



# Doncaster Council

## Report

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3<sup>rd</sup> March 2022

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

### HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2021/22

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 2021/2022; it also covers some key update up to the time this report is written.
2. COVID-19 pandemic remained the major health protection threats during 2020/21. 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
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 as well as the challenges encountered.

## **EXEMPT INFORMATION**

5. This report is not exempt.

## **RECOMMENDATIONS FOR 2021/2022**

6. The Scrutiny Panel is asked to:
- A. Note the joint work to prevent and control 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 on a range of health protection programmes, including vaccination, and screening programmes, air quality, sexual health, and substance misuse. This also includes progress and challenges on flu vaccinations and MMR among vulnerable groups.
  - C. Note overall assurance on health protection of the people of Doncaster.

## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

7. During 2020/21 to the time of producing this report, an effective system has been 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 other health protection challenges. Health Protection outcomes in general are very good despite the challenges of the pandemic. There are also identified areas of challenge in respective areas and these 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

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

#### Background and response structures

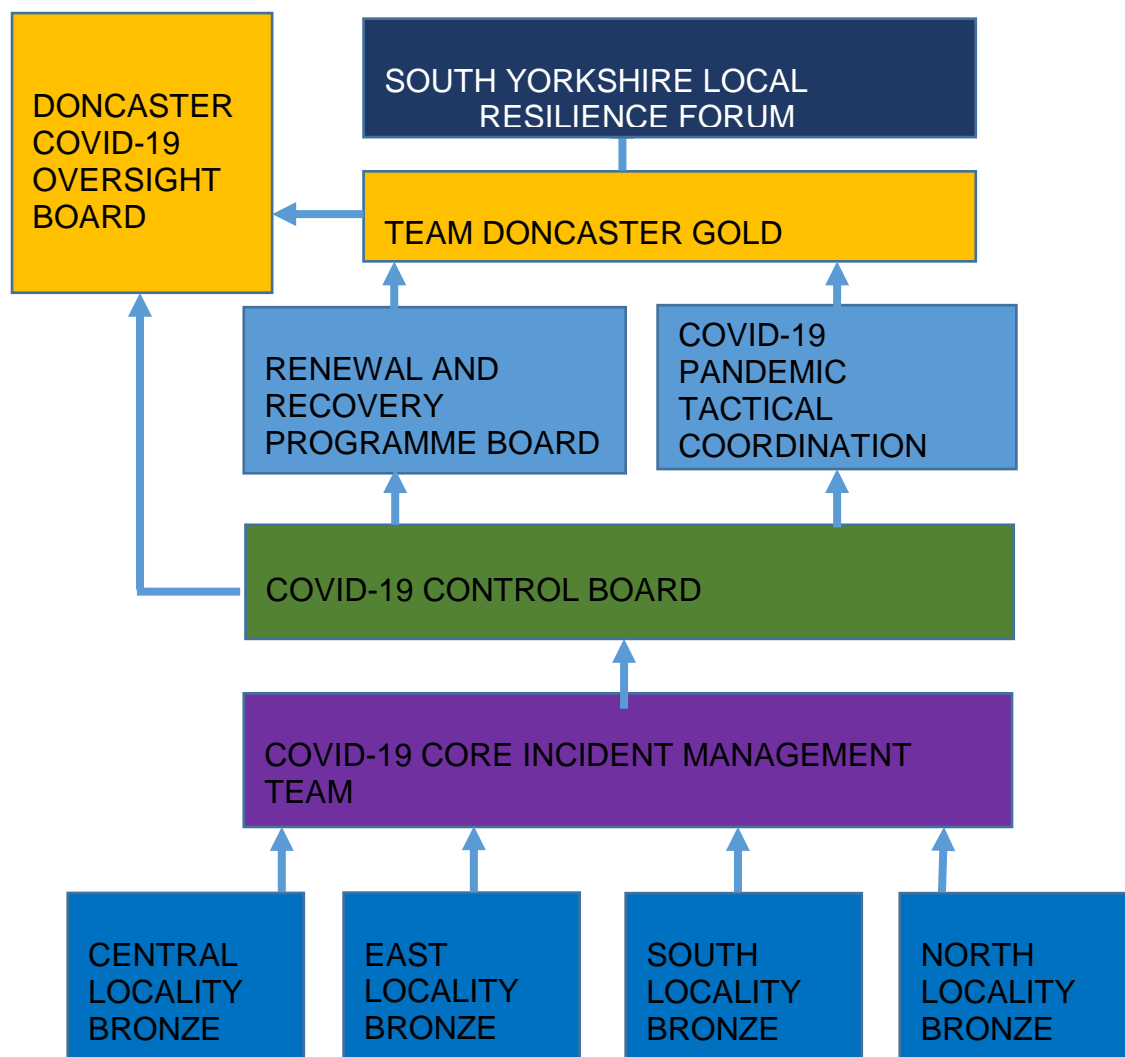
The majority of the EPRR focus for 2021/22 has been on the response to the coronavirus (COVID-19) pandemic. Alongside this, the team has also supported the response to heat health and cold weather alerts and winter planning.

Throughout the year, the local and regional response has continued to evolve in response to the changing and evolving threat, situation and guidance.

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 to mobilise multi-agency prevention and/or outbreak response activity as required. The COVID Control board currently meets on a fortnightly basis to receive assurance on the plans, prevention and response activity in place in the borough.

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>



## Resources and capacity

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

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.

The covid and health protection team is currently under review in line with the changes to national guidance and funding availability. A smaller, more agile team will continue into 2022/23 supporting high-risk settings and outbreaks and any resurgence activity.

## Testing

A COVID-19 testing strategy is in place locally, which outlines the approach to access to testing across the borough. At the time of writing, PCR testing is available at various sites across the borough including Local Testing sites at Chappell Drive in the town centre and Bridge St in Thorne, a mobile testing site at Doncaster North park and ride and the regional testing site at Doncaster airport. This will be reviewed by regional teams in line with future national testing strategies.

Ensuring access to testing for residents across the borough is important and significant in addressing inequalities. The community testing and response team has continued to support access to asymptomatic covid testing (lateral flow testing) including the following:

- The development of a more agile delivery model with an operations team for testing delivery and an engagement team working directly with communities, including with a great focus on disproportionately impacted groups and under-represented groups
- The move from fixed community testing sites to an agile testing unit to enable assisted testing in more targeted locations
- Supporting the availability of collect testing kits across the borough

The Local Community Testing Team has achieved the following: Over 57,000 assisted tests in total since Dec 2020; and over 4500 self-test kits distributed to residents.

The Local Contact Tracing performance since December 2020 managed over 16k cases locally; Completed 13353 contact tracing interviews; and carried out 643 home visits. By the week ending 2<sup>nd</sup> February 2022:

- 2725 cases were entered onto the NHS T&T system
- 60% of cases were completed via self-serve; and
- Overall completion rate 83% was achieved.

## COVID-19 Case Rates

As of 15 February 2022, the 7-day rate case rate was 467.41 per 100,000 population; 7 – days ago the rate was 735.6 per 100,000. The rate has been in continuous decline since 26<sup>th</sup> January. As a reminder the data moved to episodic reporting on 26<sup>th</sup> Jan which increased the rates previously reported.

We are noticing the rate of decline slow but continuous. Nationally, Doncaster has the 176<sup>th</sup> highest rate among the 214 upper-tier local authorities in the UK. The positivity rate is now 12.5% and declining. The rate among over-60s is lower than the wider community rate, at 250.3 this is the 5<sup>th</sup> continuous decline in rate.

The rate for Yorkshire & the Humber is 495.1, and our neighbouring authorities are as follows: Barnsley 410, Rotherham 447, and Sheffield 477.1. The national rate currently stands at 625.3.

So far, from the beginning of the pandemic, Doncaster has recorded 93,734 positive cases.

### **Hospital activity**

There are currently 71 people in hospital being treated for COVID-19, and this rate is continuing to drop. One person is currently being treated in ITU with active Covid, which represents a much lower figure than we'd previously seen for this overall level of hospitalisation. Over the last 14 days, DBTH has reported 115 discharges and 13 deaths, maintaining a lower percentage of deaths compared to discharges than the long-term average.

### **Other Data**

There are 204 live incidents on the IMT log; the largest single sector type for these is business, with the central locality having the most incidents. This is the highest rate we have seen, and tends to be driven by more outbreaks, and fewer isolated incidents. There are a number of outbreaks recorded in social care settings, including residential homes; these outbreaks tend to be active for longer, potentially due to testing patterns.

Cases reported in schools were dropping last week, this is a common trend as testing reduces towards the half term. 189 student and 64 staff cases in Doncaster schools based on the latest numbers.

The registrars have recorded 20 COVID-related deaths in the last 28 days, and 1166 in total for the pandemic to date; this data is due to be updated shortly so may be subject to change.

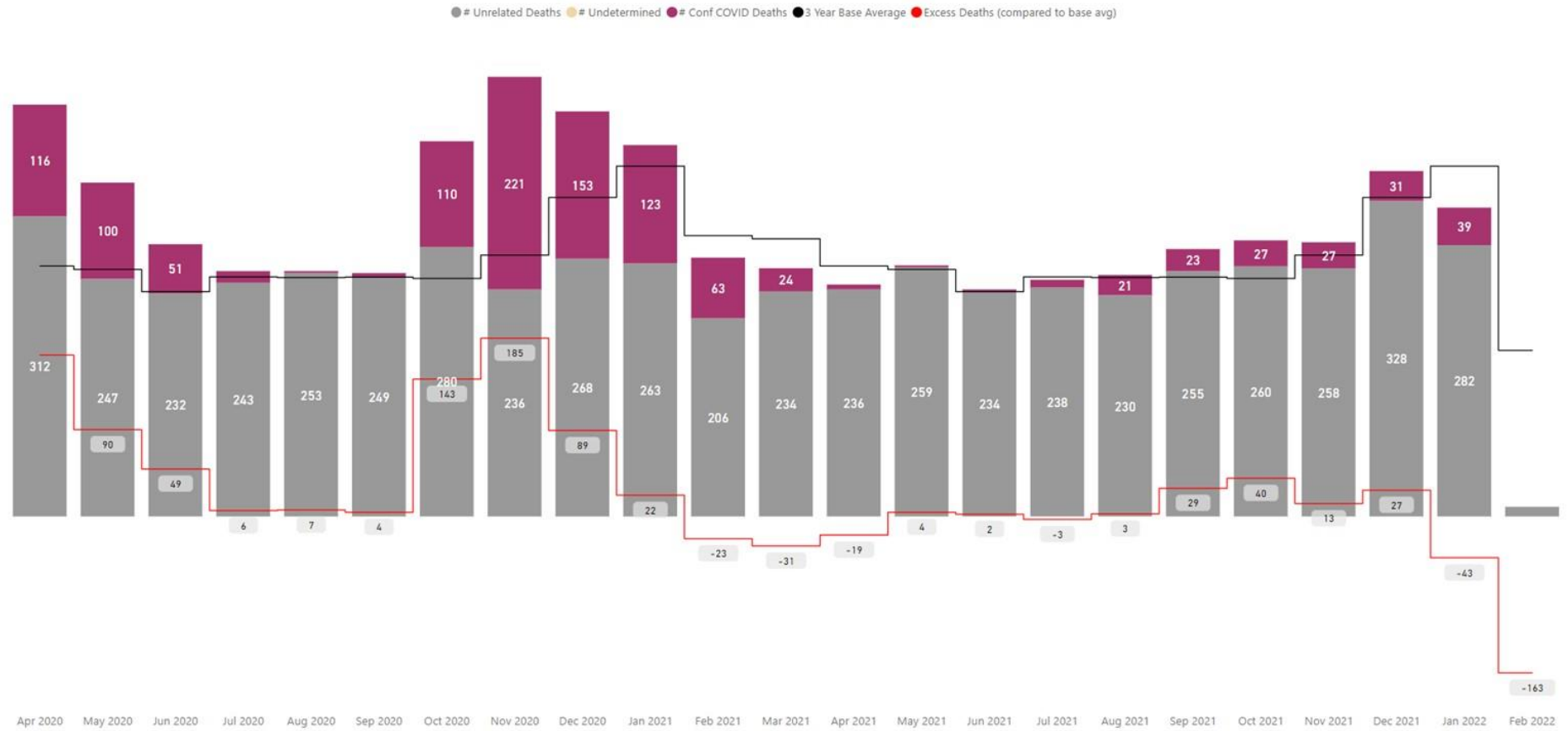


Figure: COVID-19 and non-COVID-19 deaths in Doncaster: April 2020 to February 2022

## **B. INFECTION PREVENTION AND CONTROL SERVICE**

A system wide approach to Infection Prevention and Control (IPC) continued to work well in response to COVID-19 pandemic, in care homes and high risks settings in Doncaster. The local system partners supported the whole system approach going forward, which involved DBTH, RDASH, Doncaster CCG, and DMBC working closely together. Funding arrangements to support this joint system wide IPC service has been agreed by the commissioners to ensure a sustainable IPC service in Doncaster.

Assurance on Infection Prevention and Control were received from IPC & Test Cell, which has been meeting every 2 weeks during the COVID-pandemic, feeding to Health Cell, as well as COVID-19 Control Board, and Health Protection Assurance Group. The Health Protection Assurance Group received updates on wider health protection matters other than COVID. Some of the key achievements on IPC included the following:

- IPC team have continued to contribute to the management of SARS-CoV-2 and have provided support and advice to Gold, Silver and Bronze Command, Human Resources, Communications and COVID-19 work cells. The team has provided ongoing support to all staff relating directly to COVID-19 and general IPC queries.
- Healthcare Associated Infections (HCAIs) remain low with zero cases of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia and Norovirus/Influenza outbreaks.
- Outbreak control meetings have been held to review and manage the outbreaks.
- Education through link champions and monthly Question and Answer sessions provided to managers and link nurses of older people's homes.
- Managing clusters/potential outbreaks of Diarrhoea.
- Advice and guidance to all older people's care homes, extra care and some outside scope.
- Working collaboratively with CCG to facilitate extra testing to improve quality for people and to support patient flow through secondary care services/appropriate admission avoidance.
- Observations and check and challenge practices respectfully is ongoing.
- Monitoring and surveillance of all alert organisms continues with weekly compliance audits on all cases by the IPC team.
- There have been Zero MRSA Bacteraemia cases within the acute trust since April.



Some of the challenges experienced by the IPC Specialist Nursing team include:

- Changes in guidance and application are shared and discussed through IPC cell fortnightly
- IPC environmental audits feed into quality monitoring.
- Ongoing management of SARS-CoV-2 especially with the emergence of the Omicron variants and the exponential increase in community transmission
- COVID-19 outbreaks and anticipated increase in outbreaks of seasonal infections
- Safe reset and recovery of services and reinstatement of proactive, planned work programme
- Team capacity issues due to long term absence of staff resulting in work stream prioritisation

Next steps:

- Continue to maintain low levels of healthcare acquired infections (HCAI)
- Ongoing management of SARS-CoV-2
- Ensure key priorities of the work programme are achieved whilst the challenges/risks remain
- Restart of services and commencement of work programme depending on the progression of the pandemic and relaxation of restrictions
- Continue proactive monitoring of alert organism cases, involving clinicians in a timely way for prevention.
- Prevent/reduce hospital acquired (Nosocomial) COVID-19 cases
- Continue COVID reactive work in response to changing context (Omicron)
- Manage mandatory COVID vaccination for all NHS staff

## **C. VACCINATION AND SCREENING PROGRAMMES**

### **COVID-19 Vaccination Coverage in Doncaster**

As of 8<sup>th</sup> February 2022, Covid vaccination programme had been running in Doncaster for 14 months, with vaccinations continuing to be delivered by local Primary Care Network (PCN) vaccination sites, pop-up practice sites, local community pharmacy sites and Hospital Hubs.

The programme has been the largest vaccination programme ever embarked on in Doncaster and has achieved extremely successful vaccination coverage rates across the borough (Table 1). with 82.5% of people aged 12 years and over receiving their first dose, 80.6% had second dose, 82.6% received booster. COVID-19 vaccination update among Children aged 12-15 years old was 55.4%.

Partnership working and providing the vaccinations from multiple providers across different locations have been key success factors in achieving the uptake we have seen to date.

**Table 1: COVID-19 Vaccination Uptake in Doncaster (8 February 2022), Doncaster CCG.**

1st dose age 12+			2nd dose age 16+		
PCN	1st Dose	%_1st	PCN	2nd dose	%_2nd
4 DONCASTER PCN	39979	83.55%	4 DONCASTER PCN	37306	82.32%
DONCASTER CENTRAL PCN	44235	74.52%	DONCASTER CENTRAL PCN	40538	72.18%
DONCASTER EAST PCN	44144	84.53%	DONCASTER EAST PCN	40739	82.82%
DONCASTER NORTH PCN	55554	83.86%	DONCASTER NORTH PCN	51017	81.87%
DONCASTER SOUTH PCN	49344	86.25%	DONCASTER SOUTH PCN	45685	84.41%
Total	233256	82.45%	Total	215285	80.60%

Boosters 16+			Age 12-15		
PCN	Boosters	% Eligible	PCN	1stDose	%_1st
4 DONCASTER PCN	30851	85.63%	4 DONCASTER PCN	1531	60.51%
DONCASTER CENTRAL PCN	30985	79.53%	DONCASTER CENTRAL PCN	1533	48.00%
DONCASTER EAST PCN	32762	83.50%	DONCASTER EAST PCN	1695	55.90%
DONCASTER NORTH PCN	39698	80.87%	DONCASTER NORTH PCN	2152	54.67%
DONCASTER SOUTH PCN	37181	83.87%	DONCASTER SOUTH PCN	1827	59.15%
Total	171477	82.58%	Total	8738	55.37%

### Current Scope of Vaccination Programme

Delivery of Phase 3 of the programme continues with the following:

- A continued evergreen offer to everyone eligible for a 1<sup>st</sup> or 2<sup>nd</sup> dose
- A Booster dose to cohorts 1 – 12
- A Booster dose for 16-17 years with no underlying conditions
- A 3<sup>rd</sup> primary dose and booster dose for severely immunosuppressed patients
- 1<sup>st</sup> and 2<sup>nd</sup> doses for all children aged 12-15 years with no underlying conditions
- A booster dose for children aged 12 to 15 years who are in a clinical risk group or who are a household contact of someone (of any age) who is immunosuppressed
- 1st doses for children aged 5-11 years who are in a clinical high-risk group

Through-out the programme, we have acknowledged that provision of vaccinations from our designated sites will not reach all of our communities, some of which are already challenged with health inequalities and being in deprived areas. With that in mind we have had a focus on addressing the communities not taking up the vaccine and using data intelligence from local partners we have been able to identify the key localities we need to focus on.

The ethos behind this work is to “take the vaccine” to those localities via pop-up clinics in numerous venues such as;

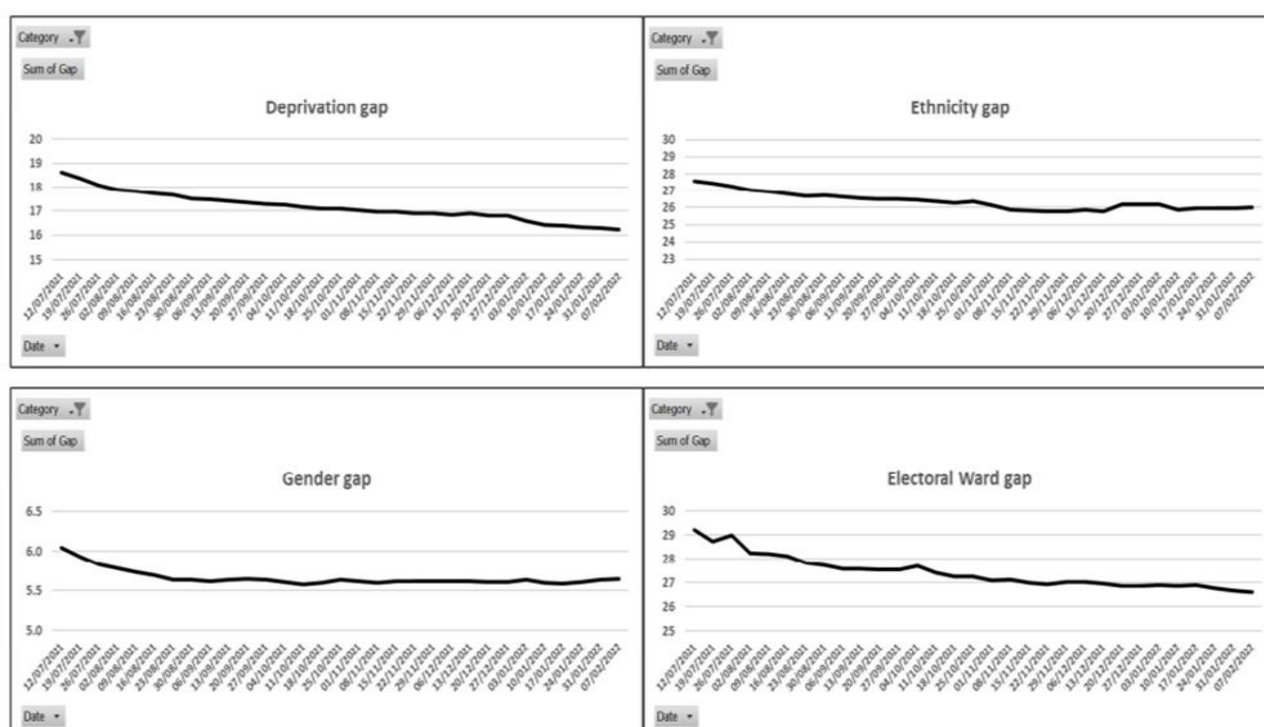
- local community centres
- places of worship
- places of employment
- “trusted” places within a community
- roving health-bus

This work has been supported by community champions working with the communities to encourage them to take up the vaccination and to talk to them about any concerns they may have. This has proved to be very successful and evidence shows that some of these people would not have been vaccinated if we had not used this delivery model and approach.

COVID-19 vaccination uptake figures show that there have been reduction in inequalities gap in Doncaster between July 2021 and February 2022, as follows (Figure 1):

- 12.68% reduction in deprivation gap;
- 5.80% reduction in ethnicity gap;
- 6.78 reduction in gender gap;
- 8.97% reduction ward gap.

**Figure 1: Impact on reduction of inequalities of COVID-19 vaccination uptake in Doncaster between July 2021 and February 2022 by deprivation, ethnicity, gender and wards**



As we move into the next phase of the programme, a key focus will remain on providing more of these pop-up clinics across the Borough with a target of delivering the vaccination to the most vulnerable of our population.

## **Public Health Section 7a Programmes Report: Screening and Immunisation Programme**

### **April to December 2021**

#### **1. Introduction**

This paper will describe the progress made across the entirety of Public Health Section 7a Screening and Immunisation Programmes between the period of April 2021 through to December 2021 including an update on the challenges during the Covid-19 Pandemic.

The impact of the Covid-19 pandemic and the emergence of new variants, in combination with broader winter pressures, had and continues to have the potential to significantly impact on the delivery of primary care and wider NHS services. NHSEI are monitoring this evolving situation closely and are working with providers to ensure delivery of services continues.

This paper will provide an update on key workstreams for Doncaster as agreed at the (Oversight and Scrutiny Board meeting 19<sup>th</sup> March 2021) and includes:

- Recovery and restoration of screening programmes which paused at the start of the pandemic - Breast and Bowel Screening, Diabetic Eye Screening and Abdominal Aortic Aneurism (AAA) Programmes.
- Sustained delivery of Cervical Screening in Primary care
- Delivery of the Seasonal Flu vaccination programme
- Sustained delivery of Childhood vaccinations including MMR
- Antenatal and New-born screening programme changes.
- Reducing Inequalities following the impact of Covid-19 and restoration of screening programmes

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.

Published performance data in this report is available here:

[Public Health Profiles - PHE](#)

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2021-to-2022-quarterly-data>

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

NHS England and NHS Improvement (NHSE&I) continue to be responsible for the commissioning and oversight (delivery, quality, and safety) of all of the screening and immunisation programmes under the Section 7a Public Health Agreement (delegated responsibility from the Secretary of State for Health).

NHS screening and immunisation programmes in Doncaster continue to be commissioned by NHSE&I and quality assurance supported by the NHSE&I Screening Quality Assurance Service (SQAS).

## **3. Local Governance Arrangements**

### **3.1 South Yorkshire & Bassetlaw Programme Boards**

A six-monthly South Yorkshire & Bassetlaw programme board has continued for each of the screening and immunisation programmes bringing colleagues from all programme providers and stakeholders together to drive quality improvement across the screening pathways and facilitate shared learning across the system.

Interim monitoring arrangements are discussed and identified through monthly provider one to one meeting 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 through existing routes.

## **4. Summary of 2021/2022 key objectives as agreed April 2021**

- Restore screening programmes that were paused at the start of the pandemic
- Monitor uptake and work with all partners to deliver high uptake of flu vaccinations across all eligible cohorts in line with 2021/22 national ambitions.
- Prioritise delivery of childhood immunisations and monitor uptake through Annual and Quarterly Cover Data and review at Local Vaccination Operational Group.
- Work with all partners to identify inequalities in vaccination uptake
- Continue collaboration with Child Health Information Services (CHIS) to develop a Standard Operating Procedure (SOP) that supports management of the Childhood Immunisation process.
- Improve equity of access to the cervical screening programme and halt the decline in uptake.
- Continue progress with reducing turnaround times for cervical screening sample results to be reported.

## 4.1 Achievements of key objectives 2021/22

- Despite the ongoing challenges and restrictions presented by the Covid-19 pandemic, all Doncaster screening programmes have either restored or are set to restore by 31<sup>st</sup> March 2022. NHSE&I is assured through monthly restoration meetings of progress made and equity of access to screening programmes.
- Flu vaccination programme has continued to be delivered to all eligible cohorts. The Screening and Immunisation Coordinator monitors uptake on a weekly basis and has seen uptake equal to or higher in the over 65 cohort and pregnant women.
- Primary care continues to prioritise childhood vaccinations, and this was shown in the quarterly COVER data with marked increase in uptake.
- Child Health Information System (CHIS) Standard Operational Procedure is nearing completion for all localities across South Yorkshire. This includes an Immunisation Toolkit of templates, generic emails and waiting list management tips. Work is ongoing to improve the vaccination appointment letters that are sent to parents.
- Doncaster has implemented the new national screening pathway for Severe Combined Immuno Deficiency (SCID), which is part of a national evaluation for SCID screening. This is for all babies born from 1<sup>st</sup> September 2021. If the child requires a BCG vaccination this continues to be offered in outpatients but is now being delivered on or before 28 days following confirmation of a SCID negative screen in line with the national specification. Implementation will be monitored via monthly returns. SCID is a rare inherited condition that affects the immune system and can be passed on in families. Infants affected by SCID become unwell in the first few months of life as they have a much higher risk than usual of developing infection and of developing related complications from infection. Early treatment can reduce this risk and in many cases cure the illness.
- Health Action Doncaster are supporting the Learning Disability (LD) Flagging project developed across South Yorkshire to ensure anyone with an identified LD flag on their GP record will be offered support to enable them to participate in Bowel screening when they are due for screening.
- Behavioural science nudges have been implemented across Doncaster Primary Care Networks (PCNs). Nudge messages have been added to the cervical screening letters and texts that remind women they should book to have their screening. This has been shown to be successful in increasing uptake in the founding practice who implemented the nudges.
- Despite a high workload, Gateshead NHS Foundation Trust have continued to work to reduce the turnaround time to report on samples that are human papillomavirus (HPV) positive. A restoration plan continues to be monitored by NHSEI.

## 4.2 Challenges and risks

The four major risks and challenges in 21/22 have included:

- 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 anxiety (deferring appointments)
- Considering the challenges of the Covid-19 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 have been identified and work is progressing to tackle them through different workstreams eg Gypsy, Roma, Traveller Group and Learning Disability Flagging work.
- Restoration of service delivery and clearing of backlogs to ensure those most at risk are prioritised.

## 5. Workstreams Update

### 5.1 NHS Cervical Cancer Screening Programme (NHSCSP)

There are three main components of the cervical screening programme as described below:

#### Cervical Screening Activity in Primary Care

All practices in Doncaster have continued to offer cervical screening and the coverage below (Table 1) demonstrates a similar uptake to 2019/2020 in 25-49 year cohort and a slight decrease in the uptake in the 50-64-year cohort however, this is data from when Covid restrictions were in place. The variation in uptake is being addressed by the project described below.

Collaboration with South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Cancer Alliance and Cancer Research UK resulted in an improvement project focusing upon Behavioural Science nudge theory. The introduction of the project included invites by letter, SMS text message reminders and telephone scripts has proved successful in increasing the uptake of those women who would normally not attend. The practice staff from one practice anecdotally report an increase in people attending screening (which is seen in practice level unpublished) and report people attending screening who previously delayed or avoided engaging with the practice in relation to the screening programme.

#### Gateshead Cervical Screening Laboratory

Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust. In South Yorkshire and



Bassetlaw (SY&B), 80.2% samples achieve the 14-day turnaround time (TAT) performance indicator. The remaining 20% samples require cervical cytology and there are delays in this part of the pathway due to on-going workforce issues. These are being addressed by the Lab. There is a direct referral process for all samples that require colposcopy follow up, minimising any risk of harm to women.

### Colposcopy activity

Doncaster and Bassetlaw Hospitals NHS Foundation Trust is the local colposcopy provider with additional capacity offered through Carcroft Health Centre. Carcroft colposcopy service will end service on the 31<sup>st</sup> March 2022 and capacity supported by DBTH while a public consultation takes place. Future service plans will explore the colposcopy team to arrange for the transfer of patients to the Doncaster colposcopy unit.

Additional funding has been secured from NHSEI to allow for 2 extra colposcopy clinics per week for 6 months until the end of March 2022. These clinics are split between Doncaster and Bassetlaw Hospital sites and Doncaster hospital site will also have an extra fortnightly clinic from the first week of February 2022. Currently the unit reports a higher number of referrals compared to this time last year. All grades of referral continue to be managed.

Objectives for Cervical Screening within the Health Improvement Plan:

- Continue to roll out Behavioural science Nudge work to assist practices to increase uptake of women who don't usually take up the offer of screening.
- Continue to identify and specifically target any inequalities related to ethnicity.

Ensure all practices continue to offer screening despite other challenges.

Table 1: Cervical Cancer Screening Coverage Data % Uptake March 2020 to April 2021

Cohorts	Period	Target	Y&H	Doncaster
25-49 Years	March 2020 to April 2021	>80%	73%	73.4%
50-64 Years		>80%	77.7%	76.2%

## 5.2 Antenatal and New-born Screening Programme

### Bacillus Calmette-Guerin (BCG) vaccine and SCID (Severe Combined Immuno-Deficiency):

Implementation of SCID (Severe Combined Immuno-Deficiency) screening commenced in September 2021. SCID makes it very hard to fight off common

infections like pneumonia and meningitis, with babies often having to live in a 'bubble' to avoid infections. Parents whose babies are at an increased risk of encountering TB, are offered BCG vaccination shortly after birth (neonatal BCG vaccination). The implementation of SCID screening means that babies eligible for BCG will only be given the vaccine once they have a confirmed SCID screening negative result, as giving BCG (live vaccine) to a baby who is SCID positive could result in life threatening complications. BCG vaccination is therefore now given around 28 days of age and is delivered in the out-patients department at Doncaster and Bassetlaw Hospital NHS Foundation Trust. The timeframe for vaccination is earlier than previously carried out at the Trust, but the Trust have provided assurance that no issues have been identified with these changes and we continue to monitor performance monthly.

### **5.3 Diabetic Eye Screening**

#### **Service Overview:**

The Diabetic Eye Screening programme is provided by Doncaster and Bassetlaw NHS Foundation Trust and is delivered at Doncaster Hospital, Bassetlaw Diabetes Centre, Montagu Hospital, The Vermuyden Centre at Thorne, and Retford Primary care centre.

During the Covid-19 pandemic key performance indicators (KPI) monitoring was paused and therefore up to date published data is not currently available, however reports from the programme indicate that uptake is above the acceptable level.

#### **Restoration**

The national ambition for restoration is 31<sup>st</sup> March 2022 for routine digital screening (RDS). Monthly restoration meetings with the programme continue to monitor progress and capacity against demand across all elements of the pathway. The Doncaster and Bassetlaw Programme trajectory (using a national Restoration Tracking Tool) indicates that they will restore RDS by 31<sup>st</sup> March 2022. However, additional data identified a significant backlog for patients requiring slit lamp bio-microscopy (SLB) which is carried out in Hospital Eye Services. Working in conjunction with the public health commissioning team, the programme has made significant progress in reducing this backlog and is now currently on track to achieve the required standard by 31<sup>st</sup> March 2022. NHSEI Public Health Programme Team continue to have regular meetings with the programme and trust representatives to address and monitor this, ensuring there is an action plan in place to ensure no harm to patients.

### **5.4 Bowel Screening**

#### **Service Overview:**

Bowel cancer screening for the population of Doncaster is supported through the South Yorkshire & Bassetlaw Bowel Screening Centre. Work has continued through restoration with great progress made in clearing the backlog caused by the pause in screening from Covid-19.

Doncaster and Bassetlaw Trust (and all Hospital Trust's across SYB) have agreed to commence implementation of the Age Extension programme from 4<sup>th</sup> January 2022. The Age Extension will be a phased approach over a four-year period reducing the age of bowel cancer screening to 50-year olds.

### **Restoration:**

The South Yorkshire & Bassetlaw Bowel Screening programme has restored to achieve the six-week standard of sending out invitations, for the local population invitations are now within this standard.

### **Learning Disabilities Project:**

The Screening and Immunisation Team established a working group to implement a flagging system within the service user's health record which prompts the provision of easy read invite letter and screening kit with easy read instructions if required. Doncaster is progressing this work in collaboration with RDASH, CCG, Primary Care colleagues and the bowel hub in Gateshead. This has now commenced with nine GP practices and the agreement from all the other practices to progress with this over the next few months.

Table 2 Bowel Screening Uptake March 2020-April 2021

<b>Cohort</b>	<b>Period</b>	<b>Target</b>	<b>Y&amp;H</b>	<b>Doncaster CCG</b>
Uptake (60-74yrs)	March 2020- April 2021	52%	65.5%	68.3%

## **5.5 Breast Screening**

### **Service Overview**

Currently the Breast screening service is delivered at Devonshire House in the centre of Doncaster and at Bassetlaw Hospital site. Despite pausing at the beginning of lockdown the programme has worked hard to restore the programme.

Nationally submitted KPIs monitoring data were paused during the pandemic. Data source: [Public Health Profiles - PHE](#)

### **Recovery:**

Restoration has progressed well, and the Doncaster and Bassetlaw Breast Screening programme have restored their backlog as a consequence of the Covid-19 pandemic.

The data provided in Table 3 below shows activity for the year March 2020 to April 2021 displaying an adequate uptake however it is acknowledged that since this time uptake of the screening programme has reduced. NHSE&I are currently working with the provider in the development of an improvement plan to improve the uptake of screening.

NHSEI provided funding to introduce text messaging to encourage attendance for screening with behavioural science nudges being included in prepared texts however this has not yet been implemented, with other units across South Yorkshire and Bassetlaw being fully operational. The IT department within the trust is working towards this being operational very soon.

Table 3 Breast Cancer Screening March 2020-April 2021

<b>Cohort</b>	<b>Period</b>	<b>Target</b>	<b>Y&amp;H</b>	<b>Doncaster CCG</b>
Breast Cancer Screening Coverage (50-70 years screened within 36 months, 3 year coverage)	March 2020 to April 2021	Acceptable >70% Achievable > 80 %	75%	61.8%

## 6. Immunisation and Vaccination Programmes

### 6.1 Seasonal Influenza

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 women, and those with certain underlying medical conditions. Since 2013, flu vaccination has been offered to children not in at risk groups via 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.

The programme for 2021/22 included:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021.
- those aged 6 months to under 50 years in clinical risk groups.
- pregnant women.
- those aged 50 years and over.
- those in long-stay residential care homes.
- Carers

Doncaster has this year continued with a CCG led Flu/Covid vaccination weekly steering group who have a strong system leadership to drive delivery of the flu programme through the joining together of all local partners. The SYB Community Vaccination Board ensures oversight of this programme through monthly meetings which enable place-based work and risks to be highlighted and key actions identified.



Local intelligence and data monitoring have assured delivery of flu vaccines with a continued increase across some cohorts. In general, cohorts continue to improve on a weekly basis despite extra challenges of the Covid-19 vaccination booster programme, although flu vaccination along with other routine immunisations was identified nationally as a continued priority. One PCN have been offering co-delivery of COVID and Flu vaccinations and has accessed the additional national stock to facilitate this. Monthly published data

shows that we are ahead of where we were at the same time in 20/21 in the over 65 and pregnant women cohorts.

The Commissioning Support Unit (CSU) have developed a regional comprehensive performance dataset focusing on inequalities details. This has helped to identify where there is low uptake of the Covid-19 vaccination and targeted vaccination sites have been implemented. National recall letters have also been used this season to catch up anyone who has yet to take up the offer of vaccination.

The table below shows we are slightly ahead of where we were last year for the over 65s and for pregnant women but are behind in the other cohorts (allowing for not all practices providing data for the published figures). Flu vaccinations in maternity services has proved popular this season and this is shown in the uptake ahead of where we were in December 2020.

Table 4: Flu vaccination Uptake comparison 20/21- 21/22

<b>COHORT</b>	<b>South Yorkshire and Bassetlaw 21/22</b>	<b>Doncaster December 20/21</b>	<b>Doncaster December 21/22(3 practices missing)</b>	<b>Ambition 21/22</b>
Over 65 years	84.5	<b>82.2</b>	82.4 	<b>85%</b>
Under 65 at risk	50.7	<b>53.4</b>	48	<b>75%</b>
Pregnant	40.1	<b>40</b>	43.3 	<b>75%</b>
All 2-year olds	44.7	<b>49.2</b>	37	<b>70%</b>
All 3-year olds	47.7	<b>51.8</b>	39.9	<b>70%</b>

Locally there has been excellent collaborative work between the CCG, Local Authority and pharmacies with partners sharing good practice across the Primary Care Networks. A review of the Flu season will take place later this year but despite all the challenges of the Covid-19 response partners have still managed to have a positive impact on uptake.

DBTH staff vaccination programme has achieved 54.7% uptake of Flu vaccinations so far this season which is significantly behind where they were at the same time last season (74.1%), however this is in line with other trusts across South Yorkshire and Bassetlaw.

## 6.2 School Aged Flu Immunisation Programme

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) provide the school aged flu vaccination programme across Doncaster. The programme maintained business as usual whilst also delivering the Covid-19

vaccination 12-15-year-old programme (phase 1), which significantly increased their workload. The programme was delivering catch up Flu vaccinations in school until the end of January 2022.

Uptake has been affected by high levels of school absence due to Covid-19 isolation and other seasonal illnesses. School timetables and child absence have also affected uptake. The programme also reported a greater number of refusals for the flu vaccine across the adolescent cohort, although no specific reason has yet been identified.

Table 5: School Flu Vaccination Uptake.

COHORT	DONCASTER 20/21	DONCASTER 21/22
Reception	68.4%	55.5%
Yr. 1	66.2%	65.3%
Yr. 2	67.3%	65.1%
Yr. 3	65.7%	64.7%
Yr. 4	66.9%	66.2%
Yr. 5	64.2%	65% ↑
Yr. 6	61.5%	63.4% ↑
Yr. 7	57.1%	45.4%
Yr. 8	N/A	39.6%
Yr. 9	N/A	35.4%
Yr. 10	N/A	32.6%
Yr. 11	N/A	35.2%

## 7. Childhood Immunisation Programme

Immunisation programmes have been maintained as business as usual in general practice in Doncaster. Uptake in Q1 20/21 showed an increase in uptake across the majority of cohorts. The Screening and Immunisation Coordinator reviews practice level data regularly and monitors any waiting lists in practices where children are waiting for appointments for vaccinations, taking account of the current pressures primary care are seeing in relation to Covid-19. The screening and immunisation Coordinator has sight of Quarterly COVER data that is submitted by Child Health Information Service (CHIS) for Doncaster practices and continues to have dialogue with primary care as demands in response to Covid-19 are ever changing.

The Local Vaccination and Immunisation Operational Group chaired by the NHSE&I Screening and Immunisation Coordinator 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.

The Public Health Programme Team are currently leading on a piece of work to ensure all practice staff understand the offer they can receive from the Child Health Information Service. A Standard Operating Procedure (SOP) has been created to help practices to increase uptake and manage their waiting

lists. This will include two templates for those parents who want to delay or decline a vaccination which will assist with the management of waiting lists and tips and strategies for increasing uptake. We are also working with Child Health Information Service to adapt the appointment letters that go out to parents to include behavioural science nudges and links to vaccine information to ensure that we comply with Nice Guidance for information/communications regarding vaccinations.

The waiting lists for child immunisations within GP practices continue to be monitored by Child Health Information Department and the Screening and Immunisation Team alongside practice uptake.

## **7.1 Adolescent Immunisations**

The impact of delivering the second phase of the adolescent Covid-19 Vaccination programme has the potential to adversely affect the routine adolescent vaccination programmes due to commence in February 2022, and which should be completed by 31<sup>st</sup> August 2022. However, planning has been undertaken to utilise the 0-19 Healthy Child Team to help with the delivery of the Covid-19 vaccination programme allowing the RDASH School Immunisations Team to complete the Flu vaccination programme in January and then commence the routine adolescent programme.

Community clinics continued to be offered up to December 2021 to allow both home educated children and anyone who had missed their session at school to have access to a vaccine.

Catch up of delayed school vaccinations from 2019/20 and 20/21 was completed in August 2021 and the school Immunisation Team will continue to offer any missed vaccinations in school whilst vaccinating the current 2021/22 cohort.

E-consents were introduced for the routine vaccinations and this has been beneficial in supporting the time sensitive return of the consent forms and with the additional workload this academic year.

## **7.2 Uptake of Childhood Immunisations**

The published COVER data shown in Appendix 1 shows that despite all the disruptions of Covid-19, childhood Immunisation's uptake has remained steady throughout the period from April to September 2021.

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:



Table 6: Cover data from April to June (Q1) and July to September 2021 (Q2)  
Target 95%

Immunisation:	Doncaster Q1	Doncaster Q2	England Q1	England Q2
24m MMR Dose 1	91.7%	91.4%	89%	88.6%
5y MMR Dose 1	95.2%	94.1%	94.1%	93.7%
5y MMR Dose 2	87.8%	84.6%	86.3%	85.5%

Figure 2: Trend in population coverage of MMR for one dose (2 years old) in Doncaster

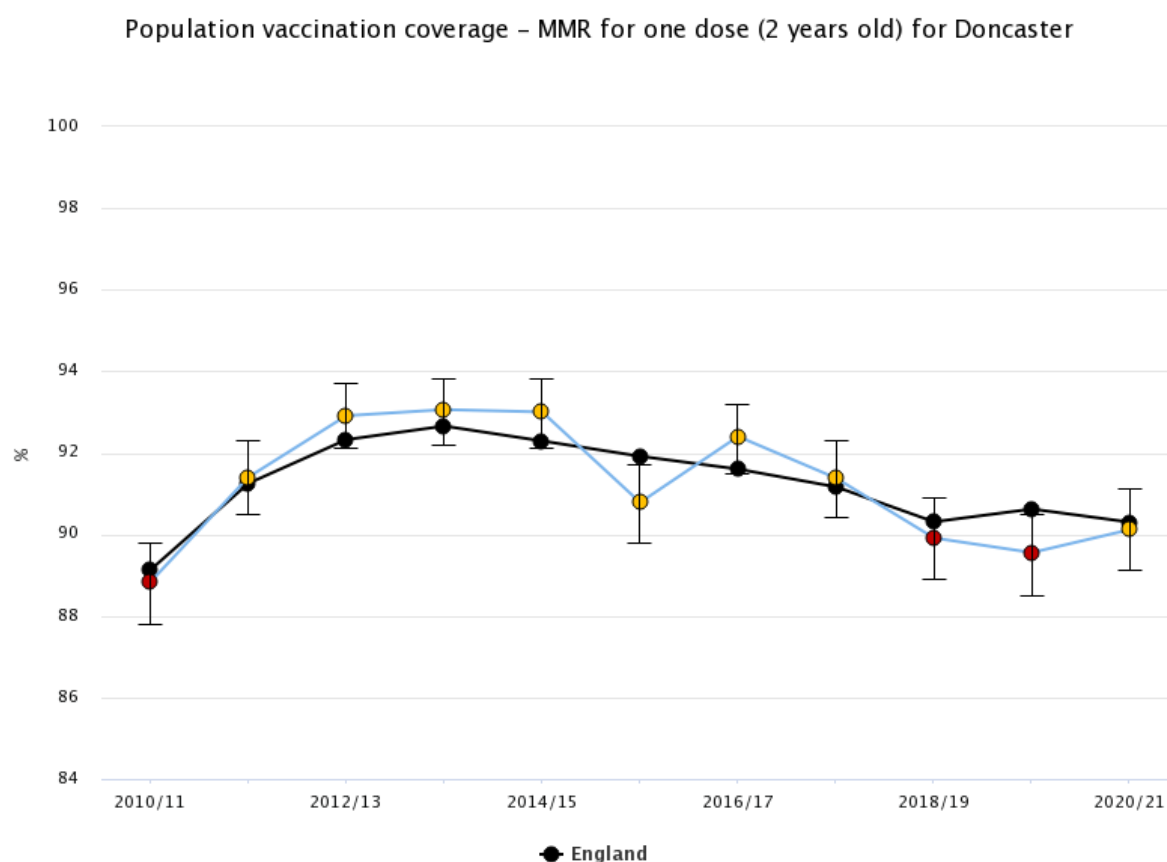


Figure 3: Trend in population coverage of MMR for one dose (5 years old) in Doncaster

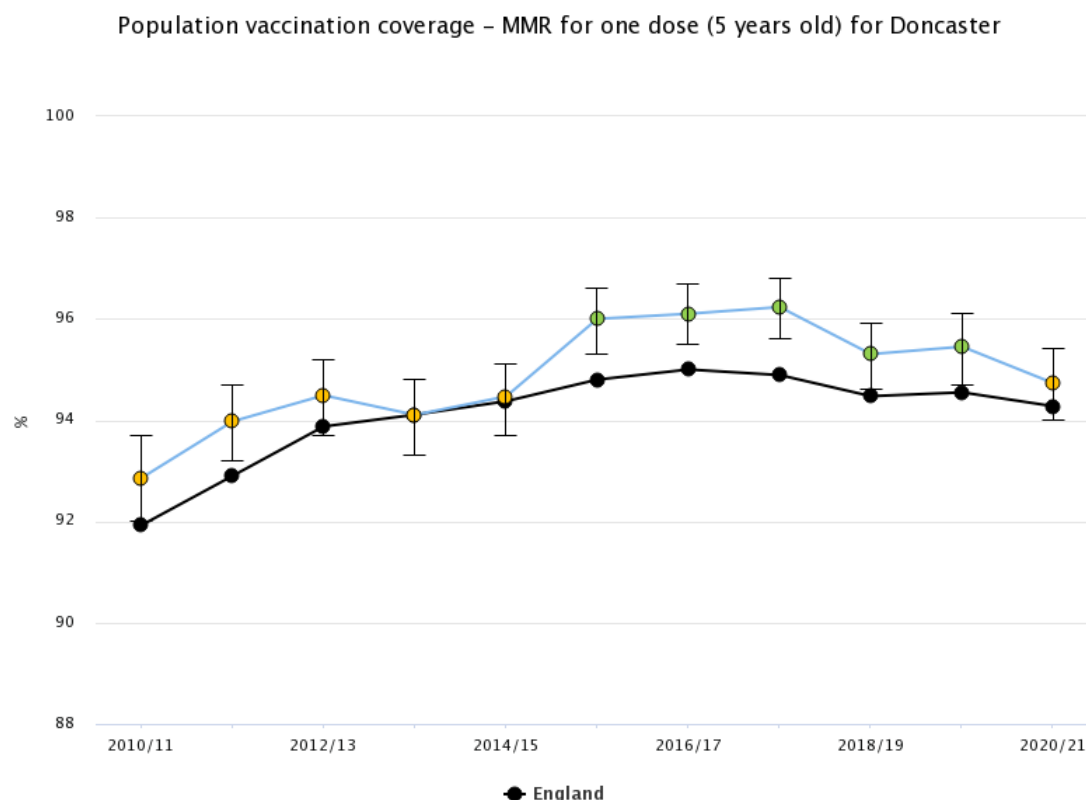
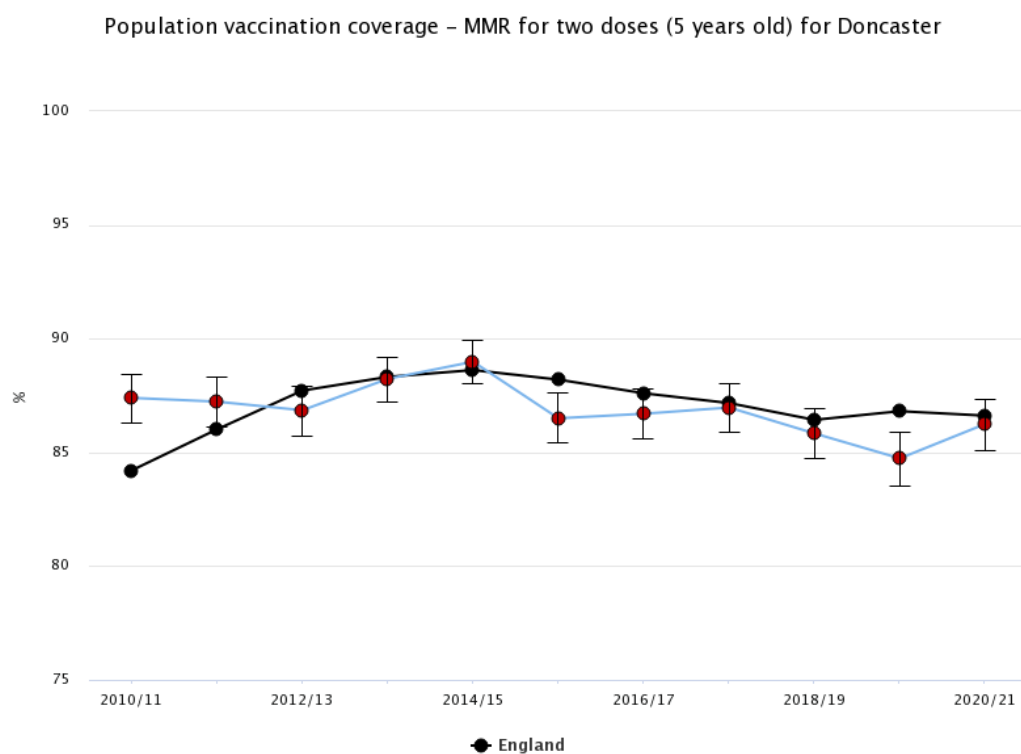


Figure 4: Trend in population coverage of MMR for two dose (5 years old) in Doncaster



### **7.3 Outcomes 21/22**

- 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 Screening and Immunisation Coordinator has sight of COVER data that is submitted by CHIS and continues dialogue with practices. Q1 figures from April to June show an increase in uptake for all immunisations given by 2yrs of age and 5yrs of age.
- Children aged 12-15 years will receive the offer of two doses of Covid Vaccinations (and the offer of 1<sup>st</sup> dose where missed) by 31<sup>st</sup> March 2022.
- All school aged children will be offered a Flu vaccination by 31<sup>st</sup> January 2022.

## **8. Objectives for Doncaster 2022/23**

### **8.1 Screening Programmes**

- Maintain assurance from programmes that they can deliver screening to all eligible cohorts in line with service specification and programme standards.
- Work collaboratively with Breast Screening Programme to increase uptake by identifying those women who have not responded to their initial invite.
- Continue to roll out the use of behavioural science nudges across Doncaster to improve cervical screening uptake in cohorts identified by individual practices.
- Work with Doncaster Bassetlaw Teaching Hospital (DBTH) Diabetes Eye Screening Programme (DESP) to review slit lamp bio-microscopy (SLB) delivery model to reduce the likelihood of delays in undertaking SLB examination, without which could result in patient harm (sight loss).
- Monitor work with Health Action Doncaster to ensure anyone with a learning disability (LD) Diagnosis feels supported to participate in Bowel screening through proactive phone calls.

### **8.2 Immunisation Programme**

- Launch and implement the Standard Operating Procedure and Immunisation Toolkit for appointing childhood immunisations for use in GP practice in collaboration with Child health Information Services across South Yorkshire.
- Develop workstream through direct work with identified GP practices to improve uptake of MMR dose 2 and Pre-School Booster.
- Continue to monitor waiting lists and work with practices with high waiting lists and low uptake, supported by Child Health Information Service (CHIS) to find solutions.

- Review and evaluate 21/22 flu season and make any changes to plans for next season.
- Joint work with LA Community champions to target inequalities in access to vaccinations and break down barriers to uptake.

### Appendix 1: Outcome Indicators

The below table provides an overview of vaccination and screening coverage across the Doncaster locality.

Indicator	Period	Doncaster Value	England Value	Target
Population vaccination coverage – Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (12 months old) -%	2018/19 2019/20 2020/21	92.5 92.1 92.5	92.1 92.6 92	≥ 95%
Population vaccination coverage – Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (2 years old) - %	2018/19 2019/20 2020/21	94.2 93.8 94	93.8	≥ 95%
Population vaccination coverage - Hib / MenC booster (2 years old) (%)	2018/19 2019/20 2020/21	89.8 89.1 90.1		≥ 95%
Population vaccination coverage – PCV %	2018/19 2019/20 2020/21	90 89.3 90.1		≥ 95%
Population vaccination coverage – MMR for one dose (2 years old) %	2018/19 2019/20 2020/21	89.9 89.6 90.1	90.3	≥ 95%

Population vaccination coverage – MMR for one dose (5 years old) %	2018/19 2019/20 2020/21	95.3 95.5 94.7	94.3	≥ 95%
Population vaccination coverage – MMR for two doses (5 years old) %	2018/19 2019/20 2020/21	85.8 84.7 86.2	86.6	≥ 95%
Population vaccination coverage - HPV vaccination coverage for one dose (females 12 - 13 years old)	2018/19 2019/20 2020/21	91.5 93.6 87.2 Females 81.7 Males		90%
Population vaccination coverage - HPV vaccination coverage for two doses (females 13 - 14 years old)	2018/19 2019/20 2020/21	88.7 87.8 80.8 Females 76.9 Males		90%
Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) %	2018/19 2019/20 2020/21	69 68.2 69.5		75%

<b>Indicator</b>	<b>Period</b>	<b>Doncaster Value</b>	<b>England value</b>	<b>Target</b>
Cancer screening coverage – breast cancer - %	2019 2020 2021	76.2 76.1 61.8	74.5 74.1 61.3	80%
Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	2019 2020 2021	73.3 73.4 72.0	69.8 70.2 69.1	80%
Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	2019 2020 2021	76.6 76.2 74.9	76.2 76.1 75.0	80%
Cancer screening coverage – bowel cancer - %	2019 2020 2021	61.1 64.4 68.3	60.1 63.8 66.8	60%
New-born hearing screening coverage - %	2019/20 2020/21	97.6	98.2	
Abdominal aortic aneurysm Screening - %	2019/20 2020/21 Jan -Dec 21	82.3 73.0	76.1	80%

## D. AIR QUALITY

The latest Annual Status Report (ASR) for Defra on the air quality in Doncaster used data gathered throughout 2020. The ASR states that, with the exception of Air Quality Management Area (AQMA) 7 (Hickleton), where the trend is flat and one location in AQMA2 (Balby Road), concentrations of nitrogen dioxide are below the objective for the first time since monitoring began.

This however is believed to be an anomaly influenced by the Covid-19 impact on traffic movements (ie lockdown measures). Therefore at this time it would be unwise to make any firm trend conclusions, especially with respect to the revocation of any of Doncaster's AQMAs.

Consequently, all eight AQMA designations shall remain in place.

### Key activities

- Doncaster Council partnered with Barnsley Council to deliver on Eco Business Driving for grey fleet users i.e. those companies that employ drivers who use their own vehicles for work purposes. This was intended to be real world driving mentoring, but such a delivery was badly affected by Covid 19 restrictions. As an alternative the team developed and launched an online virtual reality version.

This course may be made available on request, but will require an individual registration for each delegate. Contact the Pollution Team via email: [pollution.control@doncaster.gov.uk](mailto:pollution.control@doncaster.gov.uk) if you would like to participate.

- The air quality monitoring unit was installed at Hickleton. However it has suffered from on-going communication problems.
- Going forward, the Pollution Section is committed to carrying out air monitoring. This will be more robust as the refurbishment/modernisation of the existing units is progressively undertaken, with the first two sites (Warmsworth and Conisbrough) scheduled for completion by the end of March 2022 and a third site anticipated at Carr House Road, by the summer of 2022.
- The final site (Bawtry Road) will be completed in the financial year of 2023/24.
- This will result in 6 sites being capable of achieving PM2.5 monitoring.

Figure 5: Swan 5A Dual Channel Atmospheric PM<sub>x</sub> Particles Monitor:



## **E. SEXUAL HEALTH**

### **1. Introduction**

Sexual health services in Doncaster are commissioned by Public Health (DMBC) and delivery by DBTH (TriHealth – over 18s service) and RDaSH (under 19s service). 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.

Doncaster's sexual health partnership consists of key sexual health providers and stakeholders from across Doncaster. The group has now moved to an online format to share information, guidance and discuss any issues arising in the sexual health sphere. Ad-hoc meetings are called as and when needed.

### **2. Achievements:**

- Good uptake of online test kits for HIV and syphilis, will reactive samples returned
- Adult sexual health tender evaluation completed and ready to award
- Preparation well underway for under 19 services

### **3. Challenges/Risks:**

The COVID 19 pandemic continues to pose challenges for sexual health provision in Doncaster. Although the majority of service provision has resumed (with the exception of drop in clinics), triage is prioritising symptomatic patients or asymptomatic very high risk categories, potential to be missing infections in



those who do not fall into those categories. Note: postal testing kits are available for asymptomatic/non-high risk patients.














### ***Increasing cases of syphilis***

National cases of syphilis have been rising at an alarming rate. This trend has been mainly seen in men who have sex with men, but inevitably when numbers are high, other groups will be affected.

Syphilis in Doncaster has largely been mirroring this national trend, but more recently we have been seeing an increasing number of cases in heterosexual men and women.

In 2021, there has 32 cases of syphilis diagnosed to date.

Table 7: Incidence of syphilis in Doncaster: 2012-2020

Period	Doncaster					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012			0.7	0.1	2.4	2.9	5.6
2013			1.6	0.5	3.8	3.7	6.2
2014			2.3	0.9	4.7	3.7	8.2
2015			2.9	1.3	5.6	3.7	9.7
2016		15	4.9	2.7	8.0	6.7	10.7
2017		17	5.5	3.2	8.8	7.5	12.6
2018		15	4.8	2.7	8.0	7.5	13.2
2019		22	7.1	4.4	10.7	6.2	14.2
2020		21	6.7	4.2	10.3	4.5	12.2

Source: Public Health England

Vast majority of cases are MSM, ie all those non-female and non-MSM.

Health Advisers are getting good contact tracing information but not finding a lot of links in between cases. We are also getting a little bit imported. A recent male, whose contact was Coventry. One from Leeds. Possibly Scunthorpe. But the majority of contacts are local, with no firm connections found.

So there is definitely an increase on 2020, which is obviously not surprising. What was perhaps surprising, was that 2020 was the same level as 2019. So we were expecting to see an increase as soon as the lockdown behaviour was largely over.

GPs have also been alerted to this rising trend with a request from Genito-Urinary Medicine (GUM) consultants to be vigilant.

#### **4. Performance Monitoring:**

##### ***TriHealth***

Numbers through the service have not gone back to pre-COVID levels due to covid restrictions, access is limited but a timetable is in place to get through as many patients as possible. At the last contracts and performance meeting, staff noted the attendance numbers were now probably not going to increase while the social distancing restrictions remained in place in the building as there are seeing as many patients as the restrictions will allow. This is being reviewed regularly.

Staff also noted is unlikely they will ever return to 'drop-in' style clinics. Triage phone calls proving effective and acceptable to walk-ins.

##### ***Project 3 (Under 19 service)***

Activity has been higher throughout the year in subsequent lockdowns compared to first lockdown but not at pre-covid levels. Most measures working well. Drop in clinic has not resumed, and difficult to consider how/when it possibly could under Covid restrictions. Outreach in schools has been very limited.

Positive chlamydia screens – numbers are decreasing, however they are achieving the targets for the numbers screened but perhaps an indication of 'who' they're seeing under the changes i.e. not being able to target screening in at-risk groups. This may not be such an issues moving forward, see below re: changes to National Chlamydia Screening Programme

##### ***National Chlamydia Screening Programme changes***

The National Chlamydia Screening Programme (NCSP) is changing to focus on reducing reproductive harm of untreated infection in young women. Opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women, combined with:

- reducing time to test results and treatment

- strengthening partner notification
- re-testing after treatment

In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.

Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

For more information go to:

<https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp>

### **National HIV & Syphilis Self-Sampling Service**

Return rate **50.7%** (171/337)

Demographics

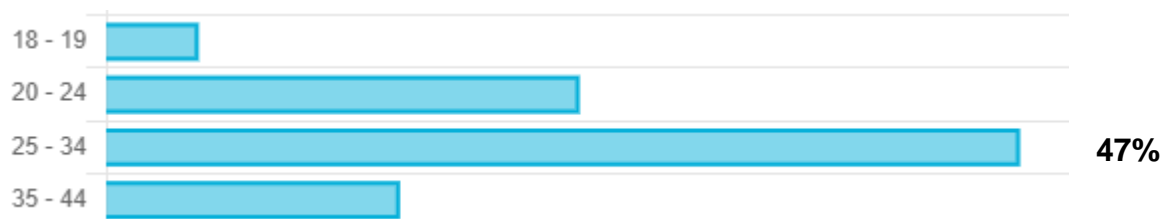
*Ethnicity:*

White English / Welsh / Scottish / Northern Irish / British **82.22%**

Other White **6.39%**

White and Black Caribbean **3.06%**

*Ages:*



*Sexual partners:*

Women who have sex with men **45.7%**

Men who have sex with men **22.26%**

Men who have sex with women **19.58%**

## **5. Next Steps:**

- Mobilise adult sexual health services for contract start date of April 2022
- Open tender for 5-19 public health services including sexual health services for under 19s

## **F. SUBSTANCE MISUSE**

### **1. Introduction**

Drug users and particularly injectors are at risk of transmission of blood borne viruses (BBV). 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.

#### **Achievements**

- 13 pharmacies and 1 specialist needle exchanges in operation.
- Pathways in place between drug services and blood borne virus (BBV) treatment services
- Methadone storage boxes provided to all service users with children via Aspire
- Supervised consumption policy in place for opiate substitution therapy
- Naloxone kits and training available to all at risk in community

#### **Challenges / Risks**

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.

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 10<sup>th</sup> December 2018 to close the needle exchange permanently. 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 and 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 sign-posting to the substance misuse service.

## Next Steps

- Continue to deliver the objectives of the harm reduction strategy and to performance manage the adult substance misuse treatment contract with Aspire
- Submitted proposal to develop a needle exchange offer within Wharf House for current injectors to mitigate the risk of spreading BBVs. Consultation in progress but this has been delayed due to Covid.

## OPTIONS CONSIDERED AND REASON FOR RECOMMENDED OPTION

- **Option 1:** Support the recommendations proposed in the Executive Summary so as to continue with the work to protect the health of the people of Doncaster.
- **Option 2:** Do nothing, which puts the health of the people of Doncaster at increased risk.

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

	Outcomes	Implications
	<p><b>Doncaster Working:</b> 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"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<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><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full</p>	<p>Long-term exposure to air pollution can cause chronic conditions such as</p>

	Outcomes	Implications
	<p>of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<p>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>
	<p><b>Doncaster Learning:</b> 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"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<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>The disruptions that COVID-19 has caused to educational opportunities of our children has been significant. Effects to mitigate this impact will improve the educational attainment of our school children.</p> <p>It will be useful to continue monitoring 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><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p>	<p>Health protection effects how we keep our population safe from certain diseases, which are preventable by vaccination</p>

	Outcomes	Implications
	<ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>(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>
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	<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> <p>A blended way of learning will need to be explored as part of recovery phase of COVID-19 pandemic.</p>

## **RISKS AND ASSUMPTIONS**

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: 17/02/2022]**

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

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.

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 arrangements...'

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

## **FINANCIAL IMPLICATIONS (Officer Initials: HR Date: 17/02/22)**

There are no specific costs arising as a result of this report. 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 17/02/22)**

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

## **TECHNOLOGY IMPLICATIONS (Officers initials PW Date 17/02/22)**

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



### **HEALTH IMPLICATIONS (Officer initials VJ Date: 16/02/2022)**

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.

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 (Officer initials VJ Date: 16/02/2022)**

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.

COVID-19 continue to 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 fair uptake of vaccination in all communities – as well as to address wider health inequalities.

### **CONSULTATION**

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

## BACKGROUND PAPERS

### GLOSSARY OF ACRONYMS AND ABBREVIATIONS

CCG	Clinical Commissioning Group
COVID-19	Coronavirus disease
DBTHFT	Doncaster Bassetlaw Teaching Hospital NHS Foundation Trust
DMBC	Doncaster Metropolitan Borough Council
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
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

### REPORT AUTHOR & CONTRIBUTORS

Report author:

Dr Victor Joseph, Consultant in Public Health, DMBC

E-mail: [victor.joseph@doncaster.gov.uk](mailto:victor.joseph@doncaster.gov.uk)

Tel: 01302 734 911

#### Contributors:

- Dr Ken Agwuh Director of Infection Prevention and Control; Miriam Boyack, Lead nurse IPC, DBTHFT
- Rachel Hall, Assistant Director of Nursing, RDaSH
- Deborah Hamilton Senior Clinical Nurse Specialist IP&C, Nursing and Quality, RDaSH; and Chris Tomes, Senior Clinical Nurse Specialist IP&C, Nursing and Quality, RDaSH;
- Carrie Wardle, Public Health Specialist, DMBC
- Carys Williams, Public Health Emergency Planning Lead, DMBC
- Clare Henry, Public Health Specialist, DMBC

- Scott Forbes - Team Manager - Environmental Protection, DMBC.
- Sarah Gill, Screening and Immunisation Coordinator (Clinical), Public Health England (Doncaster), Embedded in NHS England and NHS Improvement (Yorkshire & The Humber)

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

**Dan Swaine**  
**Director of Regeneration and Environment**