



Report

Date: 11 May 2023

To: The Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

Report Title: Health Protection Assurance Annual Report for 2022/23

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

EXECUTIVE SUMMARY

1. This is the annual report of health protection assurance in Doncaster, covering the financial year 2022/2023.
2. This report focuses on the following key areas of health protection:
 - A. Emergency preparedness, resilience and response (EPRR)
 - B. Infection prevention and control (IPC)
 - C. Air quality
 - D. Sexual health
 - E. Substance misuse
 - F. Immunisation and screening programmes
3. Over the last year there has been a continued, coordinated response to the health protection challenges presented by the COVID-19 pandemic. However, the response to the pandemic has evolved, moving out of the core response towards a return to pre-pandemic levels of EPRR resources and capacity from April 2023. A comprehensive debriefing, evaluation and review exercise has been completed; learning and recommendations will be incorporated into local outbreak management and pandemic planning.

4. At the same time, work has continued across the breadth of other health protection areas. This report provides the Panel with a summary of work undertaken, including key achievements, challenges and mitigations. It also highlights priorities and planned work areas for the forthcoming year.
5. A robust health protection assurance system remains in place, with effective governance structures and service plans, and responsive, collaborative multi-agency working. This ensures that the statutory duty placed on local government to protect the health of the people of Doncaster continues to be met.

EXEMPT REPORT

6. This report is not exempt.

RECOMMENDATIONS

7. The Scrutiny Panel is asked to:
 - Note the evolution in response to the COVID-19 pandemic during the last year, including the debriefing, evaluation and review exercise.
 - Note the achievements, challenges and mitigations across the breadth of health protection areas in 2022/2023, and the priorities and work planned for the forthcoming year.
 - Note overall assurance on health protection of the people of Doncaster.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

8. There is an effective system in place to protect the health of the people of Doncaster. Health Protection outcomes are in general very positive. There are identified areas of challenges that are being addressed.

BACKGROUND

9. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health risks and impacts from environmental hazards.
10. Responsibility for health protection is shared across multiple organisations, but the Director of Public Health (DPH), on behalf of their Local Authority, has a statutory responsibility to ensure that the health of their local population is protected.
11. Internally, the Council's Health Protection Incident Management Team (IMT) monitored and coordinated responses to health protection risks until 7 March 2023; thereafter the functions were taken over by Health Protection Taskforce.

12. Across Doncaster, the Health Protection Assurance Group (HPAG) ensures coordinated actions across all sectors and organisations. It provides assurance to the DPH and reports to the Health and Wellbeing Board. An annual report is provided to the Overview and Scrutiny Panel.

13. The scope of the Health Protection Assurance Group includes:

- Emergency preparedness, resilience and response
- Infection prevention and control
- Air quality
- Sexual health
- Substance misuse
- Immunisation and screening programmes

14. Information on each of these areas is provided in the background papers below.


OPTIONS CONSIDERED

15. There are no specific options to consider within this report. It provides an opportunity for the Panel to consider the information in the background papers and provide feedback and comments.


REASONS FOR RECOMMENDED OPTION

16. No recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change	✓			
Tackling climate change and improving air quality are closely interlinked. Many air pollutants contribute to atmospheric warming, so initiatives to improve air quality will help to protect the climate.				

 Developing the skills to thrive in life and in work	✓			
Health is an asset that can enable the development human resource capital, including the development of skills for jobs so that individuals can thrive in life.				
 Making Doncaster the best place to do business and create good jobs	✓			
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.				
 Building opportunities for healthier, happier and longer lives for all	✓			
Health protection is concerned with how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents.				
 Creating safer, stronger, greener and cleaner communities where everyone belongs	✓			
Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. By providing good quality infrastructure and encouraging more people to walk or cycle, we will create an environment for our residents, which will enable them to become healthier and fitter.				
 Nurturing a child and family-friendly borough	✓			
Health Protection contributes to healthy families and their ability to thrive and realise their full potentials. Health is a resource for life and contributes to better education and learning.				
 Building Transport and digital connections fit for the future				✓

 Promoting the borough and its cultural, sporting, and heritage opportunities				✓
Fair & Inclusive	✓			
Health protection seeks to protect everyone in our population, with specific efforts made to protect the most vulnerable.				

Legal Implications [Officer Initials: SRF | Date: 21/03/23]

17. There are no specific legal implications arising out of this report.

Financial Implications [Officer Initials: HR / Date: 22/03/23]

18. There are no financial implications arising as a result of this report.

Human Resources Implications [Officer Initials: EL | Date: 24/03/2023]

19. There are no specific human resource implications with this report.

Technology Implications [Officer Initials: PW | Date: 23/03/23]

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

RISKS AND ASSUMPTIONS

21. The Health Protection Assurance system in Doncaster is a risk management system. The areas for development identified in this report will further strengthen City of 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.

CONSULTATION

22. There is a mechanism in place for on-going consultation with stakeholders through the Health Protection Assurance Group.

BACKGROUND PAPERS

23. The background papers consist of the following:

- a. Emergency preparedness, resilience and response
- b. Infection prevention and control

- i. RDaSH – Doncaster area
 - ii. RDaSH – Public Health community contract
 - iii. DBTH
 - iv. DBTH – Older persons care homes
- c. Air quality
- d. Sexual health
- e. Substance misuse
- f. Immunisation and screening programmes
 - i. NHS Integrated Care Board (ICB) vaccination report: COVID-19 autumn boosters and influenza vaccinations
 - ii. Screening and immunisations (Section 7a programmes)
 - Appendix: Public Health Section 7a Vaccinations and Screening Programmes Report, Doncaster - April 2022 to January 2023

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

AAA – Abdominal Aortic Aneurysm

ANNB – Antenatal and New-born

CHIS – Child Health Information System

DBTH – Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

DESP – Diabetic Eye Screening Programme

DPH – Director of Public Health

EPRR – Emergency planning, resilience and response

HCAI – Health care associated infections

HPAG – Health Protection Assurance Group

ICB – Integrated Care Board

IMT – Incident Management Team

IPC – Infection prevention control

LD – Learning disabilities

MMR – Measles, Mumps and Rubella

NHSE – NHS England

PCN – Primary Care Network

RDaSH – Rotherham Doncaster and South Humber NHS Foundation Trust

SCID – Severe Combined Immuno Deficiency

SIT – Screening and Immunisation Team

REPORT AUTHOR & CONTRIBUTORS

Dr Victor Joseph, Consultant in Public Health, Doncaster Council

E: victor.joseph@doncaster.gov.uk | T: 01302 734 911

Contributors:

- Dr Ken Agwuh, Director of Infection Prevention Control, DBTH
- Sarah Atkinson, Public Health Improve Coordinator, Doncaster Council
- Jonathan Briggs, Head of Performance & Intelligence (Doncaster), South Yorkshire ICB
- Miriam Boyack, Lead Nurse – Infection Prevention & Control, DBTH
- Helen Conroy, Public Health Specialist, Doncaster Council
- Joanne Dakin, Assistant Director of Nursing, RDaSH
- Scott Forbes, Team Manager, Economy and Environment, Doncaster Council
- Deborah Hamilton, Senior Clinical Nurse Specialist IPC, RDaSH
- Sarah Gill, Screening and Immunisation Coordinator, NHS England
- Clare Henry, Public Health Specialist, Doncaster Council
- Matthew Julian, Pollution Control Officer, Doncaster Council
- Joanne Lee, Infection Prevention Control practitioner, DBTH
- Jane Mundin, Public Health Improve Coordinator, Doncaster Council
- Marie Rogerson, Public Health Registrar, Doncaster Council
- Emma Stables, Senior Clinical Nurse Specialist, IPC, RDaSH
- Carys Williams, Public Health Emergency Preparedness, Resilience and Response (EPRR) Coordinator, Doncaster Council

Dr Rupert Suckling
Director of Public Health

A. Emergency preparedness, resilience and response (EPRR)

The majority of the Public Health EPRR focus for 2022/23 has continued to be the response to the coronavirus (COVID-19) pandemic. However, the local response has continued to evolve in response to a number of incidents and situations.

Public health response

The Health Protection Team have coordinated the response to a range of incidents over the last 12 months via the continuation of the Incident Management Team (IMT). The IMT brings together a range of data, surveillance and intelligence to review Covid-19 and other health protection situations in Doncaster to review risk and direct any required action.

Incidents include:

- Coordinating with Department of Health and Social Care (DHSC) the demobilisation of fixed and community Covid testing sites and the hand back of sites
- The set up and management of the Doncaster Sheffield Airport Ukraine Welcome Point, to provide immediate humanitarian support
- Leading and coordinating the local response to amber and red warnings for extreme heat and heatwaves, including the debriefing and after-action reviews
- Public Health response to a number of cold weather alerts and warnings
- Support into a range of outbreak management scenarios
- Health system pressures including Strep A (Streptococcus Group A infection), respiratory virus impacts, strike action.

The IMT is currently in the process of being reviewed and streamlined and the new format will continue to monitor emerging health protection challenges. This will enable the relationships and expertise across the system to be maintained, to ensure an agile response.

Planning arrangements and reviews

As we have moved out of the core coronavirus response, a key feature of EPRR work over the last 12 months has been the debriefing, evaluation and review focusing primarily on key elements of the public health and data led local pandemic response from February 2020 to April 2022. The review took the form of a range of quantitative and qualitative surveys and interviews and focus groups undertaken by an embedded researcher.

Work areas reviewed were:

- The Public Health, Leisure and Strategic Commissioning team response

- Local Contact Tracing
- The Incident Management Team and Covid Control Board
- Community Testing and Engagement
- Data, Surveillance and Epidemiology

Learning and recommendations from the review are in the process of being embedded into local outbreak management and pandemic plan reviews. The summary debriefing, evaluation and review report can be shared on request. We are also contributing to the national coronavirus inquiry as required.

The key plans, arrangements and work areas reviewed (and in progress) over the last 12 months include:

- Public Health Cold Weather Plan
- Doncaster Council Heatwave Plan
- Doncaster Multi-Agency Outbreak Management Plan (currently awaiting sign-off)
- Reinstatement of the Doncaster Joint Health Emergency planning Group
- Doncaster Council Pandemic Plan (under review and pending national guidance)
- Delivery of a Health Protection System Workshop

Learning from all is routinely fed into plan reviews to strengthen future response arrangements.

Future resources and capacity

Capacity for EPRR and health protection has significantly reduced over the last 12 months due to the end of the Coronavirus Outbreak Management Fund (COMF). Resources and capacity will return to their pre-pandemic levels locally from April 2023 and whilst some capability and expertise will be retained. The newly reviewed IMT will continue to provide surveillance and response with support from UKHSA. However, this may affect the ability to fulfil all recommendations that have emerged from the local coronavirus debriefing and learning review as public health EPRR capacity is reduced.

B. Infection prevention and control

The updates below refer to April – December 2022. Reports for Q4 (January – March 2023) are being finalised and will be shared with HPAG during Q1 2023/24.

i. Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) – Doncaster area

Key achievements

- The Infection Prevention and Control (IPC) team have continued to contribute to the management of COVID-19. They have led multiple outbreak control meetings and provided support and advice to all staff relating directly to COVID-19 and general IPC queries.
- Annual audit programme of in-patient areas: all Doncaster areas have been audited against procedures within the Trust IPC Manual with the exception of one area which will be completed during Q4. Audits include IPC, PPE, sharps management, and hand hygiene. Ward Managers develop/update action plans and progress/completion is monitored by the IPC team.
- Community areas spot checks carried out in targeted clinical areas.
- External sharps safety audit and inspection was undertaken. Actions to address findings included a clinical learning brief for staff, discussion in team meetings and developing a revised training programme.
- Healthcare Associated Infections remain low with zero cases of Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia, Methicillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia, Gram Negative bacteraemia and *Clostridioides difficile* infection (CDI).

Challenges/risks

- Ongoing management, including outbreak management, and increasing community transmission of COVID-19, influenza and other respiratory viruses.
- Ensuring key priorities of the planned work programme are achieved while living with COVID-19

Objectives and next steps

- Continue to maintain low levels of health care associated infections (HCAIs).
- Ongoing management of COVID-19 and other respiratory viruses.
- Ensure key priorities of the work programme are achieved – these focus on the 10 compliance standards from the Health and Social Care Act 2008: Code of practice for the prevention and control of infections.

- Continued performance monitoring through quarterly review of work plans and objectives at the Infection Control Committee meetings, and bi-monthly review of the Board Assurance Framework.

ii. RDaSH – Public Health Community Contract

This update refers to the Public Health Community Contract (RDaSH), relating to the Learning Disabilities (LD) and Supported Living branch of the integrated IPC system. This service transferred to DBTH as the lead provider of the enhanced integrated IPC offer for Doncaster Place at the start of Q4.

Key achievements

- 32 COVID-19 IPC environmental audits were carried out in LD registered and supported living homes. Only one home did not achieve compliance, and progress was evident when revisited. Good practice identified and learning points shared.
- Review of link champions for registered LD homes and work to re-establish a link champion in those homes currently lacking a representative.
- Ongoing surveillance and review of healthcare associated infections (HAIs) in community onset. Cases presented at the Post Infection Review panel, learning points identified and shared where relevant.

Challenges/risks

- Continued outbreaks in LD registered and supported living homes, predominantly of COVID-19, but also of influenza and suspected norovirus.
- Mould growth in silicone sealant and grout in bathrooms and wet rooms in some homes, as identified by the environmental audit and CQC inspections.

Objectives and next steps

- Successful transition of the service to DBTH.

iii. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Key achievements

- Abbott 'ID NOW' Point of Care Testing (POCT) capacity across sites testing for COVID, flu and RSV (Respiratory Syncytial Virus). More machines remain in place to support elective activity.
- Surgical site infections (SSI) surveillance within orthopaedics and breast surgery: no surgical site infections have been identified in this period.
- Monitoring and surveillance of all alert organisms continues with weekly compliance audits on all cases by the IPC team.
- The IPC team are also providing fit testing when as capacity allows us to and the education team are providing fit testing for all new starters in the Trust. We are working towards FFP3 (face mask) resilience principles – staff tested on 2-3 masks to sue interchangeably.
- Catheter passport work is ongoing across acute trust and care homes.
- There have been 0 MRSA Bacteraemia cases within the acute trust.
- The Trust has sited Hepa filtered air scrubbers to assist with air filtration within some inpatient areas. Capital funding has been made available to improve ventilation.
- Increased Carbapenemase Producing Enterobacteriaceae (CPE) screening.
- There have been 27 cases of C. difficile, compared to 37 at this point last year.
- We have reported 61 E. coli bloodstream infections, compared to 78 at this point last year.
- Completed deep cleaning of a small number of areas.
- Ongoing performance monitoring: IPC audit schedule continued with the addition of those specifically associated with COVID-19; ICCM continues to monitor performance indicators including water testing and deep cleaning schedules (on risk register); and national cleanliness standards – star rating, work ongoing.

Challenges/risks

- COVID-19 cases have increased throughout the year, with regular outbreaks.
- COVID-19 activity and Flu activity. Management of isolation/cohort facilities within the context of dual infection.
- Clostridium difficile infections (CDI) cases, hospital acquired cases of Ecoli. blood stream infections, and MRSA colonisations.

- Emergency department attendances remain high
- Fit testing demand will continue to be high. The IPC team are not able to meet the demand. Fit testing resilience principles are now mandatory and are part of the EPRR core standards. This means that it is mandatory that all staff are fit tested on at least two masks and that they are fit tested every two years. This has been escalated to the executive team and is being reviewed
- Shortage of Microbiology Consultants.
- Focus on reactive work. For example, unable to move forward with improvement work around blood culture contamination rates due to operational activity.
- Work is still required to increase CPE (Carbapenemase Producing Enterobacteriaceae) screening.
- Need for deep cleans of further areas.

Objectives and next steps

- To maintain zero MRSA Bacteraemia cases.
- To minimise cases of CDI. To keep within trajectory of 48 cases.
- Continue proactive monitoring of alert organism cases, involving clinicians in a timely way for prevention.
- Increase screening for CPE based on new national guidelines
- Prevent/reduce nosocomial (healthcare-associated infections) COVID-19 cases.
- Continue reactive work in response to changing context
- Respond to any emerging infections
- Working collaboratively with partners to try and address the MRSA cases within the intra-venous drug users (IVDU) population – first drop in took place on 27th January 2023.

iv. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – older persons care homes

Key achievements

- Managed 51 covid outbreaks, in addition to influenza, scabies and diarrhoea and vomiting (D&V) outbreaks.
- Continued visibility of IPC team. Aim to visit all homes at least every 4-6 weeks.
- Environmental auditing of all homes due to be completed by end of Jan 2023.

- Visits for PCR/Abbotts in the community, on new residents being admitted into care homes from the community (their own homes) or for respite care.
- Education through monthly Q&A sessions for managers and link nurses of homes, and through link champions approximately every three months.
- Follow up of any Clostridium difficile infections (CDI) patients from symptoms and treatment perspective who are discharged into care homes from DBTH.
- Supporting conversations regarding vaccines, advice and guidance to all older people's care homes and extra care, and ongoing observations and respectful check and challenge practices.
- Fit testing of FFP3 masks prior to guidance change.
- Liaison with UK Health Security Agency (UKHSA) regarding non-covid outbreaks and community cases.

Challenges/risks

- COVID-19 and other respiratory outbreaks
- Recruitment

Objectives and next steps

- Continued support for older people's (OP) homes in delivering high IPC standards with regard to practices and environment, supported by high level of visibility and accessibility.
- Continue IPC Q&A and education sessions.
- Continue proactive monitoring of residents with Clostridium difficile infections (CDI) / Glutamate dehydrogenase (GDH).
- Continue management of outbreaks of COVID-19 and other, with a phone call on identification of an outbreak by an IPC Practitioner and follow up support visit within 48 hours.
- Commence support and advice, for LD and supported living homes, initially by email contact, and then through face-to-face visit and/or telephone contact. Envisage that all homes will have had at least a phone consultation or face to face within Q4 2023.
- Discuss with learning disability and supported living homes, the amount of contact needed, any educational needs, possible Q&A sessions etc.
- Support with post infection reviews (PIRs) for community CDI cases.
- Liaise with UKHSA regarding any non-covid outbreaks and community cases.
- Assist with MRSA screening in the community as part of UKHSA measurements.

C. Air quality

The latest Annual Status Report (ASR) for Defra on the air quality in Doncaster used data gathered throughout 2021. The ASR states that, Nitrogen dioxide data from 2021 reveals that concentrations have not returned to pre-pandemic levels. Therefore, although 2021 data is slightly raised compared to 2020, the longer-term trend continues to be downwards in the Borough.

Uncertainties regarding traffic movements post Covid-19 lockdown measures, makes drawing any conclusions, especially with respect to the revocation of any of Doncaster's Air Quality Management Area's (AQMA's), challenging. As such all AQMA's shall remain in place whilst additional monitoring data is collected.

Communication problems have now been resolved for all monitoring stations and the raw data is now publically available through the WeCare4Air website [Air Quality Service and Data throughout the UK - We Care 4 Air](#).

The Conisbrough and Carr House Road monitoring stations have been modernised with new analysers and air conditioning.

Electrical supplies have delayed the refurbishment/modernisation/reinstallation of Warmsworth and Skellow monitoring stations however, it is hoped this can be resolved before financial year-end.

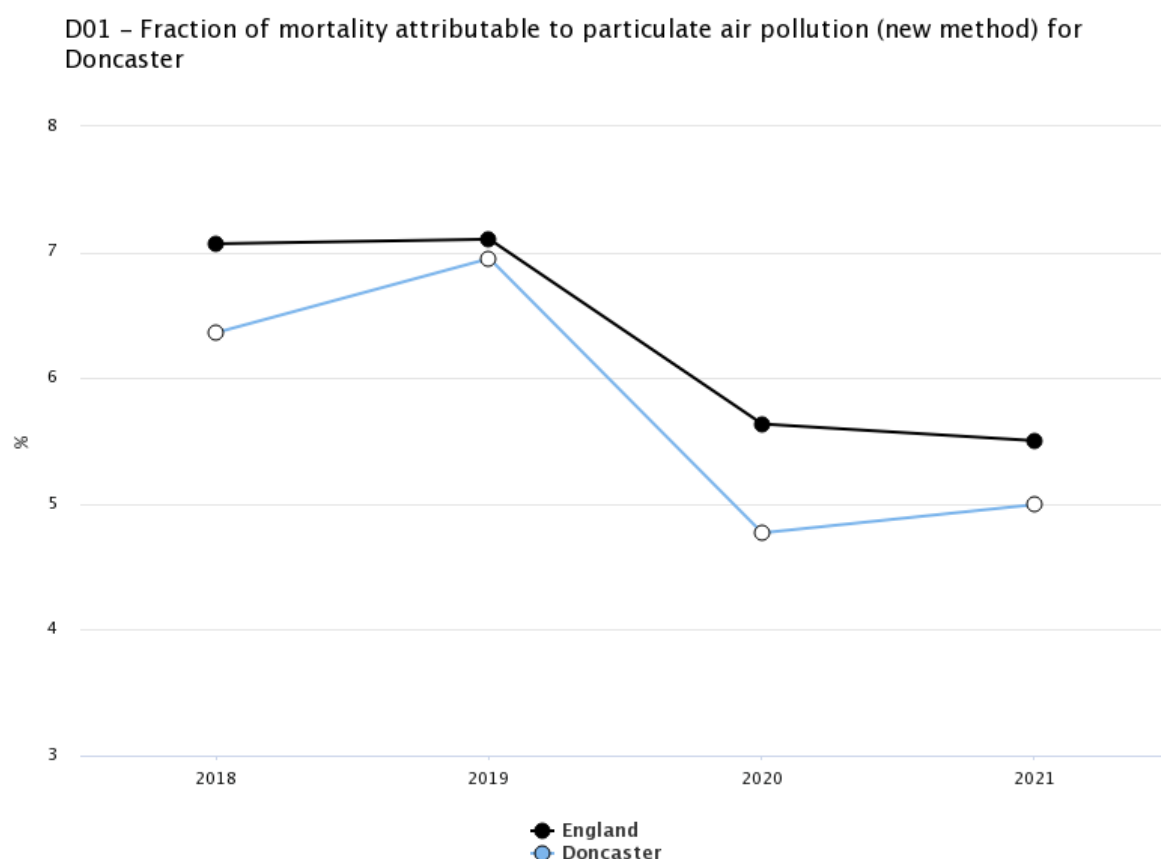
The final site (Bawtry Road) will be completed in the financial year of 2023/24

The Air Quality steering group meets regularly to discuss measures to be included in the upcoming Air Quality Action Plan (AQAP). The AQAP will be devised to implement measures in Air Quality Management Area's (AQMA's) with the aim of reducing pollution concentration levels and achieving the national annual objectives.

Doncaster Council have formed an Air Quality working group with Barnsley Council in order to discuss and address major development applications planned to take place in Goldthorpe, Barnsley. These developments that are proposed as part of the Barnsley Council Local Plan may have a significant impact on Air Quality in Hickleton and Marr.

Fraction of mortality attributable to particulate air pollution has declined from 6.4% in 2018 to 5.0% in 2021, which is below England level (Figure 1).

Figure 1



Source: Background annual average $PM_{2.5}$ concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in Defra's Automatic Urban and Rural Network (<https://uk-air.defra.gov.uk/interactive-map>). By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background $PM_{2.5}$ concentrations for each lower tier LA are calculated. This work is completed under contract to Defra, as a small extension of its obligations under the Ambient Air Quality Directive (2008/50/EC). Concentrations of total $PM_{2.5}$ are used for estimating the mortality burden attributable to particulate air pollution (COMEAP, 2022).

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000043/pat/6/par/E12000003/ati/401/are/E08000017/iid/93861/age/230/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

D. Sexual health

Introduction

Sexual health services in Doncaster are commissioned by Public Health (DMBC) and delivered by **Solutions 4 Health** (over 18s service) and RDaSH (under 19s service). Service provision includes: testing and treatment for sexually transmitted infections; vaccination for hepatitis A, hepatitis B, and HPV; Post Exposure Prophylaxis (PEP) after sexual exposure to HIV; Pre Exposure Prophylaxis (PrEP); condom distribution; National Chlamydia Screening Programme (NCSP); and partner notification support. Home testing kits are also available to order online for Chlamydia, Gonorrhoea, Syphilis and HIV.

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

Following a competitive tender process **Solutions 4 Health** took over the delivery of the adult sexual health service on 1st April 2022 and RDaSH were re-awarded the contract for the under 19's service in August 2022. The new service model for under 19's now integrates the School Nursing service and the young people's integrated health & wellbeing service (previously known as Project 3), to deliver an integrated 5-19 Public Health Service, known as 'Zone 5-19'.

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

Public Health receives regular surveillance data via UK Health Security Agency (UKHSA) and the 'Fingertips' website. The latest sexual and reproductive health profile data can be found here: [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://pne.org.uk/sexual-and-reproductive-health-profiles-data)

Achievements

- **Solutions 4 Health** is up and running as a new provider in Doncaster, establishing partnerships and responding to challenges in a positive and innovative way.
- Targeted outreach work with sex workers following on from a rise in Syphilis cases.
- Responding to the Monkeypox outbreak.
- Successful mobilisation of under 19's service.
- Young people's drop-in clinic resumed – this had to be stopped during the Covid pandemic. Coil fitters are available on weekdays to provide an emergency coil if needed, this appears to have led to an increase in coil fits.

- Development of outreach and 'pop-up' clinics in Youth Clubs to reach young people in community settings.

Challenges

- The Monkeypox outbreak has provided some challenges for our sexual health service over the last year. However, **Solutions 4 Health** responded well to the outbreak, putting all appropriate measures in place to protect staff and patients. To date, Doncaster has had one confirmed case and the team were involved in the partnership response to this. They are now involved in the roll-out of the vaccination programme.
- National cases of Syphilis have been rising at an alarming rate and Doncaster is mirroring this national trend. Work to address this is ongoing and cases are being monitored closely.
 - In May, a meeting was held with local partners and UKHSA to look into this in more detail. Following this meeting it was agreed that the local health advisors and UKHSA would do some further investigating, though no firm links were found.
 - More recently, it was been noted that cases are now beginning to decline so it was agreed that levels would be monitored through our usual contract and performance management routes. However, just before Christmas it was identified that there had been an increase in cases amongst sex workers in Doncaster.
 - The sexual health outreach team quickly put plans in place to address this. A meeting with local stakeholders resulted in sexual health provision in the local addiction support service, the street commercial sex worker support initiative and outreach bus, the Hepatitis C outreach service, homeless organisations and the vulnerabilities community midwife. There is also now a drop-in clinic on site for the street commercial sex workers, incentivised with a hot meal and food voucher.
- The National Chlamydia Screening Programme (NCSP) is changing its priority so that opportunistic asymptomatic screening (outside sexual health services) will focus on young women only. The rationale being untreated chlamydia causes harm to reproductive health, and women suffer most of this harm. We are currently working with our providers and partners of both young people and adult services to see what these changes mean in practice.
- Delays to the full development of the Zone 5-19 website, the site is live however not with all of the intended functionality of live chat, online triage to support young people access information advice and guidance (IAG) and further care as necessary. These phases of the development of the website remain as actions to be completed.

Next Steps

- To complement the clinical hub in Doncaster City Centre, the service will be launching four community hub clinics across Doncaster from April 2023. These will be strategically placed where access to sexual health and contraception provision is limited. Locations are being finalised but has been determined by looking at demographic data including postcode data for pockets of increased STI rates, areas of higher deprivation and locations where public transport links to the city centre are limited. Services delivered will include access to routine contraception, emergency contraception, Level 2 sexual health services and screening as well as sexual health advice and health promotion.
- Re-establish the Doncaster sexual health partnership and re-introduce regular meetings and key shared partnership objectives.
- Embed sexual health into the main Doncaster outbreaks and incidents plan, replacing the previous stand-alone sexually transmitted infection (STI) outbreaks and incidents plan.

E. Substance misuse

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

- 10 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 via Aspire and at the departure lounge at Doncaster Prison

Challenges / Risks and Risk Mitigation

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.

Individual pharmacy needle exchange provision interest can change. There is new interest and a commitment by Pickfords pharmacy at Bentley to provide needle exchange. Pharmacy staff are in the process of being vaccinated against Hepatitis B (in line with needle exchange provision guidance) and a start date is hoped to be March 2023.

During the pandemic, the specialist needle exchange service at Aspire was delivered via a hatch and was limited to enable full exchange. Post pandemic, usual face-to-face access arrangements have been restored. This enables good quality harm reduction advice when making exchanges.

Next Steps

- Ongoing development of a closed (for Wharf House residents only) needle exchange offer within Wharf House for current injectors to mitigate the risk of spreading BBVs.
- Continue to support Hepatitis C testing within the Micro-elimination strategy for Hepatitis C in partnership with Aspire, the NHS England Operation Delivery Network and Hepatitis C Trust.

F. Immunisation and screening programmes

i. Integrated Care Board (ICB) vaccination report: COVID-19 autumn boosters and influenza vaccinations

COVID-19 Autumn Boosters up to and including 12th Feb

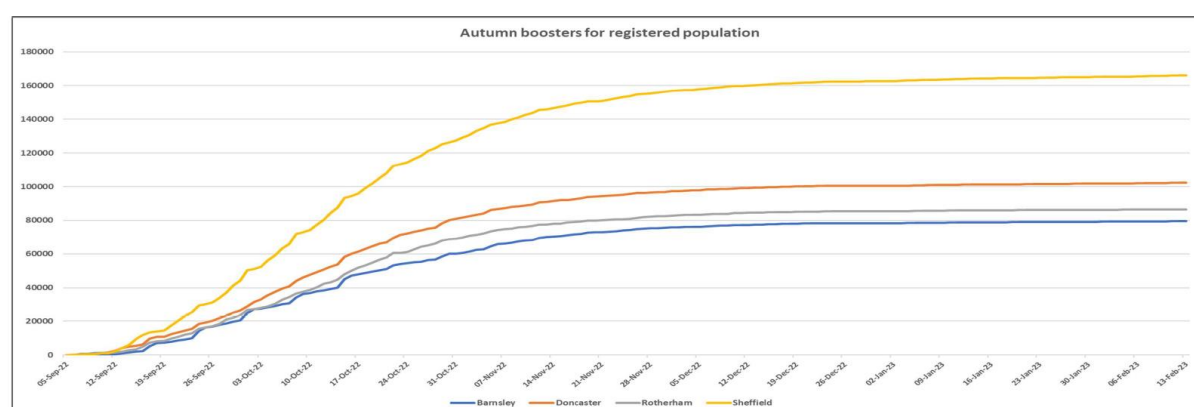
Doncaster had the highest uptake of COVID-19 Autumn Boosters in South Yorkshire. There was some variation by Primary Care Network (PCN), with uptake in 4 Doncaster (73%) significantly above the Doncaster and Integrated Care Board (ICB) average. The other PCNs in Doncaster ranged between 64% - 67.7%.

Uptake varied by ethnicity, with lower rates among people from ethnic minority backgrounds. However, uptake among these communities was noticeably higher compared to the rest of South Yorkshire, reflecting the targeted engagement work undertaken during the pandemic. For example, uptake among people from an Asian background was 50% in Doncaster, compared to 33% across the South Yorkshire ICB.

There was also variation by age, at-risk and occupational cohorts. This reflects regional and national trends, with higher uptake among older age groups, and particularly low uptake among health and social care workers and at-risk children and young people.

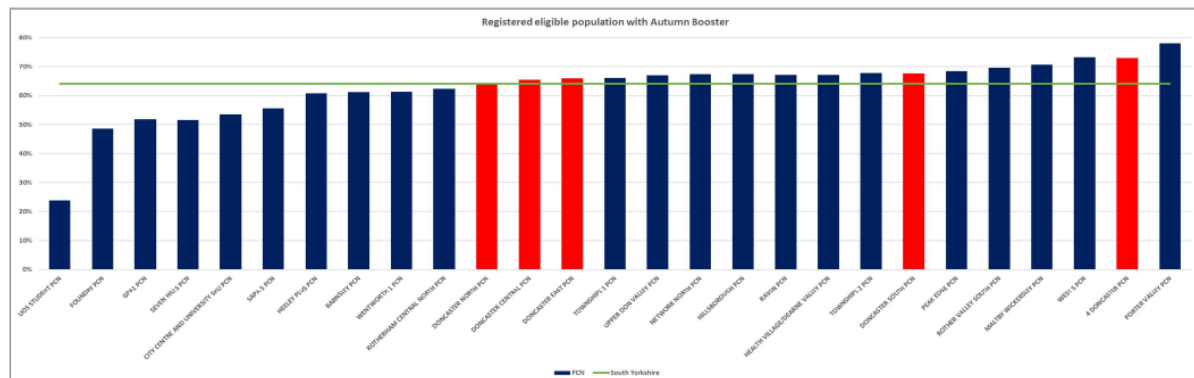
Place

Place	Eligible for Autumn Booster	Vaccinated	Percentage uptake
Barnsley	129,685	79,454	61.27%
Doncaster	152,490	102,212	67.03%
Rotherham	129,868	86,522	66.62%
Sheffield	264,370	165,595	62.78%
South Yorkshire	676,413	434,153	64.18%



PCN

PCN name	Eligible for Autumn Booster	Vaccinated	Percentage uptake	Rank (out of 27 SY PCNs)
Doncaster North	36,077	23,088	64.00%	17
Doncaster Central	23,423	15,329	65.44%	16
Doncaster East	33,767	22,304	66.05%	15
Doncaster South	32,743	22,156	67.67%	7
4 Doncaster	26,480	19,335	73.02%	2



Ethnicity

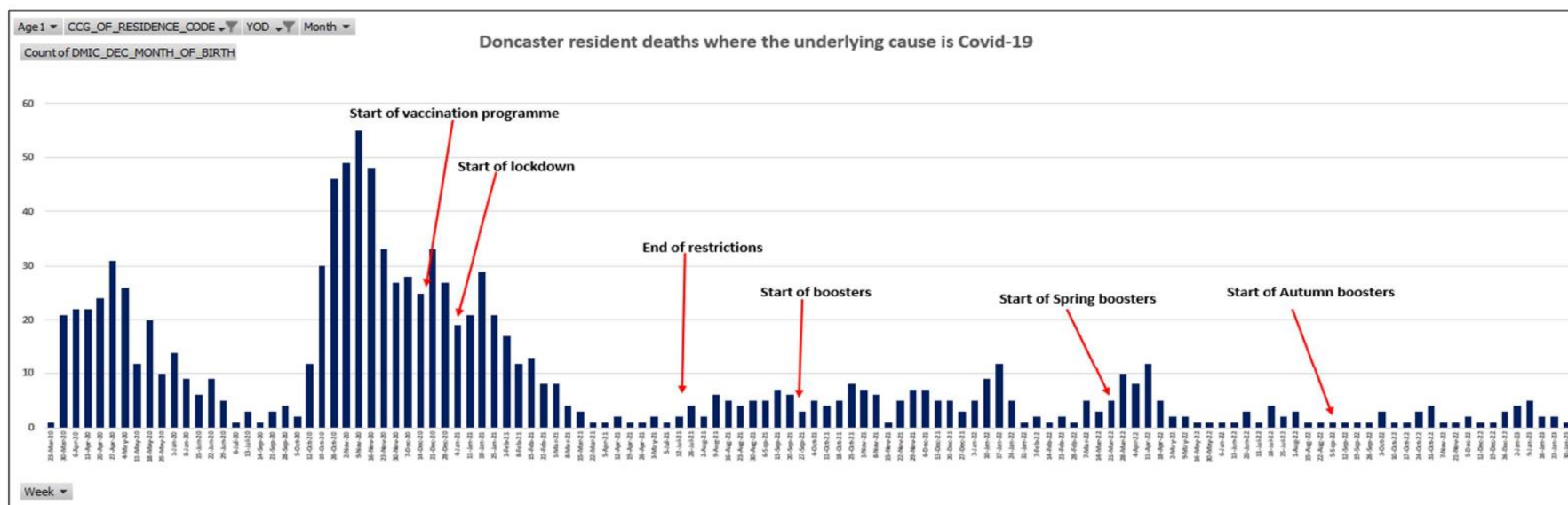
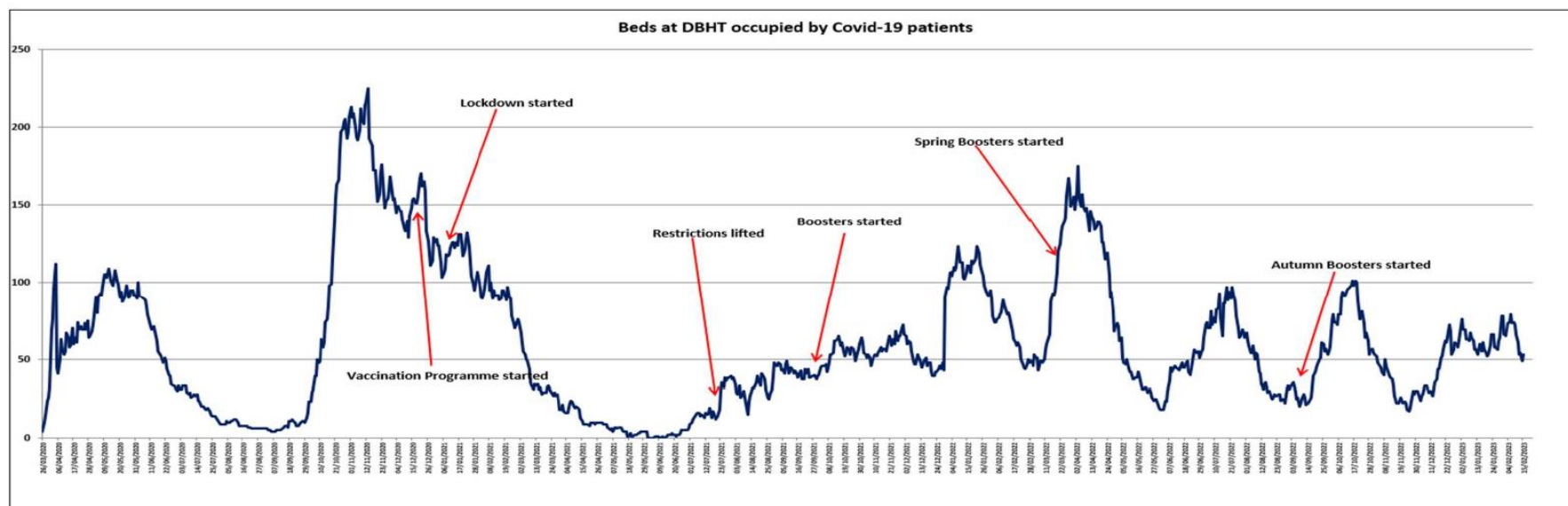
Ethnicity	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
Asian	48.64%	50.42%	27.07%	31.06%	33.40%
Black	29.55%	43.71%	38.08%	31.47%	33.44%
Mixed	41.94%	49.02%	42.39%	38.14%	40.64%
Other	43.51%	48.98%	47.97%	40.93%	43.87%
White	61.75%	68.04%	68.76%	67.36%	66.65%

Uptake by cohort

Cohort	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
12-15 At Risk	24.72%	24.70%	22.30%	19.65%	21.96%
12-17 Household contacts of immunosuppressed	3.60%	5.03%	2.17%	3.63%	3.60%
5-11 At Risk	31.93%	21.10%	25.21%	20.74%	23.84%
50-54	40.55%	47.05%	47.73%	46.45%	45.67%
55-59	51.38%	58.16%	58.74%	56.23%	56.19%
60-64	62.04%	69.72%	69.35%	67.58%	67.35%
65-69	78.49%	83.06%	83.17%	80.48%	81.24%

70-74	84.85%	87.60%	88.15%	86.21%	86.66%
75-79	83.97%	87.90%	89.27%	87.84%	87.38%
At Risk	44.29%	50.27%	49.03%	43.97%	46.43%
Care Home Residents & Residential Care Workers	86.74%	86.97%	86.77%	89.32%	87.83%
Healthcare Workers	23.62%	25.24%	26.11%	24.87%	24.93%
Social Care Workers	21.11%	25.57%	24.52%	19.43%	22.01%

Impact of Covid-19 vaccinations



Influenza vaccination up to and including 12th February 2023

Uptake of flu vaccination in Doncaster was slightly below the South Yorkshire average of 57.25%. There was more variation between PCNs compared to the COVID-19 autumn boosters, with rates spanning from 51.58% in Doncaster Central, to 62.46% in 4 Doncaster. Uptake was lower among people from an ethnic minority background, but, as with the autumn boosters, it was generally higher in Doncaster compared to the ICB average.

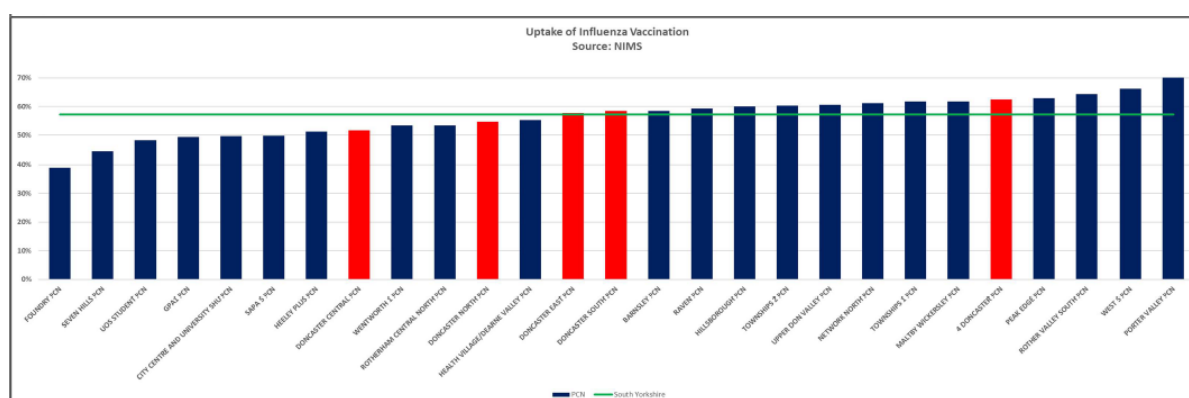
Uptake by age, at-risk and occupational cohorts was broadly in line with regional and national trends, with rates among children and pregnant women lower than other groups.

Place

Place	Eligible for Influenza Vaccination	Vaccinated	Percentage uptake
Barnsley	175,408	102,425	58.39%
Doncaster	212,893	121,173	56.92%
Rotherham	177,470	103,331	58.22%
Sheffield	368,694	208,079	56.44%
South Yorkshire	934,465	535,005	57.25%

PCN

PCN name	Eligible for Influenza Vaccination	Vaccinated	Percentage uptake	Rank (out of 27 SY PCNs)
4 Doncaster	36,642	22,886	62.46%	5
Doncaster South	43,860	25,589	58.34%	14
Doncaster East	46,819	27,034	57.74%	15
Doncaster North	50,535	27,591	54.60%	17
Doncaster Central	35,037	18,073	51.58%	20



Ethnicity

Ethnicity	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
Asian	51.99%	48.97%	34.84%	37.31%	38.84%
Black	44.59%	44.80%	43.76%	33.89%	36.67%
Mixed	36.77%	40.20%	35.40%	35.54%	36.49%
Other	50.79%	27.89%	38.82%	34.86%	38.18%
White	59.00%	58.41%	61.02%	62.72%	60.58%

Uptake by cohort

Cohort	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
0 to 15 at risk	52.58%	46.02%	46.85%	44.56%	46.41%
16 to 17 at risk	27.12%	29.97%	29.08%	27.45%	28.12%
18-49 at risk	41.82%	40.22%	44.33%	44.82%	43.21%
2-3 year olds	56.80%	49.33%	51.63%	48.13%	50.63%
50 - 64 year olds	51.50%	50.98%	53.33%	52.94%	52.27%
50-64 at risk	66.84%	68.27%	69.75%	69.39%	68.69%
65 + at risk	82.55%	84.75%	86.13%	85.50%	84.87%
65 + not at risk	78.06%	79.01%	81.24%	80.50%	79.83%
NHS and social care Worker	56.9%	57.91%	60.77%	58.34%	58.41%
Other - 0 to 17	100%	100.00%	100.00%	100.00%	100.00%
Other - 18 to 49	100%	100.00%	100.00%	100.00%	100.00%
Pregnant women	40.97%	40.00%	53.86%	42.99%	43.64%
School age children reception to year 11	45.79%	40.13%	38.49%	35.68%	39.04%

ii. Screening and immunisations (Section 7a programmes)

Achievements

- Primary care has continued to prioritise childhood vaccinations, and this was shown in the quarterly COVER data with increases in uptake in some age groups (particularly DTAP/IPV¹ by 5 years; and measles, mumps and rubella (MMR) 1 by 5 years) and a reduction in children waiting for vaccinations.
- Doncaster Bassetlaw Teaching Hospital (DBTH) has implemented the new national screening pathway for Severe Combined Immuno Deficiency (SCID),
- Child Health Information System (CHIS) standard operating system (SOP) and GP resource Pack has been shared across Doncaster.
- Increased uptake of Flu vaccination in Learning Disability (LD) cohort due to collaboration with LD community nurses, LD day care facilities and Doncaster Integrated Care Board (ICB).
- All eligible school aged children were offered a Flu vaccination by 31st January 2023.
- Collaborative work with Gypsy Roma Traveller workers from Doncaster LA is ongoing to improve our knowledge of how to tackle reluctance to have vaccinations.
- Delivery of Pertussis vaccine in DBTH maternity units.
- All Doncaster screening programmes are fully restored.
- Learning Disability (LD) Flagging project across South Yorkshire, supported by Health Action Doncaster, to support identified individuals to participate in bowel screening. Positive results seen - an evaluation is being finalised to share with other cancer screening programmes.
- Behavioural science nudges have been implemented across four Doncaster PCNs within cervical screening letters and texts. There are increased choice of locations to attend.
- Turnaround times for Human Papilloma Virus (HPV) positive cervical screening samples are now within the 14-day standard.

Challenges and risks

- Delivery of Primary Care Childhood Immunisations programme due to ongoing Covid-19 related challenges e.g., workforce issues (sickness/re-

¹ DTaP-IPV/Hib vaccine is a 5-in-1 combination vaccine that protects against diphtheria, tetanus, whooping cough, polio, and Haemophilus influenzae type B.

deployment/self-isolating), capacity and parental anxiety (deferring appointments)

- Considering the challenges, the Covid-19 pandemic put on the totality of healthcare delivery, working with key partners in the best way to ensure the sustained delivery of the screening and immunisation programmes and returning to pre-pandemic levels of delivery and uptake.
- Inequalities impacting on uptake across immunisation and screening programmes have been identified and work is progressing to tackle them through different workstreams e.g., Gypsy, Roma, Traveller Group and Learning Disability Flagging work.
- Sustainability of service delivery and clearing of backlogs to ensure those most at risk are prioritised.

Objectives for Doncaster 2023/24

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 monitoring performance and using proactive calls to tackle inequalities.
- Work with Breast screening unit and Doncaster Primary Care Networks (PCNs) to share information about individuals with LD so they get the information and support they need to attend screening.
- 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 Yorkshire cancer champions to ensure patients with LD can and do attend for their cervical screening by sharing a new easy-read leaflet and making a telephone call to assist with any reasonable adjustments.
- Continue to work with DBTH Diabetes Eye Screening Programme (DESP) to bring slit lamp biomicroscopy (SLB) examination into the screening service 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 LD Diagnosis feels supported to participate in Bowel screening through proactive phone calls.
- Collaborate with colposcopy providers to provide good easy read information for any patients with LD that require further tests or treatment.
- Work with primary care to improve communications between GP practices and colposcopy units with sharing of LD information.

- Continue to monitor uptake of non-cancer screening programmes and take any appropriate action including those attending from the Health and Justice system.

Immunisation Programmes

- Evaluate the Standard Operating Procedure and GP Resource Pack for appointing childhood immunisations for use in GP practices in collaboration with Child health Information Services across South Yorkshire.
- Collaborate with North PCN to help to tackle inequalities by doing direct work with identified GP practices to improve uptake of MMR 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 System (CHIS) to find solutions.
- Review and evaluate 22/23 flu season and make any changes to plans for next season by planning early, prior to the season.
- Joint work with Local Authority Community champions to target inequalities in access to vaccinations and break down barriers to uptake particularly within the Gypsy Traveller community by developing a video using trusted professionals to break down the myths about MMR.
- Continue to promote vaccines within Maternity services to improve the uptake of Pertussis and Flu vaccinations.
- Continue to monitor uptake of BCG vaccine by 28 days and explore ways to improve coverage.
- Create shared ownership of the Doncaster Screening and Immunisation Improvement plan, with endorsement from local authority and system partners to deliver a whole system approach to improvement.

Appendix

Doncaster

Public Health Section 7a Vaccinations and Screening Programmes Report

April 2022 to January 2023

Introduction

This paper will describe the progress made across the Public Health Section 7a Vaccinations and Screening Programmes between the period of April 2022 through to January 2023 including an update on the challenges following the Covid-19 Pandemic.

The impact of Covid-19 pandemic and the emergence of new variants, in combination with broader winter pressures, had the potential to significantly impact on the delivery of primary care and wider NHS services. NHS England (NHSE) continues to monitor the situation closely and are working with providers to ensure sustained delivery of services continues.

This paper will provide an update on key workstreams for Doncaster and includes:

- Sustained delivery of screening programmes which paused at the start of the pandemic - Breast and Bowel Screening, Diabetic Eye Screening and Abdominal Aortic Aneurysm (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 sustained delivery of screening programmes

Also included are key areas of performance, achievements and challenges associated with the delivery of the programmes.

Published performance data in this report is available here:

[Public Health Profiles - OHID](#)

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

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

In line with the NHS ambition of giving systems responsibility for managing local population health needs, tackling inequalities, and addressing fragmented pathways of

care, Integrated Care Boards (ICBs) became legal entities and operational on 1st July 2022. Whilst direct commissioning of some functions will be delegated to the SY ICB (for the populations of Sheffield, Doncaster, Barnsley, and Rotherham), currently screening and immunisation remains with NHS England as the accountable commissioner.

3. Local Governance Arrangements

3.1 South Yorkshire Programme Boards

A six-monthly South Yorkshire programme board has continued for (Antenatal and New-born) ANNB and Cervical screening programmes, with programme boards for Abdominal Aortic Aneurysm (AAA), Diabetic Eye Screening Programme (DESP) and Bowel programme boards held at a Yorkshire and the Humber level. Local arrangements for Immunisations are monitored through monthly School aged Immunisation meetings, Biweekly school flu meetings and monthly ICB Mass Vaccination boards. Programme boards bring colleagues from all programme providers and stakeholders together to drive quality improvement across the screening pathway and facilitate shared learning across the system.

Interim monitoring arrangements are discussed and identified through either monthly or quarterly provider one-to-one meetings and regular data submissions required by screening providers. In addition, where concerns may be identified, these are discussed internally within the NHSE PH programme team, with issues escalated to providers via contract monitoring meetings.

4. Summary of 2021/2022 key objectives as agreed March 2022

- Continue to restore screening programmes that were affected by the pandemic.
- Monitor uptake and work with all partners to deliver high uptake of flu vaccinations across all eligible cohorts in line with 2022/2023 national ambitions with a particular focus on people with Learning Disability, Respiratory disease, and Immunosuppression.
- Prioritise delivery of childhood immunisations and monitor uptake through Annual and Quarterly Cover Data and review at Local Vaccination Operational Group.
- Work with partners to identify and address 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 in 25-49 year olds.
- Continue progress with reducing turnaround times for cervical screening sample results to be reported.

4.1 Achievements of key objectives 2022

- Despite the ongoing challenges and restrictions presented by the Covid-19 pandemic, all Doncaster screening programmes have been restored. NHSE is assured through monthly or quarterly provider meetings of progress made and equity of access to screening programmes.
- Flu vaccination programme has continued to be delivered to all eligible cohorts. The Public Health Programme Team monitor uptake on a weekly basis. This season we have targeted those patients with learning disability who wouldn't normally come forward due to their complex needs. By offering vaccination in their usual day care setting, we have seen a 5% increase in the uptake of 50-64 year olds with severe learning disability. Uptake overall has been higher than pre-covid levels in most cohorts apart from pregnant women where it is difficult to get an accurate picture, and 2 and 3 year olds.
- Primary care has continued to prioritise childhood vaccinations, and this was shown in the quarterly COVER data with increases in uptake in some age groups and a reduction in children waiting for vaccinations.
- Child Health Information Services (CHIS) Standard Operating Procedure is now complete for all localities across South Yorkshire. This includes a GP Resource pack of templates, generic emails and waiting list management tips. A behavioural science adapted letter template has been devised for all areas of South Yorkshire to use and this has been implemented with a QR code added for easy access to NHS vaccine information.
- Doncaster and Bassetlaw NHS Foundation Trust (DBTH) 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 1st 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 result, in line with the national specification. Implementation has been monitored via monthly returns, so far 65% of children have received the vaccine within the target timescale. As the standard is 80%, we are continuing to work with the provider to increase this with electronic referrals and working towards using behavioural science "nudge" messages within appointment letters.
- 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 eligible for screening. This year has seen patients returning their screening test who have never taken part before. A South Yorkshire evaluation is being finalised to share the effectiveness of this work and will be shared with the Health Protection Board when completed.
- Behavioural science nudges have been implemented across four Doncaster 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 nudge in October 2020. Sexual Health services in Doncaster are now offering women the option to attend their service to have a cervical screen and DBTH colposcopy service

have implemented a cervical screening clinic for staff, which has seen over 250 staff members attend due to the convenience of the appointment and clinic.

- Despite a high workload, Gateshead NHS Foundation Trust have continued to work to reduce the turnaround time to report on samples that are HPV positive. Turnaround times are now within the 14 day standard.
- Introduction of Pertussis vaccine delivered in Maternity at Doncaster and Bassetlaw Hospitals has proved extremely popular for the women attending for their 20 week scan. We are awaiting data to see the impact of this improvement.

4.2 Challenges and risks

The four major risks and challenges in 2022 have included:

- Delivery of Primary Care Childhood Immunisations programme due to ongoing Covid-19 related challenges e.g., workforce issues (sickness/re-deployment/self-isolating), capacity and parental anxiety (deferring appointments)
- Considering the challenges, the Covid-19 pandemic put on the totality of healthcare delivery, working with key partners in the best way to ensure the sustained delivery of the screening and immunisation programmes and returning to pre-pandemic levels of delivery and uptake.
- Inequalities impacting on uptake across immunisation and screening programmes have been identified and work is progressing to tackle them through different workstreams e.g., Gypsy, Roma, Traveller Group and Learning Disability Flagging work.
- Sustainability 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 programme as described below:

Cervical Screening Activity in Primary Care

All practices in Doncaster have continued to offer cervical screening, the coverage below demonstrates a slight decrease in the uptake compared to previous years in 25-49-year cohort but uptake in the 50-64-year cohort has stayed around the same.

The collaborative partnership with the SYB ICS Cancer Alliance continues with the implementation of the innovative behavioural science approach using nudges and bespoke targeted messages within invites by letter, SMS text message reminders and telephone scripts, to reach underrepresented groups and influence their behaviour to partake in cervical screening programme. North PCN in Doncaster have worked closely with CAHA (behavioural science specialists) to produce Assets that have been specifically designed for Gypsy, Roma Travellers to encourage them to attend for their screening.

Gateshead Cervical Screening Laboratory

Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust. Data from December 2022 shows 85.7% of samples are HPV tested and reported on within 7 days of receipt across Doncaster, exceeding the standard of 70%. For those that are HPV positive and go on for cytology, turnaround time is currently within the 14 days standard across SY, which is an improvement from last year and back within target.

Colposcopy activity

Doncaster and Bassetlaw NHS Foundation Trust (DBHT) are the local colposcopy provider. Currently the unit reports a higher number of referrals compared to this time last year, but all grades of referral continue to be managed within the required timeframes. Colposcopy were given some non-recurrent funding by NHSE commissioning team. The money was used to give extra work hours to the colposcopy lead to ensure high levels of activity continue. Staff cervical screening clinics have also commenced over the last year which has seen more than 250 staff members take up the service.

Objectives for Cervical Screening within the Health Improvement Plan

- Continue to roll out behavioural science nudge work to all Primary Care Networks (PCNs), 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.
- Work with Primary Care to ensure that patients with LD are enabled to access their screening and have easy read information available to them to ensure they have informed choice. Work with LD team and cancer champions to offer a proactive telephone call to offer any reasonable adjustments to enable attendance.
- Work with colposcopy providers to ensure patients with LD are identified and easy read information created to be utilised across South Yorkshire.

Table 1: Screening Coverage Data % Uptake 2021/22, 2019/2020 and 2020/2021 as a comparison.

Year	Q1 2020/21	Q1 2020/21	Q1 2021/22	Q1 2021/22	Q1 2022/23	Q1 2022/23
Screening programme	Cervical	Cervical	Cervical	Cervical	Cervical	Cervical
Cohort	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

					coverage , %)	coverage , %)
Standard	80%	80%	80%	80%	80%	80%
Lower threshold	75%	75%	75%	75%	75%	75%
North East & Yorkshire	69.4%	75.8%	69.2%	75.1%	68.3	75
Doncaster	71.9%	75.5%	72.3%	74.8%	70.8%	74.5%

5.2 Bowel Screening

Service Delivery:

Bowel cancer screening for the population of Doncaster is delivered through the South Yorkshire Bowel Screening Centre, and the Bowel Screening Hub in Gateshead. Work has continued following the pandemic with great progress made in clearing the backlog which was caused by the pause in screening during Covid-19 pandemic. Endoscopy capacity continues to be a risk across the country with only limited numbers of endoscopists in the system and difficulties recruiting, however all KPIs are being met. The continuing age extension and introduction of Lynch Syndrome will put pressures on the system but plans for increasing capacity continue.

Doncaster and Bassetlaw Trust (and all Hospital Trust's across SY) have agreed to further extend the implementation of the Age Extension programme, with the inclusion of 58-year-olds from 3rd January 2023. The Age Extension will be a phased approach over a four-year period, lowering the age of bowel cancer screening eligibility to 50-years old, and this started in April 2021.

Improvements:

The South Yorkshire Bowel Screening programme has restored to achieve the six-week standard for sending out invitations.

Learning Disabilities Project:

The Public Health Programme Team established a working group to implement a flagging system within the service user's health record which prompts the provision of an easy read invite letter, screening kit with easy read instructions, and support from community learning disability team to make reasonable adjustments if required. Doncaster are progressing this work in collaboration with Health Action Team in RDaSH, Clinical Commissioning Group (CCG), Primary Care colleagues and the bowel hub in Gateshead. This work has continued with agreement from all but 1 GP practice in Doncaster. Out of 40 kits sent out to patients with LD, 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 bowel screening previously.

Table 2: Bowel Screening % Uptake 2021/22 with 2019/20 and 2020/21 as a comparison

Year	2019/20	2020/21	2021/22
Screening programme	Bowel	Bowel	Bowel
Cohort	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)
Standard	60%	60%	60%
Lower threshold	55%	55%	55%
South Yorkshire	62.73%	72.94%	70.8%
Doncaster	64.79%	69.3%	70.91%

5.3 Breast Screening

Service Overview

Currently the Breast screening service is delivered by Doncaster and Bassetlaw Trust at Devonshire House in the centre of Doncaster and at Bassetlaw Hospital. The programme has successfully restored following the pandemic. There is a potential risk to the service as both the Programme manager and the Business manager are leaving the local service however this has been mitigated as an interim programme manager and business manager have now been appointed. It has also been identified that the number of very high-risk women who have an adequate screen within 6 months of the date of first offered appointment has fallen below the 85% standard. The programme is aware and have an improvement plan in place.

Data source: [Public Health Profiles - OHID](#)

Service Delivery:

The Doncaster Breast Screening programme have now returned to their normal 36 month “next test due date” (previously “round length”) and are inviting women who are now due for screening.

The data provided in table 3 below shows activity up to May 2022 displaying an uptake of 65.89% This is lower than pre-covid figures however it is maintaining a steady upward trajectory.

NHSE provided funding to support the programme to introduce text messaging to encourage attendance for screening with behavioural science nudges being included in prepared texts. Doncaster breast screening service have already seen an increase in screening attendance in the short time that these messages have been utilised. The unit are also undertaking courtesy calls to check that ladies are going to attend their appointment.

Table 3: Breast Cancer Screening % uptake up to May 2022 and 2020 and 2021 as a comparison

Year	May 2020	May 2021	May 2022
Screening programme	Breast	Breast	Breast
Cohort	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)
Standard	80%	80%	80%
Lower threshold	70%	70%	70%
South Yorkshire	71.74%	64.84%	65.35%
Doncaster	69.55%	62.76%	65.89%

Improvements

The Public Health Programme Team (PHPT) and the Breast screening programme are working with the Learning Disability team to introduce proactive telephone calls to patients with LD who are due their breast screening. This will ensure that any reasonable adjustments are agreed to enable the person to attend for their screening. Once identified the breast screening unit can also send out appropriate easy read information.

The PHPT are also working with the Primary Care Networks (PCN) coordinators across Doncaster to ensure all people who are eligible for a breast screening have the right information recorded in their record so that a reminder text message can be sent to encourage attendance if they have not responded to their Initial invites.

6.Other screening programmes

6.1 AAA Screening

Service Overview

Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by Doncaster and Bassetlaw NHS Trust across South Yorkshire and uptake is monitored across the region.

Uptake data is shown below.

Public Health Profiles - OHID

Cohort	Period	Target	Doncaster
AAA male	2022/23	Acceptable >75% Achievable >85 %	73%

Service Delivery:

Monthly meetings continue between NHS England and the provider to seek assurance that there are no concerns regarding access to the screening programme for the Doncaster locality with timely invitations for routine cohort and both annual and quarterly surveillance. There is no backlog, and we are assured that all the eligible Doncaster population are being invited within appropriate timescales. The uptake above is the current position, and the programme are on track to meet the required thresholds.

Referral to Vascular Services:

Referrals to vascular services for men requiring potential surgery are discussed at the monthly provider meeting. There are currently four men from Doncaster awaiting surgery outside the 8-week target, these are due to complex health factors which require further clinical assessment.

Improvement work:

The Public Health Programmes Team have commenced work with the programme to address inequalities. Further insight is currently being gained to identify areas with the lowest uptake who require a targeted approach. This is being supported by the programme completing a Health Equity Assessment Tool (HEAT), a tool consisting of a series of questions and prompts, designed to help systematically assess health inequalities related to the programme and identify what can be done to help reduce inequalities, whilst also considering the requirements of the Equality Act 2010.

SYB Abdominal Aortic Aneurysm (AAA) Service Procurement.

The current contract for the delivery of the South Yorkshire AAA Service provided by Doncaster and Bassetlaw Teaching Hospital was due to expire on 31st March 2023. Procurement to secure a high quality, sustainable service for South Yorkshire is underway. In response to the NHSE pre-procurement engagement (Request for Information) the current SYB Doncaster and Bassetlaw Teaching Hospital contract has been extended for 6 months (to 30th September 2023) to allow for a minimum 20-week service mobilisation period. Evaluation of bids will be undertaken in March 2023.

6.2 Ante-natal and New-born**Service Overview**

All key performance indicators (KPIs) are being met as detailed in the following link: [NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2021-to-2022). There are no areas of concern currently highlighted.

BCG vaccine and SCID (Severe Combined Immuno-Deficiency):

Implementation of the NHS SCID (Severe Combined Immuno-Deficiency) screening evaluation commenced in September 2021 (applicable to babies born from the 1st September 2021). All babies born in Doncaster are offered SCID screening as part of a national evaluation. This is undertaken prior to BCG vaccination as BCG vaccine (a live vaccine) is contraindicated in babies who test positive for SCID. 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 is still working towards the 80% vaccinated within 28-days target.

6.3 Diabetic Eye Screening**Service Overview:**

The Diabetic Eye Screening programme (DESP) 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.

Service Delivery

Quarterly meetings with the programme continue to monitor progress and capacity against demand, supported by nationally developed forecasting tools. The Doncaster and Bassetlaw programme have fully restored for their routine cohort, with patients being recalled within the 12 month interval. The service has made good progress with regards to timeframes for patients requiring slit lamp examination and are now looking to bring Slit Lamp services into the DESP service and have developed a business case to support this. Slit lamp examination is currently delivered within the Hospital Eye Service where there are capacity issues due to wider NHS pressures. The outcome of the business case submission is still awaited.

Inequalities

The DESP programme have completed a comprehensive Health Equity Audit and because of this they identified the need to offer some Saturday clinics to improve uptake in the working age population. They have secured some extra funding from NHSE to support this work and are planning two “Super Saturdays” to complete this work, inviting 300 patients per clinic, one in February and one in March 2023.

7. Immunisation and Vaccination Programmes

The Public Health Programmes Team have developed the Yorkshire and Humber Immunisation Strategy. It is intended to be a working document with flexibility to respond to national policy changes in relation to vaccination programmes, outbreaks of infectious disease and the development of national strategies to support the commissioning and delivery of national routine immunisation programmes. The strategic priorities agreed will link and support the core functions of the NHSE Public Health programme Team and ICBs by having delivery plans at both ICB and ICB Place level. This is therefore helping to shape the local improvement plan for Doncaster Place which includes the priority areas for the locality.

7.1 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 2022/23 included:

- Those aged 65 years and over.
- all children aged 2 to 10 on 31 August 2022
- those aged 6 months to under 65 years in clinical risk groups.
- pregnant women.
- those in long-stay residential care homes.
- Carers
- Close contacts of immunosuppressed individuals

Additionally (part way through the season)

- 50 to 64 year olds not in clinical risk groups.
- Secondary school aged children focusing on years 7,8 and 9 initially, with years 10 and 11 offered vaccine subject to availability (following a later national policy decision, the extension to Y10 and Y11 was not progressed)

Doncaster has this year continued with a CCG led Flu/Covid vaccination weekly steering group who have strong system leadership to drive delivery of the flu programme through the joining together of all local partners. The SY Mass 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 most 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. Uptake has not been as high this season particularly for pregnant women and 2 and 3 year olds. Although uptake this year is generally lower than last year there is a general trend to be higher than pre-covid uptake. Covid possibly resulted in increased uptake due to higher public awareness and concerns regarding respiratory viruses.

National recall letters have also been used this season to catch up anyone who has yet to take up the offer of vaccination.

Table 4 Flu vaccination Uptake comparison. [Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2022-to-2023)

COHORT	Doncaster 2018/19 Pre covid	Doncaster 21/22	Doncaster 2022/23	South Yorkshire
Over 65 years	71.2%	82.4 %	81.3%	82.4%
Under 65 at risk	47.3%	48%	50.1%	50.5%
Pregnant	41.9%	43.3%	33%	36%
All 2-year olds	35.2%	37%	32.1%	40%
All 3-year olds	36.7%	39.9%	36.2%	43.3%

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 in early spring, 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 47.7% 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 nationally.

Collaboration with Doncaster ICB, LD community nurses and LD day care facilities ensured that some patients with LD who would never have gone to their GP to get a flu or covid vaccination, due to severe learning disabilities, were able to be vaccinated in a safe and friendly environment. Work to extend this offer will be worked through for next season.



A presentation of information sessions to the Family Hub managers and staff was delivered in September to enable them to have the knowledge to share with the families they work with, to encourage uptake for the 2 and 3 year old cohorts.

7.2 School Aged Flu Immunisation Programme

At this present time Rotherham Doncaster and South Humber NHS Foundation Trust (RdDSH) provide the school aged flu vaccination programme across Doncaster. However, there is a School aged Immunisation procurement being undertaken with the new contract effective from September 2023. The programme continued to offer secondary school age flu vaccination until February half-term 2023.

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.

Table 5: School Flu Vaccination Uptake.

COHORT	DONCASTER 20/21	DONCASTER 21/22	Doncaster 22/23
Reception	68.4%	55.5%	66.9%
Yr. 1	66.2%	65.3%	63.3%
Yr. 2	67.3%	65.1%	66.2%
Yr. 3	65.7%	64.7%	65.3%
Yr. 4	66.9%	66.2%	64.6%
Yr. 5	64.2%	65% 	64.4%
Yr. 6	61.5%	63.4% 	64.8%
Yr. 7	57.1%	45.4%	42.4%
Yr. 8	N/A	39.6%	33.8%
Yr. 9	N/A	35.4%	31.8%
Yr. 10	N/A	32.6%	
Yr. 11	N/A	35.2%	

7.3 Childhood Immunisation Programme

Immunisation programmes have been maintained as business as usual in general practice in Doncaster. Uptake in Q2 2022 showed an increase in uptake across many cohorts, The Public Health Programmes Team review practice level data regularly and monitor any waiting lists in practices where children are waiting for appointments for vaccinations. The PHPT have sight of Quarterly COVER data that is submitted by Child Health Information System (CHIS) for Doncaster practices and continues to have dialogue with primary care.

The Local Vaccination and Immunisation Operational Group chaired by the NHSE Screening and Immunisation Coordinator brings together the local authority, CCG, CHIS, 0-19 Team, School aged Immunisation team and primary care 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 includes a GP Resource pack with 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 have also worked with Child Health Information Service (CHIS) 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. These are now live in all areas across South Yorkshire, and we are continuing to pursue a national change in the way vaccinations are written in the letters, to enable them to be translated and easily understood when parents receive them. However, it is too early to see the impact of this change.

The waiting lists for child immunisations within GP practices continue to be monitored by Child Health Information Department and the PHPT alongside practice uptake. Work is ongoing with individual practices to help them bring their waiting list numbers down.

Work also has continued with Gypsy Traveller connectors to develop a video resource to help encourage uptake of childhood vaccinations by using a trusted professional to support messages.

7.4 Uptake of Childhood Immunisations

The published COVER data shown below shows that despite all the disruptions of Covid-19, childhood immunisation uptake has remained steady throughout the period from April to September 2022.

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.

Table 6: Cover data from April to June (Q1) and July to September 2022 (Q2) Target 95% (minimum threshold 90%)

Immunisation:	Q4 Jan to March 2021	Q1 April to June 2021	Q2 July to Sept. 2021	Q3 Oct to Dec 2021	Q4 Jan to March 2022	Q1 April - June 2022	Q2 July to Sept 2022
12m DTaP/IPV/Hib/HepB	93.2	94.4	92.9	94.4	93.1	92.1	93.3
12m PCV1	94.0	96.2	94.7	96	94.2	93.4	95.1
12m Rotavirus	91.7	92.3	90.7	91.6	92.1	89.2	89.4
12m Men B	93.4	94.3	92.8	94.3	92.5	92.1	93.1
24m DTaP/IPV/Hib/HepB	93.3	95	94.2	93.9	94.4	94.6	93.5
24m MMR1	89.8	91.7	91.3	91.3	90.9	92.6	89.7
24m Hib/MenC	90.1	91.3	91.1	91.7	90.9	91.8	90.3
24m PCV Booster	90.0	92	91	91.9	90.4	92.1	90.3
24m MenB Booster	89.0	90.4	90.8	90.5	90.4	91.3	89.8
5y DTaP/IPV/Hib	95.9	96.4	95.3	94.4	94.9	94.6	95.1
5y MMR1	95.3	95.2	94.1	92.7	93.7	85.2	92.8
5y DTaP/IPV Booster	85.2	85.2	84.6	85.8	84	83.3	84.1

5 y Hib/MenC	92.2	92.7	91.6	89.6	91.1	90.4	89
5y MMR2	87.2	87.8	84.6	85.7	85.7	85.2	84.7

7.5 Adolescent Immunisations

The adolescent programme for the 2021/22 academic year cohort commenced in February 2022 (following completion of the flu vaccination programme) and was completed by 31st August 2022. Uptake was affected by disruption to schools, caused by the covid vaccination programme at the beginning of the year, and staff absence.

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

Immunisation:	Up to August 2022	Up to August 2021
HPV girls dose 1 Year 8	81.5%	87.2%
HPV Boys Dose 1 Year 8	74.8%	81.7%
HPV Girls Dose 2 Year 9	78.1%	80.8%
HPV Boys Dose 2 Year 9	73%	76.9%
TD/IPV Year 9	79.9%	81.3%
Men ACWY Year 9	88.1%	81.5%

7.5 Vaccines in Maternity

- Pertussis vaccination is now being offered to all pregnant women at Doncaster and Bassetlaw Hospital Sites. This is being routinely offered every day at Doncaster and twice a week at Bassetlaw. Flu vaccination is also offered at the same time, and this has proved popular with the women attending. DBTH has also interviewed for a vaccine nurse for the department which should further develop the opportunities for this programme.

8. Outcomes 2022

- Work continued with practices and CHIS to monitor waiting lists for GP practices alongside monitoring uptake.
- The PHPT has sight of COVER data that is submitted by CHIS and continued dialogue with practices. Q2 figures from July to September show an increase in uptake for many of the cohorts specifically noting the increase of DTAP/IPV by 5 years and MMR 1 by 5 years seeing a good increase.
- All eligible school aged children have been offered a Flu vaccination by 31st January 2023.
- CHIS SOP and GP resource Pack has been shared across Doncaster.
- Collaborative work with Gypsy Roma Traveller workers from Doncaster LA is ongoing to improve our knowledge of how to tackle reluctance to have vaccinations.
- Results from LD Bowel Flagging work proved the worth of this work and importance of sharing with other cancer screening programmes.

- Increased uptake of Flu vaccination in LD cohort due to collaboration with LD community nurses, LD day care facilities and Doncaster ICB.
- Delivery of Pertussis Vaccine at Doncaster and Bassetlaw Hospitals in Maternity Unit.

9. Objectives for Doncaster 2023/24

9.1 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 monitoring performance and using proactive calls to tackle inequalities.
- Work with Breast screening unit and Doncaster PCNs to share information about individuals with LD so they get the information and support they need to attend screening.
- 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 Yorkshire cancer champions to ensure patients with LD can and do attend for their cervical screening by sharing a new easy read leaflet and making a telephone call to assist with any reasonable adjustments.
- Continue to work with DBH DESP to bring SLB examination (slit lamp) into the screening service 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 LD Diagnosis feels supported to participate in Bowel screening through proactive phone calls.
- Collaborate with colposcopy providers to provide good easy read information for any patients with LD that require further tests or treatment.
- Work with primary care to improve communications between GP practices and colposcopy units with sharing of LD information.
- Continue to monitor uptake of non-cancer screening programmes and take any appropriate action including those attending from the Health and Justice system.

9.2 Immunisation Programme

- Evaluate the Standard Operating Procedure and GP Resource Pack for appointing childhood immunisations for use in GP practices in collaboration with Child health Information Services across South Yorkshire.
- Collaborate with North PCN to help to tackle inequalities by doing direct work with identified GP practices to improve uptake of MMR and Pre-School Booster.
- Continue to monitor waiting lists and work with practices with high waiting lists and low uptake, supported by CHIS to find solutions.
- Review and evaluate 22/23 flu season and make any changes to plans for next season by planning early, prior to the season.
- Joint work with LA Community champions to target inequalities in access to vaccinations and break down barriers to uptake particularly within the Gypsy Traveller

community by developing a video using trusted professionals to break down the myths about MMR.

- Continue to promote vaccines within Maternity services to improve the uptake of Pertussis and Flu vaccinations.
- Continue to monitor uptake of BCG vaccine by 28 days and explore ways to improve coverage.
- Create shared ownership of the Doncaster Screening and Immunisation Improvement plan, with endorsement from local authority and system partners to deliver a whole system approach to improvement.