



Agenda

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Notice is given that a Meeting of the above Panel is to be held as follows:

Venue: Microsoft Teams - Virtual Meeting

Date: Thursday, 28th January, 2021

Time: 10.00 am

This meeting will be held remotely via Microsoft Teams. Members and Officers will be advised on the process to follow, to attend this meeting. Any members of the public or press wishing to attend the meeting by teleconference should contact the Governance Services Team on telephone: 01302 735682 or 01302 734941 for further details.

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Items for Discussion:

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any

Damian Allen
Chief Executive

Issued on: Wednesday 20th January 2021

Governance Services Officer for this meeting

Christine Rothwell
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Doncaster Metropolitan Borough Council
www.doncaster.gov.uk

4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 26th November 2020 (*Pages 1 - 10*)

5. Public Statements

[A period not exceeding 20 minutes for Statements from up to 5 members of the public on matters within the Panel's remit, proposing action(s) which may be considered or contribute towards the future development of the Panel's work programme].

A. Items where the Public and Press may not be excluded

6. Substantial variation GP Practice Proposed Merger (*Pages 11 - 50*)

7. Get Doncaster Moving (*Pages 51 - 62*)

8. Childhood Obesity (*Pages 63 - 72*)

9. Overview and Scrutiny Work Plan and the Councils Forward Plan of Key Decisions (*Pages 73 - 90*)

MEMBERSHIP OF THE HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Chair – Councillor Andrea Robinson

Vice-Chair – Councillor Cynthia Ransome

Councillors Lani-Mae Ball, Phil Cole, Sean Gibbons, Martin Greenhalgh, Pat Haith, Rachel Hodson and Derek Smith

Invitees:

Jim Board (Unison)

Public Document Pack Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 26TH NOVEMBER, 2020

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held by MICROSOFT TEAMS - VIRTUAL MEETING, DONCASTER on THURSDAY, 26TH NOVEMBER, 2020 at 10.00 AM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Lani-Mae Ball, Phil Cole, Martin Greenhalgh, Pat Haith and Derek Smith

ALSO IN ATTENDANCE:

- Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Phil Holmes, Director of Adults, Health and Well-being, DMBC
- Carolyn Nice, Assistant Director – Adults, Health and Wellbeing, DMBC
- Anthony Fitzgerald, Director of Delivery and Strategy - Doncaster NHS CCG
- Caroline Martin – Senior Governance Officer

		<u>ACTION</u>
17	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Rachel Hodson and Councillor Gibbons.	
18	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	RESOLVED that there were no matters on the agenda requiring the press and public to be excluded.	
19	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 1ST OCTOBER 2020</u>	
	There were no declarations of interest made.	
20	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	

21	<p><u>UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS</u></p>	
	<p>The Panel was provided with a presentation from the Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the following areas;</p> <ul style="list-style-type: none"> • Current Position • Changes and Developments • Looking Ahead • Maternity Development Update • Emergency Department Update • Nursing Workforce and Education • Ambulance Handovers Update <p>The Chair conveyed thanks on behalf of the Panel regarding the ongoing hard work undertaken and dedication shown by the staff and healthcare professionals.</p> <p>There was a discussion held and the following issues were raised;</p> <p>Intensive Care Beds - Members were informed that in terms of Critical Care Occupancy, the maximum number of critical care patients in the system had reached 28, which was within the top range of normal bed availability. It was clarified that this did not equate to staffed beds. It was noted, however, that in the event that critical care admissions were similar to those which had been seen in other areas such as Italy, it had been estimated that up to 130 intensive care beds could be required, this was described as the super surge capacity. It was explained that this related to physical bed spaces and that staffing an increased numbers of beds would be extremely difficult. It was confirmed that the super surge capacity would only be achieved by converting operating theatres into recovery areas etc. or by creating new accommodation. To try to ensure that the correct type of facilities would be made available, capital delivery works had been undertaken specifically for patients who required mechanical ventilation or high flow oxygen.</p> <p>Clarification was provided that during the first and second peak of the pandemic, the Trust had not exceeded their normal physical bed space capacity. It was stated that at present there were 12 patients in intensive care and this was still within normal capacity.</p> <p>It was acknowledged that there had been challenges in terms of staffing. It was explained that for the first and second wave, additional staffing had been required such as runners, due to restrictions around Personal Protective Equipment (PPE) and additional infection prevention and control measures.</p> <p>It was commented that geographically, there had been a difference in</p>	

areas effected at different times and it was currently particularly challenging for North East and South Yorkshire. It was shared that recently mutual aid had been provided to North Lincolnshire and Goole as well as providing care for a couple of patients due to the close geographical distance. It was continued that mutual aid and support had also been provided to Barnsley and it was acknowledged that mutual aid would be provided to Doncaster if it came under pressure.

Provision of Free Meals and Free Parking – It was commented that support had been provided to improve the working days and lives of staff through the provision of free meals and free parking. Members expressed their gratitude for the additional support provided to staff. It was acknowledged that there were challenges placed through PPE requirements and the need to stagger breaks. Members were informed that free parking had continued to the present day as well as a barrier controlled parking for those staff who wished to continue to pay for specified parking spaces.

Regarding the funding of that provision, it was explained that whilst final confirmation on what central funding would be made available, these costs were presently accrued to the Covid Plans. It was noted that what would be in place during 2021 was not currently agreed.

In terms of food provided, it was explained that catering was undertaken by Sodexo as part of a volume contract and negotiations had taken place to provide food in the wards and departments to staff (as the number of patients had fallen). It was noted that a small gap that remained had been funded through the Covid Plan as this was recognised to be a more cost effective decision to reduce PPE requirements associated to staff leaving and returning to clinical areas.

Hospital Admissions and Covid – Members were informed that in total there had been 1776 patients admitted since March 2020 with approximately half of that figure being admitted during the second wave. It was explained that the second wave had been shorter, however, there had been a significantly higher number of patients presenting during this time.

It was acknowledged that learning had taken place during the first wave, which allowed for better preparations for the second wave and ensuring that services hadn't needed to be scaled back to the same degree as during the first wave. Members were informed that the Trust was provided with data from the Public Health team and was able to reasonably predict what the peak would be.

It was outlined that numbers continued to fall although the Trust was now planning for the potential impact of the Christmas period and possible changes to tier levels once they were reviewed.

A Member expressed their concern that as many cases of Covid in the communities had been experienced during October 2020 than during

the previous six months.

Members were informed that there was an expectation how following the second wave, the decline would be at a slower rate as the prevalence of Covid in the communities was greater. It was recognised that communities had done fantastically well at adhering to the national guidance because of the preparations put in place.

It was commented that as there was a slower decline with the second wave, it was expected that there wouldn't be less than 60 patients during the Christmas period. It was noted that underlying health and issues with respiratory disease as well as others meant that the Doncaster population would be more susceptible to being impacted by Covid. It was heard how the guidance of "hands, face and space" needed to be applied until the vaccine was rolled out.

Hospital Preventions of Contracting Covid – Members heard how access to the master testing programme was not available during the first wave. It was explained that during the first wave, testing was not routine and asymptomatic carriage was not identified as there was no testing of patients who did not show any symptoms.

It was further outlined that during the second wave, testing was introduced at the point of admission, then at 5 days, at 14 days and then testing if those patients had further symptoms. An outline was provided of the process and the complexities involved in defining where the virus had originated from and what was now in place for staffing. Members were told how the Trust went on to pick up what were classified as outbreaks.

It was clarified that there was around the 1% to 2% of asymptomatic carriage, and that asymptomatic carriage was an area of concern. The 1, 5 and 14 day testing was very helpful in addressing this to prevent internal carriage within the hospital. It was added that the hospitals had now begun to test ward and department staff twice a week.

It was explained that there were more complicated streams in place to try to prevent patients coming into contact with those who may have had asymptomatic Covid.

A Member of the Panel commented that they felt assured that the hospital was a safe environment for individuals to attend.

Reopening of Hospital Services – It was explained that even without Covid there were often differences across the country in terms of service provision and performance through the winter months.

It was outlined that during the first wave, preparations needed to be made for the worst case scenario including that the right staff were in the right areas (to be able to care of emergency admissions). Members were assured that services were targeted around clinical

priorities and need. It was explained that various services needed to be stepped back and that what were called the planned (routine) service had been the most impacted.

Members were told how the Trust was on track with recovery at the time of the second wave, but as a result of the impact of significantly increased Covid admissions, it was now looking like the middle of January to end of February 2021 before services would be able to start to recover (subject to the impact of the Christmas period). It was acknowledged that there would be a significant backlog of work to return waiting times to pre Covid levels.

PPE Procurement - Members were informed that during the first wave there had been a number of challenges nationally and locally. It was explained that procurement teams in the Acute Trusts had worked strongly together and also that significant amounts of mutual aid had been provided to ensure that the Trusts in South Yorkshire had the quality and quantity of PPE required.

Members were assured that moving into the second wave, a significant level of stock had been built up to levels to last for 4 months. It was explained that originally, the majority was sourced from overseas and now around 70% was sourced from within the UK enabling more control at the end of the supply chain (with the exception of gloves). It was commented that overall PPE had not been on the acute worry list during the second wave.

Virtual Technology – Members were informed that the pandemic had resulted in an accelerated pace of change around the use of certain technologies establishing its position in future healthcare provision.

It was noted that the organisation did not want to lose those benefits and it was commented that people had found those changes positive. It was recognised that there was a need to make sure that technology inside the Trust advanced in order to move with new technology. It was recognised that there was a generation that were very comfortable with technology and others less so, and therefore important to get the balance right.

In terms of the digital midwife, it was considered that Covid had made the individuals experience more difficult at times whilst steps were made to try and manage down the risk of transmission. It was explained how midwifery guidance had continuously changed with the latest set being to adapt processes even further. It was continued that efforts were being made to make that guidance more flexible and ensure that the opportunity was not lost. It was noted that this area continued to remain a challenge whilst there were still certain risks due to Covid.

It was recognised that there had been delays in people seeking

hospital treatment. It was made clear that the message was that hospitals were open in the event of an emergency or urgent need. Members were informed that there had been struggles in dealing with minor illnesses, which presented a higher risk due to individuals coming into contact with increased numbers of other people.

Recruitment of Midwives and Nurses – Regarding the recruitment of midwives to vacant posts, it was explained that in the first wave, there were challenges of multi-site maternity services with vacancies and it was considered safer to bring those maternity services together. It was noted that for all of students that go through University training there were only certain points in the year when they qualified. It was shared that during the pandemic and before, there had not been a great deal of geographic relocation for jobs. It was commented how international recruitment had been more difficult due to the requirements of Nursing and Midwifery Council (NMC) for midwifery staff and training across the world. Members heard that there were currently 84 in midwife in post and 2 vacancies. It was added that the other challenge was retaining staff and efforts were being undertaken to achieve this. It was acknowledged that there was a national issue in midwifery recruitment although interest had risen during the year along with other healthcare positions.

Nurse Education – Members were informed that all pre-registration educational programmes required some form of travel through placements. It was explained that two local largest educational providers were Sheffield Hallam and Sheffield University, however, the vast majority of local students undertook placements and training locally in Doncaster. Members were informed that this formed part of the thinking behind the development of a new hospital campus and reference was made to the opportunity that for a local university campus that could provide that education. It was stated that although unsuccessful in the first wave of funding, this proposal would be pursued through other funding opportunities.

Members felt that it was important that more local recruitment and education opportunities were made available.

Take up of Flu Vaccination - It was explained that there were a number of reasons why 100% of flu vaccines had not been taken-up. It was noted that it was about encouraging those individuals to consider evidence and ensure that their decision was evidence based. It was added that professions were never mandated to this, as although they were health professional they were also members of the public.

It was noted that although the 100% target of staff had never been reached previously, the aim was that it had been raised with 100% of those eligible offered the vaccine so they were able to make informed decisions. It was clarified that the target locally was for 90% of staff to be vaccinated (particularly frontline staff), and the approach to Covid vaccine would be the same and to reach similar levels (at least 60% of

	<p>the population). Members were informed that at the time of the meeting Doncaster and Bassetlaw Teaching Hospital was the top performing trust in the North East and Yorkshire.</p> <p>RESOLVED the report be noted.</p>	
22	<p><u>WINTER PLANNING PARTNERSHIP PLAN</u></p>	
	<p>The Panel was provided with an update from the Director of Adults Health and Wellbeing and Director of Strategy on Delivery from Doncaster NHS CCG on the support that was planned in Doncaster this winter and how it will be coordinated. A brief overview of the update was provided and the Panel discussed the following areas;</p> <p>Work Undertaken – The Director of Adults Health and Wellbeing clarified that their role included having the statutory responsibility around adults social care and broader responsibilities such as the wider support to care homes and other aspects of Doncaster’s communities. It was acknowledged that those areas were undertaken with the support of other partnerships such as the NHS CCG.</p> <p>It was explained that as part of a wider arrangement through Team Doncaster, frequent meetings had taken place at gold level due to the second wave of Covid. It was further outlined that there was an extensive infrastructure in place that linked to a wider governance and the Council had established a Tactical Co-ordination Group around Covid to which various pieces of work reported to.</p> <p>Extend Access Appointments to Primary Care – Members heard how this system had been introduced around 2 years ago. It was explained how it had been stepped down originally in response to Covid although more recently had been stepped back up in various ways. It was noted how proactive communications and engagement activity had taken place to make this known although take-up had been varied</p> <p>It was responded that the NHS CCG was relatively satisfied with what had been achieved and assurances were provided that this issue would continue to be reviewed with primary care Doncaster. It was added that alternative innovative methods would be considered, for example, the health bus, and work would be continued with primary care networks and Clinical Directors regarding the best way of providing early morning, late evening and Saturday morning clinics. It was reported that the roll out of the Covid vaccination was now a priority and further thought needed to be given as to how capacity would be used across primary care to implement that programme robustly.</p> <p>Elderly People and Care Homes - Members raised concern over those with undiagnosed Covid being discharged from hospital into a</p>	

care home setting. Assurances were provided that everyone discharged was tested 48 hours before they were discharged in accordance with national guidance. Also, that those leaving hospital to go into care homes were all treated as potentially positive (even if they were negative and then self-isolated in the care home) and they would then enter the national testing programme.

Finally, it was noted that 20 Covid beds had been commissioned across the system to ensure that any individual with Covid followed that pathway and was given intensive support.

Members were referred to the Care Home Action Plan, which had been developed as part of the first wave with every authority and system. It was explained that the plan limited staff working across care home groups or care homes internally. Other courses of actions included that;

- the Infection Prevention and Control (IPC) grant from Central Government contained stringent conditions from cohorting staff to ensure that they did not work across groups of care homes and units.
- that care homes were being called on a daily basis by the Council's contact officers, offering support and to check that they were following guidance and requirements of grants.
- there was a Daily Instant Management Team meeting that monitored outbreaks across the Borough.
- for each individual care homes there was dedicated outbreak meeting through a multiagency team.
- booked agency staff were exclusive to one care home.

Future Fears/Risks - Members were assured that there was a robust risk log and risk management approach in place to the Covid response and that risks and threats were reviewed three times per week through the health and care cell.

The following areas of concerns were referred to;

- the well-being and burn out of staff across many health and social care settings.
- the backlog of application of care.
- that patients were not accessing services in a timely fashion, such as cancer care.
- the implementation of the Covid vaccination programme. It was acknowledged that there was an ambitious timescale through a multi-agency approach. It was also recognised that it was being implemented at a time whilst ensuring services can respond to Covid and maintaining routine care where possible.
- the need to plan around issues such as the EU exit.
- supporting Care Home Providers with the loss of residents, raising levels of occupancy to make them more sustainable and working

behind the logistics of managing new Government announcements.

Winter Flu Vaccination Programme – It was explained that there had been a multi-organisational approach (chaired by the CCG) taken with ambitious targets set in terms of vaccinating the population. Members heard how significantly more people had been vaccinated at this time in comparison to the same time last year.

Members heard how there had been a programme of activity in place. It was added that the gap between flu and first Covid vaccination had been used to maximise the uptake of flu vaccination during November in care homes with 80% of care home residents.

Member heard that it was about enabling people to make the correct decisions by providing the right information.

It was reported that the NHS CCG was behind in meeting vaccination targets in certain cohorts (apart from ones in over 65 and within the domiciliary care home sector) although significant improvements had been made compared to the previous year.

Members heard that this work was being steered through individual practices with their primary care networks through flu groups aligned to proactive communication to encourage more of the population to have flu jabs. The Director of Strategy and Delivery of the NHS CCG offered to provide a future update to the Panel on this area.

Community, Voluntary And Faith Sectors To Tackle The Loneliness – The Panel was told how there was now a broader range of support and focus from the Council and its partners. It was explained that since the first wave, a Social Alliance had set up groups to ensure that they were engaging, briefing and supporting the voluntary community sector.

Members were informed that the following had been done to help sustain and promote frontline delivery;

- £25k funding from South Yorkshire Community Forum had been provided to tackle food poverty experienced by the most vulnerable and supported in the communities.
- Creation of £250K humanitarian fund launched with match funding from the Social Alliance, South Yorkshire Housing Association and the Council.
- Generally, that a great deal of activity taking place within the sector.

The Panel provided their thanks and gratitude for the work being undertaken.

RESOLVED that the Panel note the report.

23	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND THE COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Senior Governance Officer presented the 2020/2021 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>The dates of the next few meetings were noted along with the scheduled agenda items. Members were made aware that March 2021 meeting currently had one item. Regarding the latest forward plan, the Panel requested a briefing note on a forward plan decision around an integrated model of adult substance misuse treatment.</p> <p>Finally, there was a brief conversation around the potential proposal of a new hospital in the Borough and the Panel noted that this would be an area they would like to consider in future.</p> <p>'RESOLVED that the Panel;</p> <ul style="list-style-type: none"> a) note the Overview and Scrutiny Work Plan 2020/21 and the Forward Plan of key decisions. b) that a briefing note be provided on the forward plan decision 'To develop an integrated model of adult substance misuse treatment and supported housing services, by Riverside supported housing services to be sub-contracted by Aspire & to extend the contract to 31 March 2023, to pilot and evaluate an integrated model.' c) That a letter be forwarded to the Chief Executive of Doncaster and Bassetlaw Foundation NHS Trust outlining the Panel's support of a local nurse education provision for Doncaster residents and to request an opportunity to explore the potential proposal for a new hospital in the Borough. 	



Doncaster Council

Date: 28th January, 2021

To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

SUBSTANTIAL VARIATION – Bentley Surgery and Nelson Practice Proposed Merger

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care	Roman Ridge Bentley Sprotborough	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the Bentley Surgery and Nelson Practice Proposed Merger which will culminate in the closure of the Nelson practice site at Scawthorpe.

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.

BACKGROUND

5. The CCG's Primary Care Commissioning Committee (the Committee) considered a business case proposal and application in respect of the merger of Bentley Surgery, High Street Bentley with the Nelson Practice which has its main site on Amersall Road, Scawthorpe and a branch site at Newton Medical Centre

Sprotbrough. The proposal included plans to close the Scawthorpe site and consolidate on the Bentley and Sprotbrough sites (Appendix B refers).

6. The business case was approved in principle in July 2020 subject to a robust patient/public and stakeholder engagement exercise taking place over a 90 day period (Minute extract at Appendix C refers)
7. The substantial variation is the proposal to close the Scawthorpe site which is currently the main site to the Nelson Practice. A consideration has been that the Scawthorpe branch of the Ransome practice on the same site closed in 2017. The engagement process identified some concerns with the proposed closure and plans have been amended accordingly. Although the merger is planned for April 2021 a revised lease has been negotiated with the landlord of the Scawthorpe site to allow extended use of the site until at least 2023. This is to allow premises developments to take place at the Newton Health Centre and Bentley sites as well as at the Petersgate Medical Practice which is also situated on Amersall Road in Scawthorpe.

OPTIONS CONSIDERED

8. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

REASONS FOR RECOMMENDED OPTION

9. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

10.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p>	

	<ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, 	

	<p>whole life focus on the needs and aspirations of residents</p> <ul style="list-style-type: none"> • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	

RISKS AND ASSUMPTIONS

11. The specific risks and assumptions relating to this issue are set out in the attached report.

LEGAL IMPLICATIONS [Officer Initials SRF Date 08/01/21]

12. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
13. An application has been made to merge the Bentley Surgery with the Nelson Practice. As part of the process for considering this application, the Council's overview and scrutiny panel for Health and Adult Social Care will be consulted.
14. Section 244 of the National Health Service Act 2006 sets out the functions of the overview and scrutiny committee within the Council. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions.
15. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (The Regulation's) places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where

they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.

16. Under the Regulation's, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body n have to try to reach a practicable agreement. If agreement cannot be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:
 - a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
 - b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or
 - c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS [Officer Initials...RLI... Date...11/01/21...]

17. The financial implications of the proposed merger are set out in the attached report. There are no direct financial implications for the Council from this report.

HUMAN RESOURCES IMPLICATIONS [EL - 08/01/2021]

18. There are no direct human resource implications for the Council from this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...07/01/21]

19. There are no technology implications arising from this report.

HEALTH IMPLICATIONS [Officer Initials...RS... Date...12/01/2021]

20. There are good reasons for the proposed changes including improved choice of gender of GP and more resilient General practice. Decision makers will want to assure themselves that any inequalities in accessing services are addressed. This should include reviewing the Equality Impact Assessment. The temporary extension of the lease at Scawthorpe provides additional time to work through any issues

EQUALITY IMPLICATIONS

21. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities. An Equality Impact Assessment is included as Appendix A.

CONSULTATION

22. Consultation is outlined in the attached report at Appendix D pages 26 onwards. This is Overview and Scrutiny's opportunity to contribute to the proposed GP Practice closure.

BACKGROUND PAPERS

23. Appendix A – D attached

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

CCG – Clinical Commissioning Group

CO – Corporate Objective

EMIS – Egton Medical Information Systems

GMS – General Medical Services

PMS – Personal Medical Services

PPG – Patient Participation Group

WTE – Whole Time Equivalent

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Name & Title of Lead Officer

Jackie Pederson

Chief Officer

Doncaster CCG

APPENDIX A – EQUALITY IMPACT ASSESSMENT

Subject of equality analysis	Merger of the Nelson Practice and Bentley Surgery including proposed closure of Scawthorpe site	
Type		Tick
	Policy	
	Strategy	
	Business case	✓
	Commissioning service redesign	
	Contract / Procurement	
	Event / consultation	
Owner	Name:	Emma Ross and Carolyn Ogle
	Job Title:	Primary Care Engagement Officer and Associate Director of Primary Care and Commissioning
Date	9 December 2020	
Assessment Summary	<p><i>There is a significant number of positive impacts through-out this assessment; they are around religion, gender and disability. The merged practice would have a greater number of female clinicians which could improve uptake of national screening programs in religions where female patients would prefer to see female clinicians.</i></p> <p><i>Bentley and Sprotborough both have newer buildings with more adequate access for patients with disabilities.</i></p> <p><i>The only negative impact is around the distance of travel for patients living in the vicinity of Amersall Road who will potentially have further to travel for face to face appointments, but given the advances in technology this year, it may not be an issue. The practice estimate a 50/50 split of patients use either the main site or branch, exact figures are not possible due to the different clinical systems used by Bentley and Nelson pre-clinical system merger.</i></p> <p><i>The CCG are working very closely with Petersgate Medical Centre who could be impacted as patients may choose to move to this neighbouring practice.</i></p>	
Stakeholders		Tick
	Staff	✓
	General public	✓
	Service users	✓
	Partners	✓
	Providers	✓
	Other	

<p>Data collection and consultation</p>	<p>The population of both The Bentley Surgery and The Nelson Practice combined is 13,094 (data taken from April 2020 list sizes). Both practices are situated within the North Neighbourhood.</p> <ul style="list-style-type: none"> • North Doncaster has a similar population of children & young people to the rest of Doncaster • North Doncaster has a similar proportion of ethnic minorities to East & South Doncaster • North Doncaster has the highest prevalence of obesity • North Doncaster has the lowest male life expectancy • North Doncaster has the highest rate of referrals to IAPT <p>• The Doncaster average practice size is approx. 8,076 patients meaning the merged practice would be larger than Doncaster average, and also England average which stands at 8,583 (data extracted from Public Health Fingertips website)</p> <p>Bentley specific health data has been extracted from Doncaster community profiles, which are hosted by Team Doncaster Data Observatory and can be found at http://www.teamdoncaster.org.uk/doncaster-data-observatory</p> <p>Area Health Priorities</p> <ul style="list-style-type: none"> • Poverty is a key issue, with 40.5% of children living in poverty and 31.7% of households in the ward are means tested. There are high levels of unemployment, particularly ESA (employment support allowance) claimants due to a health condition. • Low school attainment at early years and secondary school level. • Poor healthy life expectancy - it would be important to consider high smoking levels and the link to the prevalence of COPD and lung cancer. • Inactive deprived households with children and young people alongside high levels of childhood and adult obesity. <p>Doncaster Specific</p> <ul style="list-style-type: none"> • Doncaster is ranked 39 in a list of the most deprived areas in England by the Index of Deprivation 2010. • The age profile in Doncaster is broadly similar to the national picture with a slightly higher proportion of older people (65+) and slightly lower proportion of working age people (16-64). The number of younger people (0-15) from the 2011 Census was 57,493 (19% of population), working age people (16-64) was 193,768 (64.1%) and older people (65+) was 51,141 (16.9%). • In 2011 21.7% (65,535) of Doncaster people reported some form of disability compared to the national average of 17.9%. Of these 33,644 (11.1%) indicated that their day-to-day activities were
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limited a lot and 31,891 (10.5%) residents indicated that day-to-day activities were limited a little.

- The gender ratio in Doncaster is very similar from birth up until 65+. From the 2011 Census the ratio between the ages 0-17 are Male 50.51% and Female 49.49%. Between the ages of 18-64 the ratio is Male 50.31% and Female 49.69%. However at 65+ the ratio becomes Male 44.37% and Female 55.63%.
- Based on Census 2011 data, the proportion of total population in Doncaster classified as 'White British' equates to 91.8%, and the national average is 80.45%. Those from Black & Minority Ethnic (BME) backgrounds represent 8.2% of the total population. Young people from BME backgrounds represent 10.2% of the total 0-19 population. The working age population from a BME background represent 8.8%, and older people from BME backgrounds represent 2.9%. The ethnic group that is the second largest in Doncaster after 'white' is 'white other' which includes 0.4% Irish, 0.2% Gypsy or Irish Traveller, and 2.8% White Other. The 6 largest ethnic groups in Doncaster in order of size are a) White British, b) White Polish, c) Pakistani or British Pakistani, d) Indian or British Indian, e) White and Black Caribbean, f) African.
- The proportion of people in Doncaster who speak English as their main language is 95.9% compared to the national figure of 92%. Other main languages spoken in Doncaster are Polish 1.6%, Urdu 0.3%, Chinese 0.2% and Punjabi 0.2%.
- Most of the population of Doncaster in the 2011 Census stated their religion as Christian at 65.9% compared to 59.3% nationally. A further 24.4% stated they had no religion, 2.9% was made up of other religions and 6.9% did not state their religion.
- There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied to Doncaster's population this would equate to 4,223 residents.
- Doncaster has a higher proportion of babies born with low birth weight at 9.7% compared to the national average of 7.4%. Teenage conceptions in Doncaster were at a rate of 39.7 per 1000 women, this is above the national rate of 30.0 per 1000 women.
- The 2011 Census did not include a specific question in respect of gender reassignment. It is estimated from national research that 1 in 10,000 are referred to as being transgender or transsexual. This would equate to around 30 residents in Doncaster.
- The proportion of people over the age of 16 who were married in Doncaster is 46.91% which is similar to the national average of 46.6%. In Doncaster 32.21% of people were single, 0.2% were in a civil partnership, 13.1% were separated/divorced and 7.7% were widows/surviving member of civil partnership.

	A Doncaster wide communication plan is in place for the new year for members of the public, patients and NHS colleagues, once the majority of Practices have the system implemented.			
Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
Age		√		
Disability	√			The CCG along with other local partners are currently scoping plans for a new building in Bentley which would be DDA compliant, the practice situated in Bentley would be held within this building.
Gender	√			Patients registered at The Bentley Surgery currently have greater access to female clinicians; the merger would ensure that patients at The Nelson Practice also have this opportunity.
Race		√		
Religion & Belief	√			2.9% of residents in Doncaster were noted in the 2011 census at other religion, it is expected that a number of this could be made up of religions where they would prefer to see a female clinician, the Bentley Surgery have a greater number of female clinicians, this will make a positive impact on the accessibility for anyone who's faith encourages female clinicians.
Sexual Orientation		√		

Gender reassignment		√		
Pregnancy & Maternity		√		
Marriage & Civil Partnership		√		
Social Inclusion / Community Cohesion			√	<p>Patients in the vicinity of Amersall Road will need to travel further for face to face care although given the advances in use of technology which accelerated through the COVID pandemic this could negate regular travel, the maximum extra travel distance is:</p> <p>1 mile to Bentley surgery in car, 19 mins walk, 18 min on bus (Google maps 10.6.20) 2.4 miles to Newton Lane in car, 35 mins walk, 32 min on bus (Google maps 10.6.20)</p>
Conclusion & Recommendations including any resulting action plan	The engagement exercise will particularly pick up any needs expressed by these patients and an action plan be developed accordingly.			
Review date	April 2022			

Appendix B

Application submitted to CCG's Primary Care Commissioning Committee 9 July 2020.

Meeting name	Primary Care Commissioning Committee
Meeting date	9 July 2020
Title of paper	Application for Consideration of Contractual Merger Bentley Surgery & The Nelson Practice and the Closure of the Scawthorpe Site for the Nelson Practice

Executive / Clinical Lead(s)	Anthony Fitzgerald, Director of Strategy & Delivery
Author(s)	Carolyn Ogle, Associate Director of Primary Care & Commissioning, Debbie Forbes-Hughes, Practice Manager Bentley Surgery & The Nelson Practice

Status of the Report			
To approve	<input checked="" type="checkbox"/>	To consider/discuss	<input type="checkbox"/>
To note	<input type="checkbox"/>		

Purpose of Paper - Executive Summary
<p>At its November 2019 meeting the Primary Care Commissioning Committee considered and approved in principle an early proposal from Bentley Surgery and the Nelson Practice about their future intentions to work more closely together.</p> <p>Since then the Nelson Practice has moved to EMIS web so that both practices operate on the same clinical system. The partners have joined each others contracts so that the partnership is the same for the two contracts. The practices already share the same practice manager.</p> <p>Doncaster CCG has now received the formal notification of intent to merge Bentley Surgery and the Nelson Practice with effect from 1 April 2021. This will lead to the termination of the Nelson Practice as both practices will operate under the Bentley Surgery C code.</p> <p>The practices have submitted an Application for Consideration of a Contractual Merger and a Business Case setting out:</p> <ul style="list-style-type: none"> - The reasons for the merger - The benefits of the merger for the practice - The benefits of the merger for patients - Details of any proposed estates and technology changes - What consultation with staff and patients is planned

The Application states that the merger will allow access to a wider range of services, increased choice of practitioner including female GPs, greater efficiency and better staff security and safety.

The Nelson Practice has also submitted an application to close its Scawthorpe site. Appendix C

The Nelson Practice is a PMS Practice within the North Locality/PCN. It currently operates over two sites:

- Main Site – Amersall Road, Scawthorpe, Doncaster
- Branch Site – Newton Medical Centre, Newton Lane, Sprotbrough

The Practice has requested approval to close their main site, The Nelson Practice, Amersall Road, Scawthorpe. The merger with the Bentley Surgery will mean patients from the Nelson Practice can also access services in Bentley and this will become the main site.

It should be noted that the Ransome Practice closed their branch site at Scawthorpe in 2017. The closure of the Nelson Practice site will mean that only Petersgate Medical Practice is available in Scawthorpe.

The Practice has completed the attached Branch Closure Application Form which includes the rationale, risks and benefits to practice and patients of the closure. Also attached is the practices mobilisation plan.

The Committee needs to be assured that:

- The CCG complies with its responsibilities under the duty to involve patients in decision making Section 14Z2
- To consider the consequences and implications of the proposed change and discuss any alternative options.
- To consider the benefits to patients and any financial implications
- The patients of the two practices will have access to a single consistently provided service
- The practice boundary makes sense
- The premises are suitable
- The impact of patient choice has been considered

Recommendation(s)

The Primary Care Commissioning Committee is asked to consider the Application and agree:

- To support the merger, subject to the outcome of the patient and stakeholder engagement process and the equality impact assessment.
- To fund the clinical system merger (which would be in-line with previous Committee decisions and is already built into the budget)
- To support the closure of the Scawthorpe premises in principle subject to full consultation and impact assessments being carried out.

Report Exempt from Public Disclosure

Yes No

If yes, detail grounds for exemption:

Impact analysis		
Quality impact	A Quality Impact Assessment will be undertaken to inform the decision making process	
Equality impact	An Equality Impact Assessment is required but has not yet been completed	
	<i>An Equality Impact Analysis/Assessment is not required for this report.</i>	Tick relevant box
	<i>An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.</i>	
	<i>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.</i>	
Sustainability impact	Increasing sustainability is one of the main reasons the practices wish to merge. By becoming one entity this will have a positive impact on the resilience of both practices	
Financial implications	The merger will have a positive impact on the practice as they will join resources and share financial risks. The CCG is being asked to finance the clinical system merger, the migration already having been funded.	
Legal implications	Risk that the CCG could face a challenge from the practices if the merger is not approved. Risk if consultation processes not followed in line with involvement and consultation responsibilities	
Management of Conflicts of Interest	Will be preserved through the Committee's constitution, the salaried GP at Bentley Surgery is a non voting member of the Committee. A partner at Bentley Surgery is the Chair of the CCG but he is not included in the Primary Care Commissioning Committee membership or decision making process. The minute taker at the meeting is a patient of the Nelson Practice.	
Consultation / Engagement (internal departments, clinical, stakeholder and	A three month consultation period is required	

public/patient)																																								
Report previously presented at	Proposal document approved in principle by PCCC at the November 2019 meeting.																																							
Risk analysis	Included in report																																							
Corporative Objective / Assurance Framework	CO2 & CO3																																							
Primary Care Statutory Duties (only)	<i>[Complete this section if submitting a report to Primary Care Commissioning Committee / Primary Care Delivery Group. For any other committee, delete this row on the report template.]</i>																																							
	<table border="1"> <thead> <tr> <th>Statutory Duty</th> <th>Section</th> <th>Tick Relevant Box</th> </tr> </thead> <tbody> <tr> <td>Management of Conflicts of Interest</td> <td>14O</td> <td></td> </tr> <tr> <td>Duty to promote the NHS Constitution</td> <td>14P</td> <td></td> </tr> <tr> <td>Duty to exercise its functions effectively, efficiently and economically</td> <td>14Q</td> <td></td> </tr> <tr> <td>Duty as to improvement in quality of services</td> <td>14R</td> <td></td> </tr> <tr> <td>Duty in relation to quality of primary medical services</td> <td>14S</td> <td></td> </tr> <tr> <td>Duties as to reducing inequalities</td> <td>14T</td> <td></td> </tr> <tr> <td>Duty to promote the involvement of each patient</td> <td>14U</td> <td></td> </tr> <tr> <td>Duty as to patient choice</td> <td>14V</td> <td></td> </tr> <tr> <td>Duty as to promoting integration</td> <td>14Z1</td> <td>√</td> </tr> <tr> <td>Public involvement and consultation</td> <td>14Z2</td> <td></td> </tr> <tr> <td>GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)</td> <td>83</td> <td></td> </tr> <tr> <td>Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")</td> <td>83</td> <td></td> </tr> </tbody> </table>	Statutory Duty	Section	Tick Relevant Box	Management of Conflicts of Interest	14O		Duty to promote the NHS Constitution	14P		Duty to exercise its functions effectively, efficiently and economically	14Q		Duty as to improvement in quality of services	14R		Duty in relation to quality of primary medical services	14S		Duties as to reducing inequalities	14T		Duty to promote the involvement of each patient	14U		Duty as to patient choice	14V		Duty as to promoting integration	14Z1	√	Public involvement and consultation	14Z2		GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)	83		Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")	83	
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	Design of local incentive schemes as an alternative to the Quality Outcomes Framework	83	
	Decision making on whether to establish new GP practices in an area	83	
	Approving Practice mergers	83	√
	Making decisions on 'discretionary' payment (e.g., returner / retainer schemes)	83	
	To plan, including needs assessment, primary medical care services in Doncaster		
	To undertake reviews of primary medical care services in Doncaster		
	To co-ordinate a common approach to the commissioning of primary care services generally		
	To manage the budget for commissioning of primary medical care services in Doncaster		

Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Practice stamp



Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

Name and Address Practice A	Name and Address Practice B
Bentley Surgery 128 High Street Bentley Doncaster DN5 0AT	Nelson Practice Newton Lane Sprotbrough Doncaster DN5 8DA
	Nelson Practice Amersall Road Scawthorpe Doncaster DN5 9PQ

Practice Code	Practice Code
C86023	C86613
GMS/PMS	GMS/PMS
GMS	PMS

Number GPs	Number GPs
7	4
WTE GP's	WTE GP's
4	2.5
Number of Nurses and Grade	Number of Nurses and Grade
Four Nurses all Practice Nurse trained	Two nurses Practitioner trained Two nurses both Practice Nurse trained
WTE Nurses	WTE Nurses
3	2
Premises: Owned/Leased/NHS Property	Premises: Owned/Leased/NHS Property
Owned	Leased
Patient List Size	Patient List Size
8,000 approx.	5,000 approx.

Premises Arrangements

2. Indicate whether you intend to operate from all premises

No

a. If yes, which premises will be considered the main and which is to be considered the branch (if applicable)

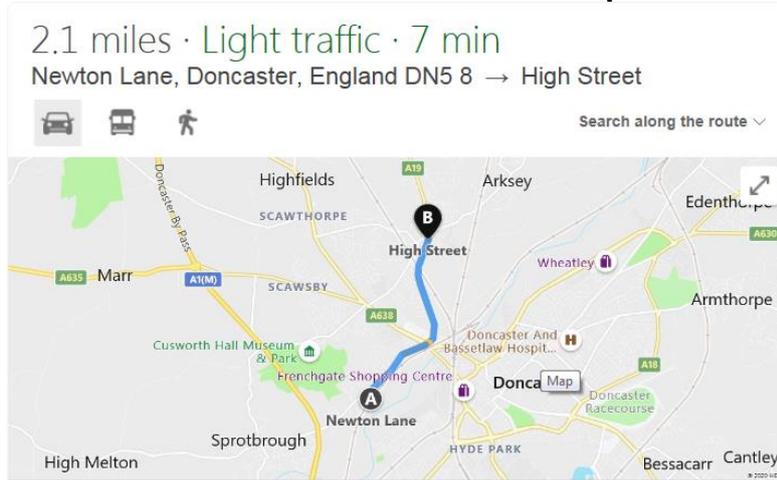
b. If no, which premises do you intend to practice from

Bentley Surgery to be main site
Sprotbrough site to be branch site

c. Do the proposed premises have the capacity and infrastructure to accommodate the additional patients and services?

Not at present. Adaptions are currently under way at both sites to accommodate all patients

d. Details of the distances between the practices



e. Details of car parking arrangements currently in place at all practices

Bentley Surgery – Parking to the rear of the practice

Nelson Practice, Sprotbrough – parking on site

f. Details of access to Public Transport to proposed site

Bentley Surgery – main road location for bus route, five minute walk from train station

Nelson Practice – Just off main road for bus route

g. Details of the current practice boundary (inner/outer if outer agreed)

Nelson Practice – Geographical area of practice patient population



Bentley Surgery – Geographical area of practice patient population



Please indicate the practice boundary for the proposed merged practice

Maintaining the boundary from both practices

I.T. Information

3. Indicate which IT systems are currently in use at each practice

Practice A	Practice B –	
IT system: EMIS Web	IT system: EMIS Web	
Has IT been consulted to assess if the systems are compatible to be merged? Yes		

Has IT confirmed the costs of the IT systems merger? No	
Has IT confirmed the timescale of merging the databases? Yes	
Have the costs been approved by the CCG? No	
Additional Comments Once approval of the merge, costs will be sourced and shared with the CCG	

4. Provide full details of the benefits you feel your registered patients will receive as a result of this proposed merger.

Two highly rated practices coming together to improve patient care and staff job satisfaction in a more resilient organisation.

Wider set of services due to a wider skill mix (for example minor surgery and vasectomy service, nurse practitioner triage, chronic disease management by higher qualified nurses)

Increased choice of practitioner for patients including a greater access to female GPs for Nelson Practice patients.

Better telephone and digital access via single dedicated contact centre (also improved confidentiality at receptions and less queuing at reception)

Greater efficiency from admin and clinical teams so that more time available for patient-facing roles (need one GP lead for service areas instead of two for example)

No more lone working for staff which will aid recruitment (has been cited as the reason for two GPs declining jobs offered at the Nelson Practice)

Increased GP, nurse and HCA training capacity (physical space for training and increased number of trainers planned)

Combined clinical governance team able to plan and supervise quality improvement activity and provide assurance

Existing clinicians retained so continuity of care not diminished

Recruitment of new GP so that locums only required for cover in exceptional circumstances to increase continuity of care

More efficient use of space at Newton Medical Centre to provide extra physical capacity and better utilise the minor surgery suite and training rooms

Practice areas overlap already so only patients in the immediate vicinity of Amersall Road site will need to travel further for face to face care (estimated at x% of combined practice population) and maximum extra travel distance is:

1 mile to Bentley surgery in car, 19 mins walk, 18 min on bus (Google maps 10.6.20)

2.4 miles to Newton Lane in car, 35 mins walk, 32 min on bus (Google maps 10.6.20)

Patients currently registered at the Nelson Practice who live in Bentley or some parts of Scawthorpe will have less distance to travel for face to face consultations by accessing the Bentley Surgery site. Patients currently registered at Bentley Surgery who live in Sprotbrough, Cusworth and Scawsby will on the whole have less distance to travel by accessing the Newton Medical centre site

Services Currently Provided

Enhanced Services Currently provided at:	
Both Practices:	
Tier 1 Overarching Specification	
Glucose Tolerance Testing	
Helicobacter pylori Infection (Carbon-13 Urea Breath Test)	
Vaccination against Hepatitis B	
Methotrexate Monitoring	
Prostate Cancer Monitoring / Follow Up	
Ring Pessary Change	
Single Dose Vaccine	
Endometrial Biopsy	
IUCDs	
Insulin Initiation	
Removal of Cervical Polyps	
Ring Pessary Fit	
Minor Surgery	
Nelson Practice only:	
Vasectomy	

5. Details of services currently provided Practice A

Opening Times:

	Morning		Afternoon		Evening	
	Open	Close	Open	Close	Open	Close
Monday	8am					6pm
Tuesday	7.30am					7.30pm
Wednesday	8am					6pm
Thursday	7.30am					6pm
Friday	8am					6pm
Saturday						
Sunday						

Services Currently Provided

All GMS Core services

5. Details of services currently provided Practice B –

Opening Times:

	Morning		Afternoon		Evening	
	Open	Close	Open	Close	Open	Close
Monday	8am					6pm
Tuesday	8am					6pm
Wednesday	8am					7.30pm
Thursday	8am					6pm
Friday	8am					6pm
Saturday						
Sunday						

Please provide details of the extended hours currently provided at:

Practice A: Tuesday 7.30am – 8am and 6.30pm – 7.30pm. Thursday 7.30am – 8am

Practice B : Wednesday 6.30pm – 7.30pm

6. Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service.

Better telephone and digital access via single dedicated contact centre
Choice of location for face to face consultations

MERGED PRACTICE**NAME OF MERGED PRACTICE**

TBC

MERGED PRACTICE C Code

C86023

PROPOSED DATE OF MERGER

1 April 2021

Merged Practice Opening Times:

	Morning		Afternoon		Evening	
	Open	Close	Open	Close	Open	Close
Monday	8am					6pm
Tuesday	7.30am					7.30pm
Wednesday	8am					7.30pm
Thursday	7.30am					6pm
Friday	8am					6pm
Saturday						
Sunday						

Please provide details of any proposed changes to the future delivery of extended hours, the rationale behind any changes and details of any patient consultation that may have taken place regarding the changes:

Merged Practice

No changes proposed

Enhanced Services to be provided at:

Merged Practice

Tier 1 Overarching Specification
Glucose Tolerance Testing
Helicobacter pylori Infection (Carbon-13 Urea Breath Test)
Vaccination against Hepatitis B
Methotrexate Monitoring
Prostate Cancer Monitoring / Follow Up
Ring Pessary Change
Single Dose Vaccine
Endometrial Biopsy
IUCDs
Insulin Initiation
Removal of Cervical Polyps
Ring Pessary Fit
Minor Surgery
Vasectomy

7. How do you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout:

Patient engagement to be undertaken as per CCG guidance

1. Please provide as much detail as possible about how this proposed practice closure will impact on your current registered patients, including:

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable)

The main surgery is situated on the main road running through Bentley. A regular bus service operates through the village. The Sprotbrough site has potential for additional capacity and Bentley is included in Doncaster CCG Estates plan for a new building to house both Bentley Surgery and Nelson Practice population. Better telephone and digital access for patients is planned via a single dedicated contact centre including the use of online access for appointments. All current services and opening hours will remain unchanged.

*Minutes extract from Primary Care Commissioning Committee (confidential session)
9th July 2020*

7.2 Bentley Surgery & The Nelson Practice Merger

A paper was shared, ahead of the meeting. At the November 2019 Primary Care Commissioning Committee, the Committee had agreed in principle a proposal outlining the direction of travel for Bentley Surgery and The Nelson Practice. C Ogle updated the Committee on progress to date:

- Both Practices now have the same group of GP Partners
- Both Practices are now using EMIS web clinical system. As part of this, the Practices have requested funding for the costs of the clinical system merger and details were included within the paper.
- Both Practices share the same Practice Manager

The Practices have submitted a business case and an Application for consideration of a contractual merger from 1 April 2021, which was included within the papers. The merger would lead to the termination of The Nelson Practice contract and both would operate under the Bentley Surgery C Code. It was confirmed that the merger ties in with the Estates Plan for Bentley.

Along with the application to merge, the Nelson Practice has put forward a proposal to close the main surgery based at Scawthorpe and would operate from their merged main site at Bentley Surgery, with Sprotbrough surgery remaining as a branch site. It was noted that previously The Ransome Practice also closed a site in Scawthorpe in 2017. The proposal to close the site would be put forward to the Overview & Scrutiny panel for discussion.

If the Committee agrees to support the contractual merger, the Practices will begin undertaking an Equality Impact Assessment and full Public Consultation.

The Primary Care Commissioning Committee agreed to approve the contractual merger subject to the outcomes of the public engagement and equality impact assessment.

The Committee also agreed to fund the costs for the clinical system merger.

The Committee agreed to support the closure of the Scawthorpe site of The Nelson Practice in principle.

It was agreed to add the item to the Forward Planner for further discussion at the November 2020 meeting.

Engagement Report



**Proposals for the merger of Bentley Surgery and the Nelson Practice:
Patient Engagement Report**

Executive summary

This report sets out the process by which the two practices engaged with their registered patients regarding their proposals for merger and consequent branch site closure. It also sets out the findings of the engagement process and the responses from the two practices to their respective patients.

The engagement process was undertaken by the practices with advice and support from NHS Doncaster CCG and Healthwatch Doncaster. Approximately 1715 patients, comprising 13% of the combined registered list size of the two practices, were reached by the patient survey and social media channels. The responses from patients were varied and indicated either support for the proposals or concerns relating to risks to the ability of the proposed merged practice to be responsive and/or accessible.

The practices have revisited their proposals in the light of the patient engagement and provided mitigations to these risks. They now seek formal approval to proceed.

Introduction and background

Bentley Surgery and the Nelson Practice are two NHS general practices in North Doncaster. Bentley Surgery is based on Bentley High Street and serves 8,000 patients including some who live in Sprotbrough and Scawthorpe as well as surrounding areas. The Nelson Practice is based at sites in Sprotbrough and Scawthorpe and serves 5,000 patients including some who live in Bentley and surrounding areas.

Practice merger proposal

The two practices have worked closely together in the past few years, are run by the same medical partnership of eight GPs and have had a joint practice manager since 2018. The two practices would like to become one because this will allow patients of both practices access to the full range of clinical staff and services which they currently have to provide separately under two separate contracts with NHS England. A merger of the two practices, and the consolidation onto two modern

sites, will make it easier to expand the service offer to patients and to secure the future of the practice by recruiting and training future generations of staff including new roles such as clinical pharmacists and practice mental health workers.

Branch site closure proposal

Both practices serve patients in an overlapping area. The Sprotbrough site is relatively new and has teaching and minor surgery facilities with unused internal space to expand into. Bentley Surgery operates from a converted house on the High Street. Plans are in development for Bentley Surgery to move into purpose-built premises nearby and these plans are supported by NHS Doncaster CCG and Doncaster Metropolitan Borough Council. The walking distance between the Sprotbrough and Bentley sites is approximately two miles.

The Nelson Practice site on Amersall Road in Scawthorpe sits between the Sprotbrough and Bentley sites being approximately two miles from the Sprotbrough site and one mile from the Bentley site. It is small, poorly situated and laid out in a way which is not helpful for modern patient care. Operating the Nelson Practice from two sites means doctors and staff are often alone on site which has affected recruitment to the Nelson Practice and the ability of teams to get together for training.

The COVID-19 pandemic has accelerated changes in the way in which technology can support the more efficient delivery of primary health care. An expansion of telephone and video consulting and the secure electronic transmission of prescriptions and medical certificates have meant that patients can still be cared for within the constraints of social distancing. Staff sickness and isolation due to COVID-19 in 2020 meant that the Scawthorpe site was forced to close to face-to-face appointments between March and July 2020. Carrying out administrative work and remote consulting from Scawthorpe and face to face consulting from Sprotbrough preserved the service to patients with those who needed a lift, bus or taxi to Sprotbrough accommodated by flexible clinic times and home visits being provided as usual to those who needed a home visit for medical reasons.

The future vision of the two practices is that all registered patients have access to the full range of core and enhanced general practice services with those needing face to face care having the choice of two modern, well-equipped and purpose-built health centres (while those with a medical need for care in a residential facility or their own home are visited there). The lease on the Scawthorpe premises is being renewed in the interim to keep this site in use until the development of the Sprotbrough and Bentley sites is completed. The closure of this site is currently planned for 2023.

The decision-making process for the merger and site closure proposals

The practices submitted their proposals to the Primary Care Commissioning Committee of NHS Doncaster CCG in July 2020. The Committee agreed the proposals in principle subject to the outcome of robust patient, public and stakeholder engagement exercise. This report describes that process and its outcomes.

The engagement process

The two practices had to adjust their initial engagement plans in order to take account of the social distancing constraints of the COVID-19 pandemic. This meant that although public meetings could not be held patients were contacted and involved in a variety of other ways. Healthwatch Doncaster has been invaluable in advising and supporting this process to provide as many opportunities for patients to be involved as possible.

The first step was to hold a virtual meeting with each of the Patient Participation Groups (PPGs) in August 2020 to discuss the proposals for merger and site closure. The engagement plan was discussed with and approved by the PPG members who were supportive of the proposals.

The practices produced a patient leaflet (see pg 27), a patient survey and a frequently asked questions (FAQ) sheet detailing the reasons for the proposals. Healthwatch agreed to host a virtual patient and public meeting in September 2020 and gather the results from the patient feedback on behalf of the practices.

The patient information leaflet and the invitation to complete the survey and join the meeting were shared with patients by:

- notices on the home pages of the two practice websites;
- posts on the Facebook sites for both practices;
- messages posted on Twitter;
- text messages sent to all patients with a recent mobile telephone number known to the practice;
- paper copies which were made available at the practice sites and distributed at the influenza vaccination clinics;
- paper copies which were posted to patient home addresses upon request;
- a video recording of the doctors, nurses, other staff and a PPG member talking about the proposals which was published on Facebook and the YouTube platform and promoted on the practice websites.

Local stakeholders were informed by letter and/or e-mail and these comprised:

- local elected members;
- Sprotbrough and Cusworth Parish Council;
- Ed Miliband MP;
- neighbouring practices;
- the community nursing service;
- community pharmacies;
- schools;
- dental practices;

- optometrists.

Numbers of patients reached by the engagement process

Four members from the PPGs attended each practice PPG meeting and six members of the public attended the Healthwatch online public meeting.

A total of 176 patients completed the patient survey and these comprised:

Patients using Bentley Surgery	65 patients
Patients using Nelson Practice Scawthorpe site	59 patients
Patients using Nelson Practice Sprotbrough site	52 patients

Responses online and via social media comprised:

Facebook and Twitter posts	17 likes 22 shares
Staff and PPG member video	1,300 views on YouTube 200 views on Facebook

Comments from patients received separate from the survey comprised:

Contacted the practices directly	11 patients
Contacted Healthwatch directly	2 patients

Content of the responses

Members of the Patient Participation Groups and patients who joined the virtual public meeting

The PPG members and those present at the public meeting hosted by Healthwatch were positive about the proposals and understood and supported the reasons for them. The main questions raised were:

Is Bentley Surgery big enough to accommodate more patients? - the practices confirmed the increase and improvements to health care premises in Bentley village is currently at the planning stage with external bodies.

What are the transport options for patients living near the Scawthorpe site to either of the two proposed practice sites? - the practices confirmed that Dial a Ride and

Ledger Bus services are available in the local area, that telephone and video consultations would continue after the COVID-19 pandemic and that face to face appointment times would be made flexibly to accommodate patients who were being brought to surgery by family or friends or by public transport.

The meetings made helpful suggestions to improve the engagement plan included adding pictures to our patient leaflet so people could see where the practices were geographically located and verbally informing patients of the plan via a video recording. These suggestions were adopted by the practices.

Responses to the patient survey and direct to the practice or Healthwatch Doncaster

The patient survey results were aggregated and analysed by Healthwatch Doncaster.

There was a broadly even spread of responses from patients who identified as regular users of the three current premises (Question 1). Most (89%) of the survey responses were made by patients on their own behalf (Q2). Of those patients who usually used the Scawthorpe site 22% travelled there on foot (Q3). Overall 55% of patients identified concerns with the proposals (27% did not have concerns and 17% did not know) (Q4).

The concerns raised by patients were varied (Q5) but predominantly related to the risk that a larger practice size will negatively affect access and continuity of care:

- getting through to a practice with more patients;
- longer waits for appointments with more patients;
- a larger practice losing the personal touch;
- ability to see their own usual GP;
- the future of Bentley Surgery;
- having to travel to a site far away;
- car parking at the Bentley site;
- capacity at the Nelson Practice Sprotbrough site.

There were also concerns about the fact that some patients who normally use the Scawthorpe site would have to travel further and that this may adversely affect older people living close to that site.

Many patients made suggestions about how the proposals could be improved (Q6) and these included ensuring that access to services were maintained and that the ethos of their local practice did not change. Some patients mentioned that they did not have enough information about the proposals, some wanted to ensure that appointments were available at different times of day and that those who work, are elderly or are without internet access are not disadvantaged.

Most patients (77%) expressed a preference in the event of the Scawthorpe site closing with 62% of patients who answered saying they would use the Sprotbrough site and 38% saying they would use the Bentley site (Q7).

There were a small number of suggestions for a new name for the new practice (Q8).

Healthwatch Doncaster has confirmed that it is satisfied with the patient engagement process which the practices have carried out (see page 30).

How the practices will respond to the issues raised by the patient engagement process

The patient engagement process has highlighted that the practices have not communicated clearly enough some of the features of the proposed merger. In particular those features which preserve access to the doctors and nurses which patients usually consult and offer a choice of site for face to face consultations. The plans for bringing into use additional space within the Sprotbrough building and developing purpose-built premises in Bentley have also not been highlighted sufficiently. Each practice will therefore produce and publicise an updated FAQs document to address the issues raised by its patients (attached as Appendix 4 and Appendix 5).

The practices acknowledge that some patients are concerned that access to services will be reduced and that this may affect some types of patients, including older patients, in particular. The practices will ensure that staffing and services will not be reduced if the merger goes ahead (and in fact there will be greater access to a wider range of staff and skills as a result) and in the light of the patient survey results will carefully monitor the impact of any changes on older people and ensure that changes take their needs into account.

As well as the need for clearer communication of the proposals and, if approved, implementing them in a way which pays particular regard to certain groups of patients, some of the issues raised have also led to the practices amending their plans and in particular by:

- negotiating a flexible lease on the Scawthorpe premises with the property owner so that all the necessary works at Sprotbrough and Bentley are completed before the practice gives the necessary notice to move out (which in any case will not occur before 2023);
- extending a further invitation to Park View Surgery, which shares the Sprotbrough site, to join the merged practice so that even more efficient use can be made of the whole building and not just the currently unused space.

Conclusions

The practices have worked hard with guidance and support from their PPGs, NHS Doncaster CCG and Healthwatch Doncaster to engage with as many patients as possible within the constraints of the COVID-19 pandemic.

Nearly 200 patients took the time to respond to the engagement process and they provided important and useful feedback to the practices on the proposals which the practices are acting on.

The proposals for practice merger and eventual site closure will provide additional benefits to patients and the practices seek permission to proceed with them.

Mrs Debbie Forbes-Hughes

Joint Practice Manager on behalf of Bentley Surgery and the Nelson Practice

PATIENT LEAFLET

Are you a patient of Bentley Surgery or the Nelson Practice?

If so we need *your* help!

We are thinking about joining together and we need to know what you think about this idea.

What is the proposal?

The GPs at Bentley Surgery and the Nelson Practice would like to join the two practices together to become one practice. This would create one organisation and one team to deliver patient care.

Why do the doctors want to do this?

The rising demand on the NHS means that practices are finding it hard to maintain good access for patients and to recruit and retain doctors, nurses and other staff. New ways of working can overcome these problems and improve patient and staff satisfaction and this is what the merger proposal is intended to do.

Both practices work well separately but the GPs believe that advantages of a merger would be:

- greater range of staff and skills available to all patients;
- increased range of skills and staffing will speed up access to the right care;
- long term security of staffing by training our own in-house and less reliance on temporary staff;
- better working environment for staff and which is more attractive to new recruits;
- less bureaucracy so more time for practice development and working with others to improve the health of our communities.

What would stay the same?

- all the existing staff would be part of the new practice so you would still be able to see the doctors, nurses and other staff you are used to;
- the practice area will stay the same so if you are registered with either practice you would become part of the new practice (unless you chose not to);
- the range of services the practices provide would stay the same (though new services could be developed as well).

What would change?

- there would be one management and administration team to run and develop the practice;
- there would be one patient participation group to represent patients in deciding how the practice develops;

- there would be investment in Bentley and Sprotbrough to expand services there but the Scawthorpe site on Amersall Road would close at the end of October 2021;
- there would be new training opportunities for doctors, nurses, medical students, pharmacists and other staff.
- Should you require a face to face appointment patients will be able to attend the Sprotbrough or Bentley site depending on who you wish to see and within what timeframe.
- Appointments during extended hours will be available to all patients; Bentley Surgery is open Tuesdays and Thursdays 7.30am-8am and Tuesdays 6.30pm – 7.30pm. Nelson Practice is open Wednesdays 6.30 – 7.30pm;
- Patients living in Scawthorpe and nearby can choose whether to use the Bentley or Sprotbrough sites instead. Appointment times will be arranged around transport availability

Why would the Scawthorpe branch site close in October 2021?

The GPs believe that investing in the Bentley and Sprotbrough premises and closing the Amersall Road building will benefit patients and staff because:

- it is proving increasingly difficult to recruit doctors and nurses who are happy to work on their own at sites;
- spreading staff across three sites after a merger would not be efficient when the doctors want to have more reception staff on site to manage patient queries and answer the phones;
- the Amersall Road building is small and the layout is no longer what is needed to provide up to date patient care

How can I have my say on this?

We want to know what you think about this proposal. Is there anything you think we should consider before any decision is made? Are there things which haven't been thought of? How would it affect you (if at all)? What changes would you like to see in the practices? How could this plan be improved?

We will be talking to as many patients as possible about this proposal in the next 2-3 months in order to make sure we have listened carefully and taken into account what patients have said before deciding whether to put forward a plan to the local NHS for decision.

In order to get as much feedback as possible we will be contacting patients in a variety of ways including patient meetings (this will be remotely due to coronavirus), leaflets, text messages, letters, posters and telephone. If you have internet access you will also find links on our websites - www.bentleysurgery.co.uk and www.thenelsonpractice.co.uk.

We would like to invite you to join a meeting hosted by Healthwatch, details of which are below:

Topic: Public meeting and discussion – Bentley Surgery and Nelson Practice merger
 Date: 16 September 2020
 Time: 4pm – 6pm

This meeting and discussion will be hosted and facilitated by Healthwatch Doncaster – an independent local organisation who engage with local people and support them to have their voices heard to influence and improve health and care services in Doncaster.

Join Zoom Meeting

<https://zoom.us/j/8479159356>

Meeting ID: 847 915 9356

If you are unable to join the above meeting, please share your views by completing the online survey: <https://www.surveymonkey.co.uk/r/Patientsurveymergingpractices>

If you would like to discuss any of this information with Healthwatch please contact them:

Healthwatch Doncaster, 3 Cavendish Court, South Parade, DN1 2DJ Tel: 01302 965450

info@healthwatchdoncaster.org.uk

Website: www.healthwatchdoncaster.org.uk

Twitter: [@hwdoncaster](https://twitter.com/hwdoncaster)

Facebook: www.facebook.com/hwdoncaster

If you would like a copy of this information in large print or braille please e-mail the practice on either:

donccg.bentleysurgery@nhs.net

donccg.nelson-practice@nhs.net

Thank you for your continued support of our practices and for your help in considering and improving the proposal we have to strengthen them. We believe that coming together will allow us to continue serving our patients and their families in the best possible way for generations to come.

Dr Fox
Dr Crichton
Dr Hubbard
Dr Forshaw
Dr McHardy
Dr Clark

Dr Grimwood
Dr Connor
Dr Parker
Dr Alsindi
Dr Wells

Bentley Surgery and The Nelson Practice merger

Patient and public engagement

November 2020

1. Background

Healthwatch Doncaster were contacted by the Practice Manager for Bentley Surgery and The Nelson Practice in July 2020 to arrange a discussion about the proposed Practice merger and engagement of local people.

Healthwatch Doncaster were asked to provide advice, guidance and support to the Practices so that they could develop and implement an effective approach to engagement and transparent communication with local people who form the Practice populations.

2. Engagement

Both Bentley Surgery and The Nelson Practice took an open and transparent approach to their communication and engagement with local people. Their approach was well planned and thought through and demonstrated a commitment to listening to local people and engaging them in conversations about the proposed merger.

A range of different methods and models of engagement were used so that as many people as possible were given an opportunity to discuss any issues, raise any questions or make any comments that they wanted to make.

The engagement and communication with local people took place over a 3 month period during the Covid-19 pandemic.

3. What did the Practices do to encourage as many people as possible to receive accurate information about the merger and for them to have their say?

- Text messages were sent to all patients who had provided their mobile number as part of their registration details with their Practice – clear information about the proposed merger was sent to patients
- Websites were updated with information about the merger and opportunities to attend a public Zoom meeting
- A public Zoom meeting – hosted by Healthwatch Doncaster – was arranged and promoted across local networks and social media. GPs attended and talked through the background to the merger and the clinical rationale and benefits. Members of the public who attended were able to ask questions and receive further clarity
- A survey was developed and shared through social media and Practice websites. 188 people responded to the survey – analysis of the responses has provided both qualitative and quantitative data

- Paper copies of the survey were made available in each Practice for patients who attended face-to-face appointments
- All Practice staff were aware of the details of the merger and were able to respond and signpost patients to sources of more information if questions were raised
- The Practices had meetings and discussions with their Patient Participation Group members
- Letters were sent to all stakeholder partners in the local area including the local MP and Doncaster Council who were asked to share the information with local Elected Members

4. Assurance

Healthwatch Doncaster recognises that engagement with local people about changes to local GP Practices is essential. Engagement and communication needs to be open, clear and effective so that local people have the opportunity to receive information, provide their views and comments and the have their questions answered.

Bentley Surgery and The Nelson Practice undertook an effective and well-planned programme of engagement in the Covid-19 pandemic. There are challenges associated with large-scale engagement during a pandemic. These were overcome using digital zoom meetings, social media, text messaging and opportunities for patients to talk when attending face-to-face appointments.

Healthwatch Doncaster is assured that local people and patients of Bentley Surgery and The Nelson Practice were given opportunities to engage in an open and transparent process that enabled them to share their views, ask questions, and receive answers and to be provided with additional information.



Proposals for the merger of Bentley Surgery and the Nelson Practice: Frequently Asked Questions

Introduction

The GPs at Bentley Surgery have proposed a practice merger with the Nelson Practice.

The Nelson Practice has three GPs, four nurses and two Healthcare Assistants. It is based at sites in Sprotbrough and Scawthorpe and serves 5,000 patients including some who live in Bentley and surrounding areas.

The two practices have worked closely together in the past few years and would like to merge because this will allow patients of both practices access to the full range of clinical staff and services which they currently provide separately. A merger will make it easier for the practices to train and recruit new staff which has been difficult across the NHS in recent years.

All the patients at Bentley Surgery were invited to say what they thought of the proposal to merge and this report sets out answers to the questions most often raised by the people who replied.

The proposal will now be considered by the local NHS authority and if approved will take place from April next year.

If you would like to find out more, or join our Patient Participation Group, then please contact us at: donccg.bentleysurgery@nhs.net

Frequently asked questions (with answers)

Question raised by patients	Answer
Will Bentley Surgery close as a result?	No. Bentley Surgery will be one of the two sites if the practices merge. We plan to move into a more spacious and modern building in Bentley village but until that can happen the current premises will continue to be open as usual.

Will it be more difficult to get an appointment if there are more patients?	No. The number of appointments will not reduce and there will still be a same day urgent service. In fact there will be a greater number of different staff for you to choose from as the doctors, nurses and other professionals from the Nelson Practice join the team and we plan to introduce more appointments for mental health, physiotherapy and medication reviews.
Will I still be able to choose to see the GP or nurse I prefer?	Yes. The existing staff will all become part of the new practice.
Will I have to travel to Sprotbrough to be seen?	No. You will be able to choose whether to be seen at Bentley or Sprotbrough if you need a face to face appointment.



Proposals for the merger of Bentley Surgery and the Nelson Practice: Frequently Asked Questions

Introduction

Dr Grimwood, Dr Connor and Dr Parker have proposed a practice merger with Bentley Surgery.

The two practices have worked closely together in the past few years and would like to merge because this will allow patients of both practices access to the full range of clinical staff and services which they currently provide separately. A merger will make it easier for the practices to train and recruit new staff which has been difficult across the NHS in recent years. The Nelson Practice found it hard to replace Dr Wagstaff and Bentley Surgery GPs have helped us out a lot this year.

All the patients at the Nelson Practice were invited to say what they thought of the proposal to merge and this report sets out answers to the questions most often raised by the people who replied.

The merger proposal will now be considered by the local NHS authority and if approved will take place from April next year. The planned move out of the Scawthorpe site will not take place until at least 2023 to allow time for internal works on the Sprotbrough site to increase capacity there and plans for new purpose-built premises at Bentley have been progressed.

If you would like to find out more, or join our Patient Participation Group, then please contact us at: donccg.nelson-practice@nhs.net

Frequently asked questions (with answers)

Question raised by patients	Answer
Will it be more difficult to get an appointment if there are more patients?	<p>No. The number of appointments will not reduce and there will still be a same day urgent service. In fact there will be a greater number of different staff for you to choose from as the doctors, nurses and other professionals from Bentley Surgery join the team and we plan to introduce more appointments for mental health, physiotherapy and medication reviews.</p> <p>Bentley Surgery is a training practice which means we can “grow our own” future GPs (we already train nurses and medical students at Sprotbrough).</p>
Will I still be able to choose to see the GP or nurse I prefer?	Yes. The existing staff will all become part of the new practice. It is very important to us that the advantages of being bigger do not reduce the personal touch.
Will I have to travel to Bentley to be seen?	No. You will be able to choose whether to be seen at Bentley or Sprotbrough if you need a face to face appointment (and Scawthorpe until at least 2023).
Will there be enough space at Sprotbrough?	Yes. We are developing rooms in the building which are not currently in use so that there will be enough clinical space to expand into. Our teaching, training and meeting areas and minor surgery suite will continue to be used.
Will patients who live near the Scawthorpe site be unable to access	No. The Scawthorpe site was closed for six months due to Covid-related staff absences. In this time we expanded

<p>appointments when this is not used in future?</p>	<p>services at Sprotbrough and offered flexible appointments to patients who needed a lift to this site and this worked very well. Having access to the Bentley site will mean that patients can choose to be seen there if that is more convenient. Although there is not currently a direct bus route from Scawthorpe to Sprotbrough there is a Dial-a-Ride service and Ledger Bus service.</p> <p>Despite all this we appreciate there will be some inconvenience to some patients. Having served us, and Dr Nelson before us, well in the past the Scawthorpe building is increasingly unfit for purpose and splitting staff across sites has made recruitment of new GPs very difficult as they do not wish to work alone.</p> <p>We have negotiated a new lease with the owners of the Scawthorpe building and this means that we will not have to move out until all the developments at Sprotbrough are complete.</p> <p>We will carefully monitor patient satisfaction with the changes we make to make sure that new arrangements are sensitive to the needs of all our patients.</p>
<p>What about working with Park View Surgery which shares the Sprotbrough building with the Nelson Practice?</p>	<p>We work very closely with Dr Deepak who is the current lead GP at Park View Surgery. He has been happy to support the internal work in the building and we have asked him if he would like to join with us in the new merged practice in the future.</p>



Doncaster Council

Report

Date: 28th January, 2021

To the Chair and Members of the
Health and Adult Social Care Scrutiny Panel

GET DONCASTER MOVING

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Nigel Ball	All	No

EXECUTIVE SUMMARY

1. This report provides an overview of what we have done, where we are now and our compelling vision for how physical activity can contribute to Doncaster's ambitions, via the delivery of Get Doncaster Moving the boroughs Physical Activity and Sport Strategy over the past 4 years and most recent investment proposals submitted to Sport England via the Local Delivery Pilot as well as future planned work.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. That the Scrutiny Panel is asked to give consideration to the information contain in the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Doncaster has persistently low levels of participation in physical activity and sport and this impacts on the quality of life of its residents. Previously completed insight has highlighted just how stark physical activity levels are across the borough. Approximately a third of Doncaster residents are sedentary, performing less than 30 minutes of physical activity per week. In our most deprived communities, this figure rises to almost two thirds. Creating a more active borough is an investment in developing greater human, economic, social and environmental capital. High levels of inactivity have a negative impact on the health of people, economies and the environment. Higher levels of physical activity are associated with positive outcomes such as reduced crime, pollution and traffic. Additionally,

www.doncaster.gov.uk

productivity, school performance, property values, health and well-being improve drastically with an active population.

5. Doncaster's success in becoming one of only twelve Sport England Local Delivery Pilots, nationally, is a unique and exciting prospect. It provides our residents with the opportunity to live in a borough where being physically active is easily accessible and contributes to Doncaster being a nice place to live, care, learn and work.
6. Most recently, Get Doncaster Moving has played an anchor role over the course of the Covid response that will continue as Doncaster moves into recovery and renewal. This will be pivotal in supporting residents to adapt to a new normal in safe and resilient and thriving communities. Get Doncaster Moving Investment elements such as 'Active Communities', 'Active Travel', 'Parks & Open Spaces' and Facility Investment will be of particular importance during recovery, whether this be; facilitating improvements and accessibility to public spaces and active travel infrastructure; supporting communities with 'Active Communities' grants;
7. We will need to maintain a strong viable community sector if we are to increase levels of physical activity. Our approach of working with and communities, is starting to show positive returns, Collaborative approach with Well Doncaster team is ensuring we build alongside the community taking their lead and ensuring a long-term vision is design and delivered by the community members.
8. Our continued work and delivery of Get Doncaster Moving post-Covid-19 will help facilitate; the demonstration of positive crowd behaviours and social norms; the support of residents' wellbeing and coping capabilities; while continuing to support Doncaster to be a healthier and more vibrant borough. All of which will be of great benefit to Doncaster residents as the dust settles and a new normal is established.

BACKGROUND

9. Over the last 4 years Doncaster has been working resolutely on addressing physical inactivity through Get Doncaster Moving (GDM) our 10 year strategy to increase levels of physical activity and sport across the borough.
10. Get Doncaster Moving sets out a vision for 'Healthy and Vibrant Communities through Physical Activity and Sport' which is delivered through the strategies 5 broad themes, being:
 - Walking
 - Cycling
 - Parks and Open spaces
 - Sport
 - Dance
11. This work was initially established through an award in April 2018 of £389,733 from the Service transformation Fund that provided the base framework to commence delivery of GDM and develop stronger partnerships.

12. This work has been recognised by Sport England for our compelling vision for change and we have been able to access significant support and funding, including capital funding for Doncaster Cycle Circuit and approval of Local Delivery Pilot (LDP) status, following a competitive 12 month application process
13. The LDP forms an important component for the implementation of the Get Doncaster Moving (GDM) Strategy and continues to test and explore what it takes to secure population scale change in physical activity behaviour. To support this the LDP provides a significant amount of resource across a number of themes and activities, with a total of £9.5m funding awarded or in principal approved, that will take us through to march 2025.
14. The LDP was initially set to last over a 4 year period, ending in March 2021 but has since been extended for an additional 4 years, until March 2025 as it has been recognised that this work will take time to deliver significant impact. This is not a typical programme, at its heart the LDP aims to better assist with creating long-lasting and sustainable change beyond its delivery period
15. Our work has developed and our whole system approach has started to embed itself across our internal and external partners and we are starting to see the fruition of this work. Summarised below is key work streams that have developed across GDM.
- 16. Active Communities**
17. Initial research completed by Sheffield Hallam University identified that levels of inactivity in 8 of our communities are far worse than borough averages and demonstrated the stark differences that are apparent across and within our communities. In response to this, our Phase 3 LDP investment included staffing resource to facilitate the development of sustainable initiatives, projects and events in conjunction with local community groups and individuals. The overall aims being to test new ways of getting people more active and creating long lasting change by improving the skills and strengths of residents and communities to tackle inactivity. This work stream has been driven in collaboration with Well Doncaster.
18. Our approach to addressing inactivity is built upon continual engagement with communities. Phase 4 LDP investment seeks to extend our resource and provide match funding of 50% to extend the capacity of Well Doncaster Officers, enabling community engagement for a further 4 years; while also scaling up and integrating within the localities working model
- 19. Evaluation and Capacity**
20. GDM and the LDP are committed to sustainability and by that we mean embedding our work within existing systems to ensure physical activity is considered wherever possible. This means working with and developing communities, other departments and organisations so physical activity opportunities are and continue to be provided and considered. Examples of this include collaborative work with Street Scene, PIC, Planning and Enforcement to name a few. This is to ensure continued sustainability following programme and post end. As work continues to develop and progress, we will continue to review requirements and explore opportunities

as they arise.

21. Our successful approach in delivery of GDM has meant that the duration of the LDP has been extended from March 2021 to March 2025, to better assist with creating long-lasting and sustainable change. A number of staff posts and the current evaluation process have been funded by the LDP until March 2025. This will enable the team to continue to embed physical activity across the system. We have been successful in our current work but there is much more to do and this support will greatly help.
22. Covid has had an impact on delivery and staffing capacity which has had to flex to support the response to covid. However, it has provided opportunity to foster new and stronger relationships with internal and external partners. This work has enabled us to accelerate relationships and work such as the support to the localities based approach.
23. The extension of funding has enabled us to review our evaluation approaches to peruse opportunities to better understand the evidence and evaluation we have gathered over the past 4 years. This will put us in a strong position to become more forensic and targeted with resources.

24. Parks and Open spaces

25. Parks and open spaces are most definitely an important asset to Doncaster and its residents. They are consistently identified as being valued through community engagement; and provide a free, local and accessible way for people to be active.
26. Our Phase 3 LDP investment saw the provision of additional capacity to enable our approach to parks and open spaces be developed at pace in collaboration with the Land Use Consultants. Further evidence reviews, local information gathering and community engagement has been undertaken in order to develop an overarching framework and recommendations that identify; the changes most needed to set in motion a shift in our open space provision; how it is accessed, utilised and engaged with. Specifically there are now 15 bespoke plans that identify key areas for improvement that are central to the future parks work.
27. The funding recently received through the LDP will enable us to bring the 15 bespoke plans from concept to completion. This will take time and the learning undertake during the process will enable us to constantly adapt and refine our approach to leave a lasting legacy across our green spaces

28. Active Travel

29. To underpin the significant and collaborative work that has been driven by the Doncaster Active Travel Alliance that includes the Transport Team and Public Health amongst other colleagues, our latest LDP investment has provided additional funding to continue to develop a whole systems approach towards active travel. This area of work is one of the most developed as a whole systems approach of working.
30. Our Transport Team have been successful in a multi-million pound transformational package for active travel schemes via the Transforming Cities Fund. Our LDP investment affords the opportunity to support further

testing of temporary infrastructure, travel behavioural analysis and community engagement low traffic schemes.

31. The recently adopted Walking and Cycling Strategies provide recommendations to improve and support active travel. Sport England investment through the LDP will support and maximise the implementation of these recommendations.

32. Sports Development

33. Along with our wider approach, we are looking to redefine the support for providers of community sport We are working closely with Sport governing bodies to support this work and are testing new approaches to support new cohorts of our communities to access the traditional settings.

34. This has included revisiting the traditional model of community club and starting to reset their position as community resource rather than pure community club. Good examples of this approach include the family fund programme at Wheatley rugby club where we are testing approaches to extend the reach of the club to support families and the recent establishment of Community Interest Company as part of the castle park structure.

35. We are also working closely with Club Doncaster to structure a bid to Football Foundation to provide much need community activity and resources. We have been awarded stage 2 enabling us to access small amount of funding to further research the need to hopefully deliver successful bid accessing the resources.

36. As with other programmes we have flexed our resources and worked with partners to help clubs when need, this ranges from working with Sport England to help clubs affected by floods in 2019 to access much need capital funds through to realigning our grant packages to help clubs to become covid secure. As we recover from covid we will continue to listen and work with the voluntary sector to redefine our offer that best meets their needs.

37. Leisure Facilities

38. Our leisure facilities operated by Doncaster Culture and Leisure Trust (DCLT) provide a significant resource that enables our residents to maintain an active lifestyle. Pre covid the group of centres attracted just under 2 million visits per year.

39. Despite the popularity of our facilities, some are physically in a poor state of repair and need a refresh of their offer. This work has been ongoing with investment being given and planned. There is a significant resource requirement to achieve this and considerable amount of work has been undertaken to understand what is need to bring the stock of facilities up to date.

40. A good example of this approach was the re development of Adwick Leisure Centre. A mix of capital monies and prudential borrowing undertaken by DCLT has enabled the facility to diversify its offer. Repurposing an under used sports hall has increased footfall, provide much needed leisure and

community resource while at the same time attracting new customer base.

41. This evidence-based approach to redevelopment will be continued as we roll out capital developments over the coming years. We will as part of the process meet the much need maintenance requirements but at the same time look to extend the offer at each site.
42. Sport England have supported this work with technical advice and funding. This has put us in a good position to be able to respond to demand and need such as the work we undertook to open Hatfield Outdoor centre in June as we came out of lock down. This has enabled the facility to significantly increase bookings, bring increased visitors to the site investing in the local economy.
43. The capital program will see investment into Askern and Armthorpe in 2020-21 and Dearn Valley, Thorne and Hatfield in 21-21. Future years will see works across the remaining centres

44. Dance

45. Dance is identified as 1 of the 5 themes of GDM. As a none 'traditional' and informal form of physical activity, dance provides the opportunity to engage more of our residents and communities. The fact that 'traditional', formal activity does not always resonate with communities when working to address physical inactivity has continued to be highlighted over the course of the LDP.
46. To date, Doncaster has seen the adoption of a Dance Strategy along with the formation of the Get Doncaster Dancing' Steering Group, responsible for the implementation, governance and monitoring of the strategy.
47. Additionally, Doncaster is currently a part of the 'Dance On' Programme, funded by Sport England and supported by One Dance UK, aiming to increase physical activity and reduce social isolation in women over 55.
48. The extension in funding will enable the Dance On programme at scale across Doncaster, develop the dance workforce to deliver sustainable dance opportunities for inactive residents and provide resource for the dance sector to deliver the recommendations of the Dance Strategy.

49. Major Events

50. Doncaster has been in the fortunate position to host a number of significant international events hosting of these events has shown that they can and do have significant social impact.
51. Through our partnership with Leeds Beckett University, we have been able to measure and research the social impact, enabling better delivery of each and future events. This work has increased the reach of the events making lasting change within the communities
52. Over the past 4 years, we have held h 4 stages of the tour de Yorkshire, including two stage finishes and one stage start. Two stage starts of the UCI road worlds, Two England Women's Rugby Union Games.

53. In 2021 we will host 3 stage games for the Rugby League World cup and a nation team for the period of the event. With a view to the future, we have submitted expressions of interest to host teams and events.
54. Underpinning GDM work is the emphasis to share learning locally and nationally. As Doncaster are seen as national leaders in the social impact of events, Leeds becket working with UK sport and Sport England are developing a practitioners hand book that will be published 2021, that will assist external organisations and Local authorities to maximise the impact of their events

OPTIONS CONSIDERED

55. That the report be considered by the Scrutiny Panel.

REASONS FOR RECOMMENDED OPTION

56. For Members of scrutiny where possible to champion Get Doncaster Moving to delivery long-lasting change to the levels of physical inactivity

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 57.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>To use physical activity and sport as a way to ensure Doncaster's residents take advantage of any economic growth in Doncaster.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>The LDP contributes to the Get Doncaster Moving transformational programme ensuring there is a whole system approach to addressing our physical activity challenges</p>
	<p>Doncaster Learning: Our vision is for</p>	<p>One of the areas of focus is</p>

	<p>learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>families and children. It is well evidenced that physical activity contributes to children and young people's learning.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Physical activity levels reduce in older age. We are focussing on those residents who are the most inactive, helping them to live well and independently.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>The LDP is utilising community insight to ensure that we build on the assets that we have and enhance community capacity to improve people's lives through physical activity</p>

RISKS AND ASSUMPTIONS

58. There are a number of risks associated with Get Doncaster Moving programme

Financial & Legal/compliance	GDM relies on significant investment from internal and external bodies to enable delivery of the strategy which address inactivity in Doncaster. Inability to access these funding streams over the long-term will result in greater financial impacts through the worsening of health and productivity in the population.
Organisational	Without this funding, the resource and staff capacity to work on this challenge is significantly affected.
Reputation / Stakeholder Management	The GDM is overseen by a group of strategic stakeholders who are committed to addressing inactivity across the Borough. Our local and national reputation if we do not continue with our commitment to GDM will severely affect and risk future funding in this area of work.
Strategic Planning & Service Delivery	Get Doncaster Moving is a core element within DGT. This strong position enables us to lever offers of support and funding from Sport England and other providers. Overall progress of GDM would be severely hampered if the strategy does not continue to be seen as a priority for the borough.

LEGAL IMPLICATIONS [Officer Initials SRF Date 18/12/20]

59. There are no specific legal implications arising from this report. Specific advice can be provided in relation to any issues raised by the panel

FINANCIAL IMPLICATIONS [Officer Initials – EP Date - 23/12/20]

60. There are no financial implications arising from this report.
Doncaster previously secured £2.64m funding from Sport England to deliver the first 3 phases of the Local Delivery Pilot (LDP). Additional Sport England funding of £6.925m has been secured for phases 4 & 5 to deliver key proposals as outlined in the body of the report and was approved by cabinet on 11/08/20.
61. Capital funding for leisure facility improvements was approved as part of 2020/21 budget setting for £1.5m as included in the AHWB capital programme. Future capital funding decisions will form part of the budget setting process for each subsequent year.

HUMAN RESOURCES IMPLICATIONS [Officer Initials SB Date - 4.12.2020..]

62. There are no HR Implications

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date - 18/12/2020.]

63. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials AM..Date 08/01/2021]

64. Creating a more active borough is an investment in developing greater human, economic, social and environmental capital. Physical inactivity will cost one week per person per year in lost productivity (Proper et al 2006). Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.
65. Doncaster has experienced low levels of physical activity and currently there is almost a third of our adult residents who are sedentary (do less than 30 minutes per week). This figure rises to two thirds in our most deprived communities. The Sport England Local Delivery Pilot is driving key elements of Doncaster's Physical Activity and Sport Strategy by creating the right conditions for physical activity to be embedded into the fabric of daily life.
66. It is recommended that GDM ensures that it considers the inequalities that exist in Doncaster's physical activity participation and that any projects delivered do not exacerbate these.

EQUALITY IMPLICATIONS [Officer Initials AM Date 31/12/20.]

67. The vision for Get Doncaster Moving and Doncaster's Local Delivery Pilot is to address the inequalities that exist in the physical activity participation levels of Doncaster residents. Our approach continues to explore these inequalities, offering insight and testing interventions that address the gaps that currently exist. A Due Regard Statement has previously been developed for the Physical Activity and Sport and LDP paper and we will be ensuring we continue to take due regard where inequalities exist.

CONSULTATION

68. Get Doncaster Moving has been developed using information and insight gathered from a number of sources. This has included the research with our communities and our various engagement activities with colleagues, stakeholders and strategic leads across a number of organisations

BACKGROUND PAPERS

69. Get Doncaster Moving Strategy <https://getdoncastermoving.org/strategy>

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

LDP Local Delivery Pilot
SE Sport England
GDM Get Doncaster Moving

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Doncaster Council

Report

28th January, 2021

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

Childhood Obesity – Moving to a Compassionate Approach

Relevant Cabinet Member(s)	Wards Affected	Key Decision
<p>Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture</p> <p>Councillor Nuala Fennelly, Cabinet Member for Children, Young People and Schools</p>	All	No

EXECUTIVE SUMMARY

1. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
2. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.
3. We have not seen the impact we might have hoped for with our current approach to preventing and reversing the trend of overweight and obesity in children. We want to explore how we might think differently about obesity prevention and how we can better support families to improve health and wellbeing in a way that is meaningful to them.

EXEMPT REPORT

4. There is no exempt information contained in the report.

RECOMMENDATIONS

5. That the Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. Obesity in children both poses a significant public health challenge. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease.
7. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
8. We have not seen the impact we might have hoped for with our current approach to preventing and reversing the trend of overweight and obesity in children. We want to explore how we might think differently about obesity prevention and how we can better support families to improve health and wellbeing in a way that is meaningful to them.

BACKGROUND

National Evidence

9. National reports evidence that whilst obesity prevalence overall is plateauing, the obesity burden is increasing for children from the most deprived areas and this is worsening over time. Obesity inequality becomes most pronounced between the ages of 5 and 11. A five year old from a low income background is twice as likely to be obese than a child from the most affluent background and this becomes three times more likely at age 11 years.

Local data - Obesity

10. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight (either overweight or obese*), increasing to 1 in 3 by the time of leaving primary school. In relation to obesity (including severe obesity*); approximately 1 in 10 children are obese at the start of primary school and this doubles to 1 in 5 by the time of leaving.
11. Analysis of NCMP data shows that in Doncaster, excess weight prevalence increases as children age in primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.

Local response

12. The public health children and young people's (CYP) team are working to tackle some of the factors that can contribute to childhood obesity through a combination of commissioned services; provision of training and resources for people who work with children and young people; and the promotion of environments that support healthy behaviours.
13. Healthy Learning, Healthy Lives (HLHL) is Doncaster's own health and wellbeing award scheme designed for schools, colleges and early years providers. The comprehensive Healthy Learning Healthy Lives website supports settings with free resources and information that will enable them to promote health throughout their organisation and identify their own strengths and weaknesses and improve their own practice. A dedicated worker can offer support, advice and information to ensure all settings are able to successfully attain accreditation.
14. As well as educational settings, public health CYP team support the wider children and young people's workforce through the distribution of oral health and healthy eating promotional materials and best practice guidance. We also offer a comprehensive training programme for anyone working with children and young people around healthy eating and oral health promotion.
15. The public health commissioned services, Health Visiting and Schools Nursing, lead on the delivery of the Healthy Child Programme. Healthy eating, oral health, and physical activity are key themes running throughout the programme starting in the early years with promotion of breastfeeding, weaning advice and first foods, to school aged children and continuing advice around health eating, nutrition and promoting physical activity as a means to support healthy development as well as to maintain a healthy weight.
16. 'Get Doncaster Moving' aims to help Doncaster's communities become healthier and more vibrant, by increasing participation in physical activity and sport. Please refer to the "Get Doncaster Moving" report circulated with the agenda for this meeting, for more details of this programme.
17. There is no doubt that services and programmes described above play a role in a system-wide approach to tackling obesity, however, many of these programmes have been in place now for several years and we are not seeing the impact we would have hoped.
18. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.
19. We do not fully acknowledge the mental and financial burden poverty and inequality places on people and the way it constricts their lives. Why is it that most people generally know what is 'healthy' but struggle to change their behaviour and translate into practice?

Poverty and food insecurity

20. Low-income communities disproportionately face the greatest risk of obesity and associated health conditions. Children in families from more deprived areas are less likely to have the recommended 5 portions of fruit and vegetables per day and more likely to have low physical activity levels.
21. An obesity paradox exists within families who struggle with food insecurity. Compared with studies 50 years ago, where families experiencing food insecurity were less likely to be obese, this relationship has now been inverted, with families who experience financial hardship being more likely to be overweight or obese.
22. Some factors influencing this are psychological stress, which could be a result of worries such as paying the bills, having free time to plan/support mealtimes, food affordability and accessibility, neighbourhood safety and access to safe places to exercise. It is a reality that energy dense, nutrient poor foods are more affordable for those with a low household income, while also being more appetising and preferable to children.

Family lifestyle and caregiver dynamics

23. Family dynamics and home environment have a large impact on weight¹. Children learn to eat by what is around them. Children are likely to follow the behaviour of the parent/s and then this behaviour continues into adolescence and adulthood. If a child sees healthy eating practices by their parent, this is likely to have a positive influence in preventing lifestyle related disease.²
24. Nutrition during pregnancy and a child's early years is of great consequence in the child's growth and development and has a significant impact on health and disease during the life course. Research has shown that children are less likely to be overweight when caregivers are responsible for:
 - selecting foods for a balanced meal (including protein, carbohydrates, fruits and vegetables, calcium and fat):
 - deciding where the family eats and being present and supportive at mealtimes:
 - allowing the child to take responsibility of what to eat and how much to eat of the food provided.
25. A chaotic food environment can be created with both under and over control of a child's food intake. Poor nutrition or inconsistent food supply, or under support by not providing regular feeding opportunities or appropriate modelling for eating, are associated with weight gain and growth problems in children.³

Thinking differently about our approach to childhood obesity

¹ Gray, L., Hernandez Alava, M., Kelly, M. and Campbell, M., 2018. Family lifestyle dynamics and childhood obesity: evidence from the millennium cohort study. *BMC Public Health*, 18(1).

² Guy's & St Thomas' Charity and The Behavioural Insights Team, 2018. *Bite Size: Breaking down the challenge of inner-city childhood obesity*.

³ Eneli, I., Crum, P. and Tylka, T., 2008. The Trust Model: A Different Feeding Paradigm for Managing Childhood Obesity. *Obesity*, 16(10), pp.2197-2204.

26. Given what we know about the effects of disadvantage and inequality, and knowing that the interventions we currently have in place are not sufficient on their own to have any meaningful impact, we want to explore how we can adjust our approach to incorporate more supportive measures that help families navigate the unfair environments they live in.
27. **Focusing on interventions at a Family level rather than focusing on the individual child** - for example, family meal times. Encouraging parents to eat meals together as a family at a table, has been found to reduce obesity rates in children, by focusing on group enjoyment and communication.
28. **Family-led changes** – Well-meaning health professions setting unachievable, unrealistic goals for a family might only lead to feelings of failure and shame for the family. Finding out what changes the family want to make and what they think is achievable will be far more sustainable in the long term and far more meaningful to the family. We should celebrate small achievements; accepting our agendas may not match.
29. **Supporting parent/caregiver to implement changes to routine and/or feeding practices** - Any intervention should fully explore barriers the family might have, acknowledging for example, that a child's time may be split between many households, including two sets of parents, grandparents, informal childcare arrangements and formal childcare arrangements – this will all impact on how a family operate in terms of their shopping, feeding and eating habits.
30. **Small, gradual changes to improve nutrition and eating patterns** - Thinking about small changes families can make to improve the diet that are realistic within their circumstances and sustainable, for example looking at where the family could gradually incorporate more fruit and veg into their diet, rather than insisting upon the immediate implementation of '5 a day'.
31. **Rethinking how we measure success** – A traditional intervention for an overweight child (restrictive diet; increased physical activity) will most likely measure the success of the intervention on the extent to which the child lost weight. But does this intervention address any of the underlying factors that led to the child becoming overweight in the first place? What will happen if we revisit the child in 6 months, a year, 2 years? Supporting simple, family-led changes, may have more impact on the overall wellbeing of the family than any short term, targeted intervention.
32. **Kindness, compassion, and anti-stigma** - Being judgmental of families or shaming them about how they live their lives will not encourage or support the long-term adoption of healthier behaviours. We should be engaging and empowering families and communities, building self-efficacy and self-worth. We should be celebrating everyone in Doncaster, regardless if their body size or shape, recognising everyone's value and contributions.
33. In order to test this proposed new approach, we plan to carry out a full and comprehensive consultation with families and co-produce any new interventions to ensure they are tailored to the need of families and will lead to sustainable changes in health behaviours.

OPTIONS CONSIDERED

34. There are no alternative options within this report as the intention is to provide the Panel with an opportunity to note and consider the information presented.

REASONS FOR RECOMMENDED OPTION

35. Not applicable.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 36.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Prevention of long-term illness into adulthood which may affect an individual's ability to find and maintain employment.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Prevention of long-term illness into adulthood that may impact on an individual's ability to flourish and lead lives they value</p> <p>Support early formation of good habits in relation to consumption of healthy foods and incorporating movement and physical activity in to everyday lives</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares 	<p>Ensuring all children can participate fully in educational opportunities and are not held back by poor physical or mental health</p>

	young people for the world of work	
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	Support early formation of good habits in relation to consumption of healthy foods, movement and physical activity
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

37. There are no specific risks associated with this report.

LEGAL IMPLICATIONS [Officer Initials SRF Date 14/01/20]

38. There are no specific legal implications arising from this report. Specific advice can be provided if required.

FINANCIAL IMPLICATIONS [HR 14/01/21]

39. There are no financial implications arising directly from this report

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 15/01/2021]

40. There are no direct HR implications in relation to this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...13/01/21]

41. There are no technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials...LB.....Date ...13.01.21]

42. Childhood obesity poses a significant public health challenge and disproportionately affect children from disadvantaged backgrounds.
43. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time, which has a life-long impact on health. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral health in children, young people and families rather than single interventions on their own.
44. A more compassionate approach, focusing on self-kindness, removing judgement and supporting parental implementation of small manageable changes and goals, can reduce the risk of disordered eating, weight cycling and associated health conditions, poor mental health due to feelings of shame and/or failure, which has been linked with some traditional approaches.
45. Public Health England (PHE) published 'Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight'. The guide takes local authorities through a 6-phase 'how to' process from engaging senior leaders and wider stakeholders to conducting system mapping and action planning workshops, to reviewing and adapting the approach.

EQUALITY IMPLICATIONS [Officer Initials LB Date 13.01.21.]

46. This report outlines how work is being undertaken locally to reduce inequalities in health and improve health outcomes for those who experience disadvantage and poorer health outcomes. Delivery of these programmes and services aims to reduce inequalities for groups with protected characteristics and to promote equitable access.
47. Childhood obesity affects children from disadvantaged backgrounds disproportionately. Some other protected characteristics are more risk of poor oral health or obesity including looked after children, different ethnic groups and children with disabilities. By utilising a whole systems approach that utilises multiple programmes to provide universal prevention, whilst targeting those most at risk of poor health, it is anticipated that inequalities could be reduced.
48. During the development of Public Health programmes and services, local data is utilised to identify those protected characteristics most at risk and understand the barriers they face, this includes local population health data and, where appropriate consultation with the target populations is undertaken. Interventions are designed and targeted to ensure that those most likely to experience poorer health outcomes, or those less likely to participate are engage and that barriers are identified and mitigated.

49. Recent consultations in the Doncaster Talks 'COVID-19 Spring 2020' survey showed the following:
- One third of those under 65 reported a negative financial impact resulting from the pandemic.
 - 39% of people said the availability of groceries and essentials were affected.
 - Stress and anxiety featured prominently in the responses.
50. The 'Doncaster Council Pupil Lifestyle Survey Primary School Report 2020' reported the following:
- 12% of pupils don't have breakfast or only have a drink. This figure increases to 16% for those who receive Free School Meals.
 - 91% of pupils know what to eat and drink to be healthy, and 23% are likely to make healthy choices when deciding what to eat.
 - 45% of pupils have seen a Dentist in the last year, which decreases to 39% for those who receive Free School Meals.
51. For these complex issues it is important for ongoing consultations to be completed in order to identify at-risk groups and effectively tackle underlying factors.

CONSULTATION

52. Consultation is ongoing

Doncaster Council Pupil Lifestyle Survey Primary School Report 2020

Doncaster Talks - 'COVID-19 Spring 2020' survey

Doncaster Talks – A customer insight report for Team Doncaster, Feb 2018

BACKGROUND PAPERS

Gray, L., Hernandez Alava, M., Kelly, M. and Campbell, M., 2018. Family lifestyle dynamics and childhood obesity: evidence from the millennium cohort study. *BMC Public Health*, 18(1).

Guy's & St Thomas' Charity and The Behavioural Insights Team, 2018. Bite Size: Breaking down the challenge of inner-city childhood obesity.

Eneli, I., Crum, P. and Tylka, T., 2008. The Trust Model: A Different Feeding Paradigm for Managing Childhood Obesity. *Obesity*, 16(10), pp.2197-2204.

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Please note dates of meetings/rooms/support may change

OVERVIEW & SCRUTINY WORK PLAN 2020/21

	OSMC	H&ASC O&S	CYP O&S	R&H O&S	C&E O&S
May	Friday 1st May, 2020 11am – Briefing Session				
	OSMC and Vice Chairs - way forward during the Covid-19 pandemic period.				
	Wednesday 13th May, 2020 5pm – Briefing Session				
	How the Local Authority is identifying and responding to the needs of vulnerable people				
	Thursday 28th May 2020 5pm – Briefing Session				
	Use of grant funding and impacts				
June	Thursday 11th June 2020 5pm – Briefing Session				
	Street scene services, cleaner and greener; Household Waste Centres				
	Thurs, 25th June 2020, 10am (AS)				
	<ul style="list-style-type: none"> • Qtrly Finance & Performance Report – Qtr 4 <ul style="list-style-type: none"> • DMBC • SLHD • DCST • Scrutiny Work Plan 				

Please note dates of meetings/rooms/support may change

July	Cancelled Thurs, 16th July 2020, 10am	Cancelled Thurs, 2nd July 2020, 10am	Thursday 9th July 2020 5pm – Briefing Session	Thursday 23rd July 2020, 5pm – Briefing session	Wed, 29th July 2020, 10am
			<ul style="list-style-type: none"> Home schooling during Covid-19 pandemic – schools approach and support and advice available Potential impact on educational outcomes 	<ul style="list-style-type: none"> Impact on delivery of major projects during the covid-19 pandemic 	<ul style="list-style-type: none"> Update on Environmental Strategy and Climate Commission Work planning meeting
	Wed 29th July 2020 1pm	Mon 27th July 2020 12.30 pm	Cancelled Thurs, 23rd July 2020, 4:30pm	Thurs 30th July 2020 5pm	
	Work planning meeting	Work planning meeting		Work planning meeting	
		Tues 28th July 2020 11am (CM) South Yorkshire Regional Joint Scrutiny Virtual Meeting.			
Aug		Thurs 6th August 2020 5pm (CM)	Mon 3rd Aug 2020 5pm		
		<ul style="list-style-type: none"> Mental Health (include suicide prevention) – impact from the covid-19 pandemic 	<ul style="list-style-type: none"> Work planning meeting 		
Sept	Thurs 3rd Sept 2020, 12:30pm Cancelled & moved from 10th Sept 2020, 10am (CR)				Friday 18th Sept 2020 9.30am (CR)
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 1 (specific issue staff sickness and back to work interviews) (c) <ul style="list-style-type: none"> DMBC SLHD DCST O&S Workplan – Sept Update (c) 				<ul style="list-style-type: none"> Flooding Briefing session

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	<ul style="list-style-type: none"> Licensing Strategy (c) 				
	Tues, 22nd Sept 2020 at 4pm Briefing Session		Thurs, 17th Sept 2020, 4:30pm (CM)		
	<ul style="list-style-type: none"> Planning White Paper Consultation (c) 		<ul style="list-style-type: none"> Theme - Early intervention in localities supporting families in the place (c) 		
	Tues, 23rd Sept 2020 at 5pm Extraordinary Meeting		Ext Tues, 29th Sept 2020, 5:00pm (CM)		
	<ul style="list-style-type: none"> Call-in – financial assistance market operators 		<ul style="list-style-type: none"> Theme – Participation Child Friendly Borough (c) Doncaster Offer (Youth Strategy) (c) 		
Oct				Thurs 8th Oct 2020 at 4pm R and H Briefing Session (All Members welcome)	
				<ul style="list-style-type: none"> Housing Strategy Housing Delivery Plan 	
	Thurs, 8th October 2020, 10am	Thurs, 1st October 2020, 10am (CM)		Mon, 12th Oct 2020 at 1pm rescheduled from Wed, 14th Oct	Thurs, 22nd October 2020 At 2pm (CM)
	<ul style="list-style-type: none"> Council Compliments and Complaints (c) 	<ul style="list-style-type: none"> Ensuring access to day support and short breaks during the Covid 19 pandemic (c) Health Protection Assurance Report (deferred from meeting in March 2020) (c) 		<p>Economic impact arising from COVID (c)</p> <ul style="list-style-type: none"> To include Business Support Grants (main fund and discretionary fund) <ul style="list-style-type: none"> how has this been utilised. 	<p>Flooding (c)</p> <ul style="list-style-type: none"> Section 19 requirements; Winter preparations for flooding assurance ahead of winter period
Wed, 21st October 2020, 4pm Members Seminar –OSMC led					

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

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	<ul style="list-style-type: none"> Planning White Paper Consultation (c) 				
Nov	<p>Mon 2nd Nov 2020, 10am rescheduled from Thurs, 5th Nov</p>	<p>Thurs, 26th Nov 2020, 10am</p>	<p>Wed 4th November, 2020 at 4pm – Members Briefing</p>		<p>Wed 25th November, 2020 at 10am</p>
	<ul style="list-style-type: none"> Digital Recovery & Renewal Strategy(c) 	<ul style="list-style-type: none"> Winter Planning Partnership Plan to including hospital discharges to care homes, track and trace (local) and CV-19 Doncaster position (c) Update from Doncaster and Bassetlaw Teaching Hospitals (c) 	<ul style="list-style-type: none"> Doncaster Offer (Expect Youth) 		<ul style="list-style-type: none"> Domestic Abuse (during the pandemic) – briefing session (c) Briefing session Environmental Strategy development (c)
			<p>Extraordinary- Wed 11th November, 2020 4.30pm</p>		
			<ul style="list-style-type: none"> Theme Education, Skills and Curriculum Recovery Achievements in relationships with Academies; Reintegration into education; NEET; Skills and transition into employment. Education achievement and attendance (c) Learning Provision Organisation Strategy; (c) 		
Dec	<p>Thurs 3rd Dec 2020, 10am (AS)</p>		<p>Wed 2nd December, 2020 at 4pm – Members Briefing</p>		
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 2 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 		<ul style="list-style-type: none"> Big Picture Project Update 		

Please note dates of meetings/rooms/support may change

Jan	Wed, 20th Jan 2021 10am Members Briefing (CM, CR and AS)	Mon, 11th Jan 2021 at 1.30pm Members Briefing (CR)	Postponed Wed, 27th Jan 2020, 4:30pm (was 10th Dec 2020) items transferred to 11th March (CM)	Thurs, 14th Jan 2021, 1pm Members Briefing (CM)	
	<ul style="list-style-type: none"> Review of Ward Budgets - 6 months on – addressing community vibrancy, lessons learnt particularly operating through Covid-19, barriers - review 	<ul style="list-style-type: none"> Service Delivery Model for Public Health Services for 5-19 year olds (c) 		<ul style="list-style-type: none"> Town Investment Plan Doncaster and Stainforth (c) 	
	Fri, 29th Jan 2021 10am Members Briefing (CM)	Thurs, 28th Jan 2021, 10am CR			
	<ul style="list-style-type: none"> Corporate Plan (c) 	<ul style="list-style-type: none"> Childhood obesity (c) Get Doncaster Moving (to include invite to DCLT) (c) Substantial variation GP Practice Proposed Merger (c) 			
Feb	Mon, 1st Feb 2021, 1.30pm Members Briefing CR			Thurs 18th Feb 2021, 2.30pm Members Briefing CR	Wed, 10th Feb 2021, 10am CM
	<ul style="list-style-type: none"> Budget (c) 			<ul style="list-style-type: none"> Climate Commission Recommendations Impact on Housing (c) Quality Streets Active Travel and Digital Infrastructure programme: Doncaster Town Centre. (c) 	<p>Crime and Disorder Committee</p> <ul style="list-style-type: none"> Reflection on Covid period 2020 (c)
	Thurs, 4th Feb 2021, 10am CM?				Thurs 18th Feb 2021, 11am Members Briefing CM
	<ul style="list-style-type: none"> Education and Skills Strategy (c) 				<ul style="list-style-type: none"> Update on Winter Preparations (Flooding) Environmental Strategy (c)

FP – Forward Plan Decision

CR, CM or AS – Officer Responsible

Please note dates of meetings/rooms/support may change

	Thurs, 11th Feb 2021, 9:30am CR and CM				Friday 19th Feb 2021, 10am JW or CR
	<ul style="list-style-type: none"> Budget Corporate Plan (c) 				<ul style="list-style-type: none"> Tree Policy (c)
	Thurs, 25th Feb, 2021 10am AS				
	<ul style="list-style-type: none"> Qtrly Finance & Performance Report – Qtr 3 (c) <ul style="list-style-type: none"> DMBC SLHD DCST 				
March		Thurs, 18th March 2021, 2pm CM	Thurs, 11th March 2021, 4:30pm (to include items transferred from 27th Jan) CM	Wed, 3rd March 2021 – 10:00am CR	
		<ul style="list-style-type: none"> Health Protection Assurance Report (c) 	<p>Theme – Safeguarding</p> <ul style="list-style-type: none"> Whole System including demand management; Doncaster Children's Safeguarding Board Annual Report (c) <p>Theme – Health and well-being of children;</p> <ul style="list-style-type: none"> How to promote and transition of children with learning disability into Adult Education. 	<ul style="list-style-type: none"> Economic Impact Update and Assistance Provided to Business in Doncaster (invite Doncaster Chamber) (c) 	
Apr	Thurs, 1st April 2021, 10am Members Briefing				
	<ul style="list-style-type: none"> Possible scoping of Contract Commissioning for possible 2021/22 review 				
May					

Please note dates of meetings/rooms/support may change

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POSSIBLE ISSUES FOR FUTURE CONSIDERATION OR TO BE SCHEDULED					
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	Youth Justice Plan – being dealt with through a different process in 2020	Changes to Adult Social Care Charges 1 year on – first meeting in 2021/22	Doncaster Offer (Delivery Strands) (TBC)	Town Centre Car Parking (TBC) – 2021/2022	Environmental/Climate Change <ul style="list-style-type: none"> Transportation (link to Climate Change/Covid) – Review – timing tbc link to Regeneration and Housing – 2021/2022 Environment Strategy (Cleaner/Green proposed early January) – Ongoing 2021/2022 Other areas arising out of the above will be reviewed throughout the year and maybe rolled over on a continual basis.
	TBC: - <ul style="list-style-type: none"> DGT 2 Borough Strategy Corporate Plan 		All Age Learning Disability Strategy (TBC) – 2021/2022		<ul style="list-style-type: none"> Water Management Consortium and Doncaster East Internal Drainage Board– update following 2018/19 Flood Review (deferred from 2019/2020 tbc) – re Internal organisational changes
	Contract commissioning – roll over to 2021/22		Alternative Provision – Agreed to be added to the 2021/22 work plan at the 11 th November 2020 meeting		

BRIEFING NOTES					
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		<u>Briefing Note</u>		<u>Briefing Notes</u>	<u>Briefing Notes</u>
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Please note dates of meetings/rooms/support may change

		<p>Adults Safeguarding – January/February 2021</p>		<ul style="list-style-type: none"> • Homelessness – End January 2021 <ul style="list-style-type: none"> ○ response to homelessness (in response to Covid 19) and implications on housing stock/budget/support ○ ending of suspension of evictions for those renting in private renting (23rd Aug) when court actions can resume ○ impact on number that could be made homeless ○ support to those finding new accommodation/sustaining tenancies • Council Properties Rent Payments; - End January 2021 <ul style="list-style-type: none"> ○ Impact from job losses/redundancies/delays in Universal Credit ○ measures in place to support those impacted. • Flooding– flooding being addressed by C & E so may need to review what is 	<ul style="list-style-type: none"> • Rapid Improvement Programme – 2021/2022 • Future parks' and green spaces – 2021/2022 • Social Isolation and Loneliness Alliance Update - 2021/2022
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Please note dates of meetings/rooms/support may change

				<p>covered to avoid duplication and ensure the issues remained linked</p> <ul style="list-style-type: none">○ Flood resilience and housing – how we can become more resilient to flooding.○ Economic impact from flooding <p>To be considered at R&H O&S meeting</p> <ul style="list-style-type: none">● SCR Devolution● Funding Streams and progress made eg. Towns Fund January 2021 – 2021/2022?	
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DONCASTER METROPOLITAN BOROUGH COUNCIL
FORWARD PLAN FOR THE PERIOD 1ST FEBRUARY 2021 TO 31ST MAY 2021.

The Forward Plan sets out details of all Key Decisions expected to be taken during the next four months by either the Cabinet collectively, The Mayor, Deputy Mayor, Portfolio Holders or Officers and is updated and republished each month.

A Key Decision is an executive decision which is likely:-

- (a) to result in the Local Authority incurring expenditure which is, or the making of savings which are, significant having regard to the Local Authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Local Authority;
- (c) any decision related to the approval or variation of the Policy and budget Framework that is reserved to the Full Council.

The level of expenditure/savings which this Authority has adopted as being financially significant are (a) in the case of the revenue budget, gross full-year effect of £250,000 or more b) in the case of capital budget, £1,000,000 or more in respect of a single project or otherwise across one financial year.or the decision has a significant impact on 2 or more wards.

Please note in addition to the documents identified in the plan, other documents relevant to a decision may be submitted to the Decision Maker. Details of any additional documents submitted can be obtained from the Contact Officer listed against each decision identified in this plan.

In respect of exempt items, if you would like to make written representations as to why a report should be considered in public, please send these to the contact officer responsible for that particular decision. Unless otherwise stated, representations should be made at least 14 days before the expected date of the decision.

KEY

Those items in **BOLD** are **NEW**

Those items in **ITALICS** have been **RESCHEDULED** following issue of the last plan

Prepared on: Monday, 4th January 2021 and superseding all previous Forward Plans with effect from the period identified above.

Damian Allen
Chief Executive

MEMBERS OF THE CABINET

Cabinet Member For:

Mayor - Ros Jones

Deputy Mayor - Councillor Glyn Jones

Councillor Nigel Ball

Councillor Joe Blackham

Councillor Rachael Blake

Councillor Nuala Fennelly

Councillor Chris McGuinness

Councillor Bill Mordue

Councillor Jane Nightingale

- Housing and Equalities

- Public Health, Leisure and Culture

- Highways, Street Scene and Trading Services

- Adult Social Care

- Children, Young People and Schools

- Communities, Voluntary Sector and the Environment

- Business, Skills and Economic Development

- Customer and Corporate Resources.

Some Decisions listed in the Forward Plan are to be taken by Full Council

Members of the Full Council are:-

Councillors Nick Allen, Duncan Anderson, Lani-Mae Ball, Nigel Ball, Iris Beech, Joe Blackham, Rachael Blake, Nigel Cannings, Bev Chapman, Phil Cole, John Cooke, Mick Cooper, Jane Cox, Steve Cox, Linda Curran, George Derx, Susan Durant, Nuala Fennelly, Neil Gethin, Sean Gibbons, John Gilliver, Martin Greenhalgh, Pat Haith, John Healy, Rachel Hodson, Charlie Hogarth, Mark Houlbrook, David Hughes, Eva Hughes, Glyn Jones, R. Allan Jones, Ros Jones, Ken Keegan, Majid Khan, Jane Kidd, Nikki McDonald, Tosh McDonald, Chris McGuinness, Sue McGuinness, Bill Mordue, John Mounsey, David Nevett, Jane Nightingale, Ian Pearson, Andy Pickering, Cynthia Ransome, Tina Reid, Andrea Robinson, Kevin Rodgers, Dave Shaw, Derek Smith, Frank Tyas, Austen White, Sue Wilkinson, Jonathan Wood, Paul Wray.

WHEN DECISION IS EXPECTED TO BE TAKEN	KEY DECISION TO BE TAKEN	RELEVANT CABINET MEMBER	DECISION TO BE TAKEN BY	CONTACT OFFICER(S)	DOCUMENTS TO BE CONSIDERED BY DECISION MAKER	REASON FOR EXEMPTION – LOCAL GOVERNMENT ACT 1972 SCHEDULE 12A
9 Feb 2021	To approve the ten-year, all-age Education & Skills Strategy - 'Education & Skills 2030'.	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools.	Cabinet	Peter Lowe, Senior Strategy and Performance Manager Tel: 01302 736936 Peter.Lowe@doncaster.gov.uk		Open
9 Feb 2021	To approve the admission arrangements for the 2022/23 Academic Year.	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools.	Cabinet	Neil McAllister, School Organisation Manager neil.mcallister@doncaster.gov.uk		Open
23 Feb 2021	To approve new discretionary relief schemes for Business Rates for 2021/22.	Mayor Ros Jones	Cabinet	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
23 Feb 2021	Quarter 3 2020-21 Finance and Performance Report and the 'Delivering for Doncaster' Booklet	Mayor Ros Jones	Cabinet	Faye Tyas, Chief Financial Officer and Assistant Director of Finance		Open

				faye.tyas@doncaster.gov.uk, Louise Parker, Head of Service Strategy & Performance Unit Manager Louise.Parker@doncaster.gov.uk		
23 Feb 2021	St Leger Homes Performance Report 2020/21 Quarter 3 (Non-key decision).	Councillor Glyn Jones, Deputy Mayor, Portfolio Holder for Housing and Equalities.	Cabinet	Paul Tanney, Chief Executive, St Leger Homes of Doncaster paul.tanney@stlegerhomes.co.uk		Open
23 Feb 2021	DCST Quarter 3 Performance Report (Non-Key decision).	Councillor Nuala Fennelly, Portfolio Holder for Children, Young People and Schools.	Cabinet	Rob Moore, Director of Corporate Services and Company Secretary rob.moore@dcstrust.co.uk		Open
23 Feb 2021	Tree Policy Review. (For Information)	Joe Blackham, Councillor Chris McGuinness, Portfolio Holder for Communities, Voluntary Sector and the Environment.	Cabinet	Jonathan Bucknall, Senior Strategy & Performance Manager jonathan.bucknall@doncaster.gov.uk		Open

1 Mar 2021	To approve the 2021/22 Corporate Plan.	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 16th February 2021 prior to Full Council approval	Allan Wiltshire, Head of Policy and Partnerships allan.wiltshire@doncaster.gov.uk		Open
1 Mar 2021	To approve the level of the Council Tax for 2021/22 and to pass appropriate statutory resolutions including the Council Tax requirement for 2021/22.	Mayor Ros Jones	Council	Alan Stoves, Head of Revenues and Benefits Tel: 01302 735585 Alan.stoves@doncaster.gov.uk		Open
1 Mar 2021	To approve the Housing Revenue Account Budget 2021/22	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 16th February 2021 prior to Full Council approval	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
1 Mar 2021	To approve the Capital Strategy & Capital Budget 2021/22 - 2024/25	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 16th February 2021 prior to Full Council approval	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open

1 Mar 2021	To approve the Revenue Budget 2021/22	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 16th February 2021 prior to Full Council approval	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
1 Mar 2021	To approve the Treasury Management Strategy Statement 2021/22 - 2024/25	Mayor Ros Jones	Council, Cabinet Decision to take to Cabinet 16th February 2021 prior to Full Council approval	Faye Tyas, Chief Financial Officer and Assistant Director of Finance faye.tyas@doncaster.gov.uk		Open
9 Mar 2021	Quality Streets - Active Travel and Digital Infrastructure Programme: Doncaster Town Centre	Councillor Bill Mordue, Portfolio Holder for Business, Skills and Economic Development	Cabinet	Neil Firth, Head of Service, Major Projects and Investment neil.firth@doncaster.gov.uk		Open
9 Mar 2021	To approve the Doncaster All Age Strategy for Autistic People and People with a Learning Disability.	Councillor Rachael Blake, Portfolio Holder for Adult Social Care	Cabinet	Julia King julia.king@doncaster.gov.uk		Open

23 Mar 2021	To agree the service delivery model for public health services for 5-19 year olds.	Portfolio Holder for Public Health and Well-Being	Cabinet	Carrie Wardle Tel: 01302 734471 Carrie.wardle@doncaster.gov.uk		Open
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