

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 28TH JANUARY, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL held a MICROSOFT TEAMS - VIRTUAL MEETING on THURSDAY, 28TH JANUARY, 2021 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Lani-Mae Ball, Phil Cole and Pat Haith

ALSO IN ATTENDANCE:

Carolyn Ogle, NHS

Emma Ross, NHS

Andy Maddox - Business Development Officer (Leisure Services)

Jodie Bridger - LDP Programme Manager (Public Health)

Michael Hart, Chief Executive (DCLT)

Carrie Wardle - Public Health Specialist

Karen Horrocks - Public Health Improvement Coordinator

APOLOGIES:

Apologies for absence were received from Councillors Sean Gibbons, Martin Greenhalgh, Rachel Hodson and Derek Smith

		<u>ACTION</u>
25	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations made.	
26	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 26TH NOVEMBER 2020</u>	
	RESOLVED: That the minutes of the meeting held on 26 th November, 2020 were agreed as a correct record.	
27	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	
28	<u>SUBSTANTIAL VARIATION GP PRACTICE PROPOSED MERGER</u>	

A report was presented to the Panel relating to the merger of the GP practices at Bentley, High Street, Bentley with the Nelson Practice which has its main site on Amersall Road Scawthorpe and a branch site at Newton Medical Centre Sprotborough. It was outlined that the proposal also included plans to close the Scawthorpe site and consolidate on the Bentley and Sprotbrough sites.

The Panel was provided with information relating to the benefits of the merger for patients, including access to a wider range of practitioner services, improved telephone access and a streamlined back office function.

Doncaster Healthwatch confirmed that Doncaster CCG had consulted with the organisation relating to public engagement, and it was confirmed it was happy with the approach undertaken, outlining that the process had been open, honest and transparent.

The following areas were addressed by the Panel:

Patient numbers – it was noted that there were approximately five thousand patients that would be split equally across the two practices at Bentley and Sprotbrough. The surgeries would share the same practice manager.

Consultation - the Panel expressed concern that the majority of consultation had been undertaken online with very limited face to face discussions. It was acknowledged that there had been paper based information in the surgeries but bearing in mind the current Covid-19 pandemic people had been advised not to attend unless absolutely necessary. Therefore it was stressed that some people may not have been aware of the proposals or able to take part in the consultation.

It was apparent from the consultation that patients were very loyal to their GP's and had indicated that they would travel to either Sprotbrough or Bentley in the future.

Merger timing – the GP merger was proposed to start in April, 2021 with the patient list merging into one. The closure of the Amersall Road site would not take place until 2023 to undertake upward expansion at the Petersgate site, therefore the lease had been extended. Works required at the Sprotbrough site would be completed in an earlier timeframe. The merger would provide patient access to all doctors and services across the board. It was noted that there would be more scope to engage with patients about the closure of the Amersall Road site.

GP operational practices – it was acknowledged that surgeries were working differently due to the Covid-19 pandemic with more remote video and telephone consultations, which would continue for the immediate future and maybe beyond. It was also appreciated that

some of the older population required face to face meetings but this was not always with a GP and could be a practice nurse.

Impact following previous GP mergers – it was noted that the exact patient figures affected by previous GP mergers in this area were not to hand for this meeting. However, there had been minimal impact following patients re-registering with other GP's as they tended to be loyal to their current GP.

Positive Impact of the GP merger – it was outlined that an equality impact assessment must be provided for the Primary Care Commissioning Committee that gives approvals for the Merger and practice site closures and it addressed the wider position relating to the merger. It highlighted the sustainability of future practice services accessible to patients, including support for religion, ethnicity and gender with access to more female doctors. It would also provide an increased training programme for the practice to develop a strong core.

With regard to GP profit it was stated that the proposals were patient driven ensuring that they were provided with improved facilities including car parking, buildings, being able to train staff on site and expand the local workforce. Both practices were very well thought of and the Bentley practice had a CQC (Care Quality Commission) outstanding review with good for outstanding and caring.

Journey time – following concern expressed with regard to the length of time it could take some patients to access the surgeries, including two bus journies at Sprotbrough and Bentley it was accepted that this would have an impact on some patients. However it was stressed that the dial a ride service was available, taking 19 minutes. It was also outlined that there had been no concern expressed in the consultation about mode of transport to visit a GP surgery and everyone had a choice to transfer to another practice if they wished. It was noted that some patients in the Scawthorpe area were already travelling to the Sprotbrough surgery.

Future siting of local GP's – It discussed that GP surgeries were still family orientated however practices tend to be merging and moving toward a central hub, one stop shop approach.

The Chair of the meeting concluded that consultation had been adequate in relation to the time allowed and the Panel had been given the opportunity to highlight their comments and concerns relating to the proposed impact on residents in the Scawthorpe areas.

RESOLVED that:-

1. The Panel was satisfied that:
 - a) the proposal is in the interests of people in the area;

	<p>b) consultation on the proposal had been adequate in relation to the content in time allowed, but greater consideration be given to informing residents by means of a letter.</p> <p>Reason: Some people do not have access to on line facilities and additionally were prevented from visiting surgeries under the current Covid pandemic. Therefore a letter could have been circulated to the most vulnerable, if not all patients. Additionally, the Panel would also have preferred the leaflet to have been distributed more widely to patients.</p> <p>2. The Panel receive an update on the position in 6 to 12 months, in relation to the Petersgate Partnership.</p> <p>Reason: The Panel has been asked to consider the removal of healthcare services in the Scawthorpe area twice within the last 3 years and wish to hear what impact it may have had on future and existing patients.</p>	
29	<p><u>GET DONCASTER MOVING</u></p>	
	<p>The Panel received a presentation to accompany the report, outlining the “Get Doncaster Moving” Strategy Framework and approach to increase levels of physical activity and sport through the strategies broad themes:</p> <ul style="list-style-type: none"> • Walking; • Cycling; • Parks and open spaces; • Sport; and • Dance. <p>Members noted that the work had been recognised by Sport England for the Local Authority’s compelling vision for change. This has enabled to the Council to access significant support and funding, including capital funding for the Doncaster Cycle Circuit.</p> <p>The Chair thanked officers for their presentation and discussed the following areas:</p> <p><u>Scawthorpe Health Walk</u> – A Councillor thanked the Get Doncaster Moving team who had helped her progress the health walk in her ward, but unfortunately during the Covid-19 pandemic has had to cease for the time bein.</p>	

Increased exercise during Covid-19 pandemic – it was recognised that during the pandemic a lot more families and individuals were taking exercise, but also recognised that those people who usually worked in hospitality and been furloughed were not undertaking as much exercise. In response to the comments it was explained that current exercise regimes were mixed and it had seen both a local and national increase and decrease. It was recognised that parks and walking paths were being used more. Concern was expressed that exercise in young people had reduced during the lockdown in March and November 2020 therefore it was expected to be a very similar position for the January/February 2021 lockdown period with inequalities widening.

The Chief Executive from Doncaster Cultural and Leisure Trust explained that there was a wealth of initiatives being undertaken including the launch of healthy at home online live classes for both mental and physical well-being which in reality was a general get together for the over 60's. They were also working alongside the Localities Team accessing people who were socially isolated to offer support and assistance and a survey of existing members addressing being healthy at home. Finally he reported that a bid had been made to the National Leisure Recovery fund to assist young people and local clubs with grass roots sports.

Sport England local delivery pilot – it was explained that Doncaster had been chosen due to it's set pathway and approved 10 year physical activity and sports strategy. Physical activities across the borough were poor and required a better offer and this has embedded increased activities, which was what the strategy aimed to achieve. With regard to funding, prior to the Covid – 19 pandemic it was being accessed really well.

It was noted that Doncaster's success was the vision and power to change the behaviours towards physical activity to increased what matters to people in communities and had opened up a range of support with Sport England. The partnership provided investment however it was as important to ensure the vision worked with community vision and collaboration.

With regard to the weekly personal activity goal of 150 minutes per week, set by the Government, it was noted that on average in Doncaster approximately 30% do less than 30 minutes and in some of the most deprived areas this figure reached 57%. Therefore the challenge in these areas was much greater. It was noted that "Well Doncaster" was working with these communities focusing on their strengths and connectivity to improve the position. It was noted that approximately 25% of people undertake more than 150 minutes per week.

It was accepted that due to the current pandemic less car jounies were

being made but more people were using their cars rather than public transport. It was recognised that the whole approach to travel and connectivity was being addressed. For example, biking to the station and catching a train. The active travel agenda was also being addressed across the Sheffield City region.

The distance people travelled to get to Doncaster town centre from outlying villages and towns was addressed and accepted that it was possibly over 5 miles and therefore people would generally prefer to use their car rather than walk or cycle and concern was expressed that this behaviour may not change over the next 10 years.

Other issues addressed included car parking for the town centre, a good transport offer, school road closures and the walking bus or scooter to school initiatives. It was noted that the road closures worked well with the schools piloted and had received positive comments from residents. Last year further school road closure/non parking trials, working alongside residents were due to be undertaken to gather evidence, because what suits one school may not suit another, but unfortunately due to the pandemic this could not currently be undertaken.

Leisure facilities – in response to a question, it was explained that, pre Covid, there were 19,000 memberships with 7,000 children on swimming programmes. Approximately 2 million visits had been made throughout the year, with a small number of people undertaking regular visits. From a recreation perspective, visits included ice skating and five a side football

Visits were approximately broken down as follows:

Frequent users = 19,000

Lagoons = 83,000 visits per year;

Unique visits = 100,000;

Lane Swimming = 3 to 5 times per week

Local visits to the Dome = 1 per month locally with 1 in 3 months from a wider area.

Litter picking – it was recognised that different ways of communities being physically active without knowing, was being addressed. For example, a community litter pick and working in green spaces.

Use of school sports facilities outside school hours – concern was expressed that this could become a commercial enterprise. It was noted that research in Doncaster had shown that the DCLT had 4 quality sports hall sites with the remainder within school sites. It was noted that accessibility to school sites was mixed with some open to many sporting activities with costing schedules that enticed people to use the facilities, but others had a more commercialised route. However work was being undertaken to create a culture within the

	<p>school community to promote physical activity and provide exercise facilities for the local areas.</p> <p><u>RESOLVED</u> that the officers seek to attend Councillor ward meetings to address how communities and local schools could contribute to the Get Doncaster Moving agenda.</p>	
30	<p><u>CHILDHOOD OBESITY</u></p>	
	<p>A presentation was provided by Carrie Wardle, Public Health Specialist, outlining the whole systems prevention approach tailored to local needs to address childhood obesity. The Panel noted the complexity of the issue with multiple causes and no simple solution to address a persons body weight and size.</p> <p>Following the presentation the following key areas were addressed by the Panel:</p> <p><u>Instant food advertising</u> – concern was expressed with regard to the amount of fast food advertising was currently shown on television and it was noted that a Public Health project had just commenced focusing on the levels of high sugar, fat and salt in fast foods and it was hoped that this type of advertising would reduce in future.</p> <p><u>School healthy eating programmes</u> – the Panel was encouraged to hear that some of the Borough’s schools had achieved the Healthy Learning, Healthy Lives award but the exact numbers of schools that had achieved this was unknown.</p> <p>It was acknowledged that the Public Health team had presented to schools and governing bodies on how they could assist with and promote healthy eating programmes. It was noted that there were currently four strands to the accreditation that schools had to provide evidence against, providing an holistic approach to well-being. It was stressed by a Member that a number of Councillors were School Governors and whilst schools could not be forced to undertake the accreditation, it would be useful if they could encourage schools to take part.</p> <p>It was also noted that the Healthy Learning, Healthy Lives programme criteria was due for review and that an enhanced award was currently available for schools if they chose to go over and above requirements of the current criteria.</p> <p><u>Role Model approach within communities</u> – it was stressed that this was important for young people and children to receive support, particularly in response to the challenges social media could create, for example reactionary responses to dieting. Good examples were again raised, including walking clubs and nutrition information sessions.</p>	

	<p><u>Mindful eating</u> – the approach by Public Health with regard to weight management and relationships with food was welcomed. For example, acknowledging hunger and fullness positions in children, for example, ensuring a child had time to eat in a calm environment and understanding that they did not have to finish their plate if they had eaten enough.</p> <p>Other issues addressed included:</p> <ul style="list-style-type: none"> • Licensing and Planning applications – it was noted that Public health was consulted on and provided evidence with regard to any new applications for food establishments. • the national obesity position – national childhood data 2020 identified Doncaster as now being worse the national average; • Learning the basics of nutrition, practical skills and cooking at school; • Behaviour change to tackle obesity, particularly over the past 10 to 20 years – it was noted that the whole systems approach was required to impact on a persons ability to make healthier choices. Education alone and providing information was not enough to change behaviour to nutrition and healthy eating but creating a circumstance for people to make the changes is required; • Consultation through Doncaster Talks with the assistance of an academic from Leeds University asking questions around the family dynamics, for example, where do you shop, what food is available to you, do you cook regular meals from scratch, do you have family meals together; • Food production and its effect on obesity – mass manufactured processed food that contained high salt, sugar and fat levels; • Interventions required in Doncaster – a tiered approach would be undertaken from information provision to more intensive support being offered through the school nursing service to provide tailored support with families. It was noted that not all families would welcome assistance from the school nursing system; • School nurse resources - concern was expressed that approximately 20 school nurses could not cover and support the large remit but it was acknowledged that if the interventions proposed make a difference then this was a good start to push for additional resources; • Stronger Families Unit – it was noted that this team supported work being undertaken by Public Health; <p>RESOLVED: That the report and discussion, be noted.</p>	
31	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCILS FORWARD PLAN OF KEY DECISIONS</u></p>	

<p>The Senior Governance Officer presented the Overview and Scrutiny work plan and the Council's Forward Plan of Key Decisions. She reminded the Panel that it's work for the 2020/21 year was nearly complete and asked Members to give consideration to areas they may wish to address moving forward.</p>	
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RESOLVED: That the report be noted.