

# 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:

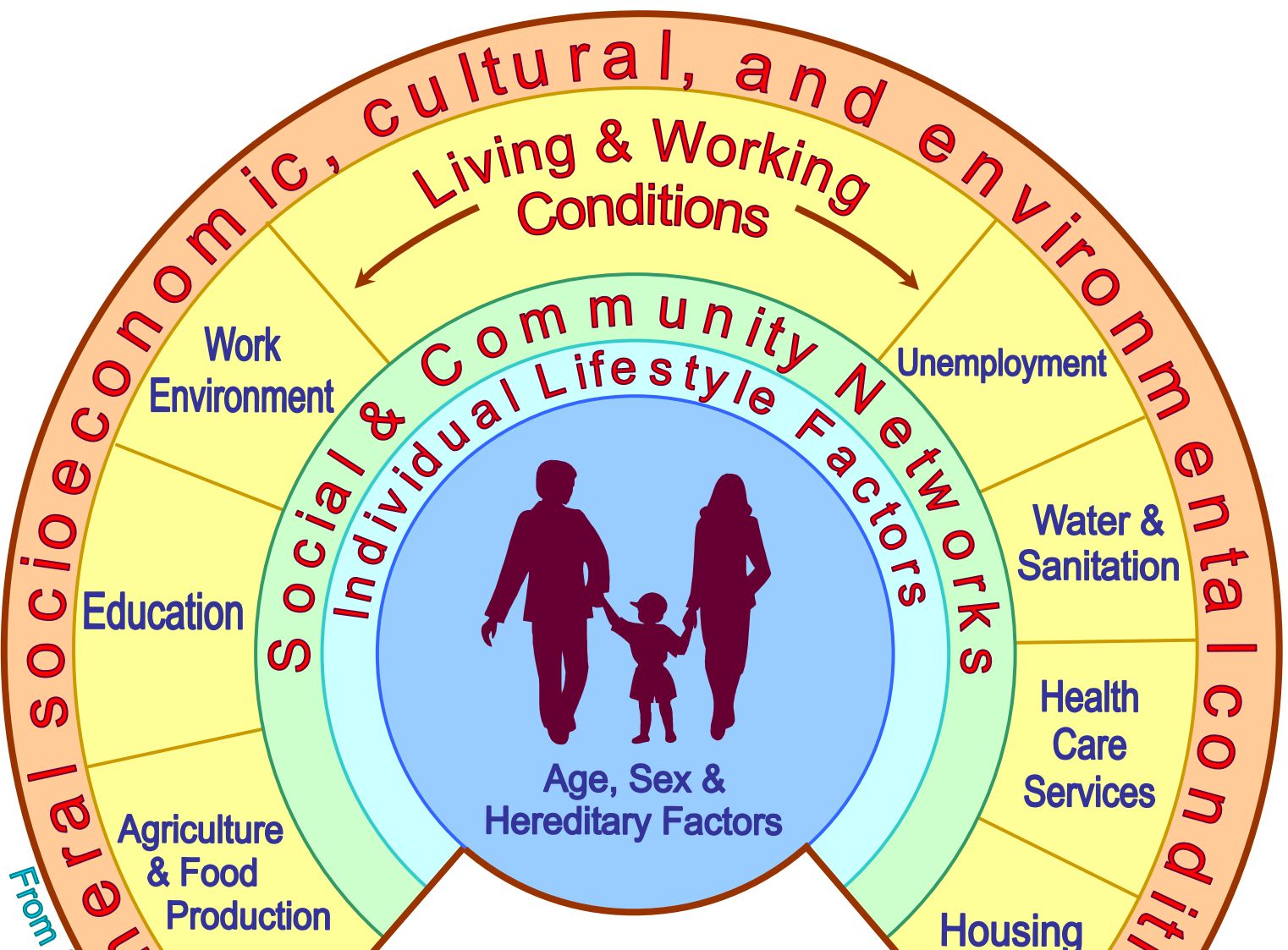
Jackie Wilderspin – Assistant Director of Public Health, Oxfordshire PCT;  
Val Johnson – Partnership Development Officer, Oxford City Council;  
Dr Peter Voneichstorff – GP, Bartlemas Surgery, and member of the NHS Clinical Commissioning Group (CCG);  
Lucy Cherry – Leisure Manager, Oxford City Council;  
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 17<sup>th</sup> October 2011.

### **25. DATES AND TIMES OF FUTURE MEETINGS**

Resolved to note the following dates:-

7<sup>th</sup> February 2012  
2<sup>nd</sup> April 2012.

**The meeting started at 6.00 pm and ended at 8.35 pm**