CITY OF DONCASTER COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 21ST MARCH, 2024

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER, CIVIC OFFICE, WATERDALE, DONCASTER DN1 3BU, DONCASTER on THURSDAY, 21ST MARCH, 2024 at 2.00 PM

PRESENT:

Chair - Councillor Glynis Smith

Councillors Martin Greenhalgh, Laura Bluff, Linda Curran, Yetunde Elebuibon, Julie Grace and Sue Knowles

ALSO IN ATTENDANCE:

City of Doncaster Council;

- Dr Victor Joseph – Consultant in Public Health)
- Rio Overton-Bullard - (Public Health Improvement Officer, Public Health

External;

- Mim Boyack, Lead Nurse, Infection Prevention and Control, D&BTH NHS F Trust
- Kathy Wakefield (RGN), Principal Screening and Immunisation Manager, P Programme Team – Yorkshire and the Humber, NHS England North East a Yorkshire

		ACTION
20	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Councillor Sean Gibbons.	
21	DECLARATIONS OF INTEREST, IF ANY	
	There were no declarations of interest made.	
22	PUBLIC STATEMENTS	
	There were no public statements made.	
23	HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2023/24	

	The Consultant in Public Health provided an overview of the report focusing on key areas of health protection, as follows: A Emergency preparedness, resilience and response; B Infection prevention and control; C Air quality; D Sexual health; E Substance misuse; and F Immunisation and screening programme. Members were informed that public health was now in a position where it was working well with partners in an everchanging environment. This position had been built over the years and been strengthened over time. In response to concerns raised by the Panel around difficulties in understanding the report, Dr Victor Joseph, Consultant in Public Health provided assurances that in future, reports would be made clearer, and that the use of acronyms would be kept to a minimum, as much as possible. The following areas were addressed as part of the discussion. **Emergency Preparedness** – Concern was raised regarding three areas under this heading. 1. <u>Scabies Outbreaks</u> – Regarding outbreaks and treatments in care homes, Members were informed that there were established processes in place and success experienced when managing infections and outbreaks. Further information was provided on the cases highlighted in the report and it was explained that they had now been resolved. Members heard that there were no new cases, and this situation was being monitored. It was noted that hotels had their own systems and processes in place and did their best to prevent any further spread (although it was recognised that this could be challenging in that particular type of environment). In terms of logistics and supporting residents, Members were informed that there was a plan in place that was activated in instances of outbreaks. It was explained that it was key to treat everyone at the same time, including making sure that clothes had been washed and ensuring that medication was simple to administer when treating larger groups. It was explained that in general, hygiene levels should be maintained, and close contact avoided. It was clarified that when 2 or more cases were linked (such as through the same time period or place element), it was then classed as an outbreak. Members were informed that the person would no longer be infected 24 hours after treatment, although some individuals might need 2 doses.	

	It was explained that all Care Homes in the Borough were visited at least every 4-6 weeks and such outbreaks were not often seen in those environments. b) Measle Cases and MMR – Concern was raised regarding recent measles outbreaks and it was asked, what was being done to encourage a higher take-up of vaccinations. Reference was made to the national measles incident with large outbreaks reported in London, Northwest and Midlands, as well as a cluster of cases in South Yorkshire and in Doncaster. Regarding the performance of childhood vaccinations, it was noted that these were below the efficiency standard, particularly for MMR and for preschool booster (although they were still in line with or slightly above the England average). It was clarified that this was not as bad compared to other areas and was hoped to be the reason behind why we were not seeing the same level of outbreaks. As part of the Doncaster system, efforts were being made through the Local Authority, ICB and wider partners to work with primary care networks and practices to understand the reasons behind variations shown, and why some practices had more children unvaccinated then what was preferred. It was felt that reasons could include complacency due to lack of cases historically although recent incidents reported in the press around the number of cases may change attitudes. It felt that it was also about getting the message out there into communities and develop a better understanding of the benefits and consequences around vaccinating. It was noted that work was taking place with providers to ensure that appointments were made more accessible by offering them at convenient times and through moving booking systems online. It was also explained that practices were being targeted around MMR where there had been zero doses by 15 months of age, to catch those children up as quickly as possible. Members heard that the Child Health Information Services were looking where there were practices with waiting lists of up to 1-year immunisations and preschool immunisations. It was continued that they were also working with school immunisations providers on how they could support the catch-up of all children. Steps were being taken to identify where there had been incomplete immunisation to preschool transitions from primary school to secondary school and when the child leaves school at age of 16, to inform the GP. Members heard how rates were stable when nationally there had been a significant decline of the childhood and adolescent immunisations over recent years. Members were informed about a simulation exercise that took place in December 2023 around a measles outbreak involving a multi-agency approach and following actions as a result.	

It was noted that increasing the uptake of vaccinations was central to the prevention initiative. It was explained that a vaccination cell was set up to bring all information together including data from practices in order that a good understanding was developed, and information shared with practices to verify numbers pulled from national systems. It was explained that by increasing the uptake of vaccinations by small numbers across practices would in turn help lift the overall figure. It was noted that a similar and successful approach had been undertaken with Looked After Children cohort that had a low vaccination uptake. An explanation was provided around why some children remained on the Child Health Information system although they have moved out of Doncaster.

Members heard that initiatives taking place included;

- Practices with longer waiting lists putting on additional clinics, for example, at the end of the school day (particularly where they are located close to the school).
- That some practices have operated as a Primary Care Network and working collaboratively to broaden their access to the registered children they cover. This means that those children could access different practices rather than just the one practice that they were registered at.
- Utilising the health bus to target children in schools where there was a low uptake and as a general catch-up of children up to school leaving age.

c. Syphilis Outbreak – In view of an ongoing rise in Syphilis cases, Members were assured that there was effective use of available workforce capacity in the system and powers in place, which helped to detect cases early and effectively manage them. It was explained that workforce capacity was important in terms of raising public awareness (as well as with GPs and Dentists), and to raise alerts through a collaborative approach. It was noted that contact tracing was key, and that a resilient and effective system was needed to track those cases. Members were informed of what steps were taken once an outbreak was identified (consisting of 2 or more cases), including convening an Outbreak Control Meeting to formulate actions and to be monitored through our contract system and service specification. It was noted that some of the working was with the local system linked to voluntary, community and charity sector.

Naloxone Kits – In terms of training, it was explained that this was undertaken by a range of partner agencies that have staff trained such as the Complex Lives Team, the Riverside Group supporting those experiencing homelessness and the service linked to age 5 to 19 services such as the hospital liaison team, Project 6, street pastors, Probation Service, the mental discharge team, patients focus group, who support people with learning disabilities and rough sleepers. It

	was explained that Aspire, who was holding this service, had a good system in terms of recording training which was mandatory for staff and had good programmes in place to take this forward. It was hoped that more information would be able to be provided in time. The Panel was told that 143 kits had been given out in the last 4 months. Members were informed that there were possible challenges in tracking the usage amongst the other agencies. **Avoidable Repeats in Newborn Blood Spot** - Reassurances were sought that this was flagged and retested, particularly when maternity stays could only last for a few hours. It was explained that this test was the responsibility of the maternity provider and samples were monitored and flagged up when repeats were required. It was continued that when a repeat was not undertaken by the time the baby was discharged, the Ante-Natal and Newborn Screening team would then liaise with Community Midwifery Team or occasionally may be undertaken by the Health Visiting Team. It was explained that several actions were in place which formed part of a wider South Yorkshire Newborn Blood Spot Task and Finish Group to try and improve the standard of sample taking. It was noted that one of the challenges included the turnaround of midwives rotating between the community and hospital. Enhanced training was therefore provided to new midwives and midwives on rotation to make sure that they understand the procedure and why they need the size of sample of what they do. Midwives were regularly provided with targeted training to improve technique and audited on a regular basis so where repeat tests were flagged then a targeted action plan would be developed for that individual. **Plan & Review Section** – It was clarified that a gastro-intestinal outbreak at a local event during a heatwave was due to food poisoning. **Healthcare Associated Infections** – Members were informed that results reported were for Quarter 1 to Quarter 3 (April 23 – Dec 23). There were 56 Clostridioides difficile infections between January and December 2023. It was noted that it had been very difficult to stay within trajectory having breached the annual trajectory (April to March) of 42. In terms of zero cases of MRSA and MSSA, it was explained that there were protocols in place and monitoring and audit about what needed to be done. It was explained that Doncaster and Bassetlaw Teaching Hospital (DBTH) undertakes screening in accordance with National Guidance of all patients admitted, apart from those having day surgery, dental procedures or eye surgery. It was continued that there were screen protocols such as where patients in more than 30 days would be screened monthly and when found, they were administered treatments to decolonise. The process and purpose of decolonisation was also explained in treating such infections. Finally, it was outlined how other activities were undertaken such as education around prevention and personal protective equipment standard precautions.	

	Reference was made to other Healthcare Associated Infections and what was in place to address them. It was recognised that also there were challenges with the spreading of these infections and that risks could not be entirely eliminated. It was noted that work continued to take place such as through education and with partners. It was explained that this could include regular screening (including of those with invasive devices such as urinary Catheters, monitoring of patient's history (where they have had MRSA) and quick responses were provided. **Catheter Passport** – Members were informed about a Catheter Passport that provided individuals with assurances on the safe use of catheter and mechanisms for monitoring their situation. **Suicide Deaths** – There was a discussion around factors affecting the increase in the rates of male deaths linked to suicide. It was considered that there was a complex interplay of many factors and not usually one single cause. Members were assured that steps were being taken to monitor clusters of cases, by gender and by age. It was acknowledged that an individual wanting to commit suicide was not something that was shared unless when asked directly. Reference was made to the Suicide Prevention Network, that supported families affected by suicide, who were also at risk of committing suicide themselves. Members were informed about more targeted support, especially for men. A Member shared their own experience of a friend who had committed suicide and acknowledged the negative impact loneliness had, particularly with males. Another Member referred to challenges when organising certain types of events within their community that proved to be costlier than other events, for example, pitch hire. The Consultant in Public Health offered to feed this back to the team. The Chair commented that the Zero Suicide Alliance (ZSA) training that she attended gave a very good introduction to this issue by providing the tools to have a worthwhile conversation and by not avoiding the difficult questions. **Mental Wellbeing Micro Grant** – There was a brief discussion around the Mental Wellbeing Micro Grant which so far had been provided to 10 successful community groups. In terms of feedback, it was commented that this could be gained through asking key questions, such as the number of residents the grant had reached. A Member stressed the importance of evaluating the impact of the grant and to see what was working and what was not working. The Consultant in Public Health offered to feed this back to the team. RESOLVED: That the report and discussion, be noted	
24	<u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S</u>	

	FORWARD PLAN OF KEY DECISIONS	
	The Panel gave consideration to the Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions. The Senior Governance Officer noted that this was the last scheduled meeting of the year and that workplanning meetings for 2024/25 would be taking place in May/June 2024. Reference was also made to what had been agreed at the meetings previous item which would be added for consideration as part of the 2024/25 workplan. RESOLVED: that the report, be noted.	