



Health Protection Assurance Group Minutes from the Meeting Held on 19th October 2022

Present:

Dr Victor Joseph, Doncaster Council, Public Health (Chair)
Carys Williams, Doncaster Council, Public Health
Sarah Atkinson, Doncaster Council, Public Health
Helen Conroy, Doncaster Council, Public Health
Dr Ken Agwuh, DBTH
Catherine Needham, Doncaster Council, PIC
Emma Gordon, Doncaster Council, Environmental Health
Deborah Hamilton, RDaSH
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 Sarah Lindley, Scott Forbes. Nick Wellington, Alison Swift, Andrea Ibbeson and Mim Boyak.	
4.	Minutes from previous meeting and Action Plan	
	The minutes from the previous meeting were agreed as a true and accurate record. Noted actions were completed. Sarah Gill and June Chambers actions. Action: Sally to pick up these outside of meeting.	SG
5.	COVID – Incident Rates and Log Cath Needham updated Not been to EPI (Epidemiology Group) meeting for a little while; IMT log – obviously seeing much more increase in traffic through main setting types particularly adult social care. Feedback on numbers there is a little bit about potential for unknowns, still do not know about some settings. Interesting to hear what Ken said about visiting non-symptomatic people. Wonder if there is something we can do to keep it in people's eyes, some comms message to protect each other because the risk is going to hit settings again especially social care.	

<p>She will just check with Jon Gleek if need to highlight anything else and jump back on the meeting if necessary.</p> <p>Ken thanked her for those comments; stated one of the outbreaks was caused by 1 person coming in with it, keen to see feedback given to say can you see how many people you have infected. Visiting has only be allowed on compassionate grounds on outbreak wards, noted measures in place like continuation of wearing masks to protect staff and patients. Noted 25 staff on daily basis are testing positive and therefore can't come into work so affecting workforce.</p> <p>Ken asked Victor about the return of the Covid outbreak meeting. Victor said yes any partner can call it. There is the Health Cell that was set up in last 2 weeks, but was stood down last week , this was measuring pressure in hospitals and it was felt relevant staff were engaged to address the pressures in hospital so Health Cell was stood down. If Health Cell partners feel situation is getting worse the Tactical Coordination Group can be triggered through the Health cell.</p> <p>In the meantime we have the Daily IMT we can flag through this group. Catherine had further update Epidemiology group data group continuing to meet have been focusing on expanding Epi group to discuss covid and cover more predominantly respiratory illnesses and other illnesses causing pressure on system. Health partners managed to secure a new dataset; bringing together those categories of the other illnesses and respiratory coding and feeding into group and a summary will be presented at Tuesdays IMT group. If felt useful to go to other places then to let Catherine know.</p> <p>Action: comms team – if people are unwell they should not go to hospital as can propagate spread of infection. Victor to contact Amber Rhodes to pick up straightaway.</p> <p><u>Control Assurance Update - Carys</u></p> <p>Cases are increasing, having significant impact on hospital and associated system IMT meeting weekly to monitor outbreaks/clusters etc Assurance that there is some capacity to do outbreak control meetings if required.</p> <p>Done a review on frameworks which can be adopted for wider outbreaks, assurances in place of what worked during covid.</p> <p>Victor advised at the last IMT meeting this week the prevalence rate ONS was 2.5% across the geographical patch which Doncaster is part of; rates going up, the regional rate is 2.7% (1 in 14 people); testing rates are high in Doncaster 77 per-100,000 people which is higher</p>	<p>VJ</p>
--	-----------

	<p>than most other areas; covid rate going up 135 per 100,000 for all ages. There is an indication the rates might peak; rates for older people 60+ is going up 180 per 100,00 people; Ba5 is the main variant; 101 people being treated in hospital with 1 in ICU; there is a log showing 67 live cases, established system to track which settings they are in.</p> <p>Dr Aguw updated for DBTH</p> <p>Numbers are quite worrying; 2 months back we had 20 now in the 100s; DBTH has not stepped down on asymptomatic testing the reason for that is the symptoms are varied and at the moment got 11 outbreaks in the wards; review meetings are showing that patients testing negative on day 0 have become positive on day 3 and then all patients in that bay test positive; also family members not realising they are positive are coming in; so doing testing of everyone. We need to protect patients and staff so screening every patient. This is a difficult situation as we know a lot of people are non-symptomatic and infecting people.</p> <p>Victor noted covid has not gone away and it is prudent to keep measures in place in all settings.</p>	
	<p>Action from previous meeting:- Health Protection systems workshop recommendations to allocate partners to take forward</p> <p>The following recommendations have emerged from workshop:</p> <ol style="list-style-type: none"> 1. Continue to review how to address current gaps in data such as ethnicity and intelligence around why people don't engage with various vaccination programmes 2. Review approaches to engagement with new arrivals and content included in new arrivals packs 3. Review membership of existing vaccination group to strengthen system engagement and approaches 4. Review community approaches for vaccinations including reviewing assets maps, locations and engagement with key community and faith leaders 5. Include in debriefing / after action reviews for heatwave, consideration to notification processes and timeliness and impacts of this level of heat for future events 6. Services areas should consider heat triggers for equipment malfunction and how to increase staff capacity during heat health incidents as part of business continuity planning 7. Continue work on vulnerable people and ensuring the right partners are engaged 8. Ensure consideration to quick communication in different formats such as easy read, different languages in future incidents and emergencies 9. Ensure guidance is reviewed as updated and applied to local plans (e.g. including for monkeypox vaccination) 	

	<p>10. Consider any future work needed to scope any gaps around prevention and advice for event organisers.</p> <p>ACTIONS</p> <p>Recommendation 1-4 Assign to Vaccinations Group (Sarah Gill) and Covid Vaccination Group (Natasha Mercier). Flu & covid – specific ICB Steering Group meeting that happening. Karl Robertson (ICB Doncaster Place).</p> <p>Catherine mentioned something may want to pitch as wider packet on equalities to the Qualities commission that meets this month as they may be able to offer some leverage into understanding those gaps and will help with this. Hayley Whaller is doing a lot of preparation for this so if we've got some thoughts to wrap into her presentation to commissioners pose questions for feedback? Just a suggestion. Victor said great suggestion, link also to Data team (John Gleek) to bring health outcomes amongst BME (Minority Partnership Board). Local ICB and Natasha Mercier.</p> <p>Recommendations 5 – Carys Williams. Recommendations 6 & 7 Joint Emergency Planning Group Recommendations 8 – Coms team & Carys Recommendations 9 - June Chambers UKHSA Recommendations 10- Carys and Victor</p>	
<p>6.</p>	<p>Health Protection Assurance & Monitoring Reports</p>	
	<p><u>Infection, Prevention and Control</u></p> <p>RDaSH IPC Community</p> <p>Noted key objectives for period 2. Outbreaks did settle then end of August went down to 0 in Learning Disability (LD) homes now crept back in, currently 8 affected 3 in registered homes and others in supported living environments where not doing PCR tests.</p> <p>In the quarter, there's been 7 outbreaks in registered homes and 7 within supported living.</p> <p>The total number of outbreaks continuing to reduce across the quarter from 20 to 14 compared to the previous quarter. This reduction has allowed capacity to continue proactive environmental audits in 9 LD registered homes as outlined above.</p> <p>Other outbreaks include one registered home 6 day closure due to suspected Norovirus which affected 3 residents and 3 staff. Actions</p>	

<p>were taken promptly minimising the transmission rate for this home, which was previously higher at 16 days, 8 residents and 4 staff.</p> <p>August also saw a confirmed outbreak of Influenza A in a registered home resulting in a 13 day closure. There were 5 residents and 4 staff affected. Residents received a course of antivirals arranged by the UKHSA.</p> <p>FFP3 testing for sexual health clinic in Doncaster.</p> <p>Planned visits, 11 in total, 10 met criteria 85% and 1 fell below.</p> <p>1 MRSA blood stream infections (BSI) - The panel concluded that the likely cause was noncompliance with professional advice to seek medical attention and to stop high risk behaviour. Learning for primary and secondary care was identified and to be discussed further at the next post infection review (PIR) panel.</p> <p>Q2 1 Clostridium difficile, no lapse in care identified, learning regards processing of sample identified as declined at lab. 25 out of 33 registered LD homes have a link Champion in place completed level 2 course. This is currently being revisited to establish current link champion representatives within registered homes. Objectives for next period, Provide updated support to LD registered homes and supported living; Continue programme of IPC reviews for registered homes; Review numbers of IPC Link Champions in registered homes; Transition of service to Doncaster and Bassetlaw</p> <p>Teaching Hospital</p> <p>Victor: good to note and very commendable.</p> <p>Victor mentioned MRSA investigation UKHSA looking to understand people who had it in past 2 years, questionnaires were undertaken for those in the control group and cases will be administered the questionnaires too. This is part of investigation to find the likely causes of the infections. Ken & team flagged up the issues also and substance misuse team were involved. Helen Conroy explained the death case in Doncaster shows that people with capacity to make decisions shows people do make wrong choices, e.g. self-dressing and injecting through infected wounds; there was a particular strain relevant to this group in Doncaster, people would know each other and show poor practice and be resistant to help and have poor practice.</p> <p>Victor asked to note other reports.</p> <p>Deborah said it would be useful in relation to numbers going up for some comms to go to homes around non wearing of masks issue. Action: Carys/Victor pick up with IMT/Comms.</p>	<p>CW VJ</p>
---	------------------

Sexual Health

Sarah talked through the report in detail. Additionally noted: a few hiccups nothing major with the new adult sexual health services becoming fully operational, moved into new premises in Higher Fishergate area, large venue, working with partners to use space in clinic.

Started to update sexual transmitted infection (STI) Outbreak and Incidents Plan, not updated since 2017, group looking at regional level so put on hold briefly to help collect data/evidence first.

Development of regional promotional resources for pre-exposure prophylaxis (PrEP) – engaging hard to reach population groups – research work started– ways to engage population groups to push PrEP usage in underserved population groups. Meeting later this week to hopefully provide us with strategies to increase PrEP usage amongst Doncaster residents.

The National Chlamydia Screening Programme is changing its priority so that opportunistic asymptomatic screening (outside sexual health services) will focus on young women only. Previously been men/women under 25. Might be doing comms with groups soon.

Re-establish the Doncaster Sexual health Partnership – met earlier this week with GPs primary care colleagues, see this as a starting point to re-establish shared partnership.

Victor said good detailed report.

Noted Monkeypox statistics, 1 case for Doncaster; noted syphilis outbreak and incident meeting held, noted numbers down now so monitoring through the contract.

Suicide Prevention

Partnership endeavour again across south Yorkshire and Bassetlaw, good cooperation across the agenda. Local suicide prevention group meets quarterly.

Cooperation across footprint is apparent when you look at suicide bereavement service called Amparo that delivers support.

Aware due a Refresh of the suicide prevention action plan, held due to covid.

Lived experience, pause awaiting national guidance published later this year to inform local suicide plan.

Noted

#another way campaign targeting men listen short film

Undertaking a programme of delivering Zero Suicide Alliance online training in community venues spring 2022 Online training free, held through library/museum.

Just to put a frame on it, usually about 30+ and there were 38 suicides across our area.

Substance Misuse

Noted constant objectives and achievements.

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

13 pharmacies and 1 specialist needle exchanges in operation (including specialist IPED clinic).

Pathways in place between drug services and blood-borne viruses (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 - work with hostels to make available these as an antidote should someone overdose

Balby late night exchange has informed Aspire the contract holder that they intend to cease provision. Work is underway to map what provision remains and to ascertain from Balby exchange when peak periods of activity are. This will be really helpful to know.

Performance monitored through partnership workings, the Safer stronger Doncaster partnership, Substance misuse theme group and harm strategy group sits under the Theme group as part of that governance.

Victor said it is a challenge and you report to scrutiny panel who are interested. Yes, socio-economic impact related, scrutiny has a great interest especially around opiates treatment, 3% people complete this and an ageing group.

DBTH –

High number of covid outbreaks towards the end of September
11 outbreaks involving wards across DRI, Bassettlaw and Mexborough – more than 70 patients, managed effectively so far, not stepped down on use of masks, unless in non-clinical areas.

Clostridium difficile cases on trajectory just have 20 cases

	<p>CPE – tried to increase, baseline screen move up to 300, in 200s at moment.</p> <p><u>DBTH Care Homes report</u> Noted report, We have been managing 33 Covid outbreaks in OP care homes between July and September 2022 with 51 outbreaks since April 2022. Continued visibility of the IPC team, with the aim of all homes to be visited at least every other month, we have completed 115 care homes visits between July and September 2022 Environmental auditing has commenced for 2022/23, with a further 11 currently completed in July - September 2022, 54%, at 6 months. The IPC team have completed 110 visits for PCRs/Abbotts within the community between July and September 2022, 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 and vomiting. We have had 4 outbreaks from July - September 2022, nil confirmed as Norovirus Challenges - High number of covid outbreaks towards the end of September</p> <p><u>Surveillance</u> June did not attend, noted report however. Noted Monkeypox only one confirmed case in Doncaster; Campylobacter, scarlet fever levels numbers have come down from September.</p> <p>Emma commented seems to be normal parameters this time of year- not found any specific issues associated with all cases,</p>	
8.	TB Steering Group TB Cohort Review	
	<p>Resumed and met last week. Quite a lot of cases in the community. Nurses have been busy, 3 TB nurses now, team increased capacity reflecting cases in system</p> <p>TB cohort review has restarted after COVID pandemic and Doncaster is represented at the South Yorkshire TB Cohort Review meeting.</p>	
9.	Review of amended Terms of Reference	
	Noted for this to be sent out again for information as reviewed and agreed.	SG
10.	AOB	
	None.	
11.	Date and Time of the Next meeting	

	Wednesday 18 th January 2023 @ 2-3.30pm	
--	--	--