



Health Protection Assurance Group Minutes from the Meeting Held on 17th August 2022

Present:

Dr Victor Joseph, Doncaster Council, Public Health (Chair)
Laurie Mott, Doncaster Council, PIC
Carys Williams, Doncaster Council, Public Health
Sarah Atkinson, Doncaster Council, Public Health
Sarah Lindley, Doncaster Council, PIC
Catherine Needham, Doncaster Council, PIC
Emma Gordon, Doncaster Council, Environmental Health
Karen Foltyn, RDaSH
Deborah Hamilton, RDaSH
June Chambers, UKHSA
Sarah Gill, NHS England & NHS Improvement
Marie Rogerson, Doncaster Council, Public Health Registrar
Sally Gardiner, Doncaster Council, Public Health (Note Taker)

1.	Welcome and Introduction	
	The group were welcomed and introductions took place.	
2.	Declaration of interest	
	None were declared.	
3.	Apologies for Absence	
	Apologies received from Amelia Thorp, Helen Conroy and Mim Boyack.	
4.	Minutes from previous meeting and Action Plan	
	<p>The minutes from the previous meeting were agreed as a true and accurate record. Noted actions were completed.</p> <p>Covid death work and post infection review (PIR) for hospital acquired covid. Victor picked up with Ian Boldy and confirmed will fit into the IPC group. IPC Task & Finish group meets monthly feeding into this</p> <p>Increase in cases of syphilis, 41 cases last year. Noted an outbreak control meeting has met once. Sarah advised more in depth data produced but decided more investigation needed around cases as didn't seem to be any clear link between cases. Issue raised by the sexual health services is that cases tended to be men identifying</p>	

	<p>as heterosexual but meeting up with other men, which raised questions as to how we would target through promotional work as they are a hard group to target messages at. Sex services and health practitioners and to do more investigating and then we'll have another meeting soon to look at if need to implement any more public health measures. Noted this is still an ongoing action and that Sarah will provide an update at the next HPAG meeting.</p> <p><i>HIV and syphilis self-sampling service</i> A summary report has been produced, Sarah to send to Sally for circulation to group.</p> <p><i>TB steering group</i> Representation from DCCG has been sorted.</p> <p><i>Health Protection</i> Workshop was scheduled and took place 16.07.22.</p>	<p>SA</p> <p>SA</p>
<p>5.</p>	<p>COVID – Incident Rates and Log</p> <p>Control Assurance Updates</p>	
	<p>Laurie updated: _</p> <p>Not a lot of data to do now, main source is ONS prevalence survey but this hasn't been updated since 05.08.22. Data is up to 26.07.22, shows cases in Y&H is 3.4 Testing rate is a lot higher than in other areas and is highest for Y&H The 60 plus rate is not available as not been updated. 76.4 all age rate for Doncaster All age rates falling generally and similar a Positivity rate gone up last 3 days was 4.4, 4.9 then 6% Ba5 variant now counts for 93% of all cases, so continues to be ever more dominant.</p> <p>Hospital Activity Cases falling, 29 people being actively treated which is a bit of a fall last few days.</p> <p>To note that the Data sources are increasingly becoming unreliable.</p> <p>Victor noted keeping an eye on where testing being done and what rates look like, proxy indicator are figures from hospitals admissions from COVID and infections in care homes.</p> <p>Control Assurance Updates Carys updated:- Noted processes are in place for local escalation and support to coordinate any support and outbreak meetings and added recently ongoing support for care homes.</p>	

	<p>IMT is still in place listen routes of escalation</p> <p>Inequalities vaccination group will continue to support those more vulnerable groups.</p> <p>This update provides some level of assurance that measuring what we can when we can.</p> <p>Noted the Health Protection systems workshop was held and a report summary and recommendations was drafted. Action: Carys to send to Sally to circulate to this group.</p>	<p>CW</p>
<p>6.</p>	<p>Health Protection Assurance & Monitoring Reports</p>	
	<p><u>Infection, Prevention and Control</u></p> <p>RDaSH – Karen provided an update:- Noted report and main challenges which were the covid outbreaks and the management of those which has gone into Q2 and a challenge in Q2 as well. Noted objectives to maintain low levels of HCAs and covid and infection rates and outbreaks in wards. All in all ok at RDaSH. Moving into living with covid, precautions in wards and working well, Q2 still seeing cases in inpatient units.</p> <p>Victor noted IPC community report from Deborah and highlighted outbreak in care homes graphs. Deborah joined meeting later and updated:- Nothing needs flagging. Just had a little increase in outbreaks but settling again. Continue supporting LD sector. Working towards a collaborative IPC team. Good to see keenness and knowledge of young people through the St Johns Ambulance Service.</p> <p>DBTH – Noted Mim and Ken were unable to attend due to an incident in the hospital today The report was received and noted.</p> <p>Hospital - Highlighted testing and outbreaks in wards, good to see maintained 0 MRSA Bacteraemia cases. Challenges noted, outbreaks discussed at IMT meetings. Noted 10 CDI cases April to June 2022; 28 Hospital acquired cases of <i>E.coli</i>. blood stream infections between April and June, IPC Audit schedule continues; SSI Surveillance continues; more to do on focussing on zero MRSA.</p> <p>Community information – achievements noted. Extent of care homes 29 visits, great work; noted link champions work, other infection (non covid) outbreaks noted.</p> <p><u>Surveillance</u> June updated:-</p>	

Report was noted. Starting to see usual infections coming through, report doesn't show but nationally/regionally but a lot of invasive group A streptococcal infections and this coupled with scarlet fever; had some children with scarlet fever and then gone onto get invasive strep.

Ecoli seeing more regionally and STEC positives more than would normally see in last 3 months, nationally more Ecoli and i-gases

Rubella weren't positives when investigated

Seeing a rise in TB cases in Doncaster and regionally, now starting to see influenza and seen first outbreak in a care home out of season which is Doncaster as well.

Ongoing MRSA PVL Investigations still ongoing due to complex group, working party set up, looking at 3 avenues of trying to get more data. Those not had a positive (33 questionnaires); questionnaire for – those infected and in hospital and trying to get some data on those positive this year. It's not going away but just can't find where source is at moment. This MRSA strain is unique to Doncaster, 12 had same i-gas strain of those up to May.

Victor asked about Hepatitis AB, do we have any cases? **June will get the data on hepatitis A, B and C.** June said earlier in year had increase of cases ungrouped but now simmered down but high proportion of those children had recently had norovirus so don't know if a link and quite a few did need liver transplants so serious.

JC

Screening

Sarah updated highlighting main points:-

Abdominal Aortic Aneurism (AAA) South Yorkshire & Bassetlaw Programme

The current contract for the delivery of the South Yorkshire and Bassetlaw AAA Service provided by Doncaster and Bassetlaw Teaching Hospital is due to expire on 31st March 2023. NHS England is going out to procurement for the AAA services across South Yorkshire and Bassetlaw (SYB) to secure a high quality, sustainable service for the populations served from April 2023. The Bassetlaw population will continue to be serviced from a joint SYB AAA service due to required patient cohort numbers and the patient pathway into South Yorkshire vascular services. A Request for Information (RFI) has been completed showing good interest from the market, Patient and Stakeholder Engagement has been undertaken and currently the Procurement Evaluation Strategy is being developed. The required 13Q patient and engagement report is being finalised and the findings and outcomes will be shared with stakeholders from August 2022.

Ante-natal and Newborn

BCG vaccination is provided by the out-patients department at Doncaster and Bassetlaw Hospital NHS Foundation Trust and this is being monitored

monthly by NHSE. The programme are still working towards the 28 day target. 62.5% on the up and being monitored.

Discussions are taking place to review appointment letters sent to parents to include behavioural science nudges to help support reduction in non-attenders and lost to follow up babies.

Diabetic Eye Screening

The Doncaster and Bassetlaw programme have restored the programme however there are concerns that due to ongoing issues with access to Slit Lamp clinics there is predicted to be a further backlog by the end of 2022. Doncaster Trust and NHS England Public Health Programmes Team continue to have regular monthly discussions with the programme to resolve this to ensure no harm to patients.

Issues to Raise at Health Protection Board:

As above the programme and NHSEI continue to discuss the plans for reducing the rolling backlog of patients (2022/23) that need to be seen in the Slit Lamp clinic. The programme have been asked to put together an action plan to manage this forecast delay.

Cervical Screening

All practices in Doncaster continue to offer cervical screening as a priority. One practice has had a delay to appointments being offered due to staffing issues due to sickness and staff changes and we are awaiting more details.

The Public Health Programmes Team are working with GP Practices to deliver the Behavioural Science Project across South Yorkshire and Bassetlaw. The project aims to reach out to those who do not attend their routine offer of cervical screening by using Behavioural Science interventions.

Doncaster North

- Caja (behavioural Science experts) in partnership with community link workers are conducting workshops to develop nudges specifically designed to increase uptake in GRT population – these assets will be rolled out in Askern Medical Practice and Don Valley Healthcare

Learning Disabilities /Serious Mental Illness potential work- for LD/SMI to be identified from PNL (prior notification List) and then sent an easy read invite and information. Identified practice lead to contact patient to discuss (could be Cancer champion role) to check appointment received and understood and if any help or support required.

Also looking at what each of screening programmes do when someone has to be referred on for extra tests. Just to see what they're offered and if they need any reasonable adjustments.

Bowel Screening SYB Hub

Uptake is 72.8% in Doncaster which is really good.

Learning Disabilities Project:

The Public Health Programmes Team and Doncaster Healthwatch 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. Out of 40 kits sent out 20 have been returned and 5 out of the 20 completed the kit this time having not taken part when invited to take part in FIT screening previously. So really positive that getting people that not completed it before. Now got only 3 GPs that are not on-board.

Breast Screening

The Programme have now fully restored however uptake is lower than pre covid due to a high proportion of ladies who have not responded to their invites.

The Public Health Programmes Team have investigated why women Did Not Respond (DNR) to their invite and have done some mapping work to identify where these ladies are.

NHSE provided funding to introduce text messaging to encourage attendance for screening with behavioural science nudges being included in prepared texts and this work has now commenced.

We are in discussion with Doncaster Place through their PCN coordinators to ensure that women's GP records are coded correctly dependant on whether they attend, DNA or DNR their Breast screening appointment. Then a behavioural science nudged text message is to be sent out so that they can be further reminded about booking an appointment with the breast screening unit. We'll appreciate any support to increase uptake as it's been difficult to get women on the programme.

Victor asked about how demographic data for gypsy and travellers and other ethnic minorities information can be collected. Sarah referred to North PCN and advised she'll be liaising with them and Amelia to make sure followed up and note impact had.

Victor asked about breast screening take up. Members/Councillors will be interested in this as a previous Councillor was keen to know about uptake. Important for them to have an understanding of the challenges and options of things we can do. Sarah outlined what services trying to do, re-invite women, trying to get messages out and use of social media, make sure website up and running for clinics available but not sure how else we can promote. Victor asked 'do we know how other areas doing better?' **Action: Sarah will look into, investigate across SY to see if doing anything different as some areas doing slightly better.**

SG

Immunisations

Seasonal Flu

Doncaster Place has a nominated flu lead supported by the Public Health Programmes Team.

Flu planning for 22/23 has commenced with discussions around PCN uptake and eligible cohort delivery being discussed and planned.

Issues to raise to Health Protection Board:

Providers are now considering their local plans.

It has been announced this week that 50-64-year olds and secondary school aged children in years 7, 8 and 9 will be included later on in the season. Further details to follow.

Risks around vaccine supply – because practices having to order extra vaccines for the 50-64 year olds. And also schoolage immunisation service getting into schools but told can't do until October, so access to schools

Work has commenced with the Doncaster Place ICB to identify any inequalities, with the objective to increase uptake of flu immunisations across the Borough across all eligible cohorts.

All cohorts but particularly the 2- and 3-year olds, the at-risk and pregnant women need to be focused on for the next season especially as the target has now been set at 100 % offer. - **no targets been set this year.**

Adolescent immunisations:

Procurement:

The current contract for the delivery of the programme is currently on a rolling (“annualised”) basis. The first step of giving notice to providers has commenced informing of the upcoming procurement of the adolescent immunisation programme. Further information will be shared in due course when available – **next sept when new provider in place expected**

Childhood Immunisations:

Improvement work:

In early stages of working with Doncaster North PCN to improve uptake of vaccinations across the Gypsy, Roma, Traveller community. Met today and brainstorming event planned to take vaccinations out to this community particularly around MMR uptake.

Issues to raise with Health Protection Board

Historically obtaining data of ethnic group vaccination uptake has been challenging. Continue to need support from partners to identify the barriers to uptake and how partners can work together to increase uptake within these undeserved communities.

Support is needed to increase MMR uptake across all areas of the city. School vaccinations Team need to be supported to access schools and improve on communications to facilitate good uptake of vaccination programmes.

Victor highlighted quarter 4 table data at end of report.

Victor updated on conversation around the hard to reach groups, – work been done – each PCN to go out to group – see who else to target – e.g. pop up clinic.

Sarah confirmed her discussion with Cheryl today had agreed a bus is not suitable means to engage with gypsy community, rather look at a clinic in a school as children are there and may be better, so going to look at this idea.

8.	TB Steering Group TB Cohort Review	
	<p>Noted still got active TB cases, work still to be done.</p> <p>June said the cluster crossing 3 Health Protection Teams centred on Doncaster in Chinese/Beijing lineage, do have 2 White British females that have no connection to this community so may be super spreader. Meeting to collect more data on this next week. 2 of cases are children, 1 14-yr old probably trafficked into UK, and other now adult and both trafficked from Vietnam.</p> <p>Victor said whilst covid has been occupying us TB never went away.</p> <p>Individual cases of TB, incident meetings set up – a lot going on behind the scene.</p>	
9.	Review of amended Terms of Reference	
	Note for this to be sent out again for information as reviewed and agreed	
10.	AOB	
	<p>Victor talked through the report of the Health Protection system workshop on 16.07.22.</p> <p>Noted scenarios discussed and the recommendations that came out of these. Action: Carys to send to Sarah Gill.</p>	CW
11.	Date and Time of the Next meeting	
	Wednesday 19 th October 2022 @ 2-3.30pm	