Public Document Pack

NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 12 September 2019 at 2.00 pm

Town Hall, Oxford

Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: ***Julieta Estremadoyro, Partnership Board Officer***
Tel: (01865) 326464; Email: commissioning.partnershipboard@oxfordshire.gov.uk

Membership

Chairman – District Councillor Andrew McHugh
Vice Chairman - District City Councillor Louise Upton

Board Members:

Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Cllr Paul Barrow	Vale of White Horse District Council
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Graeme Kane	District Council Director Representative
Det Chief Insp Clare Knibbs	Domestic Abuse Lead, Thames Valley Police
Andy McLellan	Healthwatch Oxfordshire Ambassador
Cllr Michele Mead	West Oxfordshire District Council
Val Messenger	Deputy Director of Public Health, Oxfordshire County Council
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Jackie Wilderspin	Public Health Specialist, Oxfordshire County Council

Notes:

- ***Date of next meeting: 21 November 2019***

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. Welcome by Chairman

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Notice of Any Other Business

14:05
5 Minutes

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting.

6. Note of Decision of Last Meeting (Pages 1 - 8)

14:10
10 Minutes

To approve the Note of Decisions of the meeting held on 16th May 2019 and to receive information arising from them.

7. Performance Framework and Report Card on MMR vaccination (Pages 9 - 18)

14:15
15 Minutes

Reports presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council and Dr. Nisha Jayatilleke, Consultant in Public Health, NHS England

To receive and update on performance and discuss any Red and Amber rated indicators.
To discuss proposals for improving uptake of MMR vaccinations in Oxfordshire.

8. Introduction to the new Healthwatch Ambassador

14:30
10 minutes

Presentation by Andy McLellan, Oxfordshire Healthwatch Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

9. Housing Support Advisory Group report (Pages 19 - 26)

14:40
20 Minutes

Report presented by Nerys Parry, Housing Strategy & Needs Manager, Oxford City Council - HSAG Chair

To update the Board on the work of the Housing Support Advisory Group including:

- Performance indicators update
- Process for an independent review of deaths of homeless or recently house people
- Plans for Transformation & future commissioning

10. Affordable Warmth Network update (Pages 27 - 46)

15:00
10 Minutes

Report present by Katharine Eveleigh, Health Improvement Practitioner, Oxfordshire County Council

To discuss proposals for increasing referrals from health professionals for home improvements which result in warmer homes.

11. Whole System Approach to Healthy Weight (Pages 47 - 52)

15:10
20 Minutes

Report presented by Donna Husband, Head of Public Health Programmes and Jannette Smith, Health Improvement Principal, Oxfordshire County Council

To receive an update on national guidance and local implementation of the Whole Systems Approach to Obesity and discuss next steps.

12. Diabetes Transformation overview and progress report (Pages 53 - 60)

15:30
10 Minutes

Report presented by Paul Swan, Transformation Programme Manager, Long Term

Conditions, Oxfordshire Clinical Commissioning Group

To understand the scope and progress with Diabetes Prevention initiatives in Oxfordshire in the context of the whole systems approach to obesity.

13. **Making Every Contact Count** (Pages 61 - 66)

15:40
10 Minutes

Presented by Kate Austin, Health Improvement Practitioner, Oxfordshire County Council

To receive an update on the training and implementation of Making Every Contact Count (MECC) from the Oxfordshire MECC System Implementation Group.

14. **Domestic Abuse update** (Pages 67 - 110)

15:50
10 Minutes

Report presented by Sarah Carter, Strategic Lead Domestic Abuse, Oxfordshire County Council

To receive an update on progress in developing the Domestic Abuse Strategy and discuss the range of indicators that will monitor progress.

15. **Forward Plan** (Pages 111 - 112)

16:05
5 Minutes

Presented by Jackie Wilderspin, Public Health Specialist, HIB Lead Officer, Oxfordshire County Council

Discussion and suggestion for future items.

ITEMS FOR INFORMATION ONLY

- The Prevention Green Paper
  Please follow this link : https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 16th May 2019 commencing at 14:00 and finishing at 16:05

Present: **Board members**	Cllr Louise Upton, Oxford City Council, Cllr Lawrie Stratford, Oxfordshire City Council, Cllr Michele Mead, West Oxfordshire District Council Dr Kiren Collison, Oxfordshire Clinical Commissioning Group Dani Granito, Oxford City Council Jackie Wilderspin, Oxfordshire County Council Val Messenger, Oxfordshire County Council
In attendance	Julie Dandridge, Oxfordshire Clinical Commissioning Group Paul Brivio and Keith Johnson, Active Oxfordshire Eunan O'Neill, Oxfordshire County Council
Officers:	Julieta Estremadoyro, Oxfordshire County Council
Apologies:	Cllr Andrew McHugh, Cherwell District Council Diane Hedges, Oxfordshire Clinical Commissioning Group Richard Lohman, Healthwatch

ITEM	ACTION
1. Welcome Cllr Upton welcomed everybody to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies received as per above. Cllr Michelle Mead from West Oxfordshire District Council is replacing Jeanette Baker who retired. Julie Dandridge from OCCG, attended to represent Diane Hedges. Cllr Upton announced that Cllr Anna Badcock, and ex-councillors Monica Lovatt and Jeanette Baker were no longer attending. New members from South Oxfordshire and Vale of White Horse will be appointed. **Action: The Chair to write to Anna, Monica and Jeanette to thank them for their contribution to the HIB.**	**Chair**

3. Declaration of Interest There were no declarations of interest at this meeting.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Notice of Any Other Business Kiren would like to report on social prescribing.	
6. Note of Decision of Last Meeting The notes of the meeting held on 14th February 2019 were signed off as a true and accurate record. Actions update: <u>From Item No. 5</u> 5 – <u>Action on Communication and Campaigns</u> – Anna and Jackie were going to develop a joint approach on health promotion campaigns among the districts. There was no opportunity to take this forward before the election. In the light of this, Jackie proposed to contact the communication teams from all partner organisations to share health campaigns and to widen the audience. **Action: All members to involve their communication teams in sharing health promotion campaigns.** <u>From Item No. 7 (Performance Dashboard)</u> 7.1 Jackie reported that NHS England has not carried out Health Equity Audits of screening programmes on the areas relevant to HIB. She suggested to follow this up through the Health Protection Forum. **Action: Jackie to circulate to NHS England the letter to "all working groups of the Health Improvement Board and organisations delivering priority work"** 7.2, 7.3a and 7.3b were all completed. <u>From Item No. 10 (Domestic Abuse)</u> It is on the agenda.	**All** **JW**
7. Performance Framework Val Messenger presented the Performance Report (on Page 9 of the agenda). The performance is presented with a table of indicators identifying how well existing programmes of work are doing.	

There has been good progress in most of the indicators. The main concern is the declining uptake of measles, mumps and rubella immunisations. It was agreed that an action would be taken to request NHS England to prepare a report card on what are the possible causes and what action have been taken nationally and locally to reverse the downward trend. Questions and commentaries: Some members felt that there is a need to explore what can be done at a local level now, instead to wait for NHS England to act. It was suggested developing campaigns highlighting the problem. There was a question on whether these indicators have been translated into actual cases of children falling ill from these diseases. Val reported that they are informed regularly of any outbreak and that she could circulate this information to the group in the case of any outbreaks. There was a question on whether there is a cultural element regarding uptake of cervical and breast screening as in the East United Football report regarding men's health. Val commented that this is the reason why NHS England were asked about the equality impact assessments. She added that it would be a good practice to identify those communities with lower uptake of these screenings but unfortunately the information is not there at present. **Action: Val to request a Report Card from NHS England regarding the falling levels of measles, mumps and rubella immunisations.**	**VM**
8. Health Ambassador Report Richard Lohman did not attend to present the item. Jackie could forward any question from the members. Cllr Upton was interested to know more about the work they are doing on mental health. She reported on a meeting with a mental health nurse from a private company assigned to a GP practice that did not know the name of any of the GPs there. Julie Dandridge conceded that health care practitioners not knowing each other it is a quite common shortcoming of the system. The NHS Long Term Plan and the new GP contract are aiming to get practitioners and communities together to better serve the population.	
9. Tobacco Control Alliance: findings of an audit of current provision . Eunan O'Neill presented the document *Oxfordshire Tobacco Control Alliance and the Clear assessment: a summary report* (page 17 in the agenda pack)	

Tobacco control is an umbrella name for all the activities that aim to reduce smoking prevalence and related issues in Oxfordshire. A year ago, the Tobacco Control Alliance was formed in the county with a wide range of partners from across the community for a whole system approach. It was agreed at the first meeting that one of the first actions they would take would be to complete the CLeaR assessment recommended by the Tobacco Control Plan for England. The paper set out a summary from the self-assessment and peer review on the strengths of partnership work in Oxfordshire and the areas for further development. <u>Questions and Commentaries:</u> Members were complementary about the report that has highlighted many positive things happening, particularly in deprived areas. It has also set important tasks like challenging tobacco industry lobbying and the criminal gangs targeting children. Eunan was also congratulated on implementing the CLeaR Assessment from the beginning of the project. Eunan was asked what the Alliance wants to do in terms of leadership. He commented that political leadership is really important as would allow them to reach other organisations that are not yet represented in the Alliance. More senior representation would also bring a more strategic direction with a stronger commitment from the organisations involved. Eunan would also like the support of the HIB and he develops a strategy. It was also noted that the report highlighted key aspects that could be included in the Prevention Framework to be presented to the Health and Wellbeing Board with the aim to develop a county wide strategy on this issue. **It was agreed that the HIB would continue to champion the development of a Tobacco Control Strategy for Oxfordshire.**	**All**
10. Domestic Abuse: Action Plan, Performance Report and 5-Year Strategy Sarah Carter presented the documents *Update on Domestic Abuse Strategy* (Page 23 of the agenda pack), *Key messages from consultation events* (Page 37) and *Annual Report on Delivery of Domestic Abuse Strategic Recommendations* (Page 39) Cllr Upton congratulated Sarah on bringing the reports that were asked from her at the last HIB meeting. Sarah commented that the consultation events held to discuss the development of the Domestic Abuse Strategy were very successful, with a good turnout. Key messages were fed into the strategies. One of the outcomes of the consultation events was the decision not to change the terminology from “Domestic Abuse” to “Violence against Women and Girls”.	

Participants thought that to refer to women and girls was restrictive, the same with the term “Violence” that came across as narrowing down the broad spectrum of coercive behaviours. They settled for a Domestic Abuse (DA) Framework. Another result of the consultations is to have a strategy that encompasses all the people affected by DA. Not just the victims are taken into consideration but also the whole families including the perpetrators and also the diverse range of people affected: young people, victims with complex needs. This involves developing partnerships addressing all these aspects. Sarah commented on the Year 1 (2019-20) of the Delivery Plan that focused on Prevention, Provision, Pursuing and Partnership and gave an account of the programmes at work/or being developed and the agencies involved. (see pages 27 to 33 of the agenda pack). Sarah provided an update on how specialist services were performing. The access service is working very well and waiting times were within target. The outreach team can provide 75 people/families with the support needed. People will use the service for a period of transition (approximately 4 months). The outcomes are very positive with 94% achieving independent living. Another strategy that it is working well is appointment of the Independent Domestic Violence Advisors (IDVA). There are three across the county. The complex needs service that was initially a pilot is now a commissioned contract and are close to target. Refuges have presented more problems. One of them was relocated so the transition meant some disruption, but the new premises are now being used. <u>Comments and questions:</u> Cllr Stratford was concerned about the cultural differences of what constitute abuse and the forms to tackle it, particularly at refuges/safe places levels. Sarah commented that Thames Valley is working with A2 Dominion mapping communities and doing community development work with them. This relates to a 2-year project focussing on Black, Asian, Minority Ethnic and Refugee communities. The final report of the project is expected to shed light on the services that need to be implemented addressing the different communities’ needs. Sarah commented on another challenging aspect of refuges and it is when people living in Oxfordshire need a place elsewhere. Not all councils still commission provision of refuges so it can be hard to place people out of county. A recent government announcement will make it a legal requirement for each council to provide a certain number of refuge places. Sarah added that they want to expand the training that they are providing. They have widened the list of organisations that they want to target. They have a very good response from housing workers, but they also would like to provide training to CAFCASS and the Witness Service. Sarah will attend future meetings to present an updated Strategy Framework.	

11. Active Oxfordshire: Update and Strategic Plan

Keith Johnson and Paul Brivio presented the item. They referred to the document *Our Health Prevention and Physical Activity Work – Aligned to County and National priorities* (Page 49 of the Agenda Pack) and to the presentation (Page 59)

Keith commented on the organisational changes that have taken place over the last year. He highlighted that Active Oxfordshire is now an independent organisation. They have a clean bill of health from Sport England, their main funders and have new people joining the team. They are also strengthening relations with the HIB partners. Their aim is to group together the key influences in the county that share the same ambition of building a community in which everybody feel that physical activity is an essential part of their daily routine, to contribute setting the local priorities and to challenge health inequalities.

In presenting slides covering their work, Paul Brivio highlighted that his main concern was the almost 80% of Children/Young People in Oxfordshire that do not meet the recommended 60 minutes physical activity per day among other issues.

Comments and questions:

Members noted that other age groups should also be targeted ("middle age" and the age range 16 to 34 were mentioned)

Val highlighted the positive financial and environmental impact of getting the population more active. People would stop driving cars, there would be less pollution and cities could be planned in a different way.

She also expressed her concern about the correlation between children over 5 not having an hour of physical activity to children under 5 that are having less that the 3 hours recommended.

The presenters were questioned on whether they have a comprehensive list of the school programmes of physical activities such as the "Daily Mile". Paul reported that they have a better knowledge of what primary schools are doing because they are monitoring the implementation of Pupil Premium. They are promoting a range of different activities that the school can do. What they have done well is focusing on the schools that are not taking part in anything with collaboration of Public Health and the City Council.

Jackie congratulated Active Oxfordshire for the significant progress they have made in 8 months and thanked Keith in particular for his steadfast persistence and for coming to the HIB meeting to keep all informed. He will be missed as the Chair of the Active Oxfordshire Board when he steps down next month.

Jackie also commented on the implementation of the Older People's Strategy which is being look after in another part of the structure of the Health and Well Being Board. The strategy includes a theme of "being emotional and

physically healthy" and suggested that this is another area that Active Oxfordshire can get involved with. She noted that people governing the Older People's Strategy implementation will be interested in what Active Oxfordshire is doing. Members highlighted the importance of health promotion types of messages: that included daily physical activities with equivalence to a sport (e.g. hoovering for half an hour will be equivalent to x amount of kick boxing). There should be more emphasis in the day to day activities, in the need for people to incorporate physical activity in their own life. 30 minutes 5 times a week, built this into the daily routine. Keith thanked the Board members for their kind comments and highlighted that the success of Active Oxfordshire in attracting funding is a strong vote of confidence in the organisation and in the engagement of the organisation with partners. The support of Sport England is critical.	
12. **Joint Strategic Needs Assessment** Jackie gave a short presentation on the *Joint Strategic Needs Assessment 2019 - Summary of Findings*. (In the agenda, a link was provided to the major piece of work that she encourages everybody to read). She showed some slides that gave a flavour of the useful information provided.	
13. AOB and Forward Plan Kiren proposed to the HIB members could host a workshop in order to develop an overarching strategy on social prescribing. Social prescribing is commissioned in different places and several models are already operating in different parts of the county. Primary Care Networks will be able to recruit Link Workers soon too. The proposal will be to explore how the partners/organisations doing social prescribing can join up if this is beneficial. Jackie proposed a workshop on social prescribing lasting 2 or 3 hours in which the members could invite a range of people to talk about it. There could be opportunity to look at models that are already in operation. They can discuss the roles of the health sector, district councils and voluntary/community organisations. The aim is a strategic overview rather that one size fits all. Members endorsed the Health Improvement Board taking action on social prescribing. Michele Mead (West Oxfordshire DC) added that she would like to understand better what it is social prescribing and support the idea of a workshop. **Action: Jackie to arrange a workshop on social prescribing** Forward Plan: if any member would like to add something to the upcoming meetings, let Jackie know.	**JW**

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Health Improvement Board
12 September 2019

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The indicators are grouped into the over-arching priorities of:

    - A good start in life
    - Living well
    - Ageing well
    - Tackling Wider Issues that determine health

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.

4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.

5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. No reports are expected until the end of Q1 2019/20 and therefore this table is included for information only.

6. The latest update for some indicators relates to 2018/19; therefore, RAG rating also refers to 2018/19 targets. Performance for those indicators that are updated this quarter can be summarised as follows:

    Of the 11 indicators reported in this paper:
    8 *indicators are* ***green***
    6 *indicators are* ***amber***
    1 *indicator is* ***red -*** *4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90. A representative from Housing Support Advisory Group (HSAG) will attend HIB with a more detailed report.*

Health Improvement Board Performance Indicators 2019/20

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target >6% by 2022	Q4 2018/19	7.7%	A	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q1 2019/20	94.6%	A	RAG based on 18/19 targets
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q3 2018/19	91.7%	A	RAG based on 18/19 targets
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L				The baseline for children who are obese and does NOT include those overweight (but not obese) Data for 2018/19 academic year is likely to be released in November / December 2019
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L				
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	Nov 2018	19.1%		This is an interim figure. Directly comparable data will be available later in the year.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	L	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sept 18 to Feb 19	51.4%	A	
	% of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	99%	L	Q1 2019/20	84.4%	G	
	% of the eligible population aged 40-74 years receiving an NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	51%	L	Q1 2019/20	42.0%	G	
	2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5 (under 50 years))	68.2% (all ages) Q4 2017/18	80%	N	Q3 2018/19	67.8%	A	
	2.19ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years (over 50 years))		80%	N	Q3 2018/19	76.3%	A	

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
Ageing Well [1]	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sept 18 to Feb 19	76.3%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q3 2018/19	58.7%	G	
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q3 2018/19	73.5%	G	
Tackling wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	>208	L	Q4 2018/19	141	G	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q4 2018/19	89.1%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	90 (2018-19)	>90	L	Q3 2018/19	119	G	
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	no baseline	Monitor only	-	Q4 2018/19	307	-	
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	no baseline	Monitor only	-	Q4 2018/19	162	-	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q4 2018/19	15	-	

1. These measures may be revised in the year, once the older People's Strategy is finalised.

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Process	**Rag**	**Process**	**Rag**	**Process**	**Rag**	**Process**	**Rag**
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan	
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group		Promoting MECC approach and training within stakeholder organisations		Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model		1. Engagement with local/regional MECC networks to contribute updates and share learning. 2. Test/shadow BOB STP MECC Metrics.	
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat		Establish a working group for mental wellbeing		1. Identify wider stakeholders; 2. Suicide Prevention Multi-Agency Group active in May and Dec		Develop Mental wellbeing framework	
Diabetes Transformation							1. National Diabetes prevention programme - increase uptake from baseline; 2. Increase percentage of patients achieving all three NICE treatment targets; 3. Attendance at diabetes structured education - increase numbers from baseline; 4. Increase percentage of patients with 8 care processes completed from baseline	
Domestic Abuse	tbc		tbc		tbc		tbc	
Healthy Place Shaping	tbc		tbc		tbc		tbc	

Social Prescribing	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey; 2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators		Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.					

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Oxfordshire Health Improvement Board
Detailed performance report

1. Details

Strategic Priority: Improving immunisation uptake
Strategic Lead: *Nisha Jayatilleke (Consultant in Public Health), NHS England*

PROGRESS MEASURE: Uptake of MMR vaccine at 2yrs and 5yrs in Oxfordshire

Current indicator RAG Rating

2. Trend Data

Quarterly uptake of MMR vaccination in Oxfordshire – 2018-19

National targets			BENCHMARKING					
			England	**Oxfordshire CC**				
			2018-19	2018-19				
	Minimum	Target	Q3	Q1	Q2	Q3	Q4	Annual
Primary MMR- **24 month**	90%	95%	90.0	93.5	94.3	92.8	94.6	94.0
Primary MMR- **5year**	90%	95%	94.6	97.7	97.6	96.2	97.2	97.0
Second MMR- **5year**	90%	95%	86.6	90.1	90.7	89.4	91.7	90.4

3. What is the story behind this trend? - Analysis of Performance

MMR vaccination is recommended to protect against measles, mumps and rubella. It is important to aim for high coverage and herd immunity as it provides protection for children who either too young to be vaccinated or, in rare cases, cannot be vaccinated for medical reasons. The first dose of MMR should be given between 12 and 13 months of age (i.e. within a month of the first birthday). A second dose is normally given before school entry but can be given routinely at any time from three months after the first dose.

The data shown here are for the MMR vaccine collated as part of the COVER programme (Cover of Vaccination Evaluated Rapidly) which shows immunisation coverage data in the UK. The COVER programme monitors immunisation coverage for all children who reach their first, second or fifth birthday during each evaluation quarter. The three indicators shown above have defined age boundaries to enable comparison between quarters. However, it must be noted that parents may choose to attend immunisation clinics outside of these evaluation dates.

Primary MMR at 24months- this measure shows the percentage of children that have received 1 dose of MMR on or after their 1st birthday and before their 2nd birthday among all children who have reached their 2nd birthday within the evaluation dates.

Primary MMR at 5 years- this measure shows the percentage of children that have received 1 dose of MMR vaccine among children who reached their 5th birthday within the evaluation dates.

Second MMR at 5 years- this measure shows the percentage of children that have received 2 doses of MMR vaccine on or after their 1st birthday and before their 5th birthday among children who reached their 5th birthday within the evaluation dates. In Q3 of 2018-2019, there was a decline in second MMR at 5 years to below 90%. However, the figure has improved in Q4. There is ongoing work to improve immunisation uptake in Oxfordshire.

4. What is being done? - Current initiatives and actions

Actions	Commentary
• Project developed by NHS England to reduce variation in immunisation uptake among GP practices in Oxfordshire and delivered by Child Health Information System provider	The project team support practices with low uptake and practices with less systematic approaches by identifying and making personalised suggestions to suit the practice set up.
• Through the above project and previous projects, NHS England have funded the development of 'top tips and toolkit for improving immunisation' for practices to utilise.	This includes helpful advice on various factors that can help improve immunisation uptake at GP practice level (e.g.- review of registration packs for new registrants at the practice to ensure immunisation history is captured, recorded accurately and any missing immunisations are offered promptly)
• Ensuring the eligible population is accurate.	As part of work through CHIS and project described above GP practices are encouraged to de-register families that have moved out of area or left the country.
• Ensure all families are reminded when child becomes eligible	Timely invitation and reminder letters (if not attended) sent to all families when child reaches eligible age in Oxfordshire.
• Robust methods to identify vaccinated children which included supporting practices to ensure they code the vaccines on clinical IT system accurately	Automated extractions are in place to reduce administrative burden on GP practices and to improve timely data collection. However, some GP practices have required additional support to ensure they are coding correctly
• MMR also offered to older children outside of this age parameter across Oxfordshire	NHS England commission the school immunisation provider in Oxfordshire to offer MMR in primary and secondary schools in Oxfordshire to every child that has not received two doses of MMR.
• From April 2019, changes to GP contract	In primary care, practices are identifying children aged 10 and 11 years and make further offer of vaccination.
• Oxfordshire Health Protection	The committee receive quarterly reports on issues related to immunisation and progress on

Committee	local initiatives
• Health promotion activities	As a direct response to performance noted in Q3, media interviews to encourage families to take up offer

What needs to be done now? - New initiatives and actions

	Action	By Whom & By When
•	NHS England will continue to invest in the initiative to reduce variation in immunisation uptake in GP practices through clinical support from the child health information system provider.	NHS England- July 2019
•	Continue to monitor population and practice level data quarterly to identify practices with low uptake rates and offer appropriate support	CHIS – ongoing NHS England- ongoing
•	NHSE to continue collaborative work with local stakeholders i.e. local authority, primary care, CCG, PHE South and the community trust through quarterly Immunisation Working Groups to promote and improve uptake of MMR and embed the relevant good practice from the national measles and rubella elimination strategy Available at- https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy	NHS England in collaboration with stakeholders Quarterly - ongoing
•	CHIS send practices a list each month of all those children who are missing vaccinations so that they can be invited by the practice or flags put on the child's and parents record for opportunistic discussion at appointments	CHIS- ongoing

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Health Improvement Board – 12th September 2019
Update report of Housing Support Advisory Group (HSAG) to HIB

1. Purpose

1.1 To update the Board on the work of the Housing Support Advisory Group including

- Performance indicators update (4.1; 4.4, 4.5 and 4.6)
- Process for an independent review of the deaths of homeless or recently housed people
- Approach to county-wide transformation & future commissioning of service for rough sleepers and single homeless people

2. Main Report – Performance Indicators Update

2.1 This report relates to measures 4.1, 4.4, 4.5 and 4.6 of the HIB Performance Framework which relate specifically to housing data collected in respect of various statutory duties carried out by Housing Authorities in Oxfordshire during 2018-19.

2.2 There is a specific reason for the delay on reporting measures 4.4-4.6. In April 2018 a new statistical system, known as H-CLIC, was introduced to report data back to MHCLG in respect of statutory housing and homelessness data. This was a significant departure from previous methodologies and it has been reported by MHCLG that data quality issues have arisen from the change and in some cases local authorities have had their data imputed based on past trends. This is not the case for any of the Oxfordshire councils but MHCLG have suggested that caution should still be used if comparing the latest data with historic data.

2.3 HCLIC was aligned with the introduction of the Homelessness Reduction Act 2017 (HRA).The pre-HRA 2017 homelessness legislation provided an important safety net for vulnerable households but it required housing authorities to intervene only at crisis point, often too late to prevent a homelessness crisis. The households who did not have a priority need (e.g. do not have children) often did not receive the support to secure accommodation.

2.4 The HRA 2017 is a seminal piece of legislation and the most significant change seen in the last 20 years. The aim of the HRA 2017 is to ensure that:

- Help is available to everyone who is at risk of homelessness
- Upstream prevention/intervention takes place to avoid crisis situations
- The local authorities work with people and in partnership with other agencies to find the best sustainable solutions
- There is less emphasis on priority and on intentionally homeless

2.5 The HRA builds further on the work of the national Trailblazer Programmes, with the work of the Oxfordshire Trailblazer, which focussed on cross-system upstream prevention work, having previously reported to this Board.

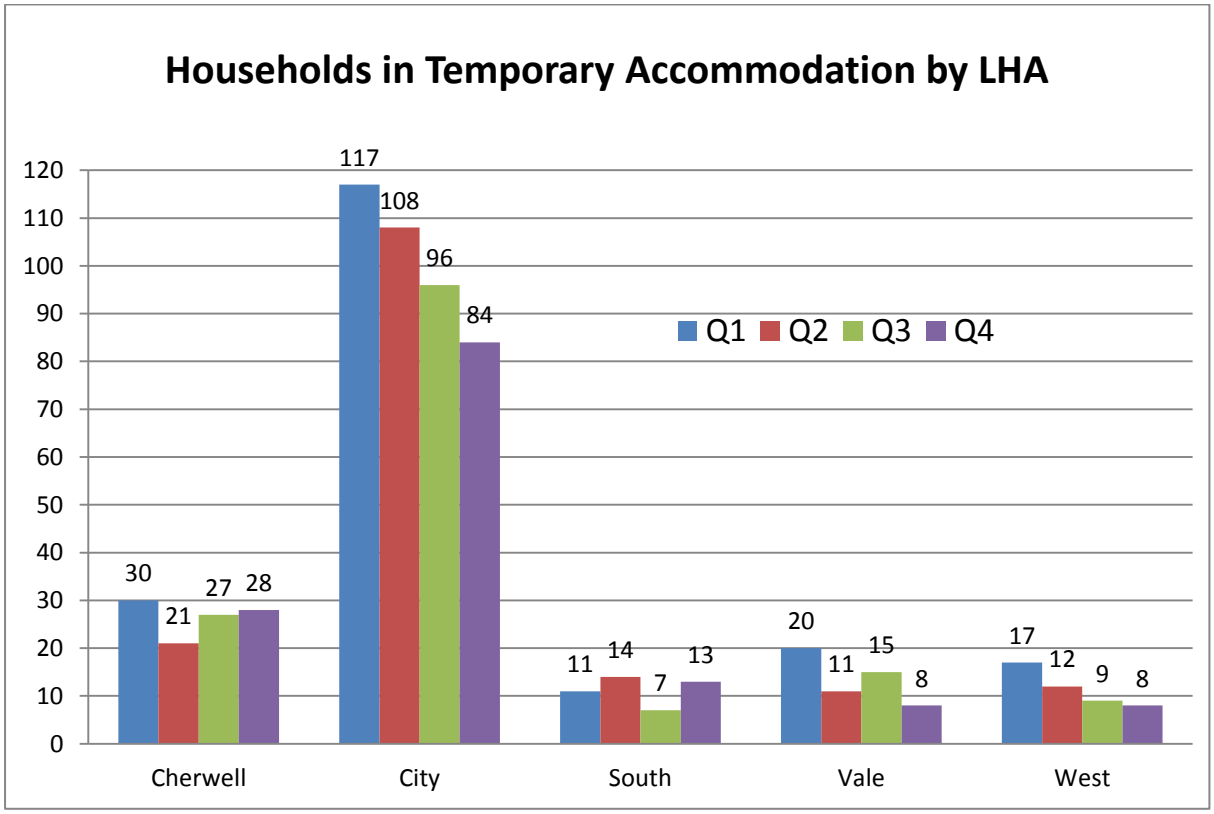
2.6 Whilst it is difficult to compare activity under the HRA to previous years' activity, the following data gives early indications that the Act is seeing an increase in prevention activity as would be expected and a consequent drop in the numbers in temporary accommodation.

Measure 4.1 – Temporary Accommodation

2.7 The graphic below illustrates the numbers of households placed in temporary accommodation for each quarter of 2018-19, based on a snap shot count at the end of each quarter.

2.7 Between Q1 and Q4 there has been a reduction in the number of households in temporary accommodation from 195 to 141. Most of this reduction can be attributed to Oxford City, but Vale of White Horse and West Oxfordshire have also seen sizeable reductions. The numbers for Cherwell and South Oxfordshire have remained relatively static.

2.8 In Cherwell there was an initial increase following the introduction of HRA. This then reduced in Q2 but the numbers have increased again in Q3 and Q4. Cherwell have indicated that this is because they have decided to utilise the capacity they have in their temporary accommodation (as a result of declining placements under statutory duties) to provide extended placements for those households that would not normally be accommodated to further increase their prevention activity.



2.9 At Oxford City Council numbers in temporary accommodation have declined but as anticipated, applicants remain longer in our temporary accommodation under the new duties. The most significant change within temporary accommodation has been a shift towards supporting more single people, often with multiple complex issues, e.g. poor mental health, high risk and substance misuse. In 2017-18 the City Council placed 35 singles and 119 families in temporary accommodation. In 2018-19 this was 53 singles and 102 families.

2.10 The downward trend for Oxfordshire largely bucks the trends that have been experienced across the rest of the country. At the end of Q3 MHCLG reported that when compared with the same period for the previous year the rest of England (excluding London)

had seen a 9.1% increase in households accommodated in temporary accommodation. In London there was a 3.1% increase.

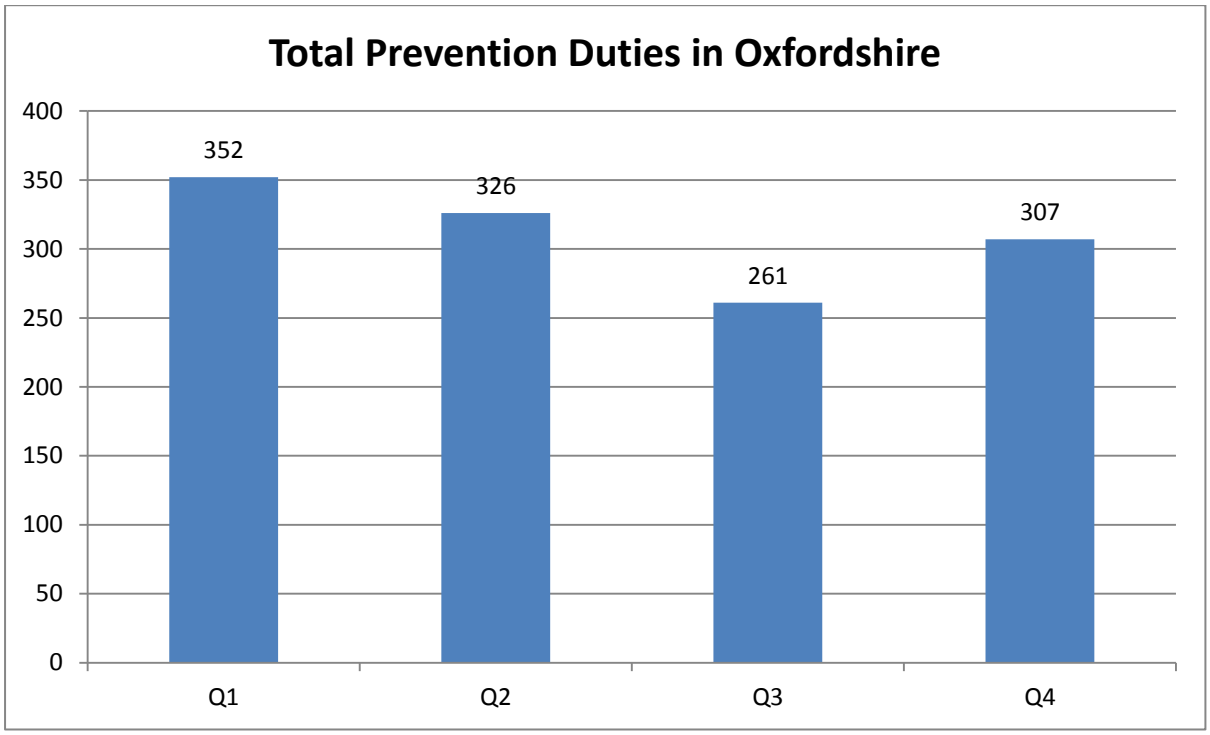
(Note – The full national figures for 2018-19 are yet to be reported)

Measure 4.4 - Prevention Duties

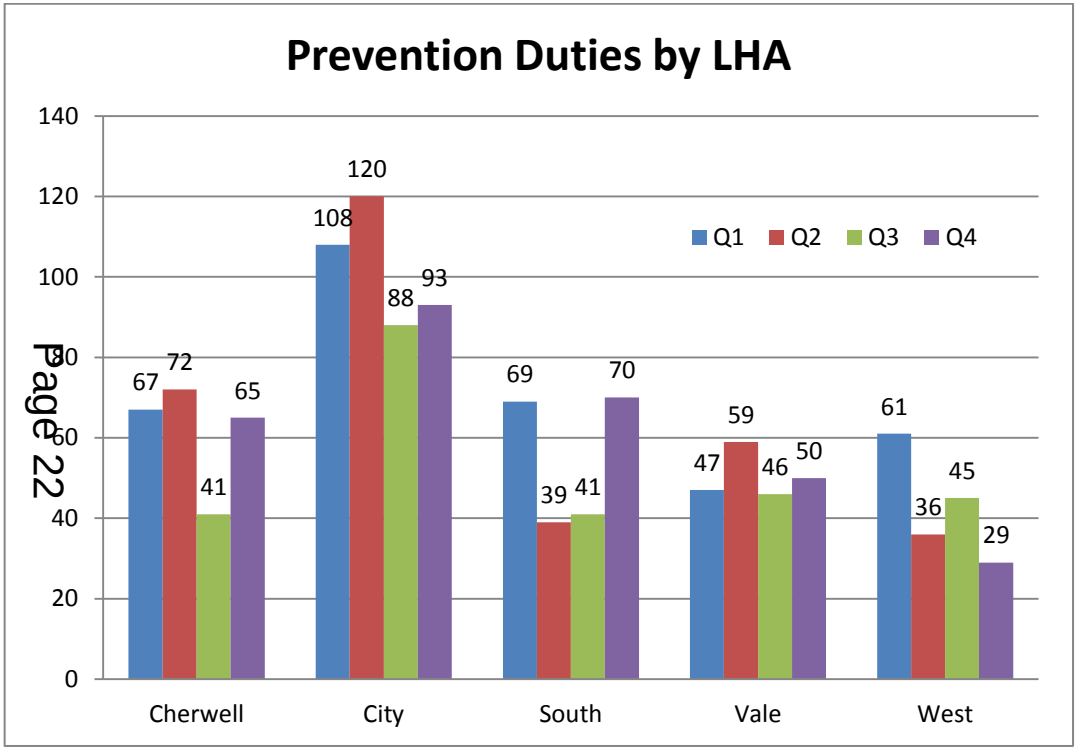
2.11 Prevention duties include any activities aimed at preventing a household threatened with homelessness from becoming homeless. This would involve activities to enable an applicant to stay in their current home or find alternative accommodation in order to prevent them becoming homeless. The duty last for 56 days but may be extended if the local authority is continuing with efforts to prevent homelessness.

2.12 In total there were 1,246 prevention duties undertaken across the County in 2018-19. There is no emerging trend across the County with the overall numbers demonstrated in the following graph.

2.13 In Q2 and Q3 there were successive reductions in the number of people receiving prevention duties in the county but this has subsequently increased in Q4.



2.14 On the following page the graphic on the left hand side of the page illustrates the number of prevention duties that have been accepted, each quarter, by each District/City. Oxford City and West Oxfordshire have both experienced reductions in the number of prevention duties, Vale of White Horse and Cherwell have experienced broadly relatively static numbers and South Oxfordshire appear to have seen two peaks and troughs.


Prevention Duties by LHA
140
120
100
80
60
40
20
0
Q1
Q2
Q3
Q4
67
72
41
65
108
120
88
93
69
39
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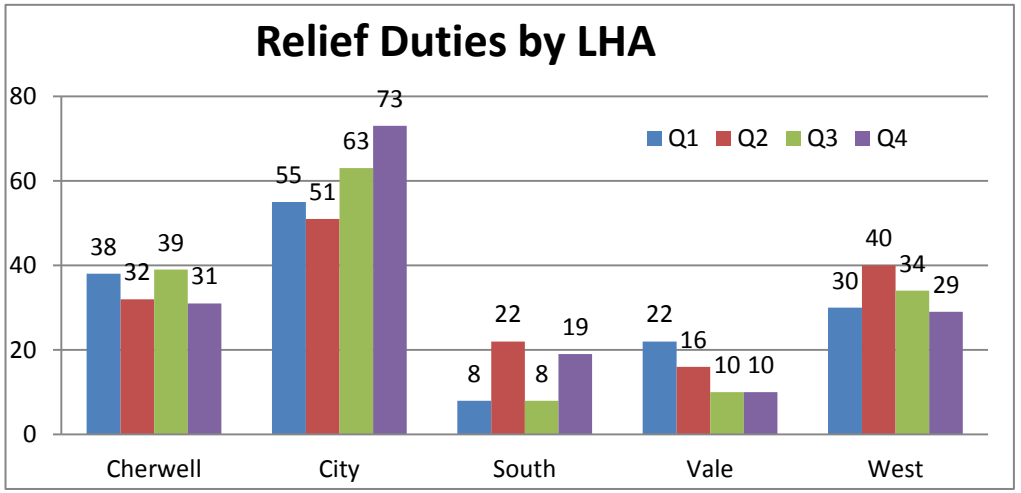
70
47
59
46
50
61
36
45
29
Cherwell
City
South
Vale
West


Relief Duties by LHA
80
60
40
20
0
Q1
Q2
Q3
Q4
38
32
39
31
55
51
63
73
8
22
8
19
22
16
10
10
30
40
34
29
Cherwell
City
South
Vale
West

Measure 4.5 – Relief Duties

2.15 Relief duties are owed to households that are already homeless and require help to secure settled accommodation. They duty last 56 days, and can only be extended by a local authority if the household would not be owed a main homelessness duty.

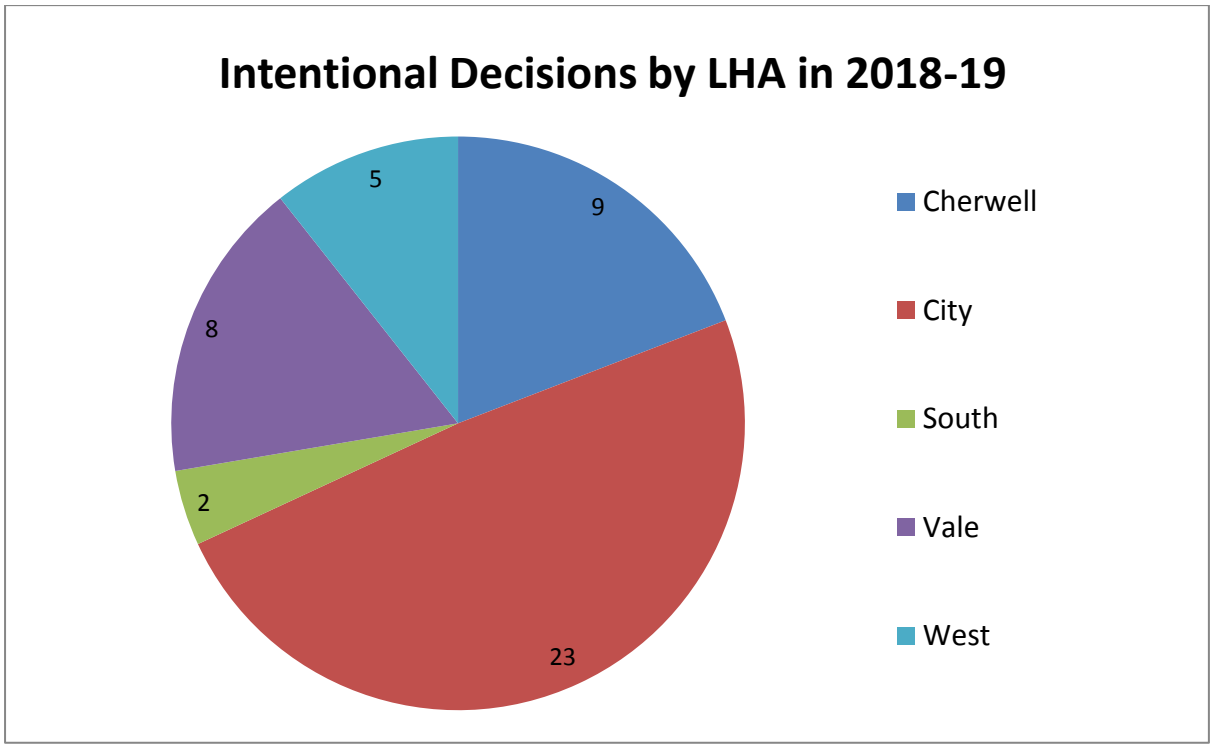
2.16 In total there have were 630 relief duties provided across Oxfordshire in 2018-19. This is almost exactly half the number of households benefitting from a prevention duty. In each quarter there has been a relatively consistent number of households receiving the duty, with a low of 153 and a high of 162.

2.17 The right hand graph illustrates the number of relief duties accepted each quarter by the local authorities. Oxford City has seen an increase since the introduction of HRA in the number of relief duties picked up each quarter. West Oxfordshire and Cherwell have experienced relatively static numbers, whereas Vale of White Horse has seen a steady decrease. South Oxfordshire has seen a cycle of peaks and troughs.

2.18 The two diagrams have been aligned to compare the levels of both prevention and relief across the whole of Oxfordshire. Both South Oxfordshire (79%/21%) and the Vale of White Horse (78%/22%) have seen a disproportionately low number of relief duties when compared to their prevention duties. Conversely West Oxfordshire has exhibited a disproportionately high level at 57%/43%. However, when assessing this against national data it would appear that the figures for West are more aligned with England as a whole. For example the nationwide proportions in Q2 were 56%/44% and Q3 they were 54%/46%.

Measure 4.6 – Intentionally Homeless

2.19 In 2018-19 there were 47 households considered to be eligible, homeless, in priority need but intentionally homeless. The chart below indicates the split across the county. Oxford City accounts for virtually half of these decisions with 23 out of the 47 cases. Of those 23 cases, 17 related to families with dependent children.



3. Process for an independent review of deaths in the homeless pathway

3.1 In February 2019, Oxford City Council asked the Oxfordshire Safeguarding Adults Board (OSAB) to consider undertaking an independent investigation into the deaths of five people who were sleeping rough or who had experienced homelessness but had available accommodation in supported housing when they died.

3.2 OCC asked OSAB to consider holding a Safeguarding Adults Review (SAR) in the first instance. Following an investigation into the five deaths OSAB's SAR subgroup concluded that the criteria for a SAR were not met either individually or collectively. The SAR subgroup saw no evidence that agencies failed to work together to safeguard the five people who died or that abuse or neglect was known or suspected before their deaths.

3.3 The SAR subgroup's findings were then discussed by the OSAB executive board in May, which accepted the subgroup's recommendation not to hold a SAR.

3.4 The OSAB executive board also accepted a recommendation to review the systems in place to help people experiencing homelessness or in supported accommodation but who may have unmet health, care and support needs. The executive board has commissioned an independent consultant to undertake this work, working closely with HSAG partner, with the aim of presenting its findings to the Health and Wellbeing Board, which has strategic responsibilities for commissioning health and social care services in Oxfordshire.

3.5 The Terms of Reference are currently being signed off by HSAG with the aim of holding a workshop in early Autumn, with the findings being reported back to HSAG initially in November 2019.

4. Approach to County-wide Transformation of Rough Sleeping and Single Homelessness Service

4.1 In line with the national picture, rough sleeping in Oxfordshire is an increasing and visible issue to which we need to respond. The causes and nature are complex and continue to change over time and therefore there needs to be a strong commitment going forward to a county-wide review to help further develop understanding of the underlying causes and transform the approach to services.

4.2 Current contracts have been extended until March 2022 to allow this work to take place over the next 2 years. Its ambition is to transform the approach to all rough sleeping and single homelessness services in the County (not only those in the pooled budget) and will in the first instance produce a countywide strategy to provide a coherent, long term approach. This work will be led by a county-wide strategic post holder, following a successful funding bid to MHCLG by Cherwell District Council on behalf of the JMG partnership.

4.3 The programme of work will include:

- an evidence based, needs analysis of current and future needs including the views of a broad range of stakeholders and the people with lived experience of homelessness in the area
- The scoping of alternative operational models including detailed financial and transitional considerations
- Development of a county-wide strategy and subsequent commissioning strategy which will lead to the commissioning of new services by April 2022.

4.4 The long lead in time allows for complete tendering processes which could, in the case of significant transformation, take up to 12 months from initiation.

4.5 This approach will also significantly improve our ability to bid as a County for future longer-term MHCLG funding, should it become available.

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Report on Fuel Poverty and poor Housing Conditions
For the Health Improvement Board meeting on the 12th September 2019

1. Summary and recommendations

The Affordable Warmth Network (AWN) last reported to the HIB two years ago, on what it was planning to do over the coming years to tackle Fuel Poverty in Oxfordshire. Progress has been made on some of these ambitions.

Certain groups have been identified as being more likely to experience fuel poverty, namely those who experience socio-economic deprivation, are young, old, have a long-term health condition and who rent in the private rented sector or are in a rural setting.

The AWN has not only delivered the Better Housing Better Health freephone advice line, helping over 400 residents, it has been working to raise awareness and embed referral pathways with key health and social care partners. District Council's Environmental Health teams continue to work with landlords and tenants to tackle the poorer conditions in the private rented sector which contributes to improving the energy efficiency of the housing stock.

The AWN is addressing the needs of some of these groups well and other areas require more attention.

Recommendations

The Health Improvement Board are requested to

- Continue to champion the role housing plays in protecting and maintaining the health of both young, old and vulnerable and ensures housing has a place in the Health and Wellbeing Strategy.
- Request the AWN to report next year on the progress on tackling inequalities, particularly around young families.
- Challenge clinical and health and social care partners to explore opportunities to work more closely with the AWN, with success being demonstrated by an increase in referrals from health and social care practitioners to the BHBH service.

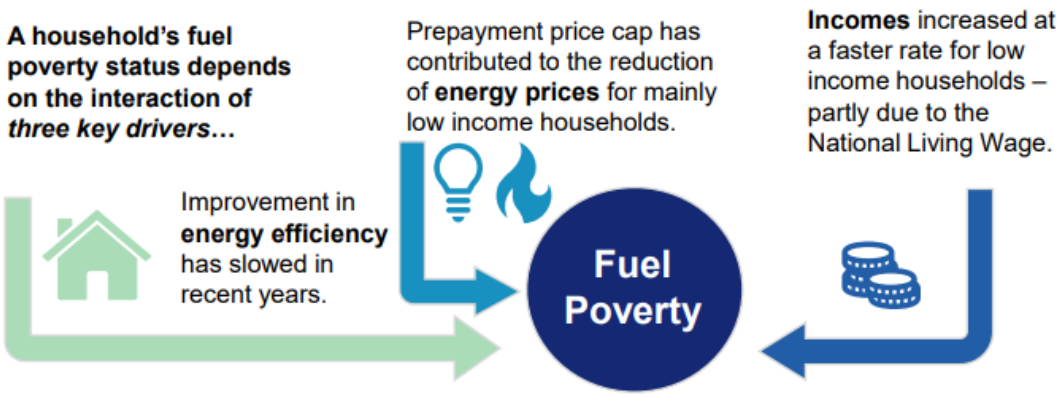
2. Background

The Oxfordshire Health and Wellbeing Strategy 2018-2023 recognises that housing and the quality of housing, is a wider determinant of health. Fuel poverty and associated Excess Winter Deaths are indicators of the quality of the housing stock as well as the systems that are there to help vulnerable residents.

The Oxfordshire Affordable Warmth Network (AWN),is a partnership of all Oxfordshire District Councils, Oxfordshire County Council and others such as the Oxfordshire Clinical Commissioning Group and Citizens Advice Bureaux. The charity National Energy Foundation (NEF) is funded by the Districts and County to provide a free phone advice line and referral mechanism to local grants and loans.

This is in line with NICE guidance[1] which recommends a single point of contact and is locally branded as Better Housing Better Health (BHBH). The Network also captures the work of partners, such as Environmental Health and Trading Standards enforcement activities to improve housing conditions, in relation to cold or damp homes.

Broadly fuel poverty has three causative factors - low household income, poor energy efficiency of homes (higher energy bills) and high energy prices (which also mean energy bills are higher). If someone has to spend a lot of time in their home, this makes it more likely that they may struggle with energy bills and heating their home to a healthy temperature.

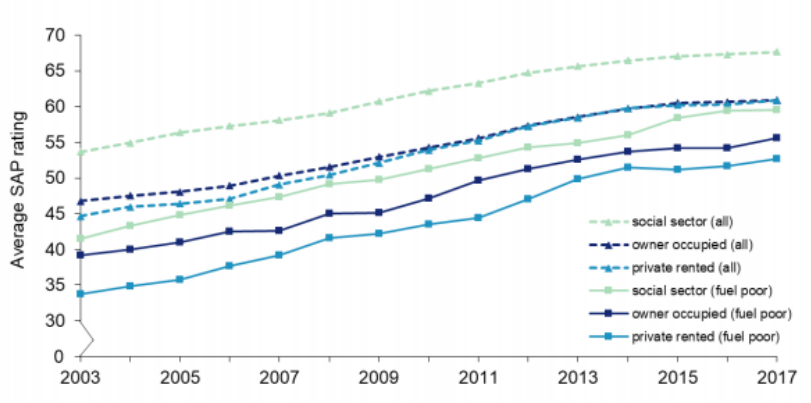


Fuel poverty is an indicator and not an absolute measure. Households can move in and out of it over time, dependent on income, energy efficiency of their home and fuel prices.

England's Fuel Poverty Strategy (currently out for consultation[2]), has a target to "Ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band C in their Energy Performance Certificate, by 2030." This target is echoed in the government's Clean Growth Strategy which has a target to get as many houses as 'practically possible' upgraded to an Energy Performance Certificate (EPC) rating of band C by 2030.

The figure below the illustrates the gradual improvement in energy efficiency of the nation's housing stock.

Figure 1: Average SAP rating by tenure, fuel poor and all households, 2003-2017[2]



[1] https://www.nice.org.uk/guidance/ng6

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819606/fuel-poverty-strategy-england-consultation.pdf

Energy efficiency improvement slowed between 2015 and 2017, due to a reduction in the number of energy efficiency measures installed[3]. At the current rate of upgrades of houses, the target of having as many upgraded as possible at an EPC rating of Band C will not be completed until 2060[4].

Local Fuel Poverty Picture

The Oxfordshire Joint Strategic Needs Assessment includes information on fuel poverty and that Oxford has a higher figure than England.

In 2017 (report released in 2019) England had an average of 10.9% of households in fuel poverty, up slightly from the previous year, the South East 8.7% and Oxfordshire's average is 8.5%, down slightly from the previous year. The rate varies across the County: Cherwell, 7.8%, South Oxfordshire, 7.7%, Vale of the White Horse is 7.4%, West Oxfordshire 7.3% and Oxford City 11.7%.

Impact on health and wellbeing of Fuel Poverty

The inability to heat a home will mean a home becomes cold. Cold temperatures place a strain on the body, particularly the cardio-vascular and respiratory systems. The mental strain of being cold or worrying about debt can decrease a person's mental wellbeing and exacerbate existing mental health conditions.

A systematic review of the evidence linking fuel poverty and health indicates cold conditions and fuel poverty may have a moderate effect on adult physical health, but a significant effect on the mental health of adults and young people, children's respiratory health, as well as infant weight gain and susceptibility to illness. These poor health outcomes contribute to inequalities in health[5].

Research into the cost of housing-related ill health, where poor housing conditions are a main contributor, estimates that the annual cost to the NHS is £2.5bn. This includes costs accrued by primary care services, treatment costs, hospital stays and outpatient visits[6]. According to the Kings Fund, housing interventions to keep people warm, safe from cold and damp are an effective use of resources. Every £1 spent on improving homes save the NHS £70 over ten years.

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817725/Headline_Release_-_HEE_stats_18_Jul_2019.pdf
[4] https://www.ippr.org/publications/beyond-eco
[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357409/Review7_Fuel_poverty_health_inequalities.pdf
[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357409/Review7_Fuel_poverty_health_inequalities.pdf

The NHS has several other policy levers to engage fully in delivering a prevention agenda for fuel poverty through increasing awareness of referrals to a single point of contact.

1) Local Cold Weather Plan
2) Winter Pressures
3) Better Care Fund
4) Long Term Plan
5) Social Prescribing, through the new Primary Care Networks
6) Making Every Contact Count
7) 'Advancing our health: prevention in the 2020s' – The recently published Prevention Green paper
8) NICE Guidance (NG6) and associated Quality Standard[7]. The quality standard covers reducing the health risks associated with cold homes. It includes identifying people at risk who are particularly vulnerable to the cold, such as young children, older people, and people with cardiovascular disease or mental health problems. It describes high-quality care in priority areas for improvement.

3. Progress of AWN since 2017

The report to the HIB in 2017 committed to the following action (in italics) and underneath each section is a summary of the work completed against each of those actions.

1. *A new service incorporating the helpline and all onward referrals called 'Better Housing Better Health '(BHBH) will be established and rebranded. This will be promoted as a single service referring out to all relevant services and funding streams including those currently under the banner of 'BHBH'. This will minimise confusion and duplication, and maximise engagement.*

   The service has been established and developed using NICE Guidance on 'Excess winter deaths and illness and the health risk associated with cold homes' and has been in operation since September 2017. This has included fully rebranding from the 'Affordable Warmth Network' to the 'Better Housing Better Health Service'. The service has been promoted to health and social care professional across the county as a single-point-of-contact that acts as a central hub to access a host of other relevant schemes and funding streams.

2. *The service will offer direct referrals only rather than signposting thereby consistently linking in with all other services, and producing more measurable outputs.*
3. *Each year the number of health and social care services that BHBH refers to will increase. In the first year, the target will be to incorporate the falls service, fire service, befriending service and Oxfordshire advice services.*

As part of the new service model BHBH provides direct referrals wherever possible. This includes direct referrals into all of the following services:

[7] https://www.nice.org.uk/guidance/qs117

- LEAP – Home energy visits
- ECO Funding – installers such as YES Energy, Happy Energy and Instagroup (based on best available offer)
- Local Authority Home Improvement Agencies
- Available Grant Funding – Npower Health Through Warmth etc.
- Warm Home Discount Schemes

Services incorporated in 2017-18 and being referred to are:

- Falls Prevention Service
- Oxfordshire Volunteer Befriending Service
- Safe and Well Visits – Oxfordshire Fire Service

A further three services were incorporated into the service in 2018-19:

- Warm Home Discount Schemes
- Priority Services Register[8]
- ECHO – Emergency boiler replacement

4. *In order to enable more referrals from health, social care and other frontline staff, Better Housing Better Health will clarify and clearly lay out the 'offer' from the service. This will be publicised to appropriate frontline professionals, partly via training packages (online and face to face) and can be aligned with the recent update of the AWN website http://affordablewarmthnetwork.org.uk/ .*

The BHBH website (www.bhbh.org.uk) has been updated to be more user friendly and with clearer branding and new marketing materials are being developed including a training guide, thermometer cards, leaflets and business cards which will be available for the 2019/20 winter period.

Contact has been developed with the Lead Respiratory Nurse and Respiratory Consultant, through the CCG Integrated Respiratory Team, to include training and referral pathways to respiratory clinicians, nurses and physiotherapists. This will be extended further through the training to primary care clinicians over the next 6 months. BHBH send out regular digital marketing including newsletters and social media campaigns aiming to engage with local health and social care professionals.

Two bids have been made for funding to the Energy Industry Voluntary Redress Scheme to provide the funding needed to develop an online training package although these have been unsuccessful to date, despite positive feedback.

5. *It is vital that health and social care professionals engage with this service and refer appropriate clients in to the service.*

Referrals from health and social care professionals continue (99 in 2018-19), however there is scope to increase the number of referrals. A meeting between Cherwell on behalf of districts with the CCG took place, which identified a need to simplify the referral process. The Winter Warmth campaign of 2019/20 is using a website with a referral form with enhanced

[8] https://www.ofgem.gov.uk/consumers/household-gas-and-electricity-guide/extra-help-energy-services/priority-services-register-people-need

functionality, to streamline referrals to Environmental Health and Home Improvement Agencies.

The partnership would be keen to welcome NHS provider trusts and the Winter Pressures team to forge stronger links with the AWN to ensure housing conditions and cold homes are embedded in assessments and discharge packages. Making Every Contact Count through flu clinics also offer an excellent opportunity for GP Surgeries to promote the service to the correct demographic. A base-line[9] audit as suggested in NICE guidance may be a potential starting point for bringing in partners.

6. *All services engaged with the new Better Housing Better Health service (including the phone line) will utilise existing Live Well and Family Information Services databases to register their own services and seek other appropriate referrals where necessary. This further encourages integration within health and social care.*

The BHBH call centre team make use of the Live Well and Family Information Service platforms to find and offer services to vulnerable householders if a need has been identified during a warmth and wellbeing assessment outside the scope of the interventions BHBH is able to provide.

4. Inequalities and Fuel Poverty

The AWN has reviewed the evidence that is available on which groups are more at risk of Fuel Poverty and cold homes and what interventions are in place to address these gaps.

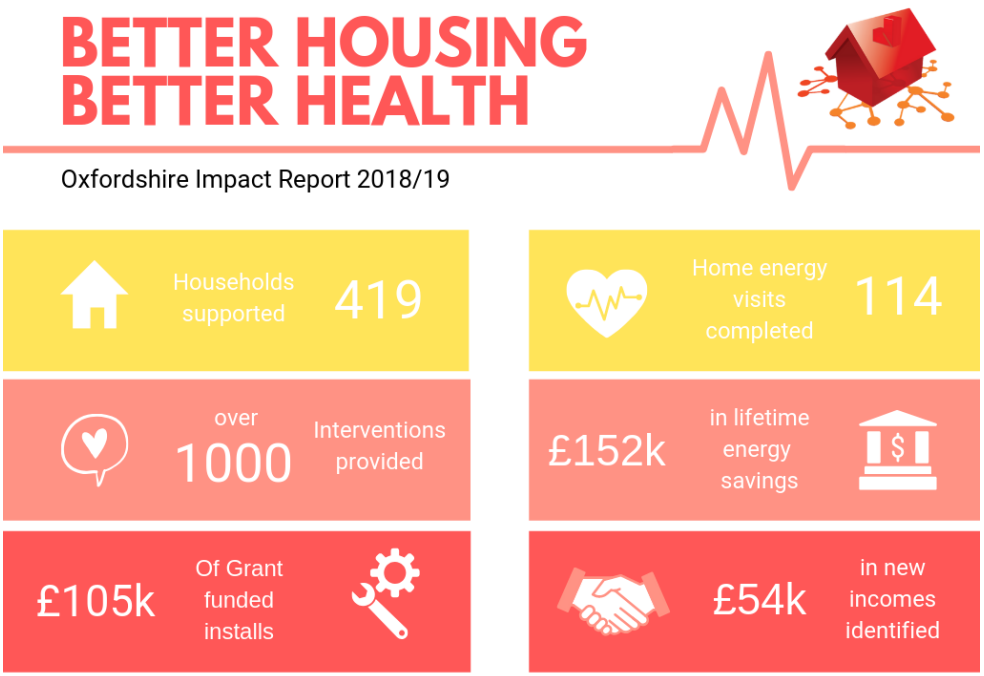
The following groups may experience fuel poverty more than others, more detailed information is available in Appendix 1.

- Those in lower socio-economic groups
  - Single parents
  - Couples with children, particularly under 5 years
  - Households with the youngest member is 15 years or under
  - Those households where the oldest member is between the ages of 16 and 24 years
  - Those who are unemployed
  - people who move in and out of homelessness
  - Those who are on either an electricity or gas prepayment meter
- Those in properties with a lower energy efficiency rating
- Those of an ethnic minority
- Those who live in rural areas.
- Those who live in privately rented accommodation
- Those who do not have a gas connection
- Older People (65 years and older) who live on their own.
- People with a disability or long term health condition, cardiovascular conditions, respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma), hearing or sight loss, people with addictions

[9] https://www.nice.org.uk/guidance/ng6/resources/baseline-assessment-6629

- Pregnant women
- People who have attended hospital due to a fall
- Recent asylum seekers and some immigrants

The Better Housing Better Health free advice phone line in 2018-19 delivered the following outputs.



Across the AWN partners in 2018-19 975 measures[10] were carried out which would likely remove a household from fuel poverty, which is up from 785 interventions in 2017-18. A breakdown can be found in Appendix 2.

What work is currently being done to tackle inequalities

The BHBH service captures some basic inequalities data, such as whether the client is disabled, has a long term health condition, in receipt of benefits or over 60 years old.

In 2018/19 the BHBH service

- 60% of enquiries where from a service user with a long term health condition
- 25% of all service users lived in an 'off-gas' property
- Over 100 service users who had more than one vulnerability to fuel poverty and cold homes

Lower socio-economic groups

- District Councils can access housing benefit data in order to target mail outs in order to reach low income households to direct people to local insulation and heating offers.

[10] Boiler installation, more efficient heating system installation, double glazed windows, HMO with F/G rating that have been improved to E or better, Hazard – Excess cold resolved, HHSRS damp and mould resolved, insulation measure, smaller energy efficiency/warmth measure.

- All Oxfordshire District Councils have an ECO Flexible Eligibility Statements of Intent which includes those on benefits as potential recipients of funding. These statements enable vulnerable residents to access funding through the ECO scheme.

Older people

- Home Improvement Agencies (HIA) are dedicated to helping older, disabled and vulnerable residents. The agency service is available to people who need help repairing, maintaining or adapting their home and is funded by the Better Care Fund.

- HIAs have grants available to keep clients safe and supported; for example in Oxford there is a Winter Warmth or Gas Safe grant, which has helped many residents remain warm and protected by servicing their boilers, cookers and gas fires and upgrading heating systems.

  Repair Grants or Flexible Home Loans enable home owners financial assistance with damp related issues, draft proofing, roof and window repairs and upgrading or replacing full heating systems.

- Oxford City Council leaves Winter Warmth packs when there is no heating along with temporary radiators.

- Small Repairs services, carry out small repairs to a home at a subsidised rate and can tackle the tricky jobs many can't.

- Oxford City Council offers a free energy efficiency survey and will install the smaller measures such as draft proofing windows and doors, fixing reflective radiator panels and replaces inefficient Thermostatic Radiator Valve's.

- Age UK Oxfordshire is invited to join and contribute to the AWN meetings.

- BHBH was invited to and has presented to the voluntary, community and social enterprise groups that work with older people and attend the Age UK Oxfordshire Community Network events across the five county districts.

- Trading Standards and Fire & Rescue Service undertake free electric blanket testing yearly to ensure those using them are safe and warm. BHBH is invited to these events which tends to focus on the older demographic.

- This year the winter warmth campaign is aimed at directing older owner occupiers to local housing condition support, grants, loans, etc. It will also provide professionals who work with vulnerable people a single place to make on line referrals.

- The Winter warmth campaign 18/19 focussed on the role the local community can play in volunteering, by looking out for people who would be vulnerable to the impact of winter weather and signposting them to the BHBH service. The reach was social media reach was over 1,000,000 impressions with 26,211 clicks and on TV, radio and newspapers, over 18,000 people would have seen the campaign.

Privately rented accommodation

- All District Councils have Environmental Health teams who inspect, advise and enforce housing standards in privately rented properties under
    - the Housing Act 2004,
    - Houses in Multiple Occupation Regulations and
    - the new Minimum Energy Efficiency Standards regulations.

Appendix 2 outlines the scale and nature of this work.

- Oxford City Council has been funded by the Department of Business, Energy and Industrial Strategy (BEIS) to increase awareness and compliance of the Minimum Energy Efficiency Standards[11] in the private rental sector (MEES). Building on previous work, the City Council is piloting MEES enforcement in private rented homes, therefore driving up their energy efficiency. Using council data, they are finding the unknown private rented sector in Oxford in order to check compliance with MEES. In partnership with the County Council, the project is assessing the feasibility of Energy Performance Certificates (EPCs) MEES enforcement delegation of powers to the City Council, whilst maintaining the ability to also enforce these regulations.

- Trading Standards enforces and provide compliance guidance on the The Energy Performance of Buildings (England and Wales) Regulations 2012. Homes must have an Energy Performance Certificate (EPC) when constructed, sold or let.

- Support responsible landlords with raising awareness of appropriate loans and grants.

- Enforcement of protection from eviction provisions (Deregulation Act 2015) and Protection from Eviction Act. The Tenancy Relations Officer supports and enforces (in Cherwell District Council and Oxford City) this legislation.

- Trading Standards is recruiting a project leader for Homes and Housing to make sure that renters get to make informed choices and are protected from the few rogue landlords.

Disability or long-term health condition

- GP databases have a code to record referrals to the BHBH service, which means referrals can be tracked.

- Through the Clinical Commissioning Group's pilot project for an Integrated Respiratory Team, clinicians have

    - received briefings on the role cold (and damp) homes plays on respiratory health,
    - the self-management plan has been updated to include the impact of cold homes,

[11] https://www.gov.uk/guidance/domestic-private-rented-property-minimum-energy-efficiency-standard-landlord-guidance

  - training to primary care clinicians is to be delivered and
  - GP surgeries are receiving feedback on the number of referrals they are making to BHBH.

- In order to facilitate partnership working an open access Oxfordshire Winter Warmth Yammer group exists which hosts useful and relevant information for all those with a stake in helping residents thrive during the winter months.

- Disabled Facilities Grants arrangements with referrals from Oxfordshire County Councils Occupational Therapy service and supported by the HIA, which is well established countywide.

- Links have been made to Adult Social Care to provide them with

  - a briefing on cold homes and the BHBH service,

  - as well as planned training to the call centre team, in line with the new strengths based approach they are adopting.

Besides those that are not able to invest in improving their home a local scheme Cosy Homes[12] has been developed to provide project management support and energy efficiency, to those able to pay.

5. Conclusions

- The national picture on reducing fuel poverty is one of bold statements and ambition with some progress being made, yet the resource available to deliver on the objectives is limited.

- The local partnership, AWN, is functional and is delivering positive outcomes for local residents.

- Inequalities are being addressed but there needs to be more focus on young families and children, in order to tackle the chronic issues associated with fuel poverty.

- The local wider system partners could be engaged with better by the AWN alongside capturing and reporting on that progress through the Quality Standard[13] to either the Joint Management Group or the HIB.

For and on behalf of the Affordable Warmth Network
Kate Eveleigh, Health Improvement Practitioner, August 2019

[12] http://retrofitworks.co.uk/portfolio-item/cosy-homes-oxfordshire/
[13] https://www.nice.org.uk/guidance/qs117

Appendix 1

Inequalities in fuel poverty

While it is generally accepted that three key factors create fuel poverty: energy inefficient properties, high energy bills and low incomes, some groups are more likely to experience fuel poverty[14].

Within the UK, fuel poverty is positively associated with poor fuel efficiency ratings (bands D to G), not being connected to the gas grid (relative risk 1.5), living in private rented accommodation (relative risk), and unemployment (relative risk 4). Lone parent and multi-occupancy households are the highest risk, reflecting a strong association with absolute deprivation. Conversely, single people under 60 are at lowest risk, as this cohort mainly comprises affluent single professional men and women; however, the risk rises for older people who live alone.

- **Those on a lower income**

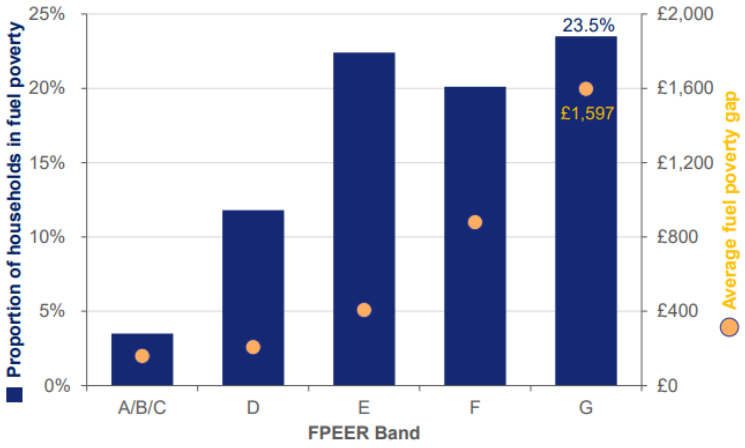
A social gradient in fuel poverty exists; those on lower household incomes are more likely to be at risk of fuel poverty, contributing to social and health inequalities.

A 2010 survey by the Centre for Sustainable Energy, reported that people in households with an income of less than 60% of the national average income had difficulty paying their fuel bills. During the previous winter, 62% of low-income households had cut back on heating and 47% had lived in homes that were colder than they wanted them to be. In low-income households, 47% of people with cold homes said the cold had made them feel anxious or depressed, and 30% said an existing health problem had worsened.

28% of those who had experienced rising expenses said this was due to housing costs, such as rent or energy, going up. Tenants in private housing were more likely to find it difficult to keep up with rents than socially rented properties.

- **Those in properties with a lower energy efficiency rating (SAP)**

The proportion of households in fuel poverty and the size of the average gap is highest for those living in Band G properties in 2017

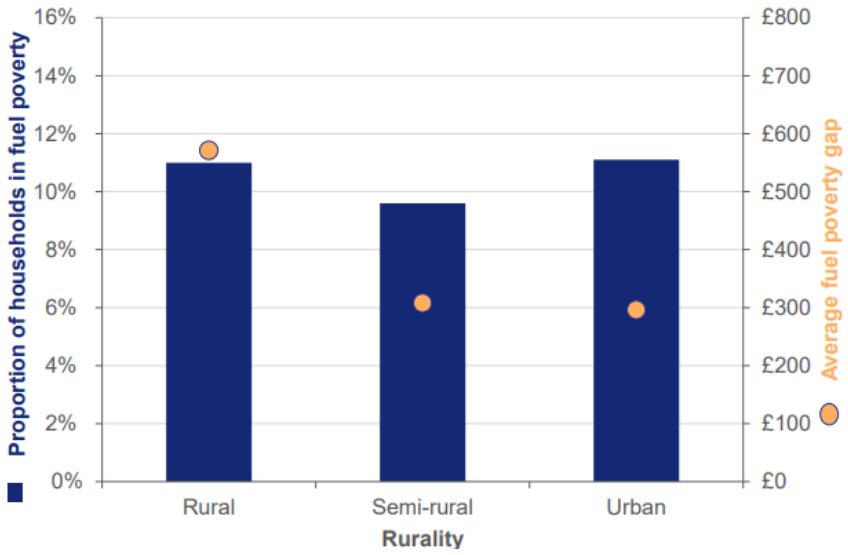


14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808534/Annual_Fuel_Poverty_Statistics_Report_2019__2017_data_.pdf

51% of all fuel poor households have an Energy Performance Certificate (EPC) rating of E or below.

- **Those who live in more rural areas**.

  In 2017 households living in urban and rural areas have roughly the same likelihood of fuel poverty



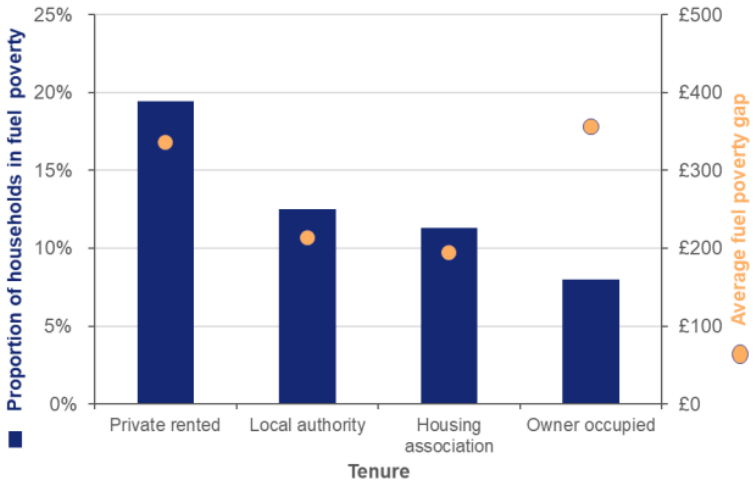
Properties not connected to gas mains are likely to be using more expensive fuels to heat their homes, including electricity and oil.

The rural Districts whilst they have a lower rate, will have households at risk due to being rural and being off the gas network, as well as houses with a lower energy rating due to non-standard constructions, such as solid walls. They will also have older people who live on their own.

In contrast Oxford City will have a population of young families, in private rented sector and on pre-payment meters.

- **Those who rent from private landlords**

  Proportion of households in fuel poverty was highest for private renters at 19.4 per cent in 2017



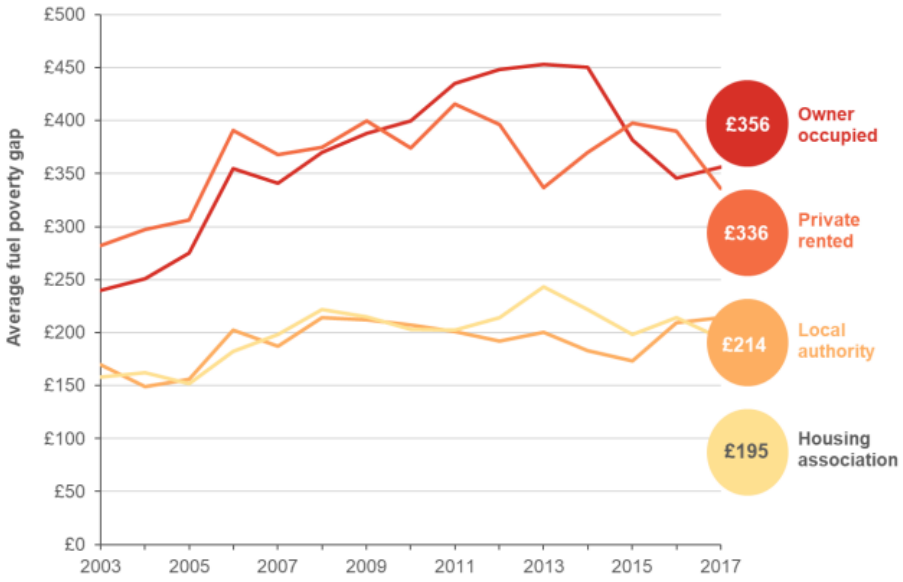
Private-rented housing is more likely to have the worst energy efficiency rating
There is no recent local data on housing conditions including energy efficiency. The latest national report, published in July 2018, relates to data from a survey on 12,292 occupied or vacant dwellings. The energy efficiency of the English Housing stock has increased over last two decades. This increase was evident in all tenures. Over same period, and across all tenures, the proportion of dwellings in lowest energy efficiency (bands F or G) has decreased.

35% of all people experiencing fuel poverty live in privately rented homes. This is double the combined percentage associated with homes which are rented from a local authority (8%) or through a housing association (10%).

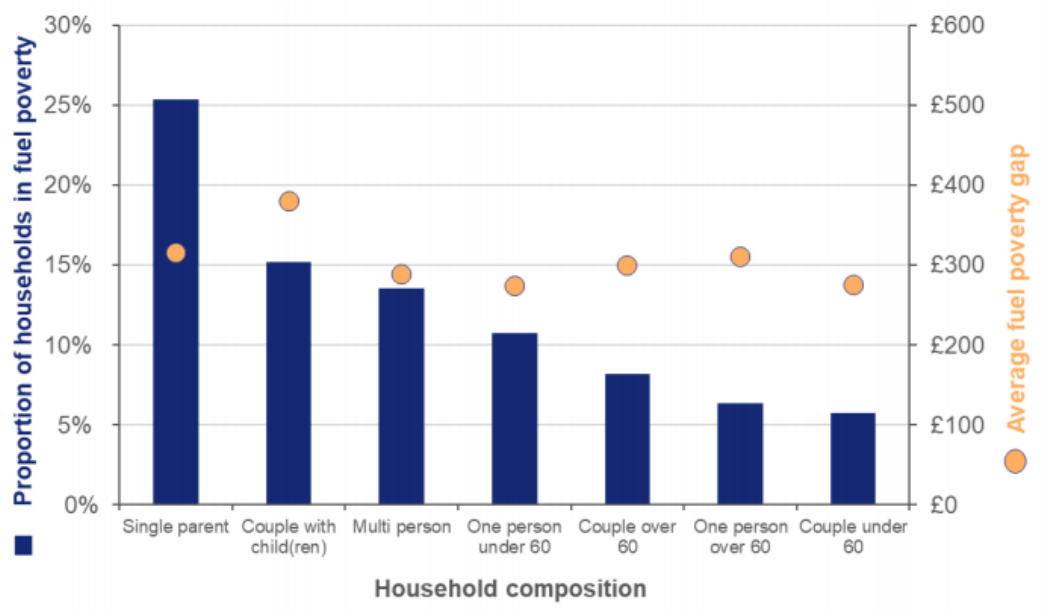
The private rented sector has a greater proportion of energy inefficient homes than other tenures. The private rented sector is twice as likely to be of a non-decent standard compared to social housing (30% compared to 15%) and is also more likely to have a lower EPC rating.[30] While the government has provided funding for improvements to social housing through the Decent Homes programme (which has an element covering thermal comfort)[31], the private rented sector is not included in the scheme. This is a significant problem as private sector properties are more likely to be older and therefore more expensive to insulate[32] and there is little incentive for private landlords to pay for such improvements.

Properties in the private rented sector may have fewer main heating options compared to other tenure types. Many have no gas connection or the gas connection is not used.[33] Heating systems in privately rented properties can often be old, inefficient and poorly maintained, which can lead to higher operating costs.[34] People living in private rented homes are over four times more likely to be living in a cold home than people living in social housing.[35] Over 400,000 privately rented homes are classified as a Category 1 'excess cold' hazard under the Housing, Health and Safety Rating System (HHSRS).[36] This is around a tenth of all privately rented homes in England.

Owner occupied and private rented properties have consistently had the largest average gap between 2003 and 2017.

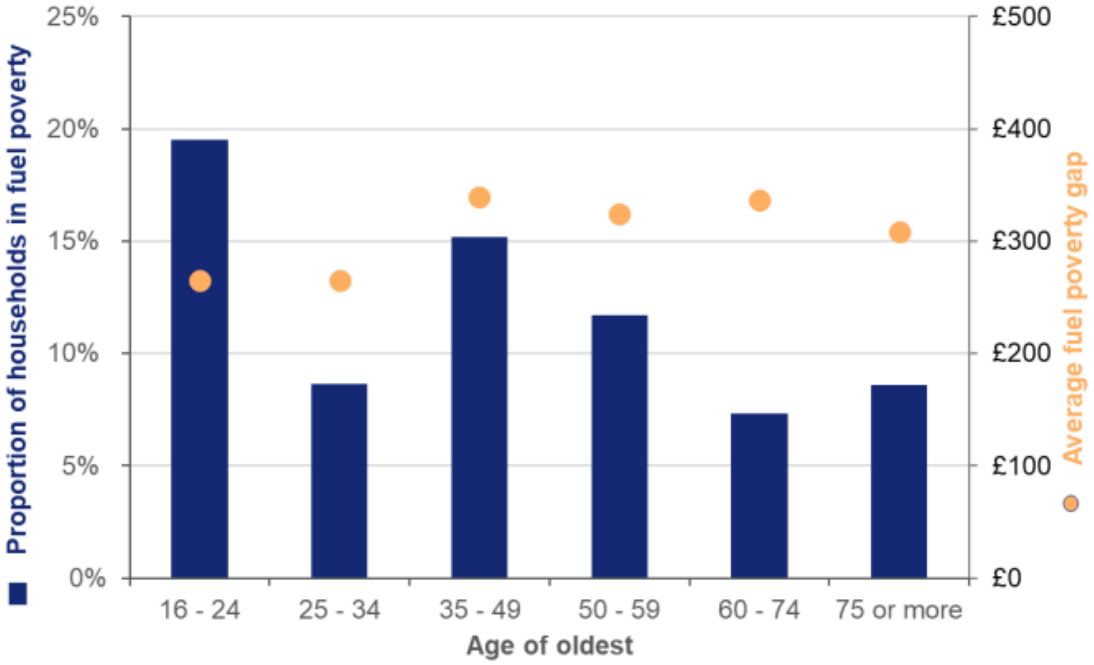


- **Single parents, couples with children have highest fuel poverty and highest average gap.**



The proportion of **single parent households** in fuel poverty is likely related to income - their median income is £12,830, 43.7 per cent less than the median income for all households (£22,790).

Younger households where the age of the oldest member is between **16 and 24** have the highest likelihood of being in fuel poverty (19.5%), with an average gap of £265, this is which is likely to be a result of lower incomes for younger households. There is scope to work with care leavers and those not employment, education and training.



Households where there are **children under 15 years** or under consistently have the highest proportion in fuel poverty.

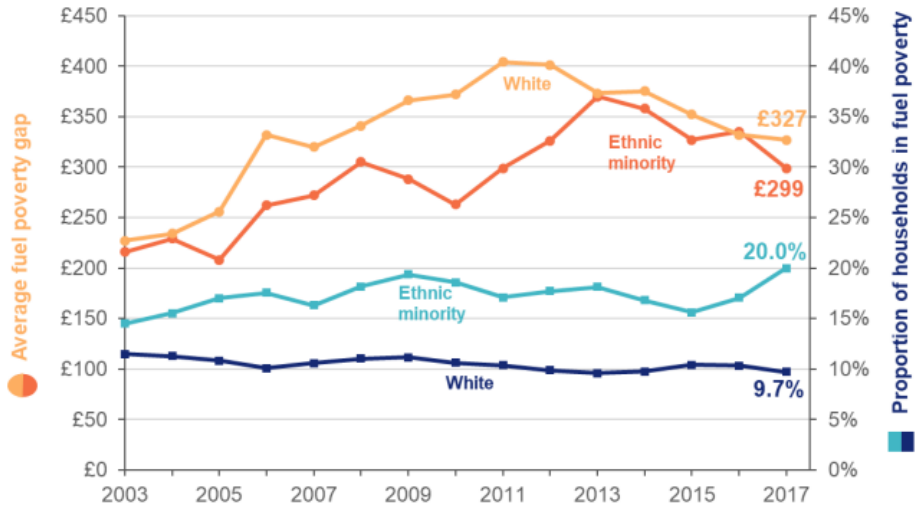
Households where the youngest member is 15 years or under has a higher prevalence of fuel poverty which is likely to be as a result of having the second lowest income and higher fuel costs. 45% of all households experiencing fuel poverty include at least one person under the age of 16.

Nearly 15% of dependent children living in privately rented housing are living in fuel poverty, compared to around 9-10% of children living in all other tenures.

A 2012 survey by the national children's charity Barnardo's found that the increasing austerity has led to 84% of the families they work with cutting back on heating. In addition 74% were cutting back on food; and 60% cutting back on buying clothes.[22] Many were in debt to their gas or electricity supplier and were cutting back spending on essentials in order to pay their energy bills.

- **Those of an ethnic minority**

Households with an ethnic minority (household reference person, HRP) tend to have lower average gaps between 2003 and 2017, but higher rates of fuel poverty



- **Older People**

Households where the occupants were 60 or over saw a decrease in their likelihood of fuel poverty between 2003 and 2017. The Warm Home Discount62 (introduced in 2011) and the Winter Fuel Payment (which was introduced in 1997) are likely to have had an effect. Just over 23% of all fuel poor households include at least one person over the age of 60.

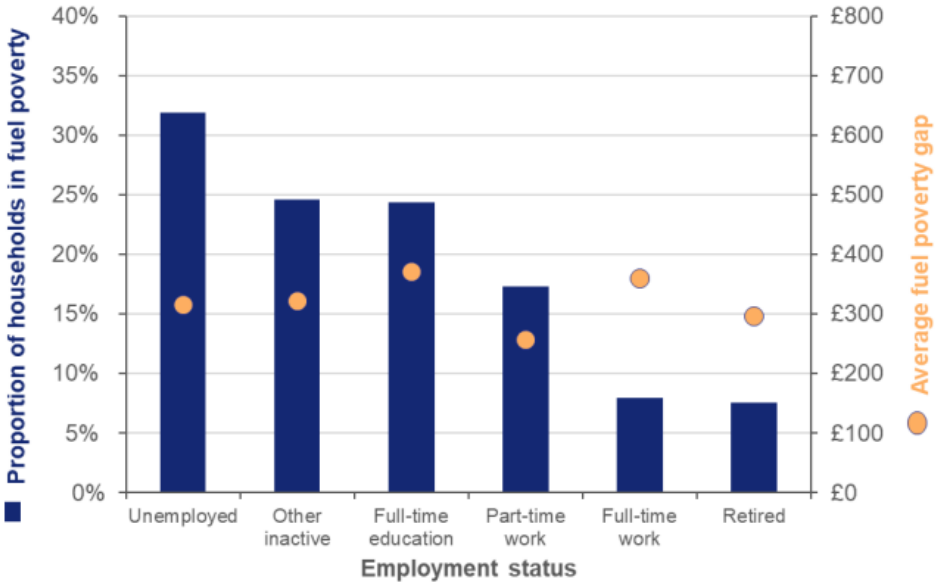
Older people are more likely than the rest of the population to live in homes with poor energy efficiency: among older people (aged 75 and over) the number of households with poor energy efficiency was 5% and they were more likely to be owner occupiers.

Older people may be particularly vulnerable during cold periods. Research suggests cold temperatures can cause blood pressure to rise in older people, increasing the risk of strokes and other circulatory problems.

Moreover, cold homes have been associated with lower strength and dexterity and exacerbated symptoms of arthritis, which can increase the risk of falls and unintentional injury. Finally, a population based study looking at vulnerability to winter mortality in elderly people in Britain found around a 30% increase in mortality in winter among people aged 75 years or older; cold homes are likely to contribute to this figure

- **Those who are unemployed**

Households with an unemployed HRP have the largest proportion of households in fuel poverty at 31.9 per cent while households with a retired HRP have the lowest (7.6%) in 2017.

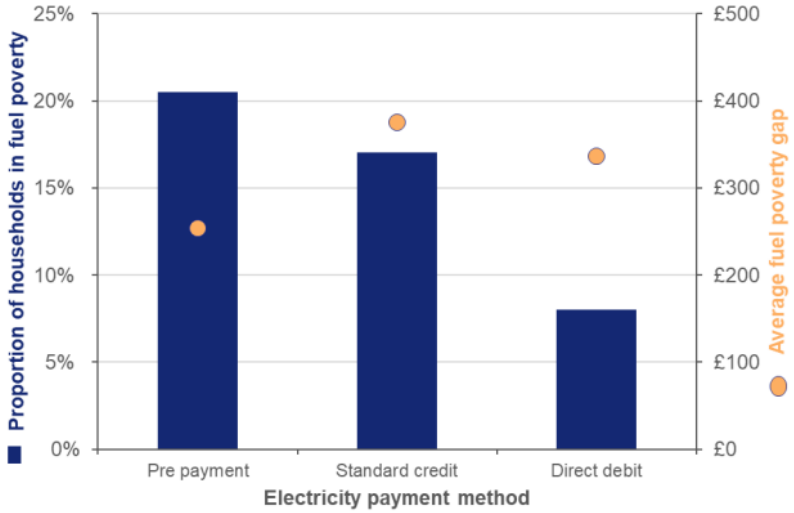


- **Those who are on either an electricity or gas prepayment meter**

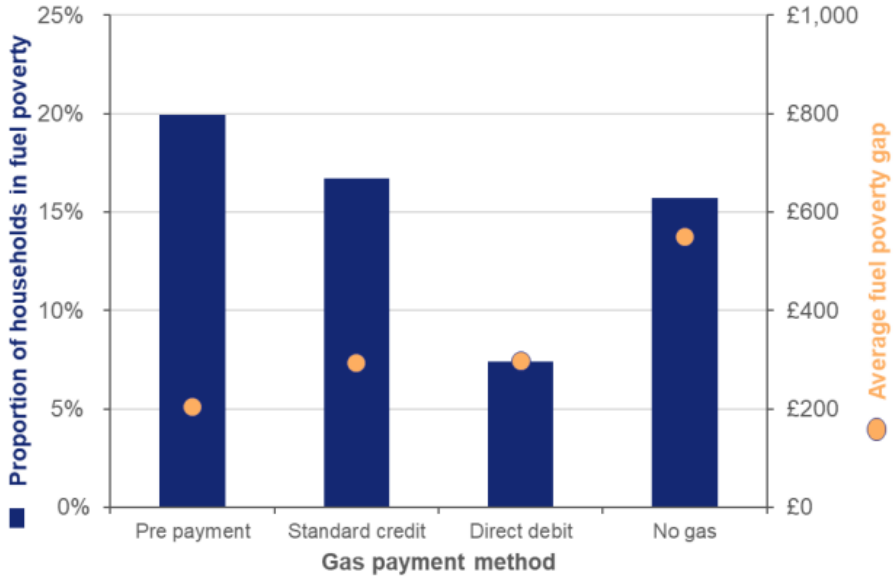
The proportion of fuel poor households using an electricity prepayment meter is around 27.1 per cent compared to 31.4 per cent in 2016. The same applies to gas which is 21.6 per cent compared to 25.0 per cent in 2016. This is likely to be as a result of the effect of the prepayment cap.

33% of all fuel poor households use an electricity PPM. This is low compared to other groups due to the relatively small proportion of people using this form of payment compared to others such as direct debit.

Households that pay for their electricity by prepayment have the highest proportion in fuel poverty but have the lowest average gap in 2017



Households that pay for gas by prepayment have the highest proportion of households in fuel poverty but the smallest average gap in 2017



Households using prepayment meters are most affected by price rises because these have an immediate effect, compared to households on fixed price credit tariffs or direct debit payments**.** These other forms of payment allow costs to be spread, so households have more time to adjust to price rises.[38]

Households that use prepayment meters are more likely to experience fuel poverty than those paying by other means. One quarter of all households using prepayment meters are fuel poor, compared to less than one in ten of those paying by direct debit and one in six of those paying by standard credit. Some low income households prefer prepayment meters even when they know these are more expensive because it enables them to more easily manage and keep within their budgets, but as a result, they may be suffering a poverty premium.

- **Those who do not have a gas connection have a higher fuel poverty gap.**

Households without a gas connection rely on electricity or other fuels like oil or coal to heat their home which likely contributes to why their average gap is the highest at £550.

Households not connected to mains gas (known as off gas[12]) households are usually found in rural areas and rely on more expensive heating options, such as electricity, oil and solid fuel. Due to the fact that the majority of households in England are connected to the gas network, only 19% of all households experiencing fuel poverty fall into the off gas[13]category. However, the depth of fuel poverty for these households can be severe, with the average fuel poverty gap[14] for households in non-cavity walled properties off the gas grid being £789, compared to £412 for the same types of properties located on the gas grid.

- **People with a disability or long term illness[15]**

35% of all fuel poor households include at least one person with a disability or a long term illness. They are more likely to spend more time at home and could need slightly higher room temperatures, which increases their fuel needs, whilst also having a greater likelihood of having a lower income.

[15]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357409/Review7_Fuel_poverty_health_inequalities.pdf

Studies indicate that cold conditions can exacerbate existing medical conditions including diabetes, certain types of ulcers and musculoskeletal pains. As mentioned above, studies have found an association between cold homes and the increased likelihood of developing symptoms of asthma and bronchitis which can develop into long-term conditions. In addition, cold homes may slow down recovery following discharge from hospital.

A systematic review of the evidence linking fuel poverty and health indicates cold conditions and fuel poverty may have a moderate effect on adult physical health, but a significant effect on the mental health of adults and young people, children's respiratory health, as well as infant weight gain and susceptibility to illness.7 These poor health outcomes contribute to inequalities in health.

- **Those who experience loneliness and isolation**

The Warm Homes Healthy People Evaluation (WHHP) 2012-1315 has shown that the identification of vulnerable people continues to be a challenge[16]. Specifically, people who are socially isolated or do not engage with services.

Age UK has published heat maps showing the variation in the risk of loneliness within local authority districts. These maps highlight the following areas as being in the highest risk quintile of all neighbourhoods in England: – Cherwell: Banbury, Bicester Town – Oxford: Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley – South Oxfordshire: Didcot South

16 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357409/Review_Fuel_poverty_health_inequalities.pdf

Appendix 2 – Affordable Warmth Network monitoring

To establish a baseline of the number of households in Oxfordshire, who have received significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the AWN and their partners. Significant increases are defined as:

Loft insulation (including top ups, where the insulation level is at least doubled), cavity wall insulation, external / internal solid wall insulation, Installation of a more efficient boiler, installation of a more efficient heating system, upgrading of windows from single glazing and Increase in the uptake of benefits (at least £1200)

1st April 2017 - 31st March 2018

Cold Intervention	CDC	OCC	SOX	VOWH	WOX	BHBH	Total
Boiler installations	10	13	0	0	3	51	77
More efficient heating systems installations	0	21	0	0	0	13	34
Double glazed windows	3	3	0	0	0	5	11
HMOs with F/G rating that have been improved to E+	0	75	0	0	0	0	75
HHSRS excess cold resolved	20	46	6	14	4	0	90
HHSRS damp & mould resolved	40	35	22	20	18	0	135
Insulation measures	0	0	0	0	0	41	41
Smaller energy efficiency / warmth measures	0	0	0	0	0	322	322
Total	**73**	**193**	**28**	**34**	**25**	**432**	**785**

1st April 2018 - 31st March 2019

Cold Intervention	CDC	OCC	SOX	VOWH	WOX	BHBH	Total
Boiler installations	10	8	0	0	3	32	53
More efficient heating systems installations	2	2	0	0	0	22	26
Double glazed windows	2	1	0	1	0	6	10
HMOs with F/G rating that have been improved to E+	0	110	0	0	0	0	110
HHSRS excess cold resolved	7	46	8	14	3	0	78
HHSRS damp & mould resolved	4	39	23	26	29	0	121
Insulation measures	7	2	0	0	0	12	21
Smaller energy efficiency / warmth measures	0	0	0	0	0	556	556
Total	**32**	**208**	**31**	**41**	**35**	**628**	**975**

CDC = Cherwell District Council
OCC = Oxford City Council
SOX = South Oxfordshire District Council
VOWH = Vale of Whitehorse District Council
WOX = West Oxfordshire District Council
BHBH= Better Housing Better Health

[1] This may translate in to a reduction from a category 1 to category 2 hazard for Excess Cold under the Housing Health and Safety Rating Scheme. Or in other instances the increase of a band on an Energy Performance Certificate (EPC). [1] The value chosen as what the average cost of powering a house is, 44% of which is on heating.

Progress report of the Whole Systems Approach to Healthy Weight to the September 2019 Health Improvement Board

Obesity prevalence

Adults

In Oxfordshire, 58.9% of adults were either overweight or obese in 2017/18. This is lower than the national average of 62% but it has significantly increased in the last 2 years.[1] There were approximately 45,900 GP-registered patients in Oxfordshire who were recorded as being obese in 2016-17.[2]

Population estimates for 2016/17 show that in in Oxfordshire there are approximately:

- 186,998-208,300 (197,681) overweight adults
- 88,560-99,803 (94,301) obese adults
- 8,104-14,047 (10,805) severely obese adults

Children

Childhood obesity prevalence in Oxfordshire is significantly lower than national rates and has remained steady locally in recent years. However, the most recent local data from 2017/18 show that:

- 20% Reception Year children were overweight or obese (22% England)
- Rising to 30% of children overweight or obese in Year 6 (34% England)
- 8% Reception Year children were obese (9.5% England)
- Doubles to 16% of children obese by Year 6 (20% England)

We see different rates across the county and in both Reception and Year 6, obesity prevalence is considerably higher in children from more deprived areas. In Oxfordshire:

- 1 in 10 Reception children from the most deprived areas is obese
- By Year 6, one in four children from the same areas is obese

Obesity prevalence also varies by ethnicity. In Oxfordshire, children from Black and Asian ethnic groups experience a significantly higher prevalence of obesity than children from White groups.

Population estimates for 2016/17 show that in in Oxfordshire there are approximately:

- 1,634 and 1,850 (1,739) overweight children
- 1,512 and 1,718 (1,612) obese and severely obese children

Lifestyle and Social Determinants

Obesity is a complex problem with many drivers. Income, social deprivation and ethnicity have an impact on the likelihood of becoming obese.

Overweight, obesity and poor diet are linked to type 2 diabetes, high blood pressure, high cholesterol and many cancers. Obesity increases the risk of developing

[1] Public Health Outcomes Framework. Available here
[2] https://insight.oxfordshire.gov.uk/cms/system/files/documents/6%20Lifestyles%20JSNA%202018_0.pdf

respiratory, musculoskeletal and liver diseases and is associated with bullying in children and common mental health disorders in both adults and children. Children who are overweight or obese at 4-5 years tend to remain so at aged 10-11 years and are more likely to enter adulthood as overweight or obese.

Severely obese people are over three times more likely to need social care than those who are a healthy weight.[3] The UK wide costs attributable to people being obese or overweight are projected to reach £9.7 billion per year by 2050. Preventing a 1% increase in the prevalence of people who are overweight and obese could lead to combined savings of around £97 million per year for the NHS and local authorities.

Most of the health complications of obesity can be reduced by moderate weight loss. Even a 1% BMI reduction (approximately 1 kg weight reduction per person) across the UK population could avoid 179,000–202,000 incident cases of diabetes, 122,000 cardio vascular diseases, and 32,000–33,000 incident cases of cancer.[4]

Policy Context

Reducing obesity is a priority public health issue; NICE recommends that Local Authorities, CCGs and Health and Wellbeing Boards commission a range of lifestyle adult and child weight management programmes.[5,6] A Whole Systems Obesity Guidance was published in July 2019 by Public Health England.[7]

A Whole Systems Approach (WSA) for healthy weight aims to bring stakeholders together from a broad range of sectors to address the food and physical activity environment and jointly develop local delivery plans. Lifestyle adult and child weight management programmes form part of the system. The launch blog provides a useful summary of the approach, and a LGA briefing provides additional detail for elected members.

The Health Improvement Board (HIB) agreed the reduction of obesity as a priority in spring 2018 and endorsed the plan to develop a comprehensive adoption of a WSA from April 2019. The WSA supports the Growth Board endorsed building a 'healthy place shaping' approach into all Oxfordshire Housing and Growth deal strategies, polices and workstreams.

Overaching principles to guide our work

- There is no single solution to tackle obesity
- We need to work collaboratively across traditional sectors and boundaries
- Collective and coordinated action is greater and more effective than its parts
- We need to gain further insght and co-design solutions with our communites
- Universal and targeted action is needed to address health inequalites
- We all need to be confident talking about weight

[3] PHE (2014) Preliminary analysis of Health Survey for England combined data for 2011 and 2012. Obesity Knowledge and Intelligence, 2014
[4] Wang YC, McPherson K, Marsh T, Gortmaker SL, Brown M. Health and economic burden of the projected obesity trends in the USA and the UK. The Lancet. 2011; 378:815-25
[5] NICE (2014) Weight management: lifestyle services for overweight and obese adults. Available here
[6] NICE (2014) Weight management: lifestyle services for overweight and obese children and young people. Available here
[7] PHE (2019) Whole Systems Approach to Obesity. Available here

Progress on the Whole Systems Approach in Oxfordshire

Public Health reviewed the draft WSA guidance prior to publication and developed an outline WSA project plan. Priority actions for Oxfordshire include addressing the food environment, ensuring support services are in place and joined up across the healthy weight pathway, and working with partners and professionals across the system for galvanised action. Public Health have begun this work and lots of progress has been made, however obesity is a complex and multifaceted problem that requires collaborative action and diverse solutions.

Public Health will work with partners to investigate and align the policy and interventions for obesity, physical activity, active travel, air pollution, mental wellbeing, economic development and place-shaping in Oxfordshire. We aim to connect a range of stakeholders and facilitate linking services to provide opportunities for residents to maintain and achieve a healthy weight. We will encourage and facilitate a community owned, co-produced approach to build local capacity.

Public Health haven't yet identified the all the stakeholders, or initiatives required to tackle obesity in Oxfordshire. The initial set up phase, which Public Health is leading, involves engaging stakeholders, building the case for action and mapping the current provision and drivers of obesity in Oxfordshire. We will then widen the approach, working with key stakeholders to develop and multi-agency action plan in phase 2 and conduct a deep dive to test the approaches in 1 or 2 areas before scaling up a systems approach across Oxfordshire in phase 3.

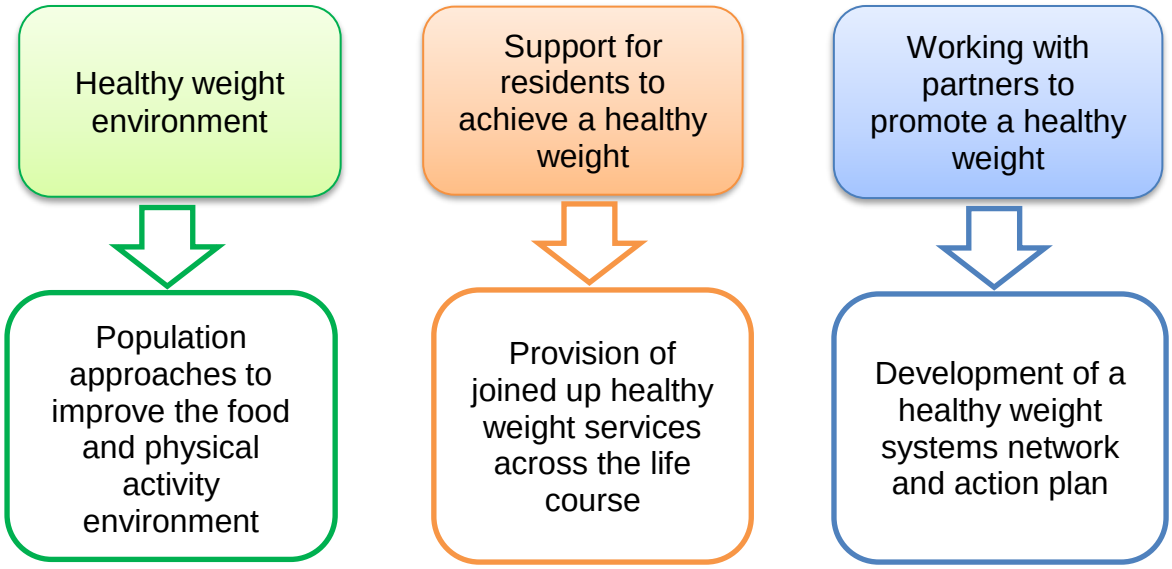
We have created a WSA Core Working Group to plan and to take forward actions which includes Dr Kiren Collison, Clinical Chair, Oxfordshire CCG, Dr Sarah Rayfield, Speciality Registrar in Public Health, The Health Foundation, Jannette Smith, Health Improvement Principal, Oxfordshire County Council and Claire Gray, Health Improvement Practitioner, Oxfordshire County Council.

We brought partners together from Oxfordshire County Council, Oxfordshire Clinical Commissioning group, Cherwell District Council, Oxford Health, Oxford University Hospital Trust, University of Oxford, Active Oxfordshire, Good Food Oxford, The Health Foundation and Achieve Oxfordshire in a childhood obesity workshop to identify what a WSA for Oxfordshire should include, who we need to engage with, and to map the current child obesity initiatives in Oxfordshire.

This workshop enabled us to capture this and to test and learn WSA mapping approaches and the questions to ask to yield the best results. It was hoped that a Systems Network could be developed from this group to support phase 2 of the project, but this proved more challenging than predicted. Further work has been started to this, but we are requesting the support of the HIB to facilitate this.

Further detail of what we have achieved to date for the initial set up phase and plans for phase 2 and 3 are listed below.

Where do we want to be?
We will develop, test and implement a whole systems approach to healthy weight across the lifecourse that will focus on 3 key delivery themes, detailed below.



In 2018/2019 we have:

- Worked with University of Oxford and Oxford Brookes University to secure funding for a Use of Internet of Solutions to Tackle Childhood Obesity Project
- Engaged with relevant partners to initiate the development of a healthy weight system story map for Oxfordshire for stakeholder engagement and to inform targeted action

- Submitted an expression of interest for the Local Government Association Childhood Obesity Trail Blazer programme
- Rolled out the Sugar Smart initative across Oxfordshire
- Supported 20 schools to sign up to WOW – the year round walk to school challenge
- Extended our adult weight management service contract to August 2020
- Completed primary care and client consultations to inform the procurement of future adult and family weight management services

- Reviewed the WSA guidance from PHE
- Identified key internal and external stakeholders to support a WSA to healthy weight
- Begun to work across all Oxfordshire County Council directorates to promote a healthy weight in all policies approach
- Worked in partnership with Active Oxfordshire to raise awareness of the role of physical activity and healthy weight and ensure joined up working
- Held the first childhood obesity whole systems workshop with a range of partners to map the current system and gain feedback our proposed approach

In 2019-2021 we will continue with the above and work with partners to:

- Develop a healthy weight system story map for Oxfordshire to identify the scale of the issue, develop a clear rationale for targeted action, and engage stakeholders
- Map the current healthy weight initiatives in Oxfordshire to better understand the existing system
- Map the drivers of obesity locally and explore opportunities for further action
- Review the levers and barriers to implementing restriction zones for new hot food takeaway premises around schools and colleges
- Review the levers and barriers to restrict advertising of high fat high sugar foods on bus stops, bill boards and other advertising spaces
- Review the levers and barriers to incentivise healthy catering in Oxfordshire

- Conduct a range of face to face interviews and surveys to gain insight from a range of stakeholders, including businesses, the voluntary sector, and children and families to understand their needs and priorities
- Work with communities to co-produce and pilot potential solutions
- Work with partners to develop a seamless pathway of care across the healthy weight pathway
- Procure a public health tier 1 and tier 2 weight management service
- Review approaches to reduce weight stigma and develop a workforce that is confident talking about healthy weight

- Complete an audit of the local policy and strategy related to healthy weight
- Test a range of participatory approaches and activities to inspire and engage stakeholders and identify priorities
- Conduct a gap analysis detailing the opportunities and actions that will have the greatest leverage of change in the system
- Develop a 3-year WSA action plan for Oxfordshire
- Test a WSA in 1 or 2 identified areas

Recommendations
Public Health are looking to link with the right people across Oxfordshire to discuss how we can work together better and to assist us with mapping the current activity related to preventing and tackling obesity in Oxfordshire.

1. Each organisation on the Health Improvement Board is asked to identify appropriate representatives who can be involved with this important area of work. This will include working within a Systems Network to develop a Whole Systems Action Plan for Healthy Weight in Oxfordshire.

For more information on the whole systems approach:
PHE video provides an overview and a full version of the PHE blog is available.

Jannette Smith, Health Improvement Principal, Oxfordshire County Council
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Diabetes Transformation in Oxfordshire

Health Improvement Board: 12th September 2019

1. Population

Table 1: Oxfordshire Diabetes Dashboard July 2019 registered diabetes prevalence

	Population	% prevalence of Oxfordshire CCG GP register
Type 1	2,942	0.38%
Type 2	29,599	3.87%
Total	32,541	4.25%

1.1. Public Health England models the prevalence of Diabetes in Oxfordshire rising from 7.5% in 2017 to 8.0% in 2025 and 8.5% in 2035. The number of people with diabetes in Oxfordshire is projected to rise to 46,300 in 2025 and 52,400 in 2035[i]. The number of people in Oxfordshire with undiagnosed diabetes is expected to rise from about 11,000 now to 16,000 in 2035.

2. NHS Diabetes Prevention Programme (NDPP)

2.1. The NDPP is a behavioural intervention to prevent or delay the onset of Type 2 diabetes in those people who are at risk of developing the condition, defined as those who have non-diabetic hyperglycaemia (NDH). It is underpinned by three core goals for those taking part in the programme of:

- Achieving a healthy weight
- Achievement of dietary recommendations
- Achievement of physical activity recommendations

2.2. Oxfordshire CCG (OCCG) in partnership with Buckinghamshire CCG joined Wave 2 of the NDPP. NDPP is commissioned by NHS England and OCCG has a memorandum of understanding (MOU) with NHS England to enable mobilisation of NDPP within Oxfordshire and to facilitate referrals onto the programme.

2.3. The NDPP commenced in Oxfordshire from June 2017. From June 2017 until July 2019 the provider of the NDPP in Oxfordshire and Buckinghamshire was Ingeus. NHS England re-commissioned the NDPP for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area under a single contract in early 2019. As a result, a new provider ICS Health and Wellbeing was awarded a three year contract to provide the NDPP across the BOB area. The new contract commenced on 1st August 2019, and so far the switchover from Ingeus to ICS Health and Wellbeing has been implemented smoothly.

2.4. For those joining the programme the total duration is 9 months, starting with an initial assessment and 6 fortnightly face-to-face group sessions in the first 3 months followed by a further 7 group sessions and end of programme review over the remaining 6 months. For those who cannot attend the face-to-face sessions a digital option is available.

2.5. From June 2017 to July 2019:

- **4,241** people have been referred to the programme in Oxfordshire. Nationally 86% of GP practices are referring into the programme, across the BOB area 97% of GP practices are referring.
- **2,013** people have started the programme in Oxfordshire, a referral to start conversion rate of 47%.
- From NHS England data for the South of England 50% of people who start the NDPP go onto finish it. NHS England classifies completion as a person attending at least 60% of the programme sessions.

Figure 1: Referrals to NDPP in Oxfordshire

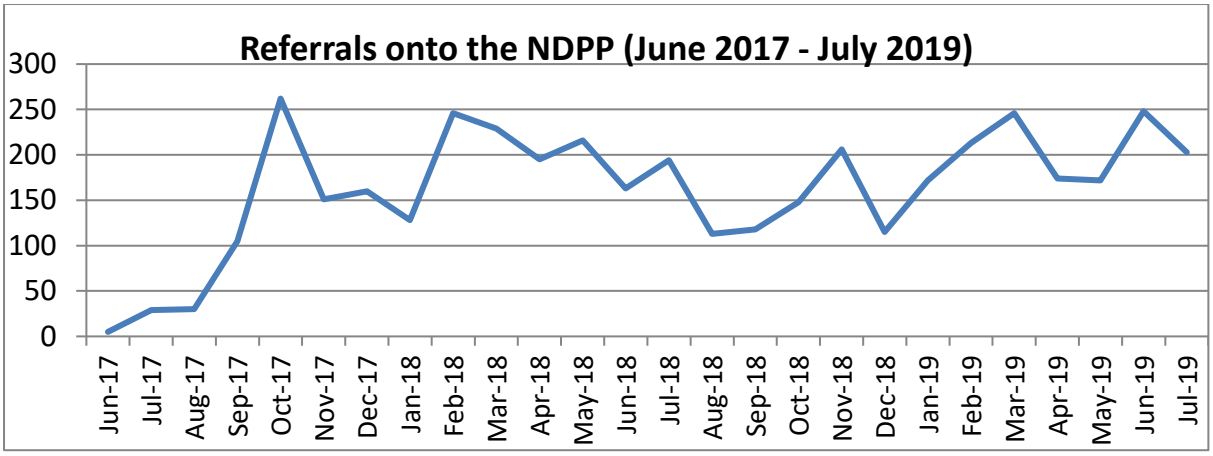


Figure 2: Starts on the NDPP in Oxfordshire

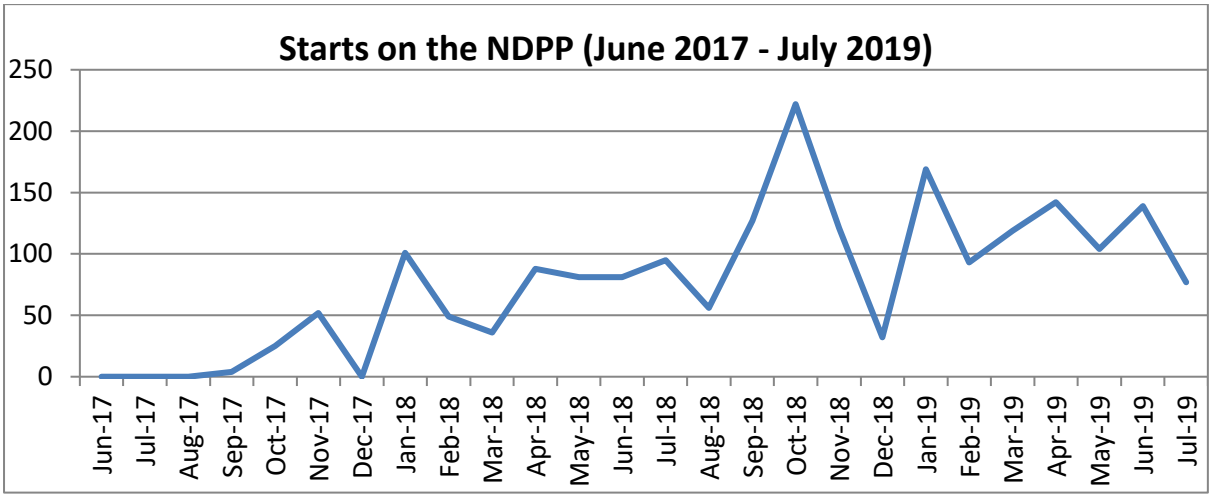
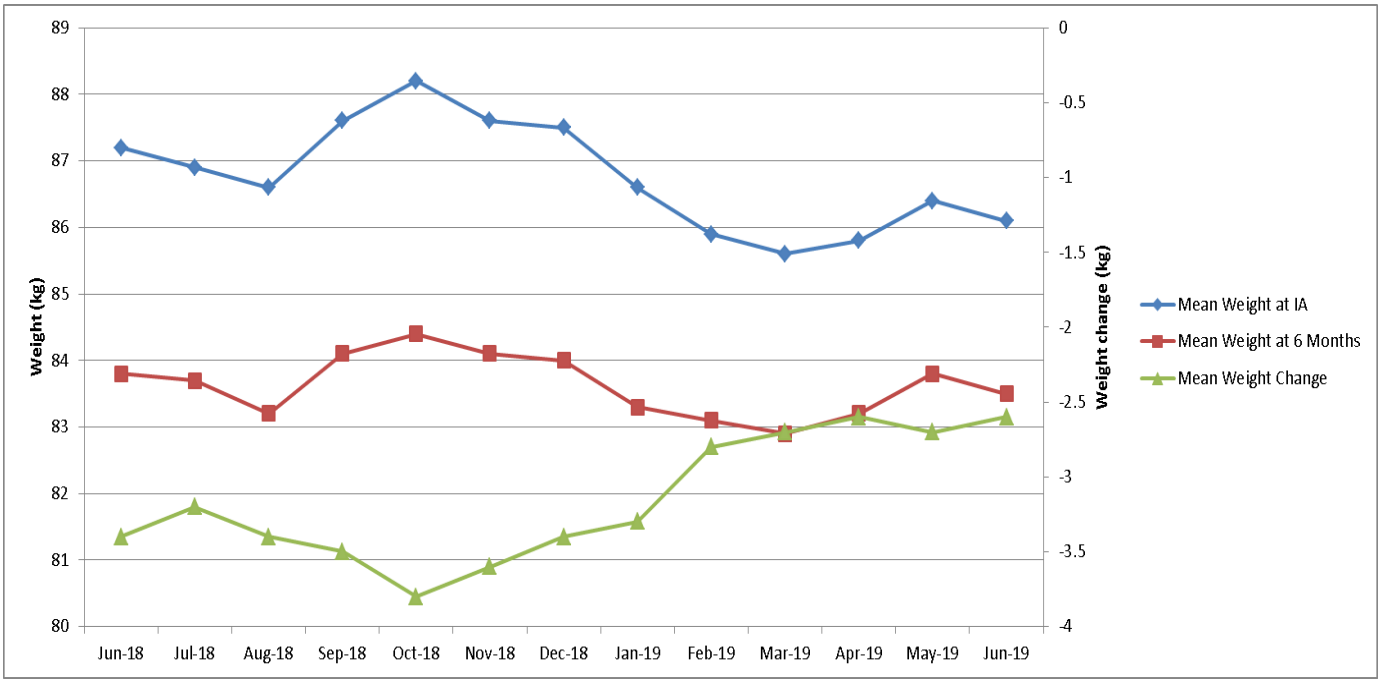


Figure 3: Weight Recording and Weight Change over 6 months on the NDPP (Oxfordshire)



3. Diabetes Transformation

3.1. OCCG in partnership with local NHS providers successfully bid for NHS England Diabetes Transformation Funding in April 2017. This included three project streams:

- Increasing access to patient structured education
- Improving achievement of treatment targets
- Access to a multi-disciplinary footcare team (MDFT)

3.2. Commencement and implementation of each project stream took place over the course of 2017. The initial NHS England funding allocation was for the two years 2017/18 and 2018/19. NHS England has extended that funding into 2019/20 but as a partial contribution from the original total. OCCG has committed extra funding in 2019/20 to ensure the project streams continue.

3.3. Diabetes transformation has been supported by an OCCG diabetes locally commissioned service (LCS) for primary care over the same time period that has included the following:

- Training and support to primarily enable the embedding of Care and Support Planning (Year of Care) for people with diabetes, with additional support and training on motivational interviewing and behaviour change and Making Every Contact Count (MECC).
- Delivery of insulin initiation within primary care for people with Type 2 diabetes, bringing care closer to home for patients.
- Better integration of primary, community and specialist clinicians in the care of people with diabetes through diabetes multi-disciplinary meetings in GP practices and population review and shared best practice meetings at locality level.
- Outcomes focus on improving the completion of all 8 care processes and the three treatment targets.

3.4. Further work is continuing between OCCG and NHS providers to further integrate and improve care for people with diabetes in Oxfordshire.

3.5. Care Process completion

- These are the 8 NICE recommended care processes that diabetes patients should receive on an annual basis. The 2015-16 National Diabetes Audit (NDA) Report found that over a longitudinal analysis there is an association between consistent care process completion and better outcomes including;
  - Lower mortality
  - Reduced progression to heart failure
  - Reduced progression to Renal Replacement Therapy
- Oxfordshire has significantly improved in ensuring all diabetes patients receive all 8 care processes since 2015/16. Care process completion for Type 1 patients was above the England average in the 2017/18 and has continued to improve since as tracked on the Oxfordshire Diabetes Dashboard. Care process completion for Type 2 patients in Oxfordshire in the 2017/18 NDA was the best compared to all other CCGs in Oxfordshire's NHS RightCare Group (comparative group of 10 most similar CCGs).
- The dip in care process completion since March 2019 is being reviewed. This may be related to the timing in the year of when patients are recalled for their annual review appointment.

Figure 4: Type 1 patients receiving all 8 care processes in Oxfordshire (National Diabetes Audit)

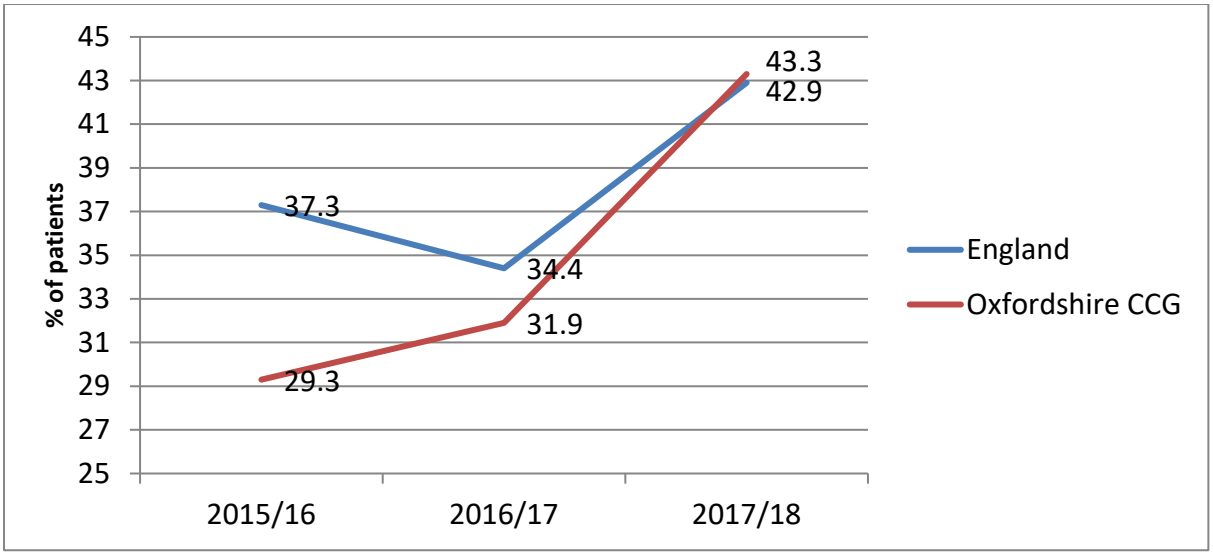


Figure 5: Type 1 patients receiving all 8 care processes in Oxfordshire (Oxon Diabetes Dashboard)

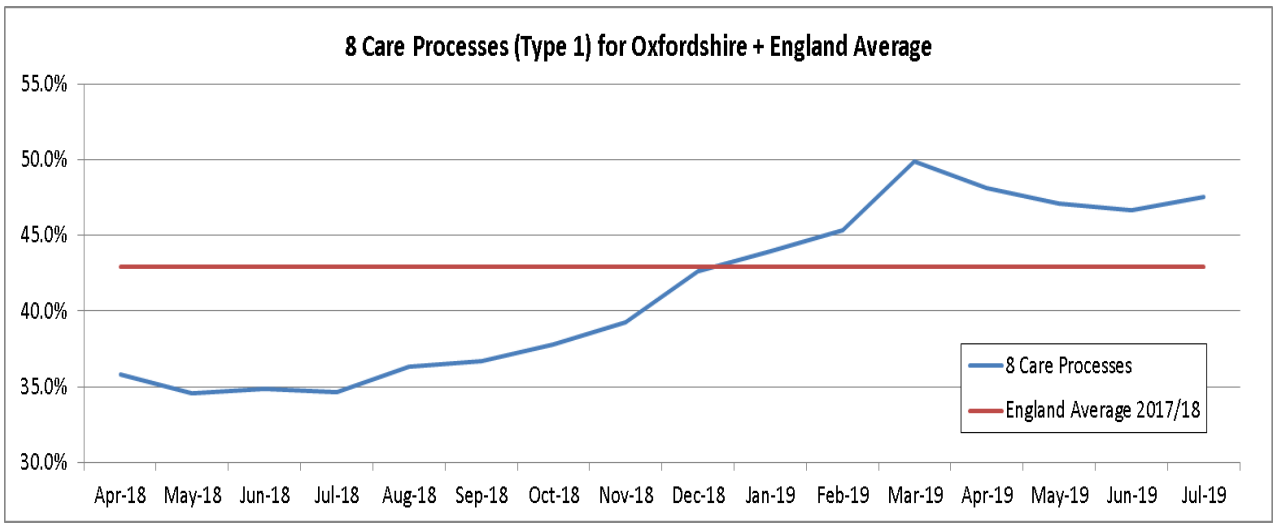


Figure 6: Type 2 patients receiving all 8 care processes in Oxfordshire (National Diabetes Audit)

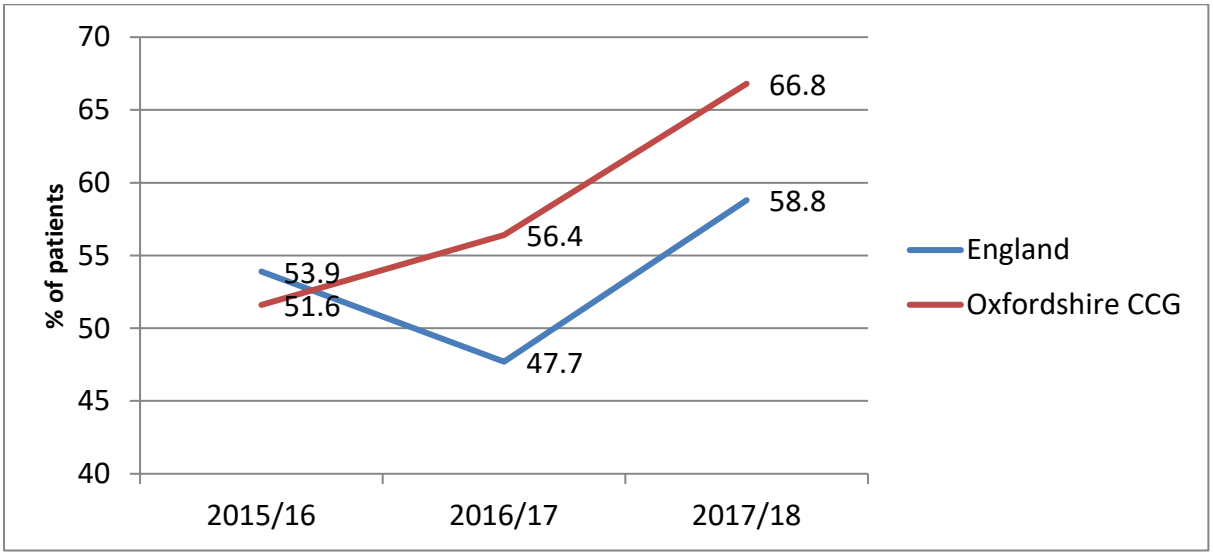
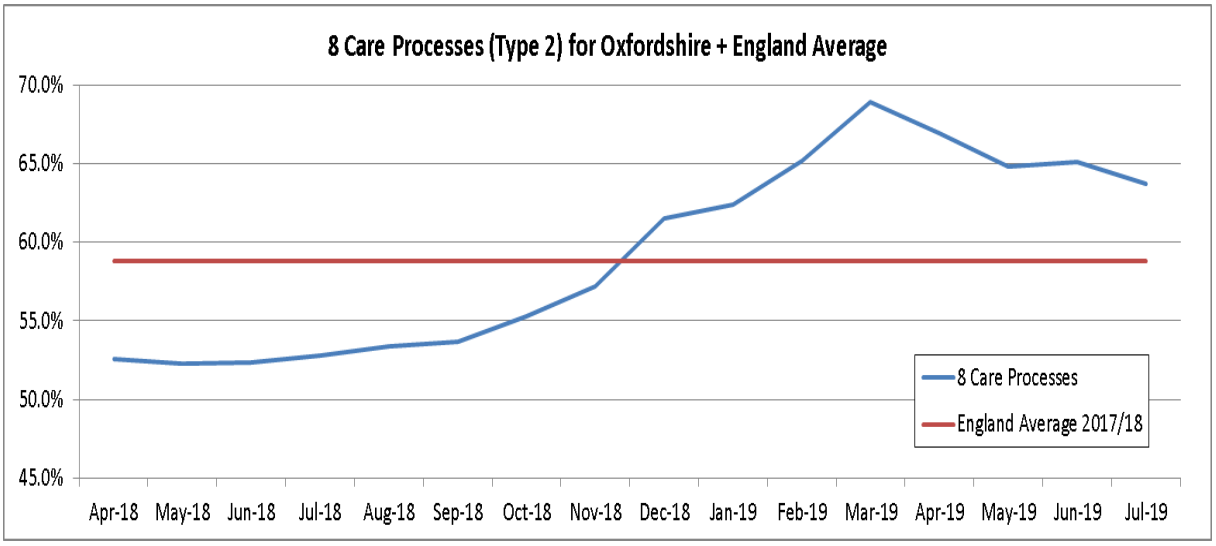


Figure 7: Type 2 patients receiving all 8 care processes in Oxfordshire (Oxon Diabetes Dashboard)



3.6. Treatment Target achievement

- These are NICE recommended treatment targets for blood sugar, blood pressure and cholesterol. They are recommended because achieving them reduces the risk of future complications from diabetes.
- Achievement of treatment targets in Oxfordshire Type 1 patients was above the England average in the 2017/18 NDA and the best compared to other CCGs in Oxfordshire's NHS RightCare group.
- Achievement of treatment targets in Oxfordshire Type 2 patients was below the England average in the 2017/18 NDA, but reached the England average in March 2019. It should be noted that the drop in treatment target achievement locally in 2017/18 was also reflected in national data.
- Improving treatment targets is an outcome rather than a process and can therefore take longer to achieve. There is a concerted effort to improve treatment target achievement to reach above the England average consistently for all diabetes patients; however this has not currently been achieved for Type 2 patients. The specific dip in treatment target achievement since March 2019 is being reviewed; this may be related to the timing in the year of when patients are recalled for their annual review appointment.
- The expectation is that the significant improvement in care process completion will have a positive effect on improving treatment target achievement as this has been shown to follow over time. A number of other initiatives are underway to improve treatment targets, some of which are mentioned above but also include: an increase in the community diabetes nursing workforce, diabetes education for healthcare professionals, and physical activity support for people with diabetes. With these initiatives and further diabetes transformation work planned, we remain confident that treatment target achievement will improve.

Figure 8: Type 1 patients achieving all three treatment targets in Oxfordshire (National Diabetes Audit)

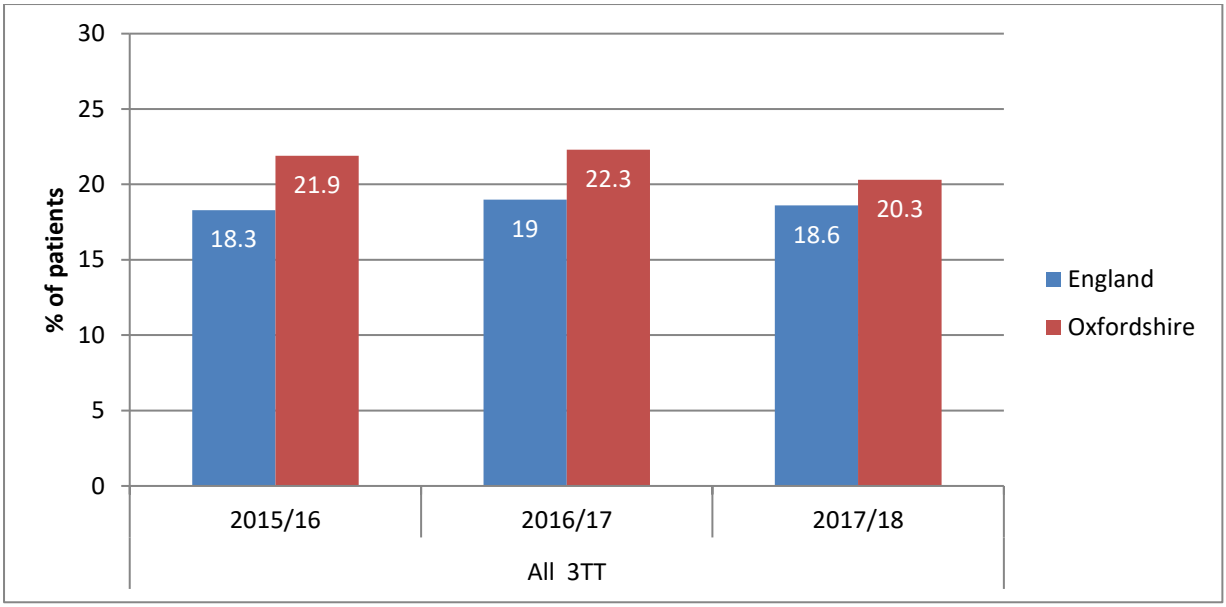


Figure 9: Type 1 patients achieving all three treatment targets in Oxfordshire (Oxon Diabetes Dashboard)

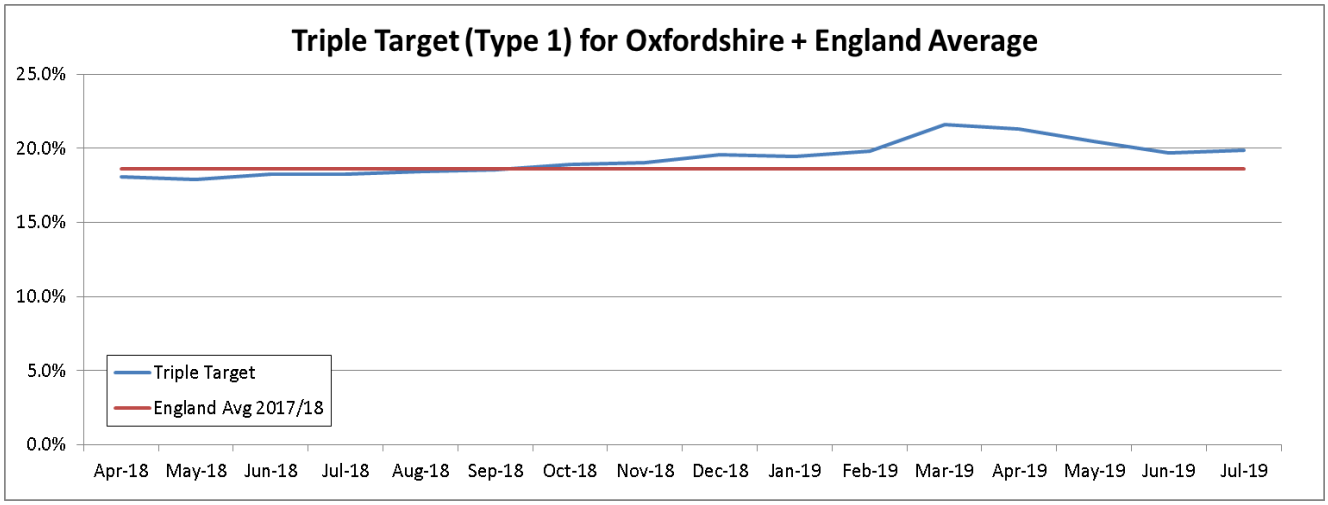


Figure 10: Type 2 patients achieving all three treatment targets in Oxfordshire (National Diabetes Audit)

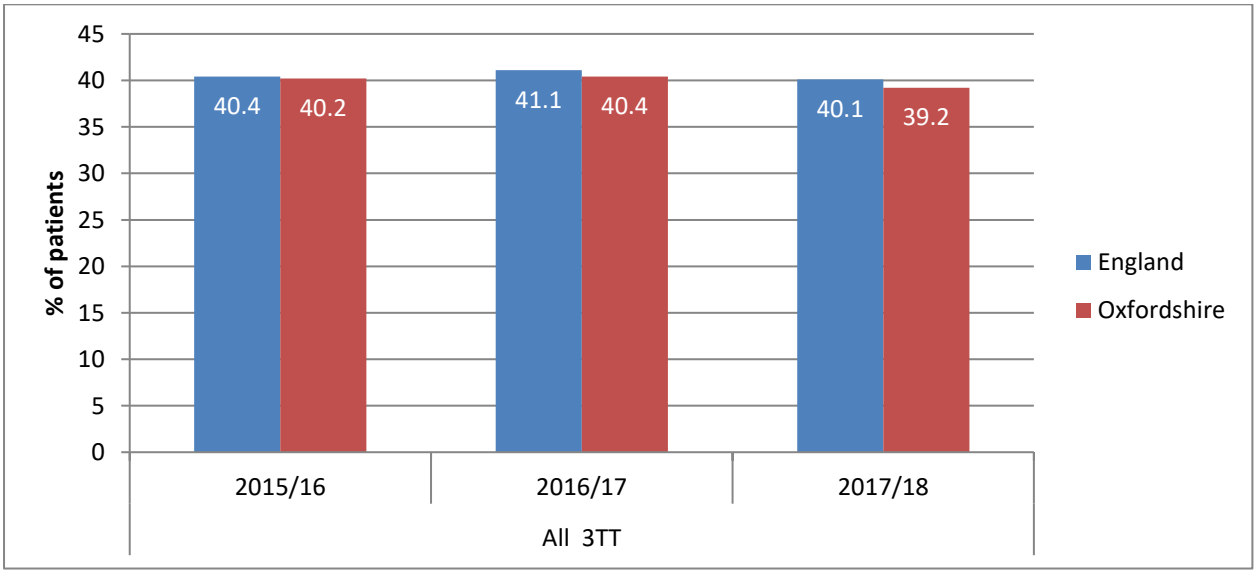
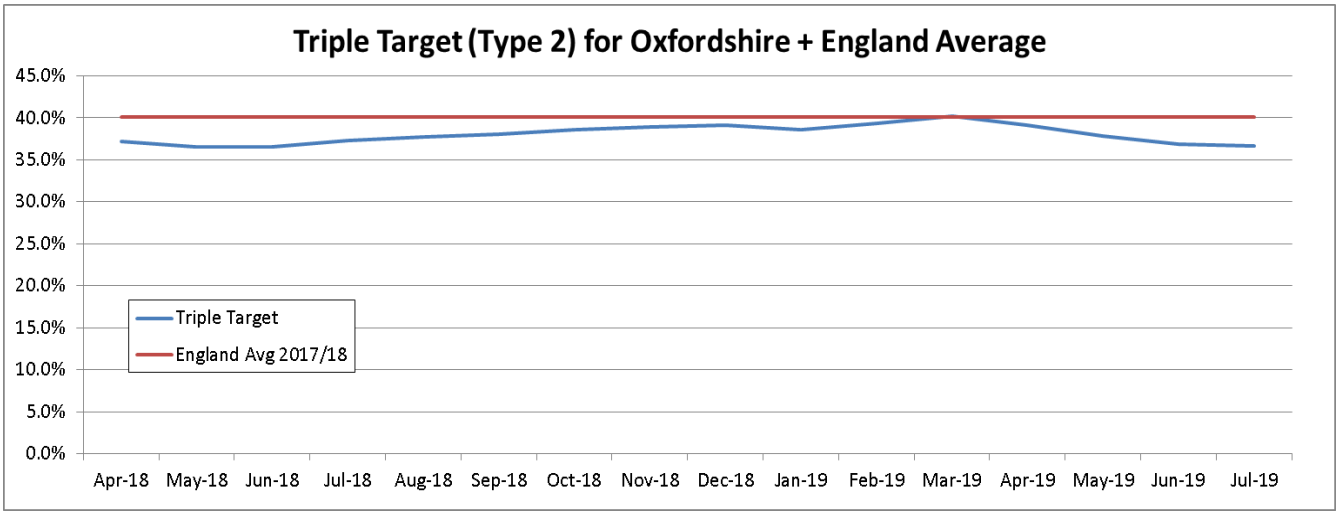


Figure 11: Type 2 patients achieving all three treatment targets in Oxfordshire (Oxon Diabetes Dashboard)



3.7. Structured patient education attendance

- Structured education is recommended under NICE guidelines for all diabetes patients to improve their understanding of their long-term condition and provide them with the knowledge, skills and confidence to be able to manage their condition effectively.
- For Type 1 patients the Diabetes Transformation Funding enabled the adoption of the NICE accredited DAFNE education programme, the training of staff to deliver it and the programmed delivery to both newly diagnosed and those who have been diagnosed beyond 12 months. This is delivered by Oxford University Hospitals NHS FT, which is now the second busiest centre in the country delivering the DAFNE programme.
- The Diabetes Transformation Funding enabled investment to increase the workforce of the Oxford Health NHS FT Community Diabetes Nursing Team, who are the same team that deliver structured education to Type 2 patients. The funding also enabled the team's locally developed courses to become nationally accredited through QISMET. As shown below the team has delivered a significant uplift in education activity from 840 attendances delivered in 2016/17 before the transformation funding was allocated.
- As a system we need to continue to improve the coding of patient attendance at structured education within the primary care record, because the National Diabetes Audit data does not reflect the true number of patients that have attended structured education as set out in provider data below.
- In 2018/19:
  - 209 people with Type 1 diabetes were referred to structured education and **108** of those people attended structured education.
  - 2,417 people with Type 2 diabetes were referred to structured education and **1,312** of those people attended structured education

Figure 12: Oxfordshire Type 1 Diabetes Patients Referred and Attending Structured Education (Provider Data)

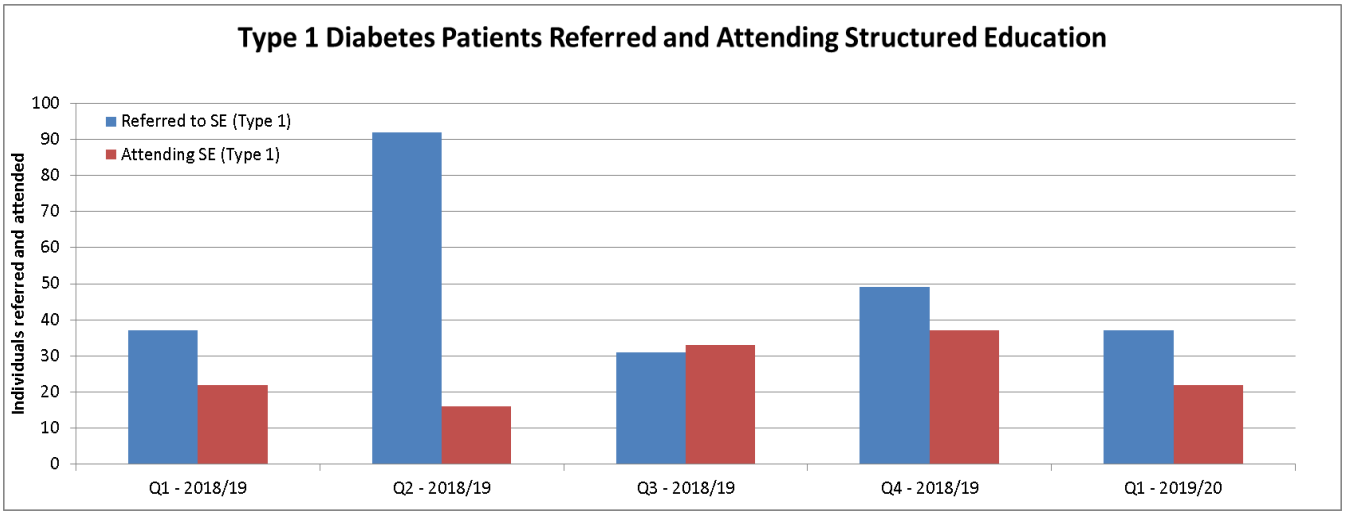
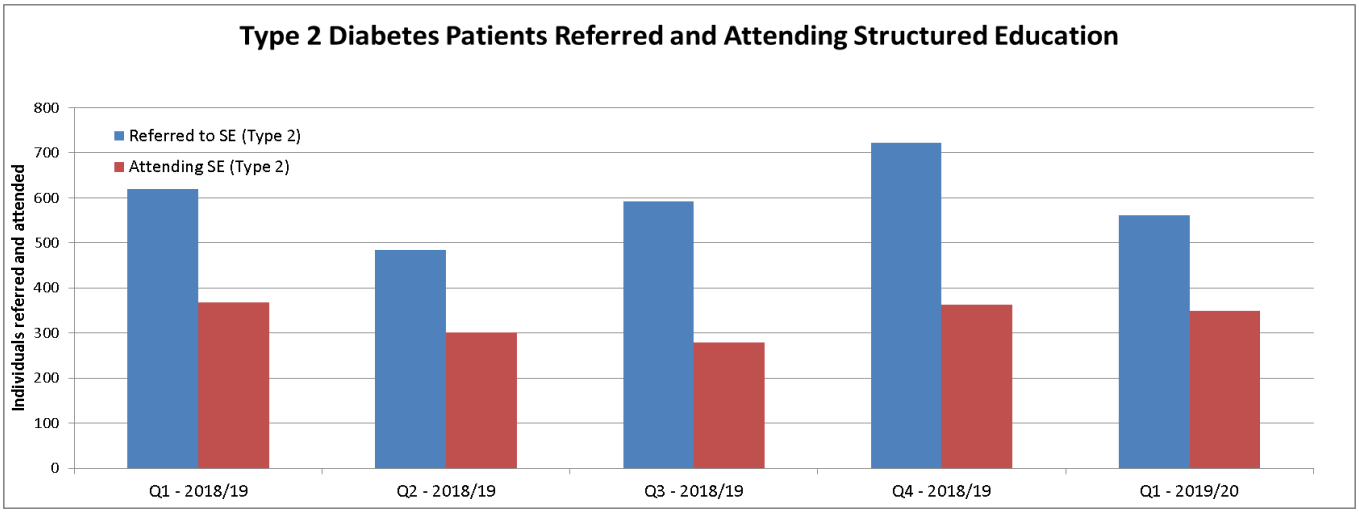


Figure 13: Oxfordshire Type 2 Diabetes Patients Referred and Attending Structured Education (Provider Data)



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[i] Diabetes prevalence estimates for CCGs by ONS resident populations, Public Health England, 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611265/Diabetes_prevalence_estimates_for_CCGs_by_ONS_resident_populations.xlsx

Progress Update Report to Oxfordshire Health Improvement Board – 12th September 2019

Report from the Oxfordshire Making Every Contact Count (MECC) System Implementation Group.
Presented by Kate Austin, Oxfordshire County Council Public Health.

Introduction
This report provides a progress update on the action plan of the Oxfordshire MECC System Implementation Group. One of the key purposes of the Oxfordshire MECC System Implementation Group is to facilitate inter-organisational collaboration by bringing together broad representation from stakeholders in Oxfordshire to encourage MECC being rolled out at scale, and to share ideas and learning.

The group submitted a series of process metrics to the Health Improvement Board performance dashboard earlier in the year. The metrics were incorporated into the groups action plan as below. A brief update on progress has been provided for information against each of the actions.

Action Plan – Oxfordshire Making Every Contact Count (MECC) System Implementation Group 2019-20

	Action	Milestones	Expected date of completion	Delivered by	Progress Update
1	Establishment of Oxfordshire MECC Systems Implementation Group	• Transition from existing monthly Task and Finish group to on-going group with bi-monthly facilitated meetings • Representation from statutory and non-statutory organisations	February 2019	All partners in Oxfordshire MECC System Implementation Group (Chaired and facilitated by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group)	• The group now aims to meet bi-monthly and has updated Terms of Reference in place.

		• Updated Terms of Reference agreed by group	April 2019		
2	Engagement with local/regional MECC networks to contribute updates and share learning	Participation in: • Bucks, Oxon and Berkshire STP[1] MECC overview group • Public Health England (PHE) MECC Network	Quarterly meetings Bi-annual meetings	Oxfordshire County Council Public Health and STP Prevention Lead	• There is regular participation in both the Bucks, Oxon and Berkshire STP MECC overview group as well as the PHE MECC Network. (NB the post of STP Prevention Lead has now ended and so the STP Prevention Project Manager now participates in these groups alongside Public Health.)
3	Promoting MECC approach and training within stakeholder organisations	Partners/stakeholders contributing updates to wider teams within their organisation e.g. briefings, team meetings, intranet, social media etc). NHS and non-NHS Organisations	On-going	All partners in Oxfordshire MECC Systems Implementation Group	Partners provide updates to the group at meetings. Some of the updates from partners have included: • MECC training for Manor practice staff delivered by Oxfordshire Clinical Commissioning Group (OCCG) in March 2019. • The OCCG are starting to pick up MECC as part of some of their

[1] STP – Sustainability and Transformation Partnership

					contract review meetings and are starting to promote MECC in primary care focussing on administration and reception roles. MECC sessions are being planned for each of the OCCG localities in the Autumn 2019. • A training session was held for West Oxfordshire Health Partnership Stakeholders in March 2019. • Oxfordshire Mind have reviewed the role of their wellbeing workers and have confirmed that they already deliver elements of MECC. • Currently scoping a potential pharmacies pilot with 3 Banbury pharmacies. • MECC training rolled out to the Fire and Rescue Service and some of Trading Standards, which will support their work including Safe and Well Visits. • Following completion of the MECC libraries pilot project - now planning a wider training roll out across the service. • Carers Oxfordshire/Age UK Oxfordshire have been highlighting MECC at a senior manager meeting for potential training to staff in Generation Games, Community Information Network team, Dementia

					Oxfordshire, home support options and unpaid carers. Further updates from other partners will be provided at the next progress report.
4	Support BOB STP with the development and implementation of the MECC digital App	• Prototype app introduced to new trainers – scoping of required functions • Testing phase • Implementation phase • Monitoring and improvements to App	October 2019	Oxfordshire MECC Systems Implementation Group	• The STP App content has been created and the pilot App has been launched. The App is a central access point to resources and sources of information for sign posting. The post pilot use of the App is still TBC.
5	Supporting BOB STP with IAPT (Improving Access to Psychological Therapies) training model test bed and Train the Trainer model	• IAPT staff training (3 cohorts) • Contribute to action plan for roll out of training	Cohort 1 training completion January and cohort 2 completion July 2019. Cohort 3 training in September 2019. IAPT project ends March 2020	Oxfordshire MECC Systems Implementation Group	• Cohort 1 and 2 STP IAPT training has been completed • Cohort 3 training planned for September 2019 • Group members contributed to the development of the STP training pack and training delivery structures. • Open access training sessions are planned to be delivered by MECC trained IAPT workers in Sept, Oct and Nov 2019. They will also be delivering 45 minute MECC lite

					sessions to organisations as requested by the STP. The 3 open access sessions will be on a trial basis. A key contributory factor to the success of these will be support with filling places. Places can be booked via the Oxfordshire Training Hub. *https://oxfordshiretraining.net/event/making-every-contact-count-mecc-training/*
6	Test/shadow BOB STP MECC Metrics	• Support the development of BOB wide MECC metrics (to include Leadership, Outputs and Outcomes) • Test and feedback on metrics • Review feasibility of adopting MECC metrics as HIB metrics for 2020/21	May 2019 December 2019 January 2020	Oxfordshire MECC Systems Implementation Group	• Group members contributed to the development of the BOB metrics earlier in the year, however this has not yet progressed further while the future role of the STP in MECC delivery is decided.

Next Steps:

1. The Health Improvement Board is asked to note the content of the report and to continue to support the principles and roll out of MECC across Oxfordshire.

2. The Health Improvement Board is asked to support the IAPT MECC training pilot detailed above by encouraging partners and colleagues in their organisations to participate in the MECC training sessions.

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Update on Domestic Abuse Strategy

Purpose

This report is intended to provide Oxfordshire's Health Improvement Board with an update on development of the new Domestic Abuse Strategy and also an update on progress for Quarter 1 of the current year Delivery Plan.

Context

Recommendations from the 2016 Strategic Review of Domestic Abuse included the development of a 5-year strategy for domestic abuse. We have been working to develop this strategy with consultation at Strategic and Operational Boards as well as a range of key partnership and Safeguarding Board meetings and widely attended Consultation events. In May the Health Improvement Board were presented with the framework for the Strategy and a Year 1 Delivery Plan and corresponding dashboard and it was agreed that the final draft of the Domestic Abuse Strategy would be presented to the Board for comment in September.

The Strategy

We have been working hard to develop a Domestic Abuse Strategy that is fit for purpose and meaningful for all those affected by and working to tackle domestic abuse in Oxfordshire. Oxfordshire's Strategic Board for Domestic Abuse has developed the Outcomes for the Strategy with a range of outcomes to be achieved over the 5-year period sitting under each of the 4 Strategic Aims of prevention, provision, pursuing and partnership. We then held a workshop to develop a statement for each strategic aim and set of outcomes which described the ways in which we would deliver these Outcomes. Some of these are already included in the Year 1 Delivery Plan which is currently being implemented (see below for an update). The rest will be included in delivery plans over the 4 remaining years of the Strategy. The Strategy also describes the approach being taken in Oxfordshire. We have decided to take a "Coordinated Community Response" which is a well-known and well-regarded approach to tackling domestic abuse. This approach aims to keep the victim-survivor and children at the centre and ensure all key agencies are working together, ensuring policy and practice aligns to best meet the needs of the victim and children and holding the perpetrator to account for their actions. The Draft Strategy is included with this paper for perusal and comment. We will be putting this draft out for a final consultation in September before publishing.

Year 1 Delivery, Quarter 1 2019-20

All activity is set out under one of the four strategic aims. The Year 1 Delivery Plan can be found at the back of the Draft Strategy for reference.

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

- We've started the roll out of our new modular domestic abuse programme. We've had delegates sign up from agencies across our Coordinated

Community Response, including a variety within community based work, including student social workers from Oxford Brookes, Aspire, the Job Centre, and Home Start.

- This quarter our training pool delivered Domestic Abuse Basic Awareness training in Oxford and Cherwell to 17 people, Domestic Abuse and Children & Families in Cherwell to 9 people, and Domestic Abuse and Domestic Abuse Risk Assessment and Safety Planning in Oxford City to 6 people. There were also 10 new Champions trained from agencies around the county.
- Our Black Asian Minority Ethnic & Refugee (BAMER) project workers have been engaging with different communities across the Thames Valley including women from Somali, Syrian, Pakistani, Indian, Kurdish, Polish, Sri Lankan, Moroccan background. The project is currently collecting and collating Baseline data and exploring different needs of women from different groups and barriers that they face.

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

- Monitoring meetings with our commissioned provider of domestic abuse services, A2 Dominion, are in place and key data is being shared. Self-Referrals have not exceeded the 48 hours Access service response target but referrals from professionals have taken longer. Dispersed accommodation is yet to be delivered but is being worked on and should be coming on stream soon.
- Preparation for 3rd peer audit of the Domestic Abuse Pathway for Young People is underway although difficulties in obtaining case information means that there is likely to be a small delay to holding the audit which was originally planned for September 2019.

Pursuing: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are brought to justice and provided with opportunities for change in a way that maximises safety.

- Discussions have begun with the Witness Service to look at developing bespoke domestic abuse training for staff.
- The first evaluation of the voluntary Positive Relationship Programme for perpetrators has been completed creating a baseline for monitoring this programme going forward.
- Changes within Thames Valley Police (TVP) have taken place resulting in the number of Domestic Violence Protection Notices almost doubling from this time last year, more changes are planned to continue this trend. TVP are recruiting 2 court presentation officers to cover Domestic Violence Protection Order applications at court bringing expertise and greater likelihood of success as well as freeing up officers to work on live investigations.

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

- There has been a 6.6% **increase** in referrals to the Multi-Agency Risk Assessment Conferences (MARAC) for high risk victims compared to Q1 in 2018
- The first new MARAC Review Group meeting was held this quarter.
- We need to improve our recording of protected characteristics captured in our MARAC data base (MODUS)
- South and Vale Local Policing Area (LPA) held its first Multi-agency tasking and Co-ordination (MATAC) meeting in September 2018 taking a new approach to manage repeat perpetrators of domestic abuse using risk-frequency-gravity matrix to identify and assess. Outcomes for the 13 focussed on have shown positive outcomes where the perpetrator engages.

Next steps

We will aim to publish the Domestic Abuse Strategy in November following feedback from the Health Improvement Board members and the public consultation due to complete in October. We will continue to report on progress on a quarterly basis and will commence work on developing our Year 2 Delivery Plan in January 2020.

Sarah Carter
Strategic Lead for Domestic Abuse
3 September 2019

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Oxfordshire's Domestic Abuse Strategy 2019-2024

OXFORDSHIRE COUNTY COUNCIL

Contents

Version: DRAFT 1.3 Date: AUGUST 2019
Review Date: March 2024
Oxfordshire County Council
Protective Marking: Public

With thanks to the Community Safety Team, Warwickshire County Council

Forewords

Councillor

Expert by Experience

1. Introduction

This is Oxfordshire's 5-year Domestic Abuse Strategy for 2019-2024.

We have co-produced this Strategy with the help of a wide range of partners and stakeholders to ensure that the people and agencies of Oxfordshire take a consistent and proactive response to domestic abuse. This Strategy commits us to working together and strengthening our efforts to prevent and tackle domestic abuse against all victim-survivors in all its forms.

Over the last few years significant progress has been made as to how public and voluntary sector partners in Oxfordshire work together to respond, raise awareness. and deliver support and prevention work in relation to domestic abuse.

This new more strategic approach was driven forward by the nine recommendations that came out of our 2016 Strategic Review of Domestic Abuse in Oxfordshire. The last of the recommendations to be tackled was to develop a 5-year strategy for domestic abuse. We are now at that point where we can together look ahead at what we want to achieve in our co-ordinated efforts to address domestic abuse in Oxfordshire.

We have already achieved some improvements in the way we work including a greater focus on perpetrators and ensuring that services delivered across Oxfordshire for victim-survivors are consistent and accessible, so that no one who contacts our commissioned services needs to wait to get the help they need to keep themselves and their family safe. We still however have much to do to deliver this work effectively and to ensure that all victim-survivors and family members impacted by domestic abuse are able to get the help they need to be safe and to recover from abuse. We also need to continue our focus on holding perpetrators to account for the harm they cause.

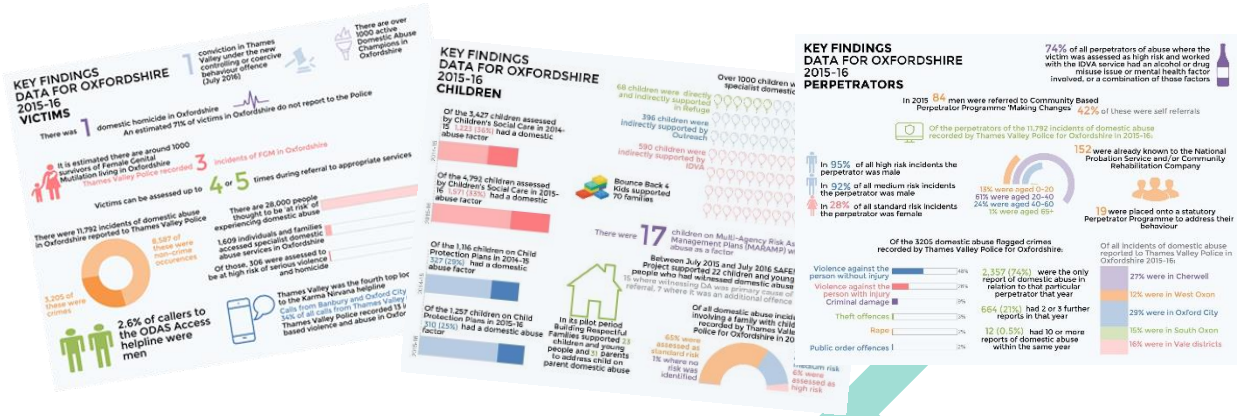
"this Strategy commits us to working together and strengthening our efforts to prevent and tackle domestic abuse against all victim-survivors in all its forms"

This Strategy sets out the ways in which we will tackle domestic abuse taking a comprehensive and long-term approach to reducing and where possible eradicating harm caused by domestic abuse. The approach is intended to recognise the needs of all those affected, with specific attention given to the long term and often devastating impacts for children growing up in households where there is domestic abuse. There is also a need to better understand and identify abuse directed at older and more vulnerable adults.

The following sections will set out the definition of domestic abuse, what is included and what is not and how this definition informs our local responses. It will describe how this strategy has been developed, who has been involved and the reasons behind the direction taken. Primarily it will set out our shared Strategic Aims and Outcomes. The linked delivery plan[s] and dashboard, which will be updated annually, can be found annexed at the end of the Strategy.

What we have set out below is a collaborative multi-agency statement of how Oxfordshire intends to tackle domestic abuse in all its forms over the coming 5 years. It is intended to form the overarching guidance needed to work together effectively and consistently to improve lives and reduce harm for victims, children and their wider families and communities.

2016 Strategic Review of Domestic Abuse in Oxfordshire



The nine recommendations set out within the 2016 Strategic Review of Domestic Abuse in Oxfordshire are as follows[1]:

Recommendations from the 2016 review	
1.	Endorse and implement a pathway of domestic abuse services based on the identified needs set out in this document
2.	Implement the proposed new governance structure for domestic
3.	Set up task & finish groups to consider (i) how to address "hidden" domestic abuse, (ii) improve prevention work, including work in schools and GP Practices (iii) multi-agency approaches and possible improvements to data capture in relation to domestic abuse including environmental scanning across the Thames Valley, (iv) the viability and effectiveness of a range of perpetrator interventions
4.	Adopt a co-commissioning approach that identifies resources, agrees a range of outcomes and measures success and implementation.
5.	Service user voice to be included in all service development and commissioning work considering the approaches highlighted in this Review and ensuring user voice reporting to both the domestic abuse operational group and to the domestic abuse strategic group.
6.	Strengthen connections both strategically and operationally between domestic abuse and sexual violence delivery.
7.	Training strategy for domestic abuse to be developed and co-funded to deliver multi-agency training
8.	Recommend that the Safer Oxfordshire Partnership develops a 5-year strategic plan for domestic abuse considering the funding for the sustainability of service provision and the longer-term outcomes for victims across Oxfordshire.
9.	Develop and implement an information strategy to ensure that appropriate and accessible information is accessible both to those affected and those responsible for responding to domestic abuse

[1] View the 2016 Strategic Review of Domestic Abuse in Oxfordshire online

To implement these recommendations, we have:

- Adopted a co-commissioning approach with multi-agency partners and procured new specialist Domestic Abuse Services for Oxfordshire. The contract delivering the new service model commenced June 2018.
- Audited, redeveloped and redesigned the Oxfordshire Domestic Abuse Pathway for Young People. Launched the updated pathway in August 2018 and provided three sessions of professionals training on Domestic Abuse and Young People.
- Agreed and published an Oxfordshire Domestic Abuse Pathway for adults
- Ensured the involvement of Experts by Experience (people who have used domestic abuse services) in a range of commissioning and service development activities, including ongoing attendance at the Operational Board
- Implemented a new governance structure for domestic abuse, agreed and proposed to, and subsequently agreed by, the Health Improvement Board (see Appendix A)
- Co-designed modular multi-agency training on Domestic Abuse with delivery partners Reducing the Risk; utilising a train the trainer model to ensure efficient use of resource
- Bid for additional funding from central government, including achieving funding for a 2 year Thames Valley Black Asian Minority Ethnic and Refugee (BAMER) Project with partners across the region. The project involves needs and gap analysis, and community development work, to address 'hidden abuse' within these communities in Oxfordshire and across the Thames Valley.

The outstanding recommendations from the Strategic Review, including an information and communications strategy, and strengthened connections between domestic abuse and sexual violence, are addressed within this Domestic Abuse Strategy and the attached Annual Delivery Plans.

How the Strategy has been developed

The Strategy has been developed following Oxfordshire County Council's 2016 Strategic Review of Domestic Abuse; an in-depth consultation process both with professionals and agencies from the voluntary and statutory sectors, and with victim-survivors themselves. The consultation process sought to map what is currently in place in Oxfordshire for domestic abuse and to undertake a gap analysis to help identify what more needs to be done.

In April 2019, having achieved the majority of the recommendations set out within the Strategic Review, we held 3 consultation events for local stakeholders to inform the development of our 5-year strategy. The key findings from these events can be found in Appendix B.

"The turnout for the 3 events was incredibly impressive – so many people from a vast array of local agencies and teams all bringing their passion, expertise and creativity. The events provided a wealth of knowledge, ideas and solutions that will guide and inform the way we can best work together to tackle domestic abuse in Oxfordshire over the next few years"

Strategic Lead for Domestic Abuse

Definitions

Domestic abuse is a pattern of coercive control, which includes physical, sexual, psychological and financial abuse by a current or former partner and can, in extreme cases, include murder.

Sexual violence is any act of a sexual nature where full and free consent is not given. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way.

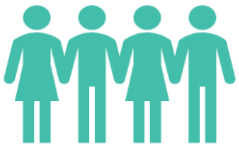
Female genital mutilation (FGM) is the partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons, and is mostly carried out on young girls between infancy and 15 years.

Forced marriage is a marriage conducted without valid consent of one or both parties, where emotional pressure / duress is a factor.

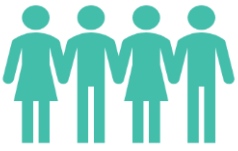
So-called 'honour' based abuse 'is abuse committed to protect or defend the 'honour' of family and/or community where young women are the most common targets and can, in extreme cases, include murder.

Stalking is a long term pattern of persistent and repeated following of, communication with, or other intrusions on the privacy of a victim. The course of conduct may be sufficient to cause significant alarm, harassment or distress to the victim.

Violence Against Women and Girls is defined by the United Nations as any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women (or girls), including threats of such acts, coercion or arbitrary deprivation of liberty (United Nations Declaration on the Elimination of Violence towards Women (1993, Article 1).



"Extensive research shows that violence, or the threat of violence, is rarely a one-off event"



2. Oxfordshire's strategic aims and outcomes

Our strategic aims

Oxfordshire's Strategic Aims, aligned with the Government's Violence Against Women and Girls strategy, are as follows:

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

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

Pursuing: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are held to account and provided with opportunities for change in a way that maximises safety.

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

Our strategic outcomes

Prevention

- Victim/survivors, perpetrators, professionals and communities recognise that domestic abuse is unacceptable and are empowered to safely challenge this behaviour
- Children and young people are provided with appropriate and consistent education on the issue of domestic abuse and healthy relationships
- Attitudes that perpetuate harmful practices - including female genital mutilation, so-called 'honour-based' abuse, and forced marriage - are changed
- Frontline professionals are better able to identify and respond to domestic abuse at an early stage
- More employers are able to recognise and respond appropriately to victim/survivors and perpetrators of domestic abuse

Provision

- Victim/survivors and their children are supported to manage the impact of domestic abuse, including access to trauma informed support and long-term sustainable safety.

- Residents across all of Oxfordshire are aware of the specialist services available to them.

- Oxfordshire understands the one chance rule and makes every contact count: everyone works effectively within their own agency, and with all other agencies, to ensure that victim/survivors and their children can access help wherever they disclose abuse and get the right response the very first time.

- Commissioning partners commission high quality, joined-up support services which meet the needs of victim/survivors, children and perpetrators, and prioritises the safety and wellbeing of victim/survivors and their families.

Pursuing:

- Victim/survivors are enabled and supported to feel confident in accessing the criminal and civil justice and family court systems

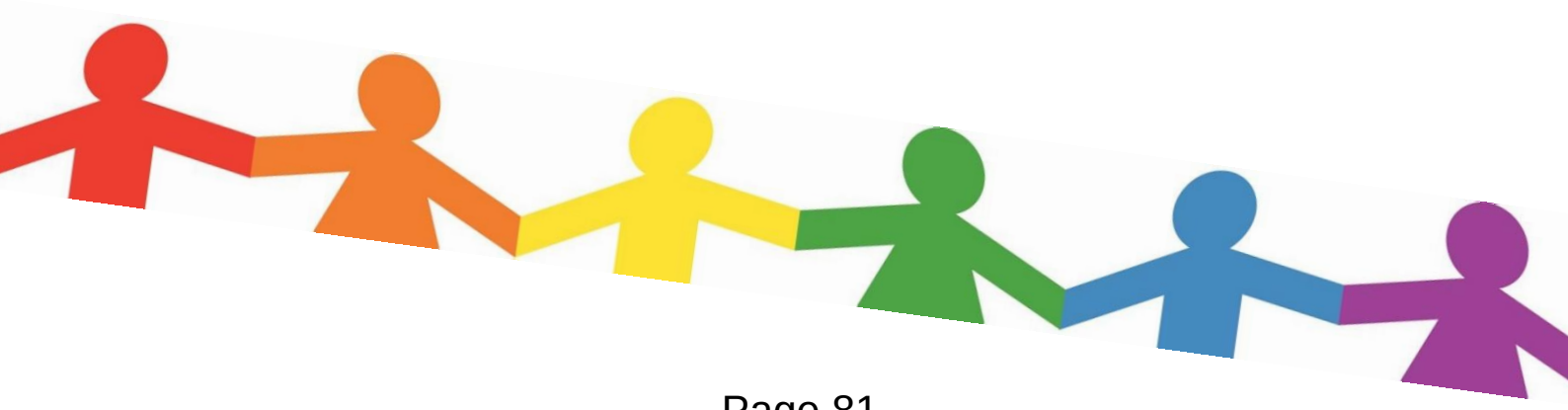
- The experience and outcomes for victim/survivors who choose to access the criminal and civil justice and family court systems are significantly improved

- Multiple incidents of abuse are reduced

- Perpetrators have increased access to support and interventions for behaviour change

Partnership

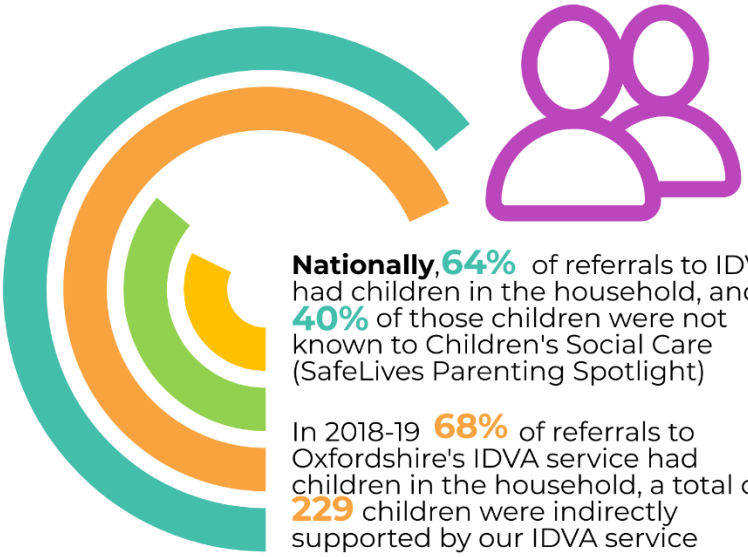
- Oxfordshire has a coordinated response across all services and partnerships to deliver the Domestic Abuse Strategy; informed by consistent and aligned policies, shared systems leadership, and allocation of resources.



3. Background facts and figures

National and local context

In 2018-19 there were **174** referrals to Oxfordshire's IDVA service, providing support to victims at high risk of serious harm and / or homicide



Nationally, **64%** of referrals to IDVA had children in the household, and **40%** of those children were not known to Children's Social Care (SafeLives Parenting Spotlight)

In 2018-19 **68%** of referrals to Oxfordshire's IDVA service had children in the household, a total of **229** children were indirectly supported by our IDVA service

National data tells us that **47%** of young people living with domestic abuse are being directly harmed by the abusive adult (SafeLives Young People Spotlight)

In 2018-19 there were **11,970** domestic abuse incidents reported to police in Oxfordshire. **That's an average of 1 report every 45 minutes.**

There were **493** referrals via the Oxfordshire domestic abuse helpline in the first 3 months of 2019

Thames Valley is one of the top five locations of callers to the Karma Nirvana 'honour-based' abuse helpline. Calls from Banbury and Oxford City account for over a third of all calls from the region.

Victims of so-called 'honour-based' abuse are **7 times more likely to have multiple perpetrators** (SafeLives Honour Based Violence & Forced Marriage Spotlight)

In 2017-18 **51%** of Children's Social Care Child in Need assessments identified domestic abuse as a significant risk factor and, of these, just under **60%** transferred to a Child Protection Plan

Nationally, on average, **older victims experience abuse for twice as long before seeking help** as those aged under 61, and nearly half have a disability. Yet older clients are hugely underrepresented among domestic abuse services (SafeLives Older People Spotlight)

Police recorded **1,019** sexual offences in Oxfordshire (not including rape offences) between August 2018 - July 2019. Research tells us that, of those who experience sexual violence, **only 15% report to the police.**

At least 10 people will die every week in the UK as a result of violence related to domestic abuse. This is likely to be an underestimate and includes child deaths, domestic homicides, and suicides related to partner abuse. (Monkton-Smith, Szymanska, and Haile 2017)

Since the Home Office introduced Domestic Homicide Reviews (DHRs) in 2011, Oxfordshire has commenced **11 DHRs**, involving 14 victims and 24 children (18 under the age of 18) who lost at least one parent to domestic abuse.

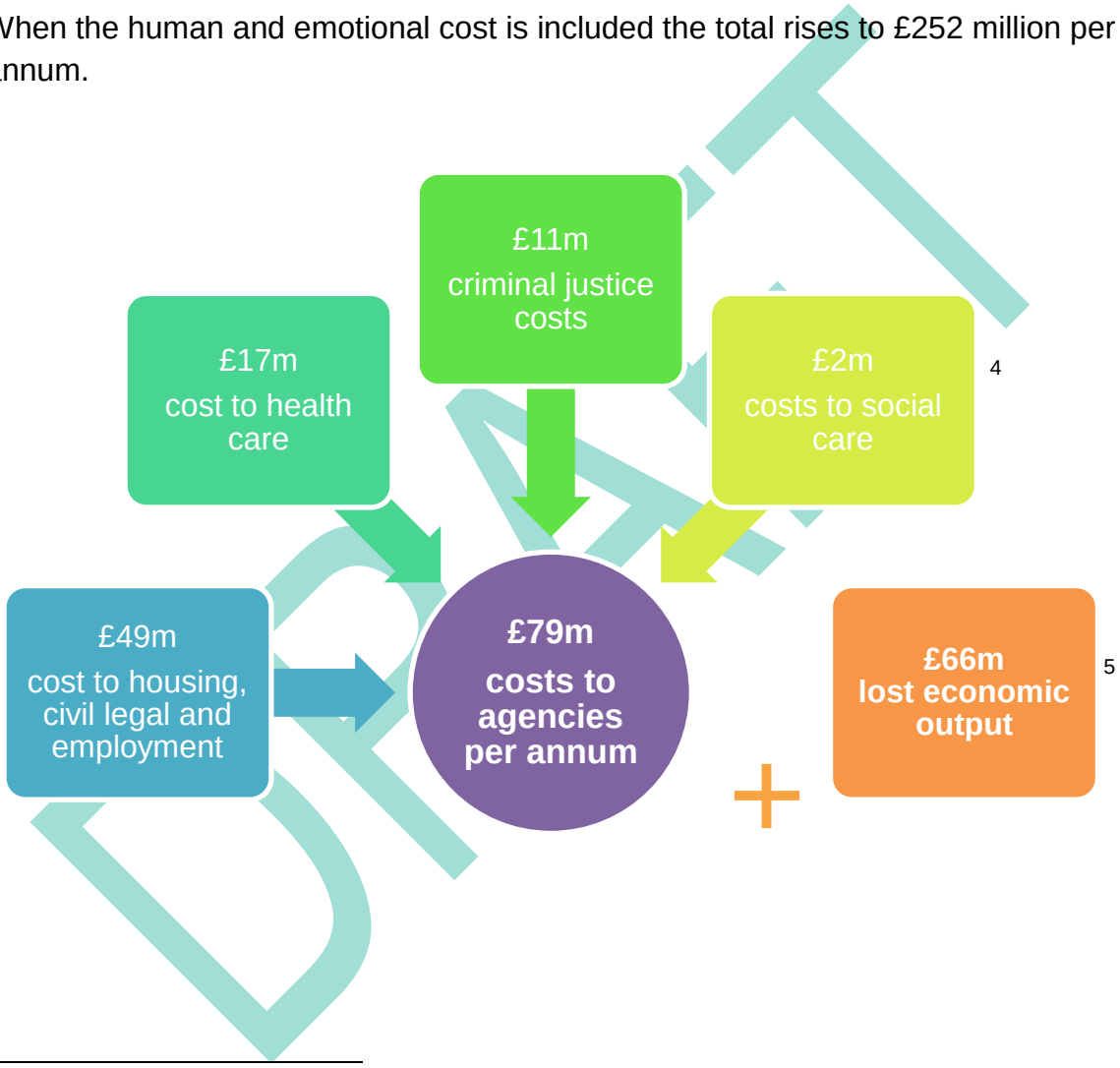
In 2016 DHR guidance was updated to include suicides where abuse was a factor. Within 2 years Oxfordshire had **3** DHRs involving suicide.

The cost of Domestic Abuse in Oxfordshire

The societal cost of domestic abuse, in England and Wales, is estimated to be approximately £66 billion[2]. The long-term human and emotional cost of domestic abuse to individuals is immeasurable.

Based on the prevalence data available the estimated cost of domestic abuse and sexual violence to public services alone in Oxfordshire is £79 million per annum.[3]

When the human and emotional cost is included the total rises to £252 million per annum.



[2] The economic and social costs of domestic abuse, Home Office, 2019

[3] The estimates are calculated using the Ready Reckoner tool provided by the Home Officer and based upon research from 'The Cost of Domestic Violence' by Sylvia Walby (2004). Population data used is the female population of Oxfordshire aged between 16-59: 2011 Census data was used, and updated in line with 2017 Oxfordshire population growth data. Costs are underestimated as they are based on 2008 figures.

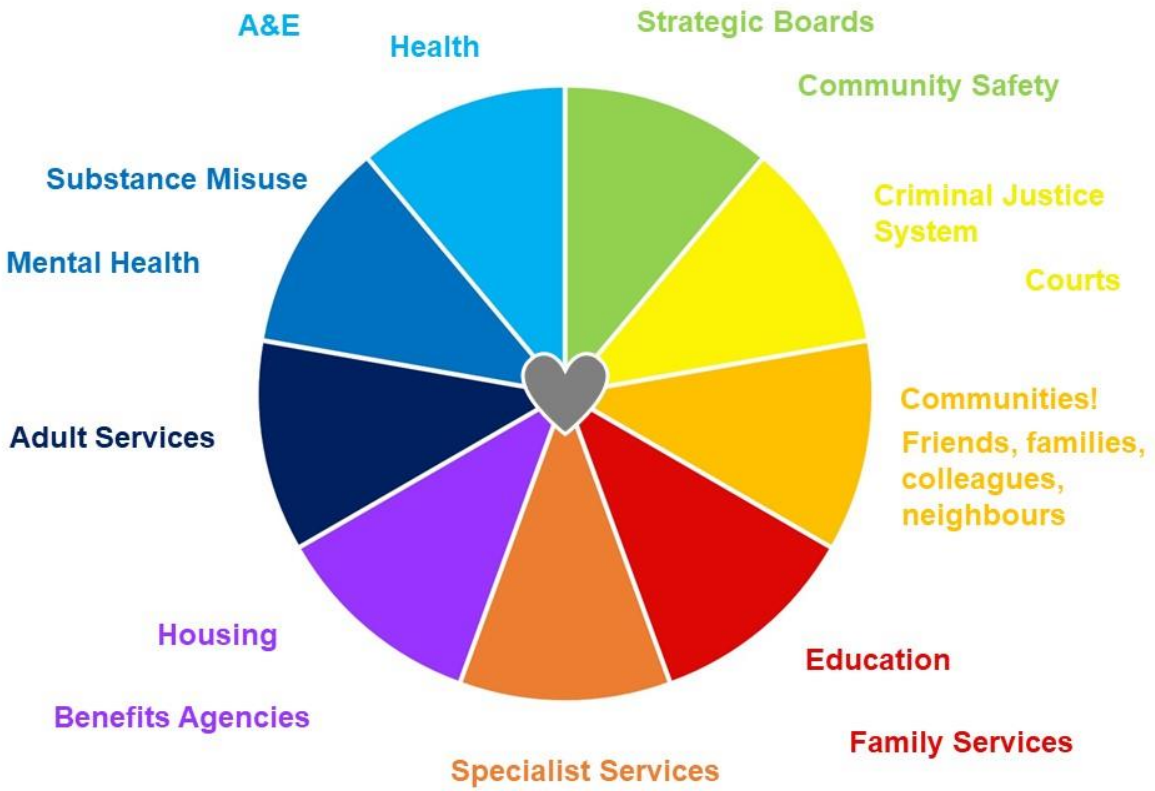
[4] Costs to social care likely significantly underestimated due to increase in pressures on children's services since 2004

[5] Lost economic output figure calculated as typically equivalent to 84% of total costs to agencies per annum, as illustrated in Table S.1 in 'The Cost of Domestic Violence' by Sylvia Walby (2004). Lost economic output is the cost of time off work due to impacts on health. It is estimated that around half of the costs of such sickness absences is borne by the employer and half by the individual in lost wages.

4. Our approach to delivering the Strategy

How the Strategy will be delivered

The Strategy will continue to evolve as the national and local domestic abuse context changes. The Strategy's Delivery Plans will continue to be developed and monitored by the multi-agency Domestic Abuse Strategic Board to support the delivery of the Strategy. This will be reviewed and refreshed annually.



We have committed to taking a 'Co-ordinated Community Response' to tackle domestic abuse in Oxfordshire. Also known as the Duluth Model, this award-winning approach for responding to domestic abuse was developed by a group of activists in the city of Duluth, Minnesota in 1981 and has since been implemented worldwide. The Duluth model advocates a community wide joined up approach and remains highly regarded as the most effective way to improve safety and reduce harm to victim-survivors and their families, while holding perpetrators to account for their actions.

"interventions are most appropriate and effective when integrated into wider institutional responses from law enforcement, the judicial system, and community services; what has come to be known as the coordinated community response to domestic violence (Pence & McMahon, 1997).

This approach is based on the idea that institutional practices and systems (pro-arrest policies, prompt referral to programs, swift prosecution, sentencing recommendations, coordination among criminal justice agencies, etc.) are crucial in keeping victims safe (Pence & McMahon, 1997; Gondolf, 2002; Shepard, Falk, & Elliott, 2002).

Without coordinated and responsive systems in place to send the message that domestic violence is a serious crime and to provide appropriate monitoring and sanctions"

- Bonnano, 2014

Oxfordshire's Coordinated Community Response

At the core of the Coordinated Community Response (CCR) is the understanding that true change in the response to Domestic Abuse can only be achieved when all the relevant agencies work effectively together. The CCR is a whole systems approach which enables agencies to recognise tackling and responding to this type of abuse as part of their core business**;** fortifying and embedding our collective responses to create safer communities which protect victims and their children and hold perpetrators to account**.** There are 12 fundamental principles to the CCR[6]

1. **Shared Objective:** a collectively developed vision of what the partnership wants to achieve.

2. **Structure and Governance:** the mechanism for delivery of the shared objective; a partnership comprised of domestic abuse related boards to hold up the structure in which direction, communication, and accountability are clear. **Strategy, Leadership and Action Plan:** the need for living documents to be implemented to provide direction and a barometer of partnership progress.

3. **Representation:** the right representation at the right level is vital – the CCR requires passionate people in positions of power to enable change, and representation should be embedded within organisational response via job descriptions wherever possible.

[6] Information on the Coordinated Community Response from In Search of Excellence: A Guide To Effective Domestic Violence Partnerships. Standing Together Against Domestic Violence.

4. **Resources:** the Domestic Abuse sector continues to operate within a deficit culture and the CCR should work together to maximise its capacity and potential. Working to embed the response to domestic abuse within organisational culture and practice and exploring creative options for financial resources including pooled budgets and bids for external funding.

5. **Coordination:** the system to ensure the CCR works effectively both in its individual elements and together as a collective.

6. **Training:** a robust training programme is essential in effective change; ensuring everybody is on the same page in their understanding, approach, and skills to respond to domestic abuse. Resource investment in training demonstrates an ongoing commitment to long term change and movement towards the shared objective.

"true change in the response to *[domestic abuse]* can only be achieved when all the relevant agencies work effectively together"

7. **Data:** CCR works to ensure partners are collecting data effectively; this can then be used to illustrate the performance and benefits of the CCR, and to make cases for prioritisation and allocation of resources when data reveals a need.

8. **Policies, Protocols, Procedures:** systematically embed CCR agreements, pathways and accountability within organisations. This serves to safeguard and strengthen the success of the CCR, and to broaden the reach of the partnership to enable all to be involved in culture change.

9. **Specialist Services:** recognising the heritage and expertise of the women's sector is crucial within the CCR, and the partnership should continually work together to improve sustainability and address any gaps in current provision.

10. **Diversity:** acknowledge the diversity of diversity, and work to ensure the CCR is informed by the needs of meeting the needs of the diversity inherent within all local populations.

11. **Survivors Voices:** victims and families who experience domestic abuse are who the CCR is responsible for and to. Their voices should be heard and at the core of the work of the CCR.

The pillars of the CCR are shaped by core values of:

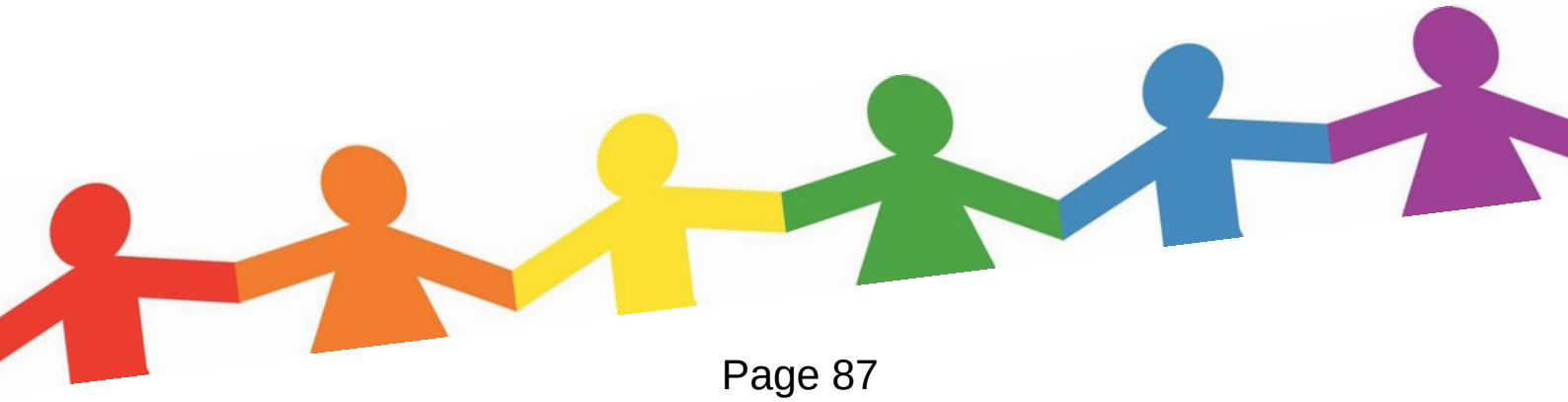
- Collaboration: we must work together to achieve change
- Connection with gender inequality: domestic abuse is a cause and consequence of gender inequality and we cannot achieve equity of outcome without addressing this.
- Individual, intersectional experiences: be as inclusive as possible to meet the needs of all people affected by domestic abuse
- Whole system / whole person: we are all cogs in the change process
- Responsibility for safety rests with systems and community: a shift from the current victim blaming culture to collective responsibility for the safety of adults and children who experience domestic abuse
- Perpetrators held accountable: ensuring responsibility for abuse remains with the perpetrator
- Support organisational response NOT replace it: embed and fortify change for collective responsibility and safer communities
- Shared understanding, shared leadership: ensuring everybody is on the same page and working together to achieve change

Interdependencies with other work

The Strategy does not sit in isolation. Domestic abuse is closely connected to other issues such as poor health, child poverty, social exclusion and economic and educational disadvantage. It therefore has an impact on other local strategies and initiatives such as:

- Oxfordshire's Joint Health and Wellbeing Strategy
- Thames Valley's Police and Crime Plan
- Safeguarding Board Plans
- County and District Community Safety Plans
- Housing and Homelessness Strategies
- Drug and Alcohol Implementation Plans
- Police Domestic Abuse Strategy
- Priority Families
- Care Act 2014 Implementation Plans

The Strategy does not intend to duplicate work being led by others. It aims to bring together work across all sectors on the issue of domestic abuse into one cohesive, co-ordinated statement.



5. Strategy Objectives and Next Steps

This section highlights what we have in place already and what we will do to develop provision and address the gaps.

Our Delivery Plan will prioritise the work we intend to do and provide details in relation to how, who and when the identified work will be delivered. The Year 1 Delivery Plan can be found in Appendix C.

Whilst the Strategy seeks to be aspirational, recognition is given to the current economic climate and austerity measures within which all public-sector agencies are working. The first priority therefore is to protect and enhance what is already in place but maximise efficiency and reduce duplication thereby freeing up resources to support the areas for development.

A Communications Strategy will be developed by the Domestic Abuse Strategic Board to support this Strategy.

Prevention

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

Outcomes

- Victim-survivors, perpetrators, professionals and communities recognise that domestic abuse is unacceptable and are empowered to safely challenge this behaviour
- Children and young people are provided with appropriate and consistent education on the issue of domestic abuse and healthy relationships
- Attitudes that perpetuate harmful practices - including female genital mutilation, so-called 'honour-based' abuse, and forced marriage - are changed
- Frontline professionals are better able to identify and respond to domestic abuse at an early stage
- More employers are able to recognise and respond appropriately to victim-survivors and perpetrators of domestic abuse

What we've got already

- Oxfordshire Domestic Abuse access and helpline (single point of contact)
- Rose Clinic for FGM
- Local campaigns to raise awareness
- Multi-agency and single-agency training
- Support Groups
- Sanctuary Schemes
- Champions network, enabling DA Champions in key teams to provide advice across their organisations
- School nurses delivering healthy relationship learning in schools
- Community engagement via the Thames Valley BAMER Project

What we will do to improve services and address gaps

- Centrally coordinate our public information campaigns and community engagement activity to ensure a consistent message and enable domestic abuse issues, both in the general and harder-to-reach/protected communities (including military, traveller, and rural communities) to be more effectively addressed. Campaigns will cover all forms of domestic abuse.
- Work with current providers of healthy relationships education for schools to support comprehensive countywide delivery with consistent messages for children and young people
- Undertake a training needs analysis to understand what frontline professionals within all services require to support them in identifying and responding to domestic abuse
- Develop and deliver a coordinated package of training for frontline professionals within all services to improve and increase domestic abuse identification and response
- Support all services with developing and implementing domestic abuse policies and protocols which are supportive of disclosure and prioritise safety.
- Develop and promote a training package for employers, to raise awareness of domestic abuse, how to identify it and how to respond
- Support the development of multi-agency safeguarding arrangements for Oxfordshire, ensuring that domestic abuse issues are an integral part of this new way of working
- Explore options for improved web and social media based resources for professionals working with victims, families and perpetrators of domestic abuse
- Develop an improved understanding of the impacts of domestic abuse for children in Oxfordshire and using that understanding to make plans to address needs and any gaps in service.

Provision

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

Outcomes

- \victim-survivors and their children are supported to manage the impact of domestic abuse, including access to trauma informed support and long-term sustainable safety.
- Residents across all of Oxfordshire are aware of the specialist services available to them.
- Oxfordshire understands the one chance rule and makes every contact count: everyone works effectively within their own agency, and with all other agencies, to ensure that victim-survivors and their children can access help wherever they disclose abuse and get the right response the very first time.
- Commissioning partners commission high quality, joined-up support services which meet the needs of victim-survivors, children and perpetrators, and prioritises the safety and wellbeing of victim-survivors and their families.

What we've got already

- Public sector services: Police Protecting Vulnerable People Department, Multi-Agency Safeguarding Hub, Child and Adult Social Care Teams, Probation Women's Safety Workers
- Services commissioned by the public sector: Oxfordshire Domestic Abuse Service (includes access & helpline, Refuge, Support Groups and Outreach), Victim Support, ISVA service, Rose Clinic for FGM, SAFE! Support for Young People, Horizon, Circles South East, CAHBS
- Non-commissioned specialist services: Reducing the Risk (including IDVAs and Champions Network), Building Respectful Families, OSARCC, Oxford Against Cutting, Sanctuary Scheme Workers
- Universal services working with individuals and families
- Domestic Violence Protection Notices and Orders

What we will do to improve services and address gaps

- Explore options and improve access and provision of services to hard-to-reach/protected communities including BAMER and emerging Eastern European communities
- Explore options to develop specialist support services for children and young people affected by domestic abuse
- Explore options to improve service provision for individuals and families with complex needs e.g. substance misuse and/or mental health
- Continue to commission refuge services but explore the benefits of commissioning additional safe accommodation options for victim-survivors and their families who do not need/want refuge
- Develop guidance for working with young people aged 16 and 17 who are affected by domestic abuse in their own intimate relationships
- Understand current sanctuary scheme provision across Oxfordshire and explore options to ensure consistency across the County
- Explore options to ensure effective support and intervention for victim-survivors and their families within the 28 days of a DVPO
- Support Oxfordshire County Council's implementation of the Family Safeguarding Model to ensure safe and effective work with victim-survivors and their families

Pursuing

Taking action to reduce the risk to victims of domestic abuse and ensuring perpetrators are held to account and provided with opportunities for change in a way that maximises safety.

Outcomes

- Victim-survivors are enabled and supported to feel confident in accessing the criminal and civil justice and family court systems
- The experience and outcomes for victim-survivors who choose to access the criminal and civil justice and family court systems are significantly improved
- Multiple incidents of abuse are reduced
- Perpetrators have increased access to support and interventions for behaviour change

What we've got already

- DASH Risk Indicator Checklist endorsed as preferred risk assessment tool
- DOM5 police risk indicator checklist based on DASH
- Additional questions for victims of HBV and Stalking
- MARACs to reduce risk in high risk cases
- Multi agency tasking and co-ordination (MATAC) groups to disrupt serial perpetrators and support them to address their behaviour
- Domestic Homicide Reviews
- Court Mandated Perpetrator programme
- Voluntary 12 week perpetrator programme
- MAPPA for high risk offenders
- MARAMP for children and young people
- Case management for FGM victims
- Specialist Domestic Violence Courts
- Domestic Abuse Pathway for Young People for young people using abusive behaviours in their own relationships

What we will do to improve services and address gaps

- Explore ways to improve the criminal justice pathway and court room experience in line with the new Code of Practice for Victims of Crime and New Witness Charter
- Work with all services that have regular contact with victim-survivors of domestic abuse to ensure that they are systematically assessing risk and are using the preferred risk assessment tool: DASH RIC. We will ensure that services take up appropriate training in risk assessment and have a good understanding of how to respond
- Undertake work to ensure compliance with the Safe Lives national quality assurance framework for MARACs with the aim of developing a more systematic approach to the identification of who is at risk, what risks they face and from whom, and how the risk can be reduced
- Develop a model workplace policy for employers to adopt to ensure that employees affected by domestic abuse are protected and supported. This will be promoted through the Chamber of Commerce alongside an appropriate training package
- Develop an improved approach to dealing with perpetrators which includes equipping frontline professionals with the skills to engage and work with them
- Explore options to address the needs of women offenders with a history of DVA. This will include the consideration of community-based alternatives to a custodial sentence to divert vulnerable women away from crime and tackle the root causes of their offending
- Ensure the MATAC process is embedded across the County
- Support Oxfordshire County Council's implementation of the Family Safeguarding Model to ensure safe and effective work with perpetrators of domestic abuse

Partnership

Working in partnership to obtain the best outcomes for victims, children and their families.

Outcomes

- Oxfordshire has a coordinated response across all services and partnerships to deliver the Domestic Abuse Strategy; informed by consistent and aligned policies, shared systems leadership, and allocation of resources.

What we've got already

- Strategic Board for Domestic Abuse
- Operational Board for Domestic Abuse
- Multi-agency risk assessment conferences (MARACs)
- Multi agency tasking and co-ordination (MATAC) groups in South & Vale areas of Oxfordshire
- Health Improvement Partnership Board
- Oxfordshire Safer Communities Partnership
- Oxfordshire Community Safety Partnership
- Oxfordshire Safeguarding Children's' Board
- Oxfordshire Safeguarding Adults Board
- Thames Valley Domestic Abuse Steering Group
- Thames Valley Domestic Abuse Coordinators Network

What we will do to improve services and address gaps

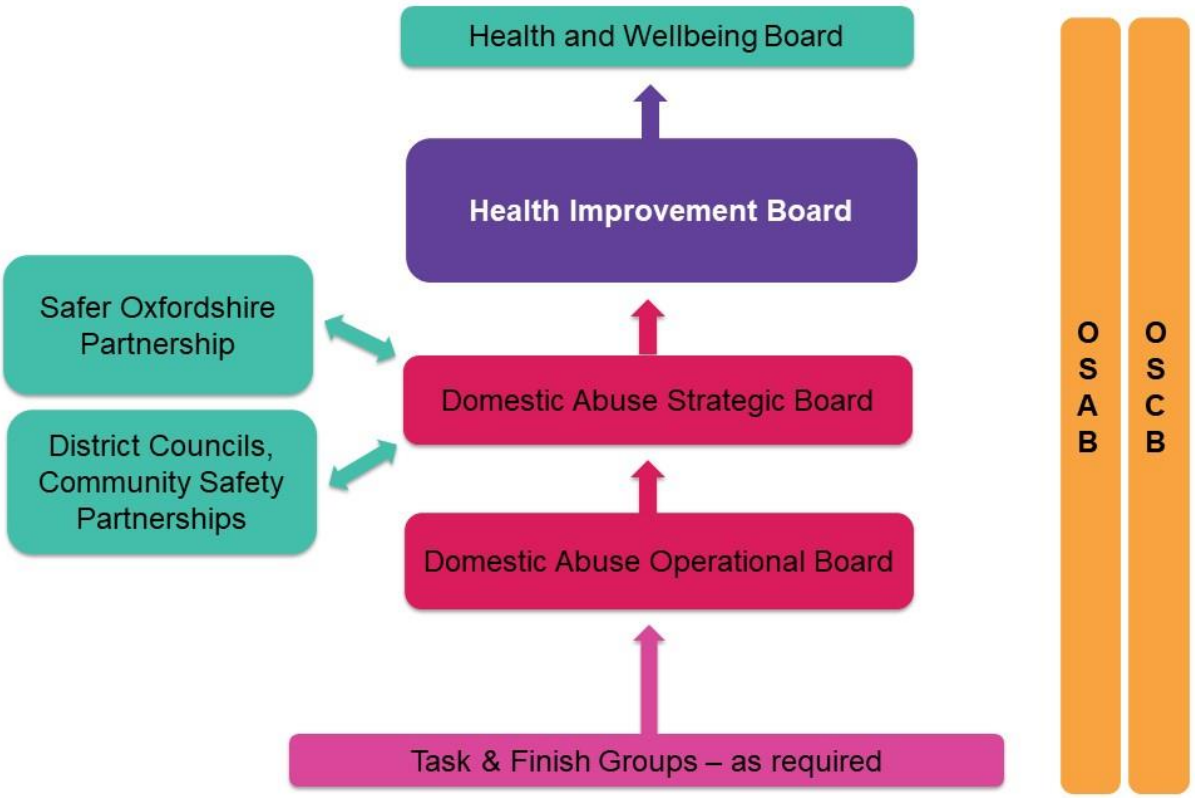
- Ensure domestic abuse is a priority for all partners and partnerships whose work impacts on domestic abuse. This will include not only community safety partners but the Safeguarding Boards, the Health and Wellbeing Board, etc, and their associated strategies
- Explore the concept of a "whole place community budget" as a means of delivering a coordinated, partnership response to those affected by domestic abuse, and increasing capacity to meet the needs of both medium and high risk victim-survivors
- Explore options to improve information sharing between statutory and voluntary sector agencies
- Deliver a programme of needs assessments on all victim-survivors of domestic abuse to ensure we fully understand prevalence in Oxfordshire and to inform future service commissioning.
- Develop core data requirements for services to support the ongoing assessment of need
- Explore collaborative working options between agencies to increase capacity and improve the response to individuals and families affected by domestic abuse
- Develop a domestic abuse dashboard which will support the Domestic Strategic Board in monitoring the success of the Strategy
- Explore the possibility of further joined up work and strategic planning to address other elements of the VAWG agenda.
- Develop a greater focus on funding and governance arrangements for sexual violence and abuse to mirror what is in place for domestic abuse.

Abbreviations

BAMER	Black, Asian, 'minority' ethnic and refugee
CAHBS	Children and adolescent harmful behaviour service
CRC	Community Rehabilitation Company
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
DA	Domestic Abuse
DVA	Domestic Violence and Abuse
DAIU	Domestic Abuse Investigation Unit
DHR	Domestic Homicide Review
EIS	Early Intervention Service
FGM	Female Genital Mutilation
FM	Forced Marriage
IDVA	Independent Domestic Violence Advisor
ISVA	Independent Sexual Violence Advisor
ITA	Independent Trauma Advisor
HBA	So called 'Honour' Based Abuse
LGBT+	Lesbian, Gay, Bisexual and Transgender (+ inclusive)
MARAC	Multi-Agency Risk Assessment Conference
MARAMP	Multi-Agency Risk Management Process
MAPPA	Multi-Agency Public Protection Arrangement
MASH	Multi-Agency Safeguarding Hub
NPS	National Probation Service
OSARCC	Oxfordshire Sexual Abuse and Rape Crisis Centre
PCC	Police and Crime Commissioner
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SWIP	Sex Workers Intervention Panel
VAWG	Violence Against Women and Girls

Appendix A

Oxfordshire Domestic Abuse Governance



Appendix B

Oxfordshire 5-year Domestic Abuse Strategy
Key messages from April 2019 Consultation Events

General feedback

- Support for the idea that our strategy could be broadened to include all abuses under the 'Violence Against Women and Girls' umbrella in the future, but a strong dislike for this as the title for the strategy. The title was viewed as regressive (with use of the term violence rather than abuse) and exclusionary (rather than inclusive of people of all genders and family members also affected).
- Need for our strategy to be shaped by a focus on people experiencing abuse, their children, *and* people perpetrating abuse – rather than the continuing to place the focus and onus on victim/survivors.
- Many were mainly happy with our strategic vision, but there were also suggestions to adopt a rights-based approach which promotes zero-tolerance and enables the public and professionals to feel supported to challenge problematic attitudes & behaviours in safe ways.

Delivery priorities

Prevention

- Prevention as the top priority! Education and culture change was highlighted, right from early years through to adulthood, and links with Relationships and Sex Education becoming compulsory in schools from September 2020
- We need a much greater focus on early work with parents of children referred into Children's Social Care - 70% of referrals into CSC in Oxfordshire have a DA factor, increasing evidence that early work with parents reduces risk to children and reduces their likelihood of going onto a Child Protection Plan and entry into care
- Community based awareness raising, including multi-lingual public information campaigns and targeted engagement

Provision

- Recovery from abuse as key, including the delivery, coordination, and allocation of resources for a pathway of group work programmes
- Trauma-informed services, including availability of specialist counselling
- Mapping of services, to ensure professionals are aware where people can seek help and support for the myriad of challenges that come with abuse

- Young People focussed services and support, including within the Young People's Supported Housing pathway
- Ensure services are accessible to all, including via representation within services
- Range of multi-agency professionals training, especially when broadening strategy

Pursuing

- Multi-agency training on working with perpetrators
- Appropriate and accessible perpetrator interventions (community based 6-month programmes, which can be accessed by diverse groups of people)

Partnership

- Ensuring we share and use resources within our partnership (including buildings for group work, existing information directories etc.)
- Co-location of specialists within universal services
- Utilising the partnership to identify need and lobby for change

Appendix C

Domestic Abuse Strategy 2019 – 2024
Year 1 (2019-20) Delivery Plan

This Delivery Plan sets out the planned work for year one of the Strategy to meet our high-level strategic aims of:

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

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

Pursuing: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are held to account and provided with opportunities for change in a way that maximises safety.

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

The Delivery Plan categorises a range of activity under each of the four strategic aims. Where available, the previous year's data will be used as a baseline to mark improvement. Specific targets will be set wherever relevant. Reporting (via the corresponding domestic abuse dashboard) on each of the activities set out below will start with Quarter 1 2019-20.

Activities to be completed in year one of the 2019 – 2024 Domestic Abuse Strategy for Oxfordshire are set out below against each of the four strategic aim headings: Prevention, Provision, Pursuing and Partnership.

1. Prevention

Area of work	Activity	Lead	Comment
Training	Deliver a range of multi-agency domestic abuse (DA) training including: • DA Basic Awareness • Children & Families and DA • DA Risk and Safety Planning • Champions training • Young People & DA Develop the following new training • Coercive Control • Stalking & Harassment • Honour Based Violence/Abuse	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Delivery of each of these domestic abuse training modules has been set up for 2019-20. We will report on the number of professionals trained in each and the range of agencies in receipt of training. These training modules will be developed and a plan put in place for delivery from early 2020.
Education	Schools and Further Education prevention work: • Collect and collate information on healthy relationships work in schools and colleges. • Work to support a co-ordinated response to delivery of the new Relationships & Sex Education (RSE) statutory element of the curriculum	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Data will be collected from known delivery partners but will not include individual pieces of work carried out or commissioned by individual schools and colleges.
Community work	Community based needs assessment: • BAMER (Black Asian Minority Ethnic & Refugee) Project – including barriers to accessing support from both voluntary and statutory services	TV BAMER Board	Final report March 2020 with recommendations for systemic change
Conferences	Work with Thames Valley Domestic Abuse Co-ordinator Group partners to develop and deliver a domestic abuse conference for the Thames Valley.	Strategic Lead Domestic Abuse / VAWG Co-ordinator	The Group will decide on a strategically relevant topic for the Conference aimed at professionals working across the Thames Valley

2. Provision

Area of work	Activity	Lead	Comment
Domestic Abuse Pathway Services	Contract management of co-commissioned services • delivery of full range of specialist services • ensure performance indicators are met / exceeded.	Oxfordshire County Council Contracts Team	Quarterly reports and quarterly monitoring meetings are in place to inform co-commissioning partners on contractual performance.
Young People and domestic abuse	Ensure effective support is in place for children and young people with domestic abuse in their families and in their own intimate partner relationships: • Complete Peer Audit of Domestic Abuse Pathway for Young People including engagement to incorporate the voices of the children, young People and families included. • Develop an improved understanding of the impacts of domestic abuse for children in Oxfordshire and using that understanding to make plans to address needs and any gaps in service.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	The Peer Audit will be carried out in July / August and will report to the Strategic Board for Domestic Abuse. A report will be presented to PAQA either at the September or December meeting (2019).
Recovery	Improving access to recovery programmes & counselling: • Map all programmes being delivered for survivors (adults and children)/identify gaps and develop arrangements to increase access • Map counselling and ensure pathways are in place to access it	Operational Board for Domestic Abuse	A task and finish group from the Operational and Strategic Boards for Domestic Abuse will complete work and develop plans to address gaps.
Sanctuary Schemes	Keeping victims and children safe in their home • Complete scoping exercise to understand the level of sanctuary scheme in each district to identify good practice and gaps	Strategic Board for Domestic Abuse	Local Authority District partners will be responsible for collecting, collating and sharing data for their own district.

3. Pursuing

Area of work	Activity	Lead	Comment
Criminal Justice System	Ensure victims attending court to give evidence have access to appropriate specialist domestic abuse support at the hearing. Ensure Witness Service staff receive bespoke domestic abuse training.	Criminal Justice Board Manager Strategic Lead Domestic Abuse	This is key to the DA Best Practice Framework in the Criminal Justice System. We will liaise with the Witness Service and with a view to develop bespoke training and deliver to Witness service staff.
Perpetrator work	Monitor the number of referrals / starters and completion rates for the Positive Relationship Programme in Oxfordshire and review progress. CRC to work with NPS and Courts to improve targeting of Building Better Relationships Programme resource. CRC to reduce BBR waiting times for men to commence the programme.	Criminal Justice Board Manager CRC Manager	Evaluation Report is currently being drafted, and will include referrals, and the programme starters and finishers. Quarterly reports will be provided by CRC to demonstrate progress.
DVPNs / DVPOs	Increase the use of Domestic Violence Protection Notices/Orders by police in Oxfordshire Ensure effective support given and outcomes achieved during the Order.	Thames Valley Police Strategic Lead Domestic Abuse	These are being increased but the focus is on quality and effectiveness rather than just quantity. This is now being monitored through the contract for domestic abuse services and we will work with our IDVA service to monitor support given to high risk victims.

4. Partnership

Area of work	Activity	Lead	Comment
Data-sharing	Develop and deliver a quarterly Domestic Abuse dashboard based on information from a range of agencies.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	The dashboard will correspond with the activities set out in the Delivery plan.
ATAC	Review success of Multi-Agency Tasking and Co-ordination (MATAC) meetings in Oxfordshire	Thames Valley Police	This is newly established in the South of Oxfordshire and has just commenced in Cherwell areas. The new process will be reviewed once sufficient evidence is available.
MARAC	Multi-agency Risk Assessment Conference (MARAC) review work • Set up MARAC Review Group to oversee delivery and problem solve. • Quarterly reports on MARAC performance • Improve data capture around protected characteristics	Thames Valley Police	The MARAC review group is being re-established and will have a standing item on the agenda to look at data capture for BAMER groups. This data is available and there will be work ongoing to ensure this is consistently recorded to ensure the data held is accurate.
DHRs	Domestic Homicide Reviews (DHRs) • Annual report on DHRs in Oxfordshire to The Strategic Board for Domestic Abuse • DHR findings to be shared with Thames Valley partners via the Domestic Abuse Co-ordinators group.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Quarterly information will be shared on Oxfordshire DHRs running and those published in that quarter. The annual report will include a review of what has worked well / not so well in the processes of DHRs published.
Specialist support	Specialist support in core-agencies • Co-location of specialist workers • Support increased early work in children's social care around parents to reduce risk to children of becoming subject to Child Protection measures and being taken into care	Strategic Lead Domestic Abuse Strategic Board for Domestic Abuse	This will be monitored as part of the contract for domestic abuse services. The Strategic Board will formally request an increase in early work with parents around domestic abuse and will offer advice and support to CSC in developing family safeguarding model.

Glossary of terms

Acronym / term	Meaning	Acronym / term	Meaning
BAMER	Black, Asian, 'Minority Ethnic' & Refugee	MATAC	Multi-agency Tasking & Co-ordination – a recently introduced meeting focused on reducing the harm caused by perpetrators
BBR	Building Better Relationships statutory perpetrator programme run by CRC	NPS	National Probation Service – high risk offenders
CRC	Crime Reduction Company (private arm of the Probation Service) -medium/low risk offenders	PRP	Positive Relationship Programme – voluntary perpetrator programme run by CRC
CSC	Children's Social Care	RSE	Relationships & Sex Education – part of the national curriculum
DA	Domestic abuse	Sanctuary Scheme	Practical measures to make a victim's home safer and more secure, also known as "target hardening".
DHR	Domestic Homicide Review – a review commissioned by local Community Safety Partnerships when there has been a homicide or suicide and domestic abuse is a known factor	TV BAMER Board	Project board set up to oversee delivery of a 2-year BAMER Project running in the Thames Valley to identify barriers to certain groups accessing help when experiencing domestic abuse.
DVPN/Os	Domestic Violence Protection Notice / Order issued by the police to a suspected perpetrator of domestic abuse to remove perpetrator to enable practical support to be given to victims	TV DAC Group	Thames Valley Domestic Abuse Co-ordinators – Domestic Abuse leads who meet to share develop good practice.
MARAC	Multi-agency Risk Assessment Conference – a multiagency forum for managing risk in relation to high risk victims	TVP	Thames Valley Police
		VAWG	Violence Against Women & Girls – National Strategy including DA

Appendix D

Domestic Abuse Data Dashboard

SUMMARY
Oxfordshire Domestic Abuse Strategic Board Meeting
Wednesday 31st July 2019

Present:	Sarah Breton (SB) *Chair*	Oxfordshire County Council (OCC)
	Sarah Carter (SC)	OCC
	Liz Jones (LJ)	Oxford City Council
	Diane Foster (DF)	South & Vale DC
	Heather McCulloch (HM)	West Oxfordshire DC
	Agya Poudyal (AP)	TV BAMER Project
	Matt Bick (MB)	Thames Valley Police
	Abigail Wycherley (AW)	Oxfordshire County Council
	Lindsay Chapman (LC)	West Oxfordshire DC (Homelessness)
	David Colchester (DC)	Local Criminal Justice Board
	Anonymous [Part]	Expert by Experience
Apologies:	Wendy Walker (WW)	OPCC Thames Valley
	Caroline Heason (CH)	Oxford University Hospitals
	Jackie Wilderspin (JW)	Public Health, OCC
	Laura Clements (LC)	CSC, OCC
	Katharine Hoeger (KH)	Observer – academic research
	Lou Everatt (LE)	Community Rehabilitation Company
	Alison Chapman (AC)	Oxfordshire CCG
	Nicola Riley (NR)	Cherwell District Council
	Melanie Pearce (MP)	Adult Safeguarding, OCC

Agenda Item: Expert by Experience - update and learning session

An Expert by Experience for our domestic abuse Boards, shared her experiences and feedback on approaches to working with domestic abuse in Oxfordshire. She emphasised the need to be mindful of the people experiencing domestic abuse who

- Are **middle aged**
- Are **middle class**
- Support a partner with **mental illness**
- Have a **mortgage**
- **Manage** the impact of the abuse
- Have faith-based **morals**, especially when **married**

The Strategic Lead for Domestic Abuse updated the board on local domestic abuse work co-produced with Experts by Experience. The Expert by Experience who attended this meeting communicated how difficult she had found it trying to flee to refuge with teenage sons, and this experience helped to inform our commissioning of the dispersed accommodation model.

Agenda Item: Operational Board Feedback

The July Operational Board meeting escalated issues around courts (especially family courts) to the Strategic Board. A task and finish group will be initiated to explore the need for tailored training for Oxfordshire courts services.

Agenda Item: Commissioning update

A2Dominion have new a new poster, leaflet and digital guide, embedded below.


ODAS Trifold June 19.pdf


ODAS Poster Mar 19.pdf


ODAS Digital Guide.pdf

Agenda Item: Children & Domestic Abuse: OSCB work

The Chair informed the board that OSCB have requested a piece of work which enables them to better understand the impact of domestic abuse for children in Oxfordshire, reviewing the services available and identifying any gaps. We'll be making contact with a number of agencies to obtain information and would really appreciate support with this important piece of work which will be reported to OSCB soon.

Agenda Item: Domestic Abuse Strategy Update, Y1 Delivery Plan & Dashboard

The Board discussed and amended the current draft of the 5-year domestic abuse strategy. The Strategic Lead for Domestic Abuse shared that professionals at our Strategy consultation events said they found it really helpful to have somewhere for their issues to go and be heard, and we therefore plan to hold consultation events annually to inform our delivery plans.

Agenda Item: Domestic Abuse Pathway for Young People Audit – Update

The Strategic Lead for Domestic Abuse updated the Board on progress with the DAPYP audit. There have been challenges in obtaining case information and this has resulted in significant slippage in timescales.

Agenda Item: Domestic Homicide Review (DHR) Proposal

The Board agreed the implementation of a new DHR Review Group which would meet twice a year and report to The Strategic Board for Domestic Abuse. Among other functions, the group would work to develop a consistent approach to commissioning of DHRs across the County, review where a decision was made not to commission a DHR or where a DHR was not considered but a third party believes it should have been, provide oversight of the DHR shared budget fund and collate learning from DHRs, SCRs, SARs and Mental Health Reviews to make recommendations for cross-cutting Strategic change based on any recurring issues raised and escalating these to the appropriate body or partnership.

Agenda Item: Positive Relationships Programme Evaluation

The Board discussed the recent evaluation of the Positive Relationships Programme. The Office of the Police and Crime Commissioner for Thames Valley has commissioned the programme for a further 12 months to enable a larger evidence base for long term decision making. The Board discussed current local perpetrator programme provision, which includes this 10 session Positive Relationships Programme as somewhat early intervention, and a 30 session Building Better Relationships Programme delivered by Community Rehabilitation Company to male offenders convicted of a domestic abuse offence. The Board learned that there is ongoing work exploring the development of an intervention to bridge the gap.

Meeting close. Future meetings:

	2019/20 Domestic Abuse Strategic Board Meetings
Q3	Wednesday 23rd October 2019
Q4	Wednesday 19th February 2020

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Oxfordshire Domestic Abuse Partner Update

Issue 8

July & August 2019

A monthly update on how we are responding to domestic abuse across the county and delivering our strategic priorities

Progress

- We've now trained our first cohort of Domestic Abuse Champions under our new training model!
- New leaflets, posters and a digital guide are now available for our commissioned domestic abuse services. You can download copies from the 'getting help' section of our DA page and print your own, or email das@a2dominion.co.uk to request printed copies.
- The Domestic Abuse Bill was introduced in Parliament for the first time in July - another step forward!

Celebrations!

A huge well done to A2Dominion (Oxfordshire Domestic Abuse Services) who have been awarded another 3 year grant from Children in Need for their children's worker in refuge! The grant also includes funding for school uniform, extracurricular activities, day trips, celebrations and some gardening and play equipment. Feedback from families in refuge tells us what a difference this work makes and it's wonderful to know it will continue.

Domestic abuse in rural areas

The Rural Crime Network have published 'Captive and Controlled': the findings of a research project exploring domestic abuse in rural areas. The report revealed that people experiencing abuse in rural areas are half as likely to report their abuse, and the more rural the setting the higher the risk of harm. The findings highlight the significance of physical isolation as both a tactic of abuse and a factor in access to services and quality of provision. Read more.

Government call for evidence: DA survivors invited to shape future of family court

The Ministry of Justice has launched a call for evidence inviting survivors of domestic abuse, and those who provide them with support services, to share their experiences of how well the family courts protect them and their children in private family law proceedings. This project is designed to

- shine a spotlight on how the family courts manage the safety & well-being of children when there is a history of domestic abuse
- build a more detailed understanding of any harm caused to parents and/or children during or following proceedings
- examine the risk to children and parents in continuing to have a relationship with a parent with a history of abusive behaviour, including where continuing contact between the parents is required by court orders.

Processes, outcomes, and experiences of the family courts were recently highlighted as a significant concern in our July Oxfordshire Domestic Abuse Operational Board meeting, so this feels like a really timely opportunity to share local feedback with central government! The online consultation can be accessed here and closes on 26th August 2019 – please do share this with anybody you think might be able to contribute.

Next Steps

- We'll be starting work to explore developing tailored training for the courts and linked services

Contact Details

If you have any questions or comments please contact
Sarah Carter, Strategic Lead for DA | Sarah.Carter@Oxfordshire.gov.uk
Abi Wycherley, VAWG Coordinator | Abi.Wycherley@Oxfordshire.gov.uk

OXFORDSHIRE COUNTY COUNCIL

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Health Improvement Board
Forward Planning

Forward Plan

Meeting Date	Other papers that could be scheduled	Standing items
		Minutes of the last meeting Performance Dashboard Forward plan Domestic Abuse update Healthwatch Ambassador Report
12th September 2019	Housing Support Advisory Group update Making Every Contact Count Whole System Approach to Weight Management Diabetes Transformation programme Affordable Warmth Network update	
21st November 2019	Oxfordshire Prevention Framework Public Health, Health Protection Forum annual report Mental Wellbeing working group update Alcohol and Drugs draft strategy Social Prescribing and GP referral scheme progress report	
February 20th 2020	Healthy Place Shaping – Active and Healthy Travel Tobacco Control Alliance Director of Public Health Annual Report	

Regular Reports from working groups	When to schedule	Note
PH Health Protection Forum	Once a year	Meets quarterly. Last reported Nov 2018
Affordable Warmth Network	Once a year	Last reported Sept 2017
Housing Support Advisory Group	Twice a year	Last reported Nov 2018
Domestic Abuse Strategy Group	Every meeting	Last report Feb 2019
Tobacco Control Alliance	Tbc	Reported in Nov 18
Mental Wellbeing Working group	At least annually	To be convened. Suggest report in Sept 19
Healthy Weight – whole systems approach	At least annually	New approach. Suggest update May 2019
Active Oxfordshire	Tbc	Requested an update May 2019
Healthy Place making	tbc	County wide events planned for Spring 2019 which HIB members will be invited to.
Social prescribing	Tbc	Update suggested Sept or Nov 2019
Making Every Contact Count	Tbc	Suggest this is twice a year for an update.
Alcohol and Drugs partnership annual report	Annually.	Draft strategy to be discussed Nov 2019