



City of Doncaster Council

Report

Date: 21st March 2024

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

Report Title: Health Protection Assurance Annual Report for 2023/24

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Nigel Ball Councillor Rachael Blake		All	No

EXECUTIVE SUMMARY

1. This is the annual report of health protection assurance in Doncaster, covering the financial year 2023/24
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. Suicide Prevention
 - G. Immunisation and screening programmes
3. Additionally, there is a summary included of 'Stopping the Start' - a new national plan to create a smokefree generation, including additional funding for smoking cessation activity.

EXEMPT REPORT

4. This report is not exempt.

RECOMMENDATIONS

5. The Scrutiny Panel is asked to:
 - Note the achievements, challenges, and mitigations across the breadth of health protection areas in 2023/24, and the priorities and work planned for the forthcoming year.
 - Note overall assurance on health protection for the people of Doncaster.
 - Note the acceptance of additional funding for smoking cessation from April 2024.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. 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

7. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health risks and impacts from environmental hazards.
8. 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.
9. Internally, the Council's Health Protection Taskforce continue to monitor and oversee the management of health protection incidents and outbreaks in Doncaster.
10. Across Doncaster, the Health Protection Assurance Group (HPAG) ensures coordinated actions across all sectors and organisations. It continues to provide quarterly minutes of the meetings as assurance to the DPH and report to the Health and Wellbeing Board. An annual report is provided to the Overview and Scrutiny Panel.
11. The scope of the Health Protection Assurance Group includes:
 - Emergency preparedness, resilience, and response
 - Infection prevention and control
 - Air quality
 - Sexual health
 - Substance misuse
 - Suicide Prevention
 - Immunisation and screening programmes
12. Information on each of these areas is provided in the background papers below.

OPTIONS CONSIDERED

13. 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


14. No recommended option.

IMPACT ON THE COUNCIL'S KEY OUTCOMES


- 15.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change	✓			
<p>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.</p>				
 Developing the skills to thrive in life and in work	✓			
<p>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.</p>				
 Making Doncaster the best place to do business and create good jobs	✓			
<p>Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce.</p>				
 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	✓			
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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	✓			
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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				✓
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 Promoting the borough and its cultural, sporting, and heritage opportunities				✓
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Fair & Inclusive	✓			
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Health protection seeks to protect everyone in our population, with specific efforts made to protect the most vulnerable.

Legal Implications [Officer Initials: SRF | Date: 06.03.24]

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

Financial Implications CL: 07/03/2024:]

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

Human Resources Implications [Officer Initials: SB | Date:07/03/2024]

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

Technology Implications [Officer Initials: PW | Date: 06/03/2024]

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

RISKS AND ASSUMPTIONS

20. 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

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

BACKGROUND PAPERS

22. The background papers consist of the following:
- a. Emergency preparedness, resilience and response
 - b. Infection prevention and control
 - i. RDaSH – Doncaster area
 - ii. DBTH
 - iii. DBTH – Older persons care homes
 - c. Air quality
 - d. Sexual health
 - e. Substance misuse
 - f. Suicide Prevention
 - g. Immunisation and screening programmes
 - i. Screening and immunisations

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

- AAA – Abdominal Aortic Aneurysm
- ANNB – Antenatal and New-born
- BBE- Bare Below Elbows
- BBV- Blood Borne Virus

- CDI- Clostridioides Difficile Infection
- 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
- HES- Hospital Eye Services
- HPAG – Health Protection Assurance Group
- HPV- Human Papillomavirus
- ICB – Integrated Care Board
- IMT – Incident Management Team
- IPC – Infection prevention control
- LD – Learning disabilities
- LDIS- Local Drug Intelligence System
- MMR – Measles, Mumps and Rubella
- MRSA- Methicillin Resistant Staphylococcus Aureus
- MSSA- Methicillin Sensitive Staphylococcus Aureus
- 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
- SLB- Slit Lamp Bio-microscopy
- UKHSA- UK Health Security Agency

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Rachael Leslie
Acting Director of Public Health

A. Emergency preparedness, resilience, and response (EPRR)

Public Health EPRR focus during 2023/24 has been on responding to a number of incidents and situations and updating EPRR plans. The second half of the period has been focused on preparing for a potential Measles outbreak, in line with national guidance and guided by learning and experiences from other areas where Measles outbreaks have happened.

Public health response

The Health Protection Team have coordinated the response to a range of incidents over the last 12 months, often requiring an Incident Management Team (IMT). The IMT brings together a range of data, surveillance and intelligence to review health protection situations in Doncaster, in collaboration with key partners. It aims to review risk, direct any actions required, and facilitate a coordinated response to any incidents.

The main health protection incidents that have been responded to in the last 12 months include:

- Several flooding incidents (advising on safe clean-up, mental health support, etc.)
- Cold weather warnings and alerts
- Scabies outbreaks hotels, which house Asylum Seekers; and a care home
- TB cases in Doncaster, with genetically linked cases across South Yorkshire
- Health System pressures resulting from strike action and adverse weather events
- Avian Influenza
- Hepatitis B contracted from a blood transfusion
- Lyme Disease
- Several suspected Measles cases (since confirmed as negative); and a confirmed case
- A rise in Syphilis cases, and a Syphilis outbreak
- A rise in the number of drug-related deaths (this led to a formal Drug Alert being issued)

Plans and Reviews

Following the publication of the UKHSA's Adverse Weather and Health Plan, which brings together the health concerns associated with extreme heat, cold, and flooding for the first time; a local version of the plan was produced based on this, which additionally incorporated learning from weather incidents in recent years. This was validated as part of a table-top exercise called Exercise Mercury, which simulated a gastro-intestinal outbreak unfolding at a local event during a heatwave.

The Multi-Agency Outbreak Plan was also validated by conducting a table-top exercise which simulated a Measles outbreak in Doncaster among school- and nursery-age children, as well as amongst adults who had attended an event. Key internal colleagues, and partners from DBTH, RDaSH, FCMS (same day health care provider), UKHSA, NHS England, the ICB, and external event partners; attended. Follow-up actions are being carried out to increase preparedness across the system and ensure robustness of the Multi-Agency Outbreak Plan.

Other action areas

The Doncaster Joint Health Emergency Planning Group meet quarterly, and review system-wide health protection, emergency planning matters, and to ensure joined-up working.

The Public Health Improvement Officer attends weekly Surge and Operations Group meetings with health and social care system partners to facilitate linkage with external colleagues and Doncaster's local NHS Trusts; ensuring key health protection updates are shared and provide support in response to system pressures.

The Public Health Consultant attends regional meetings of Association of Directors of Public Health where health protection updates are received and South Yorkshire meetings of Heads of Health Protections. The Public Health Consultant chairs local Health Protection Assurance Group meeting, Infection Prevention and Control Steering Group, and Health Protection Taskforce.

During 2023-24, Health protection colleagues have also attended Primary Care Operational meetings, and an Essential Knowledge Briefing for nurseries, to share key health protection messaging; and have coordinated communications to Schools, GP practices, and Secondary Care, regarding key health protection issues including Syphilis, Measles, and a Drug Incident.

Resources and capacity:

A new Public Health Improvement Officer – Emergency Preparedness Resilience and Response (EPRR) was recruited in August 2023. The current team consists of the Public Health Improvement Officer, Public Health Principal, Consultant in Public Health, and the Acting Director of Public Health.

B. Infection prevention and control

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

Key achievements

- The Infection Prevention and Control (IPC) team held a conference in September attended by approximately 100 participants from a wide variety of clinical backgrounds within the Trust. Also in attendance were a range of regional and PLACE colleagues. Topics included water safety, the role of public health and IPC in mental health settings. Feedback from the conference delegates was extremely positive.
- The IPC team have been working across the Trust to remind staff of the importance of being bare below the elbows (BBE) to facilitate effective hand hygiene. A variety of campaign materials has been utilised including a video in partnership with patients from the learning disability unit, a light-hearted music video and updated BBE information. Work is ongoing to promote this.
- One of the IPC nurses was invited to speak at the South Yorkshire and Bassetlaw Specialist Provider Partnership Board meeting in November with the IPC service user representative from the learning disability unit. A short presentation was shared to showcase service user involvement in relation to IPC, and to share the video that was put together as part of the BBE campaign.
- Water safety continues to be monitored and reported across the Trust with the aim to deliver the highest water quality across the Trust and ensure correct management of water systems and associated processes and practices.
- A further external sharps safety audit and inspection was undertaken in all localities and included inpatient wards and community bases. This showed significant improvement from the previous audit in 2022.
- The IPC team have continued to contribute to the management of respiratory illnesses and other infectious organisms. They have led on outbreak control meetings and provided support and advice to all staff relating to infectious organisms and general IPC queries.
- Annual audit programme of in-patient areas: all Doncaster areas will have been audited against procedures within the Trust IPC Manual by the end of quarter 4. Ward Managers develop/update action plans and progress/completion is monitored by the IPC team.
- Healthcare Associated Infections remain low with zero cases of Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia, Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia, Gram Negative bacteraemia and Clostridioides difficile infection (CDI).

Objectives and next steps

- Continue to maintain low levels of health care associated infections (HCAIs).

- Implementation of the National Infection Control Manual.
- Ongoing management of 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.

ii. **Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust**

Acute Report January 2023 to December 2023

In January 2023, COVID activity was still high coupled with a significantly high number of Influenza cases with a number of cases of dual infection (both COVID and Influenza). The Acute Infection Prevention and Control (IPC) team continued to support advice and guidance on testing, management of cases within DBTH and responding to changing guidance. Whilst there has been a significant decline in COVID cases over the past year, Nosocomial (infections acquired in hospital) COVID has still been evident. It has been incredibly difficult to prevent this within the context of changing guidance in relation to removal of masks and scaling back of testing. For the first three quarters of the year, DBTH continued to screen all patients on day 0, day 3, day 5 and day 7 (where the patient's results were negative). This was scaled back in the final quarter in line with national guidance where patients were to be tested if they presented with respiratory symptoms or where they developed symptoms whilst an inpatient.

The team managed 8 COVID 19 outbreaks between January 2023 and December 2023.

The team have managed a Glycopeptide Resistant Enterococcus (GRE) infection outbreak within Orthopaedics where 14 cases were identified. Through deep cleaning, promotion of IPC principles including hand hygiene for both staff and patients, the outbreak was brought to a close.

There was one Influenza outbreak on Rehab 2 at Mexborough Montagu Hospital.

In the latter part of the year, DBTH reported 2 cases of MRSA Bacteraemia (both patients were from the Bassetlaw area). One of the cases was linked to the Intravenous Drug User group of the population, which has been problematic across the region. The team has supported with facilitating a drop-in session for members of this group to receive swabbing, promotion of information on how to minimise the risk of blood stream infection. Decolonisation products were provided at this session.

Surgical Site infection surveillance has been ongoing within Orthopaedics and with Breast surgery. Between January 2023 and December 2024, there were 1 deep breast infection and 3 deep infections within Orthopaedics surgery. These cases were discussed at post infection review meetings and were deemed unpreventable.

DBTH has developed a centre of excellence within Mexborough Hospital, supporting patients from across South Yorkshire, with a modern new theatre complex. There has

also been development of a high specification Endoscopy suite also within Mexborough Hospital.

Routine alert organism surveillance and follow up patients has been ongoing and is a core element of the IPC team.

There were 56 Clostridioides difficile infections between January and December 2023. It has been very difficult to stay within trajectory having breached the annual trajectory (April to March) of 42. During the year to support this work and to improve antimicrobial stewardship, funding was secured for two members of the IPC team to undertake the non-medical prescribing course. The vision is that they will support Clostridioides difficile infection and potentially facilitate more faecal microbial transplantation for patients who fit the criteria in the future.

There have been 10 MRSA colonisations between January 2023 and December 2023. The learning identified in post infection review meetings has been in relation to inclusion of all sites when screening and consistent Prontoderm use for decolonisation.

There have been 76 E.coli blood stream infections. To support reduction, the IPC team have promoted use of the Catheter Passport which encourages good catheter care. They have also promoted hydration campaigns within the acute trust and community services.

In relation to the National Cleaning Standards, the organisation had previously requested a derogation to implementation due to the gap in resource required to meet the guidelines. It is expected that the organisation will be fully compliant this financial year. Work is ongoing with this currently.

The general rise in reportable infections within the region has not escaped DBTH and reduction will remain a challenge going forward. Additional challenges have been responding to an increase in numbers of TB cases, increases in Measles cases within the region. The team plan to hold a QI event starting in March 2024 to promote strategies to reduce cases of Clostridioides difficile infections. The team will also participate in national campaigns such as Hand hygiene campaign and the Gloves off campaign. The team have expanded; the challenge in relation to this in the immediate future is in facilitating their development in both knowledge and experience. There is limited funding available for academic development.

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

In January 2023, the partnership working that had been successful through the Pandemic was formalised, with the DBTH IPC service expanding to provide IPC support to all older persons care homes, Learning Disability Care Homes and supported Living facilities as well, as Extra Care Facilities across the borough of Doncaster. Since then, the support and partnership working with Doncaster ICB, Public Health Doncaster, Local authority colleagues, health and social care and the Acute Trust has flourished.

Between January and March 2023, the team responding to 107 requests for COVID swabbing in order to facilitate safe transfer/admission to social care from peoples own homes or between facilities. This service also supported people in avoiding hospital

admission and promoting appropriate care in the right place. For example, avoiding admission to the Acute Trust where patients do not have health needs, rather they have social care needs.

In addition, between January and March 2023, the team worked with the 'Changing Lives' team in facilitating a drop-in session in the Changing Lives centre in Doncaster City Centre, for members of the homeless/intravenous drug using population of Doncaster. 18 members of this group received explanation on what MRSA is and how they could take measures to reduce the risk of MRSA skin carriage becoming blood stream infection. Swabbing and decolonisation products were provided. This was in response to increased number of cases of MRSA PVL infection/colonisation being identified within members of this population, several having been identified whilst in hospital in the blood stream of individuals.

Between January and March 2023, all LD and Supported Living Facilities received an introductory visit from the team.

In May 2023, the team supported with a family within the Doncaster community in relation to cases of Avian Flu in a local poultry farm and minimising the risk of infection within the population of Doncaster.

In addition to supporting social care facilities, the team have supported Mears Hotels in managing outbreaks of Scabies within the Asylum seeker population within Doncaster.

Over the past year, the team have supported the above social care facilities in managing 49 COVID outbreaks, 1 other Respiratory outbreak, 22 Diarrhoea and vomiting outbreaks, 1 Scabies outbreak in an older persons care home, and a cluster of MRSA cases (3) within social care facilities covered by the service.

The team have provided face to face support within 48 hours of identification of outbreaks, with additional daily phone call at least and extra support visits face to face as required.

The team have provided 822 routine face to face visits throughout the year to facilities.

The team have supported health and social care staff in having conversations around vaccination.

The team provide a monthly 'Question and Answer' educational session, with guest speakers, to support with clarification of IPC principles/current guidance as well as promotion of the projects across the facilities and in hospital in relation to using the Catheter Passport, to improve urinary catheter care to assist in reduction of gram-negative blood stream infections as well as quality of care for the people of Doncaster. Another project that the team have driven within facilities in the community and working in collaboration with RDASH continence team, has been improvement of Hydration. Social media has been vital in promoting key messages as well as increased visibility of the IPC team in encouraging and educating on the benefits of good hydration. The team have also supported this project within DBTH, promoting a system wide approach to improving the quality of care for people and promoting health within Doncaster.

The IPC team have also been collating data on care home residents who have been started on antibiotics, matching this with laboratory results of samples which has

resulted in intervention whereby the team have discussed the results with the appropriate GP which has facilitated a change of antibiotics. This is supporting antimicrobial stewardship across the system, with the same approach being undertaken within the Acute Trust.

The team have promoted hand Hygiene campaigns across the Health and Social Care facilities as well as the acute Trust at the appropriate times throughout the year, providing face to face hand hygiene training using the 'Glo & Tell' boxes.

The team have co-facilitated IPC sessions run by the Local Authority for Social Care Staff throughout the year.

The IPC team receive laboratory results from DBTH four times a day. They review and act on the results, following patients up in the community and promoting continuation of care in relation to IPC care and treatment from the Acute Trust and into the community (for services covered by the team).

Throughout the year the team have performed 34 Post Infection Reviews on community cases of Clostridioides difficile infection and 3 MRSA blood stream infections, identifying learning and disseminating this to appropriate partners for onward sharing.

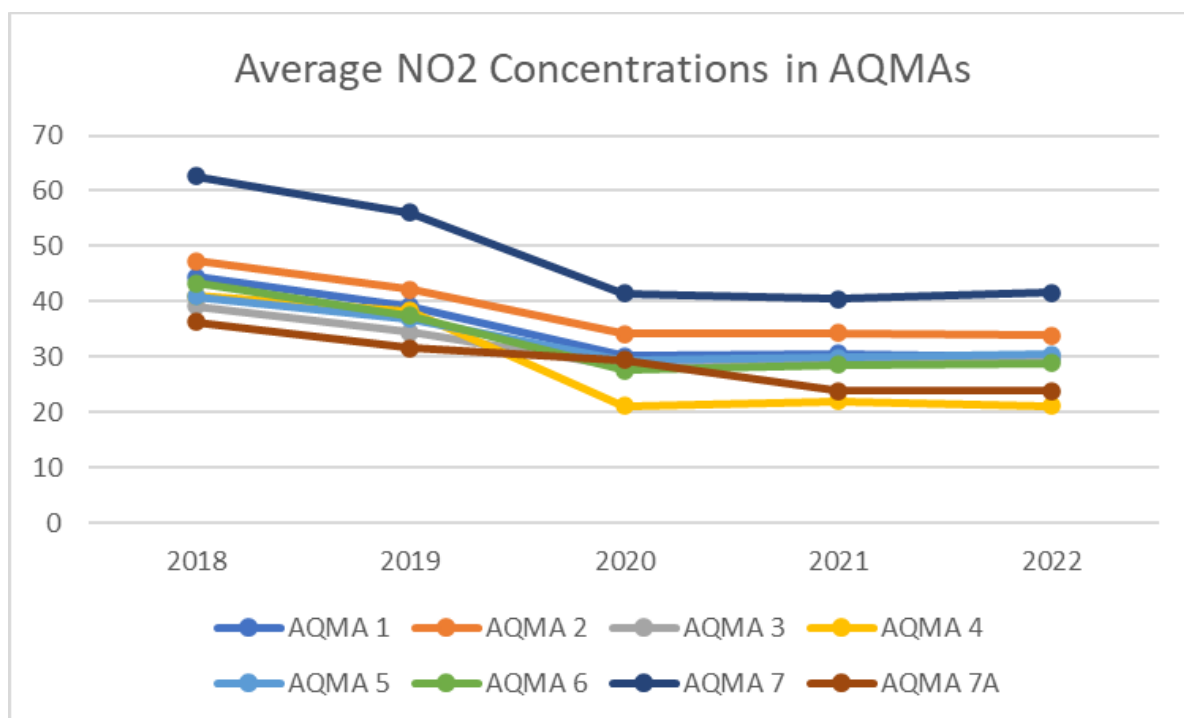
All older persons care homes have a face-to-face visit monthly, all LD homes receive a quarterly face to face visit and supported living facilities have a Bi-yearly visit at the very least, with many facilities having more frequent support visits where required and where homes need some enhanced support.

The team have facilitated 100% compliance with environmental auditing in accordance with the service contracts.

There will be continued emphasis on face-to-face visits, timely response in outbreak situations, education and support across the facilities covered by the team (the IPC service is not commissioned to provide a service to Primary Care) over the coming year.

C. Air Quality

The latest Annual Status Report (ASR) for DEFRA on the air quality in Doncaster used data gathered throughout 2022. The ASR states that, nitrogen dioxide data from 2022 reveals that concentrations have generally increased from 2021 but are still consistently below the 2019 pre pandemic levels.



Concentrations shown in µg/m3

The AQMAs are located near busy roads in the following areas; AQMA 1 - City Centre along A630 Church Way; AQMA 2 - Balby Road A630; AQMA 3 - Hyde Park along Carr House Road A18; AQMA 4 - Bawtry Road, Bessacarr M18/A638; AQMA 5 - Conisbrough A630/Low Road; AQMA 6 Skellow, adjacent to the A1, along with AQMA 7 Hickleton and AQMA 7A Marr which are both on the A635.

Monitoring data for 2022 shows that only 2 of the 8 AQMAs declared for exceedance of the annual average NO₂ objective are currently still exceeding. In the coming year City of Doncaster Council will explore the potential to revoke the AQMAs which have consistently shown that they are below objective.

Electricity supplies to refurbished Air Quality monitoring stations at Warmsworth and Skellow are now in place and the monitoring equipment is expected to be installed in the coming weeks. The monitoring station on Bawtry Road, Bessacarr is progressing however installation is now expected to occur in the next financial year (24-25) due to delays with suppliers.

The new Air Quality Action Plan (AQAP) has been accepted by LAQM as a draft and is currently being amended before going out to consultation prior to resubmission as a final version. This AQAP contains 10 measures selected by the Air Quality Steering

Group which will target improvements in air quality for AQMAs that exceed the objectives as well as Doncaster as a whole.

The proposed ES10 development in Goldthorpe which is expected to increase emissions within AQMA 7 has been submitted as a planning application and has been received by City of Doncaster Council for comment. Pollution Control have provided comments to planning to detail that the proposed mitigation is not satisfactory to offset the emissions and as such is not acceptable at this time with regards to air quality.

D. Sexual health

Sexual health services in Doncaster are commissioned by the Public Health team and delivered by Solutions 4 Health Ltd (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 contact meetings. Public Health receive regular surveillance data via Office for Health Improvement and Disparities (OHID) and the 'Fingertips' website.

Key achievements

- Solutions 4 Health now have four community hub clinics up and running at Denaby, Bentley, Stainforth and Central Family Hubs, with clinics once a week. Attendance at these clinics is slowly increasing and this is a positive partnership, embedding sexual health into the Family Hub service provision.
- Targeted outreach work with sex workers following on from a rise in syphilis cases continues with an established drop-in clinic being held every Tuesday afternoon. Vouchers are still being used as incentives.
- Following completion of a regional outbreak prevention and management piece of work, we have worked with UKHSA colleagues to develop an STI exceedance monitoring tool. We are now in the process of understanding how we can use this tool and are awaiting regionally planned training.
- Regional work around PrEP insight and engaging hard to reach population groups has been completed. We are looking at recommendations on a regional level through the sexual health community of improvers group.
- A LARC (long-acting reversible contraception) audit and contraception confidence mapping questionnaire were sent round to all GP practices to help identify possible gaps in staff training, knowledge and awareness amongst staff. Analysis is now complete and we will work with S4H to design and deliver appropriate training for practice staff.
- The Zone 5-19 website allows service users to order chlamydia and gonorrhoea testing via the website, the service is utilising a range of 'reminder' prompts to encourage service users to use and return the kits for testing. Currently, approx. 50% of requested kits are returned for testing.
- The Zone 5-19 service as a whole carries out a range of outreach activities, the annual target for outreach session has been exceeded. As an integrated service outreach sessions can include a range/multiple topics including sexual health.

Challenges/risks

- Syphilis rates continue to rise in the general population and amongst the commercial sex work population in Doncaster. Through incident management team (IMT) meetings, plans are now in place to increase screening and raise awareness of syphilis with health professionals and partner organisations.

General communication for the public is also planned, focussing on condom use and accessing sexual health services for regular STI screens.

- Both adult and young people's sexual health services are working to increase chlamydia screens. The recent changes to the National Chlamydia Screening Programme have a greater focus on females. Both services have a number of key performance indicators related to chlamydia screening; i) total number of females screened, ii) numbers of positive screens to work towards achieving a diagnostic rate of 3.25%, iii) percentage of patients offered retesting, iv) partner notification.
- The Zone 5-19 service is meeting targets for partner notification and re-testing, however there are ongoing challenges in reaching targets for numbers of screens and positive screens. A number of steps have already been taken to support increases including; • Ensure clients have a visible and accessible drop box • Robust partner notification process and use of motivational interviewing to increase screening & positivity rates. • Outreach sessions ongoing and postal kits taken to EPIC. • LAC nurses distribute postal kits and promote the service at care homes. • Clinics commenced at 2 colleges with the option to do drop box testing. • Further outreach plans in place to target appropriate young people and make testing more accessible.
- The target related to the percentage of individuals accessing the service who have sexual health history and risk assessment undertaken, has shown some undercompliance across the year. However, it is acknowledged this appears to be a system reporting issue rather than a service level issue and staff training of reporting systems has demonstrated improvements. Records will continue to be reviewed routinely as part of the exception reporting process.

Next steps

- Carry out a scoping exercise around condom provision and access for both young people and adults.
- Continue targeted outreach work with at-risk communities, particularly commercial sex workers and asylum seekers.
- Targeted work around improving chlamydia screening uptake.
- Zone 5-19 are exploring methods for development of the online offer, service having discussions to expand online provision for sexually transmitted infection (STI) screening including bloods and contraception.

E. Substance misuse

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

- 11 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 (both injectable and nasal option) and training available to all at risk in community via Aspire and at the departure lounge at Doncaster Prison
- Doncaster Local Drug Intelligence System (LDIS) protocol devised and implemented.
- Successful recruitment and implementation of Aspire Outreach Team. The initial 4 areas of focus are: Sex workers, homeless, domestic violence and GP engagement. Early feedback from professionals and individuals is very positive with an inclusion of a rapid prescribing clinic.

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. Pickfords pharmacy at Bentley is now providing needle exchange (since June 2023). Public Health and Aspire Drug & Alcohol Services continue to promote needle exchange provision opportunities to all Doncaster pharmacies.

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.

The 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 has now been completed and the exchange is now operational.

Across England (but not limited to), we are facing a continued challenge of deaths and near fatal overdoses associated with synthetic opioids known as nitazenes. Steps taken by the Taliban to dramatically cut opium production in Afghanistan prompted the appearance of nitazenes on the European heroin market. As a result, heroin supplies have been adulterated by these drugs (as they are more potent) and the heroin is running out.

In Doncaster between 1st November and 7th December 2023, there was a cluster of 12 suspected nitazenes drug related deaths. Doncaster enacted their LDIS protocol and a formal drug alert was issued. The situation is continuously monitored using our Suspected Drug Related Deaths Real Time Surveillance System.

Next Steps

- 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.
- Public Health have recruited a Public Health Improvement Officer role to oversee and liaise with South Yorkshire Police, South Yorkshire Public Health colleagues and wider partners to develop, monitor and manage the QES Real Time Surveillance System. The post has also set up a Professional Information Network for drug alerts and information sharing including key harm reduction messages.
- The PH Officer is the main point of contact to receive LDIS information and respond appropriately and is in the process of setting up a LDIS webform to collect local information relating to drug concerns / harms / NFOs.

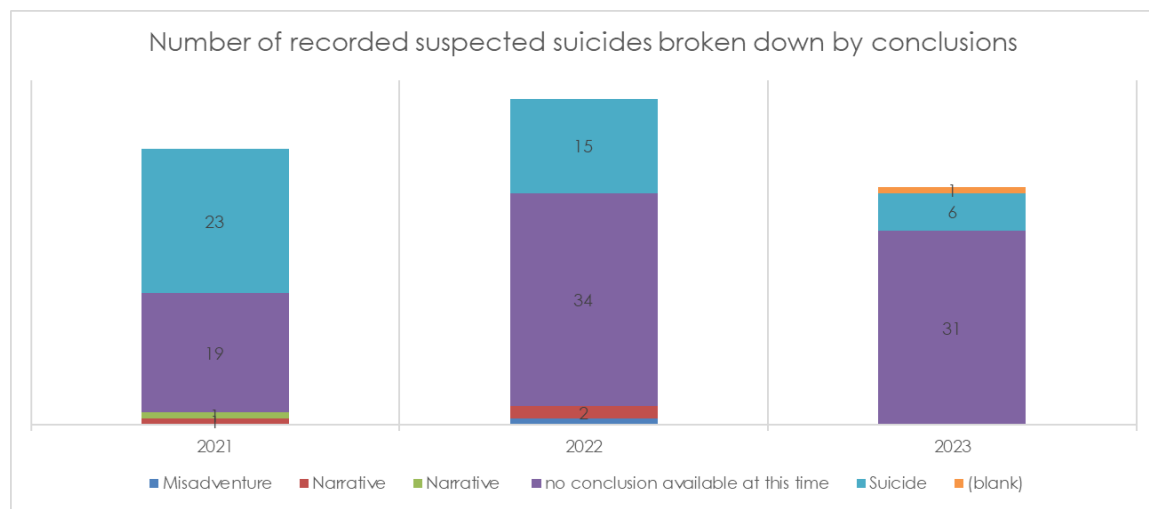
F. Suicide Prevention

Suspected suicides in Doncaster 2023

Deaths Suspected to be Suicide 1 st Jan-31 st December 2023			
Male		Female	
0-12 years	0	0-12 years	0
13-17 years	0	13-17 years	0
18-24 years	1	18-24 years	0
25-34 years	8	25-34 years	0
35-44 years	10	35-44 years	0
45-54 years	7	45-54 years	3
55-64 years	3	55-64 years	1
65+	3	65+	1
Total	32	Total	5
37 deaths suspected to be suicide in 2023			

The table above shows the number of suspected suicides in 2023 by gender and age as measured by the Doncaster Real Time Suicide Surveillance System (RTS)

Trends over time



Graph 1 Source : RTS

Graph one demonstrates the number of recorded suicides per year broken down by Inquest conclusions. You can see from the illustration that there are a large majority of cases that have still not had a final inquest as of yet. For suicides, the median registration delay for deaths registered in 2022 in England was **195 days** (180 days in 2021). Whilst the number of recorded suspected suicide will not change, the number of recorded deaths with a suicide conclusion will.

Suicide prevention support

Emotional and practical support to those affected or bereaved by suicide is commissioned across South Yorkshire ICB area and provided by Amparo. Support is for both children and young people and adults and includes a structured counselling

offer. The aim of the provision is to reduce the impact of suicide on affected people and reduce the potential 'ripple effect' risk of suicide contagion.

Peer support is also now available for anyone affected, impacted or bereaved by suicide at [Doncaster – Survivors of Bereavement by Suicide \(uksobs.org\)](https://www.uksoobs.org) and is also commissioned across SY ICB area.

As part of the Mental Health Crisis Alternatives Alliance, Doncaster ICB commissions IMP:ACT (provided by Open Minds Counselling) to deliver a suicide attempt response service to improve emotional resilience in people who have made previous suicide attempts

Early intervention and prevention

Doncaster Public Health has supported the promotion and roll out of Zero Suicide Alliance training [Zero Suicide Alliance \(ZSA\)](#) in a variety of community settings across the borough.

Micro Grant Scheme

A fund called 'Mental Wellbeing Micro Grant' has been created and grants of up to £100 are available for community groups who are supporting residents to improve their mental wellbeing. So far, 10 applications have been approved with a total amount of £1,000 with a final offer to Foodbanks.

Future work

Following the publication of the new national suicide prevention strategy in 2023, further local consultation and planning will be conducted in 2024 to refresh our local suicide prevention plan.

G. Immunisation and screening programmes

i. Screening and immunisation

General

Whilst all providers have reverted to business-as-usual programme delivery, work is ongoing within all NHS immunisation and screening programmes to improve uptake but, as a minimum restore uptake and coverage to pre-pandemic levels, as many programmes saw a significant decline during the COVID-19 pandemic. The report excludes COVID vaccination, as this is not part of section 7a NHS England commissioned services.

Public Health Programmes Team priorities for Doncaster during 2023/24:

Screening

The update will provide an overview of programme eligibility, delivery, performance, and service developments in the following screening programmes: Abdominal Aortic Aneurysm, Antenatal and newborn, Diabetic Eye, Cervical screening programme, Bowel and Breast.

- Priorities within the Breast, Bowel and Cervical Cancer screening programmes, include increasing uptake, and collaborative work with programme providers and partners to improve uptake of screening for patients with a learning difficulty/disability, through Digital flagging work.
- A priority within the diabetic eye screening programme (DESP) is to improve access to slit lamp bio-microscopy (SLB), by transferring delivery from Hospital Eye Services (HES) to the diabetic eye screening service from April 2024.
- Within Bowel screening, a priority is to ensure roll out of age extension in line with national policy.

Vaccination and Immunisation

The update provides an overview of the seasonal flu vaccination programme, adult vaccines – shingles and maternal pertussis, adolescent vaccines, and routine childhood vaccines.

- Seasonal Flu – the objective is to, as a minimum, maintain the 2022/23 uptake within all eligible groups. Work with partners across Doncaster to enable focused place-based work to improve uptake across all cohorts, but with a key focus on 2- and 3-year-olds, pregnant women, patients with chronic respiratory disease and immunocompromised patients.
- The adult programme has seen a significant change within the shingles programme (those turning 65 from 1st September 2023 becoming eligible), change of vaccine and schedule (from one dose to two doses) and extension to all patients over 50 years of age who are immunosuppressed. The priority for Doncaster has been to ensure all providers are aware of the change and the programme is fully and safely implemented.
- For maternal pertussis, the priority has been to implement the offer and delivery of the vaccine by the maternity provider (along with Flu and COVID vaccines).
- For adolescent (school-aged) immunisations, the priorities have been the procurement and mobilisation of a new contract (commencing 1st September 2023), work to restore uptake to pre-pandemic levels, implement the new HPV

schedule (reduced to one dose) and reduce the gap between schools with the highest and lowest uptake.

- Childhood Immunisations. A key focus has been and continues to be on MMR dose 1 by 2 years of age, achieving and maintaining coverage of above 90% (minimum threshold) with the aim of achieving 95% (optimal threshold) to ensure herd immunity, supported by the implementation of national catch-up campaigns and local work to review and improve access and reduce waiting lists.

Inequalities

- Doncaster place, through partnership working continues to review and develop an improvement and delivery plan to identify key areas of work within Section 7a commissioned services, reduce inequalities and identify opportunities to work collaboratively with the local system to improve access, uptake, and coverage.
- Local programmes of work undertaken between the Public Health Programmes team and Doncaster local authority include:
 - ❖ Development of resources to help improve uptake of vaccinations within the Gypsy, Roma and Traveller community.
 - ❖ Cervical screening workplace-based promotion.

Published performance data in this report is available here:

[Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles)

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2023-to-2024-quarterly-data> (historic data available at

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2022-to-2023-quarterly-data>)

Screening

Abdominal Aortic Aneurysm South Yorkshire & Bassetlaw Programme

Service Overview and Uptake

The aim of the Abdominal Aortic Aneurysm (AAA) screening programme is:

- To reduce AAA-related mortality in service users who are eligible by detecting aneurysms at an early stage,
- Ensure appropriate surveillance and referral to vascular services if required and improve outcomes/health for men with abdominal aortic aneurysms.

The target population is:

- Males during their 65th year and,
- Males, on request, for individuals over 65 (self-referral).

NB: this includes individuals born male who have transitioned to females (as the clinical risk remains the unchanged).

The Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by Doncaster and Bassetlaw NHS Trust across South Yorkshire & Bassetlaw and uptake (which is cumulative between April and March) is monitored across the region, although monthly activity is reported directly by the provider to the NHSE Public Health Programme Team. The provider successfully retained the contract for the programme following a procurement during 2022/23.

Uptake data is shown below:

Cohort	Period	Target (annual cohort)	Doncaster
AAA male	2023/24	Acceptable >75% Achievable >85 %	72.2% (as of Oct 2023)

Referral for surgery:

Men with referable aneurysms ($\geq 5.5\text{cm}$) are referred to either Sheffield Vascular Services or Doncaster Vascular Services. The AAA screening provider works closely with both services to ensure timely assessment and intervention.

Improvement work:

The NHS England Public Health Programmes Team are working collaboratively with the programme to address inequalities, directed by the completion of a Health Equity Assessment Tool, which consists of a series of questions and prompts, designed to help systematically assess health inequalities related to a programme and identify what can be done to help reduce inequalities, whilst also considering the requirements of the Equality Act 2010.

Actions and Outcomes include:

- Significant reduction in 1st DNA rate which is consistent across Lower Super Output Areas
- Invitation letters insert, signposting to foreign language documentation.
- Improved provision for individuals with a Learning Disability, through lists being provided by GPs – allowing for reasonable adjustments to be put in place.
- Transwomen invited for screening.
- Housebound scanning re-instated
- Expansion of health promotion sessions in community group venues

Ante-natal and Newborn

Service Overview

Antenatal and newborn (ANNB) screening covers tests conducted in pregnancy for infectious diseases, inherited/genetic conditions - Down's syndrome, Edward's syndrome and Patau's syndrome, and other physical abnormalities, and in newborn babies including newborn hearing, blood spot screening and physical examination.

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/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022). There are no areas of concern currently highlighted.

Avoidable Repeats Newborn Blood Spot (ARR NB2):

The threshold of 2% for "avoidable repeats" of blood spot samples has regularly breached, however this was not unique to Doncaster. Following work undertaken by the provider, this has significantly improved in Q1 and Q2 of 2023/24 where they were below the threshold of 2%, and this is forecasted to be sustained in the coming quarters. The recruitment of newly qualified midwives could trigger a slight increase in the number of repeat samples, due to lack of experience in technique, however actions are being put in place by the ANNB Screening Co-ordinator in Doncaster to mitigate this.

Improvement work:

The ANNB Screening Co-ordinator is providing training to all new and existing midwives on all ANNB screening programmes, to ensure that the KPIs continue to be met and all mothers and babies have access to timely screening.

The maternity provider in Doncaster continues to work in collaboration with the NHS England Public Health Programmes Team in South Yorkshire, using the Health Equity Audit Tool, to understand the reasons why women do not attend (DNA) for antenatal screening. This work is in progress but has been impacted by workforce/ capacity. However, on gaining this understanding, there will be action plans developed and implemented to address where possible any reasons identified, ensuring that any inequalities are reduced.

Diabetic Eye Screening**Service Overview:**

The Diabetic Eye Screening Programme (DESP) covers all individuals aged 12 years and over with a diagnosis of diabetes and pregnant women diagnosed with diabetes during pregnancy. The aim being to identify, refer and where appropriate treat sight-threatening disease, occurring because of their diabetes. Individuals (other than pregnant women, who are referred directly by the maternity provider) are identified from the GP register and automatically referred to the screening programme, provided by Doncaster and Bassetlaw NHS Foundation Trust, and delivered at Doncaster Hospital, Bassetlaw Diabetes Centre, Montagu Hospital, The Vermuyden Centre at Thorne, and Retford Primary Care Centre. Following initial routine digital screening, individuals are either returned to routine screening, put under enhanced surveillance, or referred to hospital eye services (HES) for assessment.

Service Development:

In October 2023, in line with national policy, the programme successfully implemented extended screening intervals for patients with no detectable /referrable disease in their last two screens. This change, which has been supported by communications from the central NHS England team and Diabetes UK, means that these patients will be invited for routine screening every 24 months, as opposed to the previous 12 months. The roll out of extended intervals will continue through to October 2024. Individuals with any level of disease will remain on the current 12 month recall pathway.

The Provider has developed plans to transfer delivery of Slit Lamp Bio-microscopy (SLB), which is another type of image, from Hospital Eye Services (HES) to the DESP during 2024. This service change will increase and improve access for individuals requiring SLB examination as part of their diabetic eye screening, resulting in them being seen more quickly.

There are two further national programme changes in development – the introduction of Optical Coherence Tomography (OCT) for some patients and the revision of referral criteria to the HES. The NHS England Public Health team will continue to work with the provider to implement these changes in line with national policy.

Programme Delivery and Oversight

Oversight is via monthly meetings between NHS England Public Health Team and the provider. Whilst capacity has reduced slightly during recent months, due to workforce

issues (vacancies and staff absence), forecasting shows the Doncaster and Bassetlaw programme to be in a strong position – meeting the 12 months+6-week screening interval target, with predicted end of year uptake and coverage in line with the previous year. The provider is meeting the Key Performance Indicators for uptake, timeliness of results letters and repeat non-attenders, but is 1% below target for urgent referral to consultation time for HES and the programme is working directly with the Ophthalmology Clinical Lead to address this. The provider is in the process of recruiting to existing vacancies.

Inequalities

To improve access for the working age population, the DESP provider has offered some Saturday clinics, which has been well received. The programme has been contacting patients with a learning disability prior to their appointment to discuss any issues/concerns and ensure any adjustments are made. The provider will continue to assess and plan to address any inequalities within the programme.

Patient Feedback

Patient feedback was overall positive:

1. *Latest patient satisfaction survey result November 2023, 1675 responded, 87.7% of patients rated their experience overall as satisfied/very satisfied.*
2. *84.3% said weekday appts were best, 9.6% preferred evening appts and 6.1% would prefer weekends – this will inform delivery models going forward as part of the health inequalities action plan.*

Cervical Screening

Service Overview:

Cervical screening aims at checking the health of the cervix and is offered to women aged between 25 to 64 years every three or five years depending on age.

There are three main components of the cervical programme. These include the cervical sample (often referred as the ‘smear’), testing/analysis in the laboratory and, if required, colposcopy, delivered by Doncaster and Bassetlaw Teaching NHS Foundation Trust. Whilst cervical screening is mostly undertaken in primary care (GP practice), it may also be accessed via Integrated Sexual Health Services, on an opportunistic basis. In the event of an individual requiring further tests/assessment, they are referred directly by the lab to the colposcopy unit for follow up.

All practices in Doncaster continue to offer routine cervical screening, and additionally via enhanced/extended hours, providing screening during evenings and on weekends to increase uptake. Doncaster Trust has introduced a cervical screening clinic for staff to attend when they cannot get an appointment outside of their working hours, and uptake of this offer has been reported as good.

Cohorts	Period	Target	Doncaster
25-49 Years	2023/24 (Q1)	>80%	70.1%
50-64 Years		>80%	74.6%

Practice level data can be accessed via [Cervical Screening: Quarterly Coverage Data Doncaster 2024](#)

Historically the 25–49-year-old cohorts have not had good uptake of cervical screening, although uptake in the 50–64-year-olds is generally higher. To understand the reasons for the uptake in these cohorts being below the target of 80%, a cervical screening survey has been disseminated to GP surgeries, requesting they send it to women who have not attended for screening to capture narratives on barriers/reasons for not taking up cervical screening. The project was led by the NHS England public health team and was supported by the Cancer Alliance. The results will inform improvements to programme delivery.

The current percentage of people who receive their screening results within 14 days and 21 days (time it takes for the patient and GP to receive the screening result) is at 94% and 99% respectively as of January 2024, against a standard of 98%.

Inequalities

The Public Health Programmes Team are working with GP Practices and the South Yorkshire and Derbyshire Cancer Alliance to address inequalities and increase uptake across South Yorkshire and Bassetlaw, for example an initiative to increase the uptake of cervical screening amongst individuals with a diagnosis of learning disabilities. This involves a code being assigned to the records of the individual when they are due for cervical screening, so they can have support from the community learning disabilities team where required and reasonable adjustments can be made to accommodate their needs, thereby encouraging their attendance at screening.

Funding has been provided by NHS England for a 6-month pilot project offering cervical screening to individuals across Doncaster who may not routinely attend due to culture/ethnicity/fear/lack of understanding. The project, which commenced in October 2023, aims to improve uptake by focused outreach work in the community, with staff working with relevant groups and engaging with identified communities, and where agreed arranging dates/times for screening to be undertaken.

To evaluate this project, the service users will be asked for feedback in the form of an evaluation questionnaire. This will capture information about why they used the service rather than the conventional pathway of having the sample taken at the GP practice, as well as the procedure itself, with a view as to whether anything could be improved/done differently. The managers of the sites will also be asked for feedback and asked to identify any ways in which the service could be improved/developed. This is due by April 2024.

Bowel Screening

Service Overview:

Bowel cancer screening is targeted at everyone aged 60 to 74 years.

Bowel cancer screening for the population of Doncaster is coordinated by the Regional Bowel Screening Hub (in Gateshead) and South Yorkshire Bowel Screening Centre (led by Sheffield Teaching Hospital NHS Foundation Trust).

Individuals receive a bowel screening kit via the post. The sample is then returned to the Hub/lab for testing. If there is a need for further assessment, the Bowel screening centre nurse specialist contacts the patient and coordinates the assessment and referral of the individual to the respective endoscopy unit. Whilst most patients will attend Doncaster Hospital, they are able to choose any of the hospitals within South Yorkshire.

The Age Extension is a phased approach over a four-year period to lower the starting age of bowel cancer screening to 50 years of age. The first phase, for the 56-year-old cohort, commenced successfully on 4th January 2022. Phase 2, for the 58-year-old cohort commenced on 2nd January 2023, and phase 3 for the 54-year-old cohort commenced on the 2nd January 2024.

The invitation for Bowel Screening has also been extended to individuals with a diagnosis of Lynch Syndrome, an inherited condition which predisposes individuals to developing bowel cancer. Individuals will be invited for a colonoscopy under the Bowel Screening pathway to assess for signs of cancer, once every 2 years.

For the Doncaster population, the timeliness of invitations being sent out meets the 6-week standard.

Rolling Period	Target	Doncaster
22/23	60%	68.3%

Inequalities

The screening centre is looking to employ a health improvement practitioner whose focus will be on working to increase the awareness and ultimately uptake of bowel screening.

The programme has implemented an initiative where GPs place a flag on the record of individuals with a diagnosis of learning disability, thereby alerting the bowel hub to provide more accessible information when sending out the invitation.

The programme has completed a Health Equity Assessment, identified areas of inequality, and developed an action plan to address these. For instance, the bowel screening centre have been undertaking awareness sessions/roadshows in areas of high deprivation to raise awareness of the programme. This work will continue into 2024/25.

Breast Screening

Service Overview

Breast screening is provided to all females aged between 50 and 71 years, every 3 years and is provided by Doncaster and Bassetlaw Teaching Hospital and delivered in the centre of Doncaster and at Bassetlaw Hospital site.

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

Period	Cohorts	Target	Doncaster
23/24 (as of Q2)	50-70 Years	Acceptable >70% Achievable > 80 %	57.5%

Progress:

Women are receiving timely invitations in line with their next test due date. The programme has recently moved back from an open booking system/open appointment (introduced during the pandemic) to a fixed appointments model, as this model has been shown to improve the uptake of breast screening and aid management of breast screening unit capacity.

Whilst uptake for breast screening is still low it is improving, and this is not unique to Doncaster, however ongoing work and collaboration with the Cancer Alliance and organisations within the community such as charities and voluntary sector to raise awareness of breast screening will contribute to improving uptake.

Improvement work

The provider has implemented a health promotion team within the programme, with ongoing work to improve uptake including liaising with the Local Authority on wider initiatives such as supermarket stands, delivering awareness sessions to GP practices, developing promotional videos, use of text messages (based on behavioural science insights) to reduce the number of women who do not attend (DNA).

Discussions continue between with the Public Health Programmes Team, Primary Care and Doncaster and Bassetlaw Teaching Hospital to increase uptake in the learning disabilities cohort using a similar approach to bowel screening. Similar flagging work is due to commence regarding individuals with severe and enduring mental illness.

Immunisation

Seasonal Flu

Service Overview:

Seasonal flu vaccination is delivered via a variety of providers, including primary medical care (GP), community pharmacists, school-aged immunisation providers and maternity services. Those eligible in 2023/24 remained largely unchanged from the previous season, however delivery for school aged children was extended through to Y11 aged children.

The NHSE Public Health Programmes Team place lead and the ICB Doncaster Place nominated flu lead work collaboratively to support delivery of the programme across Doncaster, feeding into the South Yorkshire winter vaccination operational delivery

group and Community Mass Vaccination Board which enables place-based work and risks to be highlighted.

Ambitions for Flu season 2023/2024:

The requirement was a 100% offer for all eligible individuals via call and recall, and with opportunistic offers or vaccination upon request.

Doncaster has seen a slight increase among the 2- and 3-year-olds, with uptake among pregnant women and the over 65's comparable to the previous year, however, there has been a significant drop in uptake in the under-65 at risk group. The reasons for this decline are not yet clear, but the downward trend is reflected regionally and nationally. Work will be undertaken to try and understand the reasons behind the decline and inform planning for 2024/25.

Official UKHSA Statistics/Reports can be found:

Seasonal flu vaccine uptake: figures

[Seasonal influenza vaccine uptake in GP patients: monthly data, 2023 to 2024](#)

[Seasonal influenza vaccine uptake in children of school age: monthly data, 2023 to 2024](#)

Across Doncaster, the Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH) have been delivering Flu vaccinations to all primary and secondary school-aged children. Whilst first offers were completed prior to the Christmas holiday, some catch up sessions have been delivered in January for children who missed vaccination at school and/or where schools cancelled planned sessions. Uptake for primary school aged children, secondary school aged and total school aged cohort is in line with the England average. Inactivated injectable flu vaccine has been offered and administered where the nasal flu vaccine (LAIV) is contraindicated or declined for religious/cultural reasons.

Local authority	All primary school age: percentage vaccine uptake	All secondary school age in Y7 to Y11: percentage vaccine uptake	All school age children (age 4 to 16 yrs): percentage vaccine uptake
Doncaster	53.7	43.8	49.6
England	53.8	44	48.4

Service Development:

South Yorkshire introduced an initiative supported by Child Health Information Services to send text messages out at the beginning of September to parents/carers of 2 and 3 year olds, highlighting eligibility for flu vaccine. Unfortunately Doncaster CHIS were unable to implement this due to lack of IT system capability. This will be revisited for the 2024/25 programme.

Routine Immunisations

Adult Immunisations:

Shingles: The routine programme changed on 1st September 2023, vaccination now being offered to patients as they turn 65 years of age and patients remaining eligible for the vaccine until their 80th birthday. Those who were 65 before the 1st of September 2023 and those who are between 66 and 70 will not be eligible until they reach 70 years of age. Immunosuppressed patients over the age of 50 years of age are now eligible and remain eligible for vaccination.

Whilst uptake for the original routine cohort shows good recovery following the pandemic, uptake is still considerably lower than pre-pandemic levels, which were already showing a year-on-year decline (this was in line with the national picture). Data collection for the new cohort/programme (consisting of two doses) has not yet been published. Uptake in Doncaster is in line with other SY ICB places.

Shingles remains a priority on the South Yorkshire and Doncaster place improvement plans. Improvement work will be picked up as part of South Yorkshire wide initiative.

Maternal Pertussis:

Prenatal pertussis vaccine can be offered from 16 weeks of pregnancy; however, it is generally offered at the time of, or after the 20-week scan as women have good attendance at this appointment. This vaccination is offered opportunistically by Maternity Providers and / or GP, there is no active call/recall for this programme.

Doncaster has seen a significant decline in uptake over the last twelve months, with monthly uptake in November 2023 showing at 52% (efficiency standard 60%), however this downward trend is reflected across the South Yorkshire ICB, Northeast Yorkshire region, and nationally. Whilst most vaccinations are carried out by the woman's GP, Doncaster Maternity Unit now offer Pertussis vaccine to all women during their antenatal appointment across both DRI and Bassetlaw Hospital sites, which has proved extremely popular with women and has also had a positive impact on the increase in the flu vaccine uptake with many women accepting both vaccines. As this is not a call/recall programme in primary care, work will continue to ensure a robust offer from both GP and Maternity Services. Work is planned to commence to focus on practices not achieving the quarterly efficiency standard (60%).

Adolescent immunisations:

A key change to the adolescent vaccination programme was the move to a one dose schedule for HPV (previously two doses) from 1st September 2023. Individuals who have received one dose are now considered fully vaccinated.

Following a procurement, Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH) were successful in retaining the school aged immunisation service contract for Doncaster, which came into effect on 1st September 2023. Although showing recovery and mostly meeting the minimum efficiency standard (80%), all adolescent vaccination programmes remain below the pre-pandemic levels, a trend which is reflected nationally.

The provider continues to offer catch up to individuals through to Y11. Unvaccinated individuals remain eligible via their GP (opportunistically and on request) for MMR, with no upper age limit, and HPV and Men ACWY up to and including 24 years of age.

Childhood Immunisations:

The Public Health Programmes Team review practice-level data regularly, along with vaccination waiting lists for practices, with action plans developed where required to facilitate timely access and delivery. The efficiency standard for these programmes is 90%, the optimal standard (required to ensure herd immunity) is 95%. See summary below from National COVER data:

Vaccine Programme	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
MMR1 (24 months)	90.4%	89.5%	89.4%	90.4%
MMR1 (5 years)	93%	91.7%	93.5%	93%
MMR2 (5 years of age)	84.5%	83.9%	81.9%	83.2%
Infant vaccines (Diphtheria, Tetanus, Pertussis, Polio, Hib/MenC and Hep B)	94%	93.7%	93.4%	94.1%
Pre-school Booster (Diphtheria, Tetanus, Pertussis, Polio)	83.7%	82.8%	80.3%	82.4%

Whilst there is improvement for MMR 1 between 2 and 5 years of age, uptake remains below the optimal threshold, which leaves individuals susceptible to infection and increases the risk of local outbreaks. MMR2 and Pre-school booster uptake remains below the efficiency standard and remains on the Doncaster place improvement plan.

Improvement work:

Following collaboration between North PCN, Local Authority, RDaSH and ICB Doncaster Place to increase vaccination uptake in Gypsy Roma and Traveller communities, a video resource was developed (with funding from NHSE) which targeted these communities using trusted professionals and translated materials.

The NHSE Public Health Programme Team, are continuing to work with practices, the Local Authority Public Health Team, and Child Health Information Services to identify barriers to vaccination and address high waiting/unvaccinated lists, including reviewing reasons why parents don't attend/bring their child, capacity, access, clinic management/appointing, communication to parents, number of children contacted.

MMR remains a national, regional and place priority. A two-phase national catch-up campaign was launched in November 2023, phase 1 targeting 1- to 5-year-olds with incomplete vaccination record and phase 2 which commenced in January/February, targeting 6- to 11-year-olds, with a national call/recall letter.

Whilst this is predominantly a primary care campaign, NHS England Public Health Team, the Local Authority Public Health Team, and school aged immunisation provider are working collaboratively to explore additional support to increase access and uptake.

Stopping the Start

Over the next 5 years, and from April 2024, additional funding of circa £2,496,000 will be provided to Doncaster to in relation to the new national plan - Stopping the Start: new plan to create a smokefree generation. This funding will be used to generate demand for existing stop smoking services in Doncaster – a service for adults, a smoking in pregnancy service and support for younger people delivered through Zone 5-19.

There is also proposed national legislation to create a smokefree generation through increasing the age of sale, so that anyone born on or after 1 January 2009 will never be legally sold tobacco products.