



Doncaster Council

Date: 14 March 2018

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2017/18

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball	All	Yes

EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year 2017/18.
2. There has been sustained progress in ensuring that the health protection assurance system in Doncaster is robust, safe, effective, and meets the statutory duty placed on local government to protect the health of the people of Doncaster. This has been achieved through effective health protection governance structures and service plans.
3. This report has been developed taking into account best practice and guidance on health protection, including evidence from:
 - The Public Health Outcomes Framework, Public Health England;
 - Local Air Quality Management Policy Guidance 2016, Department for Environment, Food and Rural Affairs;
 - NICE Guideline: NICE guideline [NG70] Published date: June 2017, Air Pollution, Outdoor air quality and health; and
 - Health Protection reports to Doncaster Health Protection Assurance Group and the South Yorkshire Screening and Immunisation Oversight Group.

4. This report gives recommendations to the Overview and Scrutiny Panel; it provides relevant background information; and outlines the progress made from 2016/17 to 2017/18.

EXEMPT INFORMATION

5. None

3. RECOMMENDATIONS

6. The Overview and Scrutiny Panel is asked to:
 - a. Note the progress made from 2016/17 to 2017/18 on addressing health protection matters in Doncaster.
 - b. Support recommendation to continue work with local partners and to monitor immunisation update, in particular flu vaccinations and MMR.
 - c. Support the work of Doncaster Active Travel Alliance, acknowledging the importance of encouraging residents to cycle and walk short journeys plays in addressing not only Doncaster's Health and Wellbeing key challenges but the wider benefits to the economy, communities and environment; and addressing air quality.
 - d. Support work on tackling the reduction of smoking in Doncaster.
 - e. Support continued work in monitoring and reporting on progress on broader health protection functions in the borough.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. There is an effective system in place to protect the health of the people of Doncaster. Health Protection outcomes in general are very good, although there are areas of challenges being addressed.

BACKGROUND

8. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

The scope of health protection includes:

- Emergency preparedness, resilience and response (EPRR)
- Management of communicable (infectious) diseases, including managing of outbreaks.
- Management of other health protection Incidents e.g. environmental hazards
- Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings;

- Screening
- Vaccines and immunisation including routine and targeted programmes
- Contraception and Sexual Health
- Surveillance, alerting and tracking
- Port Health (e.g. airport health)

There are areas of health improvement that overlap with health protection. They include the following:

- Suicide prevention
- Drugs and substance misuse (in relation to infection with blood-borne viruses)
- Smoking (protection of the public from harm of tobacco).

The Responsibilities for Local Authorities in relation to Public Health

9. The responsibilities of Local Authorities for Public Health functions (including health protection) since 1 April 2013 are underpinned by legislation under the Health and Social Care Act 2012. There are also associated Regulations - Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This is in addition to the existing health protection functions and statutory powers delegated to Local Authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).
10. The Secretary of State (SoS) for Health has the overarching duty to protect the health of the population. This duty is generally discharged by the SoS to Public Health England (PHE).
11. According to the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, the Local Authority Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority. This should be exercised by:
 - Chairing a local Health Protection Committee (accountable to the Health and Wellbeing Board);
 - Preparing a multi-agency health protection agreement and forward plan.
12. The DPH, on behalf of their Local Authority, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately.

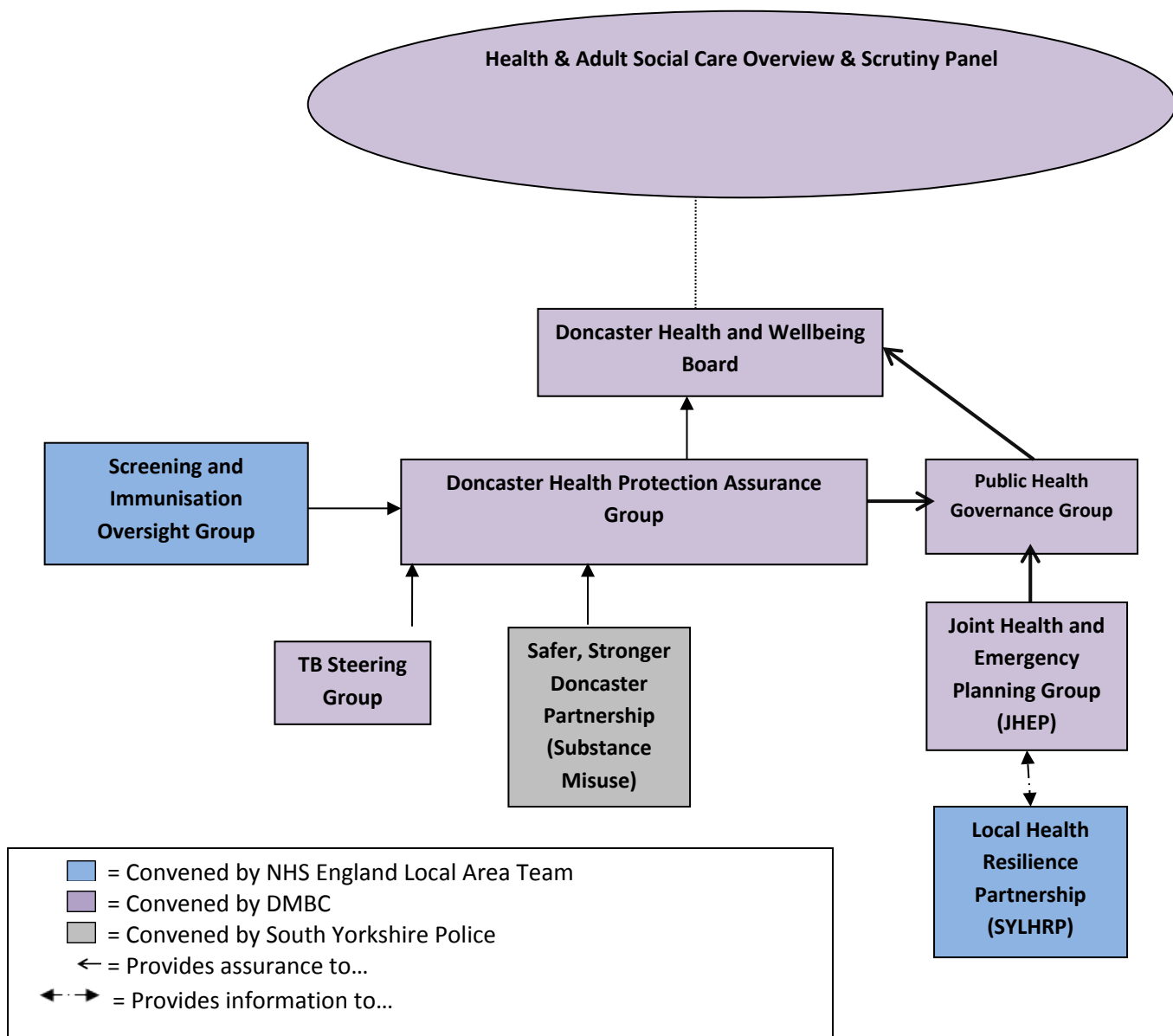
Who else is responsible for health protection?

13. In addition to the Local Authority, there are a number of agencies which exercise health protection functions in relation to the borough either as a commissioner or provider. The key agencies include:
- Public Health England: Communicable disease control, Infection prevention and control, environmental, chemical, biological, radiological, nuclear, terrorist hazards/incidents; health improvement, and healthcare Public Health.
 - Doncaster Clinical Commissioning Group: Infection prevention and control (in hospitals), immunisation, communicable disease control, and screening.
 - NHS England Local Area Team: Screening and Immunisation Programmes.
 - Health care providers; General practice, pharmacies, Doncaster and Bassetlaw NHS Foundation Trust, Rotherham Doncaster and South Humberside NHS Foundation Trust.
14. The 6C Regulations require each Local Authority to;
- “....provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority’s area, with a view to promoting the preparation of appropriate local health protection arrangements, or the participation in such arrangements by that person or body”.

Monitoring and Assurance

15. At a national level, within the Public Health Outcomes Framework (PHOF), there is a health protection domain. Within that domain there are indicators on immunisations, screening and infectious disease which allow for comparisons with other areas and the England average. Doncaster’s performance is highlighted in this report.
16. At a local level, the Health Protection Assurance Group (HPAG) reports to the local Health and Wellbeing Board. Health Protection reports are also submitted to the Public Health Governance Group (within the Public Health Team in DMBC) on a regular basis. The Health Protection Assurance Group meets quarterly and is chaired by a Consultant in Public Health and it has agreed terms of reference.
17. Overview and Scrutiny of health protection functions in DMBC is provided by the Health & Adults Social Care Overview and Scrutiny Panel on an annual basis.

Figure 1: Governance Structures for Health Protection in Doncaster



Progress on recommendations made in 2016/17 annual report

18. The health protection annual report in 2016/17 recommended a number of actions for 2017/18 and progress on these is summarised in Table 1 below.

Table 1: Progress on recommendations in 2016/17 Health Protection Report

RECOMMENDATIONS FOR ACTIONS IN 2017/18	PROGRESS
Public Health to work with Environmental Health colleagues to look at the up to-date Air Quality Data and variations across Doncaster.	<p>Report on 'Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster'. The main points are:</p> <ul style="list-style-type: none"> • Air quality monitoring figures in Doncaster indicate a 27% reduction between 2010 and 2017, which compares favourably with the National Objective for England of a 15% reduction across the period of 2010/2020; national modelling suggests that concentrations are low across Doncaster; • The Pollution Section has provided training on air quality issues to members of the Planning Committee and also to the members of the Parish Councils' Joint Consultative Committee. • A successful bid to the Air Quality Grant Scheme has been made and funding of £100,000 awarded to publicise the benefits of Ultra Low Emissions Vehicles (ULEV). • Doncaster Council has formulated a new Air Quality action plan in place. <p>For detail, see Appendix 1</p>
Continue to strengthen and develop existing joint working between Public Health & Environmental Health as a whole.	<ul style="list-style-type: none"> • Public Health is working closely with partners through Air Quality Steering Group and is actively progressing with the council's air quality action plan. • Public Health Lead has Air Quality as part of their remit. The Public Health Lead reports on Public Health Plan and Active Travel Initiative. <p>For details, see Appendix 2</p>
Address air quality in Doncaster wards.	<ul style="list-style-type: none"> • Doncaster Metropolitan Borough Council (DMBC) submits to Defra, and publishes an annual air quality report in line with its statutory duties. Current measures from DBMC Air Quality plan are tabulated in Appendix 1 • Public Health Impact is now included in all Council's corporate reports.
Monitor the uptake of Flu vaccinations for Doncaster. (Doncaster –	Public Health collated an up to date data on Flu vaccination and conducted local analysis in terms of inequalities in uptake of Flu Vaccination, across

<p>under performing in 3 Flu vaccination indicators under Public Health Outcome Framework. (Appendix 3).</p>	<p>Doncaster which is presented in Appendix 3. Multi agency work has been done since. A Task and Finish Group was convened and worked closely with the care homes across the area; as well as exploring improvement of uptake of flu vaccination in primary care.</p> <p>‘Planning for seasonal Flu’ (Doncaster Metropolitan Borough Council) Initiative aimed at care homes indicates the following results on flu vaccination:</p> <p>For care home staff:</p> <ul style="list-style-type: none"> • Care homes - (50 out of 50 responded) 409 staff out of 1961 (AVE) (21%) • Learning disability care homes - (26 out of 27 responded) 524 staff out of 2185 (AVE) (24%) • Community Care and Support at Home (CCASH) – (13 out of 13) 146 staff out of 574 (AVE) (25%) • Supported Living- (5 out of 5 responded) 49 staff out of 676 (AVE) (7%) • Extra Care - (4 out of the 4 providers responded) 15 out of 93 (AVE) (16%) <p>For residents of care homes:</p> <ul style="list-style-type: none"> • Care Homes - 1227 out of 1609 (AVE) (76%) • LD - 128 out of 259 (AVE) (49%) • Supported Living - 321 out of 490 (AVE) (66%) • Extra Care - 90 out of 180 (AVE) (50%) <p>Population coverage: aged 65 and over</p> <ul style="list-style-type: none"> • Doncaster achieved 71.8% vaccine uptake across all GP practises over the winter season 2016 to 2017. This was above the national uptake level of 70.5% but below the National Goal of 75%. • There has been a predominantly downwards trend in percentage coverage of this indicator in Doncaster since 2011/12 where a peak uptake of 73.8% was reached.
<p>Monitor the uptake of 2 doses of MMR vaccination by 5 years.</p>	<p>Public Health collated an up to date data on 2 doses MMR vaccination and conducted local analysis in terms of inequalities in uptake, across Doncaster. Overall, performance indicates that MMR uptake (at 2 doses) remained lower in Doncaster (86.7%) compared to England (87.6%). The national target is 95%></p> <p>See details in Appendix 4.</p>
<p>To work with local partners as well as NHS England to improve the areas of performance where Doncaster is not meeting national targets.</p>	<p>A local Task and Finish Group was convened and partners have been working closely to achieve the national goal. This includes profiling uptake by GP practice in order to identify areas of lower uptake in order to improve performance.</p> <p>Work continues with NHS Immunisation/Screening area coordinator in identifying any specific population groups</p>

	with particularly low uptake and strategies to improve this.
HORIZON SCANNING OF HEALTH PROTECTION FUNCTIONS	ASSURANCE
Systems in place to provide assurance to the DPH, on behalf of the local authority, that arrangements to protect the health of the people of Doncaster are robust and being implemented.	Health Protection Assurance group which is chaired by a Consultant in Public Health, ensures coordinated action across all sectors to protect the health of the people of Doncaster from health threats, including incidents, emergencies and any infection prevention and Control (IPC) issues. A number of Steering Group reports to the Health Protection Assurance Group e.g. Doncaster TB Steering Group, Substance misuse Group, and Suicide Prevention Group. Assurance for the emergency planning function/ coordinated approach to incidents and emergencies is through the (Joint Health Emergency Planning (JHEP) Group and Local Health Resilience Partnership (LHRP).
Mass Treatment Plan for Doncaster	Multi-agency outbreak and mass treatment plans have been signed off through Joint Health and Emergency Planning (JHEP) Group. Multi-agency table top exercise (Exercise Larissa) was undertaken to test plans in November 2017. Post-exercise report in draft and post-exercise review of both plans is currently in progress.
Reviewing contingency plan as appropriate according to national and local guidance and testing response arrangements.	<p>The following contingency plans were reviewed in 2017/18:</p> <ul style="list-style-type: none"> • Doncaster Council Pandemic Flu contingency plan • Doncaster Council Heatwave contingency plan • Doncaster Council Public Health cold weather contingency plan • Doncaster multi-agency outbreak plan • Doncaster multi-agency mass treatment plan <p>The following multi-agency plan is in development for sign off through the Joint Health Emergency Planning (JHEP) and System Resilience Group:</p> <ul style="list-style-type: none"> • Doncaster Local Health Economy Major Incident Tactical Coordination plan <p>In 2017/18 a number of exercises have taken place that Doncaster Council has</p>

	<p>participated in, including:</p> <ul style="list-style-type: none"> • Exercise Larissa (multi-agency table top outbreak and mass treatment exercise planned and delivered by Public Health – November 2017) • Doncaster Council corporate exercises (Senior public health participation in Council wide response – November 2017) • Exercise Seven Hills (South Yorkshire Local Health Resilience Partnership (LHRP) Mass Casualty Exercise – October 2017) <p>Briefings and training to increase awareness of public health emergency planning arrangements amongst senior public health staff and upskill has also been provided, with further opportunities in development.</p> <p>An audit of health protection capabilities for Doncaster has also been undertaken and an action plan is in progress.</p>
Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings.	Regular quarterly report on Infection Prevention and Control (IPC) service for Rotherham Doncaster and South Humber NHS Foundation Trust (Doncaster area) is presented to the Health Protection Assurance Group (HPAG). As well as contract monitoring process with the provider.
Vaccines and immunisation including routine and targeted programmes.	NHS England (North) South Yorkshire & Bassetlaw Screening & Immunisation Oversight Group (SIOG). Bi-annual report is received and discussed at HPAG.
Contraception and sexual Health.	Work in this area is reported to the HPAG through relevant Public Health Lead.
Port Health (e.g. airport health)	Port health is managed by Public Health England and assurance is provided via the local HPAG.
Drugs and substance misuse (in relation to infection with blood-borne viruses)	<p>Substance Misuse Harm Reduction Strategy objectives are monitored by the Harm Reduction Strategy Group.</p> <p>This group is a sub group of and reports to the Substance Misuse Theme Group.</p> <p>Progress report is also fed to the Health Protection Assurance Group.</p> <p>Progress so far:</p> <ul style="list-style-type: none"> • 16 pharmacies and 1 specialist needle exchanges in operation. • Pathways in place between drug services and blood-borne virus (BBV)

	<p>treatment services</p> <ul style="list-style-type: none"> • Methadone storage boxes provided to all service users with children <p>Supervised consumption policy is in place for opiate substitution therapy.</p>
Smoking (protection of the public from harm of tobacco)	<p>The Doncaster's prevalence for 2016 is 19.8% and the England prevalence for 2016 15.5%.</p> <p>In 2018/19 the smoking cessation service model will target groups which have higher smoking prevalence: routine and manual workers, mental health clients, prisoners on release and people with long term conditions.</p> <p>A programme for helping patients to quit smoking whilst they will be in the hospital is due to be implemented in Doncaster & Bassetlaw Teaching Hospital as from April 2018; while it is already in place at Rotherham and Doncaster South Humber (RDASH) Foundation Trust.</p>

Progress on Public Health Outcome Indicators for Health Protection: 2015/16 to 2016/17

Vaccines and Immunisations (Area of Focus)

19. Doncaster generally performs well in relation to vaccines and immunisations but there is scope for improvement. Doncaster is better or similar to national targets in 14 out of 18 indicators. Four indicators require significant improvement; these are in relation to flu vaccination (over 65s, 2-4 years old and at risk individuals) and MMR (uptake of 2 doses at 5 years old). Details of the performance against the relevant health protection indicators of the Public Health outcome framework (PHOF) are shown in Table 2 overleaf.
20. Assurance process is in place for Doncaster, through the South Yorkshire and Bassetlaw Immunisation/Screening Oversight Group. Public Health is working closely with NHS England immunisation and Screening Area Coordinator to understand the inequalities in immunisation uptake across Doncaster and strategy to improve it. A multi-stakeholder task and finish group has been convened to consider the issue and potential problems and work is ongoing.
21. The four indicators where Doncaster is not meeting the national target for immunisation are:

- a) MMR (uptake of two doses at 5 years old): Doncaster achieved 86.7% against a national target of 95% (European region of the WHO target). This is based on 2016/17 data in the Public Health Outcomes Framework. It is worth noting that the rate for 1 MMR dose before the age of 5 years exceeds the 95% target. However the 86.7% coverage rate for (two doses) 2016/17 is below target and in need of improvement. It is not a significant change from the previous year's rate. However this has been slight improvement from 2015/2016 uptake rate of 86.5%.
- b) Flu (aged 65+): Doncaster achieved 71.8% against a national target of 75% (WHO target). This is based on 2016/17 data in the Public Health Outcomes Framework. The 71.8% coverage rate for 2016/17 is a decrease on the coverage rate of 72.3% that Doncaster achieved in 2016/17.
- c) Flu (at risk individuals): Doncaster achieved 50.7% in 2016/17 against a national target of 55%. This is an improvement from 2015/16 however still a decrease on the coverage rate of 51.4% achieved in 2014/15.
- d) Flu (aged 2-4 year olds): Doncaster achieved 37.5% in 2016/17 against a national target of 65%. This is an improvement on uptake data compared to 35.4 in 2015/16.

Table 2: Public Health Outcomes Framework Immunisation Indicators ¹

22.

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hepatitis B (1 year old) - %	2014/15	100*	N/a	N/A
Population vaccination coverage – Hepatitis B (2 years old) - %	2014/15	0**	N/a	N/A
Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - %	2015/16	94.4*	93.6	95%
Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - %	2015/16	95.7*	95.2	95%
Population vaccination coverage – MenC (Group C Meningococcal vaccine) %	2015/16	96.5*	N/A	95%
Population vaccination coverage – PCV	2015/16	94.2*	93.5	95%

1. Source (Based on Published PHOF by Public Health England, 7th February 2018):
<http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4>

(pneumoccal conjugate vaccine) %				
Population vaccination coverage – Hib / MenC booster (2 years old) %	2015/16	90.8	91.6	95%
Population vaccination coverage – Hib / MenC booster (5 years old) %	2015/16	93.6	92.6	95%
Population vaccination coverage – PCV booster %	2015/16	91.1	91.5	95%
Population vaccination coverage – MMR for one dose (2 years old) %	2015/16	90.8	91.9	95%
Population vaccination coverage – MMR for one dose (5 years old) %	2015/16	96.0	94.8	95%
Population vaccination coverage – MMR for two doses (5 years old) %	2016/17	86.7	88.2	95%
Population vaccination coverage – HPV %	2014/15	89.1	89.4	90%
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2015/16	72.0	70.1	75%
Population vaccination coverage – Flu (aged 65+) %	2015/16 2016/17	72.3 71.8	71.0 70.5	75%
Population vaccination coverage – Flu (at risk individuals)	2015/16 2016/17	46.8 50.7	45.1 48.6	55%
Population vaccination coverage – Flu (2-4 year olds)	2015/16 2016/17	35.4 37.5	34.4 38.1	65%
Population vaccination coverage – Shingles (70 years old)	2015/16	53.6	54.9	60%

*Value estimated from former primary care organisations covered by the LA.

**Value suppressed for disclosure control due to small count

Screening

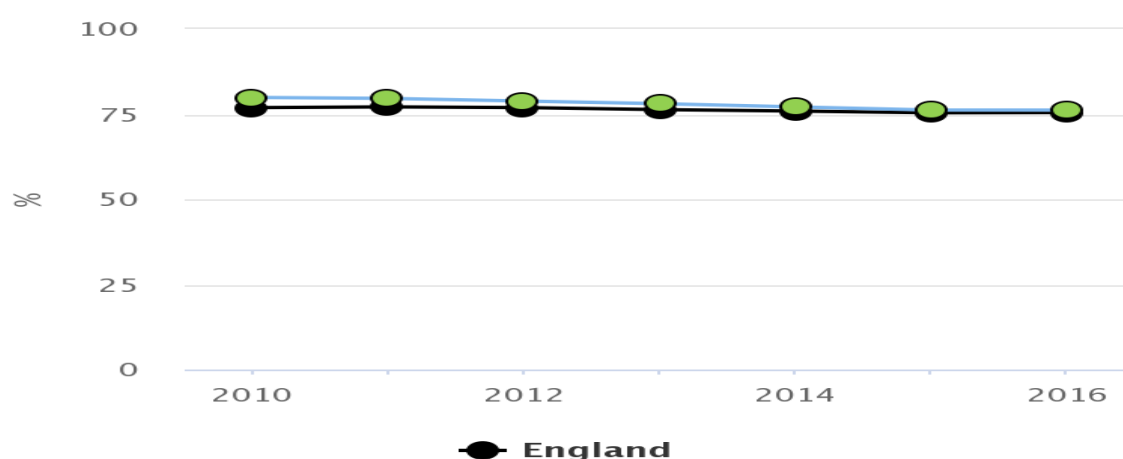
22. Doncaster has performed well compared to the England average in measures for cancer screening and Abdominal Aortic Aneurism or AAA screening. Performance on new born screening indicators shows improvement from last year and is not statistically different from the England average; see Table 3 and Figure 2 below.

Table 3: Public Health Outcomes Framework Screening Indicators

Indicator	Period	Doncaster value	England value	Target
Cancer screening coverage – breast cancer - %	2016	76.2	75.5	Significantly better than England average
Cancer screening coverage – cervical cancer - %	2016	75.0	72.7	Significantly better than England average
Cancer screening coverage – bowel cancer - %	2016	60.7	57.9	Significantly better than England average
New born bloodspot screening coverage - %	2015/16	95.6	95.6	Significantly better than England average
New born hearing screening coverage - %	2013/14	98.5	98.7	Significantly better than England average
Abdominal aortic aneurysm Screening - %	2014/15	84.2	79.9	Significantly better than England average

Figure 2: Breast cancer screening coverage in Doncaster: 2010-2015

2.20i – Cancer screening coverage – breast cancer – Doncaster



Smoking

23. Smoking is a major Public Health problem in Doncaster. Currently 19.8% of adults aged 18 years and over, smoke in Doncaster (2016) compared 15.5 % in England. This is slightly higher than in 2015 (19.6%). Further work is required to reduce the rate below the England rates; see Table 4.
24. Whilst Doncaster is significantly higher than the national average figure for women smoking at the time of delivery this figure, 12.9%, is a significant improvement and demonstrates sustained reductions from previous years,

20.5% in 2014/15, 22.1% in 2013/14 and 22.5% in 2012/13.

25. Doncaster has undertaken a self-assessment on tobacco control and an action plan has been developed. A refresh of the Doncaster Tobacco Strategy in line with National Strategy for tobacco control in England has been refreshed. Doncaster has agreed an ambitious target of reducing smoking prevalence among adults to 10% by 2022.

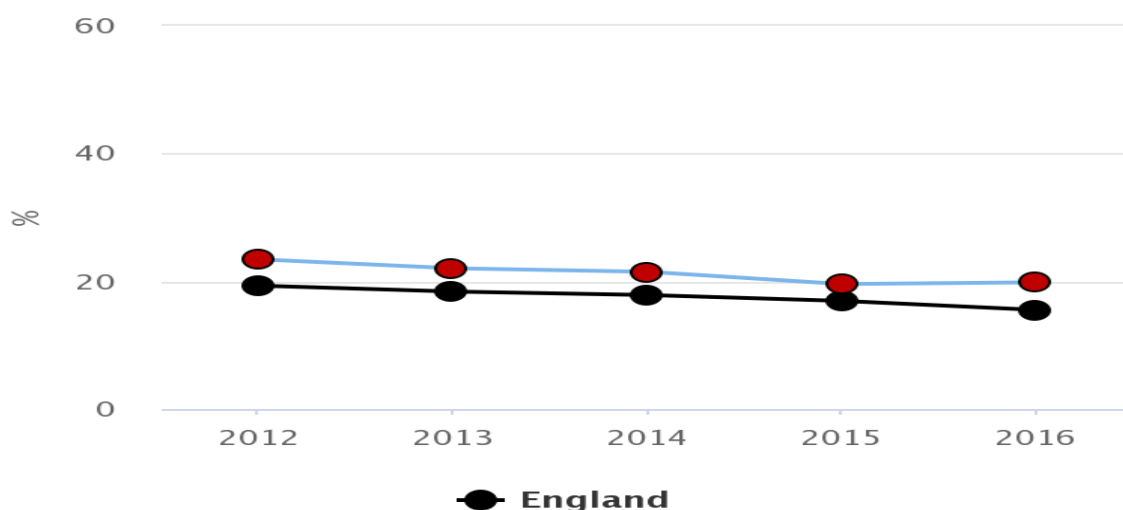
Table 4: Public Health Outcomes Framework Smoking Indicators

Indicator	Period	Doncaster value	England value	Position against England
Smoking status at time of delivery - %	2015/16	12.9	10.6	Significantly worse than England average
Smoking prevalence at age 15 - current smokers (WAY survey) - %	2014/15	8.9	8.2	Not statistically different from the England average
Smoking prevalence at age 15 - regular smokers (WAY survey) - %	2014/15	6.8	5.5	Not statistically different from the England average
Smoking prevalence at age 15 - occasional smokers (WAY survey) - %	2014/15	2.1	2.7	Not statistically different from the England average
Smoking prevalence adults- %	2015	19.6	16.9	Significantly worse than England average
Smoking prevalence – routine and manual	2015	26.5	26.5	Not statistically different from the England average

Figure 3: Smoking prevalence 18+yrs - % of current smokers in the Annual Population Survey for England.

(Source - PHE, Local Tobacco Control Profiles. Updated December 2017)

Smoking Prevalence in adults – current smokers (APS) – Doncaster



Period		Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2012	●	-	23.4	21.1	25.8	21.9	19.3
2013	●	-	22.0	19.7	24.4	20.5	18.4
2014	●	-	21.5	19.1	23.8	19.9	17.8
2015	●	-	19.6	17.2	21.9	18.6	16.9
2016	●	-	19.8	17.5	22.2	17.7	15.5

Source: Annual Population Survey (APS)

Other Health Protection Indicators

Air Quality

26. Fraction of mortality attributable to particulate air pollution in Doncaster is 4.5 % which is lower than England but slightly higher than Yorkshire and Humber.
27. The % of deaths attributable to PM_{2.5} is highlighted below and currently stands at 4.5% which is just below the England value (Source: Public Health England (2017)).

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM _{2.5}), (%)	2013	5.7	5.3	N/A
	2014	5.5	5.1	
	2015	4.5*	4.7	

*Note: 4.5% of all deaths (3,014) in Doncaster equates to **136 deaths**.

Chlamydia

28. Chlamydia detection rate (15-24 years old) per 100,000 population in Doncaster, has not met the national target for detection. This rate is low compared to 2105. See table 5.

HIV

29. Proportion of people presenting with HIV at a late stage of infection is quite high (47.9%) compared to target which is less than 25%.

Tuberculosis

30. Doncaster's incidence of TB is low, and as such it is considered as a low incidence area compared with other areas in England.

Antibiotic prescribing

31. Prescribing of antibiotics is a new indicator. Doncaster's prescribing rate is more than the England rate. This is an area of work for the CCG and local GP practices.

Table 5: Public Health Outcomes Framework Other Health Protection Indicators

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM2.5)	2015	4.5	4.7	N/A
Chlamydia detection rate (15-24 year olds) (per 100,000)	2015 2016	2549 2229	1887 1882	>2300
HIV late diagnosis - %	2013 -15	47.9	40.3	<25
*Treatment completion for TB - %	2014	76.7	84.4	Target is >90 th percentile of LAs. Doncaster is <50 th percentile
Incidence of TB (rate per 100,000)	2013-15 2014/16	7.3 6.6	12.0 10.9	<10 th percentile of LAs. Doncaster is between 10 th and 50 th percentile.
NHS organisations with a board approved sustainable development management plan - %	2014-15	40.0	56.5	N/A
Adjusted antibiotic prescribing in primary care by the NHS	2015 2016	1.25 1.13	1.1 1.08	<England 2013/14 prescribing rate
Suicide rate – age standardised per 100,1000 population (persons)	2013-15 2014-16	10.1 10.1	10.1 9.9	No target

OPTIONS CONSIDERED

32. Option 1: support the recommendations proposed so as to continue with the work to protect the health of the people of Doncaster.

Option 2: Do nothing, which puts the health of the people of Doncaster at increased risk.

REASONS FOR RECOMMENDED OPTIONS

33. The reason for the recommended option is to continue with the work to protect the health of the people of Doncaster.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

34.

	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>Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce.</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>By addressing air quality we are encouraging active travel therefore contributing to an increase in physical activity levels in the borough.</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 	

	<ul style="list-style-type: none"> • 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>Health protection impacts on how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents.</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>Health Protection contributes to healthy families and their ability to thrive and realise their full potentials.</p>

RISKS AND ASSUMPTIONS

34. The Health Protection Assurance system in Doncaster is a risk management system. The areas for development identified in this report will further strengthen Doncaster Council's ability to manage health protection risks. Risks are reviewed by Health Protection Assurance Group, and reported to Public Health Governance Group on quarterly basis.

LEGAL IMPLICATIONS [ND: 05/03/2018)

35. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

36. 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, this includes health protection.
37. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 states that 'the Council shall provide information and advice with a view to promoting the preparation of appropriate local health protections arrangement....'
38. Further legal advice and assistance will be given, if required, to support effective health protection.

FINANCIAL IMPLICATIONS (Officers initials HJW Date 01/02/2018)

39. There are no financial implications arising as a direct result of this report. The Financial Management Team supports the Public Health Functions on an on-going basis to ensure effective financial assurance. Key decisions or Officers decision. Records form part of the Councils governance arrangements and Finance are an integral part to the decision making process.

HUMAN RESOURCES IMPLICATION (Officer initials BT Date 02/03/2018)

40. There are no obvious HR implications as far as this Report is concerned as the Theme Leads within Public Health team establishment consulted and implemented last year co-ordinate all such aspects within Health Protection on behalf of the authority. Any necessary changes to the Structure will be dealt with in HR's regular liaison meetings with the Director Public Health and /or his 2 Senior Management.

TECHNOLOGY IMPLICATIONS (Officers initials PW Date 28/02/18)

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

HEALTH IMPLICATIONS [VJ: 02/03/2018]

42. Health Protection, which is one of the three pillars of public health, has significant implication of the health of the people of Doncaster. Ensuring local health protection system are in place and working closely to address health protection challenges is important, while continuously reviewing the prevailing risks and monitoring progress. Public Health Assurance Group provides the system for assurance, including monitoring health protection status in the borough.
43. Below is the PHE fingertips for air pollution and the modelled data for fine particular matter, comparing Doncaster and other local authorities in Yorkshire and the Humber; and England. The impact of our aspirations to be a logistics hub need to be considered in line with our air quality especially as the government has been asked to take a more formal approach to those areas that were not considered as part of the original clean air zones.

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
3.01 - Fraction of mortality attributable to particulate air pollution	2015	4.7	4.3	4.0	4.2	3.7	4.5	4.8	4.8	3.9	4.3	5.7	4.8	4.0	4.4	4.1	4.2	3.9
Percentage of adults who do any walking, at least once per week	2014/15	80.6	79.2	73.9	78.2	81.3	77.3	78.6	80.6	78.5	81.8	77.4	70.4	83.1	74.6	80.7	74.4	85.5
Percentage of adults who do any walking, at least five times per week	2014/15	50.6	50.0	47.7	50.4	52.0	48.0	50.3	57.8	48.0	48.6	47.0	42.7	52.7	45.4	53.8	47.1	53.3
Percentage of adults who do any cycling, at least three times per week	2014/15	4.4	4.2	2.0	2.3	3.1	3.8	4.6	6.9	2.1	4.5	6.3	4.4	4.3	4.8	2.2	3.9	14.8
Percentage of adults who do any cycling, at least once per month	2014/15	14.7	13.7	7.3	6.8	14.0	15.4	20.6	18.0	9.6	9.8	19.9	12.9	16.3	15.3	12.3	11.6	34.2
Air pollution: fine particulate matter	2015	8.3	7.5	7.0	7.4	6.5	8.0	8.4	8.4	6.8	7.5	10.0	8.5	6.9	7.8	7.2	7.4	6.9
Access to Healthy Assets & Hazards Index	2016	21.2	22.2	0.7	12.5	1.8	5.7	57.2	90.0	3.4	17.5	84.7	63.1	18.9	8.5	18.4	10.6	5.1

EQUALITY IMPLICATIONS

44. The report has equality implications as health protection covers a range of population characteristics, includes various ages, sex, and vulnerable groups such as homeless, and new arrivals. There are indicators that help us to monitor impacts on some of the above groups; however, others have limitation of no national indicators. The task is for local partners to work towards addressing gaps in information, while using existing data to carry out equity audit.

CONSULTATION

45. There is a mechanism in place for on-going consultation with stakeholders through HPAG and the various subgroups that report to it.

BACKGROUND PAPERS

- Appendix 1:** Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster.
- Appendix 2:** Doncaster Active Travel Alliance
- Appendix 3:** Flu Vaccination Uptake in GP Patients in Doncaster: Winter Season 2016/17
- Appendix 4:** Measles, Mumps, Rubella (MMR) Vaccination Uptake in GP Practice Population in Doncaster; (2016/17)

REPORT AUTHOR & CONTRIBUTORS

Report Authors:

Dr Victor Joseph, Consultant in Public Health, DMBC

Tel: 01302 734 911

E-mail: victor.joseph@doncaster.gov.uk

Dr Shazia Ahmed, Public Health Specialist, DMBC

Email: shazia.ahmed@doncaster.gov.uk

Contributors:

Scott Forbe, Team Manager – Environmental Protection Enforcement Team.

Environmental Protection - Regeneration & Environment. DMBC.

Carys Williams, Public Health Improvement Officer, Wider Determinants and Emergency Planning, DMBC

Clare Henry, Public Health Specialist, DMBC

Helen Conroy, Public Health Theme Lead (vulnerable people and improving lives), DMBC

Dr Ana Ray, Public Health Registrar, DMBC

Date: 14 March 2018

**Dr Rupert Suckling
Director of Public Health, DMBC**

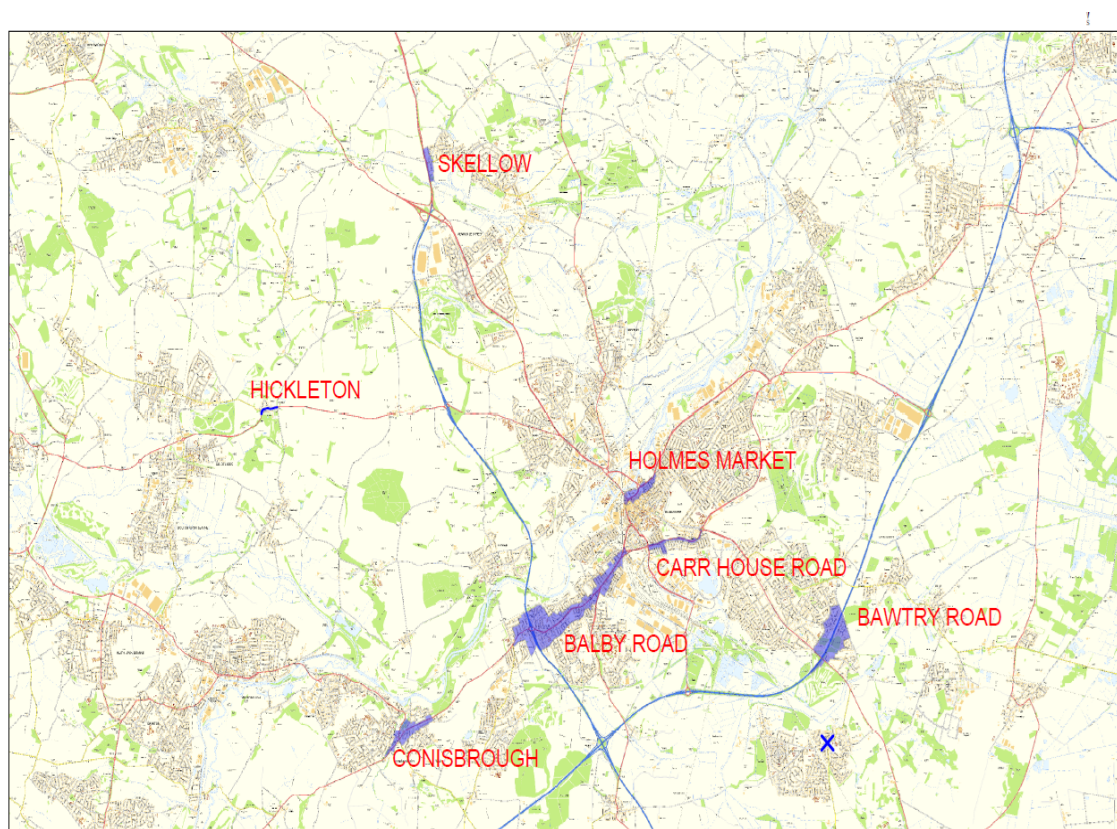
**Peter Dale
Director of Regeneration and Environment**

APPENDIX 1

Screening of air quality data (2017/18) and identifying the Air Quality Management Areas (AQMA) across Doncaster.

Air quality across much of the Borough of Doncaster is good, however there are a few relatively small areas where air quality is above the objectives and have been designated as Air Quality Management Areas (AQMAs). In total there are seven of these areas in Doncaster, all are declared because of emissions from road transport.

Map of Doncaster AQMAs



Details of the AQMAs can be found at https://uk-air.defra.gov.uk/aqma/local-authorities?la_id=80.

The pollutant which is of most concern is nitrogen dioxide but from a public health perspective particulate matter is also important. All Doncaster's AQMAs are caused by an exceedance of the annual mean nitrogen dioxide objective; in addition AQMA7 also exceeds the nitrogen dioxide 1-hour mean objective.

Doncaster Council submits, to Defra, and publishes an annual air quality report in line with its statutory duties.

As detailed in Policy Guidance LAQM.PG16 (Chapter 7), local authorities are expected to work towards reducing emissions and/or concentrations of PM_{2.5} (particulate matter with an aerodynamic diameter of 2.5µm or less). There is clear evidence that PM_{2.5} has a significant impact on human health, including premature mortality, allergic reactions, and cardiovascular diseases. The current situation in Doncaster is;

No monitoring data is available locally and no national monitoring is carried out within the Borough. As previously reported, due to the significant capital, revenue and operational implications no decision has been made with respect to the direct monitoring of PM_{2.5}.

PM₁₀ data can be used to estimate PM_{2.5} following guidance in TG(16). A national ratio can be used in the absence of a suitable local site; applying this ratio to PM₁₀ monitoring in Doncaster (Market Place) produced PM_{2.5} results for the years 2010 and 2017 as follows;

2010:- Average 14.5 ug/m³ (TEOM)

2017:- Average 10.5 ug/m³ (TEOM)

These figures indicate a 27% reduction which compares favourably with the National Objective for England of a 15% reduction across the period of 2010/2020. Although these figures are for one location they nevertheless do appear to generally agree with national modelling. Indeed national modelling suggests that concentrations are low across Doncaster with the highest concentration of 13.79µg/m³ being found close to an A2 industrial process and busy roads, in the Wheatley/LongSandall area.

Since the last report, the Pollution Section has provided training on air quality issues to members of the Planning Committee and also to the members of the Parish Councils' Joint Consultative Committee.

With have provided fence line banners to primary schools as part of the idle engines mean harmful air campaign.

A successful bid to the Air Quality Grant Scheme has been made and funding of £100,000 awarded to publicise the benefits of Ultra Low Emissions Vehicles (ULEV).



Doncaster Council has formulated a new action plan to replace our original, while there are a great number of measures from the 2003 plan still ongoing they have not be included in the current plan for clarity in reporting, however the impacts of those measures will continue.

The current measures are tabulated below, this is a working document and the Air Quality Action Plan Steering Group meets quarterly to update actions and make additions as necessary. The group includes representatives from Public Health, and the Air Quality Team attends the DATA group lead by Public Health.

Clean Air Day will take place on Thursday 21st June 2018, resources are available at www.cleanairday.org.uk for communities, schools, healthcare professionals and workplaces to take part.

Measure No.	Measure	EU Category	EU Classification	Organisations involved and Funding Source	Planning Phase	Implementation Phase	Key Performance Indicator	Reduction in Pollutant / Emission from Measure	Progress to Date	Estimated / Actual Completion Date	Comments / Barriers to implementation
1	Fuelling Change Campaign	Public Information	Via other mechanisms	Doncaster Council (Defra Funded)	April - June 2017	July 2017 - March 2018	No. of views of video and webpages	Low	New measure	March 2018	Procurement and Supplier Issues
2	ECO stars Fleet Recognition Scheme	Vehicle Fleet Efficiency	Fleet efficiency and recognition schemes	South Yorkshire Steering Group (Access Fund)	pre-2016	July 2017 - March 2020	No. of scheme members.	Low	As at April 2017 142 members with 10956 vehicles.	March 2020	Funding ceasing.
3	Air Quality Planning and Technical Guidance	Policy Guidance and Development Control	Air Quality Planning and Policy Guidance	Doncaster Council (Environmental Protection Budget)	April 2017 - June 2017	July 2017 - June 2020	% of applications with air quality mitigation included.	Low	Draft guidance under trial use.	June 2020	Buy-in from Development Control
4	Clean Air Plans	Promoting Low Emission Transport	Low Emission Zone (LEZ)	Defra/ Doncaster Council (Defra Funded)	August 2017 - December 2019	Dec-20	TBC	High	n/a	December 2020	Subject to funding and need.
5	Sustainable Travel Access Fund Projects	Promoting Travel Alternatives	Promotion of cycling	SCR (Access Fund)	Pre- April 2017	May 2017 - March 2018	TBC	Low	n/a	March 2018	Subject to funding
6	Investigate emission standards via taxi licensing	Promoting Low Emission Transport	Taxi Licensing conditions	Doncaster Council - Licensing (Doncaster Council Funded)	July 2017 - July 2018	April 2019	% increase in Euro VI and ULEV licenced taxis	Medium	n/a	April 2020	Financial impacts.
7	Future Transport (Fleet) Policy	Promoting Low Emission Transport	Public Vehicle Procurement - Prioritising uptake of low emission vehicles	Doncaster Council - Transport (Doncaster Council Funded)	April 2017 - April 2018	May 2018 - March 2020	% Fleet as Diesel, Petrol, ULEV and Hybrid.	Medium	Inaugural meeting held April 2017. Terms of reference defined and initial actions carried out.	Policy in place Summer 2018	Funding availability and availability to appropriate technology.
8	20mph Speed Limits	Traffic Management	Reduction of speed limits, 20mph zones	Doncaster Council - Safer Roads Team (Doncaster Council Funded)	June 2017	July 2017 - March 2020	Speed Survey Results	Low	Prioritisation of sites and budget allocation set.	March 2020	Funding secured for current phase.

9	Co-ordination of road works on key routes	Traffic Management	Other	Doncaster Council - Highways (Doncaster Council Funding)	July 2017 - September 2017	October 2017 - December 2017	Reduction in journey time on key routes	Low	IGB Approval, initiating procurement phase	March 2020	Introduction of enhanced coordination software and dissemination of disruption to road user.
10	Cycling Strategy	Promoting Travel Alternatives	Promotion of cycling	Doncaster Council - Transportation (Doncaster Council Funded)	Adopted 2013	2013 - 2020	<ul style="list-style-type: none"> • numbers of people cycling • number of journeys by bicycle • improve health by increasing cycling as part of everyday life 	Low	Active Travel Alliance Meetings Formed	March 2020	Funding and uptake
11	Quality Bus Partnership	Promoting Low Emission Transport	Other	Doncaster Council (Bus Operator Funding)	Doncaster Council-Transportation	2016	<ul style="list-style-type: none"> • Reduce and limit traffic congestion and thereby air through investment in higher Euro Engine specifications • Provide high quality choice for those with use of a car • Reduce environmental impact 	Low	Improve several key routes in Borough	March 2020	Partnership maintains commitments. Funding. Accessibility and profitability issues.
12	Investigate green barriers	Other	Other	Doncaster Council – Environmental Protection	January – December 2018	n/a	n/a	Medium	n/a	June 2020	Evidence to support impact being available. Funding and resources.

APPENDIX 2: Doncaster Active Travel Alliance

The purpose of the Doncaster Active Travel Alliance (DATA) is to bring together partners to work collectively to increase and promote active travel across Doncaster. It has enabled conversations between Doncaster Council teams and we have fostered a partnership approach to the delivery of active travel. Joint work over the last 12 months has included:-

- Co-commissioning of Sustainable Travel Access Fund programmes
- Delivery of More Minutes and Love to Ride Campaigns
- Organisation of the Trans Pennine Trail Event
- Ongoing development of the Walking Strategy
- Design of a Community Street Audit to be used to identify key challenges and opportunities to increase active travel
- A Get Doncaster Cycling Report produced highlighting key cycling based activity
- Walking and cycling audit of the Local Plan policies to ensure that sustainable travel is considering in future developments
- Established a group consisting of key providers of walking and cycling services to working an coordinated way to share resources

The Alliance has recently reviewed it's terms of reference and developed an action plan for the next 12 months. DATA aims to:-

1. Develop and implement a Walking Strategy for Doncaster
2. Review and refresh Doncaster's Cycling Strategy
3. Review the policies of the emerging Local Plan to ensure that active design principles are considered.
4. Develop a healthy place Supplementary Planning Document for the newly developed Local Plan
5. Deliver a community based active travel pilot project to test ways of increasing the awareness and participation in Active Travel.
6. Develop a calendar of shared Active Travel marketing activity including the Trans Pennine Trail, Clean Air Day, road safety
7. Develop a number of activities to support the iPort to encourage employees to access work by active travel; linking into the new infrastructure
8. Develop a robust Travel Plan for the Civic Office which can be used as an example of best practice

We have identified that measuring the impact of our work is a key focus to enable us to build on the local evidence base.

APPENDIX 3

Flu Vaccination Uptake in GP Patients in Doncaster

Winter Season 2016/17

Dr A Ray
September 2017

Background

This report is in response to the Health Protection Assurance Annual Report 2016/17 for the Health and Adult Social Care Overview and Scrutiny Panel. As part of this report it was highlighted that Doncaster is not meeting the national goals for immunisations on four indicators. These indicators and goals are listed below in Table 1 along with the values achieved by England as a whole.

Table 1- Underperforming Public Health Outcome Indicators for Immunisation in Doncaster

Public Health Outcomes Framework Indicator		Period	Doncaster value (%)	England value (%)	National Goal (%)
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	2015/16	86.5	88.2	95
3.03xiv	Population vaccination coverage - Flu (aged 65+)	2016/17	71.8	70.5	75
3.03xv	Population vaccination coverage - Flu (at risk individuals)	2016/17	50.7	48.6	55
3.03xviii	Population vaccination coverage - Flu (2-4 years old)	2016/17	37.5	38.1	65

Source of Table: (Based on Published PHOF by Public Health England, 6th September 2017)¹:
<http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4>

Overall Doncaster is successfully meeting the majority of its targets on immunisation. However in view of these 4 underperforming areas the aims brought forward from the overview and scrutiny committee were;

- 1) To work with local partners to monitor uptake of vaccinations, particularly flu and MMR
- 2) Work with NHS England to improve areas of performance where Doncaster is not meeting national targets

Aims of this report

- Using available data examine the trends of vaccination uptake across GP practises in Doncaster against the four key underperforming areas
- Identify the GP practises which require most support in achieving immunisation targets

Flu Vaccination Uptake Rates

The data on flu vaccination for 2016 to 2017 covers the period from the 1st September 2016 to the 31st January 2017. This data expressed below on the 3 Flu Vaccination targets was taken from;

- Public Health Outcomes Framework¹
- The Department for Health *ImmForm* website²
- Public Health England's Seasonal Influenza vaccine uptake report 2016-2017³

The data that has been collated from *ImmForm* represents 85.0% of all GP practices participating in the sentinel GP Flu Survey in England. No data was available for five GP practises within the CCG. The most recent data available has been used to generate these findings on flu vaccination.

Flu Vaccination for those aged 65 years and over

Doncaster achieved 71.8% vaccine uptake across all GP practises over the winter season 2016 to 2017. This was above the national uptake level of 70.5% but below the National Goal of 75%.

There has been a predominantly downwards trend in percentage coverage of this indicator in Doncaster since 2011/12 where a peak uptake of 73.8% was reached. This is a trend that is also reflected in the national data (see Table 2 below).

Table 2- Trends in Flu Vaccination of 65+ years in Doncaster since 2011

Period	Doncaster Trend	Doncaster Count	Doncaster Value (%)	Yorkshire and the Humber Value (%)	England Value (%)
2011/12	▲	38,762	73.8	74.8	74.0
2012/13	▼	40,922	73.5	74.3	73.4
2013/14	▼	41,836	73.0	74.2	73.2
2014/15	▲	42,761	73.4	74.1	72.7
2015/16	▼	42,846	72.3	72.4	71.0
2016/17	▼	39,484	71.8	71.9	70.5

Source: Based on trends table from Public Health Outcomes Framework website¹

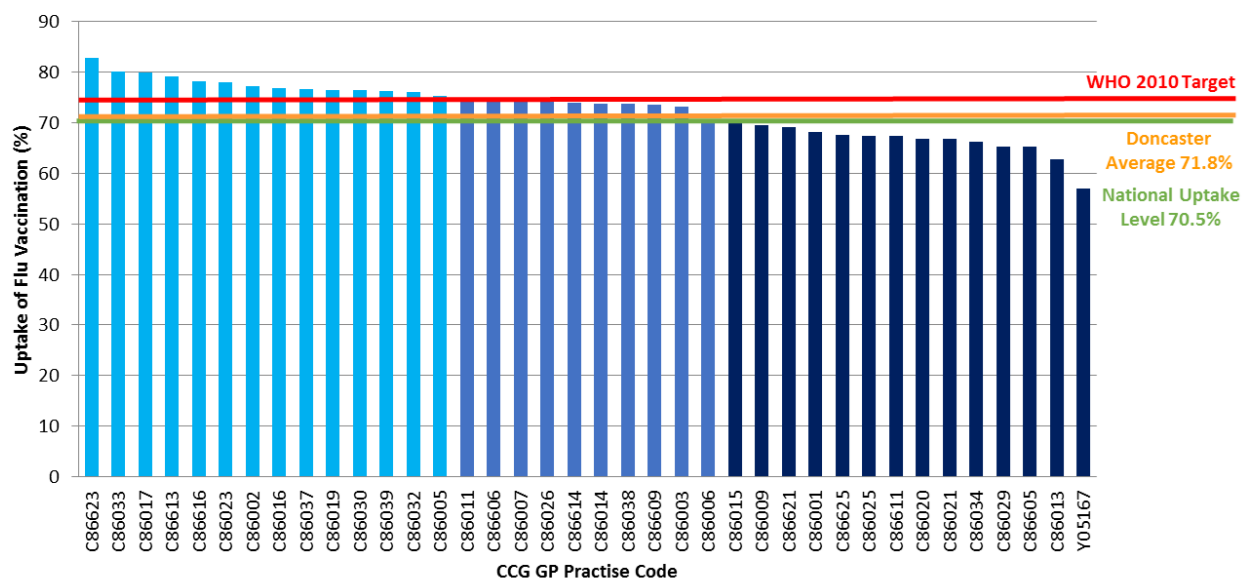
Of the 38 GP practises that submitted data to *ImmForm*;

- 14 practises were achieving uptake levels equal or above the national goal of 75%
- 10 practises were achieving better than the national uptake of 71.9% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.

These results are displayed in Figure 1.

Figure 1:

Uptake of Flu Vaccination in 2016/17 per GP practise in Doncaster for those 65 years and over



Flu Vaccination for at Risk Individuals (aged 6 months to 65 years)

Doncaster achieved a 50.7% uptake of Flu vaccination in at risk individuals between the ages of 6 months and 65 years. This was above the national uptake level of 48.6% but below the national goal of 55%. Uptake in 2016/17 has been an improvement from 2015/16. The trend in uptake is displayed below in Table 3.

Table 3- Trends in Flu Vaccination of ‘at risk’ individuals in Doncaster Since 2011

Period	Doncaster Trend	Doncaster Count	Doncaster Value (%)	Yorkshire and the Humber (%)	England (%)
2011/12	▼	11,629	50.9	51.5	51.6
2012/13	▲	17,564	51.7	51.4	51.3
2013/14	▼	17,588	51.4	51.8	52.3
2014/15	↔	19,036	51.4	50.6	50.3
2015/16	▼	20,033	46.8	45.6	45.1
2016/17	▲	17,408	50.7	48.1	48.6

Source: Source: Based on trends table from Public Health Outcomes Framework website¹

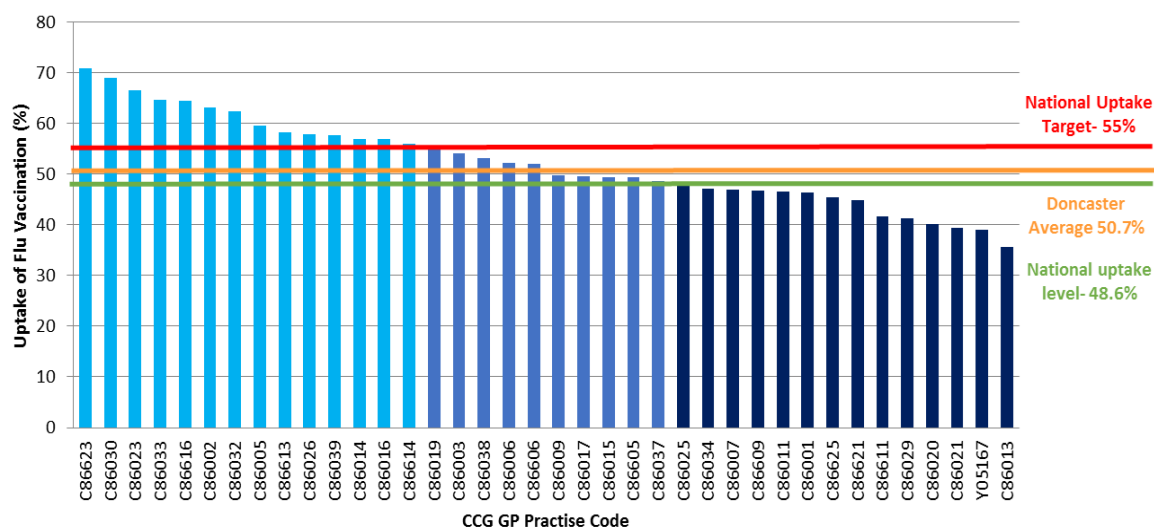
Of the 38 GP practises that submitted data to *ImmForm*;

- 14 practises were achieving uptake levels equal or above the national goal of 55%
- 10 practises were achieving better than the national uptake of 48.6% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.

These results are displayed in Figure 2.

Figure 2:

Uptake of Flu Vaccination in 2016/17 per GP practise in Doncaster for at risk individuals (6months - 65 years)



Flu vaccination for Children Aged 2-4 years

This indicator has only been part of the public health outcomes framework since 2015/16. Doncaster achieved 37.5% coverage of 2-4 year olds, behind the overall national achievement of 38.1% and the national goal of 65%. However this is an improvement on last year's coverage of 35.4%.

Due to how this data is reported on ImmForm, these age groups will be analysed separately as individual indicators.

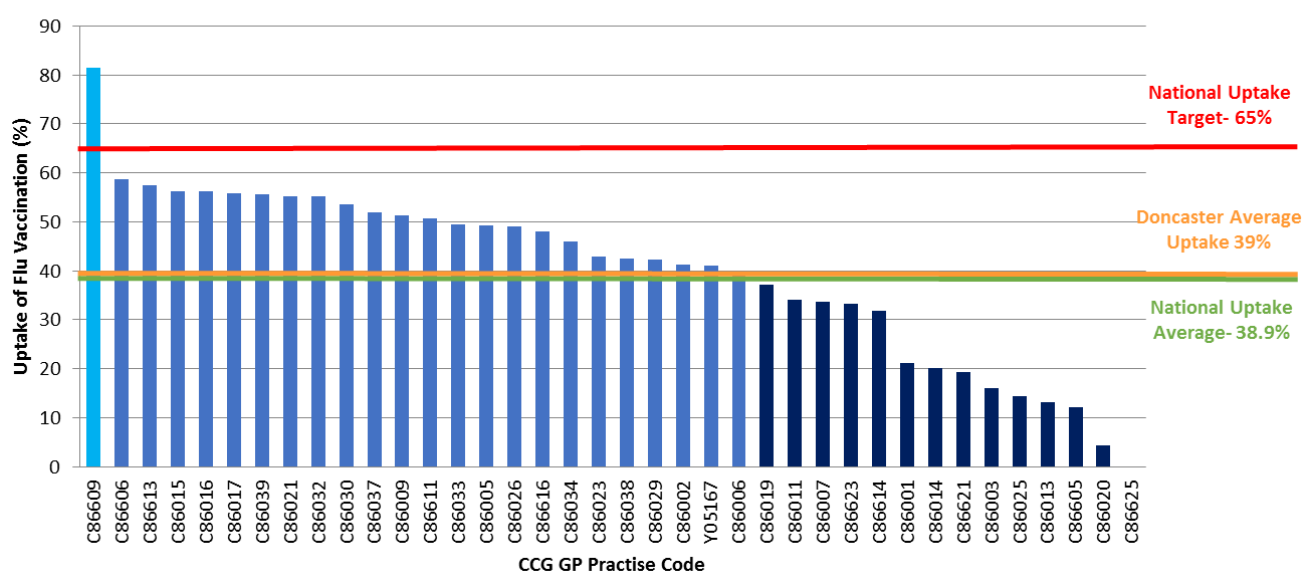
Flu Vaccination in Children Aged 2 years

Of the 38 GP practises that submitted data to *ImmForm*;

- Only 1 practise achieved uptake levels equal or above the national goal of 65%
- 23 practises were achieving better than the national uptake of 38.9% but below the national goal
- 14 practises achieved uptake rates below *both* national levels and the national goal.
- Unlike vaccination of 65 plus and at risk individuals, there is a much broader range of vaccination uptake levels for this outcome. One practise achieved over 80% coverage compared to 9 practises achieving less than 20% coverage.

This data is displayed graphically below in Figure 3.

Figure Uptake of Flu Vaccination in 2006/17 per GP practise in Doncaster for Children Aged 2 (Born: 01/09/2013 - 31/08/2014)

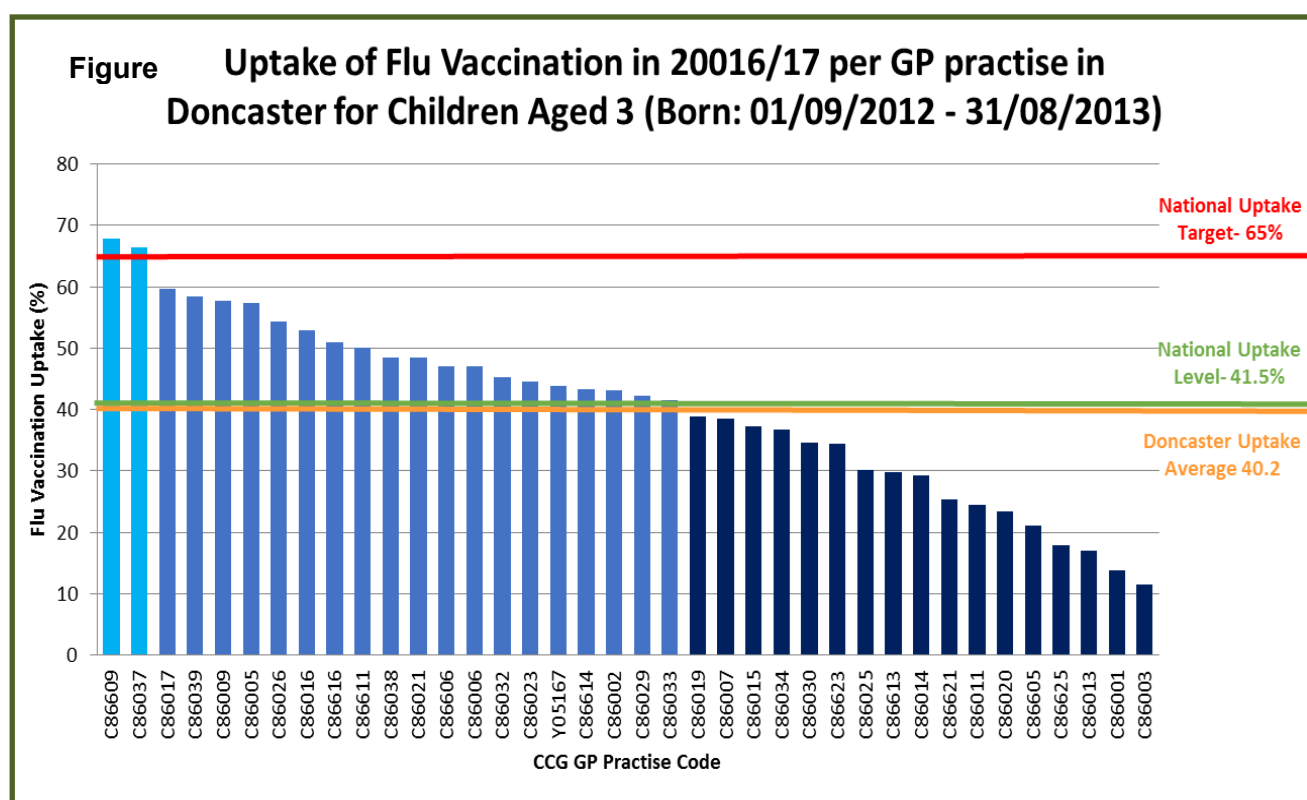


Flu Vaccination in Children Aged 3 Years

Of the 38 GP practises that submitted data to *ImmForm*;

- 2 practises achieved uptake levels equal or above the national goal of 65%
- 19 practises were achieving better than the national uptake of 41.5% but below the national goal
- 17 practises achieved uptake rates below *both* national levels and the national goal.
- There is a broad range of vaccination uptake levels for this outcome from 67.9% to 11.6%.

This data is displayed graphically below in Figure 4.



Flu Vaccination in Children Aged 4 Years

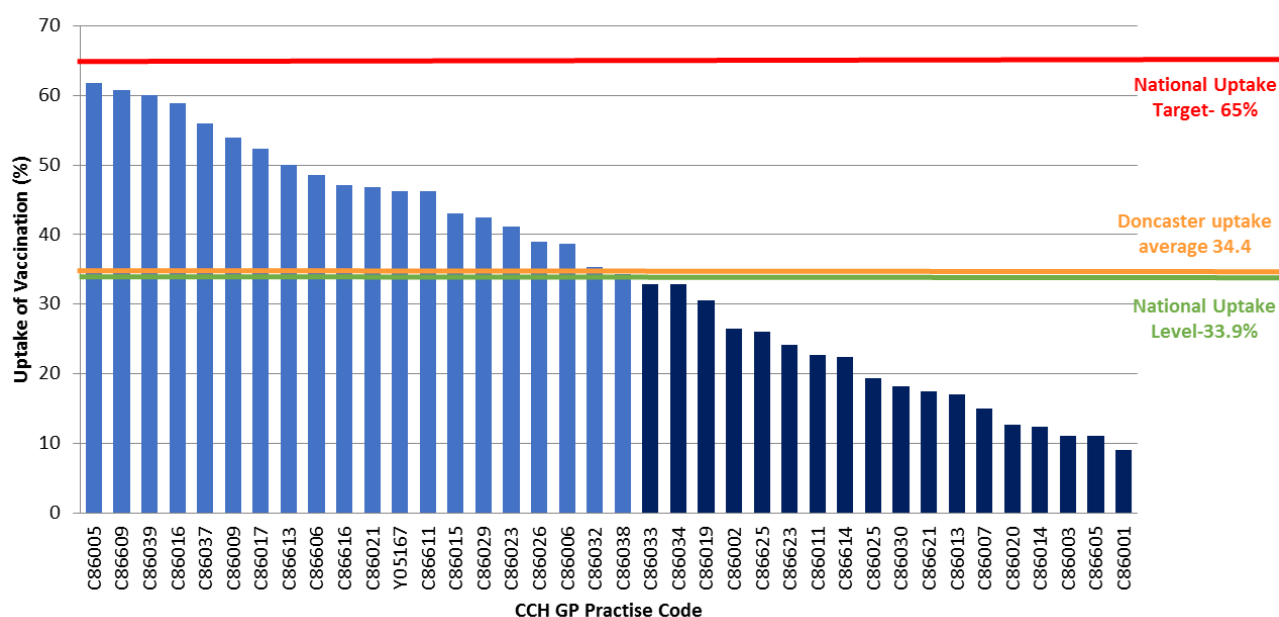
Of the 38 GP practises that submitted data to *ImmForm*;

- No practises achieved uptake levels equal or above the national goal of 65%
- 20 practises were achieving better than the national uptake of 33.9% but below the national goal
- 18 practises achieved uptake rates below *both* national levels and the national goal.
- There is a broad range of vaccination uptake levels from 61.8% to only 9% coverage.

This data is displayed graphically below in Figure 5.

Figure 5:

Uptake of Flu Vaccination in 2016/17 per GP practise in Doncaster for Children Aged 4 (Born: 01/09/2011 - 31/08/2012)



Performance of GP practises in Flu Vaccination

In order to better target GP practises that need additional support in reaching higher rates of Immunisation for Flu, the data from the above analysis has been examined further.

Out of the 38 Doncaster GP practises included in this data set, 18 of them met at least one national goal. 14 practises met 2 national goals, but no practise met more than two. Only two practises met any goal relating to 2, 3 and 4 year old Flu vaccination.

20 practises did not meet any national goal. To further examine the practises that are struggling to reach targets, Table 4 (below) categorises practises according to their vaccination levels compared to the national uptake levels.

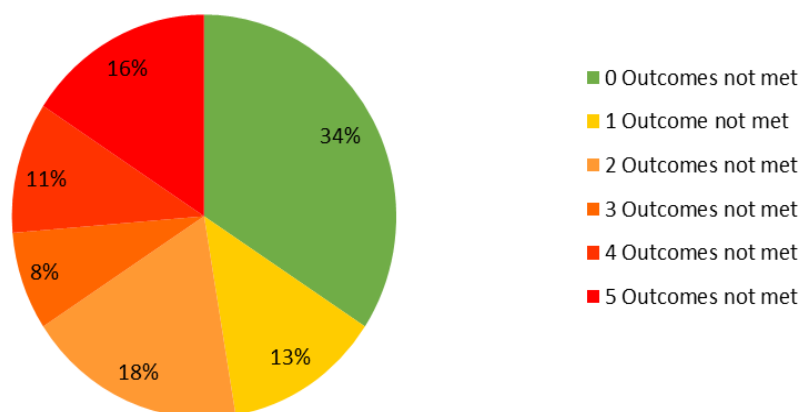
There is a group of 9 practises that performed above the national goals on one or two indicators and achieved above national uptake levels on all indicators. These practises have been highlighted in table 4 in yellow.

Table 4- Performance of GP Practises against key vaccination outcome indicators

Number of Key Flu Outcomes <u>below</u> national uptake level	CCG GP Practise Code	Number of GP Practises performing at this level
0	C86003, C86005, C86006, C86616, C86017, C86023, C86032, C86037, C86038, C86039, C86606, C86616, C86026	13
1	C86002, C86009, C86033, C86609, C86613	5
2	C86015, C86021, C86029, C86030, C86611, C86614, Y05167	7
3	C86014, C86019, C86623	3
4	C86007, C86011, C86034, C86605	4
5	C86001, C86013, C86020, C86025, C86621, C86625	6

Figure 6 further explores this data in graphical form. It highlights that just over a third of GP practises have Flu vaccination uptake levels better than the National levels on **all** Flu indicators we have explored (aged 65+, at risk, 2, 3 and 4 year olds). 27% of practises (10 GPs) are performing poorly and not achieving national uptake levels on four or all five of the indicators.

Figure 6: Proportion of GP practises in Doncaster not meeting 5 key Flu Vaccination Outcomes



Conclusions

Flu vaccination of 2, 3 and 4 year olds is the most recent addition to the public health outcomes framework. This perhaps explains that almost no practises are reaching national vaccination goals and many practises are performing far below the national uptake levels and goals. Improving vaccination uptake for these outcomes is likely to be particularly challenging given the broad range in coverage currently being achieved. Improvement efforts should pay particular attention to the practises achieving far below national goals.

This analysis has identified the ten poorest performing practises based on not meeting national uptake levels or national targets (see table 4). It would be sensible that these practises would be the starting point for any interventions focussed on improving vaccination uptake. There are likely to be multiple reasons for this under performance, which may need to be examined further. These could potentially be practise issues (i.e. availability of staff for clinics) or perhaps a high population of hard to reach groups within the practise.

Lessons can be learnt from the 9 best performing practises identified by this analysis. Any examples of good practise from these GPs could be used as learning for other practises to help improve vaccination uptake across the whole of Doncaster.

References

1. Public Health England; Public Health Outcomes Framework.
Accessed September 2017.
<http://www.phoutcomes.info/public-health-outcomes-framework>
2. Department of Health, Public Health England and National Health Service, ImmForm Website. Accessed September 2017.
<https://portal.immform.dh.gov.uk/Home.aspx>
3. Public Health England; Seasonal Influenza Vaccine Uptake in GP patients: Winter season 2016 to 2017, Final data for 1 September 2016 to 31 January 2017. Published May 2017, PHE Publications.

APPENDIX 4

Measles, Mumps, Rubella (MMR) Vaccination Uptake in GP Practice Population in Doncaster (2016/17)

Dr Shazia Ahmed

Background

This report is in response to the Health Protection Assurance Annual Report 2016/17 for the Health and Adult Social Care Overview and Scrutiny Panel. As part of this report it was highlighted that Doncaster is not meeting the national goals for immunisations on four indicators. One of these indicators (Population vaccination coverage - MMR for two doses (5 years old) is presented below in table 1, in comparison with values achieved by England average and national target.

Table 1- Underperforming Public Health Outcome Indicators for Immunisation in Doncaster

Public Health Outcomes Framework Indicator	Period	Doncaster value (%)	England value (%)	National Goal (%)
---	---------------	--------------------------------	------------------------------	------------------------------

3.03x	Population vaccination coverage - MMR for two doses (5 years old)	2016/17	86.7	87.6	95
-------	---	---------	------	------	----

Source of Table: (Based on Published PHOF by Public Health England, 18th September 2017)¹:

<http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000017/iid/30301/age/30/sex/4>

MMR is a safe and effective combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. The full course of MMR vaccination requires 2 doses.

Measles, Mumps and Rubella are highly infectious conditions that can have serious, and potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby, and can lead to miscarriage.

Since the MMR vaccine was introduced in 1988, it's rare for children in the UK to develop these serious conditions. However, outbreaks happen and there have been cases of measles in recent years, so it's important to ensure that you and your children are up-to-date with the MMR vaccination.

MMR vaccine for babies and pre-schoolers

The MMR Vaccine is given on the NHS as a single injection to babies as part of their routine vaccination schedule, usually within a month of their first birthday. They will then have a second injection of the vaccine before starting school, usually at 3 years and 4 months.

Overall Doncaster is successfully meeting the majority of its targets on immunisation. However in view of underperforming areas for MMR vaccine uptake the aims brought forward from the overview and scrutiny committee were;

- 3) To work with local partners to monitor uptake of vaccinations, particularly flu and MMR
- 4) Work with NHS England to improve areas of performance where Doncaster is not meeting national targets

Aims of this report

- Using available data examine the trends of vaccination uptake across GP practises in Doncaster against the key underperforming areas
- Identify the GP practises which require most support in achieving immunisation targets

MMR Vaccination Uptake Rates

The data has been collated by NHS England and for this report has been analysed at GP Practice level - Out-turn data 2016/17 (18th Sept 2017).

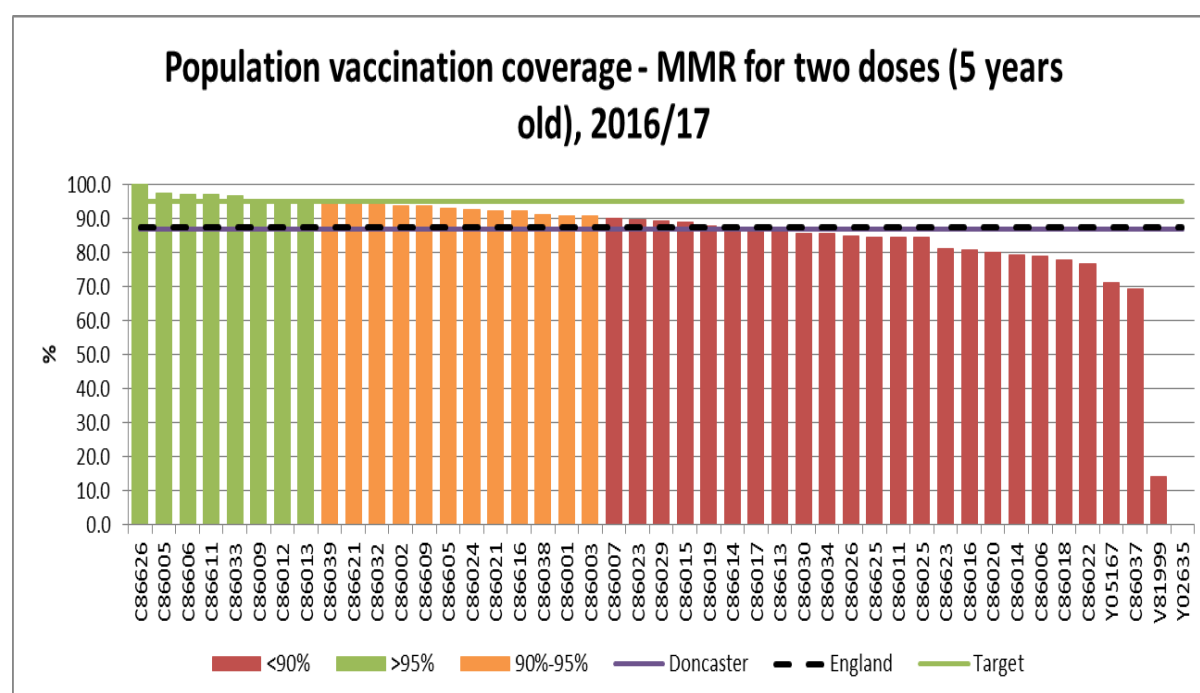
This data is published annually irrespective of data quality concerns. General Practices are published based on the NHS England Commissioner team areas, NHS Region, CCG and Local Authority District geography.

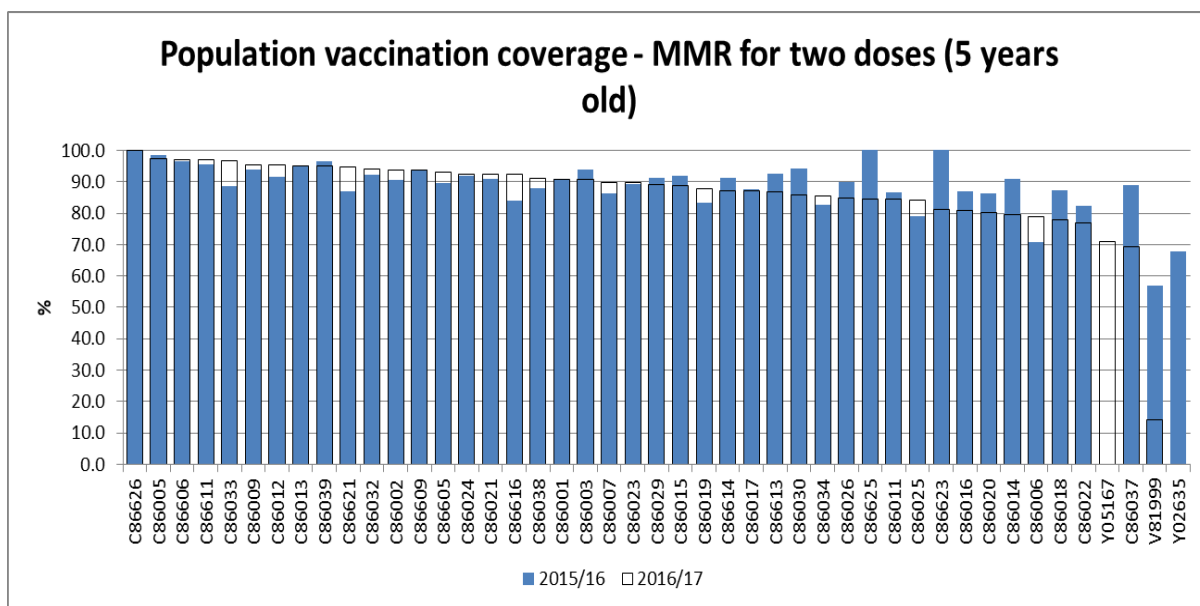
GP practices where there has been no data submitted are included in the publication.

<https://digital.nhs.uk/catalogue/PUB30178>

http://bit.ly/Child_Imms_Coverage_CCG_GP

These results are displayed in the following figs:





Childhood Immunisation CCG & GP Practice Coverage Statistics
(Experimental Management Information)

Vaccination

MMR 1st & 2nd dose at 5 years

Vaccination

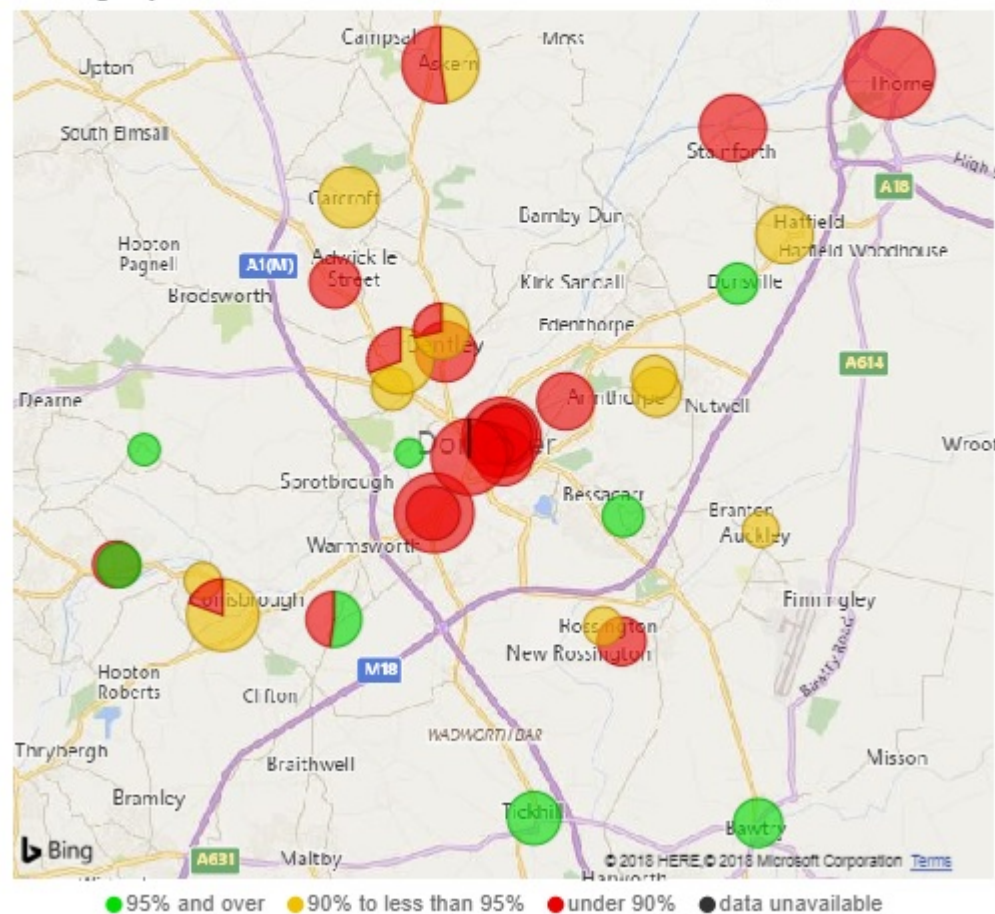
MMR 1st & 2nd dose at 5 years

Year
2016-17

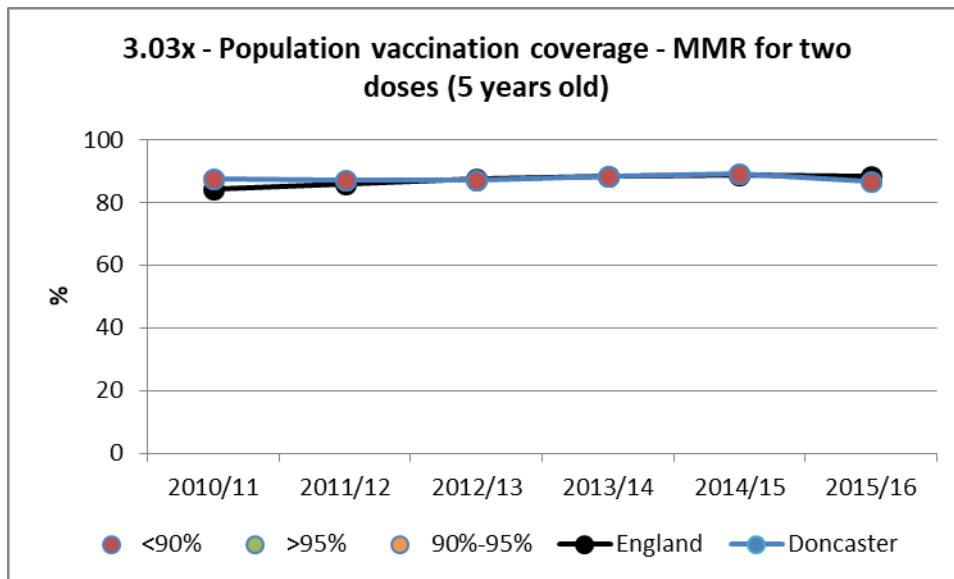
Year
2016-17

Coverage by GP Practice

Data available for 43 out of 44 GP practices in selection



Trends over time



Period	Count	Doncaster	Lower CI	Upper CI	England	diff	<90%
2010/11	3107	87.4	86.3	88.4	84.2	3.2	87.4
2011/12	3170	87.2	86.1	88.3	86.0	1.2	87.2
2012/13	3310	86.9	85.7	87.9	87.7	-0.8	86.9
2013/14	3412	88.2	87.2	89.2	88.3	-0.1	88.2
2014/15	3442	89.0	88.0	89.9	88.6	0.4	89.0
2015/16	3361	86.5	85.4	87.6	88.2	-1.7	86.5