

CABINET – 15 JULY 2014

ITEM 4 – QUESTIONS FROM COUNTY COUNCILLORS

Question received from the following Member:

1. From Councillor Howson to Councillor Tilley

“In view of the comments in paragraph 66 of the Treasury Management Outturn for 2013/14 about the total level of revenue balances held by schools, will the Cabinet member identify those primary schools that have held more than 8% of their annual budget in reserves at the end of all of the last three financial years, in order that an explanation may be made of what success there has been in persuading such schools to spend this money on the education of the children that currently attend the school?”

Answer

“Members will note that this matter is the subject of a paper that will be discussed at Education Scrutiny later this week, and that the Deputy Director for Education and Early Intervention will challenge the use of balances with schools identified as having consistently held excess balances. Work is ongoing to scrutinise and challenge the balances held by individual schools, where excess balances have been held consistently over a number of years. Based on this work, a number of schools will be invited to meet with the Deputy Director and discuss their proposed use of balances to support the education of pupils currently attending the school.

A list of Primary school balances is attached for the last 4 financial years, based on DfE published schools outturn information, and including the provisional figures for 2013-14 which are still subject to audit.

The 2013-14 original revenue funding column was compiled on a different basis from the total revenue funding used in the final outturn data published by the DfE. The 2013-14 column includes only the schools' main budget share and does not include pupil premium or other school generated income such as lettings. The impact is to overstate the % of the revenue balance for 2013-14 compared to previous years. Further work is being done to refine these calculations for 2013-14. This will allow attention to be focussed on those schools that have consistently held excess balances where there does not appear to be an acceptable reason for holding those balances. 32 Primary schools have initially been identified as holding excess balances at the end of the last 4 years.

It may be reasonable, for example, for a school to have held balances to meet the costs of an approved scheme within the capital programme e.g furnishing a new classroom or other significant project. “

2. From Councillor Roz Smith to Councillor Carter

“Which school capital projects, due to provide space for additional pupils in September 2014, are currently so far behind schedule they will not be ready at least one week before schools re-open in September?”

Answer

“In the 2014/15 Basic Need Programme, there are 12 projects which require the delivery of new space for extra pupils in September 2014. Four of these are behind schedule (because of unforeseen ground conditions, third-party works, etc).

The four projects are St Gregory the Great, Botley Primary, Cowley St Christopher and Bletchington Primary. In each case, alternative arrangements have been made to accommodate the delay.”

3. From Councillor Pressel to Councillor Hibbert Biles

“ITEM 8 –

There are 4 groups of people in Oxfordshire who are particularly likely to suffer poor health. I'd like to know, please, what the Cabinet intends to do about this.

1) People in poverty

Although it is possible to live a healthy life on a low income, it is much more difficult. We have seen the rich grow richer and the poor grow poorer in the last 4 years. Please can you lobby the government to say that it is unfair to make poor people in our country pay the price for the bankers' greed?”

Answer

“Through Public health initiatives we target those groups with the worst outcomes – though these are not necessarily always those on low incomes as other inequalities arise from poor access to services, such as in rural areas or because of language or cultural barriers. Examples include:

- Breaking the Cycle of Deprivation work in Oxford and Banbury e.g. targeting smoking cessation work, mental wellbeing initiatives,
- Focussing on young mothers to support them in breastfeeding their babies
- Making sure access to drugs and alcohol treatment is spread across the county.

Other Council initiatives which target inequalities and poor outcomes (regardless of income) might include:

- reducing the number of young people not in Employment Education and Training - through the Early Intervention Service
- support for young carers”

“2) People in some ethnic minority groups.

The reason this currently escapes much attention is because, astonishingly, GPs are not required to record the ethnicity of their patients. There is some national data (e.g. it is thought that women of Pakistani and Bangladeshi origin are 3 times more likely than white women to commit suicide), but it is not possible to say whether this also applies to Oxfordshire. Please will the Cabinet press our GPs to change their practice? The government should act on a national level.”

Answer

“The recording in GP systems is set out in the national GP contract. There is little chance that this can be changed locally.

Members of the Council may be interested to know that the whole of the Public Health Surveillance Dashboard is now available as a public resource. It can be found on the County Council public website and comprises analysis and interpretation of over 100 measures of the population’s health.”

“3) People who are or have been dependent on drugs or alcohol

Your page 102 shows that we are going to be addressing this well, but something more fundamental is required: the "war on drugs" is not working. Please join other groups in pressing the government to come up with a new approach.”

Answer

“Thank you for acknowledging the work being carried out to address Drug & Alcohol recovery. Public Health England (PHE) is the lead agency for advising on national policy with regard to drugs and alcohol, the public health team in the Local Authority works closely with PHE colleagues in ensuring that all avenues are pursued in tackling drug problems.”

“4) People who are obese

Some action is taking place (your page 97), but this is far from enough. Almost all health professionals agree that the government needs to act. We need either regulation of the amount of fat and sugar in our food (and voluntary regulation is not working anything like well enough) or a tax on junk food and drinks or both. Please add your voice to the voices in the NHS which are calling for this. It will save money and lives.”

Answer

“Ensuring that the people of Oxfordshire achieve and maintain a healthy weight is a priority for the Public Health directorate. We have recently developed a healthy weight strategy that acknowledges the complex factors that are contributing to the rising rates of obesity in both adults and children. At a local level, as well as successful weight loss programmes, we are focusing on working with a diverse range of partners to address some of the environmental and cultural barriers people face when trying to achieve and maintain a healthy weight. For example, we are developing a working strategy with planning and transport colleagues to encourage active transport choices wherever possible for people’s everyday journeys to work, school and local infrastructure.

We are also very aware of the fact that unhealthy food choices often develop in childhood and our EatWell, MoveMore summer campaign is taking the EatWell plate in to schools and out to playday activities and other festivals around the County. The EatWell plate is an excellent visual resource and activity developed by nutritionists and public health experts, which allows children to easily understand what is meant by a balanced diet. We also plan to develop a programme of work in conjunction with the oral health promotion team to address children’s consumption of fizzy drinks in the County.

For National issues such as taxation and reducing sugar and fat content in food products, we work closely with our colleagues in Public Health England (PHE). PHE are our National representatives and are responsible for effecting change at this level, as well as supporting our efforts locally.”