



Doncaster Council

Report

18th March 2021

To the Chair and Members of the
HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2020/21

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

EXECUTIVE SUMMARY

1. This is the annual report on health protection assurance in Doncaster covering the financial year 2020/2021.
2. There has been a coordinated and sustained response to the public health emergency presented by the COVID-19 pandemic. At the same time, there has been work to maintain the existing duties and functions for ensuring that the health protection assurance system in Doncaster is robust, safe, effective, thereby meeting 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, as well as responsive, collaborative multi-agency working.
3. This report focuses on the following key areas of health protection:
 - A. Emergency preparedness, resilience, and response (EPRR): coronavirus (COVID-19)
 - B. Infection prevention and control
 - C. Vaccine, immunisation, and screening programmes

- D. Air quality
 - E. Sexual health
 - F. Substance misuse
 - G. Additional public health key outcome indicators
4. This report gives recommendations to the Overview and Scrutiny Panel; it provides relevant background information; and outlines the progress made in the previous year.

EXEMPT INFORMATION

5. None

RECOMMENDATIONS FOR 2020/2021

6. The Scrutiny Panel is asked 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.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. An effective system is in place to protect the health of the people of Doncaster. There is substantial and ongoing effort to mitigate the effect of COVID-19 on the people of Doncaster through effective management, prevention, and control, as well as to address ongoing or routine health protection topics. Health Protection outcomes in general are very good despite the challenges of the pandemic. There are also identified areas of challenge that are being addressed.

BACKGROUND

8. The background papers consists of the following:

- A. Emergency preparedness, resilience, and response (EPRR):
coronavirus (COVID-19)
- B. Infection prevention and control
- C. Vaccination, immunisation, and screening programmes
- D. Air quality
- E. Sexual health
- F. Substance misuse
- G. Additional public health key outcome indicators

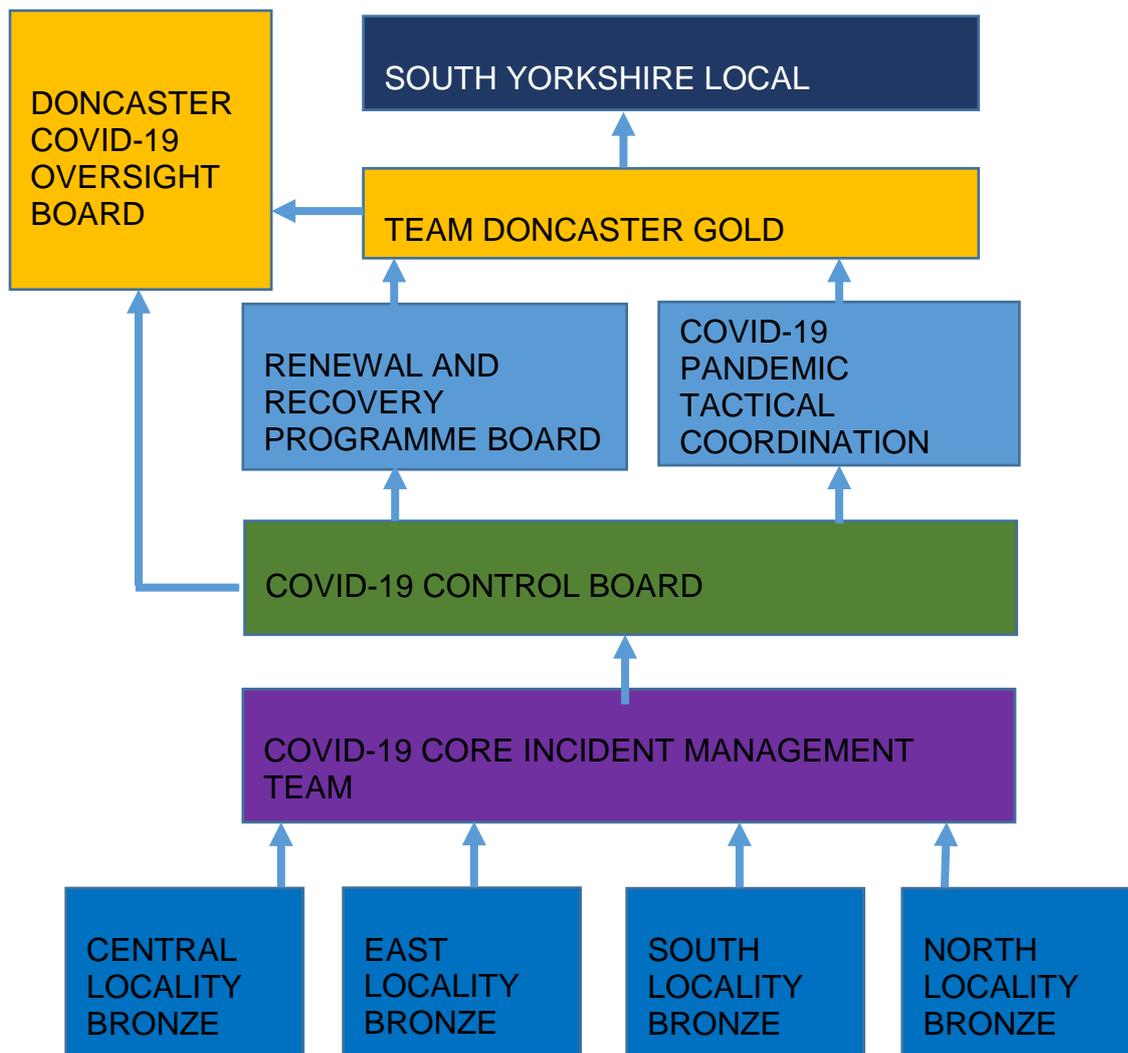
A. EMERGENCY PREPAREDNESS, RESILIENCE, AND RESPONSE (EPRR)

9. Background and response structures

10. The majority of the EPRR focus for 2020/21 has been on the response to the coronavirus (COVID-19) pandemic. Alongside this, the team has also supported the response to the Hatfield Moors fire in May 2020 and winter planning.
11. Doncaster Council held its first multiagency Tactical Coordination Group meeting for the coronavirus response on 7th February 2020. On 16th March 2020, Doncaster Council and the South Yorkshire Local Resilience Forum (LRF) declared a major incident.
12. Since then the local and regional response has continued to evolve in response to changing and evolving threat, situation and guidance.
13. The original Tactical Coordination Group was formally stood down on 25th June 2020 and replaced with the COVID-19 Covid Control Board to reflect the initial shift into recovery in some areas with the ongoing focus on managing cases, clusters and outbreaks of COVID-19.
14. On 29th June, the Doncaster COVID-19 Oversight Board, chaired by the elected mayor of Doncaster Council, was established to provide oversight assurance and scrutiny of plans to prevent and manage outbreaks of COVID-19 and actions taken to prevent and manage outbreaks and their outcomes.
15. On 7th October 2020, following the resurgence in cases nationally and locally and concurrent risks, a further Tactical Coordination Groups was set up to coordinate multiagency command and control arrangements to endeavour to save life and minimise the impact of COVID-19 and any other concurrent incidents and events in Doncaster, supporting recovery and renewal to a new normality. Comprehensive threat and risk assessments are in place to

manage the wider risks and impacts of COVID-19 including the health and care system, local economy and business, welfare of vulnerable people, inequalities and impact on families, testing and tracing capacity, mass vaccination and others.

16. The South Yorkshire LRF continues to meet on a regular basis. The Doncaster Incident Management Team (IMT) meets on a daily basis to review cases, clusters and outbreaks in high-risk settings, places and populations and locality multidisciplinary teams have been established to review and advise on local intelligence and knowledge of high-risk populations, people and places and mobilise multi-agency prevention and/or outbreak response activity as required.
17. The current response structure is summarised in the diagram below, and more detailed information on the current response can be found in the Doncaster COVID-19 Outbreak Control Plan on the Doncaster Council website: <https://www.doncaster.gov.uk/services/health-wellbeing/team-doncaster-covid-19-response>



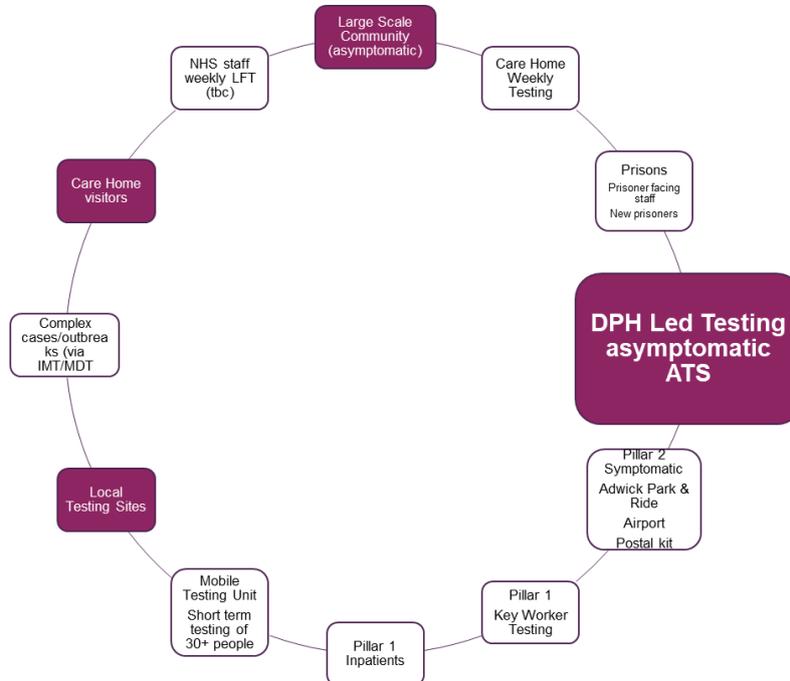
18. **Resources and capacity**

19. Since the announcements of the COVID contain outbreak management grants, resource and capacity as been increased across all areas of the response.

20. In addition and specific to health protection, capacity to respond to outbreaks has been increased through training of wider public health staff to enhance the skills and capability of the team to provide specialist advice on outbreak management and to support the coordination of outbreak control meetings. Capacity for contact tracing and testing has also been developed and this is detailed below.

21. **Testing**

22. A COVID-19 testing strategy is in place locally, which outlines the approach to access to testing across the borough. There is a range of options currently available and the approach outlined in the below diagram:

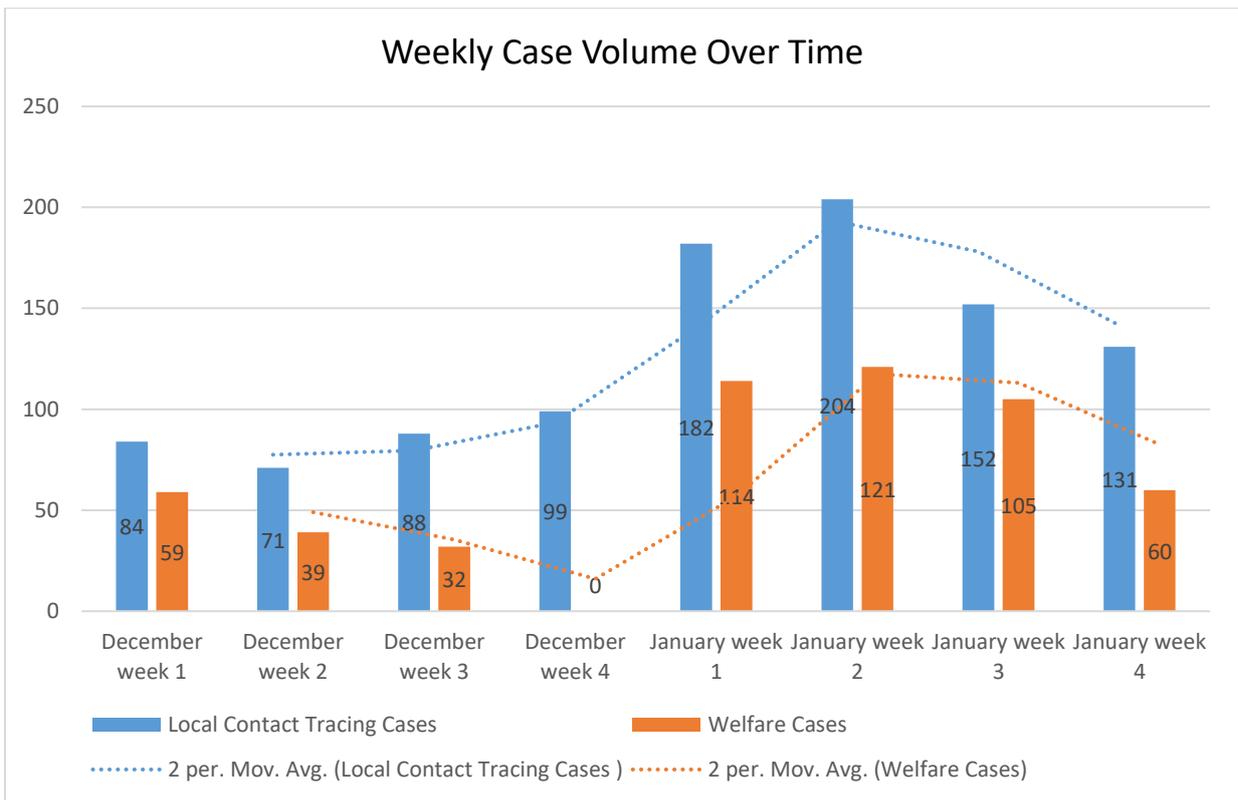
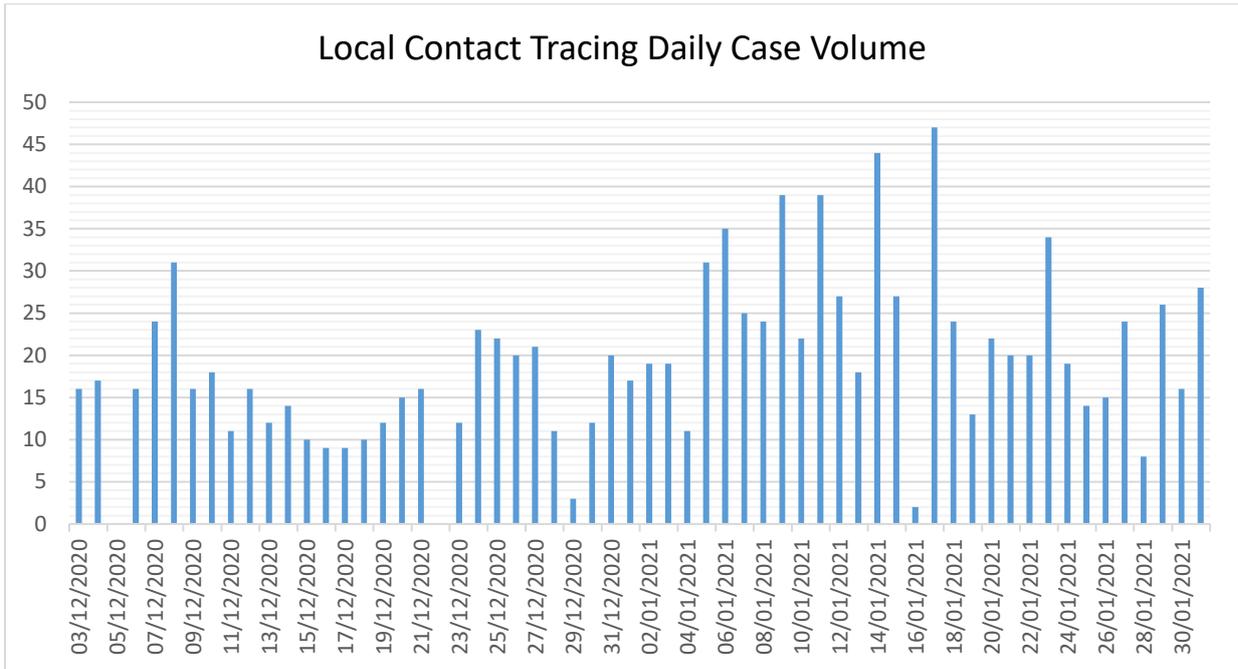


23. Increasing access to testing for residents across the borough is important and significant in addressing inequalities. As such, the following options are currently in development:

- Establishment of up to two local testing sites in the borough that provide an easy to access, walk up option for local residents with symptoms to access testing.
- DPH led testing for asymptomatic individuals has commenced with the establishment of a hub site to provide weekly testing to priority Doncaster Council staff based on their number of contacts and vulnerable contacts. This continues to be developed.

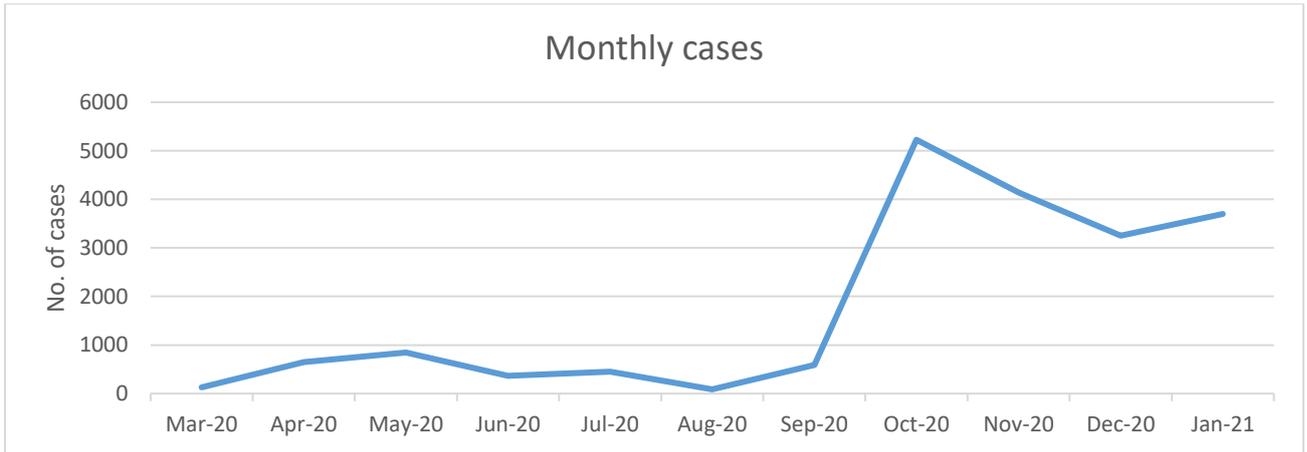
24. Doncaster was recently successful in its expression of interest for the roll out of community testing for asymptomatic individuals. Development work is well underway and will involve four sites being established across the borough enabling availability of 600,000 over six weeks, targeting up to 50,000 residents through bespoke communications.

25. Other models of providing asymptomatic testing are being explored currently, including a mobile option and 'DIY' option for specific settings. The team will continue to support other settings such as schools in their testing strategies.
26. Communications and engagements will be developed with both multi-agency partners and community leaders to understand both the testing barriers and how to address these. Recruitment of staff to enable the development and roll out of the testing options above continues but does pose some challenges.
27. **Contact tracing**
28. Local contact tracing efforts compliment and supplement the national Test & Trace programme to deliver a solution tailored to local community needs and using local knowledge and credibility to reach those who might be missed or unengaged by the national contact tracers. A local contact tracing team comprising of Public Health staff/bank staff across alliance and customer service teams has been established to deliver both contact tracing, investigations, deep dives and welfare calls. They began local contact tracing through CTAS as of 4 December 2020, and have begun home visits of cases who have not engaged and meet criteria, operating a 7 day/week 365/days a year service
29. The team have created a local contact tracing management system to allocate and re-allocate cases to tracers working remotely and record outcomes from contact tracing and developed a local tracing digital system, to support local contact tracing and welfare calls.
30. To join up their work, the team have engaged with local hospital to begin data sharing to enable early identification of hospitalised cases and those where there is a risk of community transmission. Work with the DMBC Communications Team has led to development of digital and physical resources to support local contact tracing and home visits.
31. The team's performance through January 2021 has included 1117 cases. The team engaged a 791 (71%) of these cases. Tracing efforts failed in 270 cases (24%) due to barriers such as non-response, lack of accurate contact details, or the case's hospitalisation or death. A remaining 56 cases (5%) were open and pending follow-up as of 31 January. Details of the team's caseload from 3 December to 31 January is displayed below.

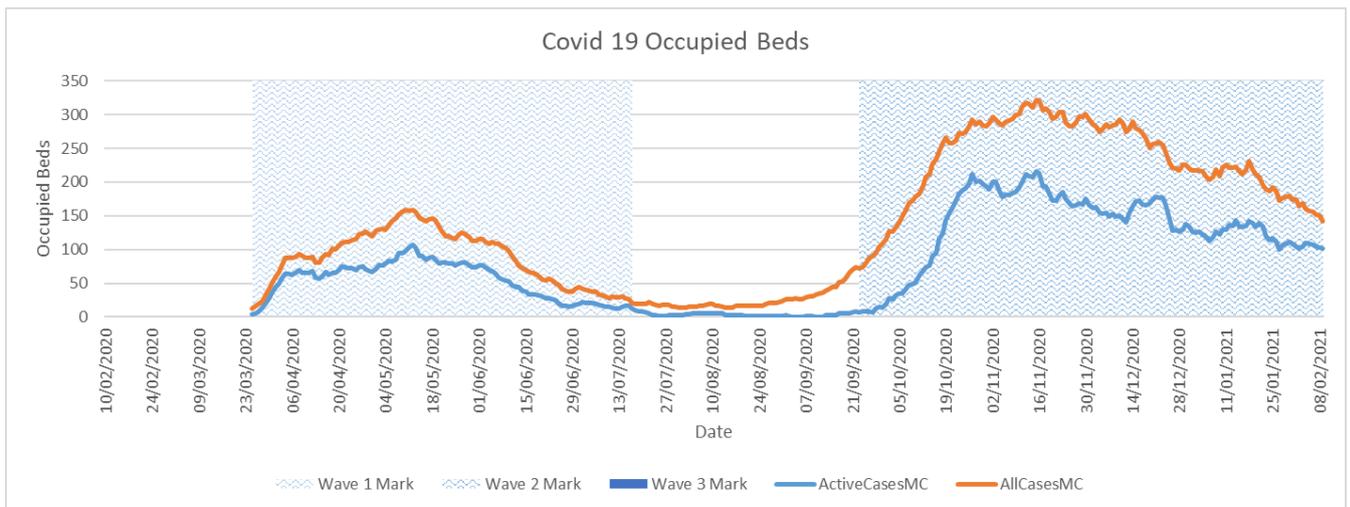


32. The team also have ambitions for new areas they would like explore and pilot for further development of the team, including:

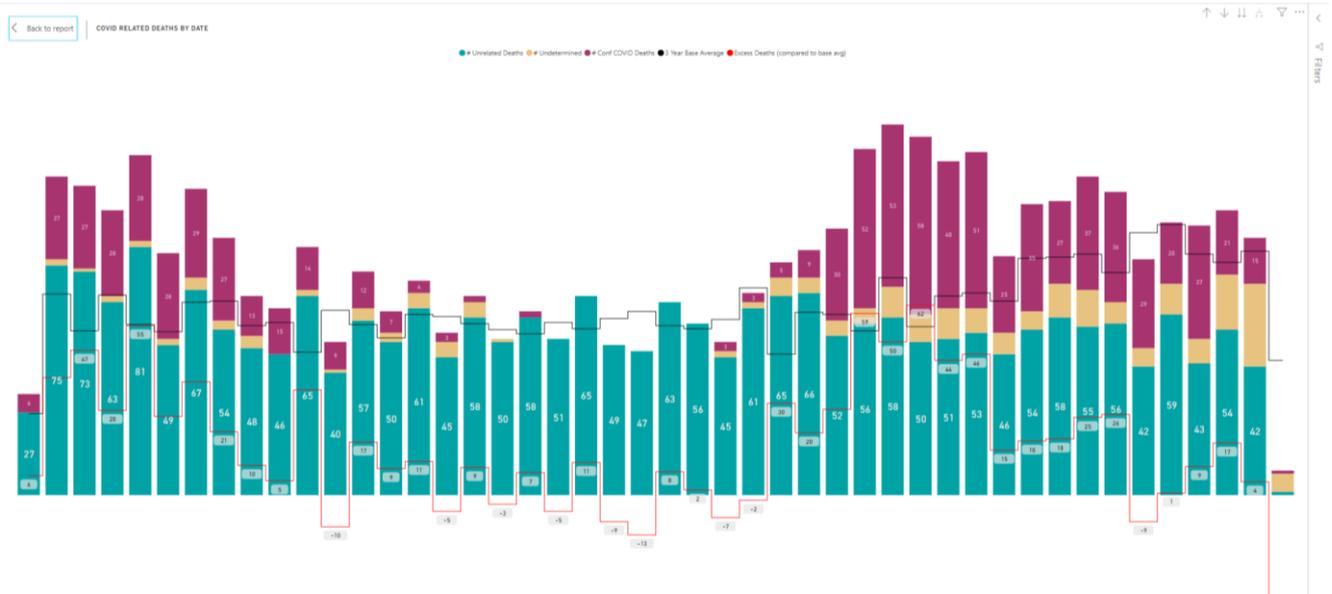
- Increasing success rate of contact tracing and provide support to the most vulnerable
 - Establishing process/system to carry out enhanced contact tracing
 - Establishing home visits at more regular intervals throughout week, by increasing number of staff conducting visits
 - Developing data dashboard for contact tracing and welfare calls
 - Feeding into Incident Management Team (IMT) & and open Multi-Disciplinary Teams (MDTs) to support investigations and early identification potential future outbreak risks
33. The team's continued success relies on enablers related to staffing, training, resources, tools, data, and supporting behaviour change, including:
- Continuing to review staff capacity (increasing number of staff to carry out contact tracing and home visits
 - Training more staff in conducting home visits to increase success rate and provide support to the most vulnerable
 - Maintaining staff wellbeing – looking into mindfulness training sessions, virtual exercises sessions and available apps to support staff involved in contact tracing
 - Recruitment of multilingual contact tracers/interpreters from council workforce
34. **COVID-19 key data for 20/21**
35. To 9 February 2021, there have been 19,695 COVID-19 cases in Doncaster. To 12 February 2021, there have been 876 confirmed deaths from COVID-19, most of which have been in the older age groups. After an initial rise in cases through spring, 2020 there was a decline through the summer. Cases began a steep ascent in September, reaching a substantial peak for the year in October before falling slightly thereafter.



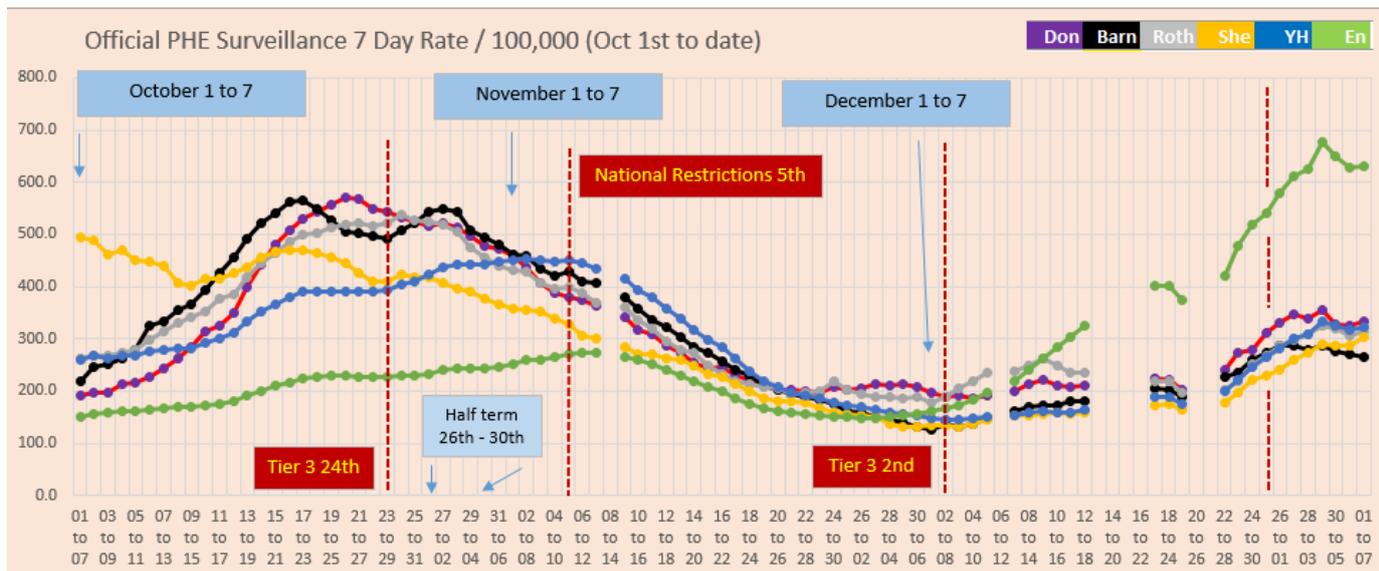
36. The number of cases in the community over the past year has been reflected in the pressure on the health service and hospital capacity in particular. The chart below showing Doncaster hospital beds occupied by people with COVID-19 reflects the wider trends of the first wave in spring 2020 and the higher case numbers of the second peak in November 2020 with a slow decline to date. Because of time from infection for the disease to progress in severity to require hospitalisation, hospitalisations peak slightly after the number of infections do so.

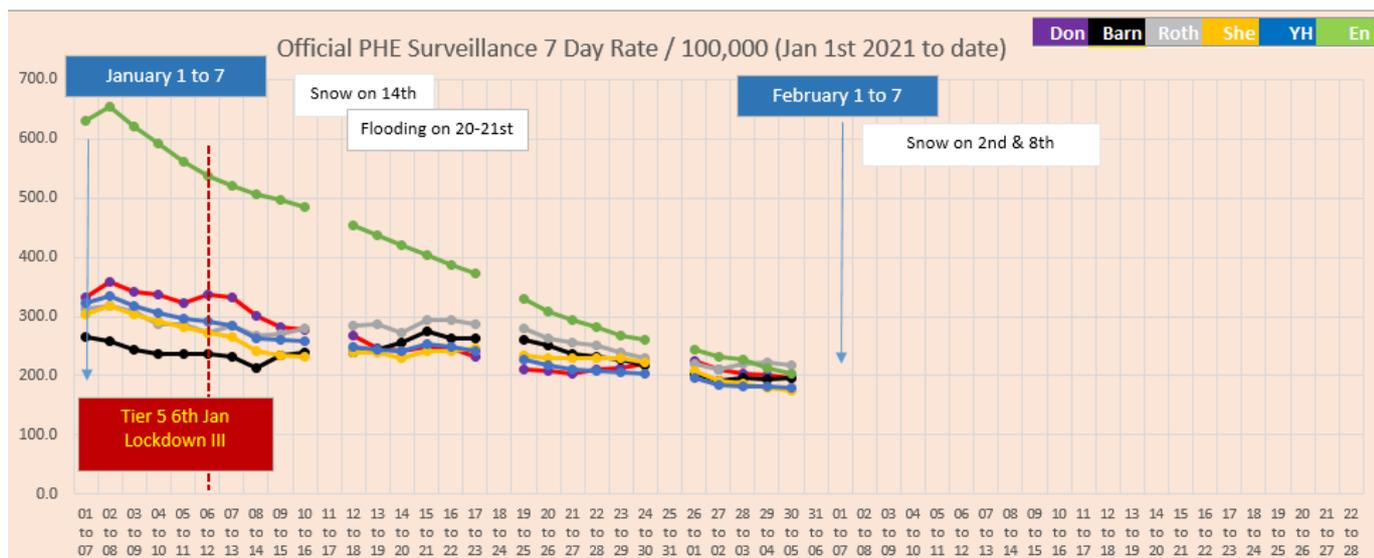


37. Weekly deaths since March 2020 are shown below, with COVID-19 mortality shown in purple against other causes (blue) and unknown causes (tan). Similar to hospitalisations, COVID-19 mortality trends reflect general infection trends with spikes in spring 2020 and a longer second wave of mortality since autumn 2020.



38. Weekly seven-day case rates per 100,000 population from October to January and from 1 January to 1 February 2021 for Doncaster can be seen below in relation to control measures over the same period, showing a surge in cases toward the end of 2020 but a steady decline since the beginning of 2021, coinciding with the third national lockdown.. The rates for the three other authorities of South Yorkshire, for Yorkshire and the Humber, and for England as a whole are also displayed for comparison.





B. INFECTION PREVENTION AND CONTROL IP&C

39. Infection prevention and control (IP&C) is a systematic, practical approach to mitigate both the risk of spreading communicable disease and antimicrobial resistance in contexts including healthcare, social care, educational, and employment settings. Certain settings such as hospitals and care homes are at higher risk of infectious disease spread – for example because of more clinically vulnerable populations or greater likelihood of encountering communicable infection – and therefore require more IP&C input.
40. DMBC public health professionals provide first-line guidance for settings that require additional IP&C information through the pandemic, with input from IP&C specialists based in partner NHS organisations and in PHE offering additional support for more complex or large-scale settings or incidents. This PHE Senior Health Protection Specialist also joins daily Incident Management Team meetings to provide real-time advice and guidance to colleagues.
41. Doncaster used to have dedicated IP&C resource comprising one nurse to support care homes, but with scale of pandemic it was not possible to offer the required level of IP&C support through a single nurse. With the support of COVID funding the system has been able to fund additional capacity to respond the pandemic. As a system, the resources to support care homes were increased from across our partner organisations, working as a team to support our care homes. Partners pulled together to respond to hard-hit settings such as care homes and the work continues.
42. Where there are school outbreaks that have required IP&C input the DMBC Public Health Team have been working closely with our Schools Teams to support work on IP&C in educational settings.

43. **Doncaster and Bassetlaw Teaching Hospitals Foundation NHS Trust IP&C**
44. This is a summary of the Infection Prevention and Control service for Doncaster and Bassetlaw Teaching Hospitals Foundation Trust from April 2020 to December 2020.
45. Key 20/21 objectives included a range of IP&C targets, chief among which were Managing COVID-19 pandemic challenges, influenza vaccination programme for staff, and managing antimicrobial resistant microbes.
46. **Achievements**
47. In this period, a service commenced to cover to the community care and residential homes during the COVID-19 pandemic, providing support, education and advice as required, and supporting during outbreak situations.
48. There were preparations for acute staff to deal with COVID-19 pandemic including fit-testing for FFP3 facemasks and instruction on donning and doffing of PPE. The IPC Team also offered education on standard precautions and wider IPC support to staff, including risk assessments for all areas. The team made changes to the patient's/visitors pathway around the hospital, allocating zones for managing patients based on positivity, and ensuring doors on bays. The team also helped to increase critical care capacity.
49. The team has been preparing for COVID-19 immunisations. It also supported laboratory-arranged provision of a phlebotomy service and pre-assessment swabbing arranged outside the trust.
50. In 20/21 to date there have been no outbreaks of infection due to influenza or norovirus. Influenza vaccination uptake was high in 20/21.
51. The team also provided effective management of antimicrobial resistant microbes.
52. **Challenges and risks**
53. In 20/21, the IPC team faced the following challenges:
- COVID-19 challenges: fit-testing ongoing, swabbing of patients while in hospital, pre-admission swabs, staff lateral flow testing (LFT), immunisations
 - Increasing the uptake by staff of influenza vaccine
 - Offering residential/care home support

- Postponements and deferrals of usual business, deadlines due to COVID-19 pandemic
- Reduction in workforce due to additional work and staff retiring – awaiting a workforce review to reflect necessary requirements for service to meet demands
- Maintaining business-as-usual IP&C testing and activity in addition to pandemic requirements

54. **Performance management**

55. IPC team maintained their business-as-usual work schedule as much as possible despite the pandemic, including:

- Surveillance and reporting of infectious diseases and antimicrobial use, including new reporting of COVID-19 outbreaks and management reported to PHE/NHSE and related to restart of surgery after pandemic first wave
- Deep cleaning of wards undertaken during the summer months as the COVID-19 cases declined and hospital activity not increased
- Education provision for staff increased due to COVID-19 including PPE usage, donning and doffing, fit-testing, standard precautions.

56. Even so, some performance management tasks has to be rescheduled to later in the year due to the pandemic (for example ward accreditation audits, certain performance monitoring)

57. **Objectives for 21/22**

- Complete immunisation of influenza vaccine to all staff
- Immunisation against COVID-19 for all staff, return to delivery of more routine services that had been suspended because of pandemic
- Ensure adequate supplies of PPE for additional waves or ongoing cases
- Structural changes to allow departments to operate safely, complete risk assessments where required
- Service review for care home and provision of management from DBTH
- Manage and suppress antimicrobial resistant microbes

58. **Rotherham Doncaster and South Humber NHS Foundation Trust IP&C**

59. **Introduction**

60. This report is intended to provide assurance that the implementation of the Infection Prevention and Control Compliance Standards Trust wide Implementation Plan 2020-2021 and the IPC Board Assurance Framework (BAF) are being implemented across the organisation.

61. The IPC Team's on-going priority continues to be the maintenance of effective patient and staff safety during the management of COVID-19 pandemic. The team continue to provide expert clinical advice, support, guidance and reassurance to all staff across the Trust.

62. Under a separate contract with Doncaster Public Health, RDaSH also employ a Senior Clinical Nurse Specialist to provide IPC advice and guidance to all the care homes across Doncaster.

63. RDaSH IPC Team are also providing enhanced 0.4 WTE Clinical Nurse Specialist IPC/LD Nurse provides direct services to Community Learning Disability and Supported Living homes across Doncaster. This service has been well received by colleagues within the Local Authority and the Supported Living Service providers who are very welcoming of the enhanced support and are responding quickly and effectively to the proposed recommendations and actions following the visits.

64. **Key 20/21 objectives**

65. The IPC Team continue to monitor month by month, the actions associated with the Compliance Standards Trust wide Implementation Plan 2020/21 and IPC Board Assurance Framework (BAF) providing assurance that actions are being implemented across the organisation.

66. In partnership with the Care Group and Corporate Leads, the work programme priorities are based on the management of COVID-19 and winter pressures.

67. **Achievements**

68. Environmental COVID-19 Risk Assessments have been undertaken across to Trust to ensure that work places both clinical and nonclinical are compliant against the national recommendations for making the workplace a COVID-safe environment. The IPC team review risk assessments regularly to ensure they comply with IPC standard precautions. The team undertake joint visits with the Health and Safety Team to areas where there are outbreaks or where non-compliance has been identified on routine visits.

69. The team review relevant infections on wards and the progress and outcomes thereof, including in cases of COVID-19. The team also assess infection risk in healthcare settings. They share learning at IPC Committee.
70. Together with the post-infection reviews, the management of outbreaks is by far the most challenging and time-consuming activity the IPC Team are currently engaged in. To date the team have been actively involved in 16 COVID-19 outbreaks involving patients and staff in clinical and non-clinical areas.
71. The IPC Team are co-ordinating the Flu vaccination programme and during December 2020, the team are undertaken training to enable them to participate in the COVID-19 vaccination programme.
72. The team also have continued to provide specialist advice to Doncaster Local Authority/Public Health and Doncaster CCG in relation to all aspects of IPC.
73. The IPC Team reviewed the considerable volume of national PHE and HNS guidance relating to IP&C for COVID and other communicable diseases and related protocols. On the 5th May, NHSE/I published a Board Assurance Framework, which is currently being co-ordinated by the IPC team and provides assurance that as an organisation we are implementing the National Guidance in relation to the management of COVID-19. The BAF is a live working document that is reviewed and updated on a monthly basis and presented to Infection Prevention Control Committee and Quality Committee.
74. During the past 9 months, the team have also developed or contributed to the development of a number of local documents that summarise the national guidance, ensuring important key messages and training materials are disseminated to staff in a timely manner.
75. **Challenges and risks**
76. Capacity and Demand continues to be the greatest risk as in the continued management of COVID-19 and potential winter pressures from flu and norovirus.
77. The team are responsible for reviewing the government guidance in relation to COVID-19 and ensuring the messages that go out to staff are current and up to date which often involves the development of learning and guidance materials i.e. videos and posters.
78. The team support to inpatient staff with the management of COVID-19 patients and the segregation of positive patients and field constant daily enquiries from staff on all elements of COVID, IPC related or not. IPC are also vital to management of outbreaks, being involved in all cases as well as subsequent PIRs.

79. There has not been any sickness within the team and they are managing to take regular leave breaks, but they are under constant pressure and it would have a massive impact if any of the team were off.
80. **Performance monitoring**
81. The team have consistently and effectively delivered against all of their objectives during the management of COVID-19 Pandemic, however it was agreed at the IPC Committee that certain non-urgent work could be suspended during the pandemic. This has included rescheduling procedure reviews, certain compliance audits, and website updates while COVID-relevant IP&C updates are being disseminated through Gold Command and daily communications.
82. **Objectives for 21/22**
83. The IPC Team will continue to support Care Groups and Corporate Services to implement the Infection Prevention and Control Compliance Standards Trust-wide work programme 2020/21 and BAF. Contingency plans are in place to continue with the management of COVID-19 during the Recovery and Reset phase whilst preparing for potential winter pressures e.g. norovirus and influenza outbreaks.
84. **Decisions required**
85. In lieu of a decision, it would be welcome if members would acknowledge the contents of this update and the tremendous achievement of the IPC Team during the management of the COVID-19 pandemic.

C. VACCINATION, IMMUNISATION, AND SCREENING PROGRAMMES

86. **Introduction**
87. COVID-19 impacts have taken considerable capacity from business as usual health protection, including vaccination, immunisation, and screening programmes. Even so, there has been good progress on flu coverage, especially among more clinically vulnerable groups such as those aged 65+. Every key target group listed below has seen increased flu vaccination coverage this year.
88. This year has also seen good news on MMR dose coverage. This has been equal to or better than England average, and has increased from last year. Even so, coverage remains below target, presenting an area for continued improvement.
89. The section briefly describes commissioning responsibilities and supporting governance arrangements in relation to the NHS screening and immunisation

programmes with a particular focus on the progress of the three agreed key workstreams as part of the Doncaster Local Health Improvement Plan,

- Cervical Screening
- 20/21 Seasonal Influenza Programme
- Childhood Vaccination in particular Measles Mumps and Rubella (MMR)

90. Also included are key areas of performance, achievements and challenges associated with the delivery of the programmes, within the context of the COVID-19 pandemic.

91. **National NHS Screening and Immunisation Programmes – Commissioning Responsibilities, Quality Assurance & Governance Arrangements**

92. National NHS population screening programmes in England are recommended by the UK National Screening Committee (UKNSC) while national immunisation programmes are recommended by the Joint Committee for Vaccination and Immunisation (JCVI). They following a rigorous evidence review process using expert input, public consultation and assessment of the balance between benefits, cost effectiveness and potential harms.

93. NHS England and NHS Improvement (NHSE/I) are responsible for the commissioning and oversight (delivery, quality and safety) of all programmes under the Section 7a Public Health Agreement (delegated responsibility from the Secretary of State for Health).

94. NHS screening and immunisation programmes in Doncaster are commissioned by NHS England and NHS Improvement (NHSE/I) Public Health Commissioning Team Yorkshire and Humber (Yorkshire and North East NHSE/I) with Public health advice provided by the local Public Health England (PHE) Screening and Immunisation Team (SIT) embedded within NHSE/I and quality assurance supported by the Public Health England Screening Quality Assurance Service (SQAS).

95. **Local Governance Arrangements**

96. South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group meets every six months. Meetings bring together key partner representation across the SYB healthcare system including representation from CCGs, LAs, NHSEI PH Commissioning Team, SYB Cancer Alliance, and QA.

97. The purpose of the forum is to provide strong system leadership supporting high quality, effective and safe programmes underpinned by collaborative working between key partners, with focus on the inequalities agenda. Currently the meeting is being offered on a quarterly basis to allow partner

organisations to be fully briefed on the system response in relation to and impact on programmes because of the COVID-19 Pandemic.

98. A six-monthly South Yorkshire & Bassetlaw programme board for each of the screening and immunisation programmes bring colleagues from all programme providers and stakeholders together to drive quality improvement across the screening pathway and facilitate shared learning across the system.
99. Interim monitoring arrangements are discussed and identified through monthly tripartite meetings with each of the screening providers and regular data submissions required by both screening and vaccination providers. In addition, where concerns may be identified these are escalated to NHSE/I Contracting Team for further discussion.
100. **Summary of 2020/202 key objectives as identified in the Doncaster Health Improvement Plan:**
 - Monitor uptake of primary care delivered childhood immunisations using quarterly and annual PHE cover data and review at the local vaccination and immunisation operational group
 - Agree audit tool with key partners and complete primary care Childhood Immunisation Audit
 - Develop and implement recommendations from the above audit for best practice and share with primary care
 - Work with GP practices and Child Health Information Service (CHIS) to support practices with long childhood immunisation waiting lists
 - Work with all partners to ensure an increase in uptake of flu vaccine across cohorts, in line with 2020/21 national ambitions
 - Support providers including primary care, school aged flu and adolescent immunisation and screening providers to continue to deliver services within the context of the COVID-19 Pandemic
 - Improve equity of access to the cervical screening programme
 - Halt the decline in uptake to the cervical screening programme
101. **Achievements of 2020/21**
102. Completed primary care childhood immunisation audit – collaborative work between S&I Coordinator (SIC) and Public Health Improvement Coordinator from LA involved in the development of the audit tool, evaluation and development of recommendations from the audit. Engagement and feedback

with other partners e.g., CCG Quality Lead completed the process to inform the developed recommendations.

103. Developed recommendations from the immunisation audit results for best practice for vaccinations and sent out to all practices. These include the importance of having a designated Immunisation Lead within each GP practice, collaboration with key partners, including understanding of CHIS processes for scheduling and appointing and practices offering flexibility of appointment times.
104. Identified one Doncaster GP practice with a very long waiting list and worked collaboratively with the CHIS and the SIC to address this. This included reviewing the process for appointing children alongside waiting lists and running system searches to identify any children with missing immunisations. Because of this work, the practice put on extra clinics to accommodate the children identified and they now have no ongoing waiting list. This approach is now been refined and adopted across Doncaster practices.
105. Shared outcomes of the work with SIOG/Programme Board and Practice Managers Forum.
106. Rolled out of targeted improvement work for cervical screening delivery within Primary Care.
107. Increased uptake in all eligible cohorts for the Seasonal Influenza Vaccination Programme.
108. **Challenges and risks**
109. The five major risks and challenges in 20/21 have been:
 - Risk to Primary Care Childhood Immunisations programme due to COVID-19 related challenges e.g. workforce issues (sickness/re-deployment/self-isolating), capacity (as a result of social distancing) and parental/patient anxiety (deferring appointments)
 - Considering the challenges of the pandemic on the totality of healthcare delivery, working with key partners in the best way to ensure the continued delivery of the screening and immunisation programmes
 - Inequalities impacting on uptake across immunisation and screening programmes
 - Pausing of screening and immunisation programmes due to the potential impact of further COVID-19 lockdowns and/or restrictions however, it is important to acknowledge the childhood immunisations and cervical screening were encouraged to continue 'business as usual'

- Restoration of service delivery and clearing of back logs to ensure high risk people are prioritised

110. **Workstreams Update**

111. NHS Cervical Cancer Screening Programme (NHSCSP): during the pandemic, NHSE/I advised there is an expectation that screening and immunisation services should continue as contracted, including continuing actions to support the restoration of NHS screening services and the proactive offer of immunisations to those who missed any vaccinations. We acknowledge that the Providers have faced huge challenges in delivering the services during this time and some disruptions have been inevitable.
112. Cervical screening is a test to help prevent cancer by checking the health of the cervix. Human Papillomavirus (HPV) plays a crucial role in the development of cervical cancer and has been detected in 99.7% of cases of cervical cancer.
113. The aim of the NHSCSP is to reduce mortality from cervical cancer by delivering a systematic, quality assured, population-based screening programme for all eligible women. To endeavour to halt the decline in uptake in the lower age group (25 –49 years of age) and maintain/increase in the 50-64 age group, to support the lower uptake in practices and reduce inequalities.
114. In England, the majority of cervical screening is carried out in general practices. Screening is available to all women aged 25 to 64 with all eligible women who are registered with a GP automatically receiving an invite by post. Women aged 25 to 49 are eligible for screening every three years, whilst women aged 50 to 64 receive invitations every five years. Finding abnormal changes/detecting HPV early means women can be monitored or treated, so these changes are prevented from turning into cervical cancer.
115. It is important that women who have had the HPV vaccine still attend for cervical screening when invited as whilst the vaccine protects against at least two high-risk types of HPV (16 and 18) causing about 70% of all cervical cancers, there are cervical cancers caused by other HPV types.
116. Whilst trans men (assigned female at birth) who are registered at the GP practice as a male are not automatically invited for screening, they remain eligible while ever they have a cervix. These individuals would be referred by their GP.
117. There are three main components of the cervical programme as described below:
118. Cervical Screening Activity in Primary Care: The efforts of practice teams in ensuring screening is accessible, despite the complex challenges of the

COVID-19 pandemic, including the roll out of the COVID-19 Vaccination Programme, facing the totality of primary care delivery, is acknowledged.

119. Whilst the majority of cervical screening is offered within a primary care setting, a new national specification for delivery within Integrated Sexual Health Settings has been developed. Discussions between NHSEI, LA commissioners and sexual health providers are progressing with a view to implement this within the next financial year
120. Gateshead Cervical Screening Laboratory: Our regional laboratory for primary care samples is based at Gateshead. Data from November 2020 shows 85% of samples are HPV tested and reported on within 7 days of receipt, this is in line with national standards. For those that are HPV positive that go on for cytology, turnaround times continue to breach 14 days. The backlog for reporting cervical cytology samples is currently 32 days across SY & B. This is due to ongoing staffing and capacity issues due to the pandemic and several staff shielding or isolating. The lab has developed an action plan to address this and is currently recruiting as well as offering existing staff overtime. This plan is overseen by the Public Health Commissioning Team (NE) on behalf of the Public Health Commissioning Team (NEY) as the lead commissioner.
121. Colposcopy activity: Doncaster and Bassetlaw Hospitals NHS Foundation Trust is the local colposcopy provider with additional capacity offered through Carcroft Health Centre. Currently the unit reports a higher number of referrals compared to this time last year. The service continues to be delivered and all grades of referral continue to be managed.
122. Objectives for cervical Screening within the Health Improvement Plan
 - Ensure timely access to cervical screening within primary care
 - Halt decline in uptake of cervical screening in all cohorts
 - Direct improvement projects to lower uptake practices in line with scale of deprivation and inequalities
 - Ensure programme continues to offer screening throughout the pandemic.
123. All Doncaster practices have continued to offer cervical screening routinely despite the challenges of COVID-19 in relation to workforce capacity and demands. The locality SIC will continue to monitor this through fortnightly data describing cervical screening activity in primary care. The approach will include collaborative work with CCG colleagues, review of the data and development of an agreed action plan to target actions to improve access and uptake if required.

124. The Screening and Immunisation Team are working with SYB Cancer Alliance and Cancer Research UK (CRUK) to roll out a project based on behavioural science nudge theory to improve cervical screening uptake. The aim of the project is to encourage non-attenders to attend for cervical screening. To date, one practice in Doncaster have already trialled the work that has shown a change in how the practice contacts women and how they deliver messages to previous non-attenders. For example, they have changed text in letters and phone scripts to utilise the evidence based behavioural science techniques. We are currently at the stage of evaluating the impact of the project in this practice and will share with partners once available. There are plans to roll this out to two further Primary Care Networks (PCNs) across the locality in due course.
125. The data below shows that coverage has declined however, it is important to note that this data is not currently reflective of the anticipated current coverage picture. Unfortunately, national data has a time lag of approximately 6 months before it is available. Therefore, the current improvement work may not show an increase in figures until the end of 2021.

126. **Table 1: Screening Coverage Data % Uptake 2018/19 -19/20**

Indicator	Period	Doncaster Value	England	Target
Cancer screening coverage-cervical cancer-% 25-64 Yrs.	2019/20	74.1	72.3	75%
	2018/19	75.0	72.6	75%

127. **Immunisation and Vaccination Programmes**

128. Seasonal Influenza: the national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu with associated morbidity and mortality. Groups eligible for flu vaccination are agreed on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant people, and those with certain underlying medical conditions. Since 2013, flu vaccination has been offered to children in a phased rollout to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.
129. It should be noted that delivering the flu immunisation programme has been more challenging than ever before, because of the impact of COVID-19 on our health and social care services. At the start of this year's flu seasons, there were uncertainties related to staff absences as well how long policies around social distancing and school closures would remain in place.

130. Despite the social distancing measures continuing to be in place throughout the flu season, and two national lockdowns between April and December 2020, partners across Doncaster have worked tirelessly to encourage their patients to have their vaccination, which is reflected in the uptake data.
131. Changes to the programme 20/21: this season flu vaccination will be additionally offered to:
- Household contacts of those on the NHS Shielded Patient List
 - Children of school Year 7 (those aged 11 on 31 August 2020)
 - Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
 - 50–64-year-old age group from November
 - The offer of an alternative vaccine type from November – for those who wish to have a pork product-free vaccine based on faith or cultural grounds
132. The newly established 20/21 SY & B ICS Flu Board has brought together key partners (Doncaster CCG leads, NHSEI Commissioning, Communications Teams and Local Authority, Doncaster LPC, Doncaster LMC and local practices, RDASH, DBTHFT and FCMS) across the system footprint to provide strong leadership. The Board also facilitated improved collaborative working across the local system to support a placed based approach to planning and delivery of the flu programme. Doncaster CCG has played a key leadership role in the development of a robust multi-agency flu plan, which this year was peer reviewed to include military support testing flu plans, helping to identify areas that might be improved and develop contingency plans.
133. Doncaster has a CCG-led Flu Vaccination Steering Group, which meets weekly and has continued to review the weekly flu uptake data. There is also a Screening and Immunisation Team led Flu operational group, which has met bi-monthly. Any concerns for escalation were raised as part of the assurance processes at the monthly DBTHFT A&E Delivery Board.
134. Nationally flu immunisation overall uptake to date is the highest uptake ever achieved. Table 2 describes the uptake in Doncaster as of week 1 20/21 in relation to each cohort and makes comparisons to the end of the season 19/20 figures and current 20/21 North East and Yorkshire figures.
135. **Table 2: Flu vaccination Uptake comparison 19/20- 20/21**

COHORT	North East and Yorkshire	Doncaster Week 1 20/21	Doncaster 19/20	Ambition 20/21
Over 65 years	79.8%	82.6% ↑	71.6%	75%
Under 65 at risk	46.1%	54.2% ↑	43.1%	75%
Pregnant	44.1%	40.2% ↑	38.8%	75%
All 2-year olds	49.3%	50.7% ↑	39.3%	75%
All 3-year olds	51.1%	53.4% ↑	47.6%	75%

136. Locally, there has been excellent collaborative work between the CCG, LA and pharmacies, with representatives meeting at the flu vaccination steering group and sharing good practice across the Primary Care Networks. GPs and Pharmacists have collaborated with communications around vaccine supplies, and this has seen the overall uptake of the over 65 population well exceed the ambition of 75%. Whilst the full review of the influenza season is awaited, it is believed that a combination of stronger collaborative working across the locality and nationally messages in line with the COVID-19 pandemic have had a positive impact on uptake for this particular cohort.
137. All remaining eligible cohorts as described in table 2 have seen an increase in uptake however uptake remains significantly below the set ambitions. Difficulties with data extraction both locally and nationally, and difficulties with the data denominator have been identified. Both concerns have been raised regionally and national with solutions been sought for next flu season.
138. It should be noted that for the first time, DBTHFT Maternity Services have been delivering flu vaccination to pregnant women at their booked antenatal clinic appointments. Public Health England and the World Health Organization recommend annual influenza vaccination for all pregnant women as pregnant women and their unborn babies are at higher risk of influenza associated morbidity and mortality. Therefore, offering a flu vaccination whilst a pregnant woman is attending for routine maternity appointments is an important alternative to attending her GP and will continue to the 31 March 2021.
139. **December 2020 healthcare uptake**
140. DBTHFT – 74.08%. Unfortunately, national data collection tools were not routinely utilised in a timely manner for this cohort. Therefore, data has been via manual entry and may not be reflective of national publications. The locality SIC has raised this with the trust and improvements to the quality of the data report are recognised.

141. Primary care – 77% of frontline health care workers received the vaccine from 26 out of 39 practices that have responded. Both uptake and data report has improved from last season, a combination of stakeholders working together, the local operational groups and key messages been shared around the importance of the vaccine and data collection have had a positive impact.

142. **School Flu Immunisation Programme**

143. RDaSH provide the school flu vaccination programme across Doncaster. In addition to all primary school aged children, this flu season, in response to the COVID-19 pandemic, saw the introduction of the Year 7 cohort. There was a national requirement that flu providers completed all first offer visits to schools by 15 December 2020 ensuring a 100% offer to all School aged children in the eligible cohorts.

144. The school flu programme is predominately delivered within a school setting and the challenges of COVID-19 (school closures, access to venues, pupil absenteeism, staff self-isolation and sickness) led to YH school providers needing to rethink their delivery plans that included the identification of alternative COVID-19 safe environments. Despite the challenges of COVID-19 to the school flu programme the RDaSH team achieved the December ambition and continue to offer catch up community clinics throughout January 2021. In addition, for the first time, in November 2020, porcine free flu vaccine was authorised to be offered to parents/carers of children who had declined the vaccine on religious or cultural grounds.

145. The average uptake across all age groups is 66% as of December data.

COHORT	DONCASTER 20/21	DONCASTER 19/20
Reception	68.4% ↑	60%
Yr. 1	66.2% ↑	58.6%
Yr. 2	67.3% ↑	60.8%
Yr. 3	65.7% ↑	58%
Yr. 4	66.9% ↑	58.1%
Yr. 5	64.2% ↑	57.2%
Yr. 6	61.5% ↑	55.5%
Yr. 7	57.1%	N/A

146. In summary, key actions taken to support the 2020/21 Seasonal Influenza Programme

- A South Yorkshire and Bassetlaw ICS Flu Board was established and provided strong system leadership across SYB to drive uptake, share best practice and problem solve

- CCG Flu leads played a key leadership role in driving a collaborative approach between key partners to ensure a high quality, safe and effective programme, with a focus on addressing inequalities in uptake. This was underpinned by the development of a local flu plan and progress of agreed actions closely monitored with clear escalation process
- Partnership working between the LA and CCG Communication Team to facilitate the distribution of resources and information out to practices
- Collaborative working to ensure front line staff vaccination including DBTHFT, primary care, care homes
- Communications with maternity providers-to implement delivery of vaccinations in antenatal clinics.
- Established communications routes between NHSEI PH Commissioning Team and School Immunisation Team to support management of issues/incidents
- Local Pharmacy Committee representation on local flu group(s) to facilitate strengthened partnership working across primary care
- In preparation for the 2020/21 flu season, a joint letter from the Director of Public Health and the Screening and Immunisation Lead (Public Health England –embedded with NHS England and NHS Improvement) was sent to all managers of care homes to promote flu vaccine uptake in both residents and staff.

147. Key outcomes:

- Strong strategic ICS leadership across SYB driven by the Flu Board
- Strong CCG leadership, collaborative working between key partners and developed local flu plan which was peer reviewed
- Clear lines of communication between key stakeholders were executed as per the Multi agency Flu Vaccination plan. This included use of Health Watch Doncaster, weekly primary care communications and links with Director of Adult Social Care.
- Maternity services delivered flu vaccinations at booked antenatal appointments for the first time

148. **Childhood Immunisation programme**

149. Doncaster's vaccination and immunisation work, driven via the local improvement plan, reflects the Yorkshire and Humber Measles and Rubella

Elimination Strategy and Collaborative Delivery Plan (2019), although the YH Strategy was put on hold due to the COVID-19 pandemic response. It is anticipated that this approach will drive an increase in uptake/coverage of first dose at 2 years to 95% from 89.4% and second dose of the MMR vaccine at 5 years to 95% from 84.9%.

150. The local Vaccination and Immunisation Operational Group brings together the local authority, CCG, 0-19 Team and immunisation providers to review uptake/coverage, agree priorities and programmes of work along with key actions required to improve childhood immunisation rates in Doncaster.
151. Adolescent immunisations: due COVID-19, school adolescent immunisations sessions delivered by RDaSH were forced to be paused following the closure of all schools in March 2020. Staff were initially redeployed in the first lockdown but since returning to work in September, there has been no requirement for redeployment. The plan for catch up of all immunisations to be completed by 31 August 2021 is on track.
152. Community clinics were held over the summer months July – September 2020 with average attendance of 62%. They then commenced a school-based recovery programme in September 2020 prior to delivery of flu vaccinations.
153. Introduction of e-consents have been welcomed by some schools for this academic year and these have been utilised for the flu vaccination programme
154. Uptake: The published COVER shown in **Appendix 1** shows that despite all the disruptions of COVID-19, childhood immunisations uptake has remained steady throughout the period from April to September 2020.
155. Collection is at Primary Care level and as such does not show the impact of vaccinations given at a later stage such as the school team offer of MMR. For the purpose of this report MMR coverage is highlighted below:

Immunisation:	Doncaster Q1	Doncaster Q2	England Q1	England Q2
24m MMR1	88.3	90.9 ↑	91	90.8
5y MMR1	94.9	96.1 ↑	94.7	94.4
5y MMR2	84.6	86.9 ↑	85.6	85.4

156. Outcomes 20/21: Work continues with practices and CHIS to monitor waiting lists for GP practices alongside monitoring uptake, however this is in consideration of the current pressures primary care are seeing in relation to COVID-19. The SIT has sight of COVER data that is submitted by CHIS and continues dialogue with practices, as COVID-19 demands are ever changing. Q2 figures from July to September show an increase in uptake for all immunisations given by 2yrs of age and 5yrs of age.
157. SYB Child Health providers offer to GPs: Following a childhood immunisation audit conducted in Doncaster a working group has been established to develop an updated documented offer of services by Child Health Services to GP's to support inviting/recall and identifying those missing immunisations in order to support timely vaccination and increasing uptake for children under 5 years.
158. The audit received a response of 11/39 Practices. Whilst this was lower than expected, this project has raised the profile of vaccination uptake across the locality and directed dialogue across primary care to inform improvements needed. We will look to repeat this work during the next year dependent on priorities and engagement from key stakeholders.
159. Actions include:
- Development of the Childhood Immunisation Audit tool, completed by practice teams, subsequent analysis, follow up work and development of key recommendations to drive improvements in uptake
 - Local communications plans developed collaboratively through the Vaccination and Immunisations operational group
 - Collaborative working with LA commissioned 0-19 service to improve communications with GP practices
 - Engagement at Vaccination Operational Group, health visitor and school nurse communications developing
 - Collaborative working with neighborhood coordinators for PCNs including training on Vaccinations to 1001 Key workers
160. **Objectives for Doncaster 2021/2022**
161. Screening Programmes:
- Continue to support providers through restoration following the impact of COVID-19

- Work collaboratively with CCG and Primary Care colleagues to monitor cervical screening uptake across all GP practices and provide support as needed
- Continue to roll out the use of behavioural science nudges across South and East PCN to support cervical screening

162. Immunisation Programme

- Develop a standard operating procedure for the appointing of childhood immunisations for use in GP practice in collaboration with Child health Information services across SYB
- Continue to monitor waiting lists and work with practices with high lists and low uptake, supported by CHIS to find solutions
- Develop a robust plan for next flu season jointly with Doncaster CCG, LA and other key partners capturing good practice and lessons learned from this season
- Joint work with LA Community champions to target inequalities in access to vaccinations and break down barriers to uptake

163. Quarterly performance against key health protection immunisation indicators for Quarters 1 and 2 of 20/21 can be found in **Appendix 1**.

164. PHE outcome indicators

Indicator	Period	Doncaster value	England value	Target
Population vaccination coverage – Hepatitis B (1 year old) - %	2017/18	100	N/A	N/A
	2018/19	-	-	
	2019/20	-	-	
Population vaccination coverage – Hepatitis B (2 years old) - %	2017/18	100	N/A	N/A
	2018/19	-	-	
	2019/20	-	-	
Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - %	2017/18	93.4	93.1	≥ 95%
	2018/19	92.5	92.1	
	2019/20	92.1	92.6	
Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - %	2017/18	95.2	95.1	≥ 95%
	2018/19	94.2	94.2	
	2019/20	93.8	93.8	

Population vaccination coverage - Hib / MenC booster (2 years old) (%)	2017/18 2018/19 2019/20	91.4 89.8 89.1	91.2 90.4 90.5	≥ 95%
Population vaccination coverage – PCV %	2017/18 2018/19 2019/20	91.7 90.0 92.5	91.0 90.2 93.2	≥ 95%
Population vaccination coverage – PCV booster %	2017/18 2018/19 2019/20	91.7 90.0 89.3	91.0 90.2 90.4	≥ 95%
Population vaccination coverage – MMR for one dose (2 years old) %	2017/18 2018/19 2019/20	91.4 89.9 89.6	91.2 90.3 90.6	≥ 95%
Population vaccination coverage – MMR for one dose (5 years old) %	2017/18 2018/19 2019/20	96.2 95.3 95.5	94.9 94.5 94.5	≥ 95%
Population vaccination coverage – MMR for two doses (5 years old) %	2017/18 2018/19 2019/20	87.0 85.8 84.7	87.2 86.4 86.4	≥ 95%
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	2016/17 2017/18 2018/19	88.4 91.5 93.6	87.2 86.8 88.0	90%
Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	2016/17 2017/18 2018/19	87.8 88.7 87.8	83.1 83.8 83.8	90%
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2017/18 2018/19 2019/20	70.0 69.0 68.2	69.5 69.2 69.0	75%

Population vaccination coverage – Flu (aged 65+) %	2017/18 2019/20 2020/21* (*provisional local measure)	73.5 72.4 82.6	72.6 72.4 TBC	75%
Population vaccination coverage – Flu (at risk individuals)	2016/17 2017/18 2019/20	50.7 50.5 44.9	48.7 48.9 44.9	55%
Population vaccination coverage – Flu (2-3 year olds)	2017/18 2018/19 2019/20	40.1 37.3 33.3	44.0 44.9 43.8	≥65%
Population vaccination coverage - Flu (primary school aged children)	2019/20	69.6	60.4	≥65%

Indicator	Period	Doncaster value	England value	Target
Cancer screening coverage – breast cancer - %	2018 2019 2020	76.3 76.2 76.1	74.9 74.5 74.1	Significantly better than England average
Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	2018 2019 2020	72.5 73.3 73.4	69.1 69.8 70.2	Significantly better than England average
Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	2018 2019 2020	76.9 76.6 76.2	76.2 76.2 76.1	Significantly better than England average
Cancer screening coverage – bowel cancer - %	2018 2019 2020	60.3 61.1 64.4	59.0 60.1 63.8	Significantly better than England average
New born hearing screening coverage - %	2017/18 2018/19 2019/20	98.0 98.8 97.6	98.9 99.2 98.2	Significantly better than England average

Abdominal aortic aneurysm Screening - %	2016/17	83.8	82.2	Significantly better than England average
	2018/19	81.8	81.3	
	2019/20	82.3	76.1	

D. AIR QUALITY

165. Introduction

166. Since the last of these reports, Doncaster’s Environment and Sustainability Strategy has been presented before Full Council in January 2021. This strategy was developed in response to the climate change and biodiversity emergency declaration made by Full Council in 2019. The strategy presents a comprehensive approach to changing behaviour to protect Doncaster’s environment sustainably, including through improving air quality.

167. Doncaster people’s health and wellbeing will see benefits from the Environment and Sustainability Strategy. Air quality is included as a part of that wider strategic environmental approach while also remaining of importance for health protection.

168. Air pollution is the top environmental risk to human health in the UK, and the fourth greatest threat to public health after cancer, heart disease and obesity. It makes us more susceptible to respiratory infections and other illnesses. Additionally, air pollution particularly affects children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often less affluent areas.

169. When considering impact on health, there are no thresholds of effect identified for nitrogen dioxide and particulate matter; therefore health benefits can be expected from improving air quality even at concentrations below that set out by air quality standards. The most recent (2018) Public Health Outcomes Framework indicator (3.01) estimates that the fraction of mortality attributable to particulate matter in Doncaster is 4.6%, compared to 5.2% for England.¹

¹ Background annual average PM_{2.5} concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in Defra’s Automatic Urban and Rural Network (<http://uk-air.defra.gov.uk/interactive-map>). By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background PM_{2.5} concentrations for each lower tier LA are calculated, focussing on the PM_{2.5} attributable to human sources.

170. The Council's 2020 Annual Status Report (ASR) for air quality stated that Doncaster Council has declared seven air quality management areas (AQMAs) where the concentration of nitrogen dioxide (NO₂) exceeds the limit within the Air Quality Regulations 2000 (as amended). These are attributed to emissions from traffic and all located near busy roads in the following areas:
- Town Centre along Church Way
 - Balby Road along A630
 - Hyde Park along Carr House Road A18
 - Bawtry Road M18/A638
 - Conisbrough A630/Low Road
 - Skellow, A1
 - Hickleton along the A635
171. A further AQMA has been declared along the A635 in Marr in 2020. A map of Doncaster AQMAs and the action plan measures can be found in **Appendix 2**.
172. **Key objectives for 20/21**
173. Key objectives have focussed on:
- gaining funding to improve infrastructure to enable safe active travel (Emergency Active Travel Funds and Transforming Cities);
 - the provision of services commissioned through the Sustainable Travel Access Fund (STAF) to encourage and promote active travel;
 - continuing the Doncaster Active Travel Alliance (DATA) ensuring we collectively achieve our aims in relation to improving the environment thereby encouraging active travel;
 - continuing to deliver and monitor the implementation of the Walking and Cycling Strategies; and
 - continuing to represent Public Health on the Air Quality Steering Group and contribute to the Air Quality Action Plan.
174. Members are asked to note that STAF services have been halted at various times during the COVID-19 lockdown, although there have been subsequent restarts depending on the guidance at the time. These services include:

- Active Travel Officers working with schools;
 - Dr Bike offering cycle repair and maintenance across a variety of organisations;
 - Family Cycle Training;
 - Cycling for Health;
 - bike hire for travelling to work/college;
 - Bikeability and led rides for confidence building; and
 - facilitation of Community Street Audits.
175. We are working closely with our providers to ensure that services are delivered safely when guidance allows.
176. **Achievements**
177. The Pollution Section have secured funding, albeit subject to annual review, for a four year project to refurbish and modernise the Council's estate of air quality units, including provision of PM_{2.5} monitors. A procurement exercise is underway for this project. Additionally, an air quality monitoring unit has been installed in Hickleton and data collection has begun for nitrogen dioxide, PM₁₀ and PM_{2.5}.
178. Doncaster Council have partnered with Barnsley Council to deliver an Eco Business Driving scheme for grey fleet users i.e. those companies that employ drivers who use their own vehicles for work purposes. Due to lockdown and other COVID-19 restrictions, it was not possible to complete training for this scheme, however work is ongoing to convert the course to an online resource so that it can be delivered remotely at the beginning of February 2021.
179. Doncaster Council has been successful in a joint bid with Barnsley Council led by SCR to secure funding from DEFRA.
180. The joint submission is for a rolling programme of school street closures prioritising areas of poor air quality, supported by portable emissions measurements collected in real time, using innovative technology. The temporary street closures will be combined with activities and messaging, aimed at changing attitudes and delivering behaviour change in the form of a shift from car to active travel. The programme includes 10 street closures and supporting activities, a full time Active Travel Officer and a communications campaign. The project will commence on 1st April 2021 for 12 months.

181. 2020/21 saw the completion of Round 1 of the Emergency Active Travel Fund that includes the following improvements:
- Conisbrough to Warmsworth Phase 1;
 - Leger Way Cycle Route (removed);
 - Town Centre pedestrianisation (removed);
 - South Parade;
 - Thorne Road;
 - Town Centre cycle parking; and
 - North Bridge pedestrian guardrail removal.
182. Doncaster Council has been successful in Round 2 of the Emergency Active Travel Funds, which will be rolled out in 2021 (COVID-19 permitting). The funding will cover Phase 2 of the Conisbrough to Warmsworth scheme, an Active Neighbourhood (Thorne) and a School Street (West Road). Doncaster Council also completed Tranche One of the Transforming Cities programme completing works improving active travel routes in the following locations:
- Bennetthorpe;
 - Thorne to Moorends;
 - Rossington Greenway to iPort;
 - Ten Pound Walk CCTV improvements; and
 - St Marys Crossing, Dunsville;
183. DMBC has also been successful in attaining funds to deliver the second Tranche of Transforming Cities that will see substantial investment in Active Travel across the borough.
184. **Challenges and risks**
185. COVID-19 remains a constant challenge for project delivery. Delivery methods and timescales must be adjusted accordingly.
186. Previous reports presented estimated PM_{2.5} concentrations derived from PM₁₀ data at the Market Place monitoring unit. This unit was off-line during the Wool Market redevelopment and therefore updated data from this unit is not available.

187. A new analyser recording PM_{2.5} directly has been installed and will be used in future reporting. Therefore, it is not possible to provide an update on PM_{2.5} trends within this report however; the annual status report confirms that it is highly likely that there are no exceedances of the Air Quality Objective for PM_{2.5} in Doncaster.

188. **Key objectives for 21/22**

- Deliver DEFRA project
- Deliver round 2 of Emergency Active Travel Fund
- Transforming Cities Delivery
- Trans Pennine Trail Improvements (Bentley to Toll Bar)
- Walking and Cycling Strategy implementation and monitoring
- Continue DATA and represent Public Health at Air Quality Steering Group
- Work with STAF delivery partners to ensure projects delivered in line with COVID-19 guidance

E. SEXUAL HEALTH

189. **Overview**

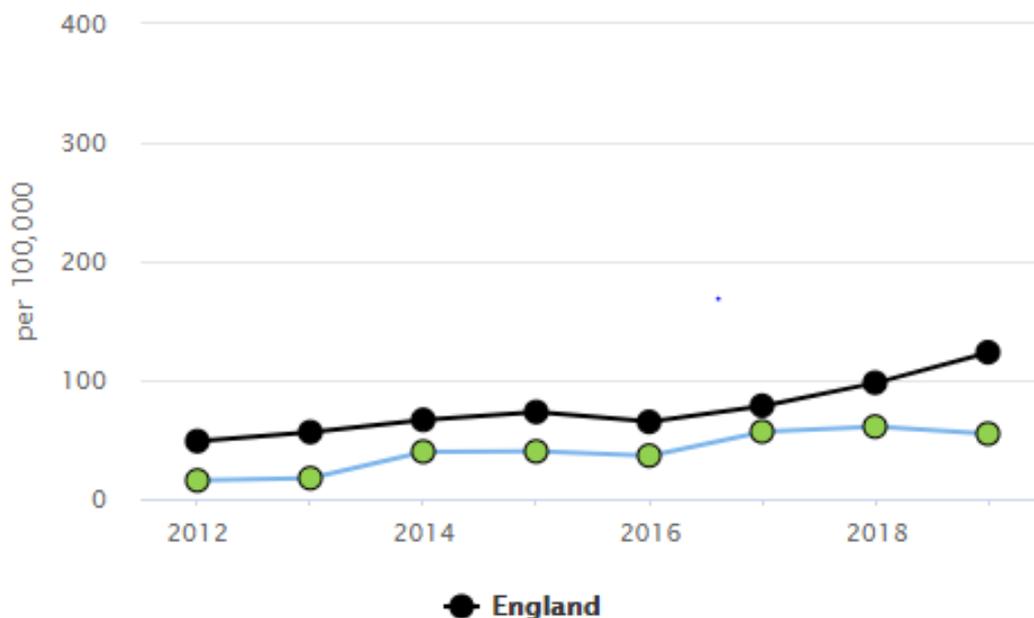
190. Sexual health services in Doncaster are commissioned by Public Health (DMBC) and delivered by DBTH (TriHealth – over 18s service) and RDaSH (under 19s service). Service provision includes:

- testing and treatment for sexually transmitted infections;
- vaccination for hepatitis A, hepatitis B, and HPV;
- Post Exposure Prophylaxis (PEP) after sexual exposure to HIV;
- condom distribution;
- National Chlamydia Screening Programme (NCMP); and
- partner notification support.

191. Quality and performance of the services is monitored via quarterly contact meetings. Public Health receive regular surveillance data via Public Health England and the 'Fingertips' website.

192. Doncaster's sexual health partnership consists of key sexual health providers and stakeholders from across Doncaster. The group moved to an online forum to share information, guidance and discuss any issues arising in the sexual health sphere. Ad-hoc meetings are called when they are needed.
193. **Service provision**
194. The COVID-19 pandemic has led to radical changes in the way our sexual health services are delivered. The first wave of the pandemic saw services significantly reduced to essential services only. All triage/sexual history taking was done over phone with appropriate pathways for symptomatic/asymptomatic/high risk patients. Face-to-face appointments were only offered where necessary. HPV, Hep A and Hep B and vaccinations were administered for high-risk patients only. Free postal testing kits for chlamydia and gonorrhoea were made available for all ages. Condom provision continued throughout at both adult and young person's services.
195. Service activity since April 2020 has been dramatically reduced due to the infection prevention control measures put in place. There was minimal activity in quarter 1 due to suspension of clinics and outreach sessions. Activity in quarter 2 increased, attributed to increase of increase in face-to-face to contact and some elements of service delivery being reinstated, for example, all patients who meet the criteria for vaccinations were now offered it.
196. Opportunities to target screening for chlamydia in young people have all but ceased except for those coming through specialist services. The introduction of postal test kits for chlamydia and gonorrhoea for all ages has seen some success. Gonorrhoea test kits were sent out to 617 over 25s between April and September 2020. More tests that are positive have come back via postal testing.
197. **Key events**
198. Routine PrEP in sexual health services: following a successful nationwide impact trial, HIV Pre-Exposure Prophylaxis (PrEP) has now been introduced as part of routine service provision for level 3 sexual health services in Doncaster. PrEP has been proven effective in preventing the transmission of HIV, particularly in situations where condoms are not easily used or not always used. HIV PrEP forms part of combination HIV prevention alongside health promotion, condom use, regular testing and swift initiation of HIV treatment where indicated. Active risk reduction provides a major opportunity to control HIV transmission. In addition, the regular sexually transmitted infection (STI) testing which forms part of the PrEP package of care provides opportunities to test and treat STIs, thereby supporting the control of STIs.
199. Procurement waiver agreed for adult sexual health services in light of COVID-19 pandemic: The re-tender of adult sexual health services was due to commence in April 2020.

200. For providers of health services, the COVID-19 pandemic posed extraordinary challenges due to the government directives for social distancing and self-isolating, staff affected by COVID-19, and staff being diverted to other parts of the health service to plan for care and care for those who fall ill due to COVID-19.
201. In this time of unparalleled pressure on health providers, it was deemed it would be unfeasible to expect health providers to divert valuable resource responding to an invitation to tender and, if successful, mobilising a new service model. It was agreed the service tender for adult sexual health services would be postponed for 12 months and the current contract extended. It is anticipated the tender will now go out in April 2021 for a contract start date of April 2022.
202. Introduction of postal test kits for HIV and syphilis: The national 'Break the Chain' campaign sought to capitalise on the fact that most people have not been having sex outside their household and to identify everyone who has undiagnosed HIV so that they can start treatment early, improve their health, and prevent them from passing on HIV to anyone else.
203. The national campaign included the opportunity to request free HIV postal test kits for a limited time. Postal test kits are not routinely offered by sexual health services in Doncaster. Once the national campaign testing window ended, feedback from Doncaster residents indicated there was still an appetite for postal testing kits. For this reason, it was agreed public health would continue to fund postal test kits for at least another 6 months and negotiate with service providers to make kits available routinely through the normal service offer.
204. Release of 2019 STI/NCSP data: in September, Public Health England released STI/NCSP data for 2019. Overall, the number of newly diagnosed STIs overall in Doncaster is significantly below the England average and this number continues to decline. National press reported an increase in gonorrhoea for England, however in Doncaster this was not the case. Infection rates for Doncaster have remained significantly better than the England average and whilst there has been a slight upward trend, rates of gonorrhoea in Doncaster fell in 2019 (see below graph).



205. Although these figures are encouraging, it should be noted that rates of syphilis increased in 2019 and Doncaster did not hit its target for chlamydia detection for the second year running.
206. It is difficult to predict the impact of the COVID-19 pandemic on the spread of sexually transmitted infections. There is hope that with social distancing and lockdown measures, 'riskier' aspects of sexual activity may have been curtailed and therefore reduced exposure to STI and HIV. Although there are also fears that with the reduction in access to services including access to free condoms and health promotion advice, we may see an increase in STI cases and particularly in those groups most at risk.

F. SUBSTANCE MISUSE

207. **Introduction**
208. Drug users and particularly injectors are at risk of transmission of blood borne viruses. People on opiate substitution therapy need to ensure safe storage in the home, and there needs to be a mechanism to prevent diversion to those for whom the drugs are not prescribed.
209. Key objectives for 20/21
- Prevention of transmission of Hepatitis B, C and HIV in injecting drug users
 - Access to treatment for those contracting blood borne viruses
 - Safe storage in the home to prevent ingestion by minors

- Supervised consumption of opiate substitution therapy

210. **Achievements**

- In 20/21, there have been 13 pharmacies and one specialist needle exchange in operation (including specialist IPED clinic).
- Pathways have been in place between drug services and BBV treatment services.
- Methadone storage boxes have been provided to all service users with children via Aspire.
- A supervised consumption policy is in place for opiate substitution therapy.
- Naloxone kits and training have been made available to all at risk in community.

211. **Challenges and risks**

212. After a period of supervised consumption and when stable, some clients receive take-home doses of opiate substitution therapy and there is therefore a residual risk of diversion.
213. Due to drug litter and anti-social behaviour in the locality, the Lloyds Thorne Road needle exchange service was suspended, after further consultation and evaluation (including that anti-social behaviour in the area had decreased and drug related litter had decreased), a decision was made on 10th December 2018 to close the needle exchange permanently.
214. Although this was a 100-hour provision, the pharmacy only recorded single figures of people accessing the exchange in the evenings and weekends, therefore the positives outweighed the potential negative effects on harm reduction. Balby late night needle exchange operates on an evening for those unable to access a needle exchange in the day. The impact in terms of activity and exchange rates at other pharmacies was monitored. A large proportion of the existing needle exchange clients have moved to accessing the specialist needle exchange at Aspire, which offers more specialist harm reduction advice and signposting to the substance misuse service.
215. There is some emerging evidence that needle exchange returns have reduced during the COVID-19 period, this is being investigated and will be monitored.

216. **Performance monitoring**

217. The Partnership Harm Reduction Strategy objectives have remained the same since 2015, as they are robust fundamental harm reduction principles.
218. The Harm Reduction Strategy Group monitors progress against these strategy objectives. This group is a sub-group of, and reports to, the Substance Misuse Theme Group. The regular meetings of the Harm Reduction Strategy Group review and document the group's work over time to deliver objectives.
219. **Objectives for 21/22**
- Continue to deliver the objectives of the harm reduction strategy and to performance manage the adult substance misuse treatment contract with Aspire.
 - Proceed with consultation in progress related to submitted proposal to develop a needle exchange offer within Wharf House for current injectors to mitigate the risk of spreading BBVs

G. ADDITIONAL KEY HEALTH PROTECTION OUTCOMES INDICATORS

220. Overview

221. In addition to the indicators noted above there are a number of PHE outcome indicators of relevance to health protection that are reported below using the most recent three data collection periods (where at least three are available). Doncaster's performance is shown alongside that for England as a whole in the same period(s). The indicator is coloured red, amber, or green to demonstrate Doncaster's performance in relation to the relevant target for the given indicators (where one exists).

222. Smoking and tobacco control: there have been small improvements in Tobacco Control indicators generally but smoking rates are still too high.

Indicator	Period	Doncaster value	England value	Position against England
Smoking status at time of delivery - %	2017/18	15.6	10.8	Significantly worse than England average
	2018/19	15.8	10.6	
	2019/20	17.0	10.4	
Smoking prevalence adults- %	2015	19.6	16.9	Significantly worse than England average
	2017	19.7	14.9	
	2019	19.1	13.9	

Smokers that have successfully quit at 4 weeks (per 100,000 smokers)	2016/17 2017/18 2018/19	3217 3097 3329	2245 2070 1894	Significantly better than England average
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223. Other important health protection indicators are as follows:

Indicator	Period	Doncaster value	England value	Target
Fraction of mortality attributable to particulate air pollution (PM2.5)	2017 2018 2019	4.3 4.6 5.0	5.1 5.2 5.1	N/A
Chlamydia detection rate (15-24 year olds) (per 100,000)	2017 2018 2019	2416 1934 1758	1882 1975 2043	>2300
HIV late diagnosis - %	2015-17 2016-18 2017-19	42.1 42.9 42.3	41.1 42.5 43.1	<25
*Treatment completion for TB - % (Figure for 2018 is taken from South Yorkshire Cohort Review)	2016 2017 (2018)	87.5 100 100%	84.4 84.7 -	Target is >90 th percentile of LAs. Doncaster is >90 th percentile.
Incidence of TB (rate per 100,000) – three-year average	2015/17 2016/18 2017/19	4.7 4.3 5.2	9.9 9.2 8.3	Significantly better than England average
Adjusted antibiotic prescribing in primary care by the NHS	2016 2017 2019	1.13 1.15 1.06	1.08 1.04 0.95	<England 2013/14 prescribing rate
Suicide rate – persons per 100,000 population	2014-16 2016-18 2017-19	10.1 12.3 13.7	- 9.6 10.1	No target

222. The full Public Health Outcomes Framework - at a glance summary to date for Doncaster can be found by following [this link](#).

OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

223. **Option 1:** Support the recommendations proposed in the Executive Summary (paragraph 6) so as to continue with the work to protect the health of the people of Doncaster.

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

225. The reason for the recommended option is to continue with the work to protect the health of the people of Doncaster through the COVID-19 pandemic and beyond.

IMPACT ON THE COUNCIL’S KEY PRIORITIES

226.

	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>Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. By providing good quality infrastructure and encouraging more people to walk or cycle, we will create an environment for our residents, which will enable them to become healthier and fitter. This infrastructure is especially important during the COVID-19 pandemic when people are asked to avoid using public transport.</p>

	Outcomes	Implications
	<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>Good health contributes to better children’s education and learning. The actions set out in this report help to protect and promote the health of children in Doncaster, thus enabling them to learn and thrive.</p> <p>It is hoped that pandemic-related educational disruption such as the move to online learning will conclude soon, but effects will be ongoing and longer-term. It will be useful to monitor the outcomes of affected students. This includes educational impact as well as mental and physical health effects of social isolation from peers, support normally received from staff, nutritional supplementation through free school meals, and so on.</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>Health protection effects 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.</p> <p>Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents. During the COVID-19, pandemic effort has been made to protect our most vulnerable residents, particularly in care homes, educational settings, and the wider community through e.g. shielding.</p>

	Outcomes	Implications
	<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> <p>The COVID-19 pandemic has meant that many people – including council officers and elected members – are now working remotely. This has hastened adoption of new ways to connect and communicate with citizens and colleagues. While benefits to health and wellbeing such as improved wellbeing and lower pollution through reduced commutes should be retained, lack of contact, routine, or a suitable workspace may harm health and wellbeing.</p>

RISKS AND ASSUMPTIONS

227. 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 Leadership Team on quarterly basis.

LEGAL IMPLICATIONS [NC: 17/02/2021]

228. Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.
229. 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 duty encompasses health protection and the steps can include providing information and advice and services or facilities to promote healthy living.
230. 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...’.

231. Further legal advice and assistance will be given on specific measures, if required, to support effective health protection.

FINANCIAL IMPLICATIONS (Officer Initials: HR Date: 15/02/21)

232. 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. Any additional costs arising in relation to the COVID-19 response have been the subject of separate key decisions under special urgency powers as part of the Council's governance arrangements.

HUMAN RESOURCES IMPLICATION (Officer initials EL Date 17/02/21)

234. There are no general HR implications in respect of this report. However, HR continue to work with Public Health with regard to the impact COVID-19 is having on the workforce and will continue to work together regarding this to ensure communication and actions are taken as appropriate.

TECHNOLOGY IMPLICATIONS (Officers initials PW Date 15/02/21)

235. There are no specific technology implications in relation to this report. Digital & ICT are continuing to prioritise resources to provide all technology needed to support the Council's response to the coronavirus (COVID-19) pandemic and have also supported the response to the Hatfield Moors fire and winter planning, as outlined in Section A above.

HEALTH IMPLICATIONS (Officer initials: VJ; Date: 01/02/21)

236. 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.
237. The major focus over the past year has been the COVID-19 pandemic. There has been a concerted effort to control and prevent COVID in the population through multi-agency partnership working. COVID has a significant impact on hospitalisation, deaths, and the number of people who are infected, some of whom may face long-term health issues. In addition to the physical effects, the pandemic and efforts to control it through social distancing and isolation seem

to be effecting mental health and wellbeing of the population, which could have large-scale and longer-term implications.

EQUALITY IMPLICATIONS (SK 12/02/21)

238. 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.
239. As the Public Health England report *COVID-19: review of disparities in risks and outcomes* demonstrated, COVID-19 affects different communities unequally, especially minority ethnicities, older people, males, and people of socioeconomic status or in certain types of employment. Focussed effort to address disparities is needed to mitigate the effects of COVID – for example to encourage equal vaccine in all communities – as well as to address wider health inequalities.

CONSULTATION

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

BACKGROUND PAPERS

241. See **Appendix 1** for immunisation cover data for Quarters 1 and 2 of 2020. See **Appendix 2** for additional information on air quality status and activities in Doncaster.

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

CCG	Clinical Commissioning Group
COVID-19	Coronavirus disease
DBTHFT	Doncaster Bassetlaw Teaching Hospital NHS Foundation Trust
EPRR	Emergency Preparedness Resilience and Response
IPC	Infection prevention and control
JCVI	Joint Committee on Vaccination and Immunisation
LAIV	Live Attenuated Influenza Vaccine
LPC	Local Pharmaceutical Committee
MMR	Measles Mumps and Rubella
NHSE/I	NHS England/NHS Improvement
PHE	Public Health England

RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
SIT	Screening Immunisation Team
SY & B ICS	South Yorkshire and Bassetlaw Integrated Care System
SY & B SIOG	South Yorkshire and Bassetlaw Screening and Immunisation Overview Group

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