

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 18TH MARCH, 2021

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held by VIRTUAL MEETING THROUGH MICROSOFT TEAMS, DONCASTER on THURSDAY, 18TH MARCH, 2021 at 2.00 PM

PRESENT:

Chair - Councillor Andrea Robinson

Councillors Cynthia Ransome, Lani-Mae Ball, Phil Cole, Sean Gibbons, Martin Greenhalgh and Pat Haith

ALSO IN ATTENDANCE:

**Councillors;**

Councillor Jane Kidd – Chair of OSMC  
Councillor John Healy – Vice Chair of OSMC

**DMBC**

- Phil Holmes, Director of Adults Health and Wellbeing
- Julia King, Commissioning Manager (Public Health)
- Dr Victor Joseph, Consultant (Public Health)
- Shannon Kennedy, Public Health Speciality Registrar
- Lisa Croft - Senior Pollution Control Officer
- Carys Williams - Public Health Emergency Planning Lead

**EXTERNAL**

- Ailsa Leighton, Deputy Director, Strategy and Delivery, NHS Doncaster CCG
- Sarah Gill, Screening and Immunisation Coordinator (Clinical), Yorkshire and the Humber (Doncaster), North East and Yorkshire Region, Public Health England
- Kathy Wakefield – NHS England

32	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Cllr Derek Smith and Cllr Rachel Hodson	
33	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	None	

34	<u>PUBLIC STATEMENTS</u>	
	None	
35	<u>COVID - 19 VACCINATION PROGRAMME - NHS DONCASTER CCG</u>	
	<p>The Panel received a presentation from the Deputy Director, Strategy and Delivery of the NHS Doncaster Clinical Commissioning Group (CCG) on the Covid-19 Vaccination programme.</p> <p><b>Vaccinations at Home</b> - It was explained that injections undertaken at home were done so through the Primary Care Network sites, where the vaccines delivered by GP practices combined to work through a network site and that they would set up a roving team. It was outlined that the roving team would contact the individual first to inform them they were eligible and to book an appointment before that team would then vaccinate them at home.</p> <p><b>Track and Trace</b> - it was recognised that Doncaster was performing well at 71% and acknowledged that there was some personal responsibility in making this process effective.</p> <p><b>Volunteers</b> - In terms of the percentage of volunteers supporting centres, it was explained that the stewards were a mix of volunteers and staff. A Councillor asked what percentage of Marshalls were volunteers and it was offered that this information be provided outside of the meeting.</p> <p><b>Vaccination Sites</b> – It was explained that sites would be open 7 days a week once they had the supply. Members were assured that Cohorts 10-12 would include working adults and it was therefore recognised that those individuals were less likely to attend an appointment during the day. It was explained that a range of options such as opening centres on evenings and weekends would also be considered.</p> <p>It was clarified that the national letters were determined by NHS England who would look at which cohorts of people need to be invited next possibly through age range and or other groups such as unpaid carers. It was explained that this was centrally co-ordinated sent to people who fit the cohorts. From a local perspective, there was a direction from NHS England on who the invites need to be sent to. It was recognised that travelling to a large-scale site was not always suitable and therefore a local option could be more suitable.</p> <p>Comments were raised around the use of large-scale vaccination sites and the number of people that had been vaccinated there (compared to other types and sizes of venues). It was explained that a number of issues had been taken into account when choosing local venues such as accessibility and car parking facilities. In terms of the number of</p>	

	<p>people vaccinated at Keepmoat Stadium, it was noted that the number had been higher than originally expected.</p> <p>Reference was made to those venues that had been closed during the last year and using them as a vaccination centre to ensure that they are spread out and embedded in the community. It was responded that there was an option to consider that on a temporary basis (such as a pop-up site) as formal vaccination sites designated by NHS England were the locations where vaccines supplies were delivered to and that could not be changed. Members were informed that data was being collated to identify issues around take-up and the reasons behind them.</p> <p><b>Astra Zeneca Vaccines</b> – In terms of concerns around the Astra Zeneca jab, Members were informed that some impact had been seen in Doncaster. It was explained that issues around the vaccine were discussed with the individual as part of the consenting process and it was clarified that national advice was being followed.</p> <p>It was explained that GPs or other clinicians would attempt to have conversations with those that had turned down this vaccine. It was added that the Public Health team welcomed the NHS CCG to signpost such individuals to them.</p> <p><b>Complex Lives</b> – Concern was raised around vaccinating those individuals with complex lives (in particular with 2nd doses). Members were assured that work was being undertaken with services to provide a tailored offer and utilise opportunities to take the vaccine out to those individuals.</p> <p><b>Potential Vaccine Shortage</b> – Members were informed that there was an understanding that the reported potential shortage of vaccines only related to 1st vaccinations and that 2nd ones would continue to go ahead. Members were assured that those with vaccinations already booked in would not be cancelled. Finally, it was noted that efforts were being made to allocate vaccinations across Doncaster.</p> <p>The Chair of the Panel thanked those at the meeting for attending and sharing the information.</p> <p>The Panel resolved to note the information provided.</p>	
36	<p><u>HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2020/21</u></p>	
	<p>The Panel was provided with the annual report on health protection assurance in Doncaster covering the financial year 2020/2021;</p> <p>The Panel was interested to hear about the following areas;</p> <p><b>Resources and Capacity</b> – It was recognised that there had been a</p>	

coordinated and sustained response to the COVID-19 pandemic whilst existing duties and functions had been maintained. Members were assured that the Council was meeting its priorities in response to the pandemic prior to receiving any funding.

Later in the meeting, there was a brief conversation regarding the success of multi-agency working and how there was a shared aspiration to build on that learning and collaboration.

**Flu Vaccination and MMR** – Members were pleased to learn that there had been improvements for all cohorts, The following areas were discussed;

- Increased take-up of vaccines - In terms of the reasons behind higher take-up of flu vaccinations, it was explained that individuals had wanted their flu vaccination prior to when the Covid vaccine was to be made available. It was acknowledged that a significant improvement had been seen this year.
- Antenatal Clinics - Members welcomed the offering of flu vaccinations through antenatal clinics. It was explained that uptake did not appear higher due to data quality issues that had been raised nationally and the complex definitions/eligibility associated with this cohort. Members were told that data quality issues were being addressed nationally for the next season and that providers were now well placed to increase take-up in the future.
- Pneumonia vaccinations - there was a brief discussion around the low take-up reported for Pneumonia vaccinations and it was explained that there had been a challenge with logistics which was being looked into.
- Staff Take-Up of Vaccinations - In terms of staff take-up of vaccinations, Members were informed that there had been a positive uptake amongst staff. It was also acknowledged that staff take-up of vaccinations were not mandatory and were based on the individuals consent.
- Vaccination in Schools - A Member raised concern that flu vaccination take-up within schools was only 55-60%. It was explained that school closures had presented a challenge but there had continued to be an offer to provide a vaccine to all pupils.

**Cervical screening** - It was explained that cervical screening had continued in all practices across Doncaster (that restarted June 2020) and had shown increases during the last few months. Reference was made to work being undertaken by the Cancer Alliance and Jo's Trust website which contained further information

Members were assured that plans were now in place to address the

staffing issues experienced by Gateshead laboratory (managed by North East Cumbria commissioning team). It was noted that there had been an improvement shown with the service now running at 32 days (from target of 14 days). Member were assured that work was being undertaken with North East, North Cumbria with the laboratory to bring that down and that colleagues from quality assurance in Public Health England were supporting that work and that NHS England was heavily linked into the plans in place.

It was requested that a written update be provided on progress being made to reduce the number of days back to the 14 days target.

It was further explained that the delay was in relation to notifying the woman of the result if there had been a positive test. Assurances were made that this would not affect the women being referred into services or the diagnosis of it.

**Sexually Transmitted Diseases** – There was a brief discussion around decreases in Sexually Transmitted Diseases and what would happen once restrictions have been lifted.

Members were informed that this decreasing trend had predated lockdown. It was recognised that this might have been a result of wider behavioural change following on from many years of work taken to address it. It was acknowledged that lessons could be learnt from what has taken place during the lockdown and how the service had reached more people in terms of support and advice. It was noted that there was a challenge around access to contraceptive services, which were currently limited, and it would be further considered how else this could be increased and built upon.

**Substance Misuse** – Members raised concerns around the increasing use of nitrous oxide and other drugs used for recreational purposes amongst the local communities. The Panel was assured that the Public Health team was aware of this issue although limited evidence available (apart from products found in the community). It was explained that there had been communications work undertaken with young people to relay appropriate messages as well as raising awareness with adults as part of ongoing work. It was recognised that this issue was having a significant impact on communities and mental health, particularly in young males. It was requested that further information be provided on the medical effects of nitrous oxide.

**Air Quality** - The Panel considered the ongoing work to tackle air quality in Doncaster that included what was taking place in certain areas such as Hickleton and Marr. Members were reminded of other work across the Council and partners, such as the wider Environment Strategy and active travel.

The discussion highlighted the following areas;

- Roadside –There was a brief discussion around the impact of pollution in relation to the distance from houses to the roadside, reference was also made to the location of air quality devices.
- Local Air Quality Management (LAQM) Action Plan – Concern was raised around how areas in the LAQM action plan were prioritised. Members were assured that measures were considered fairly for all areas and that such information was made available publicly (through the Defra website) and opportunities had been presented to Members to become engaged in the process. Members raised concern about the extent to which the number of people affected by poor air quality influenced the allocation of resources. The Panel was reminded of the Council’s action plan, which included measures over a 10-15 year period.
- Communication and Profile – In terms of communication, it was felt that more could be done to make public information become more appealing and accessible. Members were of the opinion that communication around air quality across the Borough needed to be widened and profiles raised. It was felt that present forms of communication were not impactful enough and examples of alternative methods of communication were referred to, such as the use of a short video film for the public to disseminate information.

The Panel therefore resolved to;

- a. note the joint work on infection prevention and control of coronavirus (covid-19), and the key role that Doncaster’s health protection professionals play in coordination and management of the pandemic response.
- b. note the ongoing work with local partners in addressing immunisation update rates in Doncaster, in particular flu vaccinations and MMR among vulnerable groups.
- c. note the progress made, and efforts to address the challenges in relation screening programmes.
- d. note ongoing work to tackle air quality in Doncaster.
- e. note overall assurance on health protection of the people of Doncaster.

And proposed that consideration be given to the follow recommendations;

1. That in relation to nitrous oxide (and other recreational drugs), that the Director of Public Health writes on behalf of Doncaster to the Secretary of State for Health highlighting the Panel’s concerns about the increased use about nitrous oxide and what steps were being taken to address this.
2. In relation to Air Quality, that further consideration be given to

	<p>improving communication of information to the public, for example, through the use of short video, to make it more appealing and accessible.</p>	
37	<p><u>DONCASTER ALL AGE STRATEGY FOR AUTISTIC PEOPLE AND PEOPLE WITH A LEARNING DISABILITY</u></p>	
	<p>An update was provided on progress made in response to recommendations made by the Panel to the Executive in the context of the Doncaster All Age Learning Disability and Autism Strategy 2021/24 and also on the report provided to Cabinet on the 9<sup>th</sup> March 2021.</p> <p>The following issues were discussed;</p> <p><b>Panel Recommendations</b> - Members were informed that the fundamental challenge to come out of the recommendations were in seeking assurances that the strategy would be actioned and monitored. It was explained that, as part of the work that went to Cabinet there was an invitation to continue to be challenged on it. Reference was made to examples of where improvements had been made during the last year although it was recognised that more needed to be done.</p> <p><b>Vaccinations and Health</b> - In terms of vaccinations, it was acknowledged that there had been developments around those with a disability being vaccinated. It was added that work had been undertaken with primary care practices during the pandemic. It was continued that work had also been undertaken with those with learning disabilities and providers over the past year to ensure that they were safe. It was noted that there had been some challenges although these had been reduced through proactive partnership work.</p> <p><b>Diagnosis</b> - It was commented that there was a number of adults and older people with autism or learning disability who had not been diagnosed. It was responded that it was not just about the diagnosis of those coming through the school system, but also about diagnosis later in life and finally post diagnostic support. Reference was made to the Priority – Access to Autism Diagnosis (within the strategy) and it was recognised that there was still a long way to go.</p> <p><b>Issues and Challenges</b> - Finally, concern was raised around challenges to issues such as improving transitions, improving pathways into work and in relation to healthcare, in particularly, following the disruptions experienced during the last year and how expectations going forward could be managed. It was recognised that young people of any diagnosis already experienced a difficult time and that the most important component yet biggest challenge was having the voice of those with experience themselves to come through more strongly.</p> <p>The Panel resolved to;</p>	

	<ul style="list-style-type: none"> <li>a. Note the progress of actions against each of the recommendations.</li> <li>b. Note the status and progress of the Learning Disability and Autism Strategy</li> <li>c. Consider the appropriate elements of the 'Doncaster All Age Strategy For Autistic People And People With A Learning Disability' as part of the Health and Adults Social Care and Children and Young People Overview and Scrutiny workplans during 2021/2022.</li> </ul>	
38	<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 2020/21 Scrutiny Work Plan for consideration and reminded Members of the current Forward Plan of key decisions.</p> <p>There was a brief discussion around future items for the Overview and Scrutiny future workplan following the meeting's discussions.</p> <p>RESOLVED the Overview and Scrutiny Work Plan 2020/21 and Forward Plan of key decisions be noted.</p>	