

Agenda

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Communities and Partnership Scrutiny Committee

Date: **Monday 12 March 2012**

Time: **6.00 pm**

Place: **Oxford Town Hall, St Aldate's, Oxford**

For any further information please contact:

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Communities and Partnership Scrutiny Committee

Membership

Chair	Councillor Jim Campbell	St. Margaret's;
Vice-Chair	Councillor Dee Sinclair	Quarry and Risinghurst;
	Councillor Mohammed Altaf-Khan	Headington Hill and Northway;
	Councillor Laurence Baxter	Quarry and Risinghurst;
	Councillor Mary Clarkson	Marston;
	Councillor Beverley Hazell	Marston;
	Councillor Graham Jones	St. Clement's;
	Councillor Shah Khan	Cowley;
	Councillor Ben Lloyd-Shogbesan	Lye Valley;
	Councillor Gill Sanders	Littlemore;
	Councillor Ruth Wilkinson	Headington;
	Councillor Nuala Young	St. Clement's;

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AGENDA

Pages

1 **APOLOGIES FOR ABSENCE**

2 **DECLARATIONS OF INTEREST**

Members are asked to declare any interests they may have on items contained in this agenda.

3 **SELECT COMMITTEE - SUPPORTING YOUNG PEOPLE INTO EDUCATION, TRAINING AND WORK.**

1 - 44

Contact Officer: Lois Stock (Democratic and Electoral Services Officer), Tel 01865 252275, lstock@oxford.gov.uk

Background Information
<p>It was decided to establish a Select Committee to look at issues around young people and employment, education and training.</p> <p>Councillors Lloyd Shogbesan and Altaf Khan are the Lead Members. They have chosen to investigate the means by which young people are supported into work or training within Oxford, with particular focus on young people who are defined as “NEET” – that is, not in education, employment or training.</p> <p>A briefing report explaining the background to this topic and the suggested guiding question for the Committee is attached. The Committee is also invited to consider any additional questions which it finds relevant.</p>
Why is it on the agenda?
<p>To allow the Committee to further the initial work of the Lead Members and investigate the matter in more depth</p>
Who has been invited to comment?
<p>The Lead Members will introduce the topic and outline the way in which this matter will be considered.</p> <p>The following people have been invited to speak:-</p> <p>Ruth Ashwell – Oxfordshire County Council Youth Engagement and Opportunities Service Manager, Early Intervention, Children Education and Families.</p> <p>Accompanied by one of the Early Intervention Hub Managers.</p> <p>Some young people will also attend the meeting.</p>

What will happen after the meeting?
A report summarising the outcome of, and any recommendations from the Committee, will be presented to City Executive Board, appropriate Board Member and relevant officers

4 SELECT COMMITTEE - PUBLIC HEALTH - DRAFT REPORT

45 - 94

Contact Officer: Lois Stock (Democratic and Electoral Services Officer) 01865 252275, lstock@oxford.gov.uk; Pat Jones (Principal Scrutiny Officer) 01865 252191, phjones@oxford.gov.uk

Background Information
At its last meeting, held on 14 th December 2012, the Committee heard evidence concerning public health in the City and in particular how our Community centres are, or could be, used to improve the health offer within Oxford. Following this meeting, the Lead Members (Councillor Jones and Councillor Sinclair) worked with officers to produce a Select Committee report which presents the outcome and outlines recommendations for which they seek the Committee's approval.
Why is it on the agenda?
The draft report is attached for review by the Committee.
Who has been invited to comment?
Councillors Jones and Sinclair will present the report to the Committee and explain the recommendations.
If the Committee endorses the contents of the report, it will be presented at the meeting of City Executive Board for consideration. Subject to the outcome of that, the recommendations will be passed on to the appropriate person or body.

5 WORK PROGRAMME AND REPORT BACK ON COMMITTEE'S RECOMMENDATIONS

95 - 106

Contact Officer: Pat Jones (Principal Scrutiny Officer), Tel 01865 252191, phjones@oxford.gov.uk

<p>Background Information</p> <p>Scrutiny Committees work each year within a programme agreed by Councillors. This item will appear on all future agendas to allow members to see progress on the work programme items, and plan agenda for future meetings.</p> <p>Attached is the current work programme that was agreed by Councillors at an informal meeting in July.</p>
<p>Why is it on the agenda?</p> <p>This item is presented here to allow the Committee to agree lines of enquiry for future meetings; take an overview of progress, and gauge support for, and Councillor interest in, the items agreed.</p> <p>The details of a special meeting hosted by the Lord Mayor to meet youngsters engaged in the Committee's Positive Futures initiative will be outlined</p>
<p>Who has been invited to comment?</p> <p>The Principal Scrutiny Officer will present the report and answer questions.</p>
<p>What will happen after the meeting?</p> <p>The Chair and Vice-Chair will continue to monitor the Committee's work programme and report to future meetings.</p>

6 MINUTES

Minutes of the meeting held on 14th December 2011 are attached.

7 DATES AND TIMES OF FUTURE MEETINGS

The next meeting will be held on 2nd April 2012 at 6pm.

DECLARING INTERESTS

What is a personal interest?

You have a personal interest in a matter if that matter affects the well-being or financial position of you, your relatives or people with whom you have a close personal association more than it would affect the majority of other people in the ward(s) to which the matter relates.

A personal interest can affect you, your relatives or people with whom you have a close personal association positively or negatively. If you or they would stand to lose by the decision, you should also declare it.

You also have a personal interest in a matter if it relates to any interests, which you must register.

What do I need to do if I have a personal interest?

You must declare it when you get to the item on the agenda headed "Declarations of Interest" or as soon as it becomes apparent to you. You may still speak and vote unless it is a prejudicial interest.

If a matter affects a body to which you have been appointed by the authority, or a body exercising functions of a public nature, you only need declare the interest if you are going to speak on the matter.

What is a prejudicial interest?

You have a prejudicial interest in a matter if;

- a) a member of the public, who knows the relevant facts, would reasonably think your personal interest is so significant that it is likely to prejudice your judgment of the public interest; and
- b) the matter affects your financial interests or relates to a licensing or regulatory matter; and
- c) the interest does not fall within one of the exempt categories at paragraph 10(2)(c) of the Code of Conduct.

What do I need to do if I have a prejudicial interest?

If you have a prejudicial interest you must withdraw from the meeting. However, under paragraph 12(2) of the Code of Conduct, if members of the public are allowed to make representations, give evidence or answer questions about that matter, you may also make representations as if you were a member of the public. However, you must withdraw from the meeting once you have made your representations and before any debate starts.

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To: Communities and Partnership Scrutiny Committee

Date: 12th March 2012

Item No:

Report of: Head of Law and Governance

Title of Report: Select Committee – Supporting young people into education, training and work.

Summary and Recommendations

Purpose of report: To provide background and context to the Select Committee on the topic of supporting young people into education, training and work.

Lead Members: Councillors Lloyd-Shogbesan and Altaf Khan

Policy Framework: Strong and Active Communities

Introduction

- 1 Youth unemployment nationally has risen to worrying levels. According to a report produced in November 2011 for the Private Equity Foundation, it is estimated that 979,000 young people between the age of 16 and 24 are NEET – that is; “not in education, employment or training”. This represents 16% of the entire age group. 186,000 of these young people are aged 16 to 18.
- 2 For many young people, this will be a temporary state of affairs, but for others it can lead to long term difficulties in the labour market. Being NEET early in life may lead to lower wages and higher chances of unemployment later in life. That is why it is important to address the problem of NEETs early on.
- 3 There is no single definition of whom or what is NEET. The Government definition focuses on 16-18 year olds who have recently left school, and who have not entered either employment or further training. The Private Equity Foundation, in its report, believes that the broader definition of 16-24 year olds captures more accurately the youth to labour market transition.

A copy of the Private Equity Foundation's report "Off the map? The Geography of NEETs" is attached as **Appendix A**

The Oxford Perspective

- 4 Oxford is a city with low NEET levels. Less than 10% of its young people between the ages of 16 and 24 are defined as NEET. Oxford is classed as a prosperous city in the south east of England, and its NEET level can be contrasted favourably with other places. Grimsby, for example, has NEET levels which are very high at almost 25% of young people between 16 and 24. Swansea has NEET levels of around 20%, while Bristol, Luton, Southampton and Milton Keynes have NEET levels of 10%.
- 5 Although Oxford's NEET levels are low, there some wards and groups for whom the figures are significant. A list of NEET clients by ward (as at 2nd February 2012) is below – highest numbers are highlighted:-

Ward	Number of NEET clients
Barton and Sandhills	51
Blackbird Leys	50
Carfax (inc Holywell)	16
Churchill	18
Cowley	16
Cowley Marsh	16
Headington	7
Headington Hill & Northway	10
Hinksey Park	9
Holywell (already inc in Carfax)	1
Iffley Fields	18
Jericho and Osney	5
Littlemore	33
Lye Valley	17
Marston	11
North	1
Northfield Brook	52
Quarry and Risinghurst	16
Rose Hill and Iffley	34
St Clement's	18
St Margaret's	2
St Mary's	21
Summertown	16
Wolvercote	14
TOTAL	452

- 6 Wards with higher levels of NEETs tend to have higher numbers of young people claiming Job Seeker's Allowance (JSA). The number of people who are unemployed is actually larger than the numbers claiming JSA, because not all unemployed claimants are eligible for it; and of course some choose not to claim it. The Council uses JSA as an indicator of the level of unemployment because available quickly and is precise.
- 7 Number of young people (aged 18-24) claiming JSA by ward (highest numbers highlighted again):-

Ward	JSA claimants
Barton and Sandhills	55
Blackbird Leys	75
Carfax	25
Churchill	20
Cowley	30
Cowley Marsh	25
Headington	20
Headington Hill & Northway	10
Hinksey Park	25
Holywell	0
Iffley Fields	35
Jericho and Osney	10
Littlemore	30
Lye Valley	30
Marston	15
North	5
Northfield Brook	60
Quarry and Risinghurst	20
Rose Hill and Iffley	40
St Clement's	15
St Margaret's	5
St Mary's	20
Summertown	10
Wolvercote	10
TOTAL (Rounded to nearest 5)	605

- 8 By ethnicity and age group, young JSA claimants can be shown as follows:

	Aged under 18	Aged 18-24
White	10	420
Ethnic minority	0	160
Mixed	0	30
Asian or Asian British	0	60
Black or Black British	0	50
Chinese or other ethnic group	0	20
Prefer not to say	0	10
Unknown	0	15
TOTAL	10	610

- 9 With this data in mind, the Communities and Partnership Scrutiny Committee established a small group tasked with setting up a Select Committee to explore issues around young people and work. The Lead Members on this select committee are Councillors Lloyd-Shogbesan and Altaf Khan, and they have chosen to look at the means by which young people are, or can be, supported into education, training and work.

Further analysis of NEET data is attached as **Appendix B**

Select Committee Guiding Question

10 To understand and review what organisations, agencies and the voluntary sector do to communicate with and support young people into education, training and employment. To consider data and evidence from young people and agencies concerning the effectiveness of these strategies.

Select Committee focus and definition

- 11 The Select Committee will focus on young people who are NEET and long term unemployed. It will consider particularly young people in the African Caribbean and Pakistani communities.
- 12 Long term unemployment as defined by European Union statistics is “unemployment lasting for longer than one year.”
- 13 Unemployment (or “joblessness”) is defined by the International Labour Organisation as occurring “when people are without jobs, and have actively sought work, within the past 4 weeks.”

Issues

- 14 Some of the issues to be considered are:-
- Do we understand why some groups and areas are worse than others?
 - Are services and institutions focussed to provide the right support in the right place at the right time?
 - Do agencies work well together?
 - What is successful nationally and locally?
 - What is the experience of young people when looking for training and work?
 - What do young people perceive as barriers?
 - What do young people think of any support on offer to them?
 - Is there anything extra young people might like to see, and why?
- 15 Our eventual aim is to try to answer the guiding question and make recommendations through a Select Committee report to the City Executive Board and the various partnership bodies involved.
- 16 The following people will attend the meeting:-
- Ruth Ashwell – Oxfordshire County Council Youth Engagement and Opportunities Service Manager, Early Intervention, Children Education and Families;
 - One of the Early Intervention Hub managers will accompany Ruth Ashwell;
 - It is hoped that a representative of Job Centre Plus will also be able to attend (this still awaits confirmation);
 - Some young people will attend the meeting to talk about their experiences and ideas.
- 17 It should be noted that there is an active group (The NEET/NIL Action Group) within Oxford, of which Ruth Ashwell is the Chair, that is working very hard to tackle issues of young people who are NEET. The City Council's representative is Val Johnson. The group has produced an Action Plan that is attached as **Appendix C**

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Off the map? The geography of NEETs

A snapshot analysis for the Private Equity Foundation

Neil Lee and Jonathan Wright, November 2011



Off the map? The geography of NEETS

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Summary

The high level of young people who are NEET – not in employment, education or training – is one of the most serious social problems facing the country. There are currently an estimated 979,000 16-24 year NEETs in England.¹ This represents 16 per cent of this age group. 186,000 of these young people are aged 16-18.

For an individual, a period being NEET can lead to wage scarring; lowering earnings long after they find employment. It also represents a significant drag on the economy through lost output, higher welfare payments and lower tax contributions.

Yet there are important concerns that the NEET problem may worsen. Rapidly rising unemployment has reduced the number of entry-level jobs available for those leaving education. And public sector cuts are restricting both youth services and the capacity of government to help people to enter the labour market. This squeeze will be worst in cities with weak economies and which are already facing the challenge of public sector cuts. Given these trends, we expect the NEET rate for 16-24 year olds to continue to increase (accounting for cyclical variations).

This snapshot analysis is the first paper produced as part of a research partnership between The Work Foundation and the Private Equity Foundation. In it, we investigate the geography of NEETS – focusing on the 53 largest towns and cities in Great Britain.

Towns such as Doncaster and Grimsby are NEET blackspots: between one in five and one in four young people are NEET. Without targeted action to address the problem of NEETs in these places there is a real danger that a generation of young people, often those living in towns and cities which are already less economically successful, will face long-term problems in the labour market. Both national and local government needs to focus their efforts on young people in these cities.

In contrast, a second set of prosperous cities such as Oxford, Aberdeen and York have low rates of NEETs. A small number of big cities also have relatively low levels of young people NEET, such as Portsmouth and Bristol. Yet the levels of young people NEET in these cities is still higher than it should be – these cities need to continue their efforts to address the problem.

The results have important implications for public policy:

- All cities need to take urgent action to improve the coordination of services for young people, by ensuring there are clear and viable pathways between school, education and the world of work. Such action needs to be focused on NEET blackspots to avoid future crises.
- The national government needs to improve the collection of data on NEETS. Without accurate measurement of the problem it is difficult to identify and evaluate solutions.

In addition, national and local government needs to consider the ten point plan set out as part of the Private Equity Foundation's manifesto for action.

¹ Quarterly Labour Force Survey; Statistical Release: NEET Statistics – Quarterly Brief (August 2011) Department for Education

1 Introduction

Young people who are NEET - not in employment, education or training – represent a serious social problem. Young people tend to be vulnerable to recessions, and the 2008-2009 recession was no exception. By the second quarter of 2011 there were an estimated 979,000 16-24 year olds who were NEET in England, or around 16 per cent of this age group.²

For many this will be a short-term experience, albeit often a difficult one. Yet for others it can lead to long term difficulties in the labour market. A period NEET early in life may lead to reductions in wages and higher chances of unemployment later in life. Addressing the problem of NEETs now will help to avoid these problems.

Yet young people currently face two serious pressures. In a difficult labour market, young people often find it harder to gain a foothold in work – and there is a real danger that youth unemployment could soon reach one million. Alongside this, public sector cuts mean youth services and 16-19 education face reductions of around 20%.³ The combination of these two pressures means that unless urgent action is taken, the levels of young people who are NEET is likely to increase further still.

The geography of NEETS matters. Services which help NEET young people are often provided by schools, local authorities, enlightened businesses or voluntary groups. Different towns and cities have different economies, with diverse opportunities for labour demand. Some cities have been able to put in place strategies which have begun to successfully address the problem.

The past few years have seen increased awareness of the problem of NEETS, with much attention focused on addressing the issue. However, we know relatively little about the geography of NEETS – which towns and cities have high NEET levels and which have low levels. This is because little data is available at a local level. There are two major definitions of NEETS. Official statistics are available for ‘young NEETS’ – those aged 16–18 that have recently left school. However, a second group - older NEETS, aged 16–24 are arguably more important, as they are likely to face greater challenges in the labour market throughout the rest of their lives.

In this snapshot analysis, we use a comprehensive national dataset - the Labour Force Survey / Annual Population Survey - to identify blackspots where high proportions of the 16 – 24 age group are NEET, and so assess in the most exact way possible which towns and cities have the worst NEET problem.

The analysis forms the first part of a wider research partnership between The Work Foundation and the Private Equity Foundation. The Private Equity Foundation is an organisation which aims to support children and young people to reach their full potential. The Private Equity Foundation has provided basic skills, social and emotional support for 42,000 children and young people through 18 charities.

² Quarterly Labour Force Survey; Statistical Release: NEET Statistics – Quarterly Brief (August 2011) Department for Education

³ The IFS estimate reductions of around 20% in real terms between 2010/11 and 2014/15. See: Chowdury, H. and Sibieta, L. 2011. Trends in education and schools spending. London: IFS.

Box 1: NEET vs Youth Unemployment

NEETs and Youth Unemployment are related concepts, but there are important differences between the two.

The unemployment rate is a measure of those who are out of work, but have looked for work in the past month and able to start in the next two weeks – the economically active. This can include individuals who are in education. The youth unemployment rate can be artificially inflated by an increase in the amount of young people going into education and becoming economically inactive – and a decrease in the denominator (those who are employed and unemployed).

Conversely the definition of NEET excludes all those people who are in education or training, but includes the economically inactive. This is why the amount of young people who are NEET in England (939,000 16-24 year olds in the fourth quarter of 2010) is higher than the number who are unemployed (740,000 in 2010), but the NEET rate is lower than the youth unemployment rate. For younger people (those who are much more likely to be in full time education) the difference between the NEET rate and the unemployment rate is even more exaggerated.

Beyond being 'Not in Education, Employment or Training' there is no single definition of whom and what is NEET, with different stakeholders using different criteria. The Government definition focuses on 16-18 year olds, but the broader definition of 16-24 year olds more accurately captures the youth-to-labour market transition.

Why NEETs matter?

The costs of young people who are NEET fall on the individual and also the wider economy. For the individual, the costs include:

- **Wage scarring.** A period of unemployment early in life can reduce wages over a long period. Gregg and Tominey have estimated that youth unemployment imposes an impact on individuals' wages of between 8 and 15 per cent by the age of 42.⁴
- **Youth unemployment can significantly increase participation in crime** (especially property crime), which hampers further job-attainment.
- **Lack of contact with the labour market.**⁵ Employers have highlighted a growing 'employability' skills shortage amongst young people – lack of contact with the labour market (or the education system) will damage the development of these key skills.
- **Increased stress and depression amongst those unemployed.** This can lead to extra costs to society from the consequences of these psychological and emotional problems. In a UK survey of young NEETs a quarter said being unemployed caused

⁴ Gregg, P. (2001) "The Impact of Youth Unemployment on Adult Unemployment in the NCDS," Economic Journal, 111, and Gregg, P. and Tominey, E. (2004) *The Wage Scar from Youth Unemployment*, CMPO Working Paper Series No. 04/097, University of Bristol. In *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK* (2007) The Prince's Trust

⁵ Bell, D.N.F. and Blanchflower, D.G. (2010) *UK Unemployment in the Great Recession*. National Institute Economic Review 214, pp. R3-25

Off the map? The geography of NEETS

arguments with their family; and more than one in ten said unemployment drove them to drugs or alcohol.⁶

- **Can reduce worker life expectancy.** One small-scale study in a city in the North of England found that one in seven NEETs died within ten years of leaving school.⁷ This is probably an extreme example, but it highlights an important problem.
- **Decreases self-confidence, thus hampering re-employment.** Over one in five NEETs in one survey said that they had lost the confidence to go to job interviews as a result of being NEET.⁸

Beyond the personal costs of being NEET, each young person not in employment, education or training bears a cost to public finances (through benefit payments, lost tax revenues, and healthcare and criminal justice costs), and a public resource cost (due to loss of economic productivity from un- or underemployment, lost personal income and the effects of lost opportunity).

- Each 16-18 year old who is NEET has been estimated by Godfrey *et al* to have an average total public finance cost to society of £52,000 (in 2002 prices) over the course of their lifetime.⁹ Recently this average societal unit cost of NEETs has been updated to £56,000 per 16-18 year old NEET. The current estimated aggregate public finance costs of 16-18 year old NEETs range from £12bn to £32bn.¹⁰
- In 2002 the average unit resource cost of 16-18 year old NEETs was estimated at £45,000. The 2009 estimate is much increased, to £104,000, with an aggregate resource cost range of £22bn to £77bn. This increase is largely due to lost potential wages, resulting from growing wage differentials, and big differences in benefits and in-work wages between 2002 and 2009.
- Most recently, research conducted by the Prince's Trust and Royal Bank of Scotland suggests that the November 2010 level of NEETs amongst 20-24 year olds costs £22m per week in Jobseekers Allowance, and £22-133m per week in lost productivity.¹¹ This research also estimates that the cost of youth crime (including imprisonment of children and young people) is £23m a week - £1.2bn per year, while the cost of educational underachievement is estimated at £22bn per generation.

The cost of being NEET to an individual can be high, with long-term consequences. The government, employers and society must recognise the broader negative societal and economic implications of this growing problem and act appropriately. The next section examines changing trends in the NEET rate at the national level, followed by an analysis of the changing geography of NEETs and a set of recommendations for action.

⁶ Jobs for Youth – United Kingdom (2008) OECD

⁷ <http://www.tes.co.uk/article.aspx?storycode=6019772>

⁸ <http://www.tes.co.uk/article.aspx?storycode=6019772>

⁹ Godfrey, C., Hutton, S., Bradshaw, J., Coles, B., Craig, G. and Johnson, J. *Estimating the cost of being "not in employment, education or training" at age 16-18* (2002) DfES Research Report RR346

¹⁰ Coles, B., Godfrey, c., Keung, A., Parrott, S. and Bradshaw, J. (2010) *Estimating the life-time cost of NEET: 16-18 year olds in Education, Employment or Training: Research undertaken for the Audit Commission*, University of York

¹¹ *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK* (2010) The Prince's Trust. The lower bound of the cost-range (£22m pa) presumes a productivity cost equal to the JSA cost; the upper bound (£133m pa) is the average productivity of their wage group (20-25 years old).

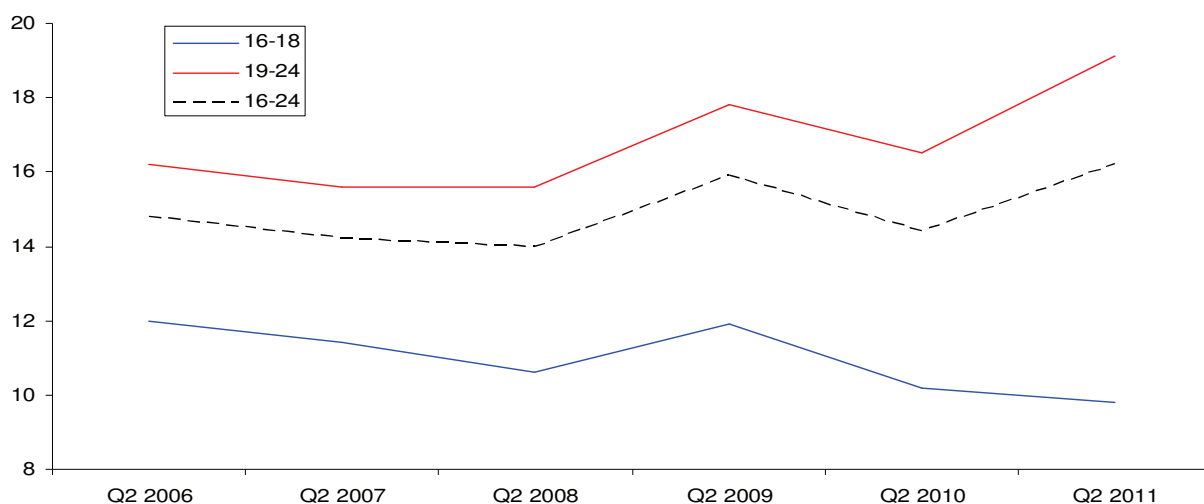
2 NEET levels over time

Since the mid-1980s, NEET rates have actually been decreasing in England. As participation in education expanded, and as the economy improved, the number of young people who were NEET slowly began to fall. Historical labour force survey data shows that NEET rates were much higher in the 1980s than today; over 18 per cent of 16-18 year olds were NEET in the mid 1980s.¹² Now, only 9.8 per cent are.¹³

Yet the recession saw NEET rates begin to rise. Young people are often cheaper to make redundant, and have had less time to develop the skills that employers value. A lack of entry level jobs restricts the ability of young people to enter the labour market. This means that young people often experience the worst effects of recessions.

Between Q1 2008 and Q1 2010 the NEET rate for 16-18 year olds increased from 9.9 per cent to 10.1 per cent. More so, the NEET rate for 19-24 year olds rose from 15.4 per cent to 17.8 per cent. Overall the number of older NEETs (16-24 year olds) rose from 811,000 to 928,000, or 13.6 per cent to 15.4 per cent.¹⁴

Figure 1. NEET rates (%) for different age cohorts in England, 2006-2011



Source: NEET Statistics – Quarterly Brief (August 2011) Department for Education Labour Force Survey

Most recently there has been a slight fall in the proportion of 16-18 year olds who are NEET. The chart above shows that between the second quarter of 2010 and the second quarter of 2011 the proportion of young people aged 16-18 who were NEET fell from 10.2 per cent to 9.8 per cent. In absolute terms there are now 186,000 16-18 year olds who are NEET in England compared to 197,000 in the second quarter of 2010.¹⁵

¹² Department for Education Statistical First Release; 'Participation in Education, Training and Employment by 16-18 Year Olds in England'

¹³ Quarterly Labour Force Survey; Statistical Release: NEET Statistics – Quarterly Brief (August 2011) Department for Education

¹⁴ Department for Education Statistical First Release; 'Participation in Education, Training and Employment by 16-18 Year Olds in England'

¹⁵ Incidentally, the Department for Children Schools and Families (now the Department for Education) failed to meet their Public Service Agreement to reduce the number of NEETs by two percentage points (from the

Off the map? The geography of NEETS

However, while NEET rates have fallen for 16-18 year olds, there has been an increase in the proportion of 19-24 year olds who are NEET. The NEET rate for 19-24 year olds (19.1 per cent) is now over twice that of the rate for 16-18 year olds – and the disparity between the two age groups has been growing over the past five years. There are now 794,000 19-24 year olds who are NEET, up from 675,000 this time last year. The proportion of 19-24 year olds who are NEET has increased from 16.2 per cent to 19.1 per cent over the past five years.

Overall there are 979,000 NEET 16-24 year olds in England. This represents 16.2 per cent of this age group – the highest quarter two figure in the past five years. Given the cyclical variation in the NEET rate (NEET rates peak in the summer months when young people have left education) we expect quarter three's figure to be even higher (in quarter three of 2009 and 2010 the number of 16-24 year old NEETs exceeded 1,000,000).

Why is the NEET rate increasing?

National trends in the NEET rate over the past two decades have been largely influenced by:

- Increasing levels of participation in education
- Decreasing employment rates for young people – as young people are less likely to enter the labour market

Over the longer term, the biggest contributor to the fall in NEET for 16-18 year olds (from the mid 1980s) has been the increase in participation in full time education. In 1985, 32 per cent 16-18 year olds in England were in full time education, compared to 64 per cent in 2008.¹⁶

Although a much higher proportion of 16-18 year olds are in full time education compared to 18-24 year olds,¹⁷ the rate of increase for both age groups (in the UK) has been relatively similar since 1992 – increasing by approximately ten percentage points between 1992 and 2000, remaining relatively stable during the 2000s, and then rising again since the onset of recession.

Since the onset of recession there has been an increase in the proportion of 16-24 year olds deciding to remain in full time education to avoid unemployment. UCAS data show an 11.6 per cent increase (70,000) in the number of university applications between 2009 and 2010, with a 16 per cent increase in applications from 21-24 year olds.¹⁸ However, a larger proportion of 16-17 year olds have decided to remain in education since 2008 than 18-24 year olds. 42 per cent of 16-24 year olds are now in full time education in the UK.

The second driver has been falling youth employment rates. The employment rate for 16-17 year olds in the UK has been falling steadily since the late 1990s – and has halved over this period to 24 per cent.¹⁹ However, the employment rate for 18-24 year olds in the UK was stable until 2004, and has since been in decline. The recession exacerbated this trend (falling from 65 per cent in the final quarter of 2007 to 58 per cent in the last quarter of 2009).²⁰

2004 level of 9.6 per cent) by 2010 (Reducing the proportion of young people not in education, employment or training (2008) Department for Children, Schools and Families)

¹⁶ House of Commons Children, Schools and Families Committee (2010) Young people not in education, employment or training: eighth report of session 2009-2010, HMSO

¹⁷ Labour Force Survey, Labour Market Statistics (June 2011) Office for National Statistics

¹⁸ Bell, D. and Blanchflower, D. (2010) UK Unemployment in the Great Recession, National Institute of Economic and Social Research

¹⁹ Labour Force Survey, *ibid.*

²⁰ Labour Force Survey, *ibid.*

Off the map? The geography of NEETS

The employment rate for young people and participation in education are interrelated (often a fall in the employment rate represents a decision to go into education – and the individual is likely to become economically inactive). But falling employment rates for young people were also associated with an absolute increase in worklessness amongst those people not in full time education since 2004 in the UK (for 16-24 year olds) – the rate of worklessness rose sharply during the recession. The employment rate for young people is the lowest since records began (in 1992).

During a recession organisations usually hire fewer new staff – this makes it difficult for young people and those who have just left education to find work. Concurrently, young people tend to have less experience and lower levels of skills, so are generally the first to be let go when there is a fall in demand, and they are at the back of the line when there are new vacancies.²¹ Research by The Work Foundation²² has shown that a disproportionate number of young graduates are employed in the public sector, and may therefore be more vulnerable to public sector job losses over the coming years.

The fall in employment for 16-18 year olds has been counterbalanced by an increase in the proportion of young people participating in education. The shift from employment to full time education has left the overall NEET rate relatively unchanged for this age group.²³ However, the rate for 16-24 year olds has increased slightly in recent years. While the proportion of 16-24 year olds in education or training did increase, the proportion in employment without training fell by a greater amount. The recession has exacerbated this trend.

Despite cyclical variations, the NEET rate is likely to continue to rise unless there is a significant increase in employment or participation in education. The employment prospects for young people have been damaged by the weakness of the economic recovery. Given current trends in the NEET rate for 16-24 year olds, we expect youth unemployment to exceed 1,000,000 soon.

²¹ IPPR and Private Equity Foundation (Summer 2009) Youth Tracker

²² Wright, J. (2011) Cutting the Apron Strings? the clustering of young graduates and the role of the public sector, London: The Work Foundation.

²³ Department for Education Statistical First Release; 'Participation in Education, Training and Employment by 16-18 Year Olds in England'

3 NEET Cities: The geography of NEETS

Data at a local level on NEETs is poor. The main source of data – the Connexions statistics from the Department for Education – only covers those aged 16–18. Other data at the local level tends to have low sample sizes, and misses certain groups. This lack of data can seriously hamper our understanding of the geography of NEETs.

In this paper we take a different approach. We combine data from the Annual Population Survey 2009 and 2010, giving the most up to date picture of the labour market in local areas possible. This allows us to replicate the official Department for Education statistics for NEETs at a city-level. As we use a two year period and rates have since been on an upward trend, the results will probably underestimate NEET levels.

The measures will still have smaller sample sizes than official statistics, and we need to be cautious with how we use them - but they are the best measure yet available to identify the NEET blackspots in Great Britain.²⁴ The data below is for the largest cities in Great Britain – as defined in the Department for Communities and Local Government's *State of the English Cities* report.

We use this data to categorise the UK's towns and cities into five types;

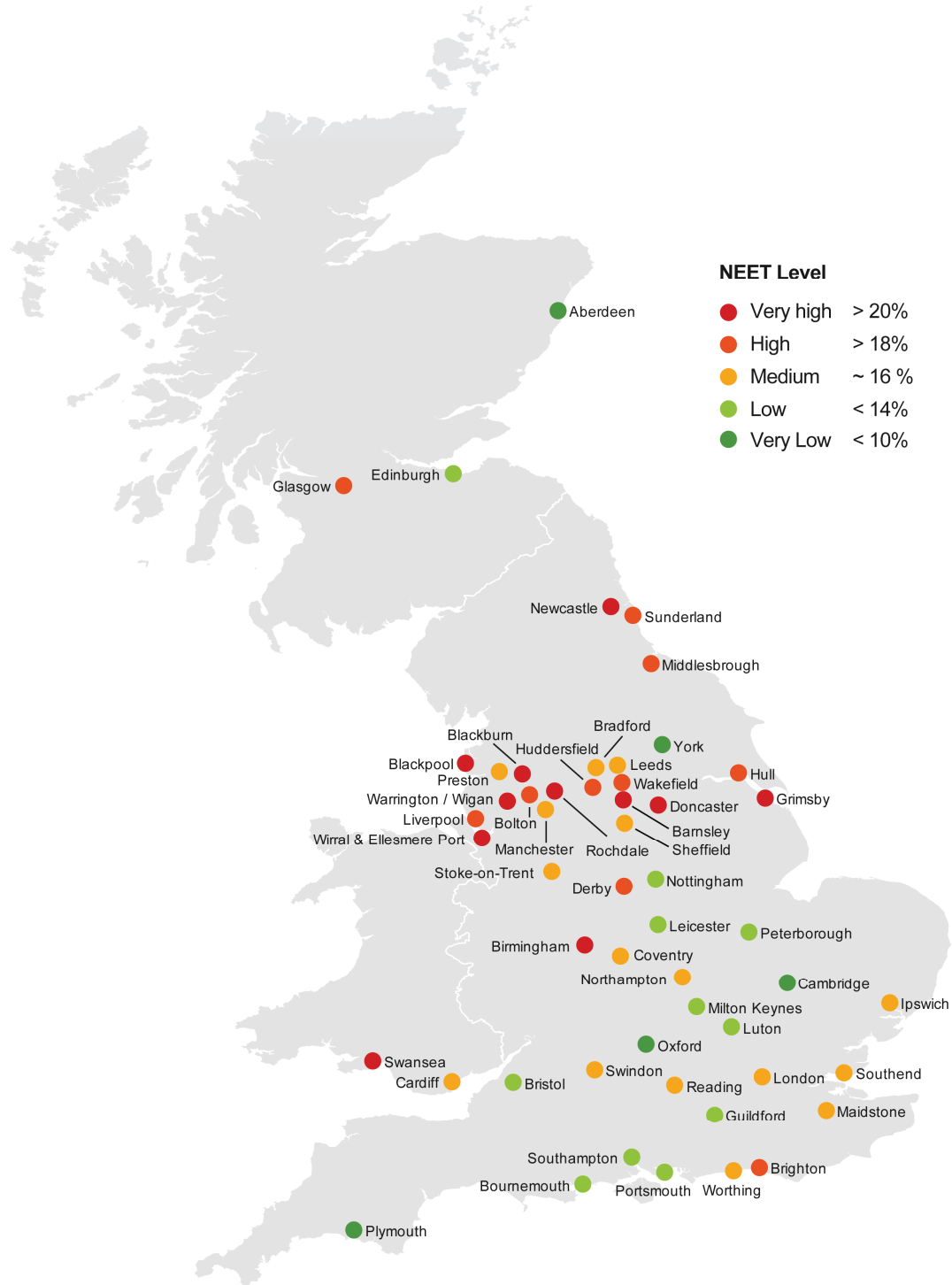
- **NEET blackspots – Very high NEET cities.** These are towns and cities where our data suggests that over one in five of the population aged 16 - 24 are NEET. This represents a serious challenge for these places in future.
- **High NEET cities.** Where over 18% of young people are NEET.
- **Medium NEET Cities.** These are towns and cities our data suggests have NEET levels around the urban average. However, this does not mean that NEETs are not a significant problem in these areas. Within these towns and cities there may be important areas with a high NEET concentration – Hackney and Islington in London are the most obvious example.
- **Low NEET Cities.** Where less than 14% of young people aged 16 – 24 are NEET.
- **Very Low NEET Cities.** Finally, we identify cities with very low NEET levels – less than 10%. Relative to other cities, these tend to have fewer problems – but it is still important that they focus on NEET rates.

Figure 2 presents the map of these towns and cities. There is a clear geographical pattern: cities in the urban northern belt across from Liverpool to Hull are more likely to be in the Very High or High categories. Some of these cities – including Manchester – are only medium in NEET rates. York is the only city with low NEET rates. Most of the Southern towns and cities have relatively low NEET rates, in contrast.

²⁴ We use the DfE syntax to identify NEETs. Data is for Travel to Work Areas. We remove a number of small cities where there are only a small number of observations. This gives us a sample of 53 cities. Statistics will have confidence intervals which may be larger for small cities and mean exact statistics may differ. Because of this, we have banded the cities into five different categories of cities based on the data. However, these are unlikely to affect which cities are in the different categories. For more information on the methodology for allocating cities, see Wright (2011) Cutting the apron strings? London: The Work Foundation.

Off the map? The geography of NEETS

Figure 2. The geography of NEETs in the UK, 2009-2010



Source: The Work Foundation analysis using LFS 2009 / 2010

Great Britain urban average: 16.1%

NEET blackspots: Cities with high NEET levels

Table 1 gives details of the ten towns and cities in our sample where the data suggests that more than one in five young people are NEET. Towns and cities with high NEET levels tend to be smaller and in the North of England. NEET levels are highest in Doncaster, Grimsby and Warrington & Wigan. These places tend to be smaller towns and cities in the North, but some large cities such as Birmingham and Newcastle also have high levels of young people NEET.

Table 1. Cities with high NEET rates (%) amongst 16-24 year olds, 2009-2010

Rank	City	NEET Rate
1.	Grimsby	Very High: Almost 25%
2.	Doncaster	Very High: Almost 25%
3.	Warrington & Wigan	Very High: Almost 25%
4.	Blackpool	High: Around 20%
5.	Rochdale & Oldham	High: Around 20%
6.	Wirral & Ellesmere Port	High: Around 20%
7.	Birmingham	High: Around 20%
8.	Barnsley	High: Around 20%
9.	Swansea	High: Around 20%
10.	Newcastle	High: Around 20%

Source: Annual Population Survey, TWF Calculations. From 53 Cities. Where 'very high' indicates that NEET levels may approach one in four of the population, and 'high' indicates that it is more than one in five.

Low NEET Cities

Cities with low NEET rates tend to be prosperous and in the South. Most of these are prosperous cities. However, a few cities on the South Coast – such as Plymouth and Southampton – have lower rates than we would expect.

Table 2. Cities with low NEET rates (%) amongst 16-24 year olds, 2009-2010

Rank	City	NEET Rate
1.	Oxford	Very Low: Less than 10%
2.	Aberdeen	Very Low: Less than 10%
3.	York	Very Low: Less than 10%
4.	Plymouth	Very Low: Less than 10%
5.	Cambridge	Very Low: Less than 10%
6.	Guildford	Low: Around 10%
7.	Bristol	Low: Around 10%
8.	Luton & Watford	Low: Around 10%
9.	Southampton	Low: Around 10%
10.	Milton Keynes	Low: Around 10%

Source: Annual Population Survey, TWF Calculations. From 53 Cities. Where 'very high' indicates that NEET levels may approach one in four of the population, and 'high' indicates that it is more than one in five.

Off the map? The geography of NEETS

As we highlighted in our report – *No City Left Behind* – a number of these towns and cities have had problems for some time, and did relatively poorly in the recession with large increases in unemployment.²⁵ Meanwhile, on the basis of their relatively low skill levels and high reliance on public sector employment, many of these towns and cities are unlikely to see strong growth in the recovery.

The high NEET rates experienced by these places suggest major problems for the future. If the lack of economic success these cities face now translates into long-term problems for their residents, this becomes a critical issue for policymakers. As we discuss in section four, it is important to identify specific measures to integrate NEETs in these cities into work.

The situation in London

Our data does not give us good enough sample sizes to distinguish between different London boroughs. However, we can get sufficient sample sizes at a sub-regional level. Table 3 gives details for the boroughs according to the GLA sub-regions.

Table 3. NEET rates in London sub-regions

Sub-region	Boroughs	% 16 – 24 NEET
North East	Barnet, Camden, Enfield, Hackney, Haringey, Islington and Westminster	Very High (20% +)
East	Tower Hamlets, Newham, Waltham Forest, Redbridge, Havering, Barking and Dagenham	High NEET (18% - 20%)
South East	Bexley, Bromley, Greenwich, Lewisham and Southwark	Medium (15 – 17%)
West	Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon and Hounslow, Kensington and Chelsea	Medium (15 – 17%)
South West	Croydon, Kingston upon Thames, Lambeth, Merton, Richmond upon Thames, Sutton and Wandsworth.	Less than (14%)

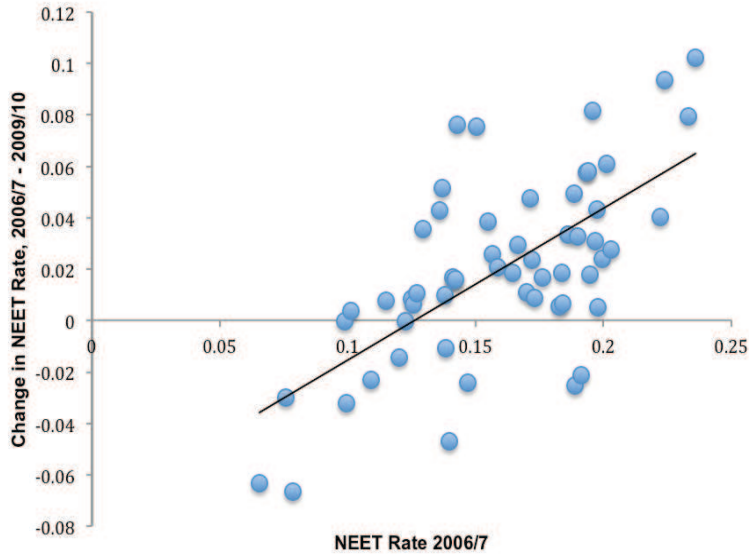
However, this data is likely to mask considerable variation between boroughs which our data cannot capture. The data which is available is for 16 – 18 year olds. Some boroughs – such as Southwark and Lambeth - have very high rates which are disguised by relatively low rates elsewhere in the sub-region.²⁶ But the clearest sub-region where the levels of young people NEET are highest is the North East of London. This has three of the boroughs which have the worst 16 – 18 NEET rates, Hackney, Islington and Haringey.

²⁵ Lee, N et al. (2010) *No city left behind? The geography of the recovery – and the implications for the coalition*, London: The Work Foundation.

²⁶ Note that we've renamed the GLA's 'North' as 'North East'. In 2010, the top ten London boroughs for 16-18 NEET rates were: Southwark (8.4%), Lambeth (7.4%), Barking and Dagenham (6.9%), Haringey (6.6%), Croydon (6.6%), Newham (6.4%), Camden (6.4%), Islington (6.2%), Hackney (6.2%) and Greenwich (6.2%). Source: DfES, 2011.

Did the recession make things worse?

Figure 2. Changes in NEET rates during the recession



To what extent did the recession make things worse in NEET blackspots? Figure 2 plots changes in NEET rates between 2006/7 and 2009/10 on the left hand axis, and considers initial NEET levels in 2006/7 on the bottom hand. This means the data will include the effects of the 2008-2009 recession. It is clear that the greatest increase in NEET rates were in cities which had the highest initial levels. In short, the recession exacerbated the problem in high NEET cities.

4 What needs to happen now

A failure to fully address the country's NEETs is not only damaging to individual life outcomes, but leads to growing costs for the government, our economy, and society.

This snapshot has identified the NEET blackspots of Great Britain: cities where between one in four and one in five of young people are not in employment, education or training. These cities tend to have wider problems, with weak economies, low skills profiles and often dependent on the public sector for employment.

The recession widened the gap between cities with high NEET rates and those where NEET rates were lower. Policy makers must respond to these dynamics in an appropriate way – recognising what has driven the NEET rate, and what places and which people need the most help.

The government has yet to develop an integrated strategy or explicit policy agenda to reduce levels of NEETs and prevent any future generations falling into the same category. However, recognition of NEETs as a growing problem has been approached through a number of standalone, though inter-related, policies and initiatives.

The government urgently needs to consider the problems faced by young people in many of our towns and cities. NEETs in these cities face a double hit: reduced employment opportunities and a weak economy and reduced services resulting from public sector cuts.

Recommendations

Central government needs to take a lead in addressing the NEET problem. Yet many of the solutions will come from a local level. Young people in different parts of the country face distinct challenges. At a local level:

- **Local government needs to take action to ensure better coordination of services.** Reducing the number of NEETs in this country requires the coordinated activities of all key stakeholders. We must also financially support those locally embedded organisations (often voluntary sector) that have developed social capital and are best placed to positively engage with young people and the complex (locally sensitive) issues they face.
- **Data matters.** The national government needs to improve the collection of data on NEETS. Without accurate measurement of the problem it is difficult to identify and evaluate solutions.
- National and local government needs to consider the ten point plan set out in the Private Equity Foundation's manifesto for action.

Annex

The Private Equity Foundation has set out a manifesto for action. They have developed a ten point action plan for improving performance on tackling NEET issues at each level of the system by focussing on prevention and better coordination.

Strategy and direction:

- 1. Create better coordination:** We need to coordinate policy and track progress. For example, a NEET taskforce could coordinate policy, bring together those who care about the issue and track progress.
- 2. Focus on prevention - targeting the most at risk:** We need preventative resources allocated according to the level of NEET risk faced by each young person, as reflected in the recent proposals for the pupil premium.
- 3. Publish transparent information on performance:** We need transparent and objective comparisons of performance that encourage each local authority to drive up performance to the level of the best.

Commissioning and funding:

- 4. Increase investment on NEET:** We need a broader range of funding instruments to help address some of these problems.
- 5. Reform commissioning:** We need improvements in commissioning through:
 - Better collaboration between local authorities and service providers
 - Greater focus on value by developing commissioning capabilities
 - Creating local markets for NEET services
 - Adopting standard processes to reduce administration

Delivery of services:

- 6. Grow the best provision:** we need to create more networked commissioning and business support for the best providers.
- 7. Foster better links into employment:** The school curriculum needs to prepare young people for the world of work through better links, high quality work experience and more routes into work e.g. apprenticeships. We need to make it easier for employers to engage with young people, particularly those most at risk of becoming NEET.
- 8. Support targeted case management for those most at risk:** Many children face a challenging pathway through numerous services and interventions. An integrated case management approach is needed to improve coordination.

Enablers:

- 9. Improve information on local provision:** We need to record standardised performance metrics, establish guidelines for setting benchmarks and advocate good practice locally.
- 10. Increase knowledge of what works:** we need to establish an anonymous database of the cost effectiveness of intervention (as maintained by NICE in the healthcare sector) and publish standard guidelines on what data funders should track to encourage the analysis and dissemination of best practice.

Annex B: Data for Cities

Very High NEET	Medium NEET	Low NEET
Blackspots (> 20%)	Medium (15 – 17%)	Less than (<14%)
Grimsby	Maidstone	Edinburgh
Doncaster	Manchester	Nottingham
Warrington / Wigan	Southend	Milton Keynes
Blackpool	Northampton	Southampton
Rochdale	Cardiff	Luton
Wirral & Ellesmere Port	Leeds	Bristol
Birmingham	Worthing	Bournemouth
Barnsley	Stoke-on-Trent	Leicester
Swansea	Reading	Peterborough
Newcastle	Swindon	Portsmouth
Blackburn	Preston	Guildford
	Bradford	
	Ipswich	
	London	
	Coventry	
	Sheffield	
High NEET (> 18%)		Very low (< 10%)
Liverpool		Cambridge
Wakefield		Plymouth
Sunderland		York
Hull		Aberdeen
Bolton		Oxford
Middlesbrough		
Brighton		
Glasgow		
Derby		
Huddersfield		

Note: Cities are the Travel to Work Areas of the Cities used in the State of the Cities database, with the addition of Aberdeen, Edinburgh, Glasgow, Swansea and Cardiff. A small number of cities removed for low sample sizes so the final sample is 53 cities.

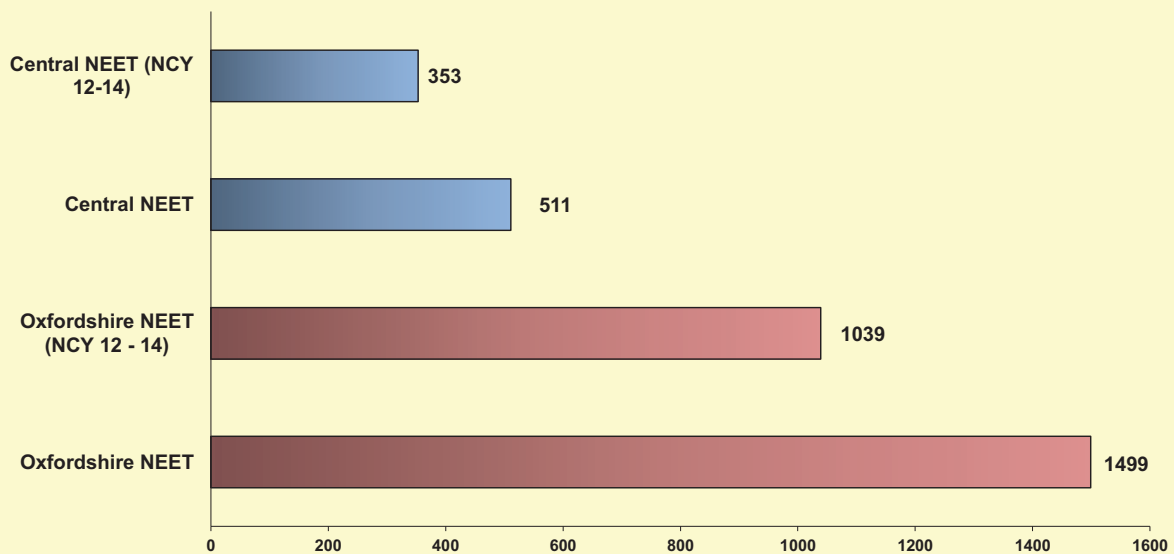
Source: APS for 2009/10, using DfE calculation methods.

Exact figures not presented as confidence intervals cannot be calculated.

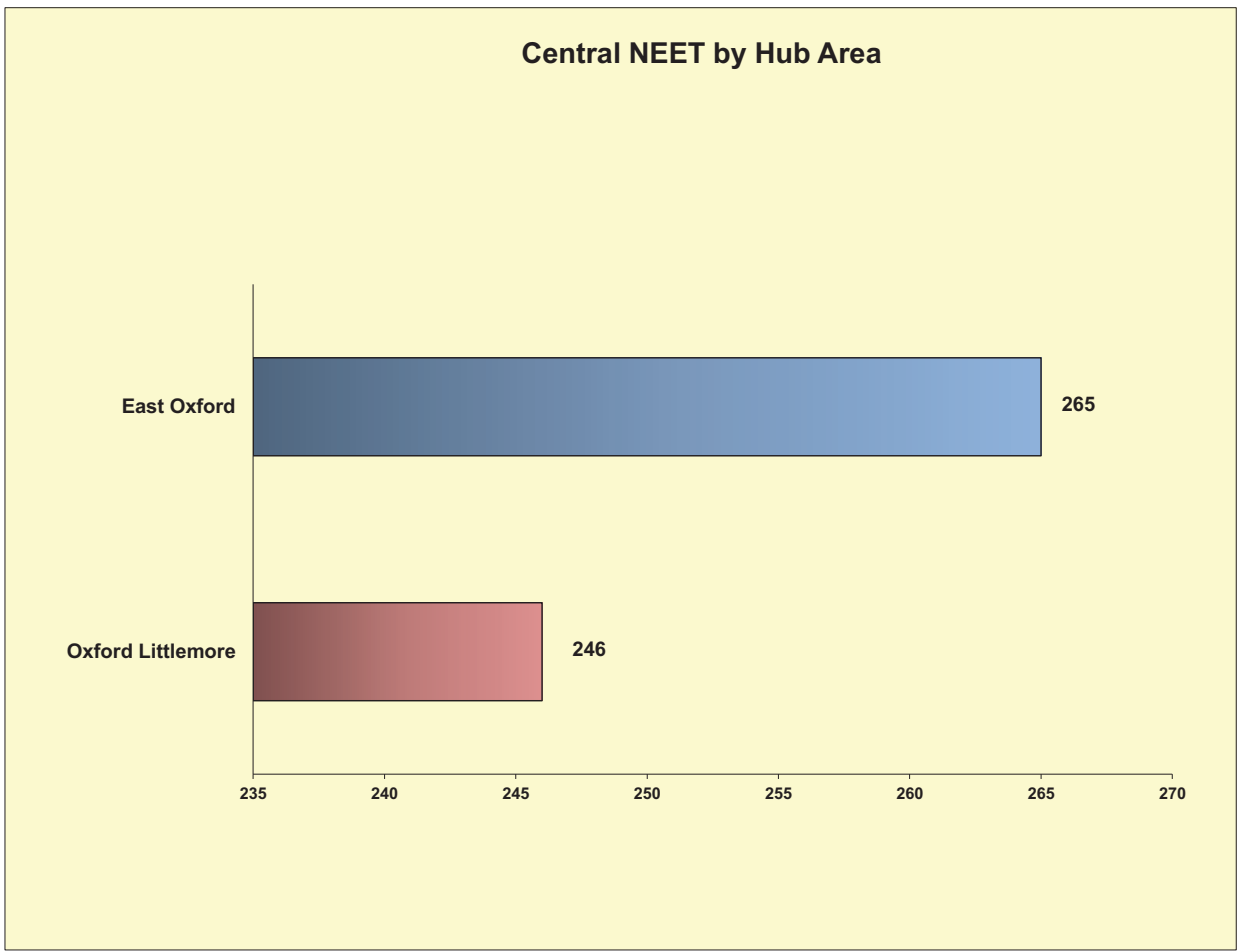
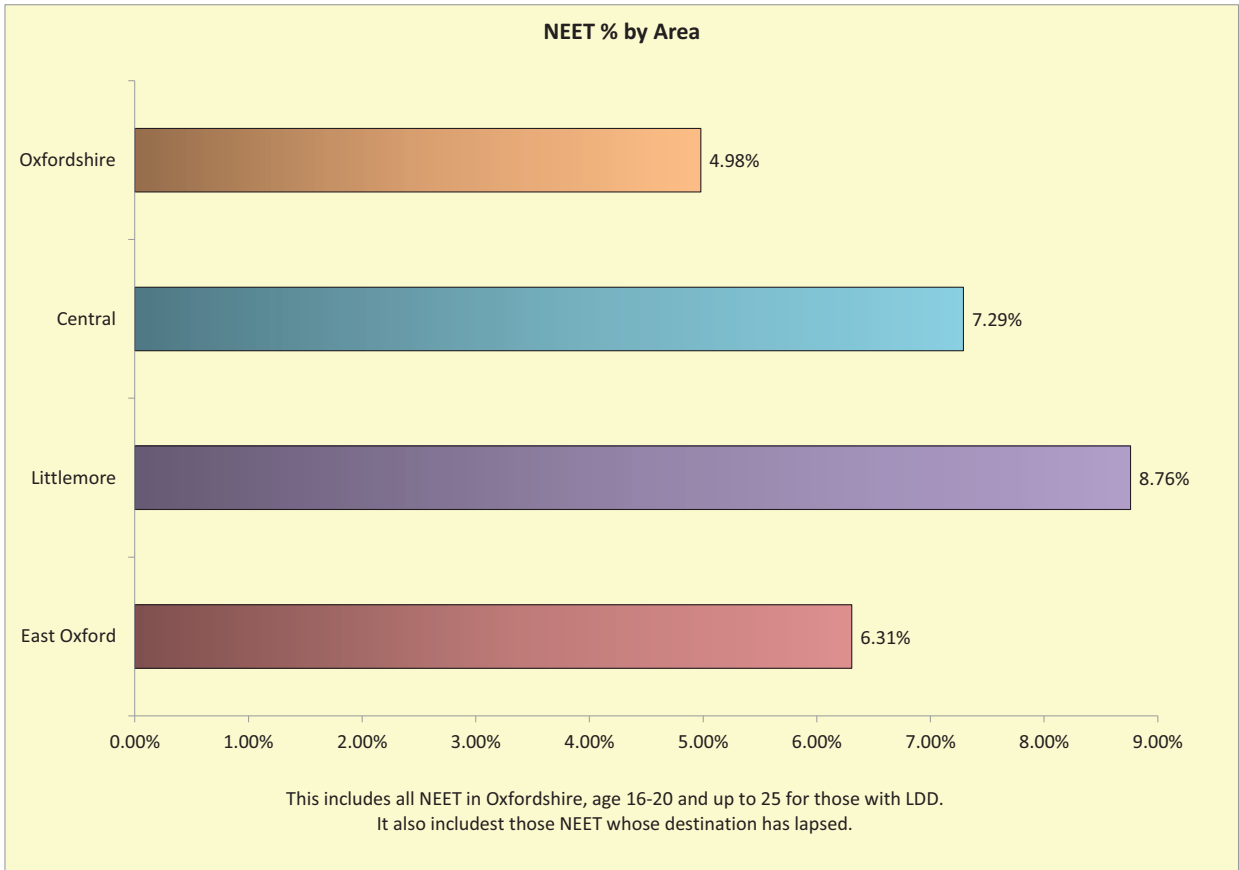
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Central NEET/NIL Analysis January 2012

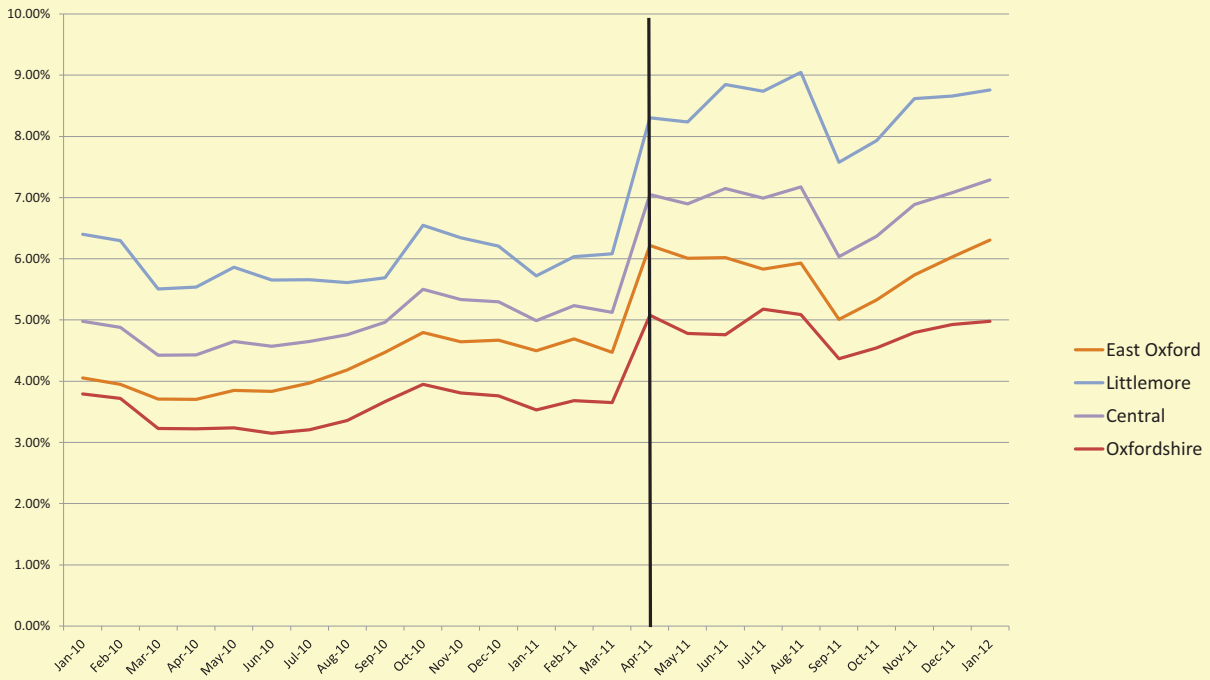
Oxfordshire NEET



This includes all NEET in Oxfordshire, age 16-20 and up to 25 for those with LDD.
It also includes those NEET whose destination has lapsed.

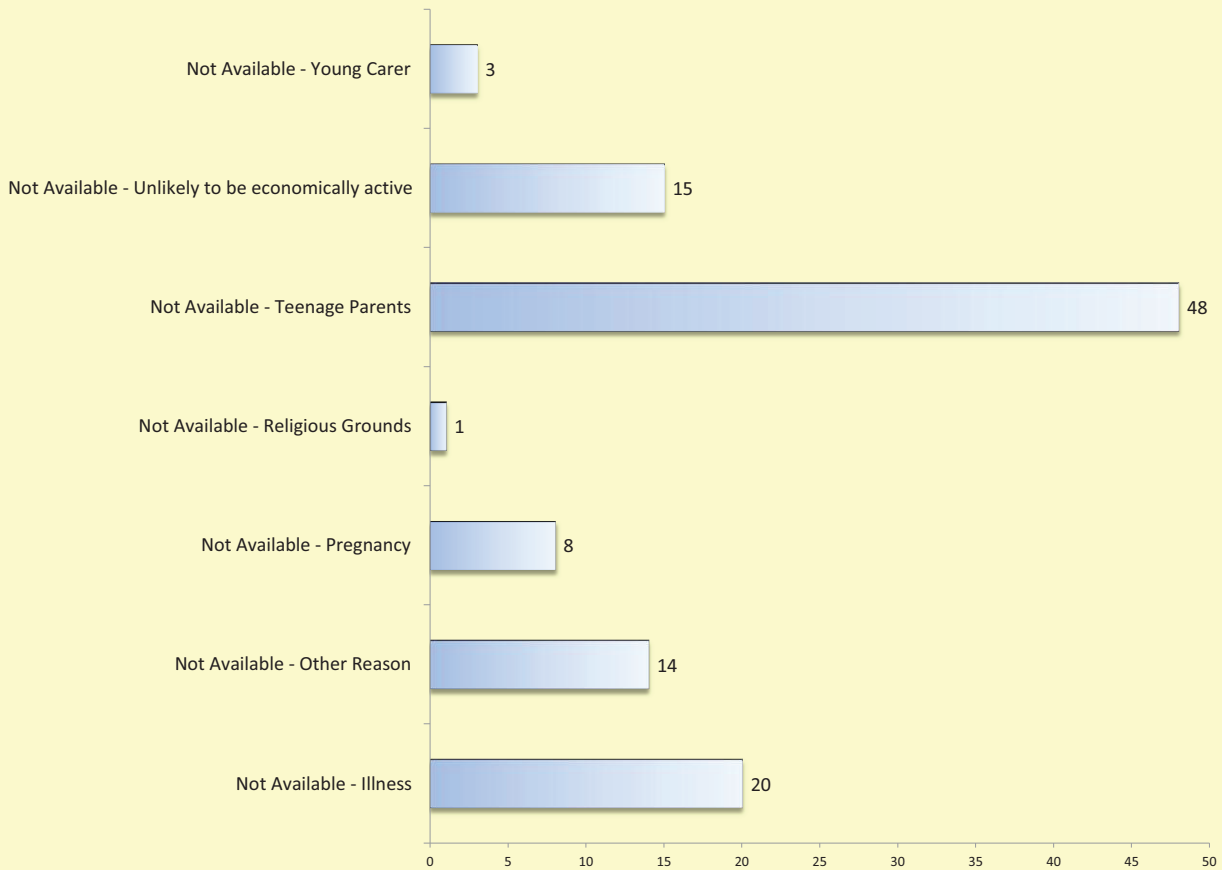


County and Central NEET since January 2010

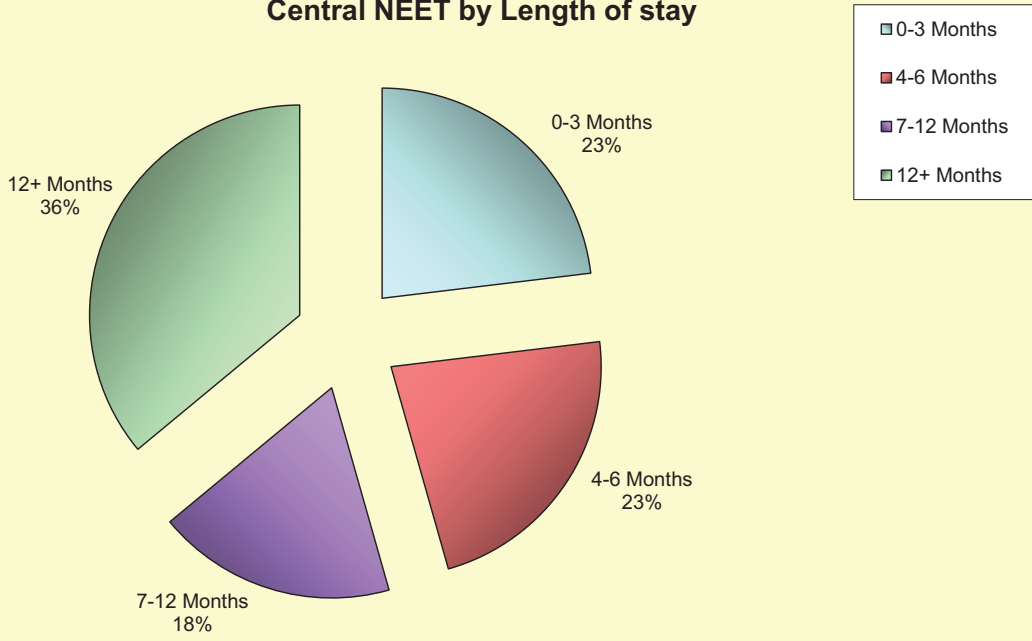


The jump in April is due to a change in recording criteria, from actual age to cohort age

Central NEET Not Available

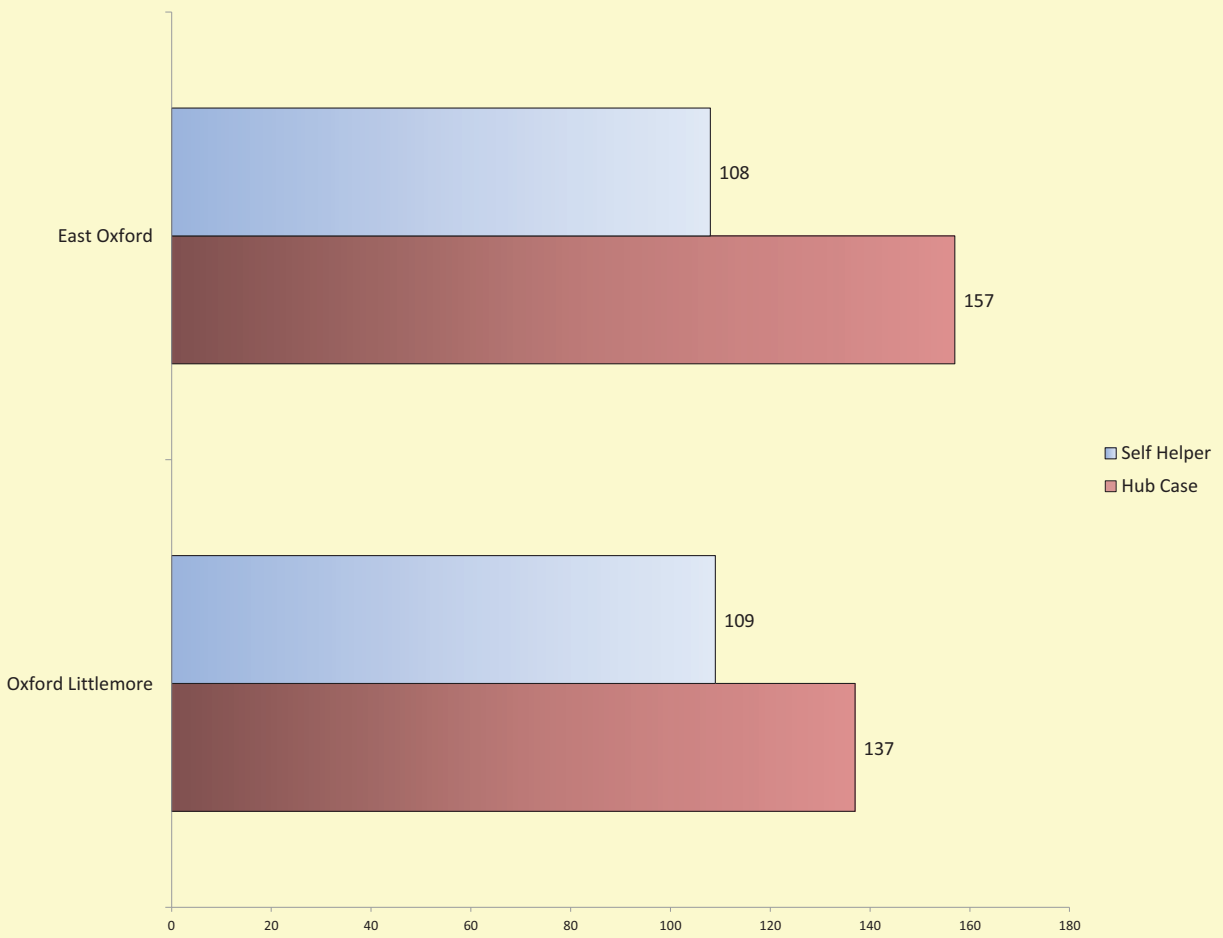


Central NEET by Length of stay

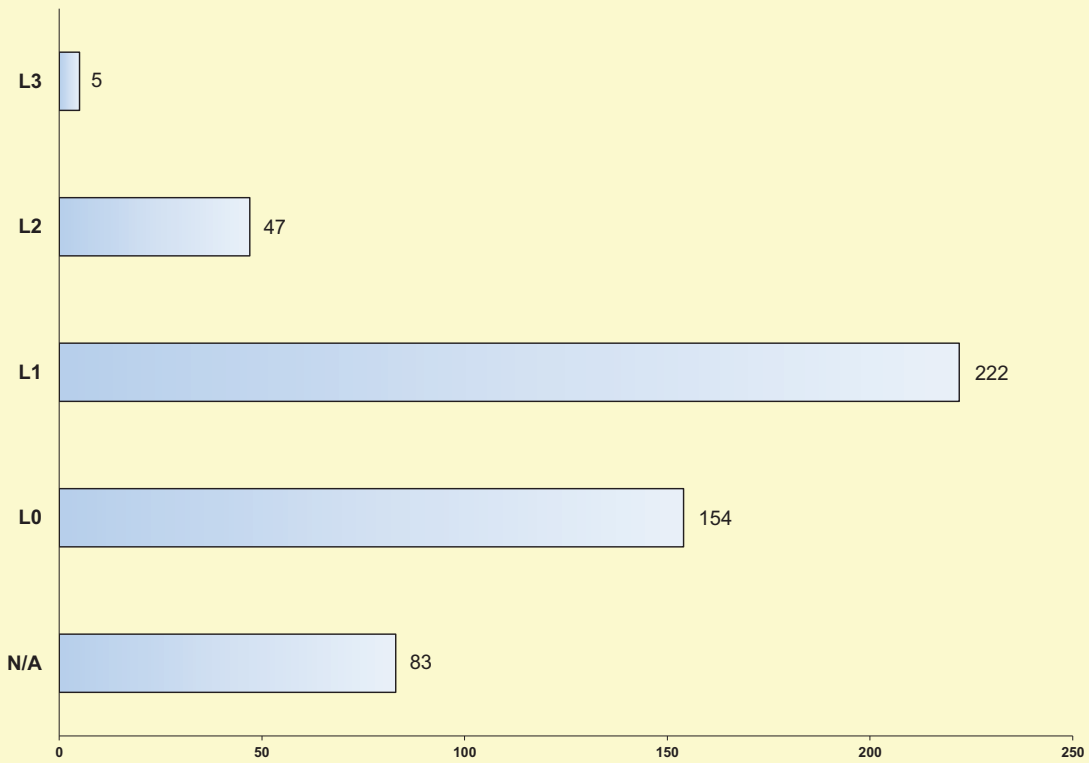


- 46% YP have been NEET for 6 months or less
- 18% YP have been NEET for between 7-12 months
- 36% have been NEET for 12+ months

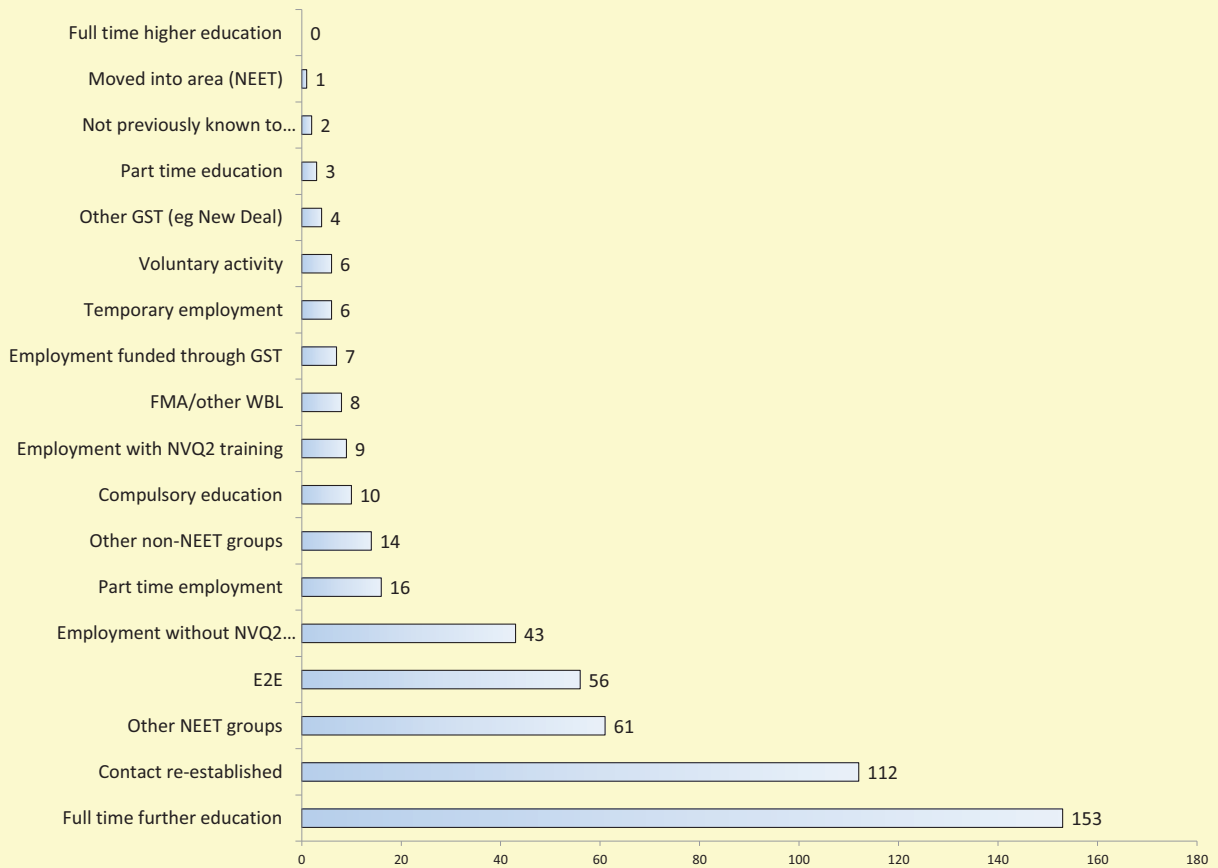
Central NEET by Hub Area and Responsible User



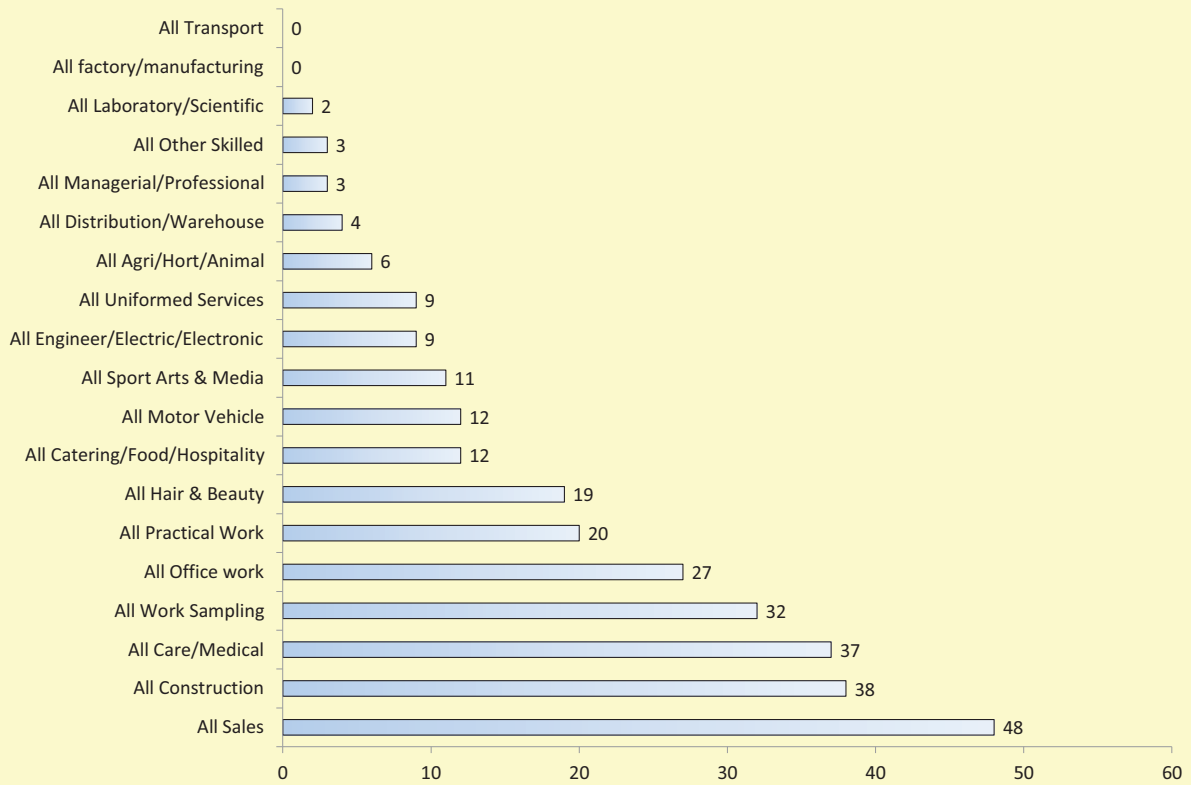
Central NEET - Existing Qualifications



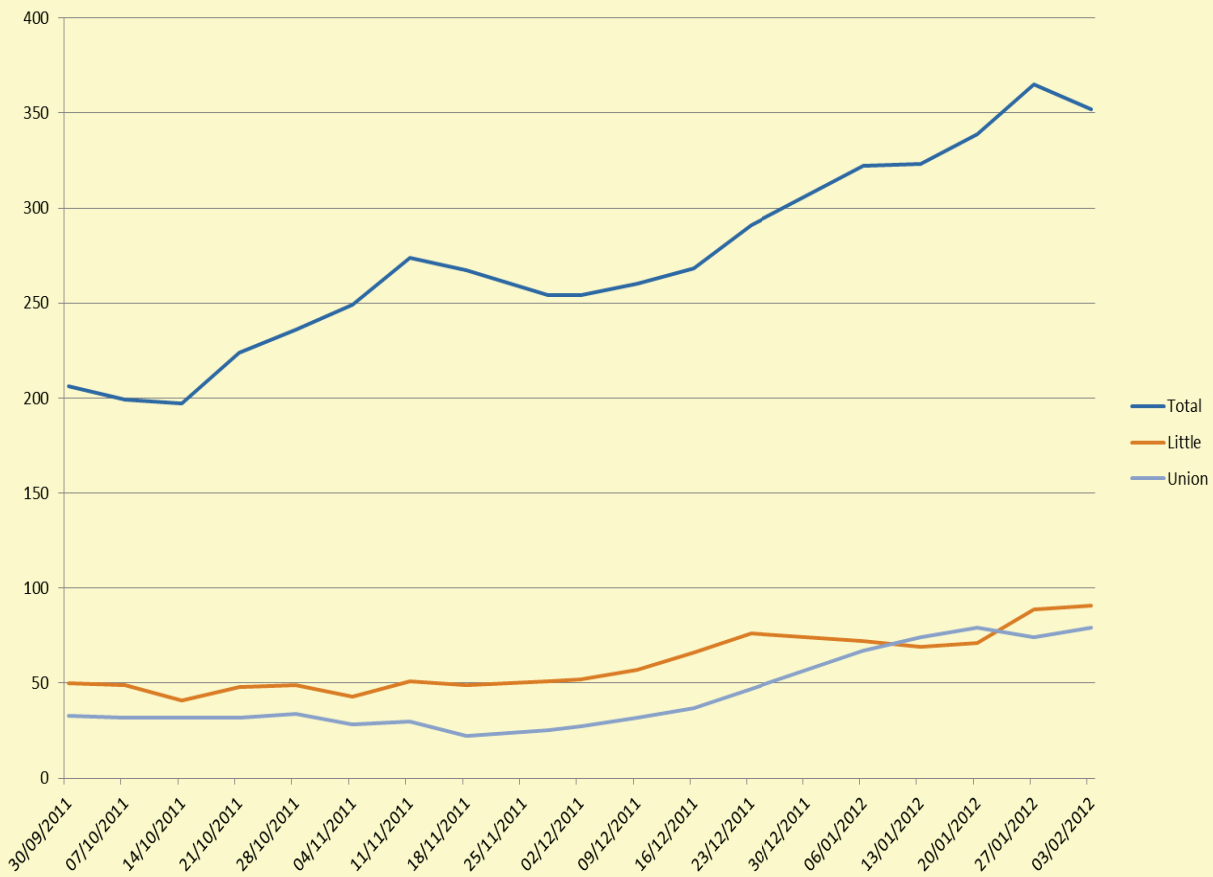
Previous Destinations of Central NEET



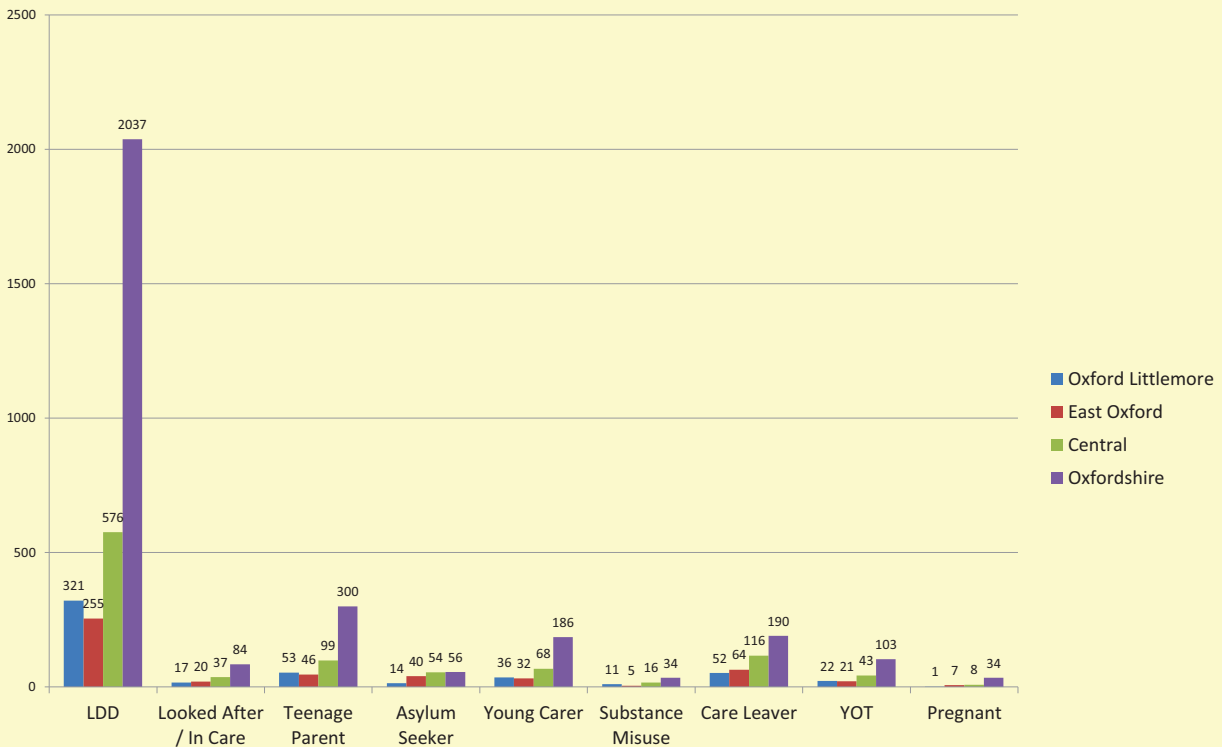
Occupational Choices of Central NEET



Central NEET Lapse Trend

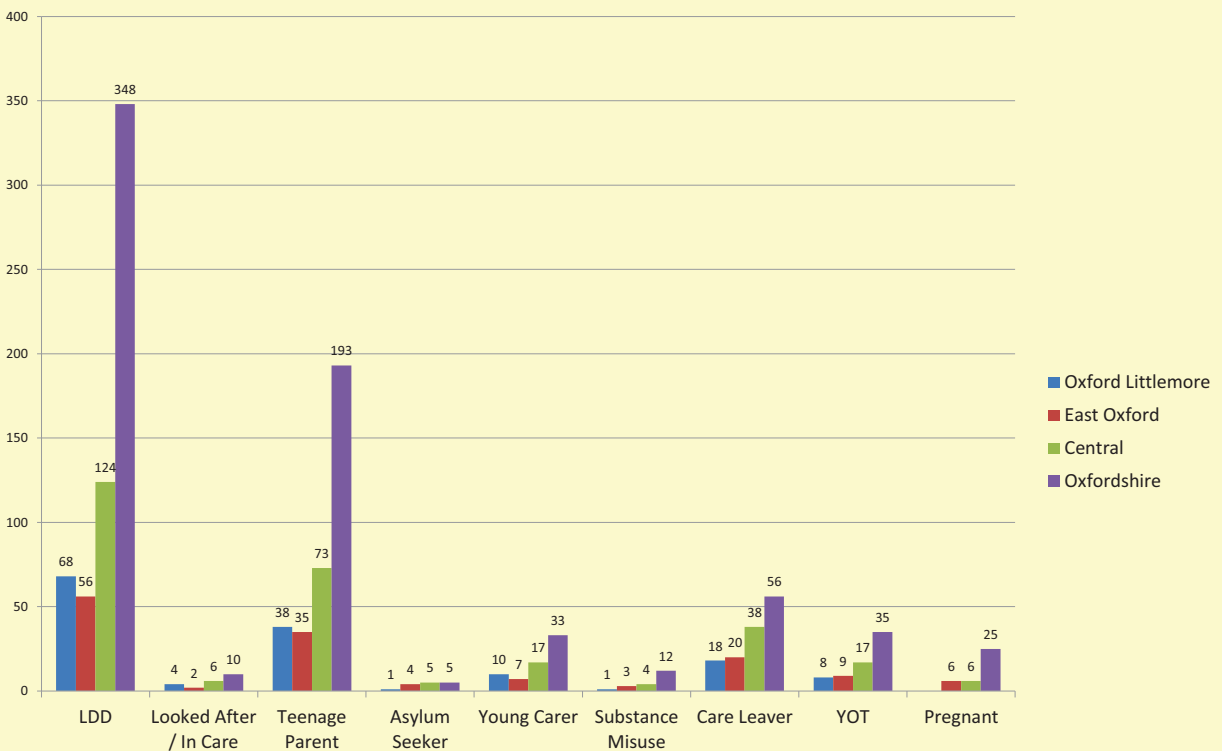


Vulnerable Groups

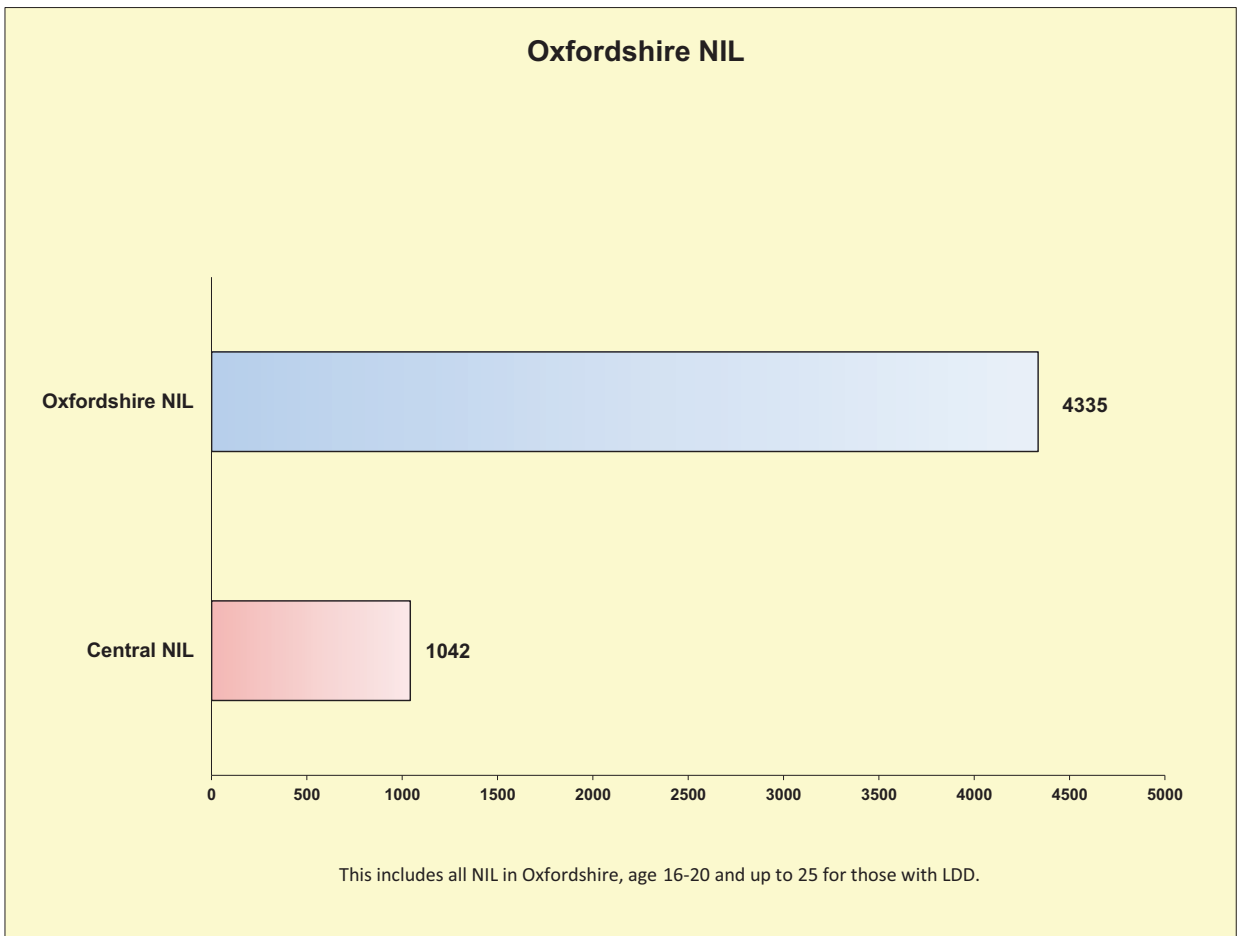
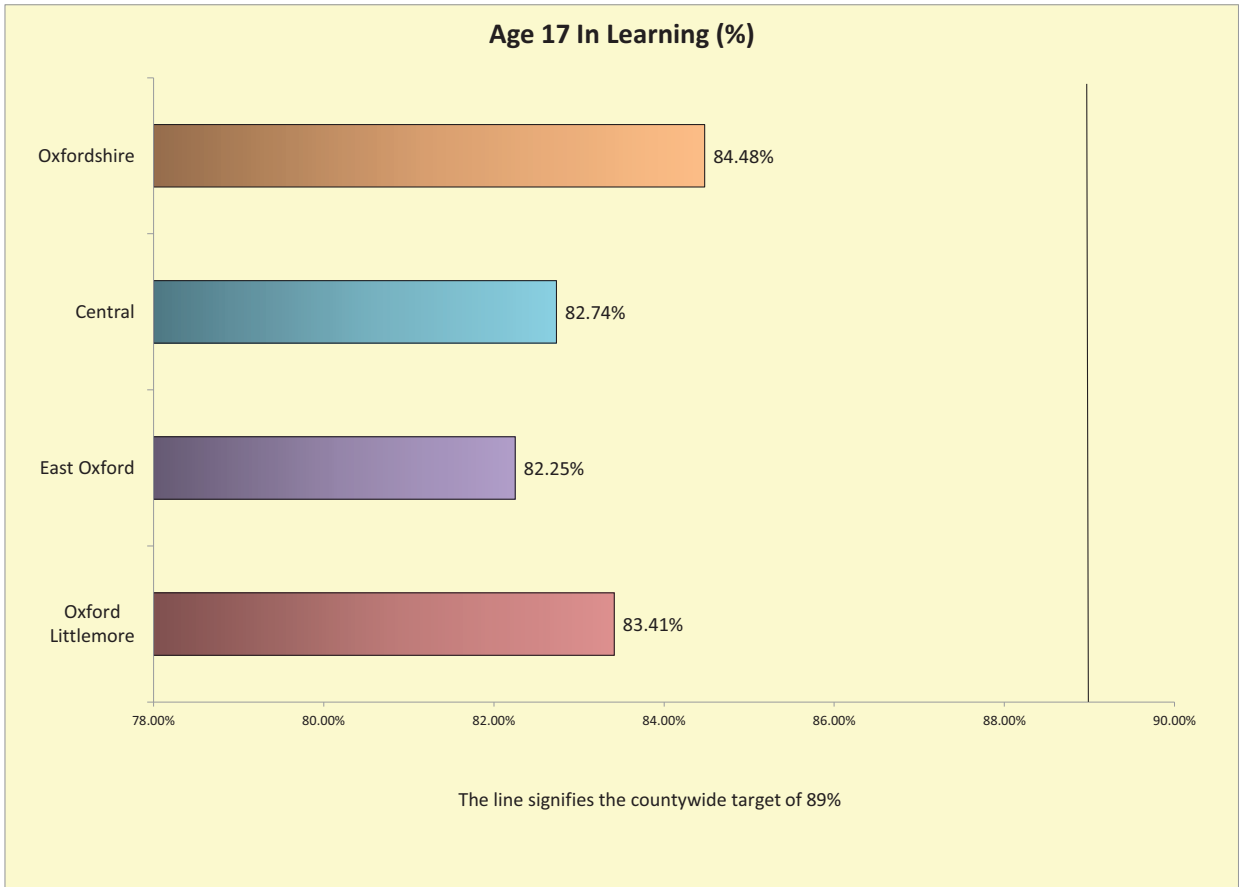


The central area contains 96% of all Asylum Seekers in Oxfordshire - the majority falling within the East Oxford Area. It also includes 61% of all Care Leavers in Oxfordshire.

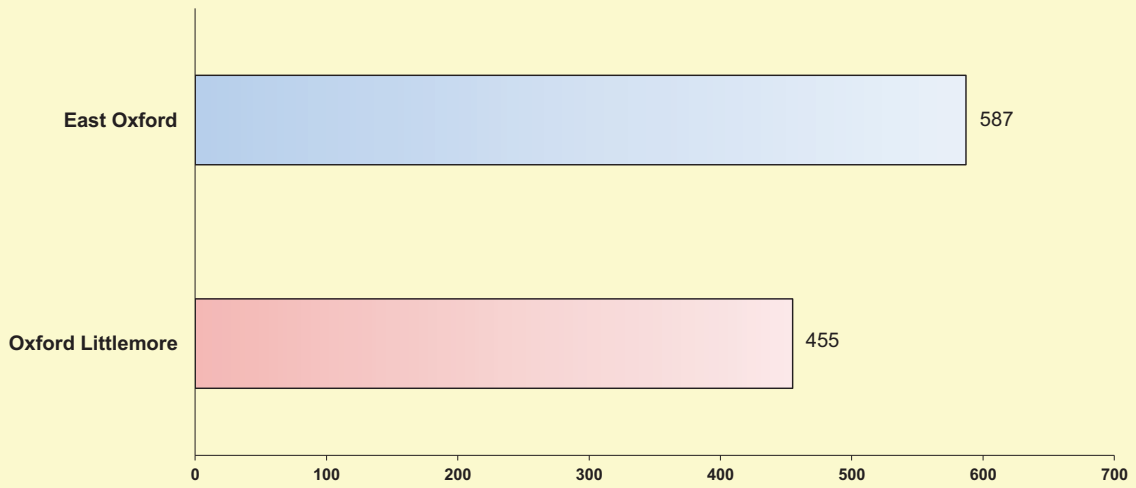
Vulnerable Groups in NEET



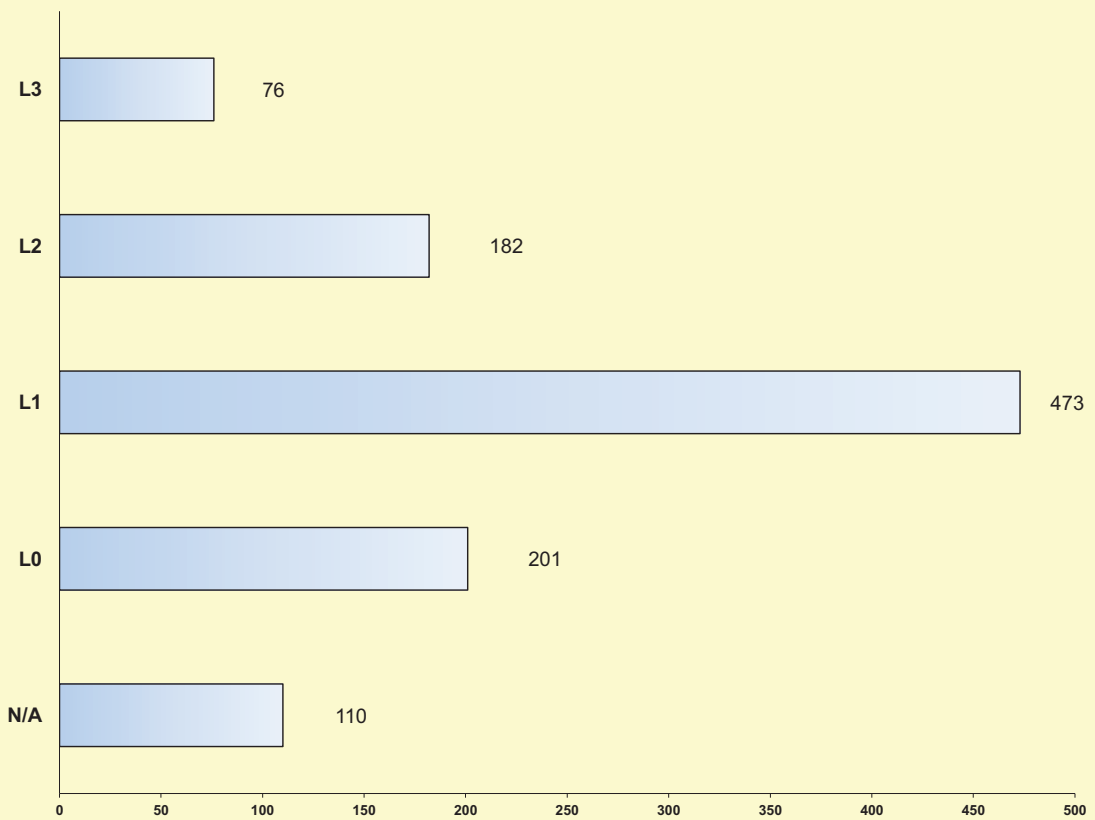
When looking at the vulnerable groups who are in NEET again the central area features the majority of Asylum Seekers and Care Leavers.

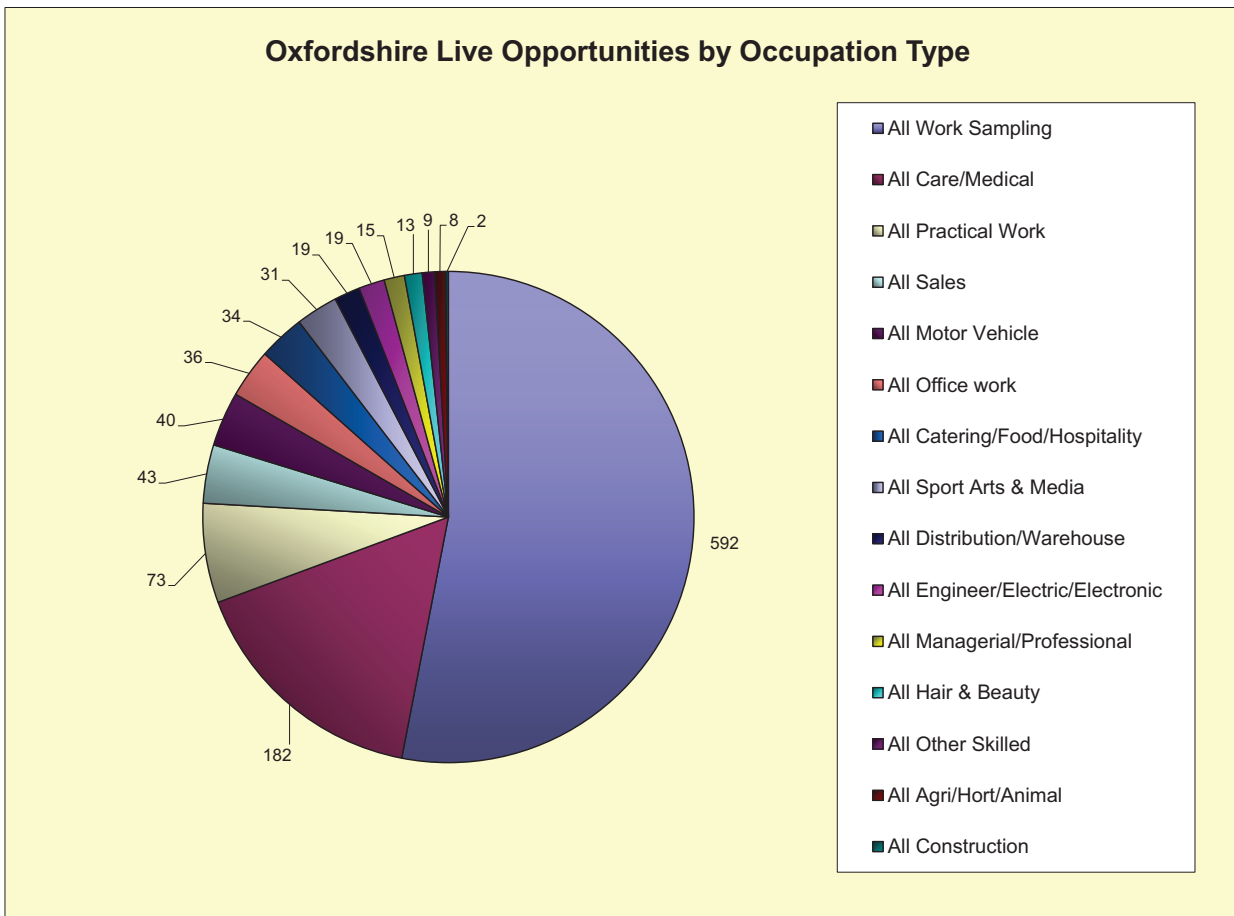
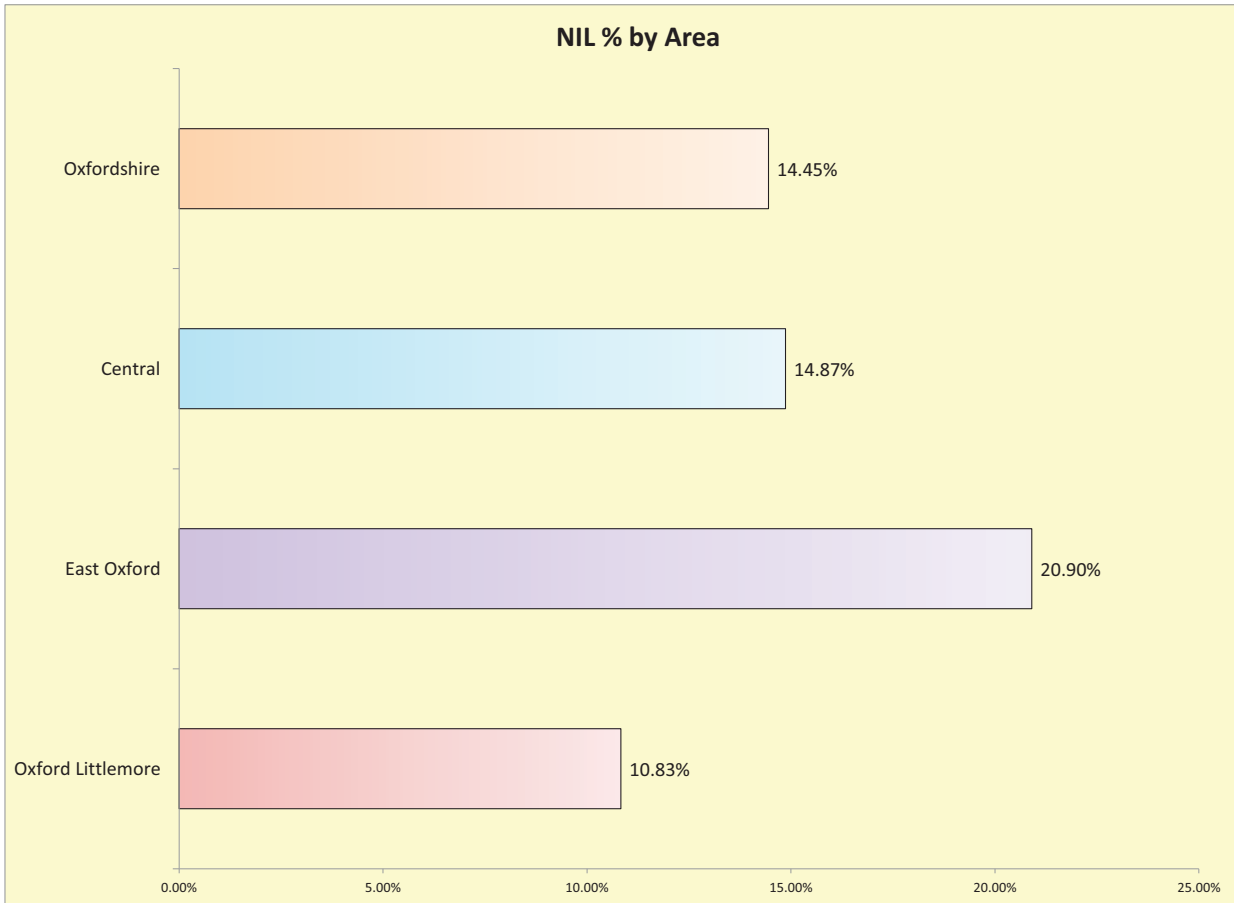


Central NIL by Hub

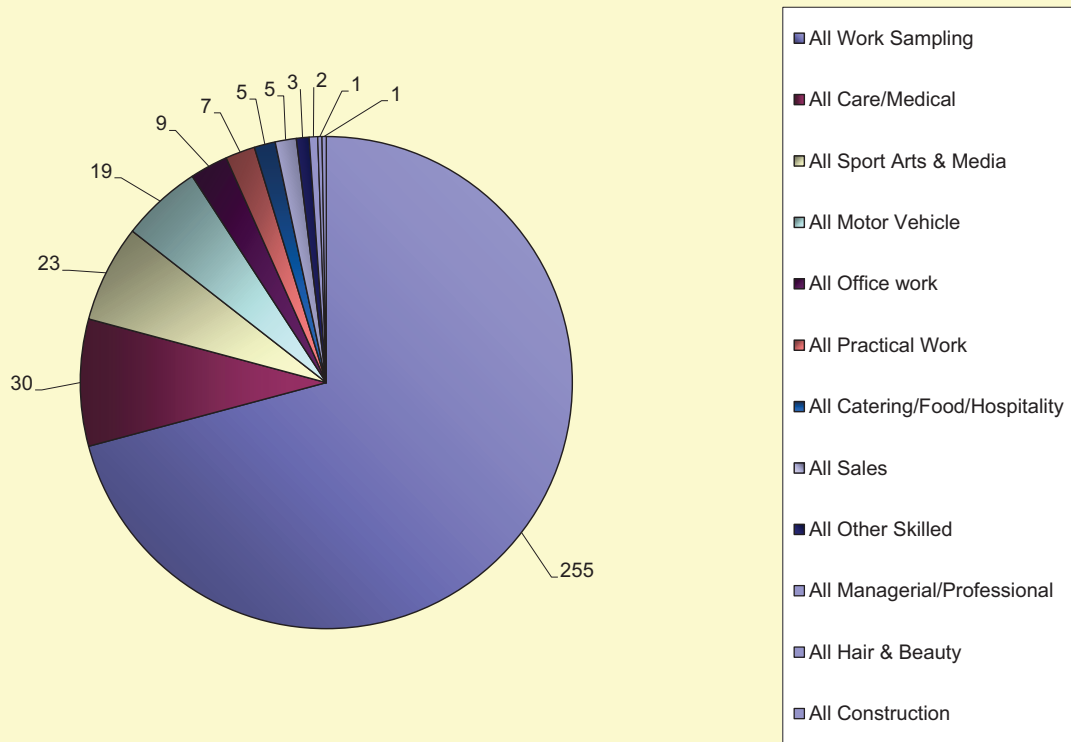


Central NIL - Existing Qualifications

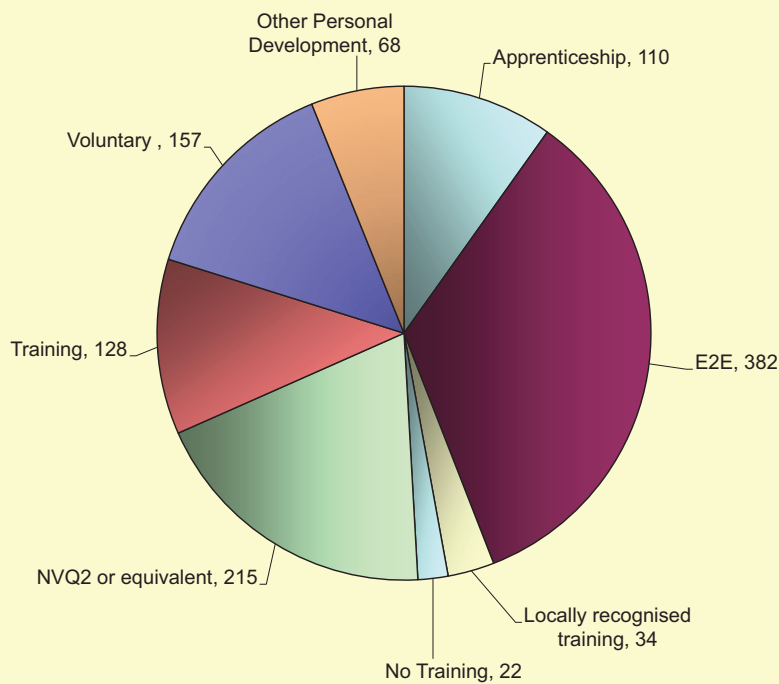




Central Live Opportunities by Occupation Type



Oxfordshire Live Opportunities by Training Type



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Oxfordshire NEET/NIL Action Plan – 2012-13

1. Preventing Young People 'Dropping Out' from EET						
	Objectives	Countywide Actions	Local Area Actions	Progress	Lead/Partners	Deadline
37	1.1	To reduce the number of young people leaving FE (during their course) and other learning provision	Identify access issues around transport and plan for the duration of the course			
	1.2	Identify early signs that young people may be at risk of NEET		NEET Screening Project to identify risk factors running at St Gregs in Oxford City.		Ruth Ashwell
			Develop 'early warning' process with training providers to identify issues and intervene as early as possible			
			Review Care Leavers transition work – can this be rolled out more widely?			Eleanor Stone
	1.3	Ensure young people in education are receiving quality Information, Advice and Guidance.	Schools to provide Independent IAG from Sept 2012. YE&O team to support schools to prepare for Sept 2012.			Ruth Ashwell	Aug 2012
Alternative Providers to work together as a network to provide IAG					Richard Kennell	Update in Feb 2012

2. Engaging NEET Young People with Support and Provision

	Objectives	Countywide Actions	Local Area Actions	Progress	Lead/Partners	Deadline
1.1	To reach young people new to NEET catch them before the reach 3 months in NEET	Promote Job Clubs and Drop ins on www.oxme.info			Jeremy Day	On-going
		Post cards for NEETs to be printed with info about Job Clubs and Hub contact details.			Jeremy Day	Feb 2012
1.2	Tackle Barriers to NEET young people accessing Provision	Transport development Fund to help cover cost of bus tickets, etc. to be available to YP via the hubs			Paddy Patterson	March 2013
		NEET Barriers Fund to be used by all partners to fund small innovative projects or research into tackling barriers face by NEETs.			Emily Newson	March 2013
1.3	Promote opportunities and support to young people effectively	All opportunities to be routed through youth, Engagement & Opportunities team—who will promote via www.oxme.info , email bulletins, phone calls, Facebook, etc.			Jeremy Day	
		JCP to refer claimants to the Hubs at review meetings			Sharon Morgan	On-going
		Offer of volunteering and personal development opportunities to be strengthen and promoted more			Sophie Milton	On-going
		Hub run Job clubs and NEET Drop-ins to make use of learning providers, employers, JCP and other partners.				On-going

1.4	Provide specialist IAG and support for the most vulnerable NEETs	Re-commissioning of the Additional NEET Response Service			Emily Newson	
		Research into why young people are not taking up the opportunities and support currently available.			Richard Kennell	
1.5	Develop a Package of support around Work Experience	Business & Skills Bureau to look at 'Work Pairing' Scheme that could lead to apprenticeships and a 'Lobby' model that includes Mentoring for NEETs around work experience.			Helen Johnson	

3. Increasing the Number and Variety of EET Opportunities for Young People						
	Objectives	Countywide Actions	Local Actions	Progress	Lead/Partners	Deadline
1.1	Encourage business to employ more young people	Increase capacity of Social Enterprise companies to offer young people jobs with training, work pairing, work experience or enterprise incubation support via the Lobby.			Selby Dickinson	
		Switch SME employers on to apprenticeships			Helen Haines	
1.2	Provide Learning programmes that meet the needs of NEET young people	Provision around employability skills – to include Maths, English and Science – to be commissioned by OCC Adult Learning			Clare McLening	
1.3	Improved learning provision procurement processes	Make procurement processes more accessible to small bespoke providers			Sarah Cullimore	

40

4. Increasing the Number of Young People in Employment with Training (Reducing NIL)						
	Objectives	Countywide Actions	Local Actions	Progress	Lead/Partners	Deadline
41	1.1 Encourage local Employers to provide apprenticeships and work based learning for their young employees	Identify and support employers in Retail, Care and Hospitality with a young workforce to access appropriate training for young people Survey them to understand what would switch them on to training			Phoebe Dawson	
		Use shared intelligence on employers who are employing young people in jobs without training			Helen Johnson	On-going
	1.2 To clarify the offer available to young people 'Not In Learning'	Explore options for Adult learning provide evening based NVQ qualifications (e.g. customer service) where employers don't engage in day release				
		Update information on websites, bulletins and inform staff about NIL offers available.			Jeremy Day	

5. Improve Quality of Information and Data Available						
	Objectives	Countywide Actions	Local Area Actions	Progress	Lead/Partners	Deadline
1.1	Improve the quality and quantity of data about local NEET young people	Data sharing agreements to be set up between all learning providers and OCC to provide data on enrolment and drop out.			Emily Newson	
		Learning providers to use NEET lists to contact YP directly and capture tracking information to return to OCC.			Emily Newson	
		All providers commissioned by OCC to work with young people to have data sharing and tracking as part of their contract			Clare McLening	
2.2	Use data more effectively to understand the local picture and plan provision in response to local need	More detailed analysis of the available data to be provided at NEET/NIL Action Plan meetings			Emily Newson	
1.3	Share information effectively about opportunities and support available via the NEET/NIL network and other staff	Continue to produce NEETideas at least 4 times a year			Emily Newson	
		Opportunities bulletin for professionals to go out by email			Jeremy Day	
		To ensure the NEET/NIL Network is clear about RPA (Raising the Participation Age) and members update processes accordingly.			Sarah Cullimore	
		JCP and Youth, Engagement & Opportunities Team to build closer links and share info about offer for 16-17year olds who are			Sharon Morgan	

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To: Communities and Partnership Scrutiny Committee

Date: 12th. March 2012 **Item No:**

Report of: Scrutiny Public Health Panel

Title of Report: Select Committee report on Public Health

Summary and Recommendations

Purpose of report: To present to the Scrutiny Committee the report and recommendations proposed from the Select Committee on Public Health

Report Approved by: Councillors Jones and Sinclair

Policy Framework: Strong and Active Communities

Recommendations for the Scrutiny Committee:

To consider the report produce by the Panel along with the minutes and outcomes from the select committee meeting and agree what recommendations it wishes to make to the City Executive Board

Recommendations for the City Executive Board:

The City Executive Board is asked to support the following recommendations, and to give reasons why not should it choose to decline.

1. That City Executive Board agrees to support the expansion of the “Tweenager” project, costings to be explored further; initially in regeneration areas across the City, utilising Community Centres as well as Leisure Centres wherever possible, and that this be linked to the budget proposal for a 3 year post to deliver greater use of Oxford City Council facilities by schools.
2. That the City Executive Board actively and financially supports a further extension of outreach work and free taster sessions by Fusion within Community Centres and other community facilities, including the provision of information on leisure and well being initiatives. CEB is further asked to explore concessions at leisure centres for those people who wish to progress further following a taster session;

3. That the City Executive Board agrees with the principle of supporting communities to help themselves and explores further through its partnerships the possible establishment of a community health project run by a local community for the benefit of that local community.

Introduction

1. Oxford is an affluent university city with research centres at the forefront of medical science. Yet its health outcomes are significantly worse than the national average. Life expectancy is five years lower in some parts of the city compared with others. Child obesity is on an upward trend.
2. Oxford has areas of significant and stubborn inequality where poor prospects and poor health combine to produce a cycle of deprivation that passes from generation to generation. At the same time, factors such as “junk food” and sedentary lifestyles undermine health and wellbeing across the social spectrum. An aging population and the economic recession contribute to further levels of anxiety and stress. GPs and A&E, meanwhile, are increasingly pressures by the decline in self care and self treatment.
3. Oxfordshire Public Services has prioritised the breaking of the deprivation cycle through the delivery of targeted services and partnership programmes through the Regeneration Framework. In the event of public health becoming a County council responsibility, the City Council will be expected to feed in proposals via its Health and Wellbeing Board representative.
4. Health interventions through advice, education, self help, training and support play a part in efforts to improve outcomes. The task is significant and engaging the right people in the right place in a sustainable way is always a challenge. Local access to community based programmes either formal or informal can provide for better outreach opportunities by providing convenient places for people to engage in activities and be supported.
5. With this in mind, the Communities and Partnership Scrutiny Committee established a small group tasked with setting up a Select Committee to explore some aspect of public health. The Lead Members on this select committee, Councillors Jones and Sinclair, decided to focus effort on identifying a small number of actions which were deliverable and measurable and had a reasonable chance of making a difference. The best way of doing this was through assets over which the Council had some control or significant influence. The initial way forward was to focus on the means by which City Council owned Community Centres are, or can be, used as part of that “local offer” through programmes and activities aimed at well being and health improvement. This necessitated research and face to face meetings with both health professionals and relevant officers from within the City Council.

6 The Select Committee's guiding question was:-

“What are the means by which the City Council owned Community Centres are, or can be, used as part of a “local offer” through programmes and activities aimed at well being and health improvement?”

Meeting of the Select Committee

7 The Select Committee met on 14th December 2011. It heard from the following witnesses:-

Jackie Wilderspin – Assistant Director of Public Health, Oxfordshire PCT;
Val Johnson, - Partnership Development Officer, Oxford City Council;
Dr Peter Von Eichstorff – GP at Bartlemas Surgery and member of the NHS Clinical Commissioning Group;
Lucy Cherry – Leisure Manager, Oxford City Council
Neil Holman – Active Communities Partnership manager, Oxford City Council;
Angela Cristofoli – Communities and Neighbourhoods Manager, Oxford City Council;
Mark Spriggs – Locality Officer, Oxford City Council.

8 Each witness was invited by the Chair of the meeting, Councillor Graham Jones, to consider three questions:-

- a. What is the position now?
- b. Where are the gaps in service provision?
- c. Can any gaps be filled by making better use of the City Council's Community centres? If so, what should be our focus, and if further investment is needed, how can funding be found?

Select Committee Findings

9 The meeting produced a large number and wide variety of suggestions for further consideration. These ranged from the provision of alcohol free bars in Community Centres to upskilling people to take more control of their own health. It also identified a number of gaps in service provision A full list of both is shown at **Appendix A**.

10 Of particular interest was the evidence from Dr Peter Von Eichstorff concerning people's expectations of the NHS and the empowerment of people to take more responsibility for their own health. The Select Committee was also interested in the development of extended partnership working with Fusion, including the provision of sports and leisure “taster sessions” in our Community Centres.

11 Following the Select Committee meeting, Councillors Jones and Sinclair considered the evidence and sought further information on some of the issues that have been raised. They decided to focus on three practical areas where health improvement could be provided and sustained within communities. These include 2 new initiatives and the extension of a successful project which has recently come to an end. In brief these are:-

a. Tackling Obesity

Practical delivery of sustained health improvement in communities through extended partnership working with Fusion (the City Council's leisure partners). A recent successfully run project on health and wellbeing aimed particularly at children and young people called the "Tweenager" project has come to an end. The Committee would like to see this extended to work with young people in Blackbird Leys and other areas with significant levels of childhood obesity.

b. Encouraging Healthy Lifestyles

Local encouragement to active and healthy lifestyles through sports taster sessions provided by Fusion in our Community Centres to encourage target groups into our leisure centres;

c. Encouraging Responsibility and Community Advice

Supported programmes and groups through which communities come together to help themselves to take responsibility for their own health and give support and advice where it is needed.

These issues are further explained below

Tackling Obesity - The "Tweenager" project.

Why focus on this?

12 Childhood obesity is fast becoming a major health issue. Witnesses at the Select Committee gave real examples of this trend witnessed through their work:

- Lack of cooking skills in some families leading to poor nutrition and an over reliance on junk or pre-prepared food;
- Poor regulation of children's eating habits and patterns in some families leading to a lack of control on nutrition and calorie intake
- Children purchasing high fat and sugary foods on the way to and from schools and demonstrating poor health choices from either a lack of guidance or knowledge.

These are witnessed more in some communities than others

- 13 The Select Committee believes that the Tweenager project offers a practical tried and tested delivery of a sustained health improvement in communities.

What is the issue?

The Director of Public Health for Oxfordshire said in his recent Public Health Report: that:-

- Obesity is on the increase in epidemic proportions in affluent western society;
- Once established in childhood it is very hard to shake off in later life
- Obesity reduces life spans by about 9 years;
- Obesity can lead to high blood pressure and long terms conditions such as diabetes, heart disease and stroke and cancer;
- The risk of getting diabetes is 7 times greater in obese women and up to 5 times greater in obese men;
- The risk developing diabetes is 20 times greater for people who are very obese;
- Obesity adds £1 million every year to the costs of the NHS in Oxfordshire alone;
- 10% of all cancer deaths among non smokers are linked to obesity;
- Obesity decreases mobility making independent living harder.

A reduction in 10% of body weight gives the following benefits:-

- 20% fall in death rates overall;
- 30% reduction in death rates related to diabetes;
- 40% reduction in obesity related deaths from cancer;
- 90% decrease in the symptoms of angina;
- A significant reduction in blood pressure and cholesterol levels.

For Children:

- Among children levels of obesity are too high at around 8% of reception year children rising to 15% of year 6 children. This shows that eating too many calories and taking too little exercise gradually increases weight year on year;
- The relatively good county average masks the familiar pattern of social deprivation with levels significantly higher in the City compared to the rest of the County.

In addition, we know :

- For 2010, 15% of the population of Oxford was in the 0-14 age bracket;
- Rates of children participating in at least 3 hours of physical activity at school are worse than the average across England;
- Tooth decay in children aged 5 is slightly worse than the average for England;

- HM Revenue and Customs some 5,000 children were living in poverty in the City. Health inequalities are reflected even in this young age group. There is a risk that unhealthy children grow up to be unhealthy adults.

15 Taking the above into account, the Select Committee considered that investigating a method of early intervention was worthwhile.

How was “Tweenager” chosen?

16 Further discussions took place with Leisure Services Manager Lucy Cherry and Leon Popplewell from Fusion. They provided information about a pilot scheme called the “Tweenager” (Together We Experience Exercise and Nutrition) project which the City Council launched as a pilot scheme in March 2011.

What is “Tweenager”?

17 The project aimed to help approximately 15, 9-11 year olds into healthier lifestyles. Rather than simply telling them they must lose weight they were educated, supported and congratulated them for their efforts. It offered:-

- A 10 week programme, with two workshops each week, based in the Blackbird Leys Leisure Centre. One was physical exercise, the other a fun session focussed on nutrition – for example, shopping for healthy food and preparing healthy meals;
- Free healthy snacks and drinks were provided;
- A simple reward system for regular attendance encouraged children to continue to participate;
- Parents were encouraged to become involved;
- Children were able to use a private diary to record the changes to their Body Mass Index (BMI), changes to body shape and personal targets

18 This project involved partnership working with Go Active, Oxfordshire Sports, Fusion, Change4 Life and the Oxfordshire PCT. Support was also gained from local supermarkets, primarily Tesco. The project was focussed on local schools, with Pegasus Primary School being particularly active.

19 Free places were available for individuals in need with the remainder of the spaces offered to interested children who paid £1.20 per workshop.

20 The scheme was run by an enthusiastic Leisure intern employed within Leisure Services and outcome monitoring was provided by Oxford Brookes University.

What was the outcome?

21 Evaluation at the end of the scheme showed that there were many good and positive outcomes:-

- Although participation was below target, it was felt that the scheme had the potential to grow. 10 children registered for the pilot and registers show 122 individual attendances across the lifetime of the scheme;

- There had been a positive group atmosphere, participants were motivated and some target families had been reached;
 - Partnership working was effective and external feedback was positive;
 - All children who attended a first workshop returned for a second;
 - Oxford Brookes recorded that some children had lost weight and there were positive changes to their BMI;
 - Some children continued to use the private diary after the scheme finished;
 - Final evaluation note is attached as **Appendix B**
- 22 The cost of materials and excursions was £880. This covered food, beverages, excursions, marketing, kitchen rent, street sports and a subsidy for some children’s contributions. It did not cover accommodation/rent for the main sessions because they were run in Council owned property and were therefore deemed to be given in kind. The approximate overall cost was £2,200, and a breakdown of costs is attached at **Appendix C**)
- 23 Had the project continued, the intention was to carry out a second project in Blackbird Leys and a third in another area of Oxford. However, it was decided, at the end of the pilot project, that the City Council could not have any further involvement owing to lack of capacity. It would be able to hand over a complete project plan to anyone who wished to take it on, and would support applications for outside funding. Leisure officers have indicated satisfaction with the level of engagement from partners, and that they would be happy to work with them again. Outside funding would be a possibility, but is of course would depend on the application criteria.

Conclusions and Next Steps

- 24 “Tweenager” is a positive project that provides some practical support to address issues of:
- Childhood obesity;
 - Healthy lifestyles that involve the whole family;
 - Nutritional education for the family , including “pester power” from children to encourage the family to eat more fruit (for example);
 - Encouragement at an early age to take responsibility for your own health by being aware of the value of exercise and nutrition;
 - Health inequalities in the City by providing free places for those who could not otherwise afford them;
 - Educational attainment and health and well being through the knock on effects of improved physical health.
- 25 The Select Committee believes that there are clear advantages to the extension of the “Tweenager” project in the City.

26 Our aim would be to:

- Run a second scheme, beginning in one of our regeneration areas;
- Target 20 children of primary school age;
- To build on success of previous project and the partnership working to improve on delivery and outcomes;
- To utilise project plan already in existence so that we are not starting from absolute zero;
- Continued involvement of Oxford Brookes University to monitor outcomes;
- To consider a programme (funded for at least 2 years) across the city using the recently agreed funding for leisure/school partnership activities.

27 Should this be agreed the next steps would be to:-

1. Work with City Leisure and Fusion to re-establish the partnership group to revisit the project plan and come up with a firmly costed proposal;
2. Speak to the schools of choice and formulate target outcomes;
3. Formulate a delivery project for approval by the Board Members.

(PowerPoint presentations giving information on the original Tweenager project are attached as **Appendix D.**)

RECOMMENDATION 1

That City Executive Board agrees to support the expansion of the “Tweenager” project, costings to be explored further; initially in regeneration areas across the City, utilising Community Centres as well as Leisure Centres wherever possible, and that this be linked to the budget proposal for a 3 year post to deliver greater use of Oxford City Council facilities by schools.

Encouraging Healthy Lifestyles – Leisure taster sessions in Community Centres and other community facilities, including schools.

Why focus on this?

27. Exercise is many things to many people from daily walking to daily gym attendance. Getting the healthy lifestyle message across to those who need to hear it is often the real challenge. The select committee heard views from professionals about why some groups engaged in exercise and others didn't. A few mentioned were:-

- The cost of attendance (even after concessions) to leisure centres and activities;
- The fear of what it might be like and whether they would “fit in”;
- With so many other daily pressures health, lifestyle and exercise is just not a priority.

It seemed clear that some groups don't see attendance at leisure centres as “a thing for them”.

What is the issue?

28 Oxford faces a number of health issues:-

- Many people living in Oxford do not live particularly healthy lifestyles - a quarter of adults smoke; and nearly as many binge drink;
- Just over 20% of adults engage in the recommended amount of physical exercise every week (slightly below the national average). The majority of adults in Oxford do *not* take the recommended amount of exercise;
- Life expectancy in the south of the City is on average 5 years shorter than that in the north of the City;
- Rates of early death (under age 75) from cancer, heart disease and stroke in Oxford, while close to the England average, are still of concern to health providers.
- Health trends in the deprived wards in the City are worse than the average in the County

29 Exercise can reduce risk of major illnesses such as heart disease, stroke, diabetes and cancer by up to 50%, and lower the risk of early death by up to 30%. People who do regular exercise have a lower risk of suffering from chronic disease such as heart disease, type 2 diabetes, stroke and some cancers. They also have up to 30% lower risk of suffering from depression and dementia.

30 The Department of Health's “Health Profile” for Oxfordshire has prioritised tackling obesity, increasing physical activity levels and improving older people's physical activity to help reduce hip fractures as its aims for 2011. Increasing activity levels amongst the population of all ages, old and young, would help towards this aim.

What can we do?

31 The Select Committee believes that the extension of taster sessions run by Fusion in our Community Centres is a viable means to encourage, locally, sustained active and healthy lifestyles. Starting off in a Community Centre or other local community facility, might provide the ideal way into exercise for many people. At the very least, information on sports, fitness and leisure activities around Oxford should be freely available in community facilities and the Community Centres should be encouraged to promote such activities.

What happens currently?

- 31 Oxford City Council, Oxfordshire PCT and Fusion jointly provide exercise on referral. GPs or other health professionals can refer eligible patients (for example people suffering from excess weight, stable diabetes, stable angina, or mild depression) to the scheme. This allows the participant, in consultation with fitness providers, to work out their own realistic 12 week programme, for which they pay a reduced rate at one of the Council's leisure facilities. Between April 2010 and March 2011 110 people took part in this scheme, and 68% completed it. Figures show that weight loss as a result varied between 2 kgs to 12 kgs (for the very overweight).
- 32 Active Women, Go Active, and Age UK already offer a variety of health and well being initiatives across the City, some in our community centres, others in outdoor facilities such as parks.
- 33 The aim would be to complement current programmes by showing target groups what they can do and what can be achieved in an environment that is both local and welcoming. Links to the Tweenager Project are possible and it and it is hoped the 2 projects could be developed side by side. to gain maximum value.

What would it involve?

34 Indicative costs are:-

<u>Item</u>	<u>Indicative cost</u>
Consultation to establish community need and demand	£50 (plus officer time)
One off taster sessions in community centres and signposting to activities provided in our leisure facilities	£50 to £100 per session
Health and well being stakeholder representation at community centres and other community events	£50 for materials (plus officer time)
Expansion of the Streetsports range and programme of activities into community centres (where suitable)	£35 per hour
Dedicated notice boards and leaflet rigs in community centre	£200 to £500 per board (approx cost – depends of numbers type etc)
Joint stakeholder promotion work via web pages, leaflets and community days	£300

Question and answer sessions in community centres delivered by health and wellbeing providers	£100 per session (plus officer time).
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35 The following outreach work would involve officer time and commitment:

- Development of a positive partnership between Fusion and Community Associations;
- Joint stakeholder activity programming relationship to avoid duplication of provision and make best use of off peak usage;
- Health and well-being representation at Community association meetings;
- Joint stakeholder development plan;
- Calendar of consultation between key health and wellbeing stakeholders.

36 The pilot scheme was run by an enthusiastic leisure intern. It involved:-

- Approximately 3 months programme preparation;
- 15-20 hours programme management per week of the pilot scheme.

The employment of leisure interns is subject to applications received, and not absolutely guaranteed. With a guaranteed flow of interns, this might be a project that they could pick up. The work could also be linked with the Leisure/Schools Partnership role that is in the budget.

37 To give more of an idea of how much a campaign would cost, in round terms, **indicative** costs for schemes would be:-

For £1,000 invested we could have.....	Possibly a programme of 8 taster sessions in 1 Community Centre
For £3,000 invested we could have.....	Possibly a programme of 8 taster sessions in 3 Community Centres

38 It is envisaged that the key health and wellbeing stakeholders would be:-

- Fusion fitness and gym instructors;
- Swimming teachers and coaches;
- Sports and community development officers;
- GPs;
- Community Fit For Life organisation;
- Weight Watchers/Slimming World (and similar);
- Age UK;
- Active Women;
- Go Active;
- Community Associations;

- Oxfordshire PCT
- Other groups may be added as the scheme progresses.

What are the challenges for the success of the scheme?

- 39 It acknowledged that Community Centres are not always ideal venues for the delivery of activities, but they could be used to provide free taster sessions of the sort of activity that could be accessed in leisure centres. Information on condition and access to centres is still needed.
- 40 Cost – it would have to be made affordable and accessible. The Council and Fusion already has a range of subsidies in place to encourage participation these would have to be considered. It is envisaged that the taster sessions would be free. We would like to see some exploration of a further raft of concessions for those people who join activities as a result of participation in taster session.
- 41 Measuring success to be sure that the investment produced the outcomes desired

Conclusions and Next Steps

- 42 The Select Committee believes there is a benefit in extending outreach work by Fusion into Community Centres. It has the potential to encourage participation in healthier lifestyles at the heart of communities and improve outcomes where they are needed.
- 43 Should the City Executive Board agree the next steps would be to:
1. Focusing in regeneration areas to agree the community health needs;
 2. Talk to Community Associations about availability, cost and condition.
 3. Ask Fusion to work up and cost a realistic programme of taster sessions and timetable for their implementation which complement needs;
 4. Obtain firm costs for the provision of dedicated notice boards in Community Centres and a programme of installation.

RECOMMENDATION 2

That the City Executive Board actively and financially supports a further extension of outreach work and free taster sessions by Fusion within Community Centres and other community facilities, including the provision of information on leisure and well being initiatives. CEB is further asked to explore concessions at leisure centres for those people who wish to progress further following a taster session.

Encouraging Responsibility and Community Advice – A Community Benefit Scheme

Why focus on this ?

- 44 The committee heard from Peter Voneichstorff, one of two Oxford GP representatives on the emerging Clinical Commissioning Group. This Group currently has commissioning powers delegated from the Oxfordshire PCT and will take the lead commissioning role when and if NHS reforms are enacted. He outlined that the Clinical Commissioning Group is looking for about a 20% reduction in spending to enable the funding of new initiatives and challenges. This means looking at the spending in GP practices and in particular those that spend the most. Inevitably this means practices in our deprived areas will be asked to reduce the most.
- 45 Index of multiple deprivation data is being looked at to allocate funding but this isn't a perfect tool because it presents some perverse results so work is on going to understand the most effect way to develop services and spending on public health.
- 46 One of the key aims is to get people out of secondary care and into primary care. This inevitably puts further strain on primary care which has to have the space, resources and services to be able to deliver on this. We must look at the interaction between people and primary care to see if services are appropriate and deliver the best outcomes.

What is the issue?

- 47 The issues are many and varied but the committee concentrated on those relating to how families and individuals use their Doctor. In most surgeries GPs are presented with all manner of problems they are not able to solve or advise on appropriately, this is more prevalent within areas of deprivation. We have to consider if this is the best use of Primary Care resources and if it isn't how we move individuals and communities towards more appropriate mechanisms. This in itself is a broad ranging issue but the concentration here is on 3 groups:

- “Non-medical” issues;
- Medical issues that can and should be managed by individuals by taking responsibility for their your own health;
- Engaging in preventative care and advice;

One of the reasons suggested for this high health service demand in deprived areas is that maybe there are poor networks. People consult their doctor because they have no where else to go...lay referral does not exist.

These 3 groups are defined below.

- 48 “**Non medical**” - GPs often find people in their surgeries with issues that aren't “medical”. The issue may have some medical consequence in the eye

of the patient but the route of the problem is housing, debt, managing their families, anti-social behaviour, education, family breakdown or any other of the many issues that affect adversely the lives of individuals and families and more so those in deprived communities. Should these people be in front of their doctor?

- 49 **Taking responsibility** – There are a number of conditions on the increase and therefore more commonly seen as a result of the changing lifestyles and attitudes of people. Some of these conditions, once diagnosed, need to be managed carefully by the patient through self monitoring and/or lifestyle change. A good example of this is diabetes where patients need to take responsibility for managing their condition on a daily basis and adjusting the application of medication accordingly and also consider their lifestyle choices to provide for longer term improvement in their health. How do we encourage and deliver on individual ownership?
- 50 **Preventative care and advice** – Developments in public health have produced many routine health checks that are successful in making our lives healthier through early detection of disease or early warning of lifestyle changes needed to improve our health. These along with advice on diet, exercise, drinking, smoking etc. should all produce healthier communities. The issue is that some individuals and communities engage with this and others don't. The lack of engagement is more prevalent within our deprived communities where much more targeted outreach work is needed. Why do some people and communities choose not to engage in improving their or their family's health?

What can we do?

- 51 This report does not try to answer the questions but poses them in order to begin a discussion on what might be done.
- 52 Things are already happening. There is a "Health Bus" for Rose Hill. This provides mobile NHS nurses for the area. More information is provided at **Appendix E** but in brief it:-
- Focuses on an areas with higher than average health needs;
 - Brings health care closer to the community;
 - Is mobile, so it is more accessible for people who find it difficult to travel to health centres;
 - Is not in a formal health centre setting, so likely to be perceived as less intimidating;
 - Offers advice on important health issues for which the patient can self care, such as weight management, smoking cessation, blood pressure and diabetes;
 - Offers a "Health MOT" which is a valuable preventative tool;
 - Is a supplement to existing health services It does not replace GPs surgeries, but it relieves pressure upon them;

- 53 One thing that is clear is that no agency or group can provide solutions alone. If we consider who the main contributors might be the list might look like:
- Councils
 - GPs
 - Commissioning Groups
 - Health Workers
 - Communities
 - The Voluntary Sector
- 54 If we then went on to consider what those group could contribute in partnership we may come up with a list like:
- Local access to advice and services through varied media
 - Improved outreach work to understand and target services locally
 - Better “sign posting” to service delivery across disciplines or even shared services or service points;
 - The provision of community networks, befriending schemes, community champions and self help partnerships;
 - Money, grants, premises;
 - Support, encouragement and learning.
- 55 The list could go on and it is clear that through the community capacity building happening within Housing and Communities at the City Council and services such as the “Health Bus” provided by the PCT some of this partnership work is underway. What the committee would like to concentrate on is what communities can do with our encouragement and help to support each other. To quote Peter Voneichstorff “.....*some of these problems in previous years would have been handled within families, in some areas we almost need a community mum*”. The possibility of lay referral through local networks, support groups or retired professionals might bridge the gap between traditional care and self care.
- 56 The PCT initiative to provide “Health Trainers” was discontinued after a review of their cost effectiveness. Dr Voneichstorff commented that initiatives of this sort usually fail because they are set to train other people to deliver care rather than encouraging collective or individual responsibility for health. They are often set at a distance from communities rather than embedded in local teams. The view expressed was that a more local and directly bookable local service may have been more successful.
- 57 There are across the country a number of community health projects run by the community and for the community offering activities, services and support that contribute to the betterment of health and well being through local provision, understanding, engagement, ownership and responsibility. They vary in set up and management and are funded through a mixture of grants, fund raising and small community charges. They use a mixture of voluntary and professional staff to deliver services and lay referral. The committee would like the support of the Board Member for Regeneration to explore this

idea further with the Clinical Commissioning Group and the Health and Wellbeing Board to see if such a community benefit scheme could be established in one of our regeneration areas, possibly Barton given the potential for a significant expansion of this community and the opportunity this presents to establish something new within the community.

RECOMMENDATION 3

That the City Executive Board agrees with the principle of supporting communities to help themselves and explores further through its partnerships the possible establishment of a community health project run by a local community for the benefit of that local community.

Name and contact details of author:

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Background papers:

Version number:3

Issues arising from the Select Committee on Public Health, 14th December 2011

Issues identified and suggestions made

The following suggestions were made during the select committee meeting

1. Community Centres to provide an alternative social club that did not include alcohol – perhaps a juice bar or coffee bar or one providing non-alcoholic cocktails/drinks.

Reason: Helping people make healthier choices. Concern was expressed about Community Centres seeming to promote alcohol by including a social club providing (cheap?) drinks.

2. Whenever facilities are provided, transport should also be considered, especially where clients may be elderly and/or infirm.

Reason: Lack of transport is a problem for elderly people. Many are isolated in their own homes. Isolation has an adverse impact on their health. However good the facilities, they need to be accessible, and for some people accessibility through transport is a barrier to their use.

3. Explore further building links with faith groups. Consider delivery of services wider than just via Community Centres too.

Reason: There is under-representation of BME groups at some Community Centres. Some faith groups are exploring making greater use of Community Centres.

4. Upskill people to take responsibility for their own health. Educate people about proper use of the NHS – change expectations about what is possible. Development of a “community mum” – someone to whom people could talk, in confidence, about health matters that worry them; especially in cases where they did not have anyone else to whom they could talk. Greater emphasis on “pester power” – encourage people to look after their own health by giving up smoking etc.

Reason: It was noted that there is increased pressure on GP's budgets. A desire to empower people by helping them take control of their own health in easy ways, such as monitoring their own blood pressure, was expressed by Dr Von Eichstorff. The Select Committee also noted that some people were reluctant to visit their GP and it would be helpful to encourage people to attend the doctor when needed for overall improvement of health. On the other hand, some people went to their GP simply because they had no-one else to talk to about quite minor problems.

5. Move beyond just Community Centres into other centrally placed facilities, for example Bury Knowle House which includes a library and has a play area nearby.

Also, some GPs practices offer sessions from CAB and Back to Work – perhaps these could be offered at Community Centres as well.

Reason: It is good to catch people where they congregate. Outside issues such as debt and being out of work can increase stress and have an adverse impact on health. It is important to take a holistic approach.

6. Community Centres could provide “taster” sessions for main activities held in the Leisure Centres. Need to identify those who did NOT access leisure as well as those who did. Outreach work could be provided via FUSION with the help of Community Centres.

Reason: Taster sessions could act as pointers towards the higher level of activity and provision in Leisure Centres. Some people feel intimidated by a leisure centre – that there would be pressure to be instantly fit and active – whereas Community centres could seem more low- key and less intimidating for a fitness beginner.

6. There does seem to be a perception that some Community centres do not encourage young people to visit and participate in events. It would be helpful to address the issue that some Community Centres are perceived to be less welcoming than others as far as young people are concerned. Also look at the costs for young people of accessing leisure services

Reason: These are barriers to participation that need to be looked at.

7. Collect examples of good practice at Community Centres in other parts of the country. There are opportunities to build health initiatives at Community Centres because people who feel uncomfortable going elsewhere might well feel comfortable going there.

Reason: Widen access to services

8. Suggest that Community Associations look at shared services. There is a need to equip volunteers with the skills they need to run their centre and their services successfully.

Reason: Build up skills bank in the wider community – community empowerment.

Gaps in service provision.

As a result of the above, the following gaps have been identified (some may duplicate the suggestions made above)

- A. Advice should be given to Community Associations on the balance of activities delivered via their Centre with particular emphasis on the profile of the communities;
- B We need to consider the whole community when planning for activities in Community Centres. There are particular issues around:-
- Young people who often want their own facilities and may have difficulty getting there. They sometimes feel unwelcome at existing facilities
 - Older people who don't always find them very welcoming and they find lack of transport a barrier.
- C Health promotion and getting the message to target groups is very important and often a challenge. Local venues such as community centres could help with this.
- D Support and advice for parents and young people on healthy eating may be better received if delivered through local facilities such as community centres. This could include "life skills" for young people.
- E Dr Peter Von Eichstorff gave a list of suggestions of support that could be delivered through community centres:
- Education towards self care;
 - Lay referral (he called it a "Community Mum"). Somewhere where people could get the sort of advice that is often received from family members without referral to GPs;
 - Activities and events that encourages people to take up preventative medicine such as cervical smear tests. Also general support to GPs with their outreach work for health checks;
 - "Pester power" on issues such as smoking, obesity, looking after yourself, taking responsibility for your own health.
- E There is a pressing need to encourage more activity amongst children and better eating habits in an effort to tackle obesity and the consequential lifelong health problems. Community Centres have a part to play in this in conjunction with leisure facilities and schools

- F Maybe Fusion could use community centres to run taster sessions to encourage people to take up regular exercise in leisure centres
- G Provide support to get Community Associations going, and then sustain them – by building skills, confidence and a possible sharing of back office facilities. We are doing some of this already, but it costs time and money.

End Pilot Project Report

Project Title: tween (ager,) 'Together We Enjoy Exercise'

Date: 30th August 2011

Council Stakeholders: Councilor Mark Lygo
Leisure Manager
Leisure Intern Officer.

Links to OCC Priority: Strong, Active Communities.

Project Administrator: Leisure Intern Officer

Distribution:

1. Councillor Mark Lygo
2. Blackbird Leys Parish Council
3. Oxford Academy
4. Thame and Oxfordshire School Sports partnership
5. Tesco Community Champion (Pat Green)
6. Clear project, Oxford Brookes University
7. Fusion Sports and Community Development Manager

End Project Report

1 Background to the Project

The tween (ager) pilot project aims were to teach a healthier lifestyle amongst 9-11 year old school children in Oxford City supported by the Change4Life movement. The project intension was to meet the Council Objective for Strong and Active Communities on its way to providing “a world class city for everyone”.

Studies have proven how healthy eating and physical activities affect achievement and behaviour in a positive way in primary schools. This project proposed to not just address physical benefits but also support improvement in performance and social life.

The concept of the project included theoretical as well as practical and interactive sessions. The theory element of the project included “Healthy Lifestyle and its benefits” & “Healthy food/ Nutrition”. More practical, interactive items were covered through physical exercise (fun sports, team sports) and cooking workshops.

There was no charge for children to join the tween (ager) project as funding was received from Blackbird Leys Parish Council. Participants were required to complete an application form and were asked to attend regularly. In order to motivate children, a reward scheme was developed with thanks to active contribution and commitment of all stakeholders.

Another motivational factor was the Leys Live Well Day held in Blackbird Leys. tween (ager) participants were asked to design the “perfect picnic basket”. Free Picnic baskets were provided to tween (ager) families who then attended the Live Well Day event.

2 Achievement of Project Objectives and Deliverables

The 10 week pilot project tween (ager) aimed to teach participants and their families a healthier lifestyle by encouraging a broad range of physical activities and teaching contents around healthy living. With the help of effective partnership working future opportunities to participate in various sports for participants and their families were given in order to reduce (childhood) obesity levels in long term.

Engagement by key stakeholders was essential to the delivery of this pilot project. Key stakeholders who supported the pilot project were:

Blackbird leys parish Council - £880 project funding;

Tesco - £200 healthy food and refreshment vouchers;

Fusion Lifestyle - In kind activity venue hire;

Clear Unit, Oxford Brookes University - Workshop and volunteer contribution;

Thame & Oxfordshire Schools Sports Partnership - Workshop and volunteer contribution;

The Oxford Academy - Volunteer student.

Additionally ‘In Kind’ contributions were provided by:

- Pegasus Theatre

-
- Pegasus School
 - Cuddesdon Corner
 - Leopard press Print.

Project Deliverables included a Project Plan including Marketing, Finance and Delivery Plan, a risk register and Project Brief.

Two workshops took place every Tuesday and Thursday for a duration of 10 weeks. Each workshop was led by a student volunteer from Oxford Academy and supported by the Thame and Oxfordshire School Sports partnership.

Uptake by participants was initially challenging. Following a strong recruitment drive ten participants up for the pilot project. Workshop registers demonstrate attendance across the twenty workshops as 122 individual visits.

The pilot project performed well against quality, time and cost.

- Quality: The level of instruction and volunteer support was high (coaching and first aid qualifications, accredited industry related knowledge and experience). Workshop materials were colourful, well presented and professionally produced. Activity venues supported the purpose of each workshop (cooking workshops, sporting activities, availability of equipment, cleanliness and safety).
- Time: Supported through the leisure Intern Officer placement and engagement of stakeholders with common objectives.
- Cost: The pilot project started with zero budget allocation. Through funding and 'In Kind' contributions a professional and rewarding pilot project was implemented. Additionally a reward scheme for participants was implemented through 'In Kind' contribution.

The pilot project was successful in that it delivered:

- Twenty workshops over a ten week programme.
- Signposted participants to other well-being activities and knowledge opportunities.
- Reached the participation target group.
- Low cost provision through sourced funding and In Kind' contributions.
- Engaged key stakeholders with common objectives for improving health and well-being.
- Ten participants registered for the pilot project, with 122 individual visits recorded over the project period

3 Conclusions/recommendations

The success of the pilot project demonstrated a need for this type of programme across the City to support obesity and health and well-being in young people.

The recommendation is for the project and project materials to be taken across the wider communities in the City in partnership with key stakeholders.

BBL Parish Council budget				880		417.17	
Food and beverages	date	supplier	amount	budget	spent	left	status
				300	165.46	288.00	
Food week 3 (store visit)	19/05/11	tesco	10.00				paid
Squash Pegasus	18/06/11	Pegasus theatre	2.00				paid
Week 9 session A workshop food	07/07/11	tesco	5.00				paid
tween (ager) Picnic boxes	23/07/11	Viny's Café	140.00				to be paid
Food week 9	05/07/22	tesco	8.46				paid
			0.00				
			0.00				
			0.00				
			0.00				
			0.00				
Cooking workshops				100	92.9	7.10	
cooking books			92.9				paid
			0				
Excursion				68	15	53.00	
Transport Pegasus Theatre	18/06/11		15				
Marketing & Materials				50	342.93	-292.93	
binding private diaries	05/05/11		19.00				paid
	09/05/11		7.00				paid
	21/06/11		5.00				paid
paper	05/05/11	Lyreco	4.10				paid
catridge	14/04/11	XMA	129.20				paid
leaflets live well day			0.00				
box	05/05/11		5.50				paid
stationary	29/06/11		43.13				paid
photographer	27/05/11		130.00		130		paid
Streetsports				32	0	32.00	
programme			0.00				
Event				170	0	170.00	
baskets & food			0.00				
T-Shirts				160	0	160.00	
in kind			0.00				

Tesco fund				budget	spent	42.31	status
Food and beverages	date	supplier	amount		189.15		
Food week 1	03/05/11	Tesco	21.90				paid
Food week2	10/05/11	tesco	26.20				paid
Food week 3	17/05/11	Tesco	9.48				paid
Food week 4	24/05/11	Tesco	15.68				paid
	26/05/11	Tesco	7.64				paid
	27/05/11	Tesco	18.35				paid
Food week 5	07/06/11	Tesco	8.48				paid
	09/06/11	Tesco	4.00				paid
Food week 6	14/06/11	Tesco	15.50				paid
	16/06/11	Tesco	7.09				paid
Food week 7	21/06/11	Tesco	10.18				paid
Food week 8	28/06/11	Tesco	13.19				paid
Food week 10	14/07/11	Tesco	31.46				paid

OSSP budget				budget	spent	500.00	status
Hannah salary	date	supplier	amount				
		HR	63.16				paid

		HR	0			
Streetsports salaries	30/06/11	AM19	160.98			paid

Total expenditures 941.80

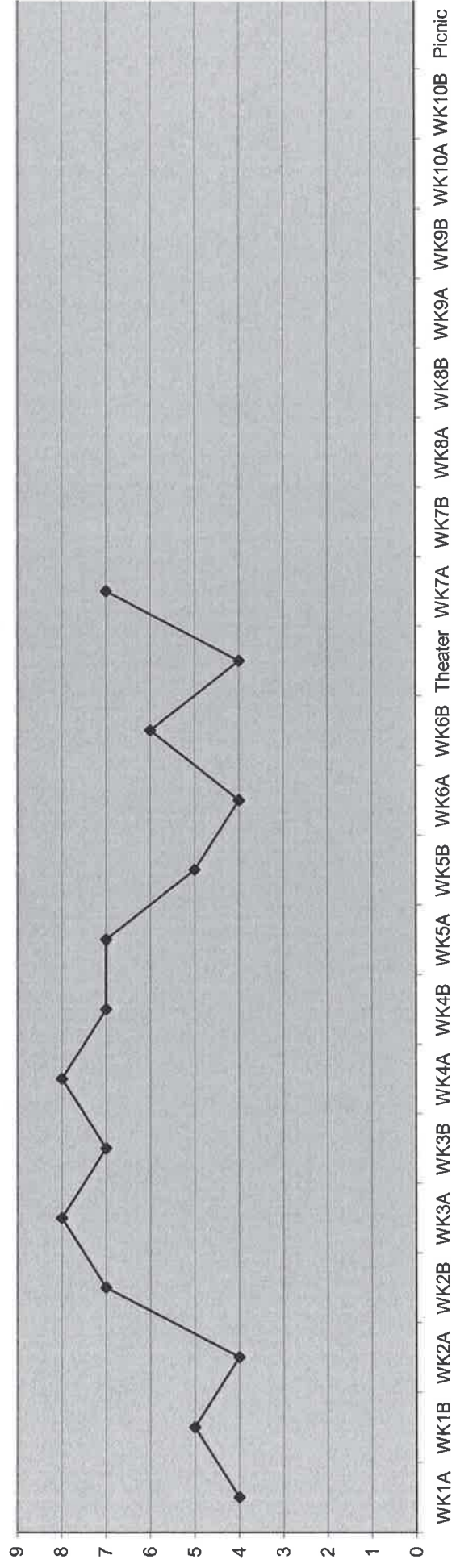
<i>In kind contribution costing</i>						total	status
Accommodation	date	price per unit	amount			438.00	
Cuddesdon Corner	27/05/11 & 14/06/11	£22.00	2.00			£44.00	
Streetsports		£32.00	2.00			£64.00	
Community hall BLLC	week1-10	£22.00	15			£330.00	
Activities						£158.32	
CLEAR		15.79	4			£63.16	
Karate		15.79	1			£15.79	
Pegasus Theatre visit		8	4			£32.00	
Food shopping tour tesco		15.79	1				
Cooking		15.79	2			£31.58	
Pegasus Theatre workshop		15.79	1			£15.79	
Transport						£15.79	
Taxi to Theatre						£0.00	
Mini Bus to Tesco		15.79	1			£15.79	
People						£378.96	
2 sports leaders per session	week1-10	£15.79	24			£378.96	
admin coordinating the project						£0.00	
						£0.00	
						£0.00	
Rewards/ Materials						£151.50	
T- Shirts		£7.50	15			£112.50	
Discount Diary binds		£3.00	13			£39.00	
						£0.00	
						£0.00	

TOTAL in kind contribution, worth £1,142.57

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
Starting the project									
project idea									
Background information									
cost estimation									
benefits									
market research- monitor close competitors									
risks general									
Plan and initiate a project									
SMART definition of benefits									
costs									
Communication Plan- active Networking									
Primary School Partnership working									
Risk register									
familiarise with child protection legislative									
Evaluation planning to measure quality									
Product Plan									
time planning									
people planning									
content/delivery planning									
funding applications									
partnership agreements									
sponsorships and in kind contributions									
active promotion									
application progress									
Design key documents and templates									
Design phase private diary									
Deliver a Project									
Reviewing and measuring progress									
Provide needed information and materials to sports leader									
reviewing risk register on a weekly basis									
financial reporting and reviewing on a weekly basis									
core team meetings on a weekly basis									
meeting all stakeholders to evaluate									
set future directions									
evaluation questionnaires for staff, partners, participants and parents									
plan final event									
Completing a Project									
Stakeholder evaluation meeting									
Analyse questionnaire and evaluation outcomes									

WK1A WK1B WK2A WK2B WK3A WK3B WK4A WK4B WK5A WK5B WK6A WK6B Theater WK7A WK7B

Participation



change
4 life
Let's! Move! Live longer!

tween(ager)

Together we experience exercise and nutrition

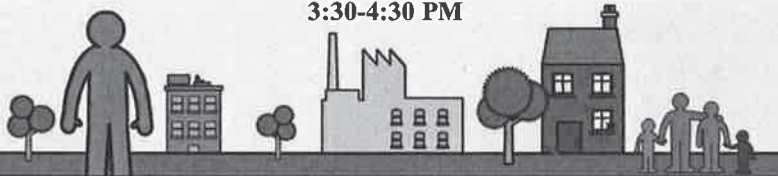
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Stakeholder meeting 21th March 2011
Blackbird Leys Leisure Centre
3:30-4:30 PM



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Let's! Move! Live longer!

tween(ager)

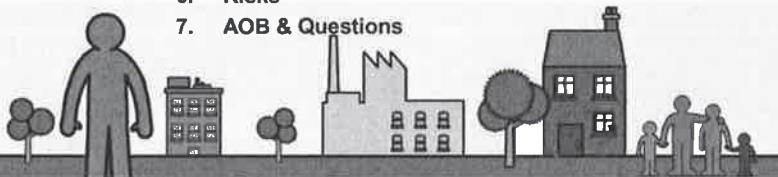
Together we experience exercise and nutrition



Table of content

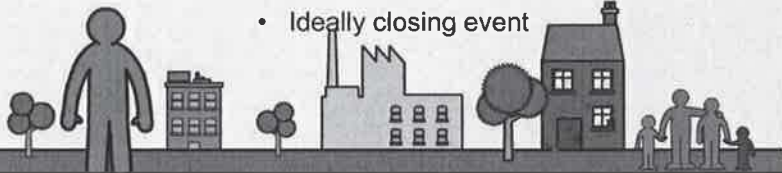
1. Time planning & Organisation
2. Information (private diary & media support)
 1. Parent letter
 2. Application form
 3. Private diary
 4. Media support
 5. Reward scheme
3. Quality & Evaluation
4. Facilities
5. Financial planning
6. Risks
7. AOB & Questions

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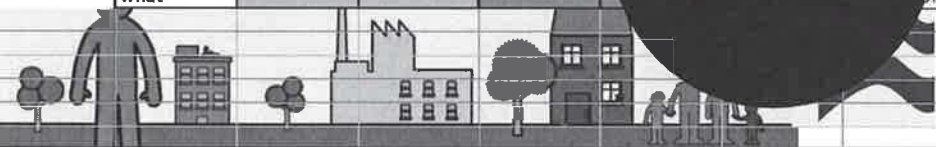
1. Time planning & organisation


- 2 workshops a week- every Tuesday and Thursday/ Friday
 - Duration of 10 weeks
 - Tuesdays physical exercise
 - Thursdays (or Fridays) interactive fun programme, focussed on nutrition
- Additional parent information and evaluation sessions
 - Ideally closing event




		Workshop 1	Workshop 2	Additional appointments
-1	when			25/04/2011- 29/04/2011
	where			BLLC
	who			Parents, Teacher, YL ,ML ,
	what			Parent information and
1	when	03.05.2011	05.05.2011	
	where	BLLC	BLLC	
	who			
	what	Introduction	Introduction Nutrition	
2	when	10.05.2011	12.05.2011	
	where	BLLC	BLLC Comm. Room	
	who			
	what	PE	Preparing/ Nutrition	
3	when	17.05.2011	19.05.2011	
	where	BLLC	(Tesco)	
	who			
	what	PE	Food Shopping	
4	when	24.05.2011	27.05.2011	
	where	BLLC		
	who		Karen	
	what	PE	Cooking 1	
5	when	07.06.2011	09.06.2011	
	where	BLLC		
	who			
	what	PE	Streetsports 1	

6	when	14.06.2011	17.06.2011		
	where	BLLC			
	who		Karen		
	what	PE	Cooking 2		
7	when	21.06.2011	23.06.2011		
	where	BLLC	BLLC Comm. Room		
	who				
	what	PE	Evaluation/ Poster/ Booklet		
8	when	28.06.2011	30.06.2011		
	where	BLLC	BLLC Comm. Room		
	who				
	what	PE	Designing perfect picnic		
9	when	05.07.2011	07.07.2011		
	where	BLLC	BLLC Comm. Room		
	who				
	what	PE	Preparing event		
10	when	12.07.2011	14.07.2011		
	where	BLLC	BLLC Comm. Room		
	who				
	what	PE	Evaluation/ Final		
11	when				
	where				
	who				
	what				






Let's eat. Move more. Live longer.




Together we experience exercise and nutrition

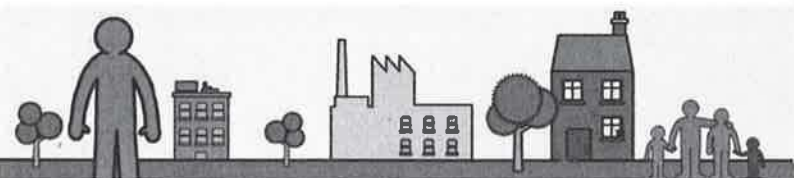


OXFORD CITY COUNCIL

2. Information

- 2.1 parent letter
- 2.2 Application form
- 2.3 private diary
- 2.4 media support
- 2.5 reward scheme







tween(ager)

March 2011



Dear Parents or Guardian,
 Would you like your child to learn more about healthy food, nutrition and an active lifestyle- and would you like your whole family to benefit, feel better and have fun together?

"tween(ager)" (Together We Experience Exercise and Nutrition) is a new project initiated by Oxford City Council in your school!

Tween(ager) offers:

- 10 weeks of workshops, starting **Tuesday, 3rd of May 2011**
- **2 workshops a week after school** (Tuesdays and Thursdays 3.30 - 4.30) held in **Blackbird Leys Leisure Centre**
- Activities including **cooking, healthy food shopping and several more fun activities**
- **Free healthy snacks and beverages during the workshops**
- **qualified instructors**
- **just £ 1.20 per workshop with rewards for regular attending participants**
- **You are invited to join in**

Interested? Please give your contact details below and we will get in touch with you soon. You will also have the opportunity to **meet us personally** to sign an application form at your school if you wish.

Response section:
 Interested YES NO
 Name of the child: _____
 Contact details: phone _____
 E-mail: _____
 Please return this form unopened to Mr Cobb (John Henry Newman) or Ms Hopkins (Pegasus).



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Registration Form								
<p>ACTIVITY: Spot Unlimited - a health and fitness activity and is signed by parent/carer</p>								
Q1. Child's young person's name	<table border="1"> <tr> <td>Forename</td> <td></td> </tr> </table>	Forename						
Forename								
Q2. Address	<table border="1"> <tr> <td>Postcode</td> <td></td> </tr> </table>	Postcode						
Postcode								
Q3. Contact name and number								
Q4. Name of parent/carer								
Q5. Email address of parent/carer								
Q6. Please give details of any medical conditions, asthma or allergies								
Q7. Is the child/young person eligible to join?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No					
Yes	No							
Q8. What school/sport club does the child/young person join?								
Q9. How much sport/fitness activity does the child/young person take part in? Please tick the days that you have taken part in or more of sport or fitness activity, then write down what activities they do.	<table border="1"> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Q10. What sport/fitness activity will the child/young person be taking part in during the activity?								
Q11. Where is the group you choose the child/young person belongs to?	<table border="1"> <tr> <td>Home</td> <td>School</td> <td>Other</td> </tr> </table>	Home	School	Other				
Home	School	Other						
Q12. Does the child/young person have anything like illness, health problem or disability that might affect their activity?								
Q13. Does the child/young person have any religious background related to food and beverage restrictions?								
<p>PHOTOGRAPHY/FILMING: Please note that to help promote and evaluate Spot Unlimited activities, there may be video filming and photography at some sessions which may be used in publicity materials e.g. leaflets, newsletters or on official websites. Sport England advises all activity providers to ensure that images are not accompanied by names or other details that could identify individual children or young people.</p> <p>CONSENT: I give permission for my child to be filmed or photographed during Spot Unlimited activities as described above.</p> <p>CONSENT: I give consent for the young person named above to take part in this "Spot Unlimited" Activity.</p> <p>SUPERVISION: The group will be picked up from school and walked to Blackbird Leys Leisure Centre from their school. However, you are the responsible supervisor.</p> <p>DATA COLLECTION: as this is a health and well being pilot project, it is important to measure the success of the project. Your signature allows professional blood pressure measurement, BMI calculation and monitoring. If you decide not to allow this, please state this here.</p> <p>_____ Signature of parent/carer Relationship to child/young person Please turn</p> <p>Thank you for signing up for this activity. Your answers are confidential. Oxford City Council will find this personal data useful for monitoring the success of our programmes, to help in planning future sports activities for children and young people, and we would like to be able to send you details of any further sports opportunities that may be of interest. You may be invited to take part in a survey conducted by consultants working on behalf of Sport England. We will not pass this information to any third party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.</p> <p>For more information and advice on Safeguarding and Child Protection please visit www.oxsport.org.uk/safe</p> <p>If you do not want to take part in any future survey, please tick here <input type="checkbox"/></p> <p>If you do not want to receive information about other sports opportunities, please tick here <input type="checkbox"/></p>								



tween(ager)

Together we experience exercise and nutrition



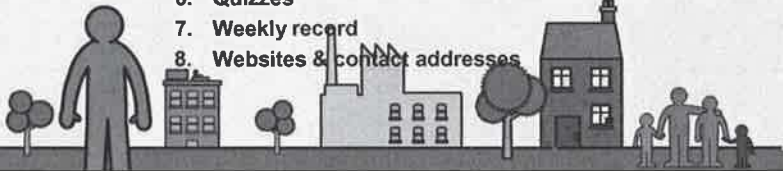
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2.3 Private diary

Proposed set up:

1. Introduction
2. Time planning (When? Where? What? Who?)
3. Information "Healthy Lifestyle" (→ change4life) & reasons for physical activity
4. Personal profile
 1. BMI calculation
 2. How to record changes of body shape change
 3. Setting personal targets
5. Change4life poster + sticker
6. Quizzes
7. Weekly record
8. Websites & contact addresses



tween(ager)

Together we experience exercise and nutrition

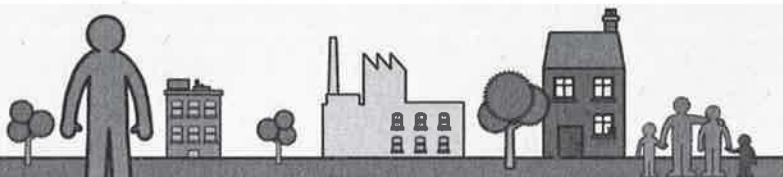


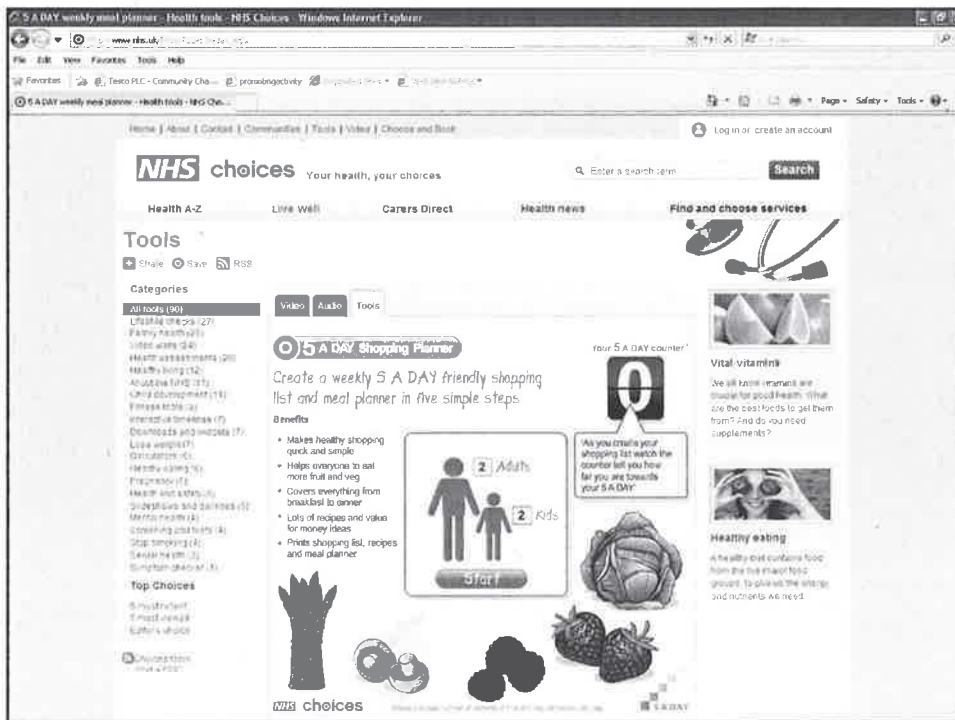
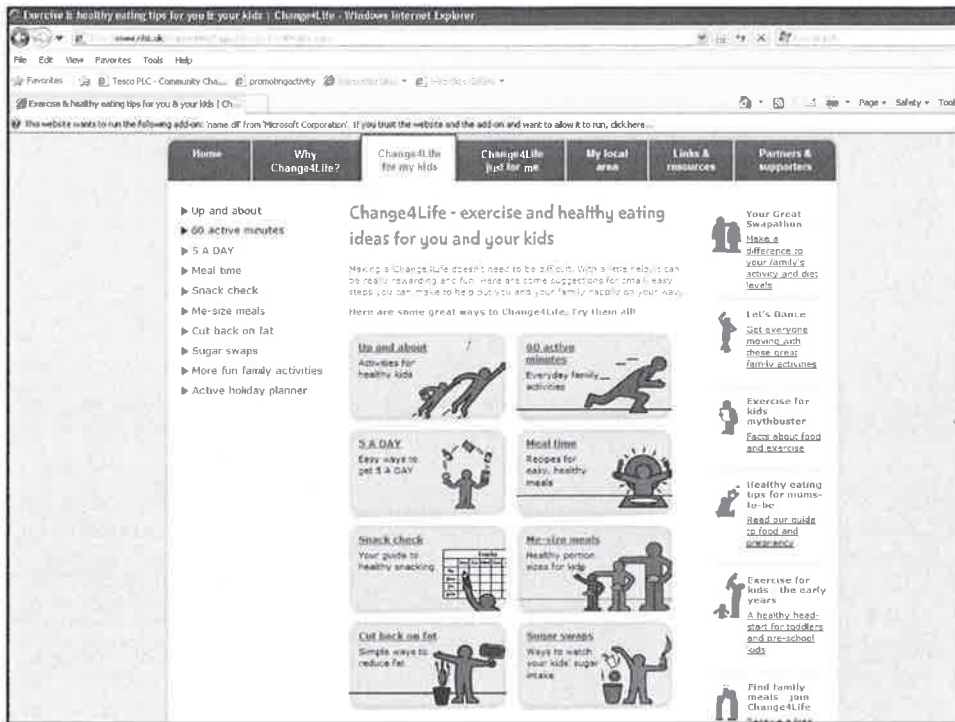
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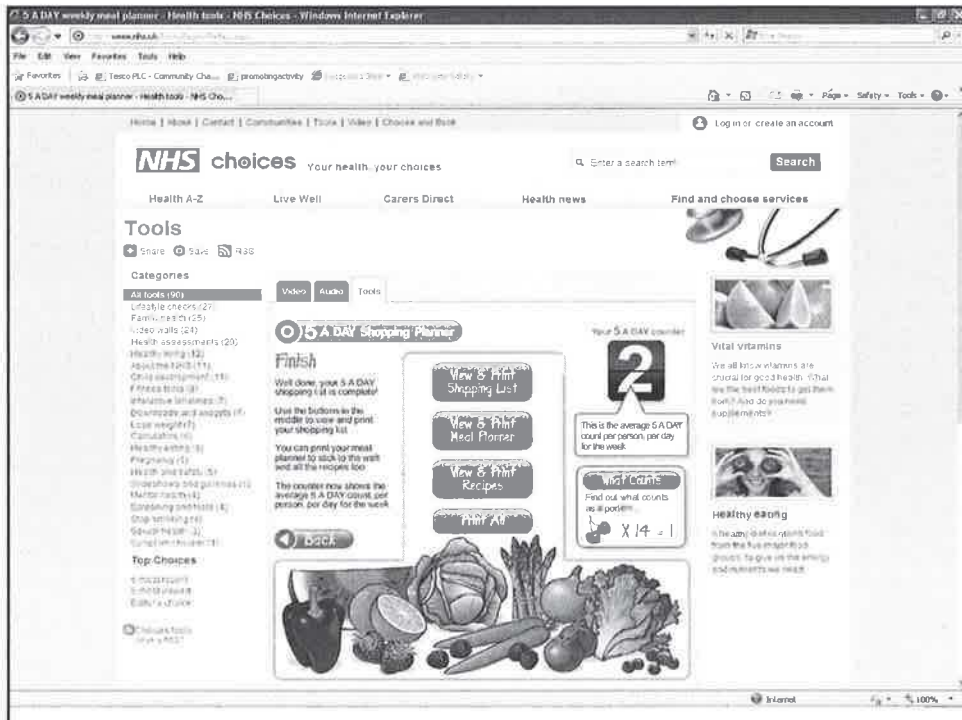


2.4 Media support

1. Change4Life Website
2. NHS website







**change
4 life**
Eat well. Move more. Live longer.

tween(ager)

Together we experience exercise and nutrition

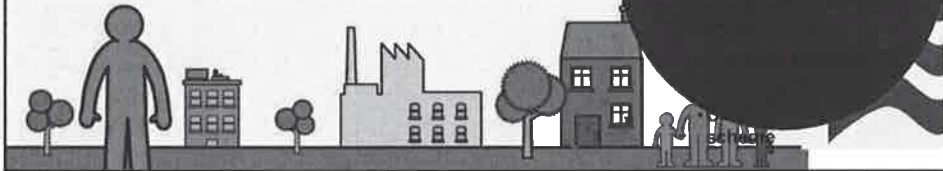


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2.5 Reward scheme

- Children get a reward for regular attending
- After every 5 workshops (max of 4 rewards?)
- Children get a stamp for every attended workshop on a tween(ager) card, which also shows the project time planning



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4 life**
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tween(ager)

Together we experience exercise and nutrition

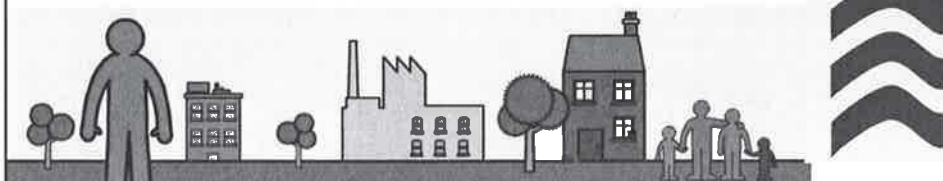


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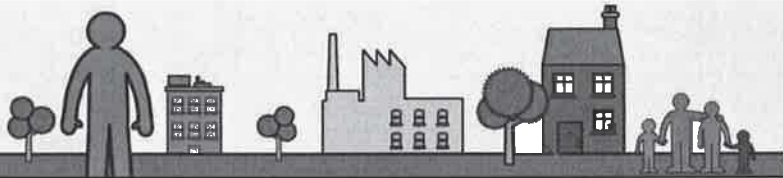
3. Quality & Evaluation

- Participant satisfaction and observation as primary measurement tool (BMI secondary tool)
- Participant Satisfaction
- Test/ Quiz implemented in questionnaire?
- Weight Loss
- BMI
- Parent questionnaire



4. Facilities

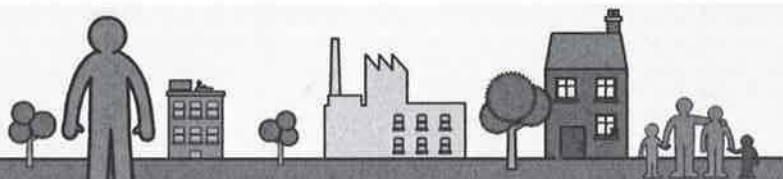
- Blackbird Leys Leisure Centre
- Outdoor opportunities (Street sports)
- School facilities, if needed (Websites?)
- Local supermarkets
- Kitchen (Leys Young People's Centre?)



5. Financial planning

Microsoft Excel - Project Management tween(ager)

	A	B	C	D	E
1	Expenditures				
2		per unit/ session amount	total	comments:	
3	Food and beverages	£15.00	20	£300.00	20 workshops 1.00£ per child
4	Excursion	£4.00	17	£68.00	15 children + 2 supervisors
5	Marketing & Materials	£100.00	1	£50.00	poster, parent letters, leaflets, child diaries
6	kitchen rent	£35.00	2	£70.00	not sure about expenses yet, waiting for response
7	Streetsports	£8.00	4	£32.00	2 trainer to deliver
8	accommodation rent	in kind		in kind	
9	subsidize for childrens contribution	£1.20*15participa	20	£360	
10	TOTAL			£880.00	



change
4 life

tween(ager)

Together we experience exercise and nutrition



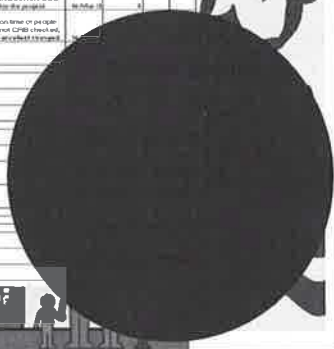
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Microsoft Excel - Project Risk Register

Category	Risk ID	Risk Title	Opposition / Interest	Risk Description	Risk Class	Owner	Start Date	End Date	Impact	Priority
1	100001	...	...	...	...	...	...	...	...	...
2	100002	...	...	...	...	...	...	...	...	...
3	100003	...	...	...	...	...	...	...	...	...
4	100004	...	...	...	...	...	...	...	...	...
5	100005	...	...	...	...	...	...	...	...	...
6	100006	...	...	...	...	...	...	...	...	...
7	100007	...	...	...	...	...	...	...	...	...
8	100008	...	...	...	...	...	...	...	...	...
9	100009	...	...	...	...	...	...	...	...	...
10	100010	...	...	...	...	...	...	...	...	...
11	100011	...	...	...	...	...	...	...	...	...
12	100012	...	...	...	...	...	...	...	...	...
13	100013	...	...	...	...	...	...	...	...	...
14	100014	...	...	...	...	...	...	...	...	...
15	100015	...	...	...	...	...	...	...	...	...
16	100016	...	...	...	...	...	...	...	...	...
17	100017	...	...	...	...	...	...	...	...	...
18	100018	...	...	...	...	...	...	...	...	...
19	100019	...	...	...	...	...	...	...	...	...
20	100020	...	...	...	...	...	...	...	...	...
21	100021	...	...	...	...	...	...	...	...	...
22	100022	...	...	...	...	...	...	...	...	...
23	100023	...	...	...	...	...	...	...	...	...
24	100024	...	...	...	...	...	...	...	...	...
25	100025	...	...	...	...	...	...	...	...	...
26	100026	...	...	...	...	...	...	...	...	...
27	100027	...	...	...	...	...	...	...	...	...
28	100028	...	...	...	...	...	...	...	...	...
29	100029	...	...	...	...	...	...	...	...	...
30	100030	...	...	...	...	...	...	...	...	...



change
4 life

7. AOB & Questions



tween(ager)

Together we experience exercise and nutrition



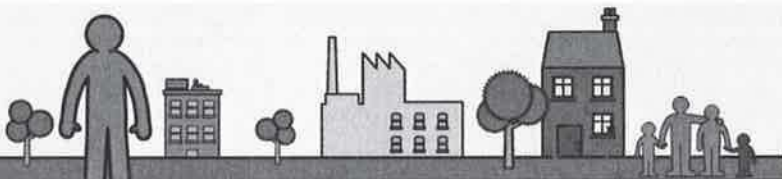
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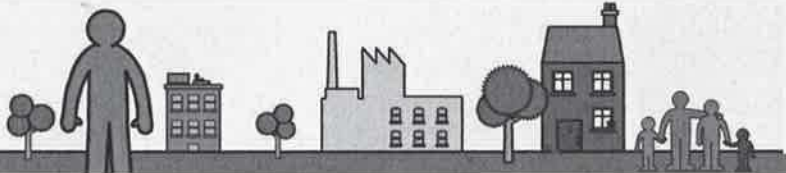
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CONCEPT

- **Health and well-being project for 9-11 year old children**
- **Duration of 10 weeks, with follow up opportunities**
 - 1. Workshop per week: theory implemented in physical exercise (1hour) (parents every second week invited)
 - 2. Workshop per week: several flexible activities, like food shopping or cooking (1-2 hours will be announced in the beginning)



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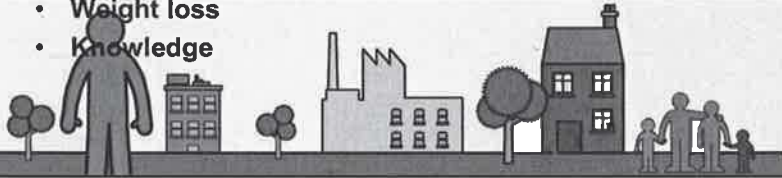


CONTENT:

- Healthy Lifestyle benefits
- Healthy food/ nutrition
- Cooking skills
- Parent activities
- Physical exercise

TARGET:

- Improvement in physical, mental and social well-being
- Healthier lifestyle
- Weight loss
- Knowledge



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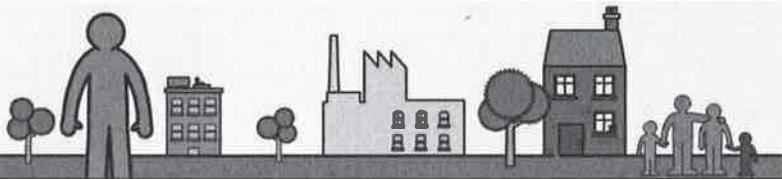


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PARTICIPANTS

- "Individuals in need"
- 10-15 participants
- Teacher hand out Parent letters (priority participants)
- "Rest spaces" can be filled with interested children
- FREE of charge
- Reward scheme to keep children motivated



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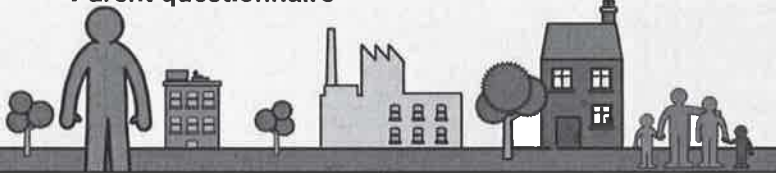


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APPROACH & EVALUATION

- Promote a healthier lifestyle instead of telling children they have to loose weight
- Interactive, fun way of **LEARNING**
- Participant satisfaction and professional observation as primary measurement tool (BMI secondary tool)
- Weight Loss
- Expert observation
- Test/ Quiz implemented in questionnaire
- Parent questionnaire



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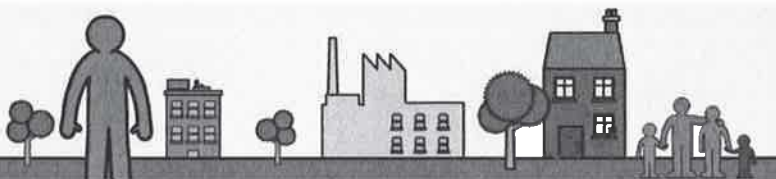


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TOOLS

- Private diary (including contact addresses)
- Closing Event: Family-Picnic Day BBL
- Reward Scheme





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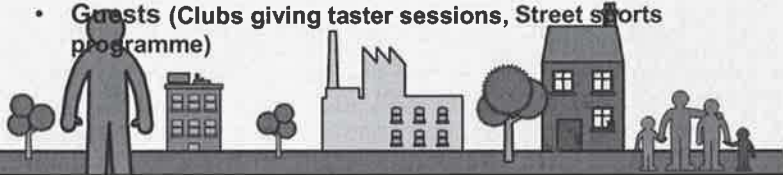


LOCATIONS

- BBL Leisure Centre
- Outdoor opportunities
- School facilities, if needed
- Local supermarkets
- Kitchen (The Leys Children Centre)

STAFFING

- Oxford Academy
- Volunteering Teacher
- Guests (Clubs giving taster sessions, Street sports programme)



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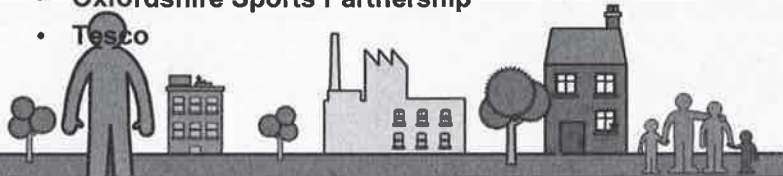


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STAKEHOLDER

- Councillor Mark Lygo (Oxford City Council member for Sport, Play and School Liaison)
- Fusion Lifestyle (a social enterprise managing the City's seven Leisure centres on behalf of the Council)
- School Sports Partnership
- Oxford Academy
- Go active
- Primary Care Trust
- Oxfordshire Sports Partnership
- Tesco



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Tween(ager) Future Directions



Pegasus



TESCO

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Iffley Road Sports Centre
Wednesday, 15th of June 2011 3.30-5.00pm

Agenda

1. Introduction
2. Where are we now?
 1. Achievements to date
 2. Good practises
 3. Lessons learnt
3. Where would we like to be?
 1. Vision of the tween(ager) project
 2. Oxford City Council's future commitment
4. How are we going to get where we would like to be?
 1. Suggestions/ Options
5. Open discussion
 1. Partner/ Stakeholder future commitment

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1. Where are we now?

- Achievements to date
- Good practises
- Lessons learnt

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Achievements to date



"Mummy I love strawberries, why do we never have some?"

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Achievements to date

- **Project management level**
 - Effective partnership working
 - Financially healthy
 - Very positive external feedback
 - In kind contributions
 - Materials and rewards
 - Picnic Day at the end will be part of the Olympic weekend, the 23rd of July 2011 at Blackbird Leys Leisure Centre
- **Participant/ Delivery level**
 - Positive group atmosphere
 - Motivated participation
 - "testing" knowledge through interacting
 - SL get an insight into families lives
 - → reached the targeted families
 - Challenge: to communicate healthy living message to participants' homes



Although participation is slightly below target, the project has potential to grow

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Good practises

What went good?
• All children came back to the second workshop
• Participants enjoyed the cooking workshop
• Children are enjoying fruit kebabs
• Children are enjoying taster sessions
• Children are enjoying "standard" workshops
• Children enjoy and appreciate rewards
• Some children are actively working with the diary

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What should be improved the next time?
Children/ School classes should be directly approached by OCC by taster session or presentation
Clear definition of commitment, means and frequency of communication and partnership agreements for each partner/stakeholder
Clarify CRB issues early- monitored in a spreadsheet including copy of CRB for records
More time for food shopping workshop
Communication with sports leader should be improved by doing an induction based on a (volunteer) agreement
Photographer took a fair time of the workshop, so that it was hard for the cooking workshop leader to deliver the workshop as planned. She still managed to do an excellent job, but arrangements could be better planned and communicated to the group in advance
the reward scheme could link in better with the diary, more stakeholder communication and contribution
more parent involvement- go active/ active women
partnership agreements and reflection questionnaires
Involve the diaries more in workshops
order food for fruit kebabs ready to use

2. Were would we like to be?

- Vision of the tween(ager) project
- Oxford City Council's future commitment

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Vision of the tween(ager) project

- *To make the tween(ager) project known in whole Oxford and by maintaining and expanding effective partnership working resulting in unique but low cost programming, encouraging families to adopt a healthier lifestyle and decrease (childhood) obesity levels.*
- *First step: a second project in the Blackbird Leys area & another one in another area of Oxford*

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Oxford City Council's future commitment

- **Handing over a complete project plan including templates, contacts, materials ...**
- **Being involved in future meetings and coordination of the project**
- **Support funding applications (Evidence documents are available and being updated throughout the pilot project)**
- **No capacity to be involved in the delivery of tween(ager)**

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How are we going to get where we would like to be?

- **Marketing Promotion:** Olympic weekend and several July summer events are a brilliant opportunity to start promoting
- **Suggestions/ Options**
 - Brookes/ CLEAR
 - School Sports Partnership
 - Fusion Lifestyle
 - Oxford Academy
 - Schools directly
 - Community Centres/ After School Clubs
 - Tesco

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Open discussion

- Partner Stakeholder future commitment

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Pegasus



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Health Bus brings mobile clinic to estate

12:50pm Thursday 16th February 2012

By Laura Jones

ROSE Hill families will finally get access to health care on the Oxford estate with the arrival of a monthly health bus at The Oval.

Residents have been asking for more health services for years.

They will be able to chat with NHS nurses about their health worries, avoiding a journey to Donnington Health Centre, in Henley Avenue.

Patients will be able to undergo a 15-minute "health MoT" in a private consultation with an NHS nurse, who will carry out blood pressure and diabetes tests, give weight management advice and advise people on how to get help to quit smoking.

Glucose and cholesterol tests will also be on offer, as well as general advice on health screening.

Rose Hill community worker Fran Gardner said: "Following years of frustration and repeated requests to GPs' surgeries and the primary care trust, residents of Rose Hill are about to see the beginnings of health care services.

"The Health Bus will come to Rose Hill every month – a wider range of services will be made available and more frequently, if residents show an interest and support the project.

"This is a real opportunity for residents to show that there's a need here for substantial health care services."

The initiative is being financed by Oxford Citizens Housing Association's successful bid to the Big Lottery Fund.

It won the money by drawing attention to the lack of health care on the estate and the three-mile round trip by bus that faces the elderly, disabled and low-income families to visit Donnington Health Centre.

Dr Peter von Eichstorff, of the Oxfordshire Clinical Commissioning Group, said: "This is a great initiative. The Health Bus is a good way to bring services close to where people live.

"Rose Hill is an area where we know health needs are higher than other parts of Oxford, and residents could benefit from taking advantage of the health services and advice that will be made available."

The Health Bus will pull up for its first stop at The Oval on Friday next week.

Residents will be able to speak to a nurse there between 10am and 3pm.

Sainsbury's supermarket at Heyford Hill is donating fruit goodie bags for children and free face painting will be on offer from 3pm.

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Communities and Partnership Scrutiny Committee

Work programme debate outcomes

General Principles

After consultation with back-bench councillors the committee has decided this year to run its programme through a series of themes. Each theme will be led by a small group of councillors.

At least half of the available committee meetings will be organised around “select committee principles” with lead members working with officers to determine lines of inquiry and attendees. Co-option around themes will be considered to enhance the expertise and views of the committee

A Housing Standing Panel has been set to bring together all housing issues and therefore mirror the organisation of the Council. A tenant representative has been invited to be part of this Panel

The programme remains flexible and open to reorganisation by committee. A complete review will be undertaken by the Chair and Vice-Chair in January 2012

The information that follows shows:

- The themed draft programme and focus
- Current nominations
- Projected agenda schedules
- On going Panels
- Housing Panel

Communities and Partnership Scrutiny Committee

Draft Work Programme 11/12

97

Theme	Area(s) for focus	Likely Status of Inquiry	Nominated/interested councillors
Housing	1. All strategic and landlord issues previously contained within the remit of Communities and Partnership and Value and Performance Scrutiny Committees. A separate programme is attached for	<p>Standing Panel with all housing issues considered on this agenda with the exception of HRA financing changes which will be considered by the Finance and Performance Panel within the Treasury Management Strategy</p> <p>Representative from the Tenant Involvement and Monitoring Panel. Named deputy to take the seat when holder is absent</p> <p>Panel meeting see schedule below for dates and topics</p>	<p>No councillor substitutions allowed</p> <p>Cllrs. Campbell, Sanders, McCready and Humberstone</p> <p>Barrie Finch - co-opted from the Tenant Involvement and Monitoring Panel</p> <p>Grace Oshinbolu – named deputy from the Tenant Involvement and Monitoring Panel</p>
Public Health	Focus under consideration. The guidance is that emphasis should be on activities where the Council is involved or can have some influence through partnership working. Agreed to consider how our Community Centres can be used to improve the health offer in the City	<p>Single issues committee meeting Meeting date: 14th. December.</p> <p>Select committee held – findings paper to 7th. February meeting</p>	<p>Cllrs. Jones and Sinclair are Lead Members. <i>Request from Cllr. Campbell to join the group</i></p>

Community Engagement	<p>To invite the Head of Policy, Culture and Communications to brief the committee and answer questions on:</p> <ul style="list-style-type: none"> Partnership working - what the City Council is hoping to see and achieve through the reforming partnership structure How the service development to “Increase public input into policy and decision making” is to be delivered and within what objectives and measurements <p>As a separate item to invite County officers and the Cabinet member to outline the changes in Youth Service provision and what this practically means for young people in the City</p>	<p>Committee briefing Target meeting date: 17th. October</p> <p>Meeting held and report written for 7th. December CEB.</p> <p>Committee agree to change the regeneration select committee issue from youth unemployment to engagement with hard to reach groups</p> <p>Committee inquiry Target meeting date: To be decided</p>	<p>Councillor Wilkinson</p> <p>The committee is looking for at least 1 additional member to express an interest in this area</p>
Regeneration	<p>Suggestion: Unemployment amongst young people in deprived communities: (Exact format and attendees to be finalised by nominated members) This focus has been changed by committee to engagement and support for young unemployed people</p>	<p>Select committee inquiry Target meeting date: March 12th. 2012</p>	<p>Councillors Lloyd-Shogbesan and Altaph-Khan nominations required</p>
Hosing Stock de-designation	<p>Review of first year of the agreed de-designation programme as proposed by the scrutiny review panel in 2010</p>	<p>Panel Review Information gathering February 2012.</p>	<p>All previous review group members still serving</p>

		Scrutiny Officer review date 28 th . March 2012	Cllrs. Sinclair and Smith (co-opted) plus Anita Fisher IMP
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Communities and Partnership Scrutiny Committee Agenda Schedules

Dates	Slots and Items
6 th . June	1. Housing Strategy – issues and next steps 2. Community Engagement – Start up of Area Forums 3. End of year performance figures – Community Housing 4. Spending cuts and the effects on the voluntary sector in Oxford Introduction to David Edwards Meeting full
17 th . October	1. Cleaner Greener Panel Report 2. Interim report – Young Peoples Engagement 3. Partnership working and increasing the public involvement in policy and decision making Meeting full
12 th . Dec	1. Public Health – Single Issue meeting Meeting full
7 th . February Re-arranged to 12 th . March	1.Regeneration – Select Committee – Unemployment amongst young people 2.Public Health Select Committee Report Meeting full
27 th . March	Reception for Positive Futures Young Peoples Forum – Lord Mayor
2 nd . April	1. Area Forum development – Panel report 2. Stock de-designation 1 st . year review 3. Vacant slot

Communities and Partnership Scrutiny Committee

Ongoing panels

Topic	Comment
Young Peoples Engagement Councillors Campbell, Sanders and Sinclair	Interim report in October full report in February
Cleaner greener – Blackbird Leys Councillors Campbell, Humberstone and Smith (local councillor)	Final report in October
Community Engagement – Area Forums Councillors Wilkinson and Sanders	Progress Report in February

Housing Panel

Topics and outline lines of inquiry agreed for 2011/2012

Topic	Lines of Inquiry
<p>Development of the Housing Strategy</p> <p>Lead member:</p> <p>Councillor Campbell</p>	<p>To see a draft of the new strategy as early as possible and in addition to:</p> <ul style="list-style-type: none"> • See the results against the targets for the expired strategy • Understand the gaps and new issues to be addressed • How these gaps are turned into priorities for action and targets within the proposed strategy • Understand what success depends on in realistic terms and where and how we can have the greatest influence <p>Target timing: October and Dec/January</p>
<p>Effects of recent government changes in housing and benefits and their effects in Oxford (positive and negative). Our policy response to this linked with the use of allocated contingencies</p> <p>Lead Member:</p> <p>Councillor Sanders</p>	<p>To consider:</p> <ul style="list-style-type: none"> • The changes we are seeing in Oxford, as presented through our services • A judgement on how this likely to develop based on service demands and changes on the way • How we are responding in terms of spending and service delivery • How much of the budgeted contingencies have been used or are likely to be used <p>Target timing: October and February</p>
<p>Estate Management – Service Standards</p> <p>Lead member:</p> <p>Councillor Humberstone</p>	<p>To see and have an opportunity to comment on the scoping of the 6 month review of the new Landlord Service Structure</p> <p>To see outcomes from the review and have the opportunity to engage with and comment the issues arising</p> <p>Target timing: October and</p>

	December/January
<p>Investment in the housing stock beyond decent homes</p> <p>Housing repair – cost and quality</p> <p>Lead member:</p> <p>Councillor McCreedy</p>	<p>To be agreed</p> <p>Timing: asap</p>
<p>Tenant Involvement</p> <p>Lead member:</p> <p>Barrie Finch</p>	<p>To consider proposals/strategies to improve tenant involvement and how these compare to best practice</p> <p>In 6 months time (February/March) to have details of:</p> <ul style="list-style-type: none"> • The number of tenants actively involved • The activities tenants are involved in • The overall structure provided by the Council for tenant engagement • How these structure provide for real opportunities for tenants to influence and effect change. Examples of this happening <p>Target timing: October, February/March</p>

Potential Meeting Schedule

Meeting Date	Items	Lead Panel members
28th October 2.00pm	<ol style="list-style-type: none"> 1. Housing Strategy – issues, understanding and options 2. Effects of housing and benefits changes in the City. Response and costs 3. Scoping of the review of estate management changes 4. Tenant involvement best practice and structures 	
14 th . November 5.30pm	Just in case date	
1 st . December 5.30pm	<ol style="list-style-type: none"> 1. Housing Strategy – formal consultation response 2. Results of the review of estate management changes 3. Housing repairs vfm 4. Housing reform landlord/tenant issues 	
? January	Just in case date	
? February	<ol style="list-style-type: none"> 1. Effects of housing and benefits changes in the City. Response and costs 2. Housing repairs vfm 3. Housing reform landlord/tenant issues 4. Tenant involvement 	
? March	<ol style="list-style-type: none"> 1. Housing repairs vfm Housing reform landlord/tenant issues 	

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Agenda Item 6

COMMUNITIES AND PARTNERSHIP SCRUTINY COMMITTEE

Wednesday 14 December 2011

COUNCILLORS PRESENT: Councillors Campbell (Chair), Sinclair (Vice-Chair, in the Chair), Altaf-Khan, Baxter, Clarkson, Hazell, Jones, Khan, Lloyd-Shogbesan, Sanders and Wilkinson.

OFFICERS PRESENT: Lois Stock (Democratic and Electoral Services Officer) and Pat Jones (Principal Scrutiny Officer)

20. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Nuala Young.

Councillor Campbell apologised for his expected late arrival.

21. DECLARATIONS OF INTEREST

None

22. SELECT COMMITTEE: PUBLIC HEALTH

The Head of Law and Governance submitted a report (previously circulated, now appended) introducing this Select Committee topic and providing a framework for questions.

The Select Committee would investigate the means by which City council owned Community Centres are, or can be, used as part of the local offer of programmes and activities aimed at well being and health improvement.

Introduction.

Councillor Graham Jones, as one of the two Lead Members (along with Councillor Dee Sinclair) introduced this item and welcomed all the guest speakers to the meeting. He explained that the aim of the Select Committee was to concentrate on what the City Council could reasonably achieve, and to find a course of action that would be both deliverable and measurable. It was hoped that recommendations could be drafted ready for submission to City Executive Board by early April 2012.

Councillor Jones clarified the three basic questions which guest speakers were invited to consider. These were:-

1. What is the position now?
2. Where are the gaps in service provision?
3. Can any gaps be filled by making better use of the City council's Community Centres? If so, what should be our focus and if further investment is needed, how can funding be found?

The following witnesses were then introduced:

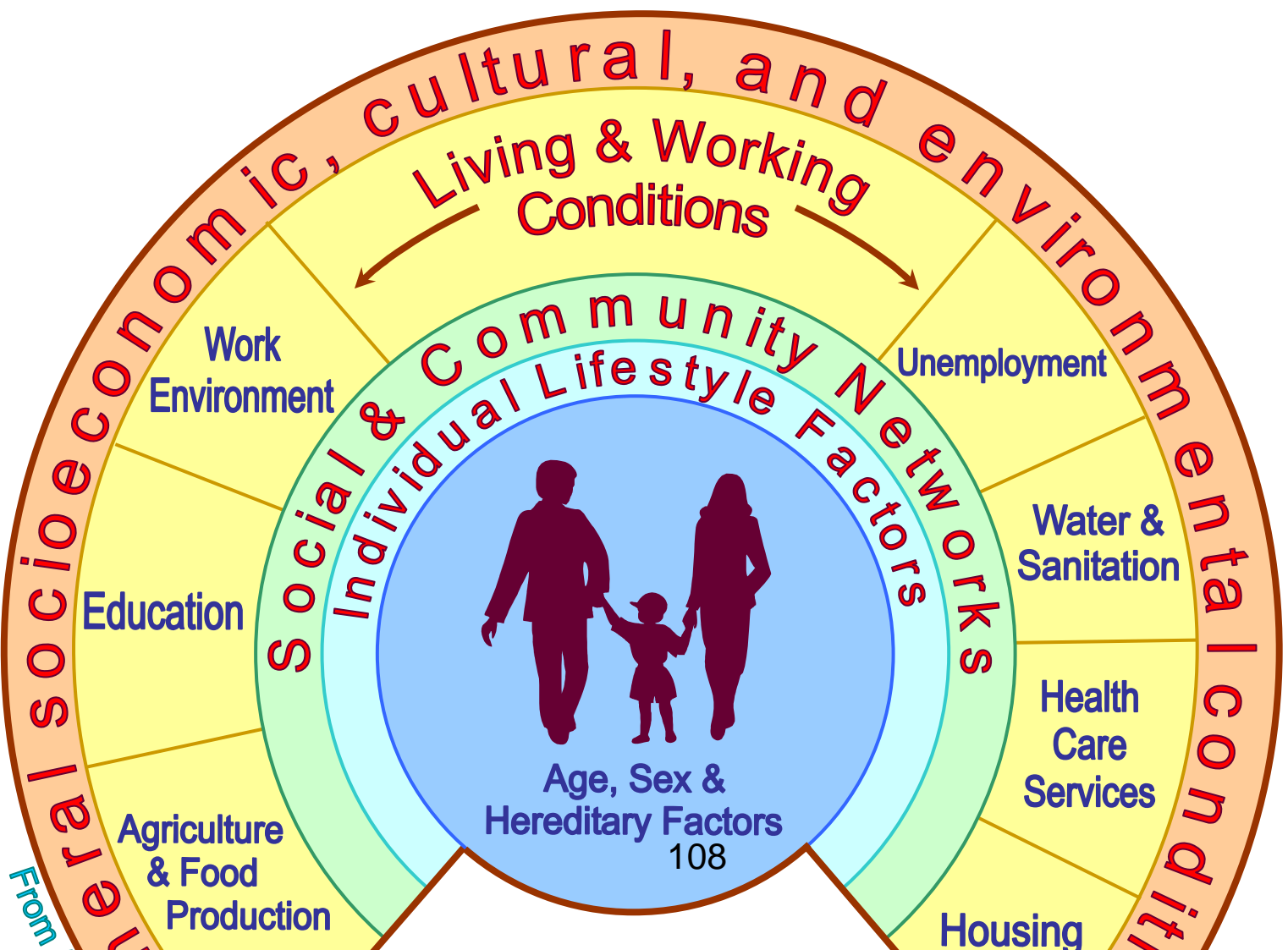
Jackie Wilderspin – Assistant Director of Public Health, Oxfordshire PCT;
Val Johnson – Partnership Development Officer, Oxford City Council;
Dr Peter Voneichstorff – GP, Bartlemas Surgery, and member of the NHS Clinical Commissioning Group (CCG);
Lucy Cherry – Leisure Manager, Oxford City Council;
Neil Holman – Active Communities Partnership Manager, Oxford City Council;
Angela Cristofoli – Communities and Neighbourhoods Manager, Oxford City Council;
Mark Spriggs, Locality Officer, Oxford City Council.

First witnesses: Jackie Wilderspin and Val Johnson

Introduction:

Jackie Wilderspin explained that public health was not solely the concern of health professionals, but that the City Council and Councillors also had a crucial part to play. There were many factors that influenced health, and the City Council in turn could influence some of these factors. These were:

- Age, gender, genetics
 - Lifestyle choices;
 - Community and social networks;
 - Housing, employment, income.
- (As shown in the diagram below)



The City Council was able to have a direct influence on many of these aspects of public health. Valuable work concerning “Breaking the Cycle of Deprivation” was already going on within the City, which, it was hoped, would give people the chance to make better choices about health in future. Councillor Val Smith was Vice Chair of the Health Improvement board, which focussed on prevention of chronic disease such as heart disease that was often caused by lifestyle. This Board would meet at the end of February 2012. It had been found that people in the most deprived parts of Oxford often died prematurely (that is, under the age of 75) of heart disease, stroke or cancer, and it was in the most deprived areas that there was the highest prevalence of smoking, obesity and lack of exercise. These areas had not even reached at national average for prevalence of such disease yet, so there was a good deal of work to do.

Val Johnson explained that she had been helping to establish the various Boards, including Adult and Social Care and the Children and Young people’s Board. Her role was to ensure that officers and Members at the Council were kept informed of the work of these boards and any decisions made. The Boards were formulating priorities over the next few months that would feed into the Health and Well Being Strategy.

Members of the Committee then identified the following issues, with responses and suggestions (shown in **bold**) given:-

Issue 1: Is it appropriate to have social clubs that promote drinking within our community centres?

Response: People need to be encouraged to make the right choices about their health. We can make choices easier – for example by banning smoking in pubs and restaurants – but people still need to make their own choice having weighed up all the options.

Suggestion: Community Centres could provide an alternative social club – perhaps offering a juice bar, coffee bar or non-alcoholic bar as well as the standard one.

Issue 2: Isolation of older people shortens their life. A great many older people are isolated. How can they be encouraged to be involved in the community?

Response: The Adult and Social care Board will investigate this issue. Examination of Community Centres as venues for lunch clubs is already underway.

Issue 3: While lunch clubs are very welcome, some people have difficulty getting to them - transport should also be considered.

Response: Oxfordshire County Council is preparing a new Community Transport Strategy. This is something that we could try to influence. It is important for the City Council to be kept informed of discussions.

Suggestion: Whenever facilities are provided, transport should also be considered, especially where the clients may be elderly or infirm.

Issue 4: Surely smoking shelters encourage people (especially younger people) to smoke when out in a social situation? Smoking prevention that works is important.

Response: Agreed that prevention is important and the Council will (and does) join in and provide shared publicity for national health campaigns.

Issue 5: What links exist between schools and healthy eating campaigns? Some parents at junior schools have asked for more information on this.

Response: Agreed that school age is a good time to take the opportunity to work with families.

Issue 6: There is concern that some people who would greatly benefit from seeing a doctor are reluctant to attend their GP's surgery. People need to be encouraged to help themselves by seeking assistance when necessary.

Response: Referred to Dr Von Eichstorff

Issue 7: There is an under representation of BME groups at some community centres. What can be done to address this?

Response: Some faith groups are exploring the possible use of Community centres for faith based activities.

Suggestion: Building links with faith groups is something that could be explored further.

Issue 8: Some people use fast food because it is convenient and is ready at hand. Do planners consider the nature of applications and whether or not they could be used to help people make healthy choices about their lifestyle?

Response: There is an issue in that many people are not taught how to cook healthy (or indeed any) meals from scratch. This limits their ability to make healthy choices. Planners have a set of guidelines which aim to promote good and healthy standards, but it is not possible to prevent the development of take-away food outlets. Planners can also ensure that developments incorporate pavements and cycle paths so that people can walk and cycle safely.

Issue 9: What links exist with schools?

Response: The Oxfordshire PCT has a “Healthy Oxford Schools “team. This produced a kit for use with Year 9 pupils that focussed on drinking and risky behaviour, and was well received by schools. Other work includes enforcement – for example being involved with test purchase exercises [to ensure sales of alcohol are not made to under-age people].

Second Witness: Dr Peter Von Eichstorff

Introduction

Dr Von Eichstorff explained that he had been a GP in the Cowley area for the past 16 years. He was one of 7 leads on the Oxfordshire Clinical Commissioning Group (OCCG).

There was pressure on GP practices to save 4% of their budget each year, and to redeploy resources to prepare for problems occurring over the next 5 years. Practices which referred a higher number of patients or used more resources were under especial scrutiny, and were asked to make proportionately greater reductions to their services and budgets. Yet these practices tended to be in the more deprived areas of the City. There was concern that the indices used to measure deprivation were not as accurate as they might be. For example, the number of HMOs (houses of multiple occupation) was one measure; but these tended to weight students areas as deprived which was not necessarily the case. Indices needed to be explored again since they related to funding.

GPs were asked to provide primary care for patients. A new way of dealing with this was to provide self-care, that is, encouraging people to look after their own health and care, which could be very empowering.

Suggestions:

Dr Von Eichstorff suggested the following:

- **Look at ways by which people could be up skilled to take on responsibility for self care;**
- **Provision of education concerning use of the NHS – there was a need to change patient expectations about what was possible. It was a fact that the closer people lived to A&E departments the more likely they were to use them.**
- **Often people went to the GP because they simply did not have anyone else with whom to discuss their worries. There were people around who could provide a friendly face to talk to, and this was something that could be delivered via Community Centres – a “community mum” figure with whom they could discuss health concerns and gain confidence to seek medical help;**
- **Greater emphasis on preventative medicine, and use of “pester power” from children to encourage parents to look after their health.**

Issue 10: There is concern that some people who would greatly benefit from seeing a doctor are reluctant, because of fear or misunderstanding, to attend

their GP's surgery. People need to be encouraged to help themselves by seeking assistance when necessary.

Response: GPs tried hard to make people aware of their symptoms, but some are too embarrassed to seek help. It is an issue. Generally speaking, a quarter of each consultation is devoted to preventative measures. Patients have been sent to weigh management classes and smoking cessation classes in a planned manner.

Issue 11: The Council had money in its budget to address the issue of isolation of elderly people. How could the "community mum" idea be developed further?

Response: The model job role was that of a Community Healthcare Assistant who could carry out health checks for people in their own home. Transport remains an issue, as previously identified, but there were modern ways to keep in touch. It was acknowledged that the example of a group of elderly residents paying £75 per week to travel to their social club was not sustainable.

Issue 12: How can we deal with childhood obesity? How were weight loss referrals (for example) monitored? How can we reach young mums who needed help?

Response: Suggestions currently being explored with the Oxford Academy were simple means to increase activity in the playground. These included skipping ropes, hoops and balls. One GP in the OCCG hoped to establish in schools a scheme for education on common medical conditions.

Weight loss programmes were normally administered by Weight Watchers, and exercise by a GPs prescription service. People entered a scheme and a completion slip was received by the surgery at the end of it.

Health Visitors could help reach young mums.

Issue 13: Are our community centres the best places to reach people or should we look at other city premises?

Response: It's always a good idea to catch people where they congregate, be it shops, pubs or clubs.

Suggestion: The Committee identified Bury Knowle House, being by a play area and incorporating a library, as a good place to attract people.

Issue 14: Healthy Schools are good, but children eat lots of things on their way to and from school! How can we address this? Can shops refuse to serve junk snacks to children?

Response: Advice is given to parents to refuse to buy junk food. On their own, treats do no harm – it's sustained use that is damaging.

It was noted that School Breakfast Clubs could offer toast for 10p a slice.

Children are very open to media suggestions and are sensitive to issues around self image. Youth workers alert them to the consequences of weight gain through poor eating – they use this to educate them.

Issue 15: What are the most frustrating factors for GPs in their daily work?

Response: Patients not attending a booked appointment, thus denying someone else the chance to see a doctor. It would be helpful if patients took more responsibility for their health and did not expect the NHS to deal with trivia.

Suggestion: More emphasis on self help – for example, use of patient passports.

Suggestion: Some GP practices already house CAB sessions and Back to Work schemes as these can have benefits for health. It would be useful if Community Centres could host some of these too.

Third Witnesses: Lucy Cherry and Neil Holman

Lucy Cherry introduced herself and her role within the Council. The Council hosted the Oxfordshire Sports Partnership as well as providing leisure within the City and caring for parks, play areas and open spaces. It employed a “Go Active” co-ordinator who worked on various projects.

FUSION was a not for profit enterprise which managed the Council’s leisure contract and worked to targets set by the Council. Its vision was to promote “healthy active lifestyles”. Partnership working with FUSION was excellent, although there were challenges in the current financial climate. The Council had a variety of schemes to help people access leisure at a subsidised cost.

FUSION provided a variety of activities such as the “Active Women” project, an example of which took place within local communities by using the Council’s parks. There were other activities too, such as cheerleading classes, street dance groups and aqua natal classes for expectant mums. There were also a number of independent activity providers, as there was a lot going on within Oxford.

FUSION was very reactive to change. It was supporting the free swimming programme but it might be that it could obtain better value for money by targeting it in a different way.

Lucy Cherry made the following suggestions:-

- **A key part of FUSION was the outreach work they could do. They wished to identify those people who *didn’t* access leisure. They sought to place the right activities on the right place at the right time;**
- **Community Centres could raise awareness of the activities that were available;**
- **Community Centres are not ideal venues for the delivery of activities, but they could provide mini-sessions of the sort of activities that could be accessed in the leisure centres, and signpost people back to the main classes and providers.**
- **They shouldn’t duplicate what FUSION does;**
- **Outreach work could be provided through FUSION with the input of Community Centres.**

Neil Holman explained his role and that of the Community Safety Team. Their remit was to reduce youth offending. They did a lot of work in deprived areas with some very vulnerable young people.

He felt that the main barrier to young people using community and leisure centres was that of cost. He appreciated that FUSION had to run a business and meet targets, but cost did appear to be a major deterrent for young people.

Suggestion: Some Community Centres were more welcoming to young people than others, and this is something that the Council could work with Community Associations to address.

Neil Holman felt that the withdrawal by Oxfordshire County Council of many youth facilities had created a major gap in the service.

The City Council worked in some areas of the City, and grant aided groups that worked in other difficult areas. Although drugs and alcohol were issues for young people, financial constraints had become a problem to, to the extent that some young people were turning to theft to obtain food and clothing. This had become a real focus for his department.

Issue 16: How do we engage with young people and marginalised groups? How do the new Hubs fit in with this?

Response: The new Hubs are a major partner in youth work, and once they have settled in, attention will be paid to identifying any gaps that exist in their service. It's too early to say how effective the new Hubs and satellites will be. Setting them up has saved money, but the other side of the coin is that they will not be able to do as much as before.

Issue 17: It would be helpful to know which Community Centres were attractive to young people and why. There are some excellent parks in the City that were free to use and there could be more facilities provided there.

Suggestion: To utilise the parks more fully for free activities such as “Park Run” and “Pushy Mums”. Look at leisure provision beyond that provided formally by FUSION.

Issue 18: How was funding arranged for activities within the City?

Response: This depended on the area of work. Oxfordshire County Council administered the “Big Society” funding for which the voluntary sector could apply. The voluntary sector often came to the City Council for help as well. It had to be acknowledged that the City Council wasn't always best suited to deliver leisure services to some of the diverse groups within the City, but there were other groups that could be commissioned as service providers.

Issue 19: It was important to have more engagement by areas in which there were health issues. How would FUSION achieve this?

Response: Owing to time constraints, it was agreed that Lucy Cherry would email the response to this question. She would also provide information on GP referrals from FUSION.

Fourth Witnesses: Angela Cristofoli and Mark Spriggs.

Angela Cristofoli explained that the Council's Community Centres were assets that were run by Community Associations. They had bills to pay and budgets to manage. They were not a free resource. Considering Community Centres meant considering a range of issues, not simply that of providing events and activities. Think about the community as a whole – Community Centres were a community hub. Where and how do people access them?

Over the years, some Community Centres had developed in ways that no longer met the needs of the community in which they stood. Angela and her team were developing partnerships locally and were asking the communities to identify what was of importance to them. Strong Community Associations were needed, and they in turn needed to look at how people got together and what gaps existed in their provision.

Suggestion: Look at Community Centres in other areas and gather together examples of good practice.

Suggestion: There are opportunities to build health initiatives at the Centres because people who felt uncomfortable elsewhere might well feel comfortable going there. But outreach work would succeed best if it was carried out in partnership with others.

Mark Spriggs explained that there was a range of facilities of variable quality, across the City. Partnership working across all areas was important – that is, involving schools, youth centres, churches, voluntary groups and so forth.

Issue 20: What are the needs of the BME community in East Oxford? Which communities are targeted? Were faith groups keen to work with young people and did they have facilities that could be used?

Response: There were a number of BME groups in East Oxford, and a partnership of groups was investigating the needs of young people in Oxford. The appropriate officer from the Communities and Neighbourhoods team would supply more information if desired.

There were facilities currently used or provided by faith groups that could be used for young people's provision.

Issue 21: There was a lot of pressure put upon, and demands made of volunteers, and not enough people were coming forwards to fill these roles. More work was needed here. How could Community Associations be supported?

Response: The Council has inherited some problems (and a lot of "history") associated with Community Centres but these are being addressed. One example is the establishment of a new Community Association at Blackbird Leys Community Centre. Change was in the air and issues were being tackled. One issue already mentioned was that of bars within Community Centres.

OCVA was able to give support to Community groups and associations. It was acknowledged that it wasn't just a matter of supporting groups – it often was a case of recruiting people in the first place. Angela's team were happy to talk to anyone who was thinking about becoming more involved.

Suggestion: That Community Associations thought about shared services – sharing a treasurer or administrator who they could all fund, for example. There was also a need to equip volunteers with the skills they needed to run their centres and their services successfully.

Issue 22: Some marginalised groups did not feel comfortable outside their immediate area. They had to feel at home where they were before any work could begin.

Response: A lot of outreach work was in hand and the Communities and Neighbourhoods Team was happy to work with Councillors on this matter.

It was acknowledged that all groups needed the membership of young people if they were to survive.

SUMMARY

Councillor Jones thanked all the witnesses for their attendance and useful input into the discussions.

A great many suggestions had been made and the following issues had been highlighted:-

- (1) If Community Centres had a bar, they could consider providing a non-alcoholic alternative on some occasions;
- (2) The isolation of the elderly was a problem, and when thinking about ways to address this, consideration should also be given to the issue of transport;
- (3) Explore building links with faith groups;
- (4) Give consideration to upskilling people to take some responsibility for their own health;
- (5) Development of the "community mum";
- (6) Look at places other than City Council owned Community Centres – for example, Bury Knowle House;
- (7) Consider the provision of CAB and Back to work sessions within Community Centres, as worries about debt and work had an effect on health too;
- (8) Use of Community Centres to signpost leisure and sporting activities going on elsewhere in the City;
- (9) Use of Community centres for leisure "taster" sessions
- (10) Look at provision of free activities in parks and open spaces;
- (11) Upskilling of volunteers who ran Community Associations;
- (12) Exploration of shared services between Community Associations

The Select Committee would like the following further information:

- (1) Details of FUSION's plans for outreach work;
- (2) Details of GP referrals to FUSION;

- (3) Information on the current state of Community Centres and Community Associations;
- (4) Examples of good practice at Community Centres elsewhere in the country;
- (5) Ask why some Community Centres were more welcoming to young people than others

NEXT STEPS

- (1) Lead members Sinclair and Jones, with support from officers, will look at the outcome of this meeting and identify any further information that may be needed;
- (2) A skeleton report to be drawn up and presented at the next meeting.

23. WORK PROGRAMME AND REPORT BACK ON COMMITTEE'S RECOMMENDATIONS

Item deferred until the next meeting.

24. MINUTES

Resolved to approve as a correct record the minutes of the meeting held on 17th October 2011.

25. DATES AND TIMES OF FUTURE MEETINGS

Resolved to note the following dates:-

7th February 2012
2nd April 2012.

The meeting started at 6.00 pm and ended at 8.35 pm

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