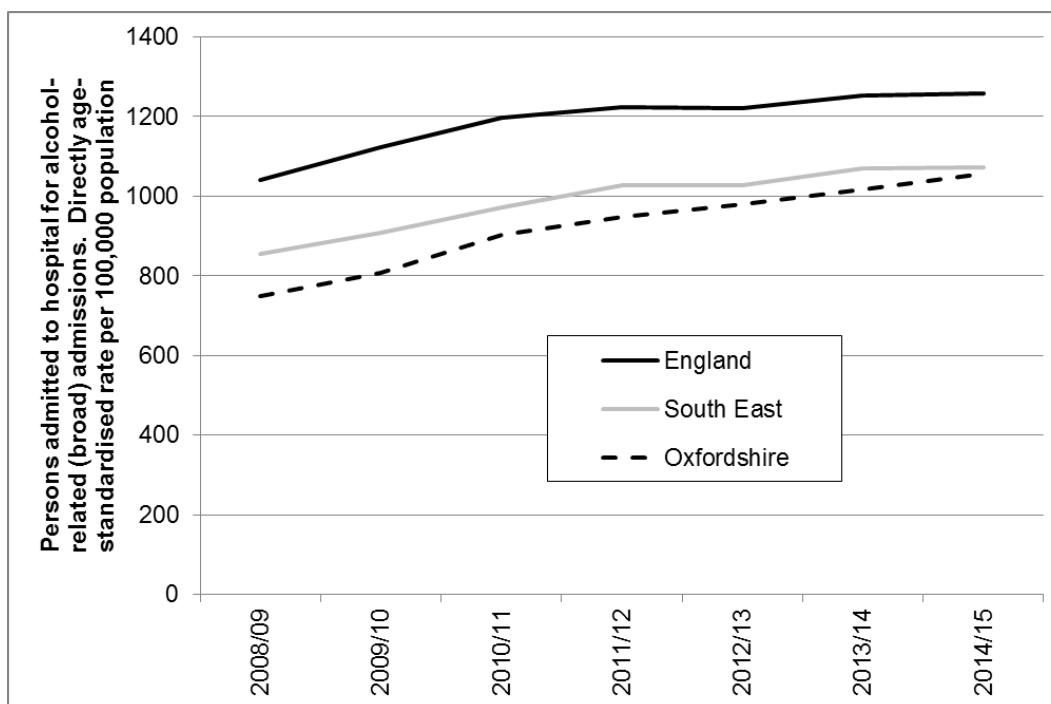


However, we aren't out of the woods yet as the figures for alcohol-related hospital admissions continue to show an upward trend. You can see this in the charts below which show people

admitted to hospital each year per 100,000 population. Because alcohol-related disease is long term, this might be the long term legacy of the drinking habits of previous decades – time will tell.

Whatever the reason, it is good news that the levels in Oxfordshire are well below national levels.

Persons admitted to hospital for alcohol-related conditions) - all ages



What Did We Say Last Year and What Have We Done About It? Achievements in 2016-17

The Alcohol and Drugs Partnership reports the following progress in partnership work:

1. Identification and Brief Advice (IBA)

The goal is to equip professionals with the confidence to give brief advice to people who are drinking too much. The partnership's role is to train the professional. This year the training was expanded to include smoking cessation and all sessions have been well attended by a range of professionals including those working in adult social care, early Intervention services, mental health organisations, charities, housing providers, primary care, pharmacies and Oxford University Hospitals Trust.

2. Targeted alcohol campaigns

This year the Dry January campaign was again supported by the Fire and Rescue Service, and included 'mocktail' sessions run by Alcohol Concern. Advertising for the campaign included social media, the County Council's Yammer pages as well as an article in the Oxford Mail.

3. Improvement in Pathways to treatment.

Oxfordshire treatment services have been working hard to improve pathways between local hospitals and their services. Referral routes from both A&E and ward admissions back into the community have been reviewed as well as barriers to communication and continuation of prescribing. Staff from Turning Point (a drug and alcohol treatment organisation) continue to develop joint-working with the NHS, and a community alcohol detoxification nurse attends the John Radcliffe Hospital weekly to discuss patients and provide on-going community support for patients leaving hospital.

4. Street Pastors

Street Pastor schemes continue to flourish in the City and several market towns across Oxfordshire. Street Pastor schemes work in partnership with organisations such as the Police, Local Authorities, local door staff and licenced premises. They patrol the streets with a remit to 'care, listen and help'. Between April and September 2016 over 577 people were assisted by the street pastors.

What we said last year and progress made

Recommendations for 2016-17 were set out as follows:

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.

Progress report: This work is ongoing and, due to delays in publishing the Transformation Plan for Oxfordshire, it is not yet clear that last year's recommendations have been fully implemented.

Recommendations for 2017-18

1. The NHS should continue use the Sustainability and Transformation Plan to embed brief advice for people with problem drinking into all consultations. This should be backed up by staff training and support.
2. Campaigns should focus on the impact of alcohol on health so that there is increased awareness of the harmful effects of alcohol on cancer and cardiovascular disease in particular.

NHS Health Checks

The NHS Health Check is a national cardiovascular risk assessment and prevention programme which is commissioned by the County Council. It is delivered by local GPs and has been commissioned by the County Council's Public Health team since 2013

NHS Health Checks specifically target the top seven causes of preventable death: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years are invited for a Check every five years (191,000 people), which means that 20% of this age group are invited per year and every eligible person is invited at least once every five years. The 40-74 age range is set nationally because it has been determined that this is the group in which detection and prevention of cardiovascular disease is most cost effective.

In Oxfordshire, the Health Improvement Board has set a target of 55% of those invited for a NHS Health Check take up the offer and receive the Check.

In 2016/17 in Oxfordshire 34,667 people were offered NHS Health Checks (18.2% of eligible population) and 17,847 checks were completed (9.3% of the total eligible population and 51.5% of those offered a check). This is an improvement on 2015/16 in terms of uptake (51.2% in 2015/16), but a decrease in percentage offered (20% in 2015/16) and percentage completed.

During 2016/17 of the 17,847 people who had a Health Check:

- **896 people were found at high risk of CVD, with 417 people now taking a statin**
- **275 people diagnosed as having high blood pressure, with 252 now on an antihypertensive drug**
- **63 people were diagnosed with diabetes**
- **1537 people were given brief advice regarding smoking, with 148 people referred/signposted to the local stop smoking service**
- **6310 people were given brief advice regarding physical activity, with 1706 people referred/signposted to the local physical activity services**
- **5821 people were given brief advice regarding weight management, with 283 people referred/signposted to the local weight management services**
- **1574 people completed a screening tool for their alcohol consumption. In addition 1658 people were given brief advice regarding alcohol, with 8 people referred to the local alcohol services.**

This is a good result.

What Did We Say Last Year and What Have We Done About It?

Last year we said we would continue to bring the NHS Health Check programme to the public's attention in new and innovative ways to further raise awareness in the local community. This peaked with a month long campaign in January using local radio and advertising on transport links- which is thought to have contributed to the increased uptake in quarter 4.

We also said we would continue to work with GPs to improve the uptake of the offer, including the invitation process. Commissioners are working with GPs to investigate a combined approach of electronic communications from GPs and simultaneous targeted marketing online to improve uptake of the offer.

The commissioning team continue to closely support practices and have visited every practice as part of quality auditing the programme. They provide feedback to GP practices on how to improve on the quality of the programme. The approach to quality auditing taken by the public health team is still considered a national exemplar.

Recommendations for NHS Health Checks

The NHS Health Check programme continues to perform well, is now well embedded in the health system and is well received by the public. However, the concerted efforts to raise the profile of this programme with the public and improve on it must be maintained. In order to achieve this we need to:

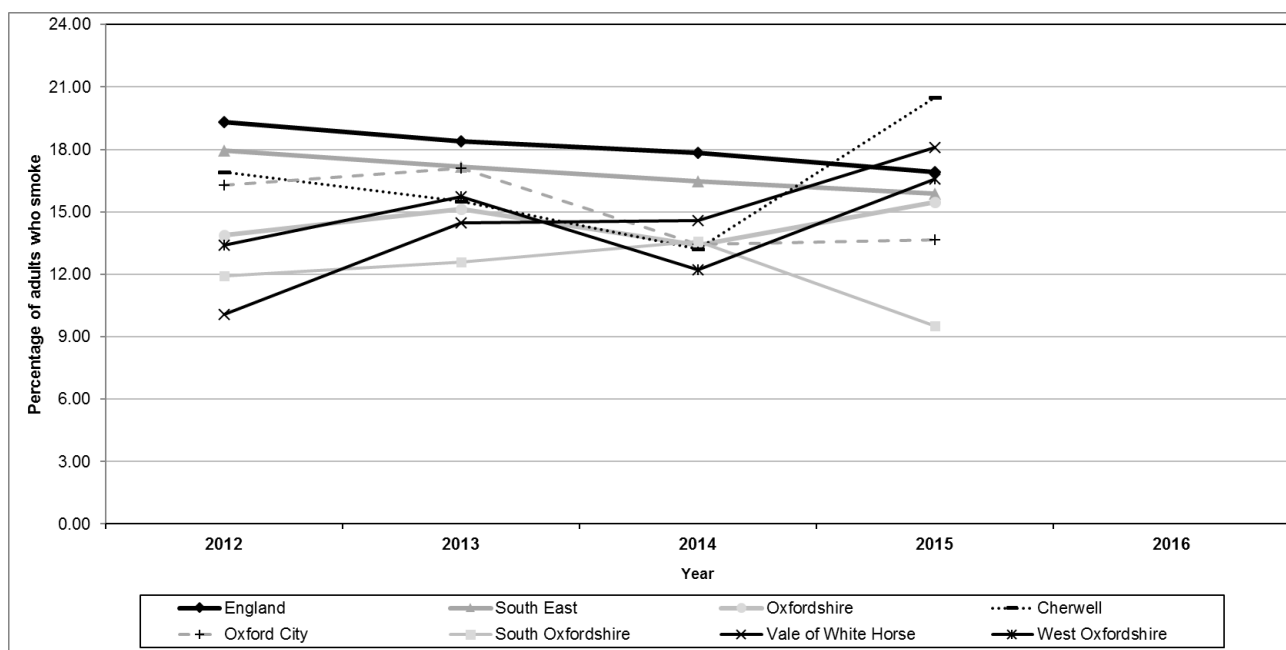
1. Continue to market the NHS Health Check programme in new and innovative ways which take advantage of emerging technologies to raise awareness and understanding of the benefits of the programme with the public.
2. Continue to work with GPs to improve on the uptake of the offer of a free NHS Health checks and investigate new ways to best collaborate on improving the invite process.
3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.

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 diseases and events such as heart attacks and strokes, and dementia. In Oxfordshire the prevalence of adult smokers has seen a very welcome continued decline in the past few years. This decline is shown in the figure below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 15.5% (an estimate of 91,892 people) which is better than the national prevalence (16.9%). This is a good result.

The chart below shows the results. Because this is based on a survey of a limited number of people, the national line will be accurate, the County line fairly accurate and the District lines far less accurate and subject to wide fluctuations.

Smoking prevalence in individuals aged 18+ by District in Oxfordshire



(Source PHE)

However, we still cannot be complacent about smoking rates in the County. There is still 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.

Smoking is highly addictive and the best thing for health is not to start. Although the trend for smoking in young people is falling the prevalence of young people aged 15 years who report in the survey that they are current smokers is 10.4%. This is significantly worse than the national average of 8.2%. While this is of concern some caution has to be exercised as the data is estimated based on responses provided to surveys of young people and can be subject to statistical errors (i.e. in plain speak it may be a 'blip'). We should monitor this trend to see if this is a consistent finding.

Stop Smoking Services

The decline in people accessing traditional stop smoking services seen in recent years was halted in Oxfordshire with 1923 quits recorded for 2015/16 – three less than in the previous year total of 1926. This was against the national decrease of 10% in the recorded number of quits recorded nationally. This is to be applauded but preventing a further decline in recorded quits is becoming increasingly difficult. Why? Because there are fewer smokers 'out there' and there has been a sea-change in the way people choose to quit tobacco – increasingly opting for self-help solutions rather than statutory services.

The impact of the dramatic increase in the use of e-cigarettes in the UK is the most significant contributor to the reduction in people accessing stop smoking services. Latest data estimates:

- An estimated 2.9 million adults in Great Britain currently use e-cigarettes up from 700,000 in 2012

- For the first time there are more ex-smokers (1.5 million) who use e-cigarettes than current smokers (1.3 million).
- Over half (52%) of e-cigarette users are now ex-smokers and 45% continue to smoke as well.
- The main reason given by ex-smokers who are currently vaping is to help them stop while for current smokers the main reason is to reduce the amount they smoke.
- The use of e-cigarettes as a quit aid and their increasing usage has opened a debate in the public health community on a national and international scale. Currently in 2017, public perceptions of harm from e-cigarettes still remains inaccurate with only 13% accurately understanding that e-cigarettes are a lot less harmful than smoking. Among those who smoke, perceptions of e-cigarettes are also getting more negative, with only 20% accurately believing in that e-cigarettes are a lot less harmful than smoking compared with 31% in 2015.

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.

Public Health England have helped to clarify the position and 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 published 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 should we move forward?

Our current services are now outdated. We need to move to a service which helps the general public but which also actively seeks out smokers in the most at-risk groups.

The public health team, in line with The National Institute for Health and Care Excellence (NICE) recommendations, are considering the following main areas for future services:

- Mass media and other education campaigns
- General education campaigns aimed at everyone;
- Media campaigns aimed at under 18s.
- Planning evidence based stop smoking services;
- Preventing children and young people from taking up smoking;
- Illegal sales
- Coordinated approach in schools
- Developing services which encourage better uptake in disadvantaged and minority communities who have higher rates of smoking.

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. Commissioners should re-commission services to deliver a blend of services to meet the changing attitudes and use of stop smoking services.

Oral Health

The marked improvement in oral health and the number of adults keeping their teeth as a result of better brushing with fluoride toothpaste and more awareness of oral health is welcome. However nationally in England the biggest cause of child hospital admission for general anaesthetic procedure is to provide dental extractions due to severe tooth decay. Tooth decay is one of the most easily preventable diseases and the high level of extractions under general anaesthetic is avoidable.

The picture in children

Local data is based on national surveys whose sample size is really too small to draw firm conclusions at lower than County level. However, looking at the national data, we can see that tooth decay is linked with other measures of general social disadvantage and so is a further source of inequality in the County. Latest available data from the 2015 oral health survey of five-year-old children shows that 77% of 5-year-old children 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 a good result there is room for improvement, the number of children who are decay free is significantly lower in Oxford than the other districts at 67%, probably reflecting social disadvantage.

During the 2016/17 dental teams have been conducting the latest national five-year-old children's survey and we expect to refresh the local data in the next twelve months.

The major sources of sugar which causes decay in children are found in soft drinks and cereals. Locally we will continue the work to educate children and parents about the impact of dietary choices on teeth and also wider health.

The picture in adults

Tooth decay has fallen in adults in England from 46% having active decay in their teeth 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 are we doing and what should we do next?

Since the NHS reorganisation, the responsibility for oral health has been split three ways. The NHS has a responsibility for dentists and more specialised oral surgery, Public Health England

provides dental public health advice while Local Government has an emphasis on prevention and commissioning oral surveys in line with the national programme.

The oral health promotion and dental epidemiology service commissioned by the County Council has been in operation since 1st April 2015. This service aims to work in collaboration with wider dental services to prevent oral health problems in children and adults. The range of activities provided by the service include:

- Accreditation scheme for pre-school settings
- Piloting tooth brushing programme in primary schools. Four primary schools took part in the pilot programme in which children brushed their teeth under supervision of staff. The programme developed better understanding of oral health and improved brushing skills in children, making tooth brushing a routine part of the day which improved attitudes to brushing in the young children involved.
- Training of 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.
- Piloting an accreditation scheme for care homes for elderly residents. The pilot successfully accredited three care homes as oral health promoting environments. The service trained staff to better understand the oral health needs of residents, the causes of oral disease, good oral hygiene for their residents and how to access dental services. The participating care homes also developed policies to better promote oral health for residents.
- Delivering oral health promotion sessions and events throughout the county
- Training health visitors in oral health to better understand the causes of tooth decay, oral development in young children, looking after teeth in young children and accessing dental services.
- Training staff who work in the community with children and adults to promote oral health with their client and user groups including causes of tooth decay, oral hygiene and access to dental services.
- Delivery of oral health promotion in local workplaces including Siemens and Thames Valley Police.
- Promotional events during National Smile Month and Mouth Cancer Awareness Month
- Provision of a lending service of health promotion resources for local stakeholders.

In the next year the oral health promotion service will

- Continue the supervised tooth brushing scheme in primary schools. Two of the schools in the pilot are planning to continue the programme and the service is looking to recruit new schools for the 2017/18 academic year.
- Find ways to reach a wider number of care homes.
- Continue to train staff in healthcare and community settings to become oral health promoters within their workplace with their service users and make every contact count.
- Continue support of oral health promotion development within both school health nurse and health visitor services.
- Continue to participate in oral health promotion events and sessions in the community to directly work with the public on raising the awareness of the importance of good oral health and accessing dental services.

Recommendations for Oral Health

1. The NHS should ensure that improvements in access to NHS dentistry are maintained including complex care and domiciliary care for older people and work continue to work to reduce child admissions for dental extractions under general anaesthetic.
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. Commissioners of the oral health promotion should work with colleagues to develop this programme to increase the number of care homes who sign up to this programme.
3. Continue to work with school health nurse and health visitor services to embed oral health prevention and promotion into children's health from 0-19, allowing for a healthier oral health start to life.
4. Continue to develop the supervised brushing scheme in primary schools, developing on the encouraging work of the pilot programme.

Chapter 5: Mental Health

Mental Health - Children and Young People

I reported last year on mental health in children and young people and I want to keep that focus this year.

Last year I reported on two topics – trends in mental wellbeing in this age group in general and self-harm.

Looking at each of these in turn, we noted that:

- mental wellbeing and mental distress are difficult to define and measure in this age group and that what is classed as a mental health problem changes over time
- however, the indications are that living in the modern world and a digital age puts new stresses and strains on young people
- young people are coming forward to seek help – and we can see this in the work of our school health nurses and through rising referrals to NHS services
- this increase is no bad thing as it also shows young people's awareness of the issues they face and also young people's general self-help attitude.

To recap, the picture of emotional resilience and mental wellbeing can be summed up as being built up in the following ways:

- 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 and there is a greater vulnerability to stresses and strains.

Regarding more severe mental health problems in Children and Young People, the main facts are:

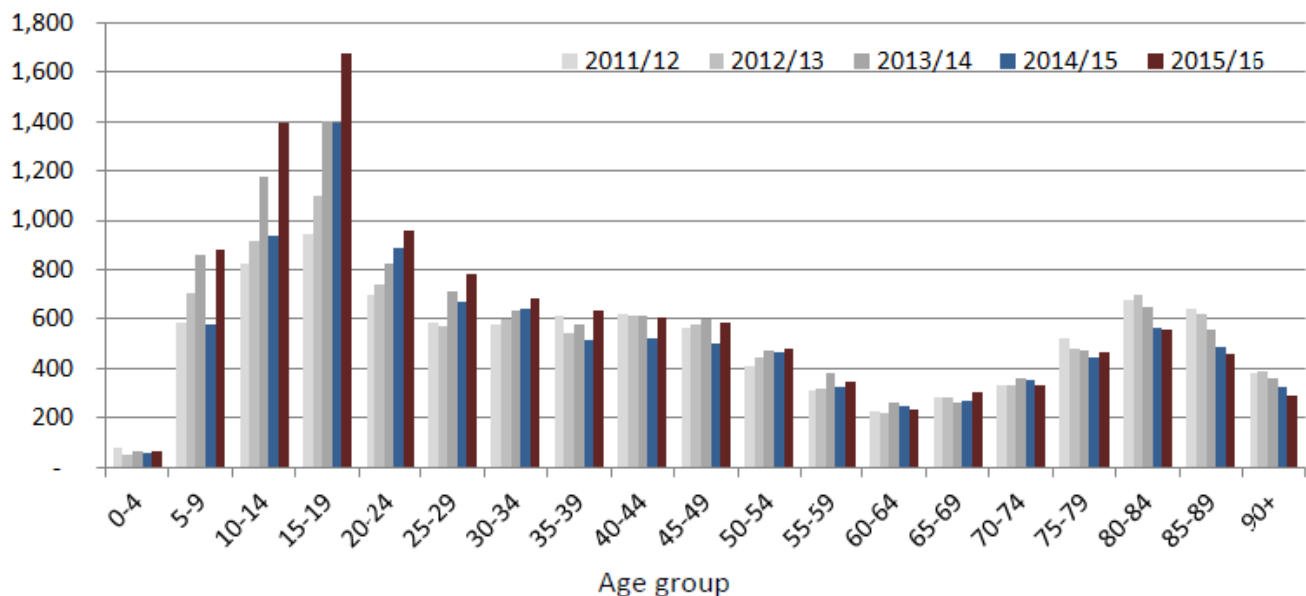
- 1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder; that is around three in every class at school or 8,000 children across Oxfordshire. According to national prevalence rates about half of these (5.8%) have a 'conduct disorder', whilst others have an emotional disorder (anxiety, depression) and Attention

Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16-24 age groups.

- The most disadvantaged communities and the most disadvantaged groups 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. This doesn't mean that one causes the other, it simply points out that the two factors are found together in the same families.
- 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, substance misuse problems and to become involved in offending.
- These issues are therefore significant and important.

In very general terms I suspect that what we are seeing overall is a generation who are subject to more moderate stresses (cyber-bullying for example), and that they have an increasing awareness of this, and, most importantly that they are seeking help. The chart below shows this through the rise in referrals of young people to mental health services.

Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2015-16)



Source: Oxford Health NHS Foundation Trust

- The 15-19 age group continues to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2015-16 and has seen the biggest increase since 2011-12.
- Between 2011-12 and 2015-16, the number of patient referrals aged 15-19 increased by 77%

I reported last year that children and young peoples' mental health service had just been overhauled. This is timely. The results of this were that a new contract for a new service model was awarded. The new service focusses on early prevention and intervention in partnership with voluntary agencies, public health services, education and children's social care to ensure children, young people and their families can get information, advice and support (including self-care) when there are emerging mental health problems. This is aimed at preventing more chronic and complex mental health problems, which can affect long term outcomes into adulthood.

We should also note the very valuable contribution our School Health Nurses make to the treatment of mental distress day in day out in our secondary schools.

The new service features:

- A single point of access for all referrals including self-referrals and clear publicised pathways for the most common conditions
- Active support for families and individuals to help them access other community services where this is more appropriate
- Partnership with voluntary organisations to support families better and improve movement between services for the young people with the most complex problems
- Reducing waiting times to improve access to support and treatment using evidence-based interventions to improve long term outcomes into adulthood
- Consultation, information and advice to families, young people and the wider children's workforce and the promotion of self-care and use of technology.
- Prevention and early intervention by working in schools and colleges to provide consultation, training and treatment in partnership with school health nurses and children's social care services

The service will include newly established specialist services such as:

- A dedicated Eating Disorder Service
- A new therapeutic team specifically working with young victims of child abuse and child sexual exploitation
- A new team to work with children who are 'Looked After' and those young people who are on 'the edge of care'
- An Autism Diagnostic Service with support for families after a diagnosis has been made
- A forensic psychiatry post working in the young people's housing pathway providing mental health expertise to some of our most complex young people and building capacity in the housing provider market

The focus for the first year is to deliver the 'single point of access' which will improve access to consultation, information and advice and treatment and, in addition, to start transforming the service into providing prevention and early intervention through working with primary and secondary schools across Oxfordshire. This includes School Health Nurses and improving integration and joint working with Children's Social Care. Voluntary organisations will play a key role as partners in delivering Child & Adolescent Mental Health Services (CAMHS).

This is clearly a substantial change and seems to respond well to the needs of young people. Implementation will take time – working with every Oxfordshire school is a huge task and a long process.

I think these are useful steps in the right direction.

Careful monitoring of this service and of new trends in the overall wellbeing of this age group will be essential.

Self Harm

I also reported last year on self-harm and reviewed the recent upward trend.

The last year has seen a mixed picture.

Measuring self-harm using hospital admissions shows that:

- rates in 10-14 year olds are down slightly
- rates in 15-19 year olds are up slightly
- rates in 20-24 year olds are down slightly

All of these figures are similar to the national picture. The trends we are seeing in Oxfordshire around self-harm are part of a national picture rather than a local one.

The new service mentioned above is intended to help to relieve the stresses that result in self-harm. It will be important to monitor the situation to see if there is a lasting impact.

In addition, last year I reported on an initiative that the Public Health team had undertaken locally. To recap, we commissioned a local Oxfordshire theatre company, Pegasus, to perform a play on self-harm in secondary schools across the county. 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 to.

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 have re-commissioned the play again for the academic year 2016/2017.

It is important that professional help to young people is made part of the mainstream of many services rather than as a stand-alone service.

Examples of this in action are shown by the following 'snapshots' of work in hand in mainstream services across Oxfordshire:

- School Health Nurses have been trained in child & young person mental health through a programme called PPEPcare. The training includes:
 - Supporting young people with low mood
 - Supporting young people with anxiety
 - Supporting young people who self-harm
- In addition, our nurses have run awareness campaigns to ensure that young people are aware of techniques they can use to improve their well-being and where they can access support should they need it.
- School Nurses also support young people with exam stress – and example comes from the Matthew Arnold School where the School Nurse ran sessions with sixth formers approaching exams. This will lead to 'Chill Out Tuesday' and 'Wind Down Wednesday' next year for all young people approaching exams.
- By the end of March 2017, the Oxfordshire Young Carers Service had identified and supported a total of 2,684 children and young adults (aged 0 -25 years) who provide unpaid care to a family member. Caring is also well known as an additional cause of stress for young people. This included 456 new young carers identified in the year 2016-17.
- The Health Visiting service also has a role to play - the County Council have commissioned Oxford Health NHS Foundation Trust to create a specialist post which will set up new postnatal mental health groups and train those who run them. This recognises that addressing mental health needs of mothers is paramount in promoting mental wellbeing and preventing mental health problems in their children.

In summary, self-harm is an important issue. There is evidence that services are responding well, but this situation needs to be actively monitored.

Recommendation

Children and Young Peoples' mental health and wellbeing and its related services should be monitored in future Director of Public Health annual reports.

Chapter 6 – Fighting Killer diseases

Main messages for this chapter:

Part 1. Epidemics and Antimicrobial Stewardship

The improvement in the quality of our living conditions and the advances in modern medicine have meant that the threat of major illness and large numbers of deaths due to communicable disease are seen as a problem of times past.

The continuing vigilance of Public Health services and sound planning of local and national organisations to respond to the spread of communicable diseases means that most of us can go about our daily lives without being aware of the efforts to protect the wider community from disease. The Ebola and Zika outbreaks of recent times are stark reminders of the continuing threat that can arise at any time and present a very real risk to us all, irrespective of borders. The Ebola cases in the Democratic Republic of Congo and elsewhere act as a stark reminder of the need for continual vigilance across the world.

We need to continue to prioritise the work that is done in the background every day of the year to prepare for the worst and the unimaginable. Directors of Public Health work closely with Public Health England and the NHS across Thames Valley to ensure that the response to any threat will be matched by a coordinated response to any outbreak, wherever it may arise. It is important that this partnership and cooperation is continued.

The right response still remains systemic and calm planning and organising ourselves NOW so we can respond when the need arises without fear or panic. The need to remain vigilant still holds true.

A continuing cause for concern is the threat of **antibiotic resistance** and the rise of “superbugs”. Antibiotics are important drugs for animals and humans in fighting bacterial infections which were once life-threatening. Bacteria are highly adaptable and the widespread misuse of antibiotics and inappropriate prescribing of antibiotics continues to lead to bacteria which have developed resistance to the antibiotics which were once effective.

The risk of bacteria which cannot be treated by any existing antibiotics is a real threat here in the UK and throughout the world. We continue to see outbreaks of resistant strains of bacteria, if we do not act we will see the number of resistant strains increase.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections, returning us to the situation before the discovery of penicillin.

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.
- Continuing to build and maintain long standing relationships with colleagues in Public Health England and the NHS.
- Mainstreaming our plans by working with the Police, Military and many of the other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).
- Educating and advising professionals and the public of their role as individuals in limiting antibiotic resistance.

It is vital to keep the specialist workforce we have now to continue with this important work.

Part 2. Infectious and Communicable Diseases

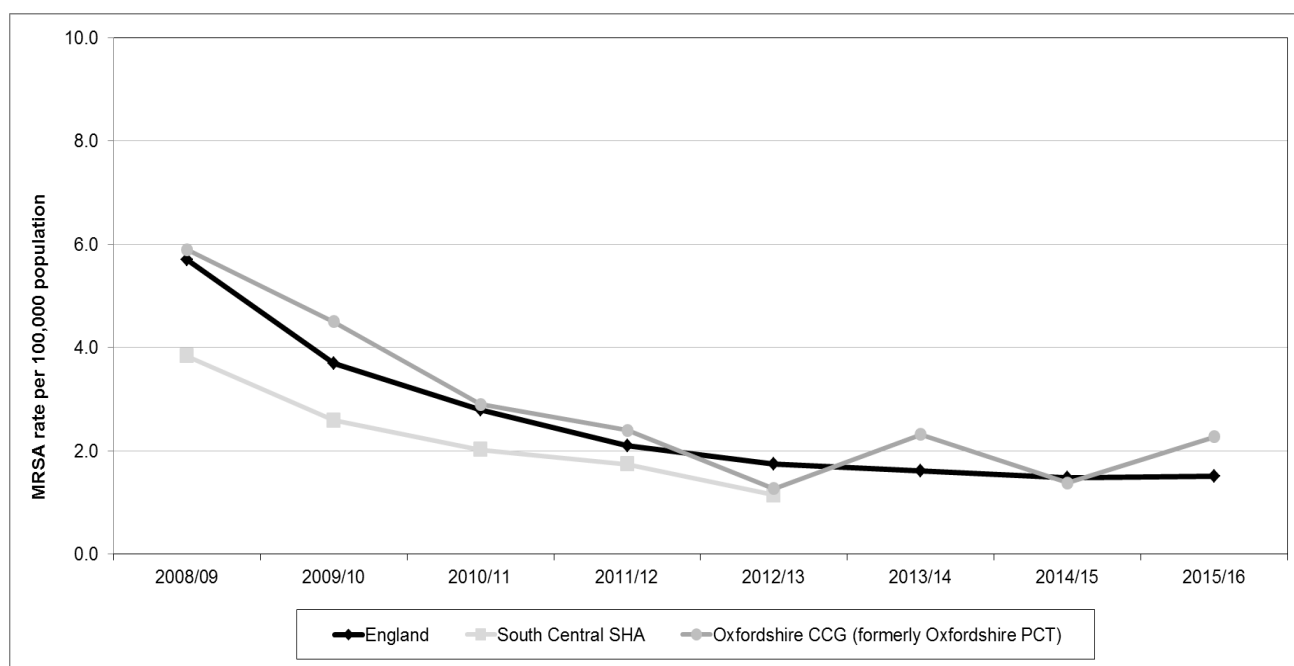
Health Care Associated Infections (HCAIs)

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. diff.) continue to be an important cause of avoidable sickness and death, both in hospitals and in the community. These infections do not grab headlines as they have in the past but they still need everyone to remain vigilant to limit an increase in the incidence of infection.

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 an invasive procedure or a chronic wound) it can cause blood poisoning (bacteraemia). It can be difficult to treat people who are already very unwell so it is important to continue to look for causes of the infection and identify measures to further reduce our numbers of new cases of infection. 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 - 2015/16)



Public Health England (PHE), Health Protection Agency (HPA)

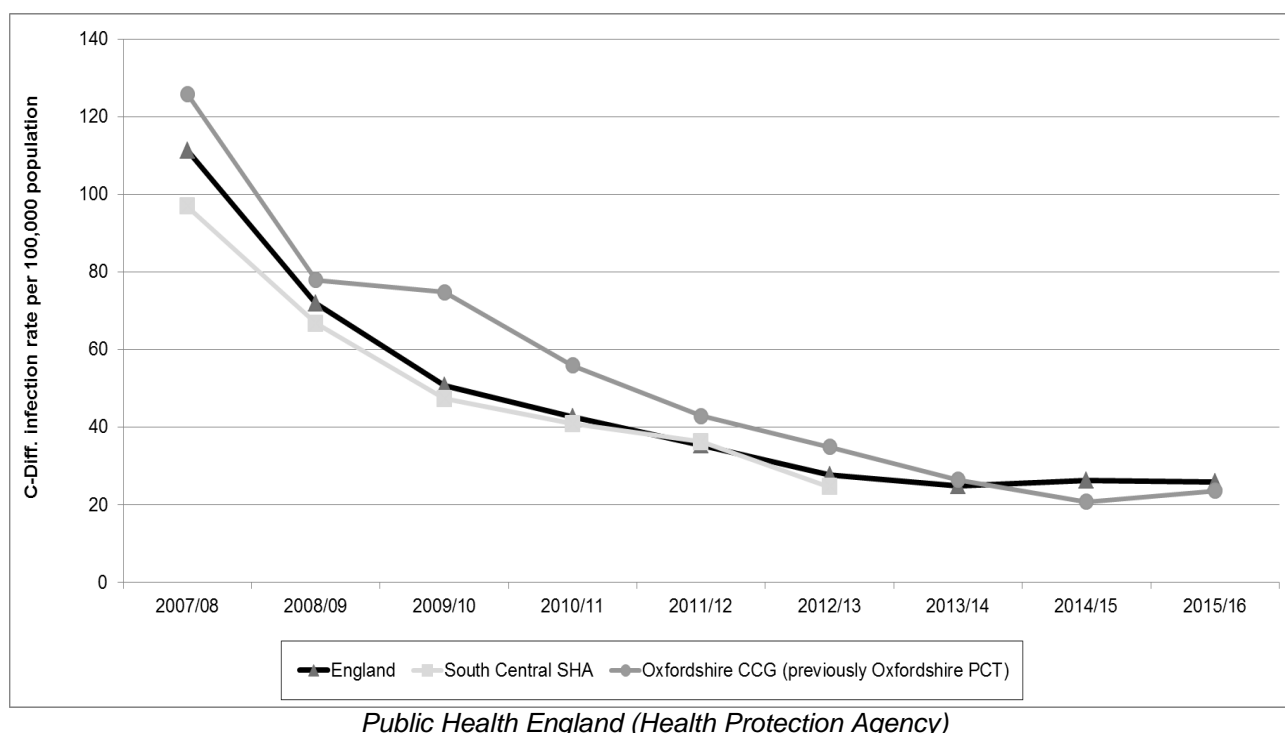
This shows that infections can be tackled, often by traditional hygiene methods. Nationally there is a zero tolerance policy and the rate of MRSA is still higher than we would like. There have been improvements in Oxfordshire over the past few years. However, the levels in Oxfordshire have increased slightly again in 2015/16 to be higher than the national average. This slight increase, which may be a statistical 'blip' due to the small number of cases each year reaffirms why continued vigilance is required by all hospital and community services to combat MRSA infections.

Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the old 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 has resulted in a steady reduction in cases in Oxfordshire since 2007/08 as shown in the chart below which is in line with the National trend. 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 on the rate of C.diff infections.

**Clostridium Difficile Infection (CDI) - crude rate per 100,000 population
(2007/08 to 2015/16)**

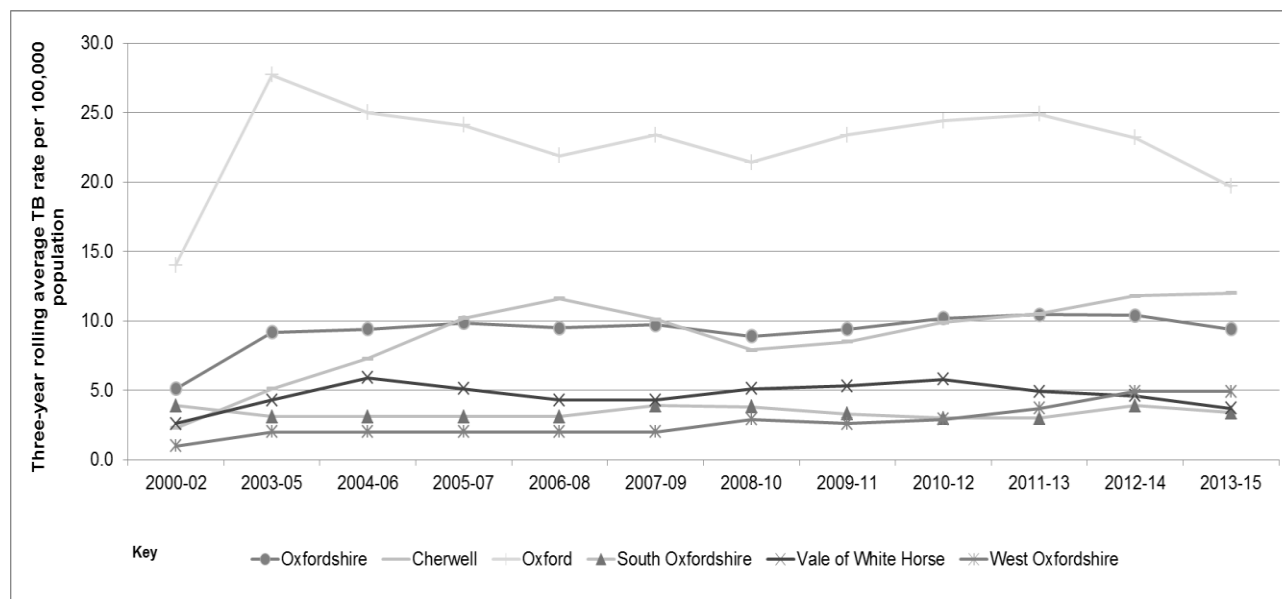


Tuberculosis (TB) in Oxfordshire

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 TB is not treated, active TB 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) – Incidence rate per 100,000 population (2000-2 to 2013-15)



Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

The levels of TB in the UK are beginning to show a reduction due to coordinated efforts by TB control boards across England to improve TB prevention, treatment and control.

The rate of TB in Oxfordshire is lower than the National average and similar to average levels in Thames Valley. In the UK the majority of cases occur in urban areas amongst young adults, those moving into the area from countries with high TB levels and those with a social risk of TB (e.g. homeless people). This is reflected in the higher rate of TB in Oxford compared to other Districts in the County.

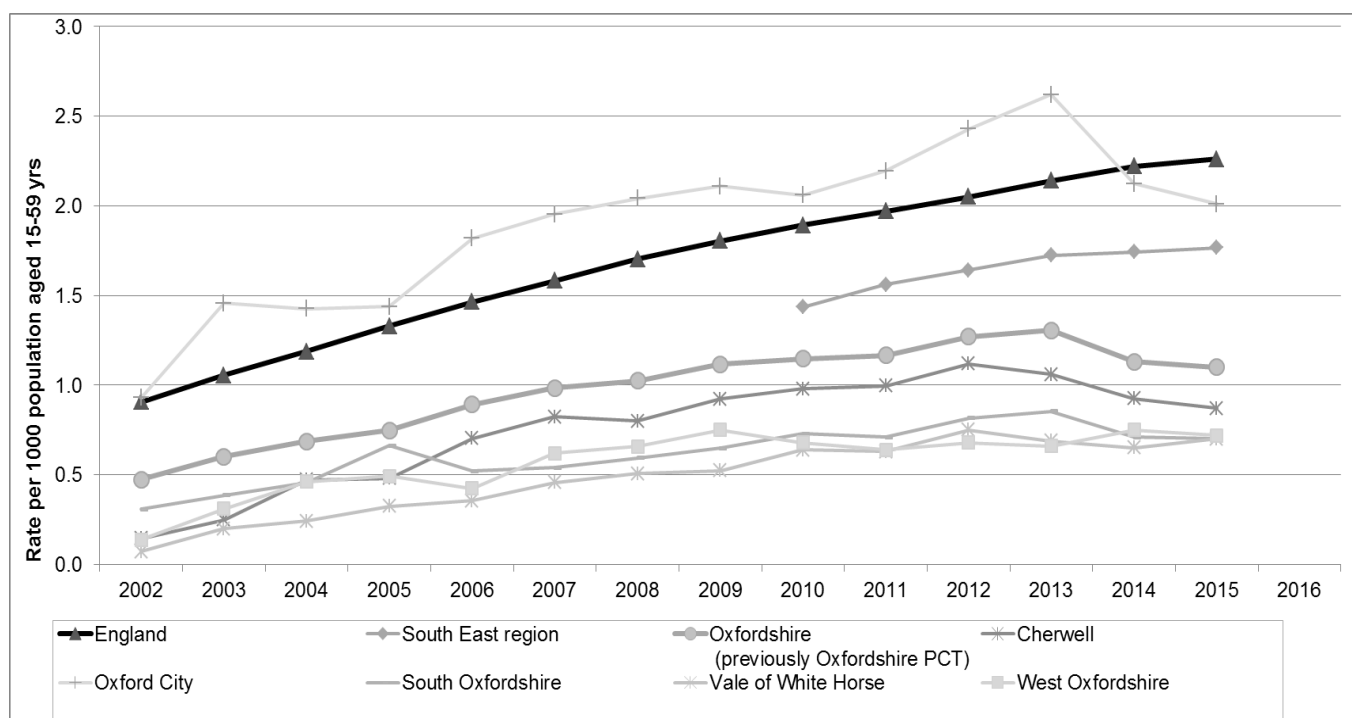
Public Health England has developed a TB strategy to address TB nationally. The TB control boards look at regional levels of TB and services to provide treatment. The Oxfordshire Clinical Commissioning Group is developing a model for a latent TB screening programme as part of a national initiative to identify and treat new entrants from high TB prevalence countries.

Sexually transmitted infections

HIV & AIDS

HIV does not raise public alarm like it did in the 1980s, but it still remains a significant disease both nationally and locally. Due to the advances in treatment, HIV is now considered a long term condition and those who have HIV infection can now expect to have a longer lifespan than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2015 data shows that there were 448 people diagnosed with HIV living in Oxfordshire, 221 out of these 448 live in Oxford City. This trend is shown in the chart below and shows another decrease this year across the County.

Rate of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 years. England, South East region, Oxfordshire and districts



Public Health England Sexual and Reproductive Health Profiles

Finding people with HIV infection is important because HIV often has few symptoms and a person can be infected for years, passing on the virus before they are aware of the illness. Also the sooner an infected individual begins their treatment the more effective treatment is with a better prognosis for the individual concerned. Trying to identify people with undiagnosed HIV is vital. We do this in three ways:

- Providing accessible testing for the local population. Since it started providing services in 2014, the sexual health service has provided 48,885 HIV tests across the service.
- Through community testing - we have 'HIV rapid testing' in a pharmacy in East Oxford. This test gives people an indication as to whether they require a full test: the rapid test takes 20 minutes and gives a fast result, although 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 the benefit of regular testing in high risk groups. In addition, the eligibility for accessing the condom scheme has been extended to men who have sex with men (MSM) and commercial sex workers, both groups being at higher risk of contracting HIV.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments available. HIV still cannot be fully cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly can be decreased. Beyond Oxfordshire there are interesting developments nationally in preventing the spread of HIV in high risk groups using drugs to halt transmission (PrEP). NHS England will be trialling PrEP over the next three years.

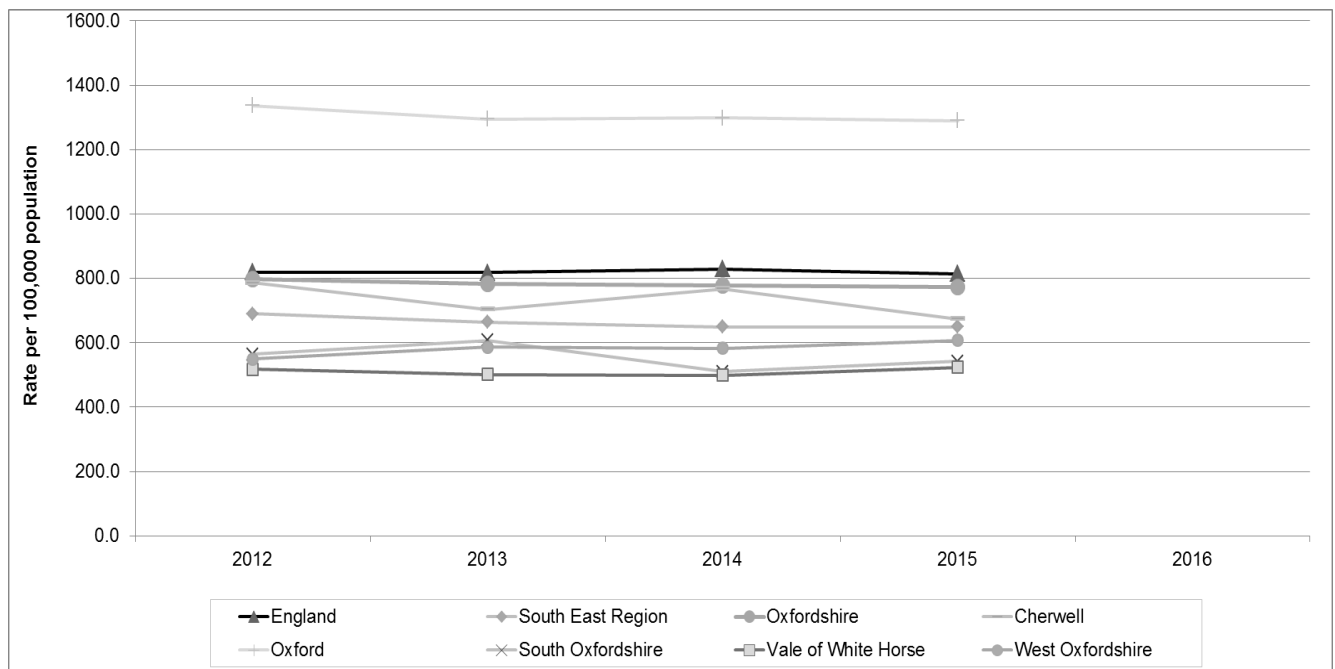
Sexual Health

Sexually Transmitted Infections (STIs) are still high in England with the greatest number of cases in young heterosexual adults, and men who have sex with men (MSM). STIs are preventable through practicing 'safe sex'. Total rates of STIs in Oxfordshire are still 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.

Looking at each disease in turn gives the following picture which is generally good:

- Gonorrhoea- is below national average for Oxfordshire as a whole and all districts except in Oxford City. This is likely to be due to its younger age profile. There is a new system of testing to reduce the number of false positive diagnoses and it is expected that a reduction in diagnoses should be seen when the latest data are released.
- Syphilis- still continues to fall and is below average in all areas of the County.
- Chlamydia- levels are lower than the national average in all Districts. Following evaluation and consultation the local service has been reshaped to be more focussed on accessing testing through online services. It is hoped that this will be more acceptable and accessible for young people to have a Chlamydia test.
- Genital Warts – rates are still below national average and have seen a decline in line with the National trend. Oxford City still has significantly higher number of cases (reflecting the significantly younger age group) but the trend is 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 of the City.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2015



Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

The local sexual health service, which began in 2014, has seen good levels of activity and this is to be welcomed. The service has improved access to contraceptive and sexual health services conveniently in the same location which has improved the service for local users.

Since the service began in the first three years of operation, the service has delivered

- **91,763 STI treatment and testing consultations**
- **Provided 171,213 tests for STIs and 48,885 HIV tests**
- **Positively identified 32,629 STIs, HIV infections and other sexual health diagnoses**
- **Provided 51,156 consultations for family planning**
- **Fitted 5995 contraceptive devices (Long Acting Reversible Contraception)**
- **Prescribed 27,402 other forms of contraception**
- **Prescribed 3004 Emergency Hormone Contraception Treatments**

The service has continued to deliver on its established reputation in the community as a provider across a range of locations across the county where the local population can access all their sexual health services in one location.

In addition to this in the same period GP providers have delivered 15,760 coils and contraceptive implants and pharmacies have provided 4,103 doses of emergency hormonal contraception.

In line with best practice a partnership of local stakeholders continues to work together to identify and address priorities locally to further meet the sexual health needs of Oxfordshire and further improve on the decline of STI's in Oxfordshire.

Recommendation

The Director of Public Health should report on progress on killer diseases in the next annual report and should comment on any developments.

CABINET – 17 OCTOBER 2017

ANNUAL REPORTS FROM THE OSCB – 2016/17

Three reports submitted by the 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 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 2016/17

2. 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.
3. The Oxfordshire Safeguarding Children Board (OCSB) is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as the National Probation service, the Community Rehabilitation Company, Police, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS FT, Oxford Health NHS FT, schools and Further Education colleges, the military, the voluntary sector and lay members.
4. The Board is funded through a partnership arrangement and meets 4 times per year. The Board is supported by a Business Unit located within Oxfordshire County Council.
5. The Board is required to publish an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire. The Board has a series of multi-agency subgroups, each of which produce an annual report. This paper also includes annual reports produced by two the subgroups working on learning and improvement in safeguarding practice: the the Case Review and Governance subgroup and The Performance, Audit and Quality Assurance subgroup.
6. The OSCB annual report will be considered at Cabinet, the Health and Wellbeing Board and the full Council.
7. The key purpose of the OSCB Annual Report is to assess the impact of the Board's work in 2016/17 on:
 - service quality and effectiveness
 - safeguarding outcomes for children and young people in Oxfordshire.

8. It evaluates performance against the priorities that are set out in the Business Plan for the year and against other statutory functions that the LSCB must undertake. The report highlights lots of good examples of partnership work ranging from a new CSE risk assessment tool to successful prosecutions against perpetrators of child sexual exploitation. Significant work has taken place to improve access to support for families and professionals including a new threshold of needs matrix and early help assessment. To support this all toolkits and resources were collated in preparation for an online portal. Serious case reviews have driven practice improvements which include full chronologies for children subject to child protection planning as well the development of procedures to ensure that professionals meet and consider cases without parents in an effort to ensure the of a case, when there is concern that it may be drifting.
9. In 2016/17 the OSCB delivered over 150 free safeguarding training and learning events plus online learning. The training reached over 9000 members of the Oxfordshire workforce. The OSCB delivered termly newsletters to over 4000 members of the multi-agency workforce and e-bulletins to educational settings across the county. Work has taken place to renew the set of online procedures to make them simpler and more accessible.
10. Learning and improvement events for approximately 150 delegates each time have covered:
 - Safeguarding risks online
 - Relationships and identity
 - Working with children with disability
 - Working with neglect
11. There are, however, areas for improvement. Quality assurance work highlights that partners must persist with addressing long term issues of neglect and better protect vulnerable adolescents at risk of exploitation. The workforce needs to know how to work effectively with families experiencing domestic abuse, parental mental health and drug and alcohol issues. Going forward partners need to keep a tight grip across the partnership on what is working well, where challenges are emerging and ensure targets are monitored for improvement.
12. The annual report directs the OSCB towards the following aims for 2017/18:
 - Improving the effectiveness of the board; collaboration with Oxfordshire Safeguarding Adults Board (OSAB) and engagement with local communities including the voluntary and community sector
 - Improving practice in tackling neglect and safeguarding adolescents at risk of exploitation
 - Taking robust action following learning; to ensure continuous improvement and to assess risk and capacity across the partnership
13. The annual report presents the following messages for multi-agency work going forward:

- Ensuring good understanding of thresholds;
- Being vigilant to emerging pressure points and concerns: safety online; self-harm; modern slavery; transgender young people and the potential radicalisation of children
- Managing and improving change (transitions) for young people
- Long-term planning for children in a multi-agency context

The Performance Audit and Quality Assurance Annual Report

14. 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.
15. The quantitative data indicates that the child protection partnership should continue to be rigorous in scrutinising activity. The level of activity continues to increase. The rate of growth of children subject to child protection plans is higher than both the national average and the average of similar authorities. This is placing pressure on resources and agency structures.
16. Qualitative evidence from the three recently published case reviews the ten most common learning points are:
 1. *The importance of thinking carefully about the role of the **father** in the family system as well as communication with and involvement of fathers and male carers*
 2. *The need for curiosity about the families past history, relationships and current circumstances that moves beyond reliance on **self-reported information**.*
 3. *There are more challenges faced by professionals working with vulnerable families where **neglect** is an embedded issue.*
 4. *The impact of the **parent's mental health** problems on the safety and wellbeing of the child – in particular maternal mental health*
 5. *Understanding of **drugs / substance misuse** and interventions, the changing levels of risk, and the impact on the child.*
 6. ***Normalising and misinterpreting behaviour** - linked to Special Educational Needs.*
 7. *Identifying the increased safeguarding **risks for children with learning disabilities** and Special Educational Needs.*
 8. *Identification of physical abuse and **following safeguarding processes thoroughly**.*
 9. *Multi-agency work must be well co-ordinated in order to **share planning** and to better understand what is happening to the child. Effective risk management requires **systematic planning** across the multi-agency partnership.*
 10. *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. There is a complexity involved in working across services with **children who are presenting***

behaviours that are a risk to the public and themselves whilst being vulnerable

17. Practitioners from the voluntary and community sector have said that they want to know more about how the safeguarding system operates – importantly the recently implemented Local Community Support Service (LCSS) framework. Practitioners in statutory agencies have told us that the increased capacity in the system is leading to a large workload and adding associated risks. They are finding it challenging to support high risk young people: children who self-harm and have mental health concerns.
18. Children and families have reminded the OSCB of the impact of one person can be incredible: they could be a teacher, a foster parent, social worker. Children have said that we should never underestimate the positive impact a professional can have – *‘one person is all it takes’*

The Case Review and Governance subgroup Annual Report

19. The purpose of the group is to support the OSCB in fulfilling its statutory duty to undertake reviews of cases both where the criteria¹ are met and where they are not met in order to 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 Oxford Health NHS FT, the OCCG Designated Doctor and Designated Nurse and a Head teacher representative.
20. The OSCB has worked on five serious case reviews since the last report to the Board. Of those five reviews: three were published (one of which was signed off in 2015/6 and a further two in 2016/17), one is active and one has been completed as far as possible, whilst a police investigation is underway.
21. For each review a learning summary was produced highlighting key messages for practitioners and managers. The OSCB ran four learning events and an annual conference in 2017/18 covering a range of themes emerging from local serious case reviews and audits.
22. In May 2016 the triennial review of case reviews was published. This considered nearly 300 SCRs relating to incidents which occurred over three years to 31.03.14. Some of the key findings help provide broader context to the work in Oxfordshire:
 - There has been no change in the number of child deaths linked to maltreatment and if anything a reduction in all except the older adolescent group.
 - There has been an overall increase in SCRs and a steady increase in activity across the system.
 - Once a child is known to be in need of protection and a plan is in place, the system generally works well.

¹ Working Together to Safeguard Children 2015

- Only 12% had a CP plan in place at the time of their death or serious harm.
- Pressure points are identified at 'step up' or 'step down' in care.
- Fewer than half had current involvement with Childrens Social Care (CSC) and almost two thirds had at some point been involved with CSC.

Financial and Staff Implications

23. The OSCB has a budget which is reported in the report.

Equalities Implications

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

RECOMMENDATION

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

PAUL BURNETT
Independent Chair,
Oxfordshire Safeguarding Children Board

Background papers: OSCB Annual Report 2016/17

Contact Officer: Tan Lea, Strategic Safeguarding Partnerships

September 2017

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OSCB Annual Report 2016 - 2017

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Annual Report Introduction By Paul Burnett

I am delighted to present the Oxfordshire Safeguarding Children Board's Annual Report for 2016/17.

The key purpose of the report is to assess the impact of our work in 2016/17 on service quality and effectiveness and on safeguarding outcomes for children and young people in Oxfordshire. Specifically it evaluates our performance against the priorities that we set in our Business Plan for the year and against other statutory functions that the LSCB must undertake.

There is much to celebrate in terms of improvement and achievement such as the service redesign of early help in the context of reduced budgets, the continued drive to tackle child sexual exploitation, the progress made by mental health services to reduce waiting times for children and the work to take on board young people's concerns regarding LGBT issues. It is encouraging to see a new group, "VOXY" representing the voices of young people in Oxfordshire and they are beginning to engage with the work of the OSCB. Our robust quality assurance and performance management has identified priorities for action as we move into 2017/18. These feature in our new Business Plan.

They include:

Providing strong leadership and governance - increasing the effectiveness of the Board, partnership working with the Oxfordshire Safeguarding Adults Board and Community Engagement;

Driving forward practice improvement - working to address neglect and working to safeguard adolescents;

Quality assuring and scrutinising the effectiveness of practice - taking robust action following learning, to secure improvement and to assess risk and capacity across the partnership

A key piece of new legislation will impact on our work next year. The Children & Social Work Act became law in April 2017 and starts the process of implementing recommendations that were made by Alan Wood in his review of LSCBs published last year. As well as setting our frameworks for future local safeguarding arrangements the act also includes proposals for local and national practice learning reviews to replace SCRs and reform of CDOP arrangements.

From an LSCB perspective there will be no immediate impact from the legislation. The expectation is that local plans will be drawn up by April 2018 and agreed for implementation by April 2019.

In Oxfordshire there has been little appetite for major change and a strong belief that we must retain an inclusive Board which enables all partners to have a voice in our overall safeguarding arrangements and direction of travel. However we will need to agree our future arrangements within the next year.

I would like to take this opportunity to thank all Board members and those who have participated in subgroups for their continued commitment in 2016/17. In addition I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the children and young people of Oxfordshire safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the Safeguarding Board but by staff working in the agencies that form the partnership. The further improvements we seek to achieve in 2017/18 will require continued commitment from all and I look forward to continuing to work with you next year in ensuring that children and young people in Oxfordshire are safe. I commend this report to all our partner agencies.

CHAPTER ONE – LOCAL SAFEGUARDING CONTEXT

There are 141,800 young people aged under-18 in Oxfordshire (*mid-2015 estimates*). This population has grown around 6% in the last ten years mainly in urban areas such as Oxford, Didcot, Witney, Bicester, and Carterton. This chapter of the report sets out the needs of the most vulnerable children in Oxfordshire in the context of the 'Child's Journey' - ranging from those children needing early help support to those in need of protection and care arising from their family and social circumstances.

Changes to Early Help in Oxfordshire in 2016/17

Early help is the most effective, least intrusive solution to children's needs. Last year the Locality and Community Support Service was created by Oxfordshire County Council as part of the children's services integration programme to support partner agencies across Oxfordshire. It is a professional facing service providing support to the private, community and voluntary sectors. It is the route into Early Help services.

The Locality and Community Support service offers an 'early help assessment', which replaced the 'common assessment framework' (CAF). The service works with partners to identify those families who require additional support from the Early Help Team in the Family Solutions Service, and will facilitate a service from the team.

The Locality and Community Support Service should be contacted when professionals:

- Have emerging concerns for a child that does not require an immediate safeguarding response
- Need support or guidance with an early help assessments or 'team around the family'
- Wish to complete a 'No Names Consultation' to talk through concerns they have for children when there is not an immediate safeguarding concern and where there is no consent from the family.

The Multi-Agency Safeguarding Hub (MASH) remains the front door to Children's Social Care for all child protection and immediate safeguarding concerns.

Impact of these Changes to Early Help:

In 2016/17 there were 458 recorded early help assessments which is considerably less than recorded CAFs in the previous year. The number of troubled families worked with rose to 1549 in 2016/17 and remains on target.

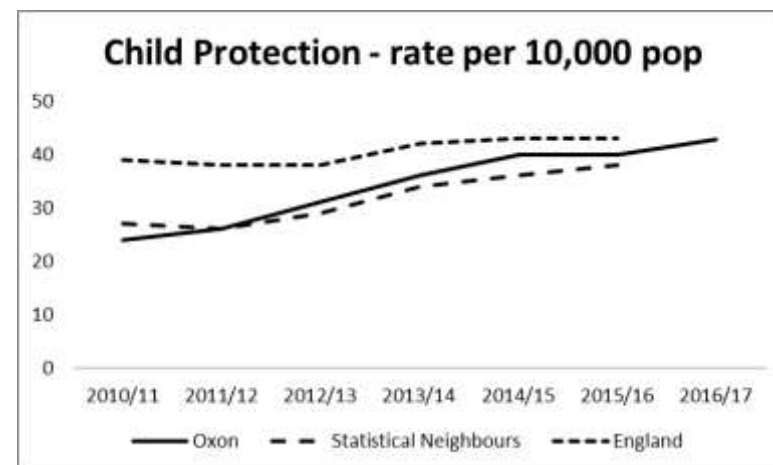
The OSCB would want to see the number of early help assessments substantially increase in the coming year. It is assumed that the lower number in 2016/17 is in part due to the uncertainty created by the restructure of services and the introduction of new systems to record data



Increasing levels of activity in Child Protection Planning:

The number of children on a child protection plan rose from 569 at the end of 2015/16 to 607 at the end of 2016/17. The rate of growth in the number of children subject to child protection plans is higher than both the national average and the average of similar authorities. In March 2011 there were 38% fewer children subject to a plan than the national average and the figure is now in line with the national average.

Neglect is the most common reason for children becoming subject to child protection plans (67%). This is higher than the national average where the proportion of children subject to child protection plans for the reason of neglect is 45% and higher than the local figure for last year which was 58%.



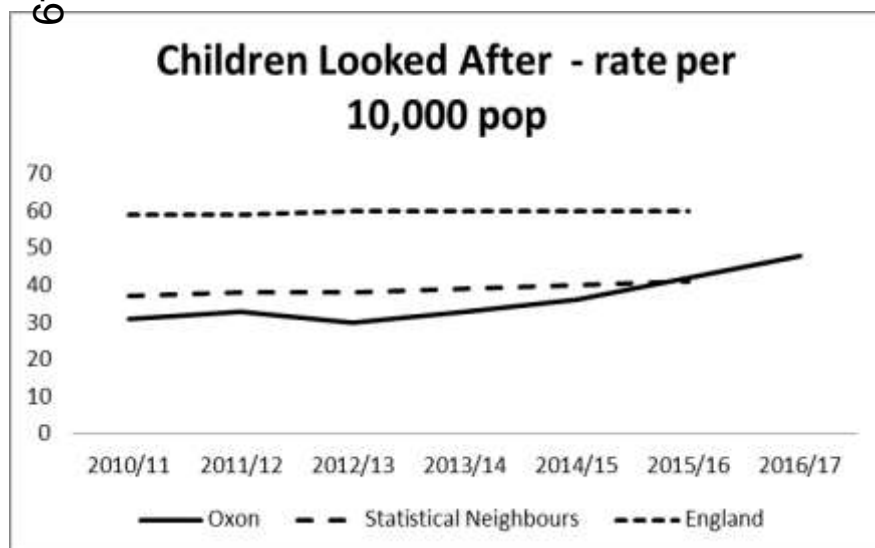
Graph 1: Child protection rates per 10,000 population

Increasing numbers of Children in Care and the impact on provision:

Children in care are those looked after by the local authority. The number of children in care rose by 14% in the year from 592 to 675. In March 2011 the county had 47% fewer looked after children than the national average - the county currently has 27% fewer.

This increase correlates to the high levels of activity in every part of the social care system including the child protection system and care proceedings. The county's 'Placement Strategy' has been effective in delivering increased edge of care, fostering and residential capacity but has struggled to keep pace with the unforeseen significant increases in demand for placements. With the considerable increase in the number of looked after children, the number of children placed out of county and not in neighbouring authorities has increased from 77 to 118, which, as our children in care have told us is a "second abuse" of moving them away from their support networks.

The OSCB commends the degree of scrutiny and attention to this area of work. It has also noted that the REoC service, which provides intervention to young people on edge of care, has received increasing compliments from service users in the last 12 months. It supports the urgent need to see the number of children in care reducing (safely) as well as the number of children placed out of the county. The OSCB recognises the effort that it is being made to deliver much earlier interventions by working effectively with families through locality and family support.



Graph 2: Children looked after rates per 10,000 population

Increasing numbers of children in care who are unaccompanied asylum seekers

The number of unaccompanied asylum seeker children who came into the care of the local authority rose by 38% from 42 to 58. A strategy has been created to enable a countywide response to support these young people.

Disabled Children:

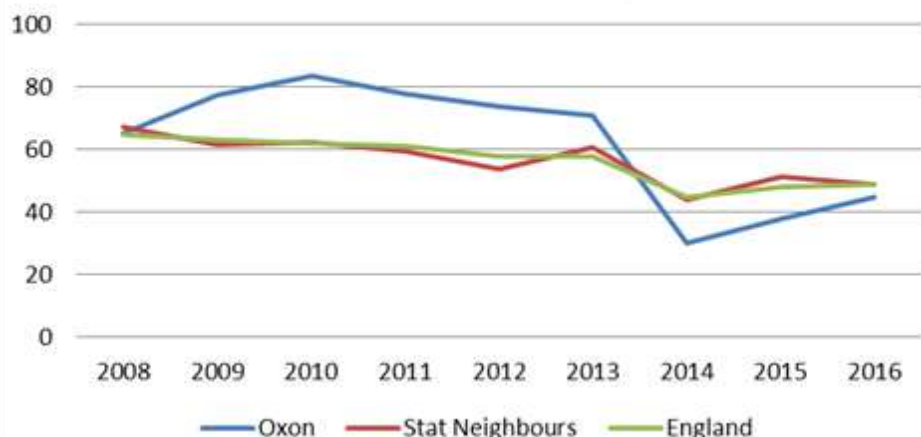
At the end of March there were 16 disabled children with a child protection plan, which is in line with previous years.

Children Leaving Care

Between 2014 and 2016 the percentage rate of 19 year old care leavers in education, employment or training was less than both the national figure and that of our statistical neighbours. However, the performance has improved - the proportion in 2016 was 45%, a rise from 30% in 2014. The figure for 2016-17 has yet to be released.

The percentage of care leavers in suitable accommodation in Oxfordshire was also less than the national average and that of our statistical neighbours between 2014 and 2016 despite local improvement reported for 2015-16. Figures for 2016-17 have yet to be published.

The percentage of children leaving care in education, employment or training



Graph 3: & of care leavers in education, employment or training

**Children at risk of sexual exploitation (CSE)
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 were 236 CSE screening tools completed in 2016-17 compared with 223 in 2015/16. The OSCB notes the feedback on this service which includes comments that suggest 'without the support of the Kingfisher Team the young person would not have been able to cope or become the person that they are today'.

Prevalence reporting continues to evidence that CSE is an issue across Oxfordshire with varying models of grooming and patterns of offending and some 'hot spot' areas. There is evidence of varying forms of CSE, ranging from peer to peer, older suspect – younger victim, on-line grooming, and offending by groups. The vast majority of cases open to the Kingfisher Team relate to peer on peer offending or older suspect, younger victim. On-line or cyber-enabled offending continues to be a factor, in the main as a means of communication or facilitation of later physical contact offending. There is concern that there is perhaps an under-representation of boys in the victims who have been identified. In addition it has become apparent that children who have learning disabilities, are particularly vulnerable as victims of CSE and that their needs should also be considered in prevention planning.

**Children and young people who offend: increase in
numbers involved with Youth Justice Service (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. We know from audits that there is added complexity when working across the services with vulnerable children who present behaviours that are a risk, sometimes to the public, and often to themselves. The number of young people offending (receiving a caution or above) rose slightly to 280 in 2016/17 from 246 in the previous 2 years.

The proportion of children receiving a custodial sentence dropped to 4.3% in 2016/17 from 7.1% in 2015/16.

The proportion of children remanded to custody increased to 6.3% from 5.2% in 2015/16.

**Children missing from home: consistent reporting of
those missing repeatedly:**

The number of children who have gone missing from home has fallen in the last year from 817 to 798. The number who went missing three or more times was 148 (compared to 149 last year), meaning the proportion of children who repeatedly went missing from home remained at around 18.5%.

Over the year the OSCB's CSE subgroup has also noted the interrelated safeguarding factors present for those children missing from home, education or care; those at risk of CSE and those being exploited or trafficked in relation to drug running.

Children's attendance at school

The issues of elective home education, persistent absence and permanent exclusions are increasing safeguarding concerns. All of these issues have seen increases in the last 12 months making them a priority for action.

For example, there has been a 21% increase in the numbers of children in elective home education since last year, taking the total to over 450. There is some concern that elective home education may be used as a solution to a difficult situation in school e.g. where the relationship with parents has broken down. The safeguarding concern is that the local authority does not have many statutory powers to assess the quality of education taking place in the home, which in the case of vulnerable children, increases their risk.

Persistent absence increased from 6.7% in 2014/15 to 13.9% in 2015/16. This may be due to the DfE changing the criteria for persistent absence from 15% absence to just 10%, therefore making it easier to become a persistent absentee. However, Oxfordshire still remains higher than the national average. The data tells us that it is the most vulnerable children, those subject to child protection plans or identified as 'children in need', who are most frequently absent.

Permanent exclusions are on an upward trend compared to last year. The ratio of boys to girls is approximately 3:1, and a significant proportion had Education Health and Care Plans at the time of being permanently excluded. Exclusions can have a knock on effect on children as there can be delays as schools try and re-establish the young person back in learning.

Anecdotally the OSCB is hearing messages of concern from practitioners attending safeguarding training. Our trainers have fed back this message.

The challenges that individual schools face trying to keep children in school (learning and safe) are apparent and it is clear that a system led approach is required. The OSCB will want reassurance that senior leaders are addressing this issue in Oxfordshire.

Children who are living with another family (privately fostered): Increase in numbers reported

At the end of March 2017 the local authority were aware of 50 children living in a privately arranged foster placement, compared to 43 at 31 March 2016.



Children who are at risk of poor mental health

Oxford Health NHS Foundation Trust Child and Adolescent Mental Health Services (CAMHS) continue to receive increasing numbers of referrals of children and young people year on year. This increase follows the national trend.

During 2016/17 6153 children and young people were referred to Oxford CAMHS of which 5371 were accepted as appropriate referrals (87%) and 3362 young people were assessed by CAMHS during this period. 13% of the referrals in this 12 month period were either inappropriate or signposted to alternative provisions. The numbers open to CAMHS continue to increase and there has been a noted intensification in the complexity of children and young people. The open caseload average is 4800 young people at any given time across Oxfordshire.

Overall the average percentage of children and young people who did not attend their appointments was 6.2%. The Tier 3 CAMHS non- attendance figure was 10% with other services at 3%. The national average through CAMHS National Benchmarking is 10%.

CAMHS continue to meet targets for young people who need to be seen urgently or as an emergency. Over the last 12 months the services have worked very hard to decrease the waiting times into CAMHS for routine referrals, performance over 2016/17 is as below:

04/16	05/16	06/16	07/16	08/16	09/16	10/16	11/16	12/16	01/17	02/17	03/17
32%	30%	29%	30%	41%	47%	39%	64%	70%	69%	73%	68%

The position as at time of writing this update is that services are seeing 71% of all routine referrals within 12 weeks across the county.

The implications of increased workloads on ensuring children are kept safe

The annual "impact assessment" survey of partner agencies, conducted by the Safeguarding Children Board and Safeguarding Adults Board, identified increased activity in the safeguarding system and resultant pressures created the following two recommendations. These were made in the light of increased workloads:

- Both boards require rigorous scrutiny of activity: Each board to review its own arrangements to ensure that the appropriate mechanisms are in place to check that partnership working remains effective and strong in the light of the increased activity, pressure on budgets, and limited pool of workers and levels of organisational changes.
- Workforce Development and Support: The Boards need to be reassured that training and support is robust and that partners are engaged with it, as complexity of cases; expectations and activity levels all increase. As organisations and roles change, more complex cases are held in universal services and more support and training is needed for these services. The workforces needs to know how to work effectively with families experiencing domestic abuse, parental mental health and drug and alcohol issues



What the data is telling us:

- **Early help.** The number of early help assessments was lower than expected. In 2016/17 a new early help system was implemented.
- **School attendance.** Elective home education, persistent absence and permanent exclusions are increasing safeguarding concerns.
- **Numbers of child protection plans.** The rate of growth of children subject to child protection plans is higher than both the national average.
- **Neglect** is the most common reason why children are subject to a plan.
- **Complex set of challenges.** Domestic abuse, parental mental health and drug and alcohol issues are consistent factors in cases of neglect.
- **Numbers of looked after children.** The numbers of children in care and placed out of county was higher than expected.
- **Criminal exploitation of children.** This is an emerging concern.
- **Emotional and mental wellbeing of young people.** Demand for mental health services is high and is increasing. Issues are complex.
- **The system is under pressure**

What practitioners have also told us:

Practitioners in statutory agencies have told us that the increased capacity in the system is leading to a large workload and adding associated risks. They are finding it challenging to support high risk young people: children who self-harm and have mental health concerns.

They state that they are finding it difficult to find appropriate resources for children who are at risk of drug exploitation. They have told us that they are working with families where there are highly complex needs and they need more support working with parents where there are domestic abuse, mental health and substance misuse problems. They have also told us of the complexity involved in working across services with children who presenting behaviours that are a risk to the public and themselves whilst being vulnerable.



What this means going forward for OSCB

- Work needs to be done to ensure that partners in the safeguarding system understand early help and their role in it. The workforce needs to be competent, confident and capable. The OSCB needs to be **assured** that resources are allocated to work at the correct threshold level and that the right level of work passes through children's services for full assessment.
- OSCB partners should **support a co-ordinated and multi-agency response** to neglect by ensuring that the neglect strategy is fully implemented across the county. Parental issues such as substance misuse, mental health problems and domestic abuse are addressed as part of this problem.
- OSCB partners should **improve multi-agency responses** to safeguard vulnerable adolescents in particular where they are (1) transitioning from children to adult services (2) at risk of domestic abuse or peer abuse (3) at risk of criminal exploitation including drug and sexual exploitation (4) not in full time education



Case Study Feature

A day in the life of a Locality Worker....

I am a Locality Worker based in the new Locality Community Support Service (LCSS) in the Central area. There are also teams based in the North and South of the County. We provide advice and support to professional partner agencies and voluntary organisations when there are emerging concerns about a child.

Our work is varied; one of our core pieces of work is the offer of the No Names Consultation. This is a service which enables professionals to talk through a concern they may have for a child when there is not an immediate safeguarding concern. This week I am on duty and undertaking all the No Names Consultations with an additional worker to support during busy periods. We take all No Names Consultation requests from Oxford City and our experience in the first 3 months (March-May) has averaged 76 calls per month. These calls come from a wide range of professionals including schools, health visitors, nurseries, GPs, and drug and alcohol services.

There are times whilst carrying out a No Names Consultation that an immediate safeguarding concern is raised – when this happens, I talk directly to colleagues in the MASH, explain the concern and they will progress as appropriate. The MASH also contacts us when they have deemed an inquiry not to meet the threshold for an assessment. I would then contact the agency who made the referral and offer some advice and support about possible next steps. This could include recommending they complete an Early Help Assessment, or setting up a Team around the Family meeting.

I am the named link worker to the Rose Hill/ Marston area of schools, pre-schools, nurseries and health centres. As part of my role I offer support and advice to professionals around completing Early Help Assessments and conducting TAF meetings, I am able to attend TAF meetings to case map particularly difficult cases or where there has been little progress. It may be that we continue to offer advice, support and guidance for a particular family for a length of time, or it may be just a one off piece of work. Involvement in particular cases will vary depending on the family's circumstances and the support required from the agency. This could also involve liaising with our colleagues in CAFAT if it is identified that no progress is being made with a particular case or there are escalating concerns. Sitting alongside this team means that we are able to have a face to face discussion around the best way forward.

As a team, we receive all the completed Early Help Assessments and TAF minutes. If an Early Help Assessment is received from my area then it is assigned to me as the worker linked with that particular school/agency and it is then reviewed. The review of the EHA ensures that any safeguarding issues that have been raised have been addressed appropriately and to ensure that all the relevant information has been gathered to produce a comprehensive assessment which informs any support that may be required.

CHAPTER TWO: GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

Governance and accountability arrangements

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.

Changes to the national framework for safeguarding boards are outlined within the Children and Social Work Act 2017. As well as provision for new local safeguarding arrangements which could replace safeguarding boards; the Act sets out proposals for local and national practice learning reviews to replace serious case reviews and the reform of the child death review process. The Act contains important proposals on social work regulation, care leavers, the statutory inclusion of PHSE in schools and other measures

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.



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.

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 Chief Executive 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 2016/17.

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 the period covered by this Annual Report Councillor Tilley fulfilled this role.

Oxfordshire Childrens Trust

The OSCB has strengthened its 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 the 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 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. In this sense we aim to sustain a process of reciprocal scrutiny and challenge between the two Boards.

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. A Partnerships Protocol is also in place which outlines the relationships and accountabilities across all the key bodies in Oxfordshire.

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 the Safer Oxfordshire Partnership 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 support 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.

Community safety partnerships

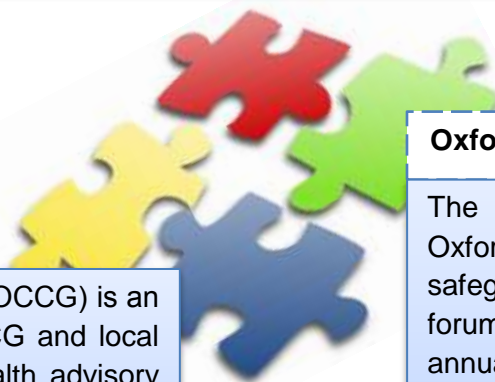
The community safety partnerships deliver projects that aim to cut crime and the fear of crime. Based in each district or city council area partners from the local authority, police, probation services, housing, fire and rescues services, the environment agency, the health sector and voluntary sector 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.

Health Economy

Oxfordshire's Clinical Commissioning Group (OCCG) is an important contributor to the OSCB. The OCCG and local health providers 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.

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 Bullingdon Prison. During 2016/17 significant progress has been made in securing closer working between the two Boards. The OSCB now works jointly with the OSAB on three priority areas: safeguarding training, domestic abuse and transitions from children to adult services.



Community safety partnerships

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

Clive Fathers

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 one Oxfordshire school, 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) and of the Borien Educational Foundation for South Africa (BEFSA) (www.befsa.org)



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 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



Simon Brown

Simon Brown is CEO of The FASD Trust, an Oxford based charity, which he founded with his wife. (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) 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) to 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.



The VCS's 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). Reciprocally we act as a channel of communication from the Board to the sector.

Soldiers, Sailors, Airmen and Families Association (SSAFA)

SSAFA is British based charity that offers help and support to all serving members and former members of all ranks of the United Kingdom British Armed Forces and their families or dependents.

SSAFA supplies support for the RAF Social Care and Welfare needs and also the Tri Service requirements. SSAFA has recently celebrated 25 years of a Social Work Service. They offer practical, emotional and financial support to anyone who is serving or has ever served and their families. With qualified Social Work Practitioners and Counsellors they offer advice and support. As a matter of normal practice they work with all community services from housing, education, Children and Adult service provided by the Local Authorities, Police and all Health Services.



Clare Periton

I continue to be 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. I have now been a board member for over 5 years and continue to be impressed with how the board develops and respond to change and how organisations around the table work together to promote the welfare of children and young people and to do their utmost to protect them.

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 2016/17 the OSCB has been fortunate to have had Clare Periton representing the local community as a lay member. She offers challenge to the board, demanding plain English and clear discussions. She brings a fresh perspective on local concerns.

End of year summary

	Projected budget 2016/17	Actual budget 2016/17
Funding Streams		
OCC Early Years funding	-£21,437.00	-£25,000.00
Public Health funding	-£31,625.00	-£31,625.00
Contributions		
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	-£1,410.00	-£1,410.00
Oxford City Council	-£10,000.00	-£10,000.00
Oxfordshire 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
Valley of White Horse DC	-£5,000.00	-£5,000.00
Cafcass	-£500.00	-£500.00
Total income	-£429,082.00	-£432,645.00
Expenditure		
Independent Chair	£39,000.00	£36,390.00
Business Unit	£253,000.00	£249,858.00
Comms	£12,000.00	£12,217.00
Training & Learning	£56,082.00	£53,530.00
Subgroups	£10,000.00	£9,892.00
All Case Reviews	£59,000.00	£21,150.00
Total	£429,082.00	£383,037.00
Overspend:	£0.00	£0.00
Available reserves	£21,942.00	£49,608.00
Drawdown	£0.00	£0.00
Reserves Balance	£21,942.00	£71,550.00

Financial arrangements

Board partners contribute to the OSCB's joint budget as well as providing resources in kind. The original funding for 2016/17 was projected to be £429,082. - The actual budget was £432,645. This increased by 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. Expenditure was less than expected due to fewer serious case reviews being commissioned than in previous years - only one new review was commissioned. The Board has agreed to carry forward the reserves from 2016/17 to the 2017/18 budget to fund changes to the OSCB training provision and is revising its forward plan.



CHAPTER THREE: PROGRESS MADE IN 2016 / 2017

The OSCB has three aims. This chapter outlines the priorities within the three aims, the progress made against them as well as an assessment by the Board of the effectiveness of this progress.

AIM ONE:
To provide leadership and governance

The OSCB has three priorities for leadership and governance

1. Local partnership arrangements are understood and the Multi-agency Safeguarding Hub (MASH) provides a swift and robust response to all children.
2. Local communities are better engaged in the work of the Board and within the partnership
3. Children and young people's views are reflected within the partnership

Why these priorities

The OSCB is in essence a scrutiny and challenge partnership which holds to account the key strategic partnerships impacting on safeguarding arrangements in the county. Referrals into the child protection system should be dealt with robustly by all agencies and any unresolved safeguarding concerns should be escalated and responded to.

Progress on partnership arrangements includes:

- ✓ **The Multi-agency Safeguarding Hub has been a consistent area of scrutiny. The Chair has visited the hub; the board has checked risk management, timeliness and feedback.**
- ✓ **The OSCB and the Safeguarding Adults Board now meet twice a year.**
 - Joint work on: training, domestic abuse, transitions from children to adult services.
 - An 'impact assessment' on the effect of efficiency savings and transformation of services across on the child protection partnership. (See Chapter 1)
 - A 'safeguarding self-assessment' of partners compliance against safeguarding standards for working with children and adults was undertaken
- ✓ **OSCB and Community Safety Partnerships worked on case reviews, Prevent training to address radicalisation and funding from the Police and Crime Commissioner to build resilience of vulnerable children and tackle child sexual exploitation. Grants given to:**
 - **Barnardo's: intervention work with young people in Oxford schools**
 - **Nomad: one to one mentoring sessions to children moving to secondary**
 - **Damascus: building resilience in targeted young people**
 - **Sunrise: work with boys aged 14 to 19**
- ✓ **OSCB and Children's Trust linked up on priority setting The Trust now**

Progress on community engagement includes:

- ✓ **Relaunch of Area Safeguarding Group meetings on a termly basis**
- ✓ Mapping of community safety groups to ensure consistency of approach safeguarding
- ✓ **Checking children with care and support needs are safely transported**
- ✓ Improved links with Oxfordshire Community and Voluntary Association (OCVA)
- ✓ **Better connection to the OCVA's 'Children and young people Forum'**
- ✓ Three board members and at least five subgroup members come from the private, community and voluntary sector

Progress on community engagement includes:

VOXY - Voice of young people in Oxfordshire.

Page 1 of 3
"VOXY" is a newly formed steering group for young people, which is supported by an adult Advisory Group. They are formally represented on the county's Childrens Trust and will play an active role in reflecting the views of children and young people. The OSCB knows that they actively consider and discuss safeguarding concerns. Some of these views are already reflected in our partnership work:

Child sexual exploitation, missing young people, bullying both face to face and online; domestic abuse; alcohol and smoking; mental health and self-harm (including through exam stress); the role of the media: issues raised by the Netflix series 13 Reasons Why; Female Genital Mutilation;

...and some views we can do more to reflect in partnership work:

Road safety and taking risks on the road; gender stereotypes; victims sometimes feeling that their issue is small (due to a lack of response); supporting safeguarding concerns for children who have special educational needs; taking drugs at younger age; racism;....

These are all issues that the OSCB takes seriously.

"Every child needs at least one adult who is irrationally crazy about him or her", Urie Bronfenbrenner.

This quote was conveyed to delegates at the OSCB annual conference and has been reiterated by young people. They have told us that the impact of one person can be incredible: they could be a teacher, a foster parent, social worker. Children have said that we should never underestimate the positive impact a professional can have. They have said:

- *"one person (professional) can make a really massive difference"*
- *"regular consistent support"*
- *"one person is all it takes"*
- *"show you care"*
- And they have reminded us that small things matter
"he (social worker) pops in for casual chats"

They have repeated that listening to and then acting on what's important to the child is vital. Showing you care is everything: *"get to know me as a person not just a case or a set of problems."* And as they become older 14, 15, 16 years then being very involved in decisions becomes even more important. They need to understand why social services involved.

The online bullying survey

This free service (for all schools) continues to be an effective way of finding out the experience of children and young people in terms of bullying at school. The survey continues to show that those young people who are “different” from the majority in terms of experience of a long-term illness or disability, race, religion, or sexuality are likely to experience increased frequency of bullying and “feeling unsafe”.

Of this group, young people who identify as lesbian, gay, bisexual or transgender (LGBT) appear to be very vulnerable with 10% never feeling safe in the classroom (compared to 1% of those identifying as heterosexual) and experiencing increased rates of regular bullying.

Here are some quotes:

“A lot of students use the word 'gay' as an offensive word to ridicule other students”

“People only consider severe forms of discrimination to be bullying, but I think that the little things are always happening”

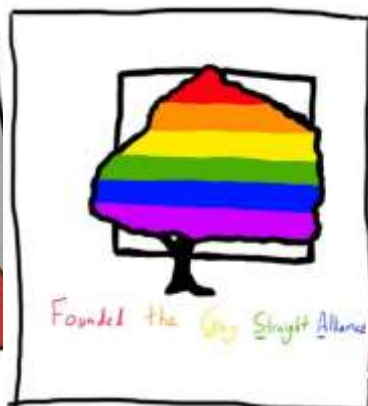
OSCB partners have run training and learning events about staying safe on line; the annual conference picked up on the issue of identity and safeguarding and partners are checking what provision there is for LGBT children:

Mini good practice example: Wheatley Park Gay-Straight Alliance

This is a student organisation dedicated to supporting and helping the school's LGBT+ community and embracing individual identity. It has done a lot to promote solidarity and support these young people and also led to the introduction of a gender neutral bathroom to their school.

Mini good practice example: Mind of My Own (MOMO)

This app will be rolled out across children's social care in 2017. MOMO is a web based app that helps young people express their views and complain if necessary. Young people have said that one of the barriers to making a complaint is the lack of Council technology, for example, social media. MOMO can be used directly from a young person's smart phone, either independently or with the help of a social worker.



Wheatley Park GSA

"A student organisation dedicated to supporting and helping the school's LGBT+ community and embracing individual identity."



The Meaning of Our Logo

"I wanted to combine the spirit and history of our school (represented by the oak tree that is the Wheatley Park logo) with the celebration of diversity (shown by the LGBT flag), so I coloured our tree with the rainbow to create what is now the GSA's "Dooms-gay tree" (an affectionate nickname)."

- Beth Bayliss, designer

The Wheatley Park Doomsday Tree

Our school's logo is inspired by one of the site's oldest landmarks: the Doomsday oak (named thusly due to its mention in William the Conqueror's Doomsday book).



The LGBT Rainbow Flag

The rainbow flag symbolises LGBT (lesbian, gay, bisexual, transgender) pride and it was originally designed by Gilbert Baker in 1978.



What is the GSA?

The Gay-Straight Alliance is a safe and friendly place for people of any sexuality and gender. We meet weekly and discuss recent events and current projects.

Some of our biggest accomplishments include:

- The introduction of a gender neutral bathroom to our school.
- The distribution of badges with the GSA logo amongst the staff to display their solidarity and support.



Quotes From Members

"It gave me the confidence to come out as transgender."

- Charlie, Year 9

"I always felt like I was being judged and now I have a non-judgmental place I can go where I feel safe."

- Becky Kelly, Year 9

"The GSA is a really great place. Even if half the time is spent making puns, it's time spent in good, supportive company."

"Gender is just a concept; it doesn't matter how you identify."

- Charlie, Year 9

Staff

"Since 2015, I have supervised the Gay-Straight-Alliance meetings and advocated for these students. I help the students effect positive change in the school, such as the introduction of gender-neutral toilets. I liaise between the students, staff, their parents and the school administration regarding their welfare. I now formally mentor some of these students outside of the group. I design and deliver educational resources and curriculum - designed to educate both Wheatley Park pupils and staff - to try and make the school a more LGBTQ+ friendly space."

I ask the students questions. Their responses, perceptions and concerns are the basis of every resource I design, and every presentation I deliver. The project has now evolved into a research fellowship through the Oxford Education Deanery. I won't sugar coat it: there has been a lot of work involved. However, it has been one of the highlights of my career.

If you would like me to visit the staff or pupils at your school, or you are an educator interested in fostering a LGBTQ+ inclusive atmosphere at your school, it would be a pleasure to hear from you."

Emma J.B. Mc Nicol emcnicol@wheatleypark.org

OSCB plans for working with young people

OSCB to focus efforts on working with:

1. Groups such as VOXY to help set priorities and direction for work
2. Those who are at greatest safeguarding risk such as victims of CSE, disabled young people and young people with mental health issues.
3. Those who use local services.



OSCB view of progress made in terms of aim 1: leadership and governance:

The OSCB is assured that the local partnership is focussed on the effectiveness of arrangements. There is commitment to ensure that the MASH provides a swift and robust response. However the OSCB needs to be **further assured** that front-door arrangements are understood, early assessments are completed and that new processes are fully embedded. The evidence is not yet sufficient. Improvement should also be **evidenced** in terms of feedback on referrals and timeliness of action.

There is assurance that work has begun to better engage local communities in the work of the Board and within the partnership. This **must continue** if it is to have impact.

There is evidence that Children and young people's views are reflected within the partnership but the OSCB is clear that there is **room for improvement** and is keen to review what impact 'MOMO' will have for children in the safeguarding system.



**AIM TWO:
To drive forward practice improvement**

The OSCB priority has been to protect younger children from the harm of neglect and parental risk factors

Progress includes

Why this priority?

Neglect is still the most common reason for a child to be subject to a child protection plan. The contributory factors of domestic abuse; parental substance misuse and parental mental health often underpin situations of neglect. Addressing these parental concerns is part of the solution to tackling neglect.

Strategic leadership

- ✓ **Multi-agency Task and Finish Group led by Oxford Health NHS FT and Children's Social Care to oversee the work on neglect different way to address the issue of neglect**
- ✓ Implementation of a resources budget for work to address neglect

Resources

- ✓ **New threshold of needs matrix - which helps everyone in the safeguarding partnership identify need in the same way and use the same language**
- ✓ New early help assessment to replace the common assessment framework
- ✓ **Work to collate all guidance and toolkits online**

Learning and improvement

- ✓ New learning summary following the serious case review on child Q
- ✓ **Workshops on neglect rolled out for social workers**

Listening to those who need support

- ✓ The views of families and children were collated through audit work. They had all been involved in child protection planning where 'neglect' was the main reason. Some of the messages were:
 - **Practical help and advice matters.** Families said want more of this.
 - **Clear, honest, straightforward language is best.** Families said that jargon, language and paperwork is disempowering and bewildering.
 - **Needing and wanting to understand** is a common theme. Some children said they needed more communication and didn't understand why they had a child protection plan.
 - **Children want more say in their care as they get older.**

Why this priority?

The OSCB priority has been to protect older children from harm

Older children face a range of risks such as self-harm and suicide, drug and alcohol misuse, mental health and domestic violence in peer relationships. We know from what 'VOXY' told us that these are real safeguarding concerns for all children. More vulnerable children are more susceptible to these risks. This is reflected in the increased numbers of older children subject to child protection plans and those older children who subsequently become looked after. The increased demands on mental health services and the work to address child sexual exploitation indicate that there are a large number of young people with challenging needs.

Progress includes

Strategic leadership and co-ordination

- ✓ **Self-harm networks for professionals have expanded: they identify young people, share good practice and ensure good interagency join up**
- ✓ Co-ordinated response from the County Council, NHS Trusts and Voluntary Groups in supporting families, school community after a suicide or serious self-harm incident
- ✓ **OxH NHS FT emergency duty team communicating well with schools and colleagues following an admission due to self-harm (tested by audit)**
- ✓ Oxfordshire County Council and Barnardo's have delivered *Safer Futures* – for parents, carers and families of young people thought to be at risk of CSE
- ✓ **Oxford City Council, the County Council and Thames Valley Police led an event for local faith and community groups on addressing CSE**
- ✓ District councils launched Hotel Watch to increase awareness of exploitation and intelligence sharing amongst bed and breakfast/hoteliers
- ✓ **District councils promoted training to all hotel staff in order to safeguard victims and potential victims of crime**
- ✓ Thames Valley Police has co-ordinated investigations which led to successful prosecutions against perpetrators of Child sexual exploitation

Resources

- ✓ **Investment into the "Placement Strategy" in 2013 has created capacity to meet increasing numbers of children with complex needs.**
- ✓ Out of the 265 children referred to Residential and Edge of Care Service specifically to prevent imminent accommodation into care 203 (77%) were diverted from the care system.
- ✓ **There was a 14% increase of in-house fostering - the overall proportion of children in fostering settings has climbed from 66.9% to 68.8%. Family based options avoid many of the peer association risks arising in residential settings.**
- ✓ Oxford Sexual Abuse and Rape Crisis Centre have provided a face-to-face counselling service to young adult female survivors of sexual violence, including child sexual exploitation. Feedback has rated the service as 'excellent'.
- ✓ **New CSE screening tool - shorter, easier to complete, mindful of boys as victims.**
- ✓ Revised CSE professionals' handbook - clear guidance and direction
- ✓ **New toolkit for practitioners working with lesbian, gay, bi-sexual and transgender young people**

Learning and improvement

- ✓ **Survey of health practitioner 'knowledge and attitude' to consent has led to better resources and training**
- ✓ CSE learning summary; a presentation on working with parents; guide for parents on the OSCB website
- ✓ **OSCB learning events for over 150 practitioners on online safety**
- ✓ OSCB conference for over 200 practitioners on 'young people and identity' – thanks to pupils from the Warriner School from Project Q
- ✓ **OSCB launch of the My Normal film. My Normal is a creativity based project aiming to give LGBTQ+ youth safe spaces and a bigger voice in Oxfordshire.**
- ✓ Work to develop new training to reduce bullying amongst children, with a particular focus on children with Special Educational Needs and Disabilities

The My Normal Project and Ark T Centre in Oxford City has also set up a new music project working with LGBTQ+ young people and young people with disabilities.

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Good practice example joint problem solving for the riskiest children

The multi-agency Complex Case Panel problem-solves for the riskiest children and young people by working collaboratively and by ensuring that issues of high concern are escalated and addressed. This includes high risk domestic abuse or offending behaviour, CAMHS and child sexual exploitation. The panel has developed a policy to determine the most appropriate mechanism for managing risk/concerns for children and young people who do not meet Multi-Agency Public Protection Arrangements (MAPPA) criteria or court orders. This has been tested through case studies and shown to be providing good support.

Good practice example young people leaving care

Oxfordshire County Council has helped a group of care leavers become a social enterprise called Oxfordshire Care Leaver Association (OCLA). These dynamic young people are helping to design future services and to coach and mentor children in care. They are keen to become mentors for employers to help create job opportunities and support for young people in and leaving the care system. They are also keen to design independence sessions to help young people live in independence as adults. This social enterprise is being supported by Mark Walker from Virtual School, Luke Rodgers of Foster Focus and **George ??** from Turl Street Kitchen.

Good practice example addressing self-harm

Following concerns from schools and health professionals about self-harm, a play for secondary schools was commissioned by the County Council. 'Under My Skin' received positive feedback, achieved finalist status in the mental wellbeing category at the RSPH Awards and was recommissioned for a subsequent tour in 2016/17. The play was performed in 29 schools to 5470 young people in Years 8 and 9. The reported outcomes were:

- *71% of young people were very confident in knowing how and where to seek advice/support about self-harming after having seen the play*

Of 100 professionals who provided feedback:

- *73% felt more confident in supporting a young person who approaches them with concerns about self-harm*
- *96% felt the play positively engaged the majority of pupils in their class*
- *90% felt that follow-up tutorial time activity with the SHN was a useful way to reinforce the overall messages about self-harm*

Of 25 teachers who used the preparatory resources 92% found the resources very useful

OSCB view of progress made in terms of practice improvement against these two priorities:

The OSCB partners have had a strategic drive to focus on neglect and resources have been identified to support practice improvement. Being clear on what children and families think is essential and commendable. However, the evidence is that neglect is the most common reason for children to be subject to child protection plans. At 67% this is higher than the national average. **This local drive must continue in order to embed new tools and for changes in practice to have an impact on neglect.** Neglect must remain a priority for the OSCB.

The concerns regarding older children are reflected in the data that we have on our safeguarding system. We know that their needs are placing a pressure on the system. It is therefore reassuring to see the many examples of work by OSCB partners in terms of strategic leadership and co-ordination, resource allocation and work to improve practice. The partnership is stepping up to and not shirking from these challenges. However, these safeguarding concerns are a challenge. Recent serious case reviews and current data reinforce this message. **The OSCB partners must keep the work to protect older children from harm as a priority.**



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Improving mental health services for young people

The increased demand on mental health services is a concern. This annual report therefore sets out in more detail what work is taking place to meet those needs:

The Oxford Health NHS FT has been awarded a five year contract for delivering mental health services in Oxfordshire. The model has been developed in response to the parliamentary review of CAMHS nationally, the Department of Health report "Future in Mind" 2015, the OCCG review of CAMHS 2014/15 and the NHS England Five Year Transformation Plan for CAMHS.

New partnerships have developed for CAMHS and the service is integrating with other local agencies. The aim is to deliver a service that increases resilience and self-help, reduces waiting times, safeguards children and young people from harm and offers a range of evidence based interventions. The new model introduces a 'pathway approach' for service users with access via a county wide Single Point of Access (SPA) launching approximately September 2017.

The Oxon Specialist Eating Disorder Service

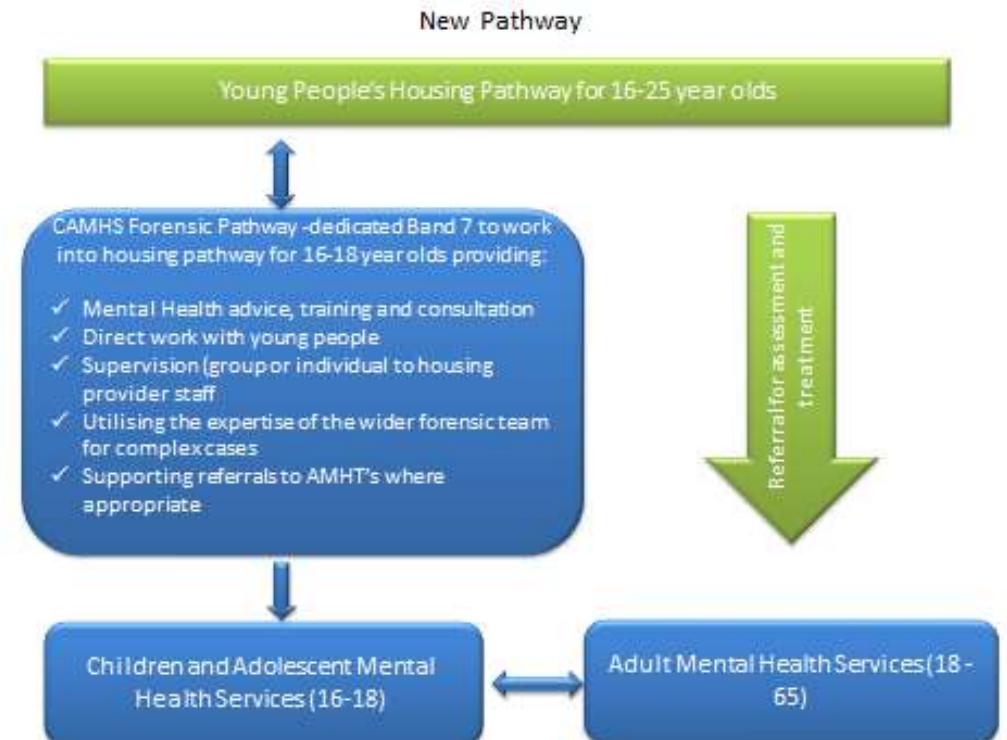
Launched in October 2016 this is embedding a route to help. It encourages early intervention and provides promptly assessment and treatment for young people and families experiencing eating disorders. The service aims to restore physical health and psychological wellbeing in a safe and collaborative manner.

Family Feedback: *"The whole service has been helpful, most especially the understanding of herself and how her mind works, and how she must always be aware of this going forward. Nothing of the service has been unhelpful to us!"*

The Horizon service

Launched in 2016, this service works alongside professionals to support young people and their families who have been affected by sexual harm, and has quickly developed links with key partner agencies within the area. In particular, Horizon and SAFE! have worked in close partnership over the year to support each other's clinical work and to develop joint projects in order to better support the community. During 2016/17 the service received 128 referrals, most of which were for young people above age of 13, the majority within Central Oxfordshire catchment area, 91 of these referrals were for Sexual Violence. Referrals came from CAMHS, SAFE!, Social Care, Police and Education. Initial consultations for new referrals happen within 10 working days of receipt of a referral.

Parent Feedback: *"I believe this is an essential service for children who have suffered any form of sexual abuse. As a parent of an adoptive child we experienced particular behaviours which were very distressing. Adoption services were unable to link us with a professional service such as Horizon as it was not available at the time. So glad that this service is now available"*
 Professional Feedback: *"(Horizon) Works on an individual child basis, acknowledging what they need at that time rather than generalising support. Also the consultations are invaluable."* - Social Worker



The Trust is continually enhancing 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** to restore sense of safeness and well-being for those experiencing distress as a result of sexual harm.

The Trust in partnership with OCCG successfully won a tender, with NHS England/Health & Justice to implement a new Forensic CAMHS post to work into The Young People's Supported Housing Pathway. This service is commissioned by Oxfordshire county council and provides accommodation, housing management services and housing related support to Young people Leaving Care, Looked After Children and Unaccompanied Asylum Seekers.

The School In-Reach work

Every main stream secondary school has a named CAMHS Link Worker.

Through the new service model there is a requirement for CAMHS to increase offers to primary schools.

The School In-Reach development project team are currently working on how best to offer this to the high numbers of primary schools and are mapping partnerships and working closely with other service provisions to establish the most effective and efficient relationship's.

The Autism Diagnostic Clinic pilot

The partnership project streamlines the referral, assessment, diagnosis and health outcomes of children and young people through direct engagement with the specialist multidisciplinary professionals.

There will be a 'Neuro Developmental pathway' which incorporates this successful new model for ASD diagnosis, in the meantime the two day a week clinic continues, moving to five days a week later in 2017.

Family Feedback:

"In this pathway the process is quick, felt understood and not judged, enabled access to support"



A Day in the life of a School Health Nurse

It's 8:30 and as I park my car in the school carpark I can already see one of my students approaching; we walk to my office together. She is subject to child protection plan and regularly seeks me out to off load, share her worries and ask me questions regarding the decisions being taken on her care.

She is very distracted and upset due to an argument with her sister. I decide to try some Mindfulness. The effect is amazing and she leaves my office much calmer and actually smiling. I send a quick email to the social worker to update her and then update our electronic records.

No time for that first cup of coffee as I'm due at the year 11 assembly to do a short presentation on handling exam stress. Assembly is well received and is a good opportunity to remind the students of where and how to find me. It is now 09:30 and time for my first one to one. This student referred herself and tells me that she has been self-harming by using a blade. She says that she only does it when stressed and that she is worried about her exams and results! (Note to self 'need to do year 13 Assembly on exam stress').

Following our discussion I am reassured that an urgent referral to CAMHS is not required; she agrees for me to talk to her mother and her tutor. We talk about some relaxation strategies to reduce her stress. I give her the PCAMHS self-referral number should she need more support and arrange to see her again next week.

Break time, a quick cup of coffee before another student comes in. She is 15 years old and has been in a relationship for nearly a year with a boy of the same age at this school. They haven't had intercourse and she wants to talk about contraception. We discuss consent in depth and then complete a Spotting the Signs Form, as she is under 16yrs. Completing this form gives me an opportunity to discuss on line safety, sexting, exploitation, STIs and the value of talking to her parents. We talk about forms of contraception in detail, and I give her some information to take away. I then write up both appointments.

I manage to find time to plan the 'Personal, Social, Health and Emotional' sessions I am delivering to year 7 & 8. The year 7 sessions will follow on from the puberty talks they had at Primary school and the year 8 will be on the harmful effects of smoking. A subject close to my heart!

Lunchtime is my weekly drop-in when students can come for a chat or to pick up information on a range of health subjects. However today I have a display on healthy eating and have lots of hands-on resources from the Health Promotion Unit.

After lunch I have my fortnightly meeting with the Pastoral Director/Safeguarding Lead and the Heads of Year to discuss vulnerable students, and what support can be given. I really value these meetings and am able to act as an advocate for the students. At the end of the meeting one of the Student Wellbeing Managers tell me that the student I saw first thing this morning had told her about the Mindfulness session, and said she had enjoyed it! So a good end to the day.

About the Family Nurse Partnership (FNP)

FNP is an evidence-based home visiting programme for first time young Mums age 19 and under. A specially trained Nurse works with the family from early pregnancy until the child is 2. The aim of the programme is to support a healthy pregnancy, sensitive parenting and the child's health and development and to break the cycle of deprivation by exploring and supporting aspirational futures.

Day in the life of a Family Nurse (FNP)

Today begins with supervision - my opportunity to discuss clients, explore more challenging cases, celebrate achievements and plan how to achieve the best impact.

My first client is 18, living with her partner and their toddler. This young mum has been subjected to two counts of rape and as a consequence suffers low self-esteem and confidence. Her partner has severe autism, was badly affected by growing up in a home with domestic violence and has been homeless. Parenting is a massive challenge. Their lack of social confidence prevents them from accessing community resources for their baby. I try to use visits to attend toddler groups with them to bolster their confidence and show them what they can do with their children. I have tried really hard to support this family unit. I use the visit as a chance to talk about help from the new early help service. Their parenting may be good enough, but the environment is not. The toddler is confined to one room which is cluttered. The talk goes well and the client has accepted the idea of help and actually looks a little relieved.

My next client is 19 years old, living alone with her toddler. She split from the father following escalating domestic violence. She is no longer at college. She could not afford her higher level course as she is no longer entitled to all the benefits. We have talked about the risks to her child from abusive relationships and have discussed support programmes, which may help her think carefully when she meets a new partner. She needs support to understand how quickly toddlers form attachments and how if she or her ex-partner have new relationships they will impact on the child. It makes being single again seem complicated.

Next for today is a young mum who left home at 15 to live with her boyfriend who was abusive - coercive and controlling. They were mostly sofa surfing. She returned to her family when she was 17 and he was in prison. Almost immediately she became pregnant with a new partner, the new relationship did not survive. The first boyfriend has continued to contact her always impacting negatively on her mental health and mood. Today she is struggling with the idea of parenthood. The baby spends at least 2 days a week with her biological father and Granny helps her a lot. I set up an appointment for her with the GP. We will refer her to adult mental health for support. I feel sad at the end of this meeting as I know what a good mum she is when she is on form; it's a marked deterioration.

Today's last client is aged 19 and pregnant. I am concerned for her. She has had a damaging childhood: one parent is an alcoholic, one is a drug addict. Her partner is over twice her age and has been in prison. She is anxious that she will not be able to keep her baby as she is not safe - an appropriate anxiety for her to have. This client loves the programme; she relishes being able to focus just on her baby. Today we discuss her diet and keeping her baby safe now. She assures me she is not smoking or using drugs. Her partner is a dealer and she has used drugs previously. We discuss what family means to her. Whilst it is difficult, making her angry and tearful, she manages to stay for over an hour.

All of today's clients had pre-birth assessments. The strain of parenting is greater than any young mother can anticipate. Yet every day I see evidence of clients making great strides and being fun and thoughtful with their babies in what can be very challenging circumstances.

AIM THREE: To Scrutinise and Quality Assure

The OSCB priority has been to check the effectiveness of joint working through audit

Why? Over the last few years a significant amount of learning has been achieved. The OSCB uses its local framework to test this.

Progress includes:

- ✓ **Multi-agency audits reviewed over 20 cases from the perspectives of the different agencies involved. Partner agencies included Thames Valley Police, Oxford University Hospitals NHS FT, Oxford Health NHS FT, the County Council – services for children and adults, the National Probation Service, Educationalists and voluntary sector groups such as ‘Reducing the Risk’ and PACT (Bounceback4kids).**
- ✓ Learning summaries produced on serious case reviews for Baby L, Child Q and Children A & B
- ✓ **Data mapping work from young victims of crime and vulnerable groups to highlight need and improved joint action**
- ✓ Checking actions have been seen through by agencies e.g. The National Probation Service’s Public Protection Unit have received the national Child Safeguarding Training mandated by the service which, along with learning from the child sexual exploitation case reviews, has widened the skills set of officers

Audit work has shown

The complexity involved in working across the services with vulnerable children who present behaviours that are a risk, sometimes to the public, and often to themselves.

They have also highlighted how straight talking; responding to the views of children; a ‘think family’ approach and strong connections between agencies can make a difference to the protective factors put in

The OSCB priority has been to scrutinise OSCB agencies' safeguarding practice

Why? The OSCB evaluates the effectiveness of the local safeguarding system to ensure that children and young people are kept as safe as possible.

Progress includes:

✓ **OSCB partner agencies completed Safeguarding Self-assessments last year. A peer review was held to challenge assessments. The returns demonstrated good compliance and regard to safeguarding practice as well as positive direction of travel. They provided *broad* assurance that partner agencies understand the safeguarding obligations and have frameworks in place to deliver them. For example:**

- Senior management commitment is strong
- Information sharing is effective
- Safer Recruitment and Vetting procedures are in place and working
- The Effectiveness of the Safeguarding Boards is deemed sufficient

The one area that agencies were not always able to provide evidence of was:

- Involvement of service users in service development, where the responses were not as robust as other areas

✓ **Single agency audits enabled an in-depth look at safeguarding practice. There were some good examples of how safeguarding had improved:**

- Thames Valley Police have improved the collation of information with respect to children in the home at the time when responding to domestic abuse incidents
- The Children's Directorate within OUH NHS FT has increased feedback from children, and parents or carers by 73% ensuring that they are capturing views of those coming in to hospital in order to improve change
- Children's Social Care case has demonstrated that 'planning and review of cases' has effectively involved fathers in 70% of cases sampled
- National Probation Service officers have wider skills sets following learning from the child sexual exploitation case reviews, in particular to be alert to 'relationships' with children under 18.

OSCB view of progress made in terms of scrutiny and quality assurance:

The extent of the agency auditing of safeguarding work is positive and there are some examples of changes made to improve working.

To improve this learning and improvement work OSCB partners should seek to better demonstrate how they involve service users in the development of services; how young people's views are sought in audit work as well as how the voice of the practitioner is captured too.



Learning and improvement work

Training undertaken by over 9000 practitioners

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 2016/17 the training reached over **9000** members of the Oxfordshire workforce.

Feedback

Over 85% of delegates report that they have found the training good or excellent. In a recent phone survey 96% of respondents said that they had better safeguarding practice as a result of their training.

Child sexual exploitation (CSE) training

The OSCB has run CSE multi-agency training and sexual health awareness and consent through the Public Health funded, 'risky behaviours' programme. An initiative through Oxford City and Oxfordshire County Council has led to the roll out of training targeting primary schools in the county. All core safeguarding courses include CSE. Approximately 4000 delegates will be trained in 2016/17. In early 2016 the OSCB ran a learning event which included the issue of consent and sought to question practitioners on their knowledge and understanding of the issue. OSCB is updating its CSE training to include more information on boys and children who are

OSCB Trainers

All training was delivered free of charge by the local practitioner volunteers: doctors, nurses, teachers, residential workers, early help advisers and children's centre workers amongst others. We value these committed colleagues in our safeguarding partnership. They fit training in amongst a busy working week and help us connect practitioners across the county.

We know we have a great team of trainers as:

- **They know they are part of a safeguarding system:** telling of us safeguarding concerns they are hearing on a repeat basis and check that the board is aware of them at a strategic level
- **They know their topic:** sending us film clips, case studies etc to include in training
- **They stay ahead of the game:** attending safeguarding briefings for trainers to receive the latest local updates and inputting in to new courses
- **They are passionate:** volunteering to facilitate roundtable discussions at our annual conference for 200 delegates and inputting in to new courses
- **They look for improvement:** informing us where changes need to be made to material
- **They focus on the child:** for example telling us that sexual health training needs more time for practitioners to cover 'conversations on consent with children' as this needs to be right and needs to be protective of the children
- **They think family:** ensure that the learning considers carers, mum, dad and child - which, local learning from our SCRs reminds us, can be a gap
- **They love what they do:** we walk in to the room post-training and the trainer is beaming, the chairs have been moved and the walls are covered in flip-chart paper
- **The feedback from delegates says so!**

Thank you to Oxfordshire's volunteer trainers who consistently deliver high quality training and ensure that connections across the safeguarding partnership are made and stay strong.



Learning events were run for over 400 local practitioners

Safeguarding risks online:

Effective learning event on safeguarding risks that come through the world of social media, gaming and simply being online. This event was run for a second time thanks to Thames Valley Police. Over 200 practitioners benefited.



Relationships and identity:

The OSCB conference included a powerful performance by pupils in 'Project Q' from the Warriner School on sexual identity, being gay, lesbian or transgender. Thoughtful presentations on risks inherent in forming relationships when autistic. Inspiring film from Rickie Beadle on identity. Practitioners did a case study on how to support children at an early point of need. Over 200 practitioners benefited.



Working with children with disability:

Practitioner event with learning from a serious case that was reviewed by OSCB partners

Working with neglect:

Practitioner event with learning from serious case review on Child Q



CHAPTER FOUR: 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.

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

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 2016-17 the CDOP panel concluded that in the 36 cases reviewed the following modifiable factors were identified that contributed to or caused the death.

- Co sleeping
- Domestic Abuse
- Smoking and alcohol
- Potential risk of car seat use by neonates
- Maternal obesity and diabetes
- Lack of lifesaving aids at riverside
- Housing issues

Actions and activities were undertaken to address these identified factors.

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 Coroner's officer attends the meeting.

In 2016/17, 88 child deaths were reported to the Oxfordshire CDOP and were discussed with the Designated Doctor for child deaths. Thirty-six of the child deaths reported were of children normally resident in Oxfordshire.

Review of cases

A serious case review is undertaken when:

- (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.

LSCBs must always undertake a review of cases that meet the criteria for a SCR.

The purpose of a serious case review 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.

Serious case reviews in Oxfordshire

The OSCB has worked on five serious case reviews since the last annual report. Of those five reviews: three were published, one is active and one has been completed as far as possible, whilst a parallel investigation is underway.

The published reports are Baby L (September 2016), Child Q (January 2017), Child A and Child B (February 2017). In all cases family members or carers, who had played a significant role in the children's lives, were involved in the process. This often takes courage and the OSCB thanks them for their contribution. Their involvement made the reviews better and helped all parties to understand the impact of actions taken. Families were offered feedback prior to publication. Practitioners also participated: making learning stronger. The reviews showed that there were members of staff who were dedicated, worked well together and were striving for a positive outcome.

Four new cases were brought to the attention of the OSCB for consideration in 2016/17. One was referred by Thames Valley Police and three were referred by Children's Social Care. Of these four referrals three serious case reviews have been commissioned for 2017/18 and one was deemed not to meet the criteria but has led to a partnership review.

All reviews and learning summaries 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.

From the three recently published reviews these are the ten most common learning points:

1. The importance of thinking carefully about the role of the **father** in the family system as well as communication with and involvement of fathers and male carers
2. The need for curiosity about the families past history, relationships and current circumstances that moves beyond reliance on **self-reported information**.
3. There are more challenges faced by professionals working with vulnerable families where **neglect** is an embedded issue.
4. The impact of the **parent's mental health** problems on the safety and wellbeing of the child.
5. Understanding of **substance misuse** and interventions, the changing levels of risk, and the impact on the child.
6. **Normalising and misinterpreting behaviour** - linked to Special Educational Needs.
7. Identifying the increased safeguarding **risks for children with learning disabilities** and Special Educational Needs.
8. Identification of physical abuse and **following safeguarding processes thoroughly**.
9. Multi-agency work must be well co-ordinated in order to **share planning** and to better understand what is happening to the child. Effective risk management requires **systematic planning** across the multi-agency partnership.
10. 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.

The Story of Child Q

Context

This case concerned a 14-month old child who died, as the result of drowning, having been left unattended in the bath. The child is referred to as Child Q in order to protect her identity. Child Q lived with her mother and an older half-sibling. At the time of Q's death, both children were subject of a Child Protection (CP) Plan, due to significant concerns about neglect and parental inability to protect them from harm.

Child Q's mother had a difficult personal history, and there was little consistent support from her wider family, whereas Q's father and paternal relatives were involved in regular 'respite' care for Q. The family received a good level of support from a range of professionals. The concerns about Mother's ability to care for her children centred around her immaturity, her (poorly understood) level of drug and alcohol misuse, her periodic depression, and her exposure of the children

to unsuitable teenagers and adults. There was a large network of universal and specialist services working with the family, with Children's Centres taking a prominent role in 'teaching' parenting skills and monitoring the children's care. However, Mother was an inconsistent user of services, and found it hard to sustain any improvements. She moved twice in the children's early years, with her last move placing the family in a more isolated situation. These moves meant that relations with professionals were broken and had to be built up again.

The [full reports and findings](#) can be accessed from the OSCB website. They concerned how partners work together to manage cases of poor parenting / neglect and respond to new incidents. They also included the need to ensure that the input and cooperation of the mother, is not prioritized at the expense of engaging the other parent (father) in the child protection process.

Responding to the findings - these are some of the actions taken since

- ✓ Social workers can now use a chronology for all colleagues working together with a family where neglect is an issue so that there is a clear story of risk, concerns, actions and progress to date
- ✓ A recent audit on the involvement of fathers in Children's Social Care case planning and review showed that 70% of them effectively involved fathers. The service has subsequently made the views of parents, where there is a child protection plan, an area for development.
- ✓ Health visitors routinely record information relating to a child's father at a Primary Birth Visit
- ✓ Oxford Health NHS FT have set up a system to help practitioners summarise concerns and current health involvement when passing on work
- ✓ A local housing provider has changes its 'Mutual Exchange' application form so that applicants advise if there is any Children's social care involvement so that any information can be appropriately shared
- ✓ Workshops for Children's Social Care staff on working with neglect included guidance about the management of incidents on open cases and strategy meetings
- ✓ Procedures now set out the reasons and circumstances in which professionals only meetings can be held so that the case can be discussed openly

The [full report and findings](#) were identified and can be accessed from the OSCB website.

The Story of children A and B

Oxfordshire Safeguarding Children Board (the Board) conducted a Serious Case Review (SCR) after it emerged that two young children had been seriously abused by a man. He and his female partner were looking after them under a Special Guardianship Order. The children had previously been in the care of Oxfordshire County Council (the Council) and the Council's Children's Social Care (CSC) services had been instrumental in arranging for the children to live with the Special Guardians.

The Story of children A and B

This serious case review was carried out following the death of Baby L aged eleven weeks. Baby L died as a result of significant internal injuries and multiple fractures, his father was charged with murder, convicted of manslaughter and is serving a prison sentence.

Baby L was born in Oxfordshire and has one older half sibling. His mother had been known to Thames Valley Police since 2005 due to a significant number of incidents of domestic abuse from more than one partner, as well as her being identified as the perpetrator on at least one occasion. Children's social care was aware of some (but not all) of these incidents; none were recorded in GP records.

Health professionals working with Mother during her pregnancy with Baby L were unaware of a number of stresses in the family including past experience of domestic abuse and threat of eviction. Following Baby L's birth, Mother and Father moved into accommodation together in Oxfordshire but twenty miles from their home area.

The injuries to Baby L were reported by Father who called an ambulance. Baby L was taken to two other hospitals outside of Oxfordshire. The immediate focus in hospital was on saving his life and the review has explored the degree to which effective safeguarding measures were in place both in respect of parental contact with Baby L and the protection of his half sibling.

Responding to the findings - these are some of the actions taken since

- ✓ Specialist learning event was held for all those involved. Children's Social Care has run three practitioner sessions on learning from Case Reviews; area safeguarding groups and all have OSCB trainers have attended learning events
- ✓ Training on working with Disabled Children has been updated to reflect learning
- ✓ Family Group Conference arrangements improved
- ✓ Special Guardianship arrangements reviewed and improved
- ✓ Audit work on child protection plans and responding to new concerns
- ✓ The local authority is required to demonstrate that it has used the findings of this review to inform its arrangements for care planning for "looked after" children (Reporting in September 2017)

Responding to the findings - these are some of the actions taken since

- ✓ Health visitors routinely follow up the records of siblings in families who are receiving a service and there are recognized vulnerabilities
- ✓ Health providers are reviewing and improving information sharing systems.
- ✓ Oxford Health NHS FT are improving the electronic information system which should lead to a greater understanding of the safeguarding work undertaken by staff. It should also enable staff to be able to identify children linked to an adult they may be working with.

The **full report and findings** were identified and can be accessed from the OSCB website.

CHAPTER FIVE: CHALLENGES AHEAD AND FUTURE PRIORITIES

National Drivers

- Implications of the Children and Social Work Act 2016-17
- Implications of reduced resources at a national level
- Potential changes to elective home education

Board Business Plan

- Improve the effectiveness of the board; collaborate with Oxfordshire Safeguarding Adults Board (OSAB) and engage with local communities
- Address neglect and safeguard adolescents at risk of exploitation
- Take robust action following learning; to ensure continuous improvement and to assess risk and capacity across the partnership

For local multi-agency work

- Ensure good understanding of thresholds and use resources to understand and work with them;
- Be vigilant to emerging pressure points and concerns: safety online; self-harm; modern slavery; transgender young people and the potential radicalisation of children
- Managing change (transitions) for young people goes well when partners understand what is required of them e.g. know what that is
- Long-term planning is effective when partners have strong links with one another and know how to contribute them e.g. know how to record and sharing information effectively

For local multi-agency work

- Help early. Partners know that this is the most effective, least intrusive way to solve problems.
- Increase school attendance, reduce exclusions – leading to improved attainment
- Address emerging concerns of criminal exploitation of children related to drugs
- Safely reduce the number of looked after children. Work needs to be done to work effectively with families at an earlier stage to reduce the need to place children in care
- Improve the confidence and capability of the whole workforce. Work effectively with families experiencing domestic abuse , parental mental health and drug and alcohol issues

CHAPTER SIX: WHAT NEXT FOR CHILD PROTECTION IN OXFORDSHIRE

Our Local Community

Safeguarding is your concern too. Report a concern if you are worried.

Heads and Governors of Schools

- Check your pupil attendance and take action – know their ‘whereabouts’ – we know that children are safer in school and that this remains a safeguarding issue in Oxfordshire
- Be informed. Know how to support pupils dealing with concerns like self-harm; radicalisation; sexting; sexual identity
- Undertake the on-line Prevent training and RAP training
- 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.

Community and Voluntary Sector

- Do safeguarding training;
- consider becoming an OSCB trainer yourself;
- find out how ‘early help’ works in Oxfordshire

Children

Thank you for telling us what you think. 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.

Children Workforce

You are our biggest asset. We know that the volumes of work in the system are higher than ever and that you feel that you are dealing with more complex cases than ever before. As partners we have had excellent feedback on the work that you are doing.

- Use supervision to check your thinking and decision making
- Escalate your concerns and follow up if necessary
- Make sure you understand the new early help arrangements
- Remember “**Every child needs at least one adult who is irrationally crazy about him or her**”, Urie Bronfenbrenner. The message that the OSCB heard at the annual conference has been reiterated by young people. The impact of one person like you can be incredible: you could be a volunteer, a teacher, a foster parent, a social worker... Children have said that we should never underestimate the positive impact a professional can have.

Senior Managers and Leaders

Improve the confidence and capability of the whole workforce – to work effectively with families experiencing domestic abuse, parental mental health and drug and alcohol issues

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
LCSS	Locality and Community Support Service
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 (subgroup)
PPU	Public Protection Unit within the National Probation Service
QA	Quality Assurance
SCR	Serious Case Review
SRE	Sex and relationships education
TVP	Thames Valley Police
VCS	Voluntary and Community Sector

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Performance, audit and quality assurance (PAQA) subgroup Annual Report for 2016/2017: Themes for learning and improvement

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 141,800 young people aged under-18 in Oxfordshire (*mid-2015 estimates*). 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: safeguarding self-assessments, 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: what the facts and figures tell us

The data indicates that the child protection partnership should continue to be rigorous in scrutinising activity. The level of activity continues to increase. The rate of growth of children subject to child protection plans is higher than both the national average and the average of similar authorities. This is placing pressure on resources and agency structures.

Neglect is the most common reason for children to be subject to child protection plans (67%). This is higher than the national average where the proportion of children subject to child protection plans for reason of neglect is 45% and higher than last year. The OSCB should maintain its focus on addressing this form of abuse.

There has been a 14% increase of children in the care of the local authority to 675 children, whilst this is 27% lower than the national average, it is nevertheless impacting on local provision. Oxfordshire strives to keep children in placements close to the county but this increase has meant that the number of children having to live outside the county has increased from 77 to 118.

The OSCB should ensure that the appropriate mechanisms are in place to check that partnership working remains effective and strong in the light of the increased activity, pressure on budgets, and limited pool of workers and levels of organisational changes.

The OSCB should ensure that training and support is robust and that partners are engaged with it, as complexity of cases; expectations and activity levels all increase. As organisations and roles change,

more complex cases are held in universal services and more support and training is needed for these services.

Qualitative themes: most common learning points and emerging learning points

From the three recently published case reviews the ten most common learning points are:

1. The importance of thinking carefully about the role of the **father** in the family system as well as communication with and involvement of fathers and male carers
2. The need for curiosity about the families past history, relationships and current circumstances that moves beyond reliance on **self-reported information**.
3. There are more challenges faced by professionals working with vulnerable families where **neglect** is an embedded issue.
4. The impact of the **parent's mental health** problems on the safety and wellbeing of the child – in particular maternal mental health
5. Understanding of **drugs / substance misuse** and interventions, the changing levels of risk, and the impact on the child.
6. **Normalising and misinterpreting behaviour** - linked to Special Educational Needs.
7. Identifying the increased safeguarding **risks for children with learning disabilities** and Special Educational Needs.
8. Identification of physical abuse and **following safeguarding processes thoroughly**.
9. Multi-agency work must be well co-ordinated in order to **share planning** and to better understand what is happening to the child. Effective risk management requires **systematic planning** across the multi-agency partnership.
10. 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. There is a complexity involved in working across services with **children who are presenting behaviours that are a risk to the public and themselves whilst being vulnerable**.

The audits have shown the complexity involved in working across the services with vulnerable children who present behaviours that are a risk, sometimes to the public, and often to themselves. In particular this linked to criminal exploitation in terms of drugs. They have also highlighted how straight talking; responding to the views of children; a 'think family' approach and strong connections between agencies can make a difference to the protective factors put in place for children.

Practitioners' themes:

Practitioners from the voluntary and community sector have said that they want to know more about how the safeguarding system operates – importantly the recently implemented Local Community Support Service (LCSS) framework. They want to better understand key legislation; access sample policies and be clear on responsibilities in terms of leasing of buildings. They have expressed some anxiety as to what their role is with respect to early help and concern that they will not have the capacity to take on lead roles in managing Team around the Family processes

Practitioners in statutory agencies have told us that the increased capacity in the system is leading to a large workload and adding associated risks. They are finding it challenging to support high risk young people: children who self-harm and have mental health concerns. They state that they are finding it difficult to find appropriate resources for children who are at risk of drug exploitation. They have also told us of the complexity involved in working across services with children who presenting behaviours that are a risk to the public and themselves whilst being vulnerable.

Young People, Parents and Carers themes:

“Every child needs at least one adult who is irrationally crazy about him or her”, Urie Bronfenbrenner.

The message that the OSCB heard at the annual conference has been reiterated by young people. The impact of one person can be incredible: they could be a teacher, a foster parent, social worker. Children have said that we should never underestimate the positive impact a professional can have –

- *one person (professional) can make a really massive difference*
- *regular consistent support*
- *one person is all it takes*
- *show you care*
- *small things matter “he (social worker) pops in for casual chats”*

Children don’t necessarily know who they can go to for help. *“It didn’t cross my mind who I could talk to “I didn’t know who to go to”*. The feedback once professionals were involved was positive, *“I didn’t have to deal with it on my own”*. Being listened to and acting on what’s important to the child is vital. Showing you care is everything, *“get to know me as a person not just a case or a set of problems”*. They clearly told us that as they become older 14, 15, 16 years then being very involved in decisions becomes even more important. They need to understand why social services are involved.

These themes aren’t dissimilar for their parents and carers. Parents want to be told what was happening and why agencies are involved. Straight talk is helpful: *‘It was about me so I should know’*

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

Section 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. It provides facts and figures.

The Child's Journey:

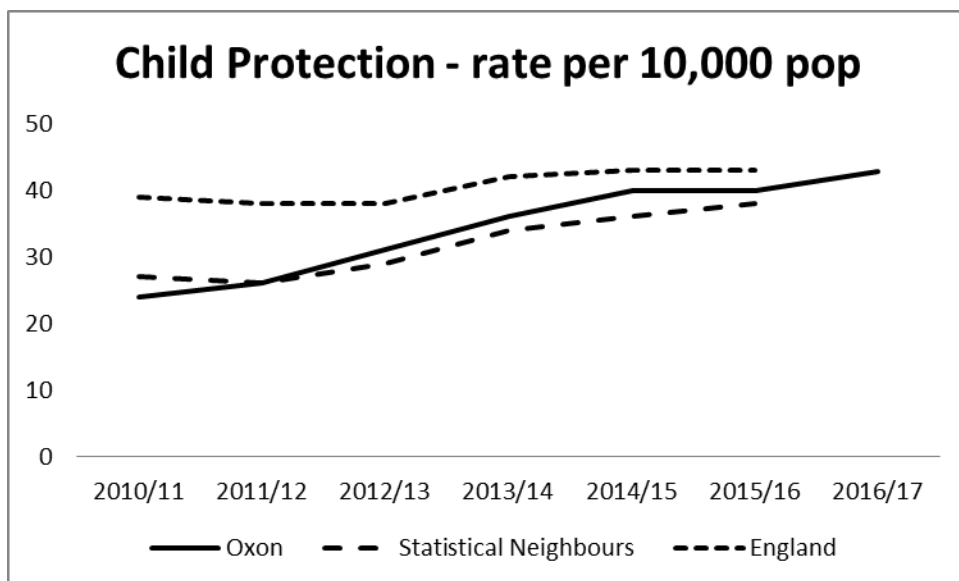
The performance data for last year can be summarised against the following steps in a child's journey through the safeguarding system:

Impact of changes to early intervention:

In 2016/17 Oxfordshire introduced the Early Help Assessment which replaced the Common Assessment Framework or CAF. In 2016/17 there were 458 recorded Early Help Assessments which is considerably less than recorded CAFs in the previous year. This is in part due to the uncertainty created with the restructure of Early Help Services and the introduction of new systems to record data. Improving Early Help is a key priority of the Children's Trust going forward and the safeguarding partnership would want to see these figures substantially increase in the coming year. The number of troubled families worked with rose to 1549 in 2016/17 and remains on target.

Increasing levels of activity in child protection planning:

The number of children on a child protection plan rose from 569 at the end of 2015/16 to 607 at the end of 2016/17. The rate of growth of children subject to child protection plans is higher than both the national average and the average of similar authorities such that at March 2011 we had 38% fewer children subject to a plan than the national average and are now in line with the national average. Our intention in the year was to reduce the numbers to 500 whereas in fact they rose to over 600.



Graph 1: Child protection rates per 10,000 population

Neglect is the most common reason for children to be subject to child protection plans (67%). This is higher than the national average where the proportion of children subject to child protection plans for reason of neglect is 45% and higher than our figure for last year which was 58%.

Disabled Children:

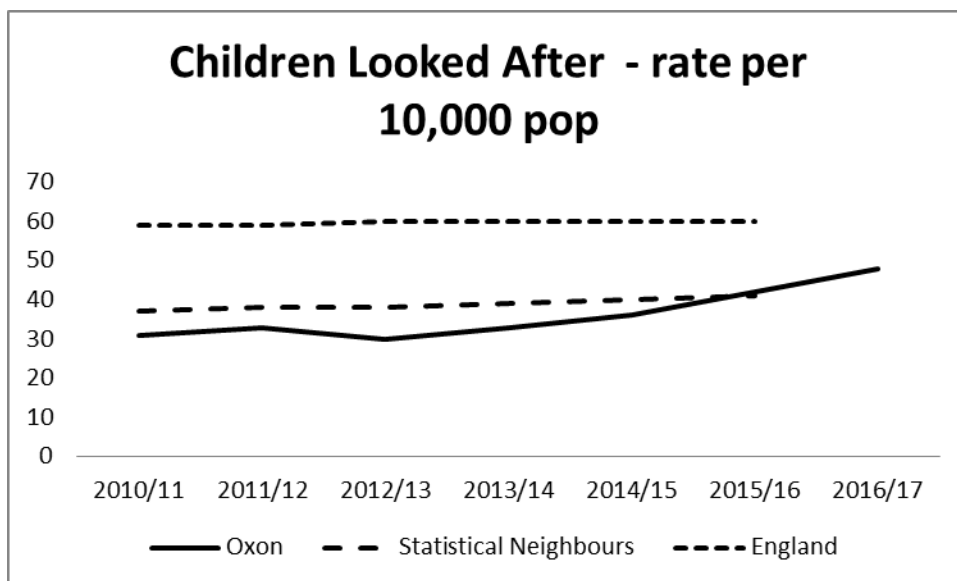
At the end of March there were 16 disabled children with a child protection plan, which is line with previous years.

Increasing numbers of children in care and the impact on provision:

Children in care are those looked after by the local authority. This rose by 14% in the year from 592 to 675 whereas our target had been to maintain the current level. In March 2011 we had 47% fewer looked after children than the national average - we currently have 27% fewer.

A recent audit of cases by an independent consultant demonstrated that 36% of looked after children's cases reviewed could possibly have been prevented had an earlier intervention been made.

The Oxfordshire Safeguarding Partnership want to ensure that where children and young people are looked after, those who are most risk are closest to home. With the considerable increase in looked after children, the number of children placed out of county and not in neighbouring authorities has increased from 77 to 118.



Graph 2: Children looked after rates per 10,000 population

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 were 236 CSE screening tools completed in 2016-17 compared with 223 in 15/16.

Children missing from home: consistent reporting of those missing repeatedly:

The number of children who have gone missing from home has fallen in the last year from 817 to 798. The number who went missing three or more times was 148 (compared to 149 last year), meaning the proportion of children who repeatedly went missing from home remained at around 18.5%.

Children and young people who offend: increase 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 number of young people offending (receiving a caution or above) rose slightly to 280 in 2016/17 from 246 in the previous 2 years.

The proportion of children receiving a custodial sentence dropped to 4.3% in 2016/17 from 7.1% in 2015/16.

The proportion of children receiving remand to custody increased to 6.3% from 5.2% in 2015/16

Children who are privately fostered: increase in numbers reported

At the end of March 2017 the local authority were aware of 50 children living in a privately arranged foster placement, compared to 43 at 31 March 2016.

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

The annual "impact assessment" survey of partner agencies, conducted by the safeguarding children board and safeguarding adults board, concerning increased activity in the safeguarding system and resultant pressures included the following two recommendations. These were made in the light of increased workloads:

- Both boards require rigorous scrutiny of activity: Each board to review its own arrangements to ensure that the appropriate mechanisms are in place to check that partnership working remains effective and strong in the light of the increased activity, pressure on budgets, and limited pool of workers and levels of organisational changes.
- Workforce Development and Support: The Boards need to be reassured that training and support is robust and that partners are engaged with it, as complexity of cases; expectations and activity levels all increase. As organisations and roles change, more complex cases are held in universal services and more support and training is needed for these services.

Serious Case Reviews:

Three new cases were brought to the attention of the OSCB for consideration of a serious case review in 2016/17. Of these referrals one serious case review was commissioned.

The OSCB has worked on five serious case reviews over the last year. Of those reviews: one was signed off in 2015/16 and two were signed off in 2016/17, one is active and one is complete as far as possible, whilst a police investigation is underway. Two of those five reviews were published in 2016/17.

Over the last five years eleven 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 continues to highlight the 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; physical abuse; self-harm; child and parental emotional wellbeing; peer violence (domestic abuse) and parental substance misuse. The issue of neglect 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. In Oxfordshire neglect is the most common reason for a child to be subject to a child protection plan.

Factors frequently 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 20 cases from the perspectives of the different agencies involved. Partner agencies included Thames Valley Police, Oxford University Hospitals NHS FT, Oxford Health NHS FT, the County Council – services for children and adults, the National Probation Service, Educationalists and voluntary sector groups such as ‘Reducing the Risk’ and PACT (Bounceback4kids).

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. (This audit was reported in to the last annual report due to timings)

Single-Agency Audits:

Board member agencies reported back to OSCB in 2016/2017 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.

The joint Safeguarding Self-assessment and Practitioner Questionnaires:

The 2016/7 **Safeguarding Self-assessment** return saw a 95% return rate. A total of 23 returns were received for analysis. Eight of which included practitioner questionnaires were. A peer review was held by OSCB in April 2017 to reinforce the OSCB’s culture of challenge. Providers, commissioners and senior leads scrutinised and compared the results of their safeguarding self-assessments audits. Over twenty services attended.

School safeguarding reports, audits and risk assessments

The Safeguarding Board has a duty under section 10 and 11 of the Children's Act to monitor Schools safeguarding arrangements. Section 175/157 of the Education Act 2002 introduced a duty on Local Authorities and governing bodies of maintained schools to ensure that they safeguard and promote the welfare of children. This is carried out through annual safeguarding reports to governors being completed and returned to the Designated Officers team by all Schools and Colleges irrespective of status (including Academies and Free-Schools) are obliged to comply with the Safeguarding Boards requests for information about safeguarding arrangements.

There was 97% compliance overall, including free schools, language schools, independent and state schools. All schools state that they are up to date with their generalist safeguarding training and comply with safe recruitment practices. They have reported that they need to ensure that they have enough colleagues trained at an advanced level to take the role as designated leads.

In addition to the annual report and those schools who self-audited, during the 2015/2016 academic year, the team has also undertaken a total of 80 audits in schools.

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

There was 100% compliance of all childcare settings (283) and childminders (285). Of the 90 out of school settings 50 submitted their audits. Safeguarding themes which are being picked up are: safer recruitment and safeguarding training needed as well as being clear on how / when to report concerns and share information with parents.

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; the following academic year (2014/15) there were 167 allegations and in the last academic year (2015/16) there were also 167 recorded allegations. There continues to be a proportion of allegations which are historical in nature but require but may concern individuals who continue to act in a position of trust with children. Roughly 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. Over 10% concern foster carers. Of all those allegations that were pursued there was a 100% positive outcome.

There has been an increase in allegations categorised as sexual abuse (33). There is a similar number of allegations (31) concerning inappropriate behaviours such as misuse of social media and breaches of codes of conduct.

Section 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, safeguarding self-assessments agency and school audits, the Child Death Overview Panel and the Joint targeted area inspection. This section aims to draw out themes and learning points in particular.

Themes in common with other serious case reviews:

The OSCB has conducted a number of case reviews over the last five years and seeks to draw out common themes where possible. From the three recently published these are the ten most common learning points:

1. The importance of thinking carefully about the role of the **father** in the family system as well as communication with and involvement of fathers and male carers
2. The need for curiosity about the families past history, relationships and current circumstances that moves beyond reliance on **self-reported information**.
3. There are more challenges faced by professionals working with vulnerable families where **neglect** is an embedded issue.
4. The impact of the **parent's mental health** problems on the safety and wellbeing of the child.
5. Understanding of **substance misuse** and interventions, the changing levels of risk, and the impact on the child.
6. **Normalising and misinterpreting behaviour** - linked to Special Educational Needs.
7. Identifying the increased safeguarding **risks for children with learning disabilities** and Special Educational Needs.
8. Identification of physical abuse and **following safeguarding processes thoroughly**.
9. Multi-agency work must be well co-ordinated in order to **share planning** and to better understand what is happening to the child. Effective risk management requires **systematic planning** across the multi-agency partnership.
10. 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.

Themes in common with the Tri-ennial review

The OSCB summary from the May 2016 triennial review of case reviews noted findings consistent with our own local quality assurance work and some have already been taken on

board locally, specifically following the Serious Case Reviews into Children A-F, Child J, Baby L and Child A and Child B. The following points are worth highlighting in particular.

For senior managers

- Coping with limited resources and increased activity and need for senior leaders to identify strategies to manage workloads and sustain acceptable levels through ongoing vigilance.
- Alongside this is the recommendation that there should be long term continuous approaches where maltreatment has been identified and a move away for single or episodic responses.
- Effective structures to be maintained through service change particularly in health and social care. Complexity of health structures noted and need for clear pathways and information sharing across transition points.

For practitioners and front line managers

- Step change required with how we understand and respond to domestic abuse and the need to move from incident based models to understanding the nature and impact of coercive control.
- Disabled children are particularly vulnerable where signs of abuse and neglect may be masked by, or misinterpreted as due to, underlying impairments.

Themes that have emerged for supported housing providers from case reviews

There have been two Serious Case Reviews in which there have been issues relating to supported housing. The issues have related to information sharing and communication as well as linking housing providers into child protection processes such as conferences and core groups.

Multi-Agency Audits:

Five multi-agency audits covered the issues of neglect, domestic abuse, and 'Education, health and Care Plans' for children and young people with learning difficulties or disabilities (aged 0 to 25) and child sexual exploitation. The audits concerning sexual exploitation were reported on in last year's report. The audits concerned a small percentage of the hundreds of children and families supported through the safeguarding partnership on a daily basis across Oxfordshire but there are some common themes for joint working can be drawn out:

Communication

- The importance of regular and effective communication between practitioner and children and their families came through strongly – cutting out repetition of 'your story': *Painful, I wanted to forget but I had to repeat'*

- Straight talk is helpful: *'It was about me so I should know'*

Communication in planning

- Parents want to be told what was happening and why agencies are involved
- Workers consistently bring their client's voice to planning meetings to inform work
- Planners need to check that the child's (*and not just parents'*) views have not only been captured and but responded to

Working with Young People

- Links between agencies working with complex young people needs to be strengthened
- Ensuring protective factors are in place for vulnerable children through change is essential e.g. when transferring to college. Whilst the destination may be unclear the provision required for them can be set out and ready
- Increased local expertise in working with young people and domestic abuse, particularly with young perpetrators would be beneficial

Effective approaches

- Plans for children work well when partners use 'tools of the trade' e.g. multi-agency chronologies , case mapping and when they share their expertise through 'professional only meetings' and by taking on the deputy role of for child protection 'core groups'
- Plans stay strong where there is a proactive response to new instances / incidents and they are properly followed up according to procedures

Multi-agency Working

- Managing change (transitions) for young people goes well when partners understand what is required of them e.g. succinct forward-looking reports for children with special educational needs for EHCP
- Long-term planning is effective when partners have strong links with one another and know how to contribute them e.g. recording and sharing health assessments to ensure health needs do not obscure neglect concerns over time

Single Agency Audits:

Seven agencies reported back to OSCB in 2016/17 on their internal safeguarding practice. Some agencies such as the county council provided information from different service areas such as public health, youth justice, children and education.

The audits have shown the complexity involved in working across the services with children who presenting behaviours that are a risk to the public and themselves whilst being vulnerable. They have also highlighted how a focus on 'thinking family' can make a difference to the protective factors put in place for children.

Audits undertaken by the Clinical Commissioning Group have led to 'Frequently asked safeguarding questions' for GPs. The audit undertaken by Thames Valley Police has led to a more rigorous reporting on children in the home during a domestic abuse incident. Oxford Health NHS FT audit has led to improvements in their electronic information system, which will enable enhanced data reporting in the future, for example numbers of referrals children's social care, number of court reports written etc. This should lead to a greater understanding of the safeguarding work undertaken by staff. It should also enable staff to be able to identify children linked to an adult they may be working with.

An example of positive practice highlighted through the audit included the safeguarding training run by Oxford University Hospitals NHS FT showed a really positive impact on health practitioners. A self-assessment taken three months after the training indicated that practitioner knowledge and confidence increased by 34%. The CRC has led a training programme to improved safeguarding awareness. They were able to report that 90% of staff located at their main Oxford site have been trained in Prevent, Safeguarding Level 1 and Safeguarding Level 2. The remaining 10% had training planned.

Safeguarding self-assessment:

The returns demonstrated good compliance and regard to safeguarding practice as well as positive direction of travel. They provided broad assurance that partner agencies understand the safeguarding obligations and have frameworks in place to deliver them. For example:

- Senior management commitment is strong
- Information sharing is effective
- Safer Recruitment and Vetting procedures are in place and working
- The Effectiveness of the Safeguarding Boards is deemed sufficient

The one area that partner agencies were not always able to provided evidence of was:

- Involvement of Service Users in Service Development, where the responses were not as robust as other areas

Section 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 Practice development week:

Children Social held a practice development week in 2016/17 which brought senior managers to the front line. The feedback from senior managers was just how well workers knew the families that they worked with - how they understood that the personal touch of a quick phone call /calling in made a difference to trusting relationships. The tenacity and dedication of practitioners were recognised as qualities in the work force that managers felt proud of.

Serious Case Reviews:

The serious case review published this year highlighted the complexity of situations that practitioners are dealing with on a daily basis. They also highlighted the challenges that systems can present to practitioners e.g. the difficulty that different information systems can place on co-working as information cannot assume to have been shared; the challenges of working across different geographical areas or locations where standard practices vary and assumptions can be made about what actions have been taken. There were examples of support 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 safeguarding self-assessments 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

Over 9000 practitioners have completed face to face or online training. Satisfaction rates continue to be high for face to face courses. Delegates have told the OSCB that they would like more availability of course and a more accessible booking system which is something that will come in to shape in 2017/18. Trainers have fed back concerns from delegates:

expressing frustration at cuts to services; asking for greater clarity on how early help will work and what their responsibility is within this and stating anxiety on the perceived increase in self-harm by adolescents.

Learning events

A learning event and a conference have been run by the OSCB in 2016/17 covering safeguarding risks arising from social media, gaming and being on-line. The feedback showed that practitioners find this a difficult area to manage and do not wish to criminalise children and young people unnecessarily due to their ignorance. They valued the opportunity to discuss case studies. The same conference was then run through Thames Valley Police as a result of feedback from the event.

The annual conference concerned Identity and relationships. Presentations covered safeguarding risks that arise in relationships from being an adolescent; being LGBT; being autistic; being disabled or being more vulnerable to abuse. The presentations were wide-ranging and included recordings, films, short stories and a play written and produced by children from the Warriner School. It is apparent that this is an important theme for young people. Children's Social Care arranged a follow up event with the conference's key speaker as a result of the event.

Area Safeguarding Groups

These groups are chaired by Board members and attended by managers 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:

- Early help: the concern that agencies feel that they will not have the capacity to take on lead roles in managing Team around the Family processes
- Frustration that there were cuts and changes to service structures
- Increased capacity in the system leading to a large workload and its associated risks
- Supporting high risk young people: children who self-harm
- The difficulties in finding appropriate resources for children who are at risk of drug exploitation
- The complexity involved in working across the services with children who presenting behaviours that are a risk to the public and themselves whilst being vulnerable

The Voluntary, Community and Faith Sector (VCS)

The safeguarding self-assessment has led to providers saying that they want to know more about how the safeguarding system operates – importantly the new Local Community Support Service (LCSS) framework launched in March 2017. They want to better understand

key legislation; access sample policies and be clear on responsibilities in terms of leasing of buildings.

Work through the Chair and the VCS board members has highlighted the need for:

- Guidance and support to the sector including 'How to do it' guides, better induction training, 'helpline' style arrangements to assist those VCS organisations that are not as familiar with the system as more established and larger VCS bodies;
- Ensuring that safeguarding expectations are clearly set out in contractual specifications and that the resource allocated to provide the service(s) enables the sector to be compliant with expected safeguarding standards

Section 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, children in care council and Oxme.info the county council's website for young people.

Voice of the Child:

OUH NHS FT has the '**yippee**' forum for young people and uses the '**Wellbeing Monkey**' to communicate issues to young people. Examples of good practice are: involvement in the interview process for a new paediatric rheumatology consultant. Contribution of feedback to the Children's Survey Advisory Group at CQC Headquarters alongside professionals from the Trust.

OH NHS FT has an '**Article 12**' group, which articulate views on this provision. A recent survey of 27 children who were supported by the Phoenix Team found that the nurse gave 100% of them time to talk and 96% (26) felt that they were sufficiently involved in decisions about their care.

There were three specific pieces of work children and families participated in 2016 / 17 with the support of the County Council:

1. **Aloud: Views and voices from babies, children and young people experiencing Domestic Abuse.** Summer 2016
2. **Engagement exercise with parents and children experiencing Child Protection plans for Neglect.** Winter 2016 / 2017
3. **Children's Voices on Coming into Care and Being in Care** - part of iMPower project Spring 2017

Sound bites have been pulled out for the OSCB. The feedback was to "*make a difference as early as possible*". They reported that help feels overdue but positive when it happens and plenty of positives were reported. They encouraged professionals to "*look behind the behaviours*" and said that behaviours are communication. Some signs are being missed in children's and young people's experiences.

"Every child needs at least one adult who is irrationally crazy about him or her", Urie Bronfenbrenner.

It was clear that the impact of one person can be incredible: they could be a teacher, a foster parent, social worker. Children said that we should never underestimate the positive impact a professional can have –

- *one person (professional) can make a really massive difference*
- *regular consistent support*
- *one person is all it takes*
- *show you care*
- *small things matter “he (social worker) pops in for casual chats”*

Children don’t necessarily know who they can go to for help. *“It didn’t cross my mind who I could talk to “I didn’t know who to go to”. “(when professionals were involved) I didn’t have to deal with it on my own”*. Being listened to and acting on what’s important to the child is VITAL. Showing you care is everything: *“get to know me as a person not just a case or a set of problems”* And as they become older 14, 15, 16 years then being very involved in decisions becomes even more important. They need to understand why social services involved.

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 County Council. The new Care Leavers Forum (CLF) has been created by care leavers to support and deal with specific leaving care issues.

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:

- CiCC held a meeting with Health Officials who said ‘they didn’t realise some of the issues care leavers face’ lack of confidence in doing everyday task, such as calling a

doctors. CiCC and CLF will be working on self-esteem, confidence and possible mentoring. CiCC gave a new name to the LAC service 'the Phoenix team'.

- CiCC talked about bullying and stigma of being in care, comments were "crying made it worse", "crowds of people surrounding me, I retaliated", "people say things on Facebook that they won't say face to face", "reporting to schools was useless – made bullying worse", "some teachers deal with things really badly, pull us out of lessons", "many schools just don't deal with it", the designated teacher helped me deal with this... CiCC are working with the Anti bullying coordinator long term to deal with issues mentioned.
- 'I want to be treated the same as other children', 'Care isn't bad, it's the best thing that happened to me'

The Oxfordshire Pledge to its Children in Care and Care leavers was updated this year in response to specific concerns the CiCC had raised and to new Chairs of CiCC being elected into posts.

Two Pledge issues specific to safeguarding are:

- "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".

One section of the Pledge deals with poor communication, tackling issues highlighted in the 2013 to 2016 Surveys of Looked after children and those leaving care. A 'good communication guidance' was created, which has been introduced to newly qualified social workers, put into health and social care modules and will be discussed in supervisions with social workers and personal advisors. *"need to feel I'm not alone", "just because I am doing well in life does not mean I am always ok", "I don't know how to make a complaint", I don't understand my entitlements". "Staff are great and understanding"*

"They treat us like their own children and everything is fair and equal" (foster child). Those who said they were depressed, sad or didn't feel safe were all followed up. Surveys, 5 to 25 yr olds, are being done again this year.

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' has been 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

In 2016-17 nearly 50,000 visitors accessed more than 170,000 pages on the oxme.info website. Post-16 learning choices and the challenge of finding your first job or apprenticeship is the main concern that brings people to the site. With 28% of visitors checking 'Opportunities' pages, and a further 20% for checking the 'Earn' pages, representing almost half the site pages read this year. Interest in apprenticeships has increased, now representing 14% of pages accessed against 11% in 2015-16. Other key concerns among our site visitors include rights, bullying and sexual health and safety.

Anti-bullying content has proven especially popular this year, with over 5000 views of or searches for Oxfordshire's Anti-Bullying Week competition winners. This competition, organised jointly with the Oxfordshire Safeguarding Children Board, challenges individuals, schools and groups from across Oxfordshire to create anti-bullying materials such as posters, videos and songs.

Other popular pages on the site this year have been the page on emergency contraception, National Citizen Service content, pages about what age young people can legally work, and the page on sexual orientation (LGBTQ), where OXME has received comments from children and young people this year for the first time about transgender issues, such as this comment left in March of this year; I've recently come out as transgender but I'm not sure what to do next, could someone help me by pointing me in the right direction? Other commenters have spoken about their employment interests, changes to children's services this year, and asked practical questions about the availability of jobs and how to apply for them. New content on the site this year has included pages on periods, consent, sexting and pornography, created jointly with OSCB and Public Health.

Homo-phobic, bi-sexual, transgender bullying – views of young people

The online bullying survey (a free service to all schools) continues to be an effective way of consulting children and young people. It continues to show that, in line with national trends and previous local results, those young people who are "different" from the majority in terms of experience of a long-term illness or disability, race, religion, or sexuality are likely to experience increased frequency of bullying and "feeling unsafe". Of this group young people who identify as lesbian, gay, bisexual or transgender (LGBT) appear to be very vulnerable with 10% never feeling safe in the classroom (compared to 1% of those identifying as heterosexual) and experiencing increased rates of regular bullying.

Work by My Normal, as part of the strategy, has captured the voice of young LGBTQ+ young people and you can hear their views by visiting the link <https://youtu.be/ZihgOJgvN6k>. Project Q, by The Warriner School, has also captured the coming out stories of young LGBT

young people to raise awareness about the impact of bullying on this group and they will shortly be performing at Stonewall's National Education For All Conference. <http://www.thewarrinerschool.co.uk/projectq>

Some quotes from young people in this year's survey about experience of LGBT students show a mixture of experience:

"A lot of students use the word 'gay' as an offensive word to ridicule other students"

"People only consider severe forms of discrimination to be bullying, but I think that the little things are always happening"

"This school takes bullying seriously, especially homophobic and transphobic bullying"

Summary of compliments and of children's statutory Social Care Complaints 2016/17

45 formal compliments were received about Children's Services (compared to 34 in the previous year). The compliments were encouraging and described the hard work and dedication of social workers. One area starting to see a steady stream of compliments is the REoC service which provides intervention to young people on the edge of care. The Kingfisher Team were also praised for support which was 'amazing and life changing'. A number of compliments were received on how well child protection conferences have been managed and how well chairs understood the challenges faced by families involved.

91 Stage One children's social care statutory complaints in comparison with 84 received in 2015-16. This is an 8% increase. Over a third of the complaints were about children looked after with 90% of those complaints coming from either parents or grandparents.

7 of the complaints received were directly from young people. This is a reduction in the 8 received last year. In 2017 the 'mind of my own' app is being launched to enable young people in contact with children's social to express their views and complain if necessary.

Poor communication continues to be the prevalent theme for complaints. This is followed closely by staff attitude and people tell us that they feel judged or have experienced discourtesy by a staff member – it is also understood that the attitude of another person is an individual perception and in children's social care difficult messages do have to be delivered.

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. Thames Valley Police were able to demonstrate improved safeguarding practice by police officers investigating **domestic abuse incidents**. The audit showed that training had led to the better collation of information by officers responding to a domestic abuse incident with respect to children in the home at the time. The information is then used by multi-agency partners to help inform any further action to be taken.
2. Children's Social Care audited the **child's voice in the planning of the care**. The audit had shown no improvement on the previous year where roughly 2/3 of cases showed the child's voice being represented within plans. The service has developed new ways of collating views of children including a new app called, 'My opinion matters' in order to ensure more children's plans are informed by their own views.
3. Children's Social Care ran a small scale audit on the **involvement of fathers in case planning and review** (following the Child Q serious case review). This showed that 70% of them effectively involved fathers. The service has subsequently made the views of parents, where there is a child protection plan, an area for development.
4. The **safeguarding training** run by OUH NHS FT showed a really **positive impact on** health practitioners. A self-assessment taken three months after the training indicated that practitioner **knowledge and confidence** increased by 34%.
5. The Children's Directorate within OUH NHS FT has **increased feedback from children, and parents or carers by 73%** ensuring that they are capturing views of those coming in to hospital in order to improve change.
6. Following an audit on documentation standards Oxford Health NHS FT has embedded the use of the Safeguarding form on the new Carenotes electronic system. This will enable **enhanced data reporting** in the future, **for example numbers of referrals children's social care, number of MARAC referrals, number of court reports written**. This should lead to a greater understanding of the safeguarding work undertaken by staff. It should also enable staff to be able to identify children linked to an adult they may be working with.
7. Following an audit on the Think Family approach to work, Oxford Health NHS FT has set up a quarterly network meeting for managers. This has led to **better communication between child and adult services**. A recent audit of Adult mental health teams provided good evidence that clinicians were considering the needs of the wider family, including children, in their assessments. Data around calls to the safeguarding children consultation line shows that **around 45% of contacts are from**

adult services, evidencing that clinicians who work with adults are considering the safeguarding needs of children. There are ongoing discussions around how to continue developing the Think family approach within the Trust.

8. As a result of feedback, information about management of allegations was fed back to locality coordinators who will consider training focussed at **GP** practice managers around allegation management.
9. **Communications between social care and GPs** has been a focus of work and the number of incidents reported to the CCG this year has decreased suggested improved direct links and clearer communication processes have been established.
10. **GP newsletters** are sent out weekly from the CCG and **safeguarding updates** are included regularly within these. Updates this year have included FGM information, updates on CSE support, updates on tools and resources available on the OSCB web site and links to learning from SCRs.
11. Numbers of **GPs trained** – There have been 3 well attended safeguarding training sessions involving 106 primary care team staff (including GPs, practice nurse and practice managers) and further session involving 41 safeguarding leads.
12. The **GP leads away day** covered Prevent, management of allegations in practice and safeguarding of disabled children and those with perplexing presentations.
13. **GP safeguarding leads meetings** occur monthly, providing 2 local meetings in each of the 6 GP clusters per year. A recent audit of their effectiveness provided feedback that they are found to be very helpful for peer support and as a form of safeguarding clinical supervision.
14. The National Probation Service's Public Protection Unit have received the national Child Safeguarding Training mandated by NPS and delivered in-house. **Learning from the child sexual exploitation case reviews has widened the skills set of officers**, in particular to be alert to 'relationships' with children under 18. The knowledge base of NPS staff was noted positively in the Joint Targeted Area Inspection in this respect.
15. The trafficking element of the child sexual exploitation cases, along with other adult trafficking / forced labour cases in Oxford has been a learning experience, and we have had input from the Oxford City Council staff involved in this area at our team practice meeting. The National Probation Service is now involved in **the multiagency approach to trafficking** which cuts across both child and adult safeguarding.
16. The HMIP Inspection noted the youth Justice Service's **practice innovation** with girls work and group work.
17. The YJS has **multiagency Case Formulation meetings** – where a case is considered allowing the time to be reflective. This includes joint cases with social care and is

considered an example of good practice by the agencies who attend and contribute (fCAMHS, Police, Social Care, Housing providers, YJS)

18. The YJB have recognised the work around **wider exploitation**. The local conference was successful, and an awareness of the issues of exploitation of young people through the use and dealing of illegal substances has been increased. As a result of this the YJS have developed a broader exploitation tool that encompasses all forms of exploitation.
19. The YJS Clinical supervision of sex offender cases with forensic CAHBS is having a positive impact. This provides bi-monthly clinical **oversight** of the cases where children are convicted of sexualised offences against others.
20. Safeguarding audits demonstrate that **Youth Justice Service staff have been trained** in assessing young people who sexually offend, safeguarding refreshers, SAVE (exploitation) a variety of mental health courses, resilience in the workplace, case formulation.
21. **Public Health** audited compliance to **quality and performance** indicators on the contracts, and found that all indicators were being monitored. This audit highlighted that, for all contracts where it was possible to monitor in the timescale, feedback on the service was gained from carers, parents and children, and staff receive regular feedback and supervision.

4. Recommended actions for 2017/18 from the summary of themes

To ensure that these themes are fed through in to:

1. **Priorities for the business plan** for 2017/18 to ensure that the issues of neglect and working with adolescents are addressed - the quantitative data is pointing to these areas as continued safeguarding concerns
2. **Training**
 - development of learning that covers the broader theme of criminal exploitation of adolescents – the qualitative audit work and analysis is highlighting this as an emerging theme and a concern for practitioners
 - ensuring that working with fathers is adequately covered in multi-agency training - qualitative learning from Baby L and also Child Q serious case reviews show that this has been a common theme
3. **Learning events:** issues for consideration should draw on the findings of the qualitative section in this report in particular the ten most common learning points from serious case reviews
4. **Audit work:** the board should ensure that the voice of children and young people are routinely involved in audit work. They have increased the quality of the learning and ensured that those using the services are represented in the monitoring of the services.

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 Group

1. Introduction:

This is an annual report from the Chair of the Case Review and Governance (CRAG) subgroup – a subgroup of the Oxfordshire Safeguarding Children Board. It covers information on cases considered, cases reviewed and action taken over the last 12 months.

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. During 2016/17 representation from health providers such as OH NHS FT and OUH has also been recommended. The purpose of the group is to support the OSCB in fulfilling its statutory duty to undertake reviews of cases both where the criteria¹ is met and where it is not met in order provide valuable information on joint working and areas for improvement.

The OSCB has worked on five serious case reviews since the last report to the Board. Of those five reviews: three were published (one of which was signed off in 2015/6 and a further two in 2016/17), one is active and one has been completed as far as possible, whilst a police investigation is underway.

The published reports are Baby L (September 2016), Child Q (January 2017), Child A and Child B (February 2017).

The two ongoing serious case reviews concern adolescents and have not yet been anonymised.

3. National Context

¹ Working Together to Safeguard Children 2015

Since the last report national guidance and reforms have been released. In time this will impact on local work. In April 2016 the '*Learning in to practice: improving the quality and use of the Serious Case Reviews*²' was published, which set out quality markers 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 national 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 intention is that the majority of SCRs will be locally-driven. In May 2016 the triennial review of case reviews was published. This considered nearly 300 SCRs relating to incidents which occurred over three years to 31.03.14. Some of the key findings help provide broader context to the work in Oxfordshire:

- There has been no change in the number of child deaths linked to maltreatment and if anything a reduction in all except the older adolescent group.
- There has been an overall increase in SCRs and a steady increase in activity across the system.
- Once a child is known to be in need of protection and a plan is in place, the system generally works well.
- Only 12% had a CP plan in place at the time of their death or serious harm.
- Pressure points are identified at 'step up' or 'step down' in care.
- Fewer than half had current involvement with Childrens Social Care (CSC) and almost two thirds had at some point been involved with CSC.

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-

² Serious Case Review Quality Markers – supporting dialogue about the principles of good practice and how to achieve them. SCIE & NSPCC 2016

agency learning. The current Working Together (DfE 2015) guidance is attached at appendix A.

Since the last report to the Board four new cases were brought to the attention of the OSCB for consideration in 2016/17. One was referred by Thames Valley Police and three were referred by Children's Social Care. Of these four referrals one serious case review was commissioned, one was deemed not to meet the criteria but led to a partnership review and two are still pending a decision at the time of writing.

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 two Oxfordshire cases submitted to the National SCR Panel in 2015/16 one was contested. The OSCB reviewed this decision independently and remains of the view that it does not meet the criteria. The LSCB has instead commissioned a partnership review to ensure that the work is reviewed and parents are able to inform this process.

5. OSCB SCR Methodologies

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 six cases worked on since the last report one used the systems methodology developed through the Social Care Institute for Excellence (SCIE), two were '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. The OSCB guidance for agency panel members is being strengthened so that they are clear on their roles and responsibilities, especially if linking to another agency not represented on the panel.

6. Parallel processes

A number of case reviews completed by the Board in the last few years have run alongside parallel processes. These range from disciplinary processes, criminal proceedings, complaints proceedings or other professional proceedings such as inquests, internal investigations or other formal reviews such as domestic homicide reviews. This can impact on the terms of reference, stakeholder participation, information sharing, chronology content, review length and cost.

This has led to the subgroup drafting guidance for stakeholders as to how these processes are best managed to ensure they are all completed in a timely manner and where possible achieve the best safeguarding outcomes for children.

7. Family contribution

As reports are written for publication, it is essential to involve families in reviews. Family members have contributed to all reviews which has added a layer of complexity but also provided valuable learning. The OSCB has valued the support of the family liaison officers (FLOs) at Thames Valley Police, social workers from the County Council, the engagement team at the County Council, local Mencap services and probation officers who have facilitated family meetings.

8. Reviews: subject details and safeguarding themes

The details of the cases are:

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

Over the last year the themes covered by case reviews have been: the long-lasting impact of neglect; physical abuse; self-harm; child and parental emotional wellbeing; peer violence (domestic abuse) and parental substance misuse. The issue of neglect 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. In Oxfordshire neglect is the most common reason for a child to be subject to a child protection plan.

9. Ten learning points in common with other Oxfordshire case reviews

The OSCB has conducted a number of case reviews over the last five years and seeks to draw out common themes where possible. From the three recently published these are the ten most common learning points:

1. The importance of thinking carefully about the role of the **father** in the family system as well as communication with and involvement of fathers and male carers
2. The need for curiosity about the families past history, relationships and current circumstances that moves beyond reliance on **self-reported information**.
3. There are more challenges faced by professionals working with vulnerable families where **neglect** is an embedded issue.
4. The impact of the **parent's mental health** problems on the safety and wellbeing of the child.
5. Understanding of **substance misuse** and interventions, the changing levels of risk, and the impact on the child.
6. **Normalising and misinterpreting behaviour** - linked to Special Educational Needs.
7. Identifying the increased safeguarding **risks for children with learning disabilities** and Special Educational Needs.
8. Identification of physical abuse and **following safeguarding processes thoroughly**.
9. Multi-agency work must be well co-ordinated in order to **share planning** and to better understand what is happening to the child. Effective risk management requires **systematic planning** across the multi-agency partnership.
10. 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.

The OSCB has produced a learning summary for each published review and also held learning events picking up on the key themes from the reviews. The learning events have involved: the story / learning from the SCR; the child's perspective; local resources and networking opportunities for local practitioners. In the last year they

focused on staying safe online; the importance of building relationships with young people and understanding what 'identity' means as they go through adolescence.

10. Learning points in common with the Tri-ennial review

The CRAG summary from the May 2016 triennial review of case reviews stated that the findings are noteworthy and should be reinforced for managers and practitioners. Many findings are consistent with our own local quality assurance work and some have already been taken on board locally, specifically following the SCR into Children A-F. The following points are worth highlighting in particular.

For senior managers

- Coping with limited resources and increased activity and need for senior leaders to identify strategies to manage workloads and sustain acceptable levels through ongoing vigilance.
- Alongside this is the recommendation that there should be long term continuous approaches where maltreatment has been identified and a move away for single or episodic responses.
- Effective structures to be maintained through service change particularly in health and social care. Complexity of health structures noted and need for clear pathways and information sharing across transition points - locally had a potential impact on Baby L.

For practitioners and front line managers

- Step change required with how we understand and respond to domestic abuse and the need to move from incident based models to understanding the nature and impact of coercive control – Child J.
- Disabled children are particularly vulnerable where signs of abuse and neglect may be masked by, or misinterpreted as due to, underlying impairments - Children A and B; Child C.

11. Report recommendations and agency actions from case reviews

The three case reviews published since the last report (Baby L, Child Q, Child A and Child B) led to 19 multi-agency recommendations. At the time of publication

[progress reports](#) outlining outcomes and actions were published for two of these reports on the OSCB website. Two of the reports had more specialist actions. One concerned communications between and by health agencies on a routine basis as well as out of hours. The other concerned changes to specialist provision such as special guardianship of children. All recommendations form part of the OSCB business plan and drive the direction of work e.g. the OSCB 2016/17 priority to improve practice focuses on: working to address neglect and working to safeguard adolescents.

1. Monitoring

The recommended actions are monitored through the OSCB Executive group. Any actions being led by individual agencies are monitored through the OSCB Performance, Audit and Quality Assurance Group (PAQA). Outcomes are then reported in to the Executive and are summarised in the annual report of the PAQA subgroup.

2. Outcomes

The published progress reports provide insight to work on specific recommendations but some broad headlines over the last year would be:

- ***The involvement of fathers in CP care plans*** is tracked and attendance at conferences by fathers is reported by Independent Chairs of Case Conferences to be at higher levels. A learning summary was produced and the OSCB contributed to the recently published 'Future proofing fathers work' by the Oxfordshire Parenting Forum'.
- ***Strengthening core groups as part of the child protection (CP) 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. This has led to improved attendance (and consistency of support) which is regularly monitored through the OSCB quality assurance subgroup.

- ***The shared use of tool kits:*** The updated threshold of needs and the new early help assessment have drawn on learning from case reviews. They provide clear thresholds and pathways for escalation and de-escalation and more robust approach to early help.
- ***The use of chronologies for children who have CP plans*** to ensure shared understanding. This is provided by social workers and is used by core group members. This also forms part of the information provided when cases are being transferred. The effectiveness of handovers is being monitored by Independent Chairs of case conferences and core groups and any concerns escalated through established internal management processes.
- ***Identification of physical abuse and following safeguarding processes thoroughly.*** A rolling programme of workshops for Children's Social Care staff commenced in 2016 which has included guidance about the management of incidents on open cases and strategy meetings.
- ***A review of the 'pathway through services'*** for vulnerable young people aged 16-24 years, who find it difficult to engage with services in order to keep them safe, was undertaken. The focus on vulnerable adolescents is improving as the numbers supported by a child protection plan have increased.
- ***A new service for children who are who have experienced sexual abuse*** Horizon started in January 2016 and receives an average of 2.5 referrals per week³. This service draws on skills from OH NHS FT and local community group Safe! It reports in to the OSCB subgroup on child sexual exploitation where safeguarding themes are analysed and take up of the service checked
- ***The Complex Case Panel*** problem solves for the riskiest children and young people by working collaboratively and by ensuring that issues of high concern are escalated and addressed. This includes high risk domestic abuse or

³ Figures as of Sept 2016

offending behaviour, CAMHS and child sexual exploitation. The panel has developed a policy to determine the most appropriate mechanism for managing risk/concerns for children and young people who do not meet Multi-Agency Public Protection Arrangements (MAPPA) criteria or court orders. This has been tested through case studies and shown to be providing good support.

13. Costs and timeframes

Costs of the reviews are reported on in the OSCB annual report. The variation in costs is down to the type of review, its complexity and the level of practitioner and family involvement. All reviews were signed off by the OSCB within a 12 - 18 month timeframe.

14. In conclusion

The OSCB is recommended to consider the ten most common learning points, the local messages that resonate with the findings from the national review of case reviews and to ensure that members of the local safeguarding partnership are fully aware of the learning from the three summaries published this year.

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 suspected⁴ 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.

⁴ 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

Links to learning summaries for each published review

[Learning review for Baby L](#)

[Learning review for Child Q](#)

[Learning review for Child A and Child B](#)

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

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Division(s):

CABINET - 17 OCTOBER 2017

GOVERNANCE REVIEW

Report by Nick Graham, Director of Law & Governance

Introduction

1. On 11 July this year, Full Council agreed to ask Cabinet to work with Political Group Leaders to bring forward a plan for implementing revised political governance arrangements. The impetus was to ensure that the Council's governance arrangements are transparent, inclusive and reflect the political dynamics of the Council. The timescale envisaged for implementation of any new structures was 'as soon as practicable'.
2. In order to gauge more fully the views of current County Councillors, an online survey of members was undertaken in August and September. The headline results are outlined below.
3. This report sets out:
 - a. the *potential range of outcomes* - changes to the form or structure of decision making
 - b. the responses from the *councillor survey*
 - c. the *setting up of a cross-party task group* to work up options for Political Group Leaders and Cabinet – working within an agreed *timeframe* and to *specific terms of reference*
 - d. the potential use of comparative *costs and benchmarked examples*

Potential governance models - overview

Form of governance

4. The Local Government Act 2000 sets out the range of legitimate governance models that can be adopted by a local authority. In broad terms these are:
 - *Executive arrangements* (for instance a leader and cabinet model, as currently operated by this Council)
 - *Committee system* (where 'executive arrangements' are not operated)
 - *Prescribed arrangements* (effectively, a bespoke arrangement that is neither of the above, and which the Secretary of State may approve provided that he/she is of the view that the model would also work for other authorities).
5. In the case of a *change* from one of these models to another, there is a legal prescription as to timescale. Effectively, the time that such new arrangements will come into operation (the "change time") is the "first annual meeting...after

the resolution to make the change has been passed...Or at a later annual meeting...specified in that resolution”.

6. A change in the form of governance can only take place from the date of a Council’s Annual Meeting, which is held in May each year. If a change were to be implemented in May 2018 - for example to a committee system - a resolution to do so would have to occur *within* this current municipal year.
7. However, a change in the *form* of governance is not the only change that can be made to decision making arrangements.

Revision of an existing model

8. If the Council decided to retain its current model but wished to make changes to it then this could be done without the statutory constraints as to timeframe.
9. For example, if the Council wished to do any of the following, then it could simply determine to do so:
 - Amend the number, scope or working practices of *scrutiny committees*
 - Delegate additional powers or functions to *locality meetings*
 - Create *area committees*

The Review

10. The decision of Full Council envisaged the consideration of alternative governance or committee models. As such, for completeness, Cabinet may consider it appropriate for the review explicitly to include possible improvements to the current or status quo arrangements, insofar as these could lead to greater transparency, inclusivity and reflect the political dynamics of the Council.

Councillor Survey

11. An online survey was undertaken to obtain the views of current councillors about current and potential governance arrangements. 40 of 63 (64%) of councillors responded. Four did so anonymously. The questions asked were:
 - i. How effective is the current model?
 - ii. What are the most effective elements?
 - iii. How could the current model be improved?
 - iv. To what extent do the current arrangements engage you as a councillor?
 - v. How might the arrangements better involve local councillors?
 - vi. What aspects of being a councillor are most important to you?
 - a. Representing the community
 - b. Receiving info to help people in my division
 - c. Meeting, listening and staying in touch with communities
 - d. Taking part more closely in decision making arrangements
 - e. Casework and achieving things for people in my division
 - f. Empowering communities to take own decisions

- vii. What principles should underpin any future governance arrangements
 - a. Better service delivery
 - b. Community engagement
 - c. Cost efficiency
 - d. Councillor involvement
 - e. Speed of decision making
 - f. Transparency
- 12. Rather than a 'tick box' exercise, it was felt important to get qualitative views from councillors. As such, it will be for any cross-party task group to analyse the responses in detail along with other evidence. However **Annex 1** to this report provides a quick overview of the emerging themes.
- 13. In short, many of the comments, across the political spectrum, raise the themes of information, communication and involvement – and particularly in relation to Cabinet's relationship with councillors generally.

Setting up a task group and timeframe

- 14. It is suggested that setting up a cross-party task group will be essential to ensuring that the review is member-led.

Purpose:

- 15. The *purpose* of the Group would be to examine the various options for governance arrangements and to make recommendations on them to Political Group Leaders and to Cabinet. This will also include assessing the relevant evidence and views.

Membership

- 16. It is suggested that a task group of 7 members be established. A Group of this size would be both manageable and would not overburden the members of it. While substitution would be possible, a consistency of membership would be useful in order to engage fully with the options and evidence. A similar sized cross-party group also assisted with the periodic electoral boundary review prior to the 2013 elections.
- 17. One method of achieving this membership could be through the basis of political proportionality. If so, then for a group of 7 members this would be:
 - 4 Conservative-Independent Alliance members
 - 2 Labour members
 - 1 Lib Dem member
- 18. Once a form of membership is agreed, it is suggested that Group Leaders be asked to make appointments to the Group. This would then enable the Task Group to meet throughout mid to late October and early November to review a wide and solid base of evidence to inform its recommendations.

Terms of Reference

19. In order for the Task Group to be clear about its remit, and for members to have confidence in its recommendations, it is suggested that specific *terms of reference* are agreed. This should also enable the Group to maintain a clear focus in assessing its evidence and framing potential options.
20. Suggested Terms of Reference are included in **Annex 2** to this report.

Timeframe

21. **Annex 3** provides an outline timeframe, for agreement in principle. The timeframe is based on the potential achievement of a decision prior to the end of the current council year. This would allow for any change in the *form* of governance to occur at the Annual Meeting in May 2018, as appropriate.
22. If no such change in the *form* of governance was needed, then of course the timeframe could extend further. However, it's prudent to plan for this now, pending any draft recommendations from the Task Group.
23. In accordance with the resolution from Full Council, Political Group Leaders and Cabinet will receive the recommendations. It is suggested however that the Performance Scrutiny and Audit and Governance Committees should also give their view on the draft recommendations. It will also be important to ensure that the alignment of the Council's senior management arrangements is also considered.

Costs and benchmarked examples

24. It will be essential for the Task Group to consider a range of evidence about potential changes to governance arrangements. The *costs associated* with the various options will of course be an important consideration. The Councillor Survey itself did recognise this – with 'Cost Efficiency' coming top of the list of principles upon which any new arrangements should be built.
25. Issues/evidence for the Task Group – which will be worked up with the assistance of officers – will include:
 - Costs of the various models/revisions - operating costs of servicing the decision making arrangements, supporting structures, members' allowances
 - Councillor views, preferences and priorities
 - Benchmarked examples of other authorities who may already be operating aspects of the various models/potential governance arrangements – this is likely to include discussions with these authorities on their experiences
 - Implications for interplay with policy and senior management and alignment with policy directions
 - Potential interviews with councillors, officers and partners

RECOMMENDATION

26. Cabinet is RECOMMENDED to:

- (a) agree that the governance review should also include a review of potential improvements to the existing arrangements, in the interests of completeness;
- (b) note the headline themes arising from the councillor survey;
- (c) agree in principle to the setting up of a Governance Review Task Group in accordance with paragraphs 16 -18 of this report;
- (d) note that Group Leaders will be asked to make appointments to a Task Group (once Cabinet has agreed to its constitution and terms of reference);
- (e) agree that the Task Group to report back to Political Group Leaders and to Cabinet with recommended options for change.

NICK GRAHAM
Director of Law and Governance

October 2017

Contact: Glenn Watson, Principal Governance Officer, 07776 997946.

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Councillor Survey Responses

40 of 63 members responded to the survey (62%). Most responses were named, four were anonymous.

Key themes emerging include:

- **Involvement, information and communication:** a perception across the political spectrum that there could be a greater connection between **Cabinet** and the rest of the Council. The *aspiration*, frequently expressed, was for more involvement, information about, and communication from, Cabinet. For some, this is about *prior involvement* of wider range of members *before* decisions are taken. For others it is about *hearing more* about the work of Cabinet.
- **Cabinet:** as above, there are views that Cabinet could engage more fully with the backbench perspective.
- **Scrutiny:** while the perspective and focus of Performance Scrutiny Committee is well respected, there is dissatisfaction with the present scrutiny arrangements. For some, there is the sense that scrutiny members are not making the most of their roles and that the scrutiny function is not engaging as creatively and actively as it might. For others, there is a need for a greater range of scrutiny committees, possibly chaired by members not from the Conservative –Independent Alliance Group.
- **Committees:** a number of members have overtly expressed a wish to adopt a committee system as being a more inclusive form of governance. Others fear that a committee model does not provide sufficient accountability and speed, which some regard as a benefit of the Cabinet model.

The first of these themes appears to be the most cross-cutting, irrespective of which form of governance the Council may operate.

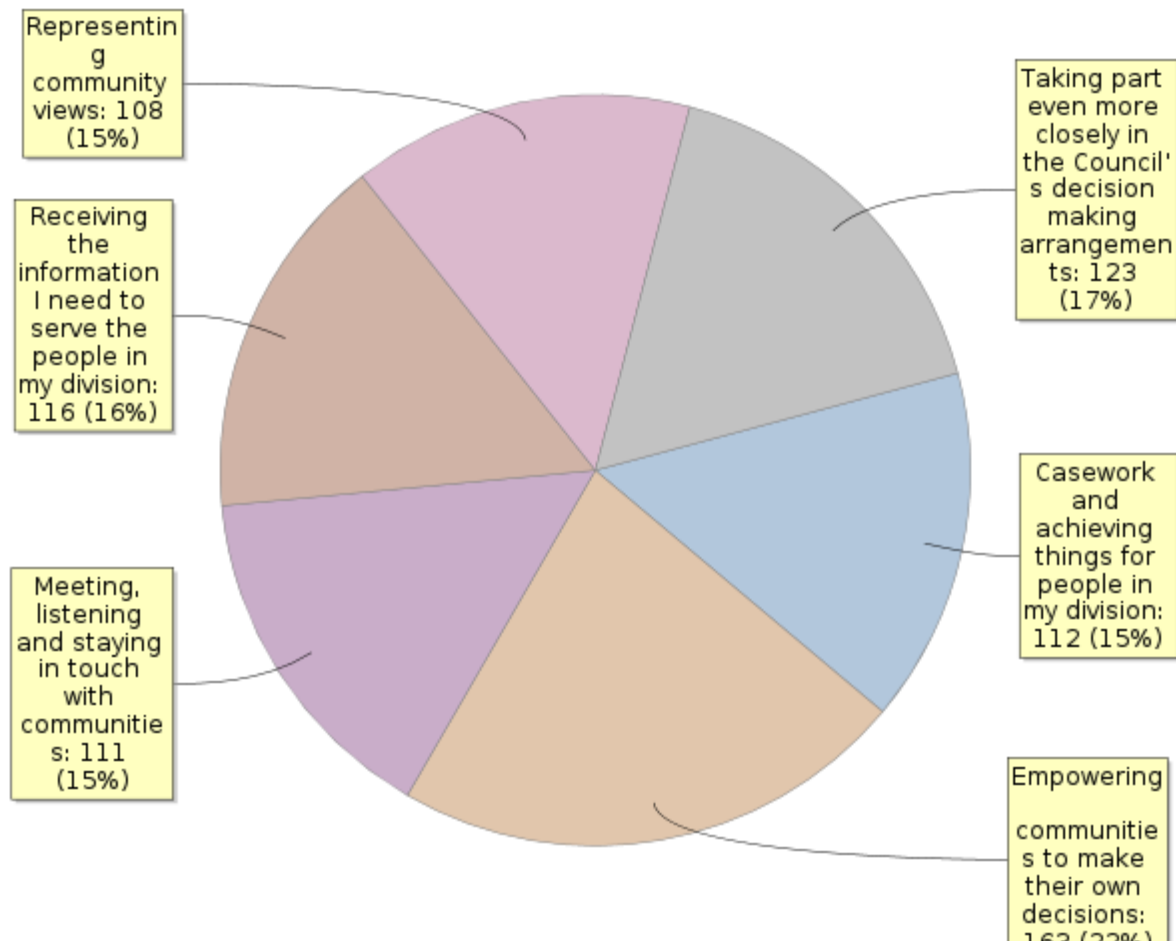
The following charts express the range of views as regards:

- ***What aspects of being a county councillor are most important to you?***
And...
- ***What principles should underpin any form of governance?***

In each case, members ranked the options (hence the numeric value).

A. Most important to you....

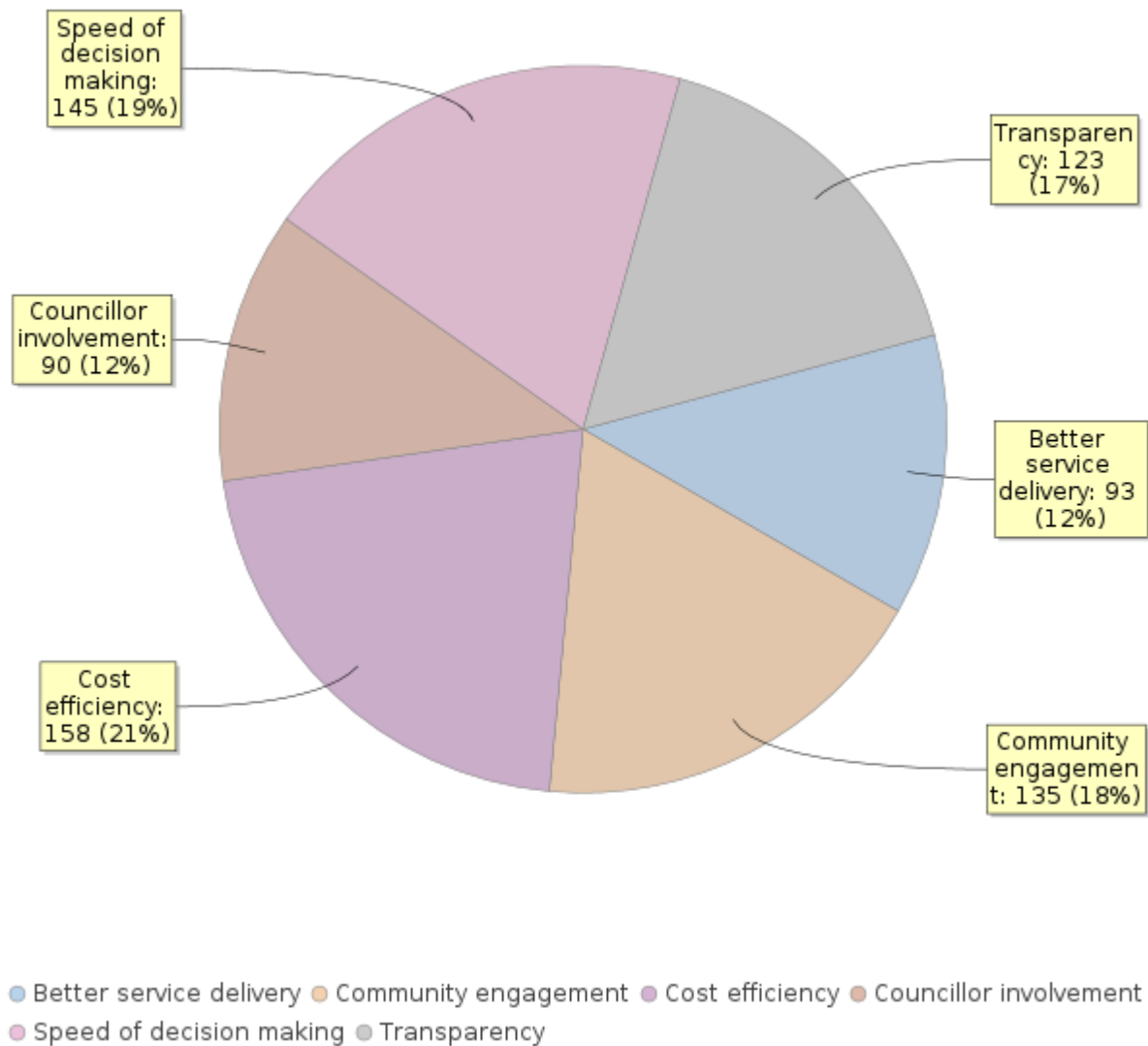
The most highly rated response was: *empowering communities to make their own decisions*



- Casework and achieving things for people in my division
- Empowering communities to make their own decisions
- Meeting, listening and staying in touch with communities
- Receiving the information I need to serve the people in my division
- Representing community views
- Taking part even more closely in the Council's decision making arrangements

B. Key principles

The most highly rated response was: *cost efficiency*



Terms of Reference: Governance Review Task Group**Purpose**

As a cross-party Task and Finish Group, to provide worked-up recommendations to Political Group Leaders, and to Cabinet, on potential changes to the Council's decision making arrangements.

The review should consider the Council's current and other available models of governance with a view to recommending arrangements that are *transparent, inclusive and reflect the political dynamics* of the Council

The review should consider such evidence as the Group believes relevant, including:

- the views of current County Councillors e.g. as expressed in the Councillor Survey
- the views of senior officers on the impact on their services.
- the strengths and weaknesses of the various options
- benchmarked information e.g. from other authorities which may already operate any aspects of the model, for instance through visits and/or other methods
- the costs associated with each option

Membership and voting

Membership will be seven members of the Council appointed by Group Leaders on the basis of political proportionality:

- 4 Conservative-Independent Alliance members
- 2 Labour members
- 1 Lib Dem member

It is expected that the Task Group will reach its recommendations through consensus. However, if a vote is needed on the final recommendations to present to Political Group Leaders and to Cabinet, then each member of the Group (present and voting) shall have a vote each. The Chairman will have a second or casting vote.

If the appointed members from each Political Group cannot be in attendance, each Group Leader will be able to appoint a substitute. However, the nature of the Task Group's work would benefit from a consistency of membership.

Quorum

The quorum of each meeting shall be 3 members.

Chairmanship

The Task Group shall appoint a chairman and a deputy chairman at its first meeting, from among its membership, whose terms shall last for the duration of the review. The Chairman will chair the subsequent meetings; if absent, the Deputy Chairman will chair the meeting. If both are absent, then (if quorate) the meeting will appoint a chairman from those present for the duration of that meeting.

Frequency of meetings

It is expected that Task Group will need to meet several times during October and November. Political Group leaders should be mindful of this when seeking members to serve on the Task Group.

It will be for the Group to determine the length of each meeting – it is expected that these will be between 90 minutes and 2 hours.

Visits to other authorities

In addition to meetings of the Group, it is also expected that the Task Group may wish to undertake visits to other authorities, or to conduct conversations with members and officers of other councils.

It is envisaged that the Group may wish to allocate visits between its members, to maximise coverage. It is suggested that a visit should comprise at least two members of the Task Group.

Publicity

The Task Group will necessarily be exploring options, including potentially radical options. As such, and to allow the Task Group the greatest possible freedom, in the public interest, the meetings of the Group will take place in private session. The final recommendations will of course be made public at Cabinet in any case.

Support

The Task Group will be supported by officers from Law and Governance; and the Council's Policy team as appropriate.

Nick Graham
Director of Law and Governance.

Timeframe

Month	Meeting
Oct 17th <i>Throughout</i>	Cabinet Task Group
November <i>Throughout</i>	Task Group
December 19th	Cabinet – to receive recommendations
January 4th 10th	Performance Scrutiny Audit & Governance Committee

Month	Meeting
TBC	Full Council – to make final decision
February	None
March 7th 27th	Performance Scrutiny Committee – Detailed constitutional changes Audit & Governance Committee - Detailed constitutional changes
April	None
May 15th	Annual Council Meeting

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CABINET - 17 OCTOBER 2017

BUSINESS MANAGEMENT AND MONITORING REPORT QUARTER 1 2017-18

Report by Assistant Chief Finance Officer (Assurance)

Introduction

1. This paper provides details of Oxfordshire County Council's performance for quarter 1 (1 April – 30 June 2017). It also summarises where we are with the improvement of business management arrangements.
2. The report shows that at the end of the first quarter we were on course to meet the three strategic priorities set out in the current Corporate Plan. A report on key achievements and issues is attached at Annex 1 (pages 3-7). Performance dashboards are included at Annex 2 (pages 8-14).
3. Of the 23 outcomes being reported on this year, 21 were rated Green or Amber at the end of Quarter 1. The 2 outcomes rated Red are set out on pages 6-7.
4. Of the 50 success indicators being reported on, 2 were rated as Red for quarter 1. In both cases these have directly led to the 2 Red-rated outcomes noted above.
5. Looking into quarter 2, the 'outlook' column in the dashboards shows that the outlook for 49 of the 50 success indicators was "stable" or "positive/improving".

Business management in 2017-18

6. This report represents steps forwards in activity to improve business management in the council, but further work is needed.
7. As in previous quarters, this report summarises progress towards the Corporate Plan's three high-level priorities, as indicated by outcomes and measures identified by Directorates. Around half of the outcomes – all of those led by Children, Education and Families, Social and Community Services, and Public Health – have been updated or introduced for 2017-18. The remainder – those in Communities and Community Safety Services – have been carried over from 2016-17, the relevant Directors and Strategic Director being content that they still adequately represent current business activity (the wording of Oxfordshire Fire & Rescue Services outcomes has been updated slightly). Ongoing review of business priorities in those teams may lead to revision of outcomes and measures during Quarter 2. Outcomes which have been updated in this report are shown in bold on page 8.
8. Resources Directorate is similarly reviewing its business and priorities, and any outcomes and measures resulting from this process would similarly be brought forwards in the Quarter 2 report. For the current report, the sole outcome from

2016-17 belonging to Resources Directorate has been deleted from the dashboards pending the completion of this work (see page 15).

9. This report does not yet directly indicate progress towards County Leadership Team's (CLT's) 12 strategic priorities, identified by Strategic Directors on 3 May and published internally as part of the "How the Council is changing" document (see page 16). Mapping directorate outcomes against these priorities will be done during Quarter 2 following completion of the work noted in paragraphs 7 and 8, and will be revisited in Quarter 3 when Cabinet considers the draft Corporate Plan prospectus.
10. Work to develop the business management dashboard – to provide a single view of the council's business management, including data on performance, finance, risk and so on – will be taken forwards in parallel. While the final dashboard product is likely to depend on the conclusion of the Business Intelligence work, it will be possible to provide a "proof of concept" dashboard for CLT by the end of Quarter 2, with a fully populated dashboard using near-current data in Quarter 3.
11. The timetable for the next few months' work is as follows:
 - i. Directors will complete their work identifying priority outcomes and measures during September/October.
 - ii. Work to map and align the directorate-level outcomes with CLT's 12 strategic priorities, and with the emerging new Corporate Plan priorities, will be undertaken in September/October.
 - iii. Design of the new business management dashboard will be brought to CLT during October for proof of the concept
 - iv. A dashboard populated with Q2 data will be brought to CLT along with the Q2 quarterly report in November to assess its readiness for use
12. For clarity, 11(ii) above will lead to two distinct lines of reporting, based on the same data provided routinely by Directorates. The first line of reporting – to CLT, Cabinet and the public – will show progress towards the outcomes set in the Corporate Plan. The second line of reporting – primarily to Strategic Directors and CLT – will have a wider business management focus on progress towards CLT's 12 strategic priorities. Effectively the former will report "what" is being achieved, and the latter will report "how". Reporting formats will be considered in October.
13. **Members are RECOMMENDED to:**
 1. **Note the performance set out in this report.**
 2. **Note the ongoing work to improve business management and performance reporting.**

27 September 2017

Report by: Ian Dyson, Assistant Chief Finance Officer (Assurance)

Contact Officer: Steven Jones, Corporate Performance and Risk Manager
steven.fairhurstjones@oxfordshire.gov.uk 07932 318 890

ANNEX 1 – PERFORMANCE REPORT – QUARTER 1 2017-18

Section A: Key achievements against Corporate Plan priorities in this quarter

A thriving economy

- Public consultation has started on the County Infrastructure Strategy
- 5 new innovation bids were submitted in the last quarter
- All new mineral and waste applications were determined within 13 weeks
- Community Safety Services has seen a steady improvement in this area. We have continued to see an increase in the number of interventions by our Trading Standards Team. Interventions are expected to remain higher than target due to our new partnership with a local business for 'scale verification' work.

Protecting vulnerable people

- We continue to promote healthy lifestyles and all our public health measures are on target - including over 85% of the eligible population being invited for an NHS health check since the County Council took on responsibility for this.
- The level of satisfaction with adult social care services in Oxfordshire is higher than the national average. Care providers are rated by the care quality commission and a greater proportion are rated as good or outstanding than the national average.
- Despite the increases in activity seen in children's social care the timeliness with which we deal with child protection investigations remains above the national average.
- Safety messages via social media platforms continue to rise with the highest number delivered in one quarter: over 270,000 since the start of reporting. The main reason for the continued increase in the reach of our social media is the new 'campaign approach' which was developed over 2016-17 and is now reaping the rewards. These changes have included a change in the style of messages we are posting and increased engagement with social media. There has been significantly greater engagement on a handful of posts, for example one water safety post reached over 50,000 people on Twitter.

Efficient public services

- We are recruiting a group of service users to work with us on a programme of co-produced service changes in adult social care

- We have doubled the number of early help assessments in children's services. This not only means that children and families experience the most effective, least intrusive, solutions to the issue they face, but it also reduces the pressure on social care staff and allows them to work more intensively with the cases they hold.
- We remain among the very best authorities in the country at recycling household waste, with over 59% recycled
- We continue to reduce our carbon footprint year on year
- Emergency co-responding incidents continue to be high (particularly in the City Area) with over 350 responses made throughout the County in quarter one. The new 'Ambulance Response Programme' may reduce the amount of calls we receive in the future.
- We continued to meet our emergency service response standards in Quarter 1
- Achievements post-Grenfell Tower requires particular attention. During the 1st quarter 1 Oxfordshire Fire & Rescue Services (OFRS) attended residents' meetings for each of our tower blocks, as well as a Parish Council meeting, to provide support to partner organisations, stakeholders and communities. As a result of the ongoing refurbishment program OFRS created an evacuation guide for the residents of each of the tower blocks based upon how the fire alarm works in the different areas of the building, and the actions that the residents should take.
- Over the course of 3 days, operational fire crews from across Oxford City attended all 5 of the Tower Blocks and hand-delivered this guidance to each of the 348 residences. We conducted a "safe and well visit" in 80% of these residences. Those where we were unable to make contact with the occupier we left safety literature, including a bespoke evacuation guide, and invited the resident to make contact with us to request a "safe and well visit". Each of the tower blocks was also subjected to a full fire safety audit, undertaken by a specialist Fire Safety Inspector from the Fire Protection Team. This demonstrated that the General Fire Precautions within the building, and the actions of the landlord (Oxford City Council) were appropriate.
- OFRS engagement with the residents' committee of Windrush and Evenlode Towers remains in place due to the ongoing complexity surrounding their cladding system.
- OFRS have also been heavily involved with the Oxford University Hospital Trust, that operates the John Radcliffe, Churchill, and Nuffield Orthopaedic Hospitals. 4 buildings have been inspected by specialist Fire Safety Officers. The building of main concern was the Trauma Building on the John Radcliffe site, which has culminated in the Trust taking the decision to move the inpatients from the building to other areas of the Hospital. OFRS operational crews from Oxford City have attended joint training on site with NHS staff to work on contingency measures to ensure that all parties will be able to deal

with effects of a fire should one occur prior to the inpatients wards being emptied.

Section B: key issues currently affecting our ability to deliver our priorities

A thriving economy

- Despite a 70% increase in planning applications compared to Quarter 1 last year, we forecast we will hit our target of dealing with 80% of planning applications within the agreed timescales by the end of the year, though performance in Q1 did dip below target.
- The level of reactive demand (e.g. unwanted fire signals, post fire audits and complaints etc.) has meant that our Fire Protection Team are unable to commit resources to the proactive high risk inspection programme

Protecting vulnerable people

- Although satisfaction with services in adult social care remains high, and care providers in the county are rated highly by the care quality commission, Oxfordshire has a significant workforce issue and faces challenges sourcing care. This can lead to people having to wait for care, both in hospitals and their own home. Demand for adult social care continues to grow both with the changing demographic profile and increased expectations of local authority funded care.
- Children's Services has embarked on a major change programme to develop early help services and reduce the demand on social care services. The impact of early help services will take some time to come to full fruition and is dependent on close co-ordinated work from partner agencies. This work is being co-ordinated through the children's trust

Efficient public services

- The workforce, both internal and external, both paid and voluntary remains our key asset in delivering our objectives. The high cost of housing, alternative job opportunities and the pressure of the job present challenges in delivering a sustainable paid and volunteer workforce.

Section C: key performance issues requiring intervention / consideration.

The following narratives explain outcomes which Directors have rated “Red”. A Red rating indicates that the outcome in question might not be achieved by year end as things stand, based on a number of factors including levels of performance and risk.

1.	Corporate Plan priority	EFFICIENT PUBLIC SERVICES
	Outcome affected	Working with the NHS, private and voluntary sector providers to deliver effective services
	Dashboard details	Success indicator 7
<p>Oxfordshire has had a long term problem with delayed transfers of care. In 2016/17 over 51,000 bed days were lost to delays, which was the 4th highest rate in the country and nearly 3 times the national average.</p> <p>Prior to October 2016, there were a multitude of services supporting people to leave hospital. This often resulted in people being passed between services. Early in 2016, the Council and local NHS partners agreed a streamlined pathway with a single service supporting discharge. The new service was commissioned and the contract was awarded to Oxford University Hospitals NHS Foundation Trust in a new service called HART. The service is contracted to deliver just under 9000 hours of care per month. However, because of the challenges of recruiting and retaining care workers the service has only delivered 67% of contract levels since October 2016. The Council and provider are working together on an action plan to increase recruitment and improve retention so that the service will be at capacity by the end of September 2017. This has been subject to an external review by the NHS England Quality Assurance Team. They noted:</p> <ul style="list-style-type: none"> • A reduction in the waiting list • More robust screening/triaging of patients accessing the service • Weekly reprioritising of community patients • Multi-disciplinary approach to supporting patients in the community with good liaison between the HART team and colleagues in Oxford Health NHS trust • Daily review of patients waiting discharge from hospital and re-prioritising based on need • Inclusion of therapy in the skill mix of the HART service • Commissioning and use of additional respite beds to provide contingency for the service • Therapy services and social care in-reach into respite beds with good outcomes for patients • Reducing package sizes, through support from OCC's Reablement Outreach Team • Improving recruitment and retention and associated recruitment trajectory which although ambitious is felt to be achievable 		
Recommended action		No further additional action is recommended at this time. Comprehensive action plans are in place. NHS England have reviewed the situation and plans and concluded "(Oxfordshire) evidenced good assurance ... in managing the patient flows as well as risk stratification and oversight of patients waiting "

2.	Corporate Plan priority	PROTECTING VULNERABLE PEOPLE
	Outcome affected	Number of preventative “safe and well” visits carried out by OCC FRS and Community Safety teams in this quarter (target -1,562) to help vulnerable children and adults lead a more independent and secure life.
	Dashboard details	Success indicator 46
<p>This quarter the number of Safe and Well visits carried out is currently recorded as significantly lower than last year. This was due to a backlog of processing the paperwork generated from the visits as a result of reduced resources attributable to the establishment of a new administration support team and the development of a new electronic recording process.</p> <p>This did not present a significant risk, and we expect the rate for quarter 2 to be back on target once the reporting and administration systems are embedded.</p>		
Recommended action		No further additional action is recommended at this time.

ANNEX 2 – PERFORMANCE DASHBOARDS

CORPORATE PLAN 2017-18 PRIORITIES AND OUTCOMES, BY DIRECTORATE

PRIORITY: A STRONG AND THRIVING ECONOMY

Outcomes	3,332 businesses given advice and support to grow (CSS)	Increase school attendance - leading to improved attainment (CEF)	An Infrastructure Strategy for Oxfordshire is delivered (Communities)	High-quality jobs, and a skilled workforce, are created and sustained (Communities)	Funding for public services is maximised (Communities)	OCC's responsibilities for spatial planning are executed (Communities)	Highways are adequately maintained (Communities)
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PRIORITY: PROTECTING VULNERABLE PEOPLE

Page 251	14,168 children and young adults (to include looked after children) to be better educated to lead safer and healthier lives (CSS)	Number of preventative "safe and well" visits carried out by OCC FRS and Community Safety teams (target -1,562 per quarter) to help vulnerable children and adults lead a more independent and secure life. (CSS)	To deliver 266,664 specific safety messages to contribute towards promoting a safer community, across all social media platforms (CSS)	Ensuring all children have a healthy start in life (PH)	Preventing early death and promote healthy lifestyles (PH)	Safely reducing the number of looked after children - providing support to enable families to care (CEF)	To deliver sustained and improved experience for people who access our services (SCS)	To deliver Sustainable, good quality services (SCS)
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PRIORITY: EFFICIENT PUBLIC SERVICES

Outcome	1,000 more people alive as a result of our prevention, protection and emergency response activities (CSS)	When a fire occurs we aim to send the nearest fire engine in the quickest time possible (CSS)	Helping early – most effective, least intrusive, solutions to problems (CEF)	Improving the confidence and capability of the whole workforce (CEF)	Working with the NHS, private and voluntary sector providers to deliver effective services (SCS)	Use the expertise of our customers and other key stakeholders to design, procure and evaluate services (SCS)	Household waste is disposed of efficiently and effectively (Communities)	Year on year reduction in OCC's carbon equivalent emissions (Communities)
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OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

SOCIAL AND COMMUNITY SERVICES – PERFORMANCE DASHBOARD – Quarter 1 2017-18

		Outcome	Success Indicator	Target	Cumulative Target Y/N	Q1 RAG	Outlook
<div> <div> Protecting Vulnerable People </div> <div> Efficient Public Services </div> </div>	60	Deliver sustained and improved experience for people who access our services	1 Maintain the high level of user satisfaction	67%	N	G	↔
			2 Maintain the high level of people using social care who receive a direct payment	>28%	N	G	↑
	60	Deliver sustainable, good quality services	3 The proportion of social care providers rated as 'outstanding' or 'good' by the care quality commission in Oxfordshire remains above the national average	80%	N	G	↑
			4 Increase the number of quality and monitoring checks that have been undertaken in the quarter	159	Y	G	↓
	25	Work with the NHS, private and voluntary sector providers to deliver effective services	5 Reduce the number of people delayed in hospital awaiting social care from an average of 28 in March 2017 to 14 at the end of March 2018	14	N	A	↑
			6 Reduce the delayed transfers of care that are attributable to adult social care from an average of 67 in March 2017 to 66 at the end of March 2018	66	N	G	↔
			7 Increase the number of hours from the hospital discharge and reablement service to 8920 hours per month	8920	N	R	↑
		Use the expertise of our customers and other key stakeholders to design, procure and evaluate services	8 Involve more people in co-producing service redesign with the council and ensure at least 9 co-production products are delivered in 2017/18	9	Y	G	↑

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

CHILDREN, EDUCATION AND FAMILIES – PERFORMANCE DASHBOARD – Quarter 1 2017-18

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG	Outlook
THRIVING ECONOMY	Increase school attendance - leading to improved attainment	9	Persistent absence rates to be in the top quartile nationally by 2018 for secondary schools	Top quartile	N		↔
		10	Permanent exclusions to remain in the top quartile nationally	Top quartile	N		↔
PROTECTING VULNERABLE PEOPLE	Safely reducing the number of looked after children - providing support to enable families to care	11	Reduce the number of looked after children from 667 at March 2017 to the average of our statistical neighbours (582) by March 2019, with an interim target of 629	629	N	A	↑
		12	Reduce the number of children becoming looked after in 2017/18 by 15%. This is a reduction from 371 to new looked after cases to 316. (This is the equivalent of reducing avoidable demand from 36% to 25%)	316	Y	A	↑
		13	Increase the number of children leaving the looked after service in 2017/18 by 36%. This is an increase from 266 children to 362	362	Y	A	↑
EFFICIENT PUBLIC SERVICES	Helping early – most effective, least intrusive, solutions to problems	14	Increase the number of early help assessments from 458 in 16/17 to 3000 in 18/19, with an interim target of 1750 in 2017/18	1750	Y	A	↑
		15	Reduce the level of enquiries to the MASH from 19,417 in 2016/17 to 9,500 in 2018/19, with an interim target of 12,000 for 2017/18	12,000	Y	A	↑
		16	Reduce the level of social care assessments from 6650 in to 3600 in 2018/19, with an interim target of 4,500 in 2017/18	4,500	Y	A	↑
	Improving the confidence and capability of the whole workforce	17	Reduce caseloads so that by March 2018 over 75% of staff have caseloads at or below the agreed target level	75%	N	G	↑
		18	Invest in the workforce so that by March 2018 80% of cases are held by permanent staff	80%	N	G	↑

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

PUBLIC HEALTH – PERFORMANCE DASHBOARD – Quarter 1 2017-18

Outcome		Success Indicator		Target	Cumulative Target Y/N	Q1 RAG	Outlook
<div> <div> PROTECTING VULNERABLE PEOPLE </div> </div>	Ensuring all children have a healthy start in life	19	Number of mothers who receive a universal face to face contact at 28 weeks or above	70%	N	G	↔
		20	Percentage of births that have received a face to face New Birth Visit	95%	N	G	↔
		21	Percentage of children who received a 12 month review	93-95%	N	G	↔
		22	Percentage of children who received a 2-2.5 year review	93-95%	N	G	↔
		23	Babies breastfed at 6-8 weeks of age (County)	60-63%	N	G	↔
		24	% of Mothers who received a Maternal Mood Review in line with the local pathway by the time the infant is aged 8 weeks.	95%	N	G	↔
	Prevent early death and promote healthy lifestyles	25	% of eligible population 40-74 who have been invited for a NHS Health Check since 1/4/2013	84%	Y	G	↔
		26	% of eligible population 40-74 who have received a NHS Health Check since 1/4/2013	42%	Y	G	↔
		27	Rate of successful quitters per 100,000 smokers 18+ (reported a quarter in arrears)	>2315	N	G	↔
		28	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.	>6.8%	N	G	↔
		29	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.	>37.3%	N	G	↔
		30	Number of users on ALCOHOL ONLY that left treatment successfully (free of alcohol dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of ALCOHOL ONLY users in treatment.	>50%	N	G	↔

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

COMMUNITIES – PERFORMANCE DASHBOARD – Quarter 1 2017-18

		Outcome	Success Indicator	Target	Cumulative Target Y/N	Q1 RAG	Outlook
MONOCING THRIVING ECONOMY	Page 255	An Infrastructure Strategy for Oxfordshire is delivered	31 A prioritised infrastructure strategy providing a framework that enables the county's planned growth will be produced and developed by Sept 2017	Completion	N	A	↔
		High-quality jobs, and a skilled workforce, are created and sustained	32 Oxfordshire is chosen for 60 new investors / re-investors, 20 of which are 'high value' (as defined by DIT)	60/20	Y	G	↑
			33 We participate in 15 funding bids for innovation submitted to support the Smart Oxford programme	15	Y	G	↑
		Funding for public services is maximised	34 Value of monies secured in s106 / s278 agreements as a % of requirements identified through the Single Response process	80%	Y	G	↔
			35 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	36 80% of District Council planning applications are responded to within the agreed deadline	80%	Y	G	↑
			37 50% of Mineral and Waste applications are determined within 13 weeks	50%	Y	G	↑
		Highways are adequately maintained	38 100% of highway defects posing an immediate risk of injury are repaired within 24 hours	100%	Y	A	↑
			39 90% of highway defects that create a potential risk of injury repaired within 28 calendar days	90%	Y	G	↑
			40 28% of the A and B Classified road network where carriageway maintenance should be considered.	28%	Y	G	↑
EFFICIENT PUBLIC SERVICES		Household waste is disposed of efficiently and effectively	41 59% of household waste is reused, recycled or composted	59%	Y	G	↑
			42 60% of waste from HWRC which is recycled	60%	Y	A	↑
		Year on year reduction in OCC's carbon equivalent emissions	43 Average 3% year on year reduction in carbon equivalent emissions from OCC estates and activities	3%	Y	G	↑

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

COMMUNITY SAFETY SERVICES – PERFORMANCE DASHBOARD – Quarter 1 2017-18

	Outcome		Success Indicator	Target	Cumulative Target Y/N	Q1 RAG	Outlook
THRIVING ECONOMY	3,332 businesses given advice and support to grow	44	833 businesses given advice and support, per quarter.	833	Y	G	↑
PROTECTING VULNERABLE PEOPLE	14,168 children and young adults (to include looked after children) to be better educated to lead safer and healthier lives	45	3,542 children and young adults to be better educated to lead safer and healthier lives, per quarter	3,542	Y	G	↔
	6,248 vulnerable children and adults helped to lead more secure and independent lives, supported by safe and wellbeing visits	46	Number of preventative “safe and well” visits carried out by OCC FRS and Community Safety teams (target -1,562 per quarter) to help vulnerable children and adults lead a more independent and secure life	1,562	Y	R	↑
	To deliver 266,664 specific safety messages to contribute towards promoting a safer community, across all social media platforms	47	To deliver 66,666 specific safety messages across all social media platforms, per quarter.	66,666	Y	G	↑

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

COMMUNITY SAFETY SERVICES - continued

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG	Outlook
EFFICIENT PUBLIC SERVICES	1,000 more people alive as a result of our prevention, protection and emergency response activities	48	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	49	80% of emergency call attendances to be made within 11 minutes, per quarter	80%	Y	G	↔
		50	95% of emergency call attendances to be made within 14 minutes, per quarter	95%	Y	G	↔

EXTRACT FROM 2016-17 PERFORMANCE DASHBOARD – FOR INFORMATION (see page 1, paragraph 8)

The outcome and measure below were reported on in every quarter of 2016-17. The outcome remained assessed as Green throughout the year and was not substantially discussed at any of the meetings it went to. Mid-year, Cllr Lindsay-Gale requested the reference to libraries to be added.

This was the sole outcome in the 2016-17 dashboard owned by Corporate Services directorate. Its continued use in 2017-18 will be determined in the ongoing review of Resources Directorate's priorities and business plan.

	Outcome	Success Indicator		Target	Cumulative Target Y/N	Q1 RAG	Outlook
EFFICIENT PUBLIC SERVICES	Communities are encouraged to help themselves with support from the County Council, strengthening the role of individual citizens and communities	-	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 Council's Voluntary & Community Sector Infrastructure Contract. Also through direct service delivery under the Oxfordshire Together programme and using communications and services facilitated by OCC libraries	-	N	-	-

OUTLOOK KEY: ↑ the outlook is positive/improving ↓ the outlook is negative/deteriorating ↔ the outlook is stable

Current areas of focus by the Council Leadership Team [CLT]
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As well as supporting staff to do their 'day jobs' delivering excellent services, the issues below have been identified as priorities for focus in the next few months by the Council's Leadership Team. We are keen to hear your views about how you will help us achieve these ambitions and whether you can make the link between your day to day work and these priorities.

1. **Supporting councillors** to undertake their community leadership role effectively and offer support to the **new council** as it drives our future direction
2. **Transforming the council** in the best interests of our residents, including by seeking local government reorganisation, the Fit for the Future programme, service redesign, encouraging innovation, customer focus
3. Supporting a skilled and effective **workforce**
4. Taking a '**Leadership of place**' role - seeking the best outcomes for Oxfordshire on the regional /national stage; and within local communities ('strategic' and 'local' focus)
5. Enabling sustainable **economic growth** in order to fund our future services
6. Seeking to invest in growth and service outcomes through our **investment strategy**
7. Working effectively **with the NHS** to improve the **health and wellbeing** of Oxfordshire's residents and achieve health and social care integration
8. Embedding approaches to **demand management** as we redesign our services
9. Improving the council's **reputation** locally, nationally and internationally by building awareness of what we do and increasing trust and confidence in us

In addition we will continue:

10. Delivering **excellent services** for our residents, meeting our statutory duties and working effectively with communities and partners
11. **Managing the business** effectively, including through robust governance and decision making processes
12. **To be responsive** to the unexpected and actively **horizon scan** to identify and act on opportunities and risks to the council's future direction

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Division(s): N/A

CABINET – 17 OCTOBER 2017

FORWARD PLAN AND FUTURE BUSINESS

Items identified from the Forward Plan for Forthcoming Decision

Topic/Decision

Portfolio/Ref

Cabinet, 28 November 2017

- **Staffing Report - Quarter 2 - 2017**
Quarterly staffing report providing details of key people numbers and analysis of main changes since the previous report.

Cabinet, Deputy Leader
2017/067
- **Review of Highway Maintenance Policies**
To seek approval of the policies.

Cabinet, Environment
2017/105
- **ICT Services - Future Service Delivery Model**
To consider options and seek agreement of future ICT sourcing and delivery arrangements.

Cabinet, Finance
2017/106
- **Treasury Management Mid-Term Review (2017/18)**
To provide a mid-term review of Treasury Management activity in 2017/18 in accordance with the CIPFA code of practice.

Cabinet, Finance
2017/066
- **Promotion of Council Land for Development**
To seek approval for the County Council to enter into agreements with third party land owners to collaborate and promote their land as part of a joint development. Approval required to incur costs associated with securing planning consent which will be offset against future capital receipts.

Cabinet, Property & Cultural Services
2017/104
- **Chiltern Edge School - Progress Report**
To consider a further report on the progress identified by the external review at its November meeting.

Cabinet, Public Health & Education
2017/113

Cabinet Member for Environment, 23 November 2017

- **Oxfordshire Minerals & Waste Annual Monitoring Report 2017**
To seek agreement to the Minerals & Waste Annual Monitoring Report for 2017, setting out progress on preparation of the Minerals & Waste Local Plan and the results of monitoring of minerals & waste planning policies.

Cabinet Member for Environment,
2017/076

<ul style="list-style-type: none"> ▪ Proposed Double Yellow Lines - Mill Road, Shiplake To seek approval of the proposals. 	Cabinet Member for Environment, 2017/051
<ul style="list-style-type: none"> ▪ Proposed Waiting Restrictions - Radley Station, Radley To seek approval of the proposals. 	Cabinet Member for Environment, 2017/029
<ul style="list-style-type: none"> ▪ Proposed Double Yellow Lines - Hawksworth and Collett, Didcot To seek approval of the proposals. 	Cabinet Member for Environment, 2017/044
<ul style="list-style-type: none"> ▪ Proposed Waiting Restrictions - Greenwood Meadow and Station Road, Chinnor To seek approval of the proposals. 	Cabinet Member for Environment, 2017/034
<ul style="list-style-type: none"> ▪ Proposed Amendments to Waiting Restrictions and Bus Gate - Access to Headington Scheme To seek approval of the proposals. 	Cabinet Member for Environment, 2016/138
<ul style="list-style-type: none"> ▪ Proposed Double Yellow Lines - Cromwell Way and Water Eaton Lane, Gosford To seek approval of the proposals. 	Cabinet Member for Environment, 2017/046
<ul style="list-style-type: none"> ▪ Proposed 30mph Speed Limit Extension - B4016 Appleford Road, Sutton Courtenay To seek approval of the proposals. 	Cabinet Member for Environment, 2017/054
<ul style="list-style-type: none"> ▪ Proposed Speed Limit - A417 Wantage to Lockinge To seek approval of the proposals. 	Cabinet Member for Environment, 2017/055
<ul style="list-style-type: none"> ▪ Proposed Extension to Double Yellow Lines - Rock Road, Carterton To seek approval of the proposals. 	Cabinet Member for Environment, 2016/135
<ul style="list-style-type: none"> ▪ Proposed Waiting Restrictions, Double Yellow Lines and Disabled Bay - Chilton Field Estate, Chilton To seek approval of the proposals. 	Cabinet Member for Environment, 2016/136
<ul style="list-style-type: none"> ▪ Proposed 30mph Speed Limit - The Hale, Chesterton To seek approval of the proposals. 	Cabinet Member for Environment, 2017/022
<ul style="list-style-type: none"> ▪ Proposed Relocation of a Toucan Crossing and Right Turn Ban - Bicester Road, Gosford To seek approval of the proposals. 	Cabinet Member for Environment, 2017/024
<ul style="list-style-type: none"> ▪ Proposed Loading Bay - School Lane, Grove To seek approval of the proposals. 	Cabinet Member for Environment, 2017/025

<ul style="list-style-type: none"> ▪ Amendments to Parking Order - Water Eaton Park & Ride, Gosford To seek approval of the proposals. 	Cabinet Member for Environment, 2017/047
<ul style="list-style-type: none"> ▪ Proposed Amendments to Cycle Tracks and Waiting Restrictions - Access to Headington Scheme To seek approval of the proposals. 	Cabinet Member for Environment, 2017/007
<ul style="list-style-type: none"> ▪ Proposed 30mph Limit and Traffic Calming - Denchworth Road and Newlands Drive, Grove To seek approval of the proposals. 	Cabinet Member for Environment, 2017/089
<ul style="list-style-type: none"> ▪ Proposed One Way System - Lambs Crescent, Banbury To seek approval of the proposals. 	Cabinet Member for Environment, 2017/043
<ul style="list-style-type: none"> ▪ Murcott Road, Arncott - Traffic Calming Build Out To seek approval of the proposals. 	Cabinet Member for Environment, 2017/114
<ul style="list-style-type: none"> ▪ Bankside Banbury - Proposed Waiting Restrictions To seek approval of the proposals. 	Cabinet Member for Environment, 2017/117
<ul style="list-style-type: none"> ▪ A4158 Iffley Road, Oxford - Proposed Waiting Restrictions To seek approval of the proposals. 	Cabinet Member for Environment, 2017/118
<ul style="list-style-type: none"> ▪ Kingston Blount - B4009 Proposed Traffic Calming Build Outs To seek approval of the proposals. 	Cabinet Member for Environment, 2017/119
<ul style="list-style-type: none"> ▪ Burford Road, Witney - Proposed Build Out in Layby To seek approval of the proposals. 	Cabinet Member for Environment, 2017/120
<ul style="list-style-type: none"> ▪ A4095 at Enslow - Proposed 40mph Speed Limit To seek approval of the proposals. 	Cabinet Member for Environment, 2017/121
<ul style="list-style-type: none"> ▪ Middleton Stoney Road - Amended Traffic Calming Measures and Bus Stops To seek approval of the proposals. 	Cabinet Member for Environment, 2017/122
<ul style="list-style-type: none"> ▪ Headington West CPZ Oxford - Proposed Amendments To seek approval of the proposals. 	Cabinet Member for Environment, 2017/123
<ul style="list-style-type: none"> ▪ B4100 Warwick Road, Banbury - Proposed Extension of 30mph Speed Limit and Toucan Crossing To seek approval of the proposals. 	Cabinet Member for Environment, 2017/124

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| <ul style="list-style-type: none"> ▪ B4100 Warwick Road, Banbury - Proposed Zebra Crossing South East of Ferndale Road
To seek approval of the proposals. | <p>Cabinet Member
for Environment,
2017/125</p> |
| <ul style="list-style-type: none"> ▪ A4095 Witney Road, Long Hanborough - Proposed Extension of 30mph Speed Limit
To seek approval of the proposals. | <p>Cabinet Member
for Environment,
2017/132</p> |
| <ul style="list-style-type: none"> ▪ Station Road, Didcot - Proposed Zebra Crossing
To seek approval of the proposals. | <p>Cabinet Member
for Environment,
2017/133</p> |

Cabinet Member for Public Health & Education, 22 November 2017

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| <ul style="list-style-type: none"> ▪ Oxfordshire County Council's Recommended Sponsor for the New Primary School at Southam Road, Banbury
To seek approval as to whether to formally support OCC's choice of recommended sponsor to run the new Southam Road, Banbury primary school. | <p>Cabinet Member
for Public Health &
Education,
2017/074</p> |
| <ul style="list-style-type: none"> ▪ Oxfordshire Pupil Place Plan 2017-2021
To seek approval to formally adopt the updated Pupil Place Plan for Oxfordshire. | <p>Cabinet Member
for Public Health &
Education,
2017/079</p> |
| <ul style="list-style-type: none"> ▪ Proposed Extension of Age Range at Hardwick Primary School, Banbury
To seek approval of the extension of the age range at Hardwick Primary School to 2-11 from January 2018. | <p>Cabinet Member
for Public Health &
Education,
2017/080</p> |
| <ul style="list-style-type: none"> ▪ Expansion of Edward Feild Primary School, Kidlington
Whether to give final approval to the expansion of Edward Field Primary School to 2 form entry. | <p>Cabinet Member
for Public Health &
Education,
2017/127</p> |
| <ul style="list-style-type: none"> ▪ Extension of Age Range at Dunmore Primary School, Abingdon
Whether to approve the extension of age range at Dunmore Primary School from 3-11 to 2-11. | <p>Cabinet Member
for Public Health &
Education,
2017/128</p> |