



Doncaster Council

To all Members of the

DONCASTER COVID-19 OVERSIGHT BOARD

AGENDA

Notice is given that a Meeting of the above Committee is to be held as follows:

VENUE Virtual Meeting via Microsoft Teams
DATE: Tuesday, 20th October, 2020
TIME: 10.00 am

The meeting will be held remotely via Microsoft Teams. Members and Officers will be advised on the process to follow to attend the meeting. Any members of the public or Press wishing to attend the meeting by teleconference should contact Governance Services on 01302 737462/ 736712/ 736723 for further details.

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Damian Allen
Chief Executive

Issued on: Monday, 12th October, 2020

Democratic Services Officer
for this meeting:

Rachel Wright
(01302) 737662

Items for Discussion:

Page No.

1. Welcome, Apologies for Absence and Introduction
2. To consider the extent, if any, to which the Public and Press are to be excluded from the meeting.
3. Public Questions and Statements
(A period not exceeding 15 minutes for questions and statements from members of the public to the Board. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. A question may only be asked if notice has been given by delivering it by e-mail to the Governance Team no later than 5.00pm on Wednesday, 14th October, 2020. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team via email to Democratic.Services@doncaster.gov.uk).
4. Declarations of Interest, if any
5. Minutes of the Doncaster COVID-19 Oversight Board held on the 23rd September, 2020 1 - 4
- A. Reports where the Public and Press may not be excluded.**
6. COVID-19 National Overview (Verbal - Rupert Suckling)
7. What's the Data Telling Us (To be tabled - Jon Gleek)
8. COVID Health Protection Board Risks (Attached - Rupert Suckling) 5 - 8
9. COVID Control Assurance (Attached - Rupert Suckling) 9 - 16
10. Minutes of the COVID Control Board Meeting held on the 7th October, 2020 (Attached - Rupert Suckling) 17 - 28
11. Dates and Times for Future Meetings:-

2020

- Wednesday, 11th November 2020, at 3.00 pm
- Wednesday, 9th December 2020, at 2.00 pm

2021

- Monday, 25th January 2021, at 2.00 pm
- Wednesday, 24th February 2021, at 2.00 pm
- Monday, 22nd March 2021, at 2.00 pm

Members of the Doncaster COVID-19 Oversight Board

Chair – Mayor Ros Jones

Councillors Nigel Ball, Jane Cox, Nuala Fennelly, Glyn Jones, Chris McGuinness, Jane Nightingale and Andy Pickering

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Present: Mayor Ros Jones (RJ) (Chair), Councillor Nigel Ball (NB), Dr. Rupert Suckling (RS), Damian Allen (DA), Councillor Jane Cox (JC) Deputy Mayor Councillor Glyn Jones (GJ), Councillor Jane Nightingale, Councillor Andy Pickering (AP), Shaun Morley (SM), Paul O'Brien (Po'B) and Fiona Campbell (FC).

Officers: Scott Fawcus (SF), Susan Hampshire (SH), Shannon Kennedy (SK), Jon Gleek (JG) and Rachel Wright (note taker).

Apologies: Councillor Nuala Fennelly (NF), Councillor Chris McGuinness (CM), Jackie Pederson (JP), Shayne Tottie (ST) and Daniel Fell (DF).

	Action	Deadline
<p>1. Welcome, apologies and introduction – Chair – Mayor Ros Jones</p> <p>Mayor Ros Jones welcomed all those present at the meeting.</p>		
<p>2. Exclusion of the public and press – Chair – Mayor Ros Jones</p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>		
<p>3. Public Statements and Questions – Chair Mayor Ros Jones</p> <p>Mayor Ros Jones noted one question had been received from a member of the public; Mr. Brown. Mr. Brown was invited to ask the question he submitted and a response was provided by the Chair, Mayor Ros Jones.</p>		
<p>4. Declarations of interest – Chair Mayor Ros Jones</p> <p>There were no declarations of interest made at the meeting.</p>		
<p>5. Minutes of the last meeting held on 18th August 2020 – Chair Mayor Ros Jones</p> <p>It was agreed that the minutes of the Doncaster COVID-19 Oversight Board held on 18th August 2020, be approved as a correct record.</p>		
<p>6. COVID-19 National Overview – RS</p> <p>RS gave a verbal overview of the significant changes made nationally as it is now very different to when the board met in August. A range of local lockdowns were implemented in Leicester, North West, West Midlands and the North East of England. A range of announcements were made which included strengthening of the rule of 6, commencement of COVID-19 marshalls, roll out of the NHS app, support for low paid or for those on zero hours contracts to self-isolate. There had been ongoing challenges with access to testing through test and trace. RS reported that across the country the rates of COVID were doubling every 7-8 days and if we did nothing further we could see 50,000 cases a day, and 250 deaths a day by October. This evidence has led to changes in guidance, people should now work from home where they can. New restricted operating hours for the hospitality and leisure industry were now in place. COVID secure guidance for businesses has become law, expanding the range of settings where legal obligations apply and higher fines for individuals or businesses. Pauses to the planned change from 1st October for the piloting of socially distanced crowds at sporting and business events. Expansion in the settings in which face coverings are required particularly those people using taxis, along with new expectations for Local Government and we await the guidance. RS explained that as we face the winter living with COVID and further restrictions could be implemented either locally or nationally.</p> <p>It is agreed that:</p> <ul style="list-style-type: none"> The presentation be noted. 		

<p>7. What the data is telling us - JG</p> <p>JG gave a verbal update on what we know currently using the various data streams that we have access to.</p> <p>Local numbers in Doncaster have shown that since the beginning of September there has been a noticeable increase in positive cases.</p> <p>The demographics show that in the early part of September higher numbers of people under 30 were testing positive, that category of people are less likely to become very unwell from it. However in the more recent weeks the numbers are increasing in the over 40 age category. The gender split is almost equal.</p> <p>Geographically community infections or streets where there are community-based transmissions are not being recorded, which is reassuring at this point, but it will continue to be monitored.</p> <p>There had not been a significant rise in the numbers in hospital and there had been a very small increase in the number of COVID-19 admissions from the occasional 1 per day to 2 per day.</p> <p>The number of deaths in Doncaster over July and August were very small and there was a period of time where none were recorded. This will continue to be monitored.</p> <p>The incident management team has grown its caseload of incidents and outbreaks that are being investigated, notably recently a number of schools had been included for surveillance where suspected cases and confirmed positive cases had been reported within the school.</p> <p>It is agreed that:</p> <ul style="list-style-type: none"> • The presentation be noted. 		
<p>8. COVID Health Protection Board Risks - RS</p> <p>RS presented the Doncaster COVID Control Board Threat and Risk Assessment report and gave the board an overview of each of the 5 high-risk areas the COVID Control Board manage.</p> <p>High-risk areas include how outbreaks are managed in high-risk settings such as care homes and businesses. RS explained schools and education settings were high risk as the process had changed nationally because PHE would no longer be involved with schools that only have 1 confirmed case, there must be 2 or more. The D of E had set up a helpline for schools with only 1 case. RS was hopeful that the risk around schools would come down but that care homes would remain a concern.</p> <p>RS explained that testing and contact tracing is high-risk, in Doncaster there is a regional testing sight and a mobile testing unit in the Dearne Valley managed by NHS test and trace. There were major challenges nationally with laboratories capacity. Local reports to the authority were that people are unable to book tests despite sites being empty. This is not a result of swabbing capacity by laboratory capacity. For reassurance interim arrangements for key-worker testing had been put in place and a letter sent to the Secretary of State for health to ask for further progress on that the availability of testing locally.</p> <p>RS explained how we support people to engage and comply with the test and trace programme is a high-risk area. The Communications team had worked to support younger people to engage with the programme, it is difficult to ask people to be tested if tests are unavailable. We are expecting the test and trace service to follow people up to make sure the public are self-isolating if needed.</p> <p>Mass gatherings pose a high-risk. RS explained why he took the decision on the morning of the St Leger that it must be held behind closed doors this was due to evidence that cases were rising, but also as a result the announcement about the rule of 6. RS said a mass gatherings framework had been developed, and this could be circulated and tabled at this board in the future.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • The presentation be noted. • The mass gatherings framework circulated to the board and then tabled at a future COVID-19 Oversight board meeting. 	RS	
<p>9. COVID Control Plan – Equality, Diversity and Inclusion – SH/SK</p> <p>SH and SK presented Equality Diversity and Inclusion work in relation to the outbreak control plan.</p>		

SH began by giving an overview of the background, vision and ambition. Doncaster Council were asked to produce an Outbreak Control Plan, and our plan brings together a multi-agency response to localised outbreaks. The content of the plan used some national themes identified, for instance particular high-risk settings, or populations. There wasn't a requirement to think about an EIA in the sense of undertaking due regard statements however growing evidence of unequal COVID outcomes and particularly for some populations growing evidence of unequal and poorer outcomes for poorer people and BAME citizens. Our citizens had asked the authority to address this and it is a welcome opportunity to reflect and think about the processes in place to ensure decisions made do not increase inequality, and to see what mechanisms we can have within daily decision making to manage outbreaks, promote inclusions and reduce inequality.

SH described the vision had been categorised into 3 areas prioritising the older population, BAME communities and the clinically shielded so that we can ensure any actions in place can mitigate issues.

There is a need to embed equality, diversity and inclusion into our ways of working to ensure all meetings are mindful of these issues and to act upon issues we may find. There will be a lot of learning, we need to identify a way of working which fosters and improves diversity and inclusion and develop a toolkit for use across the Team Doncaster partnership.

SK updated the board on specific aspects of the approach and the practicalities of moving from the vision to putting things in practice. Firstly a multi-disciplinary team established, setting up a working group with colleagues. They reviewed existing local and national intelligence helping to agree areas of focus older, clinically vulnerable and BAME communities. The team reviewed the outbreak control plan enabling them to look at areas that may cause or compound inequalities and looked for opportunities to support and foster diversity and inclusion in the approach to controlling COVID. Building on community assets by looking at creating community link working roles around COVID and where and how to start acting to embed design principles around fostering diversity and inclusion in all of the decision making through ongoing control measures and meetings. SK explained they had started to use ongoing management opportunities to respond where an early indicator of equality impact or risk that wasn't known already from the existing data.

Finally the group are considering further data needed so that they can keep an ongoing watch around the new restrictions and powers that we may apply. They want to monitor how that is applied to different groups and citizens so that the rules are being applied fairly across all communities. There will also be informal data collection from conversations with other organisations, groups and individuals to give balance.

SK identified the timescales of the key pieces of work that began in September. Testing of the key design principles and looking at emerging themes in the IMT will begin in late September. There will then be an easy read version of the EQIA report so that citizens can engage. Longer range work will include collating a toolkit so that we can foster this way of working across Team Doncaster.

RS explained to the board that the approach to having conversations in formal groups and informal groups, and individuals so we need to make sure that we are clear on how we will have the conversations and who with.

JC asked for reassurance on how are we going to make sure that we have conversations with citizens and communities, aren't just with the same groups we usually consult with and had concerns around inclusion as the scope was narrow, for example how have we engaged with people with learning difficulties?

SH thanked RS and JC for their observations, and explained they have started with those that were most effected but they have started an audit process and have identified other groups, which has now been picked up.

It was agreed that:

- The presentation be noted.

10. Minutes of the Control Board 9th September – RS

RS stated it was agreed COVID-19 Oversight Board would see the minutes of the COVID Control Board. RS gave a brief outline of what the minutes showed including how the board is structured, updates on data and intelligence, the incident management team and the number of incidents being managed which had risen in the last week. Key areas of attention on the returns to school and the public realm. Threat and risk assessment, update on the COVID Outbreak Plan and an update on comms. RS suggested that as there had been many

<p>changes in communications an updated communications plan be tabled at a future COVID-19 Oversight Board meeting.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • the presentation be noted • an updated communications plan be tabled at a future meeting of the COVID-19 Oversight Board. 	RS	
<p>11. Dates and Times of future meetings</p> <p><u>2020</u></p> <ul style="list-style-type: none"> • Tuesday, 20th October 2020, at 10.00 am • Wednesday, 11th November 2020, at 3.00 pm • Wednesday, 9th December 2020, at 2.00 pm <p><u>2021</u></p> <ul style="list-style-type: none"> • Monday, 25th January 2021, at 2.00 pm • Wednesday, 24th February 2021, at 2.00 pm • Monday, 22nd March 2021, at 2.00 pm 		

Last Updated: 7th October 2020

Doncaster COVID Control Board Threat and Risk Assessment (last updated 071020)

Doncaster COVID Control Board is coordinating multiagency command and control to endeavour to save life and minimise the impact and spread of COVID-19 in Doncaster.

This document captures our Strategic Threat & Risk Assessment against which partners are requested to update by exception.

Current impact scale:	Very high	High	Medium	Low
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AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
DATE REVIEWED		07.10.20
HEALTH SERVICE (Direct COVID)	<ul style="list-style-type: none"> • Increased Covid related pressure on local health services. <ul style="list-style-type: none"> ○ Acute care pressures. ○ Community care pressures. ○ Mental Healthcare pressures. ○ Primary Care pressures. ○ Pharmacy pressures. ○ Palliative Care pressures. ○ PPE availability. • Management of outbreaks in health services and clinical settings 	LOW
MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS	<ul style="list-style-type: none"> • Management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community • Development of Standard Operating Procedures for high-risk settings in development • Outbreak control plan in development 	HIGH
MANAGEMENT OF THE PUBLIC REALM	<ul style="list-style-type: none"> • Providing for maintenance of social distancing in the public realm, including: <ul style="list-style-type: none"> ○ Town centres / shopping areas ○ Pedestrianised public areas e.g. public squares ○ Pavements ○ Cycle ways ○ Areas where queues may form e.g. bus stops ○ Parks and green spaces • Risks associated with increased footfall and lack of social distancing associated with the re-opening of non-essential retail, the hospitality industry and other settings 	MED
PERSONAL PROTECTIVE EQUIPMENT (PPE)	<ul style="list-style-type: none"> • Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies. • Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability. • Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff. 	MED

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
DATE REVIEWIED	07.10.20	
TESTING AND CONTACT TRACING	<ul style="list-style-type: none"> • Effectiveness of the national programme locally. • Doncaster Sheffield Airport Regional Testing Centre. • Satellite Testing. • Mobile Testing Units. • Home Testing. • Key Worker Testing. • Wider population testing in accordance with government guidelines. • Impact of the national Care Home Testing programme on the staffing capacity of Care Homes; need for integration with local authorities to ensure ongoing monitoring and support to Care Homes. • Increased contact tracing requirements – impact on local health protection teams and local resourcing • Data availability and sharing limitations • The potential for localised outbreaks being undetected 	VERY HIGH
ENGAGEMENT IN TEST AND TRACE PROG	<ul style="list-style-type: none"> • Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines. • Impact on effectiveness of test and trace process and outbreak/incident management. • Impact on public health 	HIGH
WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE	<ul style="list-style-type: none"> • Increased support required for those needing to self-isolate. Support may include the provision to home addresses of: <ul style="list-style-type: none"> ○ Food ○ Medication ○ Essential supplies • Social isolation, and resulting mental health issues. • Safeguarding: <ul style="list-style-type: none"> ○ Children ○ Vulnerable Adults ○ Domestic Violence • Resilience of the Community & Voluntary Sector. • Working with new voluntary sector partners. • Management of spontaneous volunteers. 	HIGH
INFECTION, PREVENTION AND CONTROL CAPACITY	<ul style="list-style-type: none"> • IPC resource is highly valued in managing outbreaks so need to ensure sufficient IPC capacity and resource in the system to react to outbreaks effectively. • There is a risk of lack of access to IPC resource if outbreak numbers increase. 	MED
RESOURCING OF CORE IMT	<ul style="list-style-type: none"> • IMT in place over next 12-18 months to manage local incidents/outbreaks across Doncaster which will require significant resourcing i.e. data and insight and communications. • Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period. 	MED
MASS GATHERINGS AND EVENTS	<ul style="list-style-type: none"> • Return of events and implications on public health and public management in line with any further guidance. <ul style="list-style-type: none"> ○ Lockdown easing and latent demand coming through 	HIGH
SECOND WAVE	<ul style="list-style-type: none"> • Mechanisms in place to stand response activity up/adapt existing structures should a second wave occur. • Risk is implications of a second wave on resource and capacity for Doncaster Council and key partners • Impact on public health 	HIGH

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
DATE REVIEWED		07.10.20
OUTBREAKS ACROSS DONCASTER BORDER	<ul style="list-style-type: none"> Impact in Doncaster should residents of neighbouring areas across the border contract the virus and enter Doncaster i.e. for social or school/work purposes or an out of area placement. 	MED
IPMLEMENTATION OF RESTRICTION REGULATIONS	<ul style="list-style-type: none"> Mechanisms in place for authorised officers and agreed criteria to implement regulation Risk is consistent application/enforcement of restriction regulation on population of Doncaster in the event of future escalations and on future planning 	MED

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COVID Control update October 2020

Doncaster Council

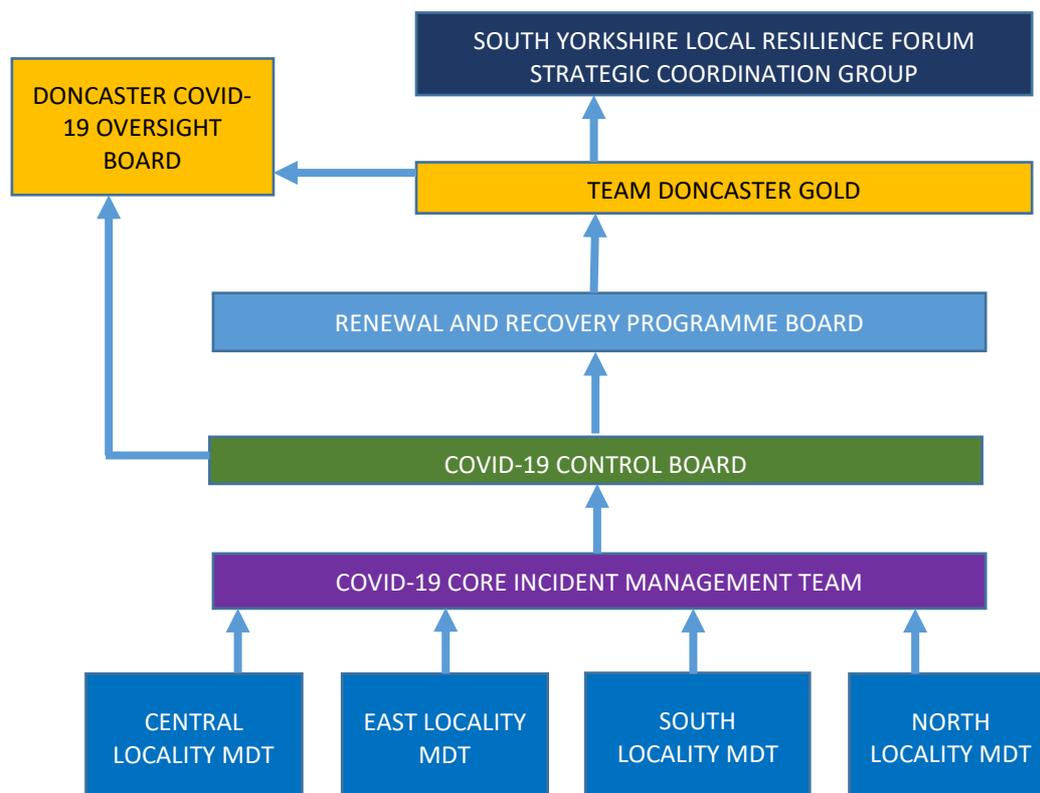
Outbreak Control Plan, structures, and governance

Latest Outbreak Control Plan:

Version 5 of the COVID Outbreak Control Plan and associated planning and response framework for high-risk settings/people/places was updated in September 2020. The summary (public) version has been uploaded onto the [Council's Coronavirus webpage](#).

Governance structure:

The current governance and reporting structure for the local COVID response is summarised below:



Plans are underway with the Council leadership team to formalise the response and governance arrangements for escalation to widespread community transmission. Information is included in section 8 of the plan, which outlines one option of the extension of the current COVID control board membership to include broader representation such as the management of excess deaths. Membership may also include additional senior representation from high-risk areas. This continues to be developed and will be adapted to the evolving situation and subsequent needs.

Coordination at all levels is multi-agency with representatives from across Team Doncaster. Doncaster Clinical Commissioning Group represents both the COVID health cell and the health system on the Incident Management Team, COVID control board and the Doncaster COVID-19 Oversight Board. Public Health England also feed directly into both the Incident Management Team and COVID control board, enhancing a coordinated approach to managing incidents, clusters and outbreaks.

The system reports regularly into the South Yorkshire LRF Strategic Coordination Group and its established sub-groups. Established links with neighbouring authorities continue and a process for informing of cross-border incidents/outbreaks or cases of interest through single points of contact.

Recent epidemiology and outbreaks

A data cell has been working across the Team Doncaster partnership to review, analyse and interpret available data. This includes, amongst other areas:

- Doncaster and Bassetlaw Teaching Hospitals NHS FT Infections/Deaths/Recoveries
- Doncaster Children's Services Trust Children's Data
- NHS 111 Calls
- Primary Care Coronavirus Hub (CCHUB) Data
- Community Infections
- Infections in Institutions: Care homes, Prisons, Children's Homes, education settings etc.
- Registrar Deaths
- Delayed Transfers of Care (DToC)
- Single Point of Access & Adult Social Care Discharges
- NHSE + Imperial Modelling

Daily surveillance and epidemiology meetings are undertaken which cover data and intelligence to give a solid understanding of the local picture including:

- PHE reports (7 day rates, exceedance report, red report)
- Rates – PHE published rate and local intelligence
- Demographics (e.g. cases & 7 day rate by age, gender, ethnicity analysis)
- Tests – positivity rate, who is accessing testing (deprivation, ethnicity, age), where people are accessing tests
- Early warning flags
- Clusters – e.g. LSOAs, communities with highest rates, clusters in areas of higher risk etc.

Daily line list review meetings are also undertaken which identifies cases that need further contact or welfare calls, those that need passing to health settings, education, other high risk settings. This includes a review of:

- At risk employers/jobs
- Shielded list
- Self-employed
- Higher age bands
- School age at a school not known about
- At risk activities
- Care settings
- High numbers of contacts
- National system unable to contact.

Daily Incident Management team meetings take place with multi-agency partners to monitor and review data and intelligence on COVID-19 cases, incidents and outbreaks, and to agree and coordinate the activities of the agencies involved to manage the investigation and control of the outbreak. Since established on 12th June 2020, the Incident Management Team has reviewed over 400 incidents, clusters and outbreaks.

The approach to data, epidemiology and outbreaks continues to be reviewed and adapted on a regular basis.

Current outbreak control strategy

Prevention and community support

Each of the 4 Doncaster localities have undertaken a review of their high-risk settings, places and populations and have visibility and prevention plans in place that are adapted as new insight and intelligence emerges. At a locality level, individuals referred into the teams are sign-posted to appropriate support, including in the community and voluntary sector where appropriate. The plans for scaling back up support for those clinically extremely vulnerable and those needing additional support to self-isolate in the cases that they have no support in place e.g. humanitarian support in the event of local lockdown or similar restrictions are currently being developed further. The data referred into localities through IMT and surveillance teams help to inform targeted prevention and outbreak management support. The level and type of data is regularly being reviewed and adapted as more becomes available to local teams.

Communications

Communications and engagement plans are in place with Team Doncaster partners. A Doncaster COVID-19 communications cell is in place involving the partners.

Communications and engagement activity is focused on local messaging using a range of platforms, including through digital communications. These include areas of focus such as, but not limited to:

- Reinforcing core guidance and advice as it changes
- Delivering the 'Let's do it for Doncaster' campaign to encourage behavioural change regarding physical distancing, hand washing, civic responsibility
- Promotion and advice related to the test and trace programme
- Communications in relation to outbreaks and outbreak management
- Access to services including health, local authority and partners.
- Targeted support and advice to education and early years settings to support consistent messaging and understanding for both settings and parents.
- Targeted engagement and communication with businesses
- Setting specific communication support, including outbreak management e.g. Care homes

Testing Strategy

A local testing strategy is in place, which is summarised in the outbreak control plan. The IPC and testing cell continues to meet weekly to review processes and challenges. With the ongoing challenges in access to Pillar 2 testing and some delays in results, additional work has been scoped to put in place a local booking system to prioritise key workers such as teaching staff (or symptomatic household members) to access tests through Pillar 1 in circumstances where staff absence poses significant business continuity challenges in the setting. The approach will be continuously reviewed depending on local lab testing and swabbing capacity. Additional work is progressing on scoping sites and arrangements for further mobile testing units or local testing sites as covid cases continue to increase across the borough.

Contact Tracing Arrangements

Members of the Doncaster Council Public Health team are currently undertaking contact tracing and welfare calls where the index case is either a resident or member of staff in a care home, or wider where additional investigation or 'curiosity' would be beneficial.

A core team of 10 members of staff have been trained and are undertaking contact tracing on a rota basis. A dedicated database system has been set up to monitor cases, contacts and welfare calls and quality assurance is in place. This is currently in the process of being extended to train additional public health staff. This model is also being further developed to factor in support from allied professionals and partners facilitate contact tracing activity, including in settings where an existing relationship and trust with those being contact traced is beneficial (e.g. homeless hostels) and home visits where no contact can be made. This will complement CTAS activity which will be firmed up once the CTAS/local team interface is clarified. Recruitment to further posts in the COVID control core team to coordinate contact tracing activity, alongside additional training is currently underway.

Support and advice arrangements

A local system is in place for the provision of support and advice. Colleagues from across Team Doncaster and settings can contact a single point of contact email and phone number to access advice or a call back from the public health team. This is currently staffed 7 days a week on a rota basis. Interim arrangements to respond to the current increase in demand and capacity pressures have been deployed, with a flexible approach for increasing capacity during busy periods being further developed.

An effective system is also in place for coordinated, specialist advice and support with the education section is also in place with the education SPOC 'edulog' and public health. This was established and has been adapted and pace as settings opened to provide an efficient, effective and supportive system. Similar effective systems have been established with regulation and enforcement and Business Doncaster teams to provide advice and support to businesses and workplaces across the borough are also in place.

Sector Specific Approaches

Bespoke planning and response frameworks have been developed for those assessed as complex or of higher risk. These are aligned to the regional Yorkshire and the Humber PHE and Local Authorities Standard Operating Procedures and outline a localised summary of:

- The primary prevention actions for the group, setting or place
- Initial actions to be undertaken in the event of a suspected or confirmed case
- List of proposed MDT members
- Outbreak control measure actions and considerations
- IPC actions and considerations

The Framework covers a range of themes including, but not limited to:

- Care homes
- Homeless and rough sleepers (including commissioned and non-commissioned supported housing)
- Businesses and workplaces
- Public realm (including town centres, high-footfall areas, shop areas etc.)
- Domiciliary Care
- Childcare and Education Settings
- BAME populations
- Roma Communities
- Gypsy and Traveller communities
- Places of Worship
- Areas with high vulnerable or shielding populations
- People who are drug and/or alcohol dependent in residential settings
- Asylum Seeker population

- Supported living
- Day centres
- Children's residential settings.
- Sports and physical activity clubs and settings
- Open spaces
- Health and care settings

The framework continues to be developed and strengthened through the IMT. A review will also take place following the activation of one of frameworks and following any significant changes in guidance.

Challenges and risks

Some of the current challenges are:

- Approach for events and mass gatherings (although work is ongoing with the LRF to develop a shared set of principles)
- Areas with high level of public concern e.g. car boots
- Access to testing and timely turnaround of results
- Staff capacity and fatigue
- Regular, short-notice guidance changes
- Schools and families with large numbers of pupils self-isolating and knock on effects (including staff absence in frontline and other services)
- Organisational fatigue and complacency including ensuring maintenance of agreed lines of communication, escalation processes, partnership working and staff and system resilience
- Lack of compliance to latest guidance (potential and perceived)
- Clarity on enforcement responsibility, capability and routes in some cases and changes to legislation
- Shielding and the potential for re-instatement of support alongside regularly updated shielding lists and their impact on provision and demand across health and social care sector
- Potential concurrent impacts of EU-Exit and supply chains e.g. food, medication
- Availability of monitoring data e.g. ethnicity.
- Concurrent impacts of future incidents e.g. flooding, weather and winter pressures across the whole system
- Challenges and planning risks associated with the number of different models that can differ significantly that are issued from government departments. This can make local modelling more difficult.

The key risks being monitored by the COVID control board include:

- Direct impacts of COVID on the health service
- Management of outbreaks in high risk settings
- Management of the public realm
- PPE
- Testing and contact tracing (including engagement)
- Welfare of vulnerable people needing to self-isolate
- Infection Prevention Control capacity
- Resourcing of Incident Management Team
- Mass gatherings and events
- 'second wave'

The current threat and risk assessment is attached.

Planned future developments

Planned future developments include:

- Developing the EQIA and embedding recommendations
- Further development and update of data section in OCP
- Finalising the response structure proposals for a scaled up response
- Finalising the local contact tracing approach (including interface with CTAS)

Planning ahead

Modelling of likely future challenges and planned responses

Work has been ongoing across the local system to model for likely challenges in line with the latest SAGE Reasonable Worst Case Scenario planning assumptions. This has included system-wide exercises and workshops with the System Resilience Group for winter and covid, scenario based discussion with Council leadership, including concurrent incidents/impacts and also strategic exercises with the SY LRF partners.

Following the initial response phases, a series of learning and review sessions were undertaken with Directorate Leadership Teams to identify good practices and any learning. An evaluation of the Tactical Coordination Group establishment and process was also undertaken with Team Doncaster partners involved in the early response. Recommendations from these are being fed into future plans and work.

An approach to a rolling programme of scenario tests with the Incident Management Team reviewing approaches to managing of incidents, clusters and outbreaks in high-risk settings, such as those identified in the planning and response framework. IMT also holds a 'reflection session' every Friday to review challenges and strengthen the current arrangements to guide future response.

A process has also been established from early on in the pandemic to share new models and planning assumptions across the partnership to support consistent planning and preparedness. Sharing of new models and assumptions across partnerships

Resilience and resource issues

Recruitment is underway for additional capacity in the covid control team, including for:

- Data, intelligence and insight
- Establishment of core team and localities support
- COVID taskforce to provide surge capacity
- Specialist support including infection prevention and control and swabbing
- Environmental Health Officers.

Additional resilience is also being established through further training for public health staff to be able to scale up capacity to support various aspects of response as it is needed. This approach is reflected across partners. Business Continuity planning and review continues across all organisations.

There are some challenges identified with resource and resilience which continue to be considered and further developed. These include:

- Resilience of staff and psychological/wellbeing support (led by the multi-agency workforce cell). A learning from partners' approach continues to be utilised
- Staff absence through sickness (covid and non-covid) or self-isolation and the subsequent impact on staffing and prioritisation of services

- Availability of experienced staff to recruit and build specialist capacity
- Voluntary and community sector resilience and availability of ongoing support

Issues for escalation

- Approach for events and mass gatherings (although work is ongoing with the LRF to develop a shared set of principles)
- Areas with high level of public concern e.g. car boots
- Access to testing and timely turnaround of results
- Staff capacity and fatigue
- Regular, short-notice guidance changes
- Shielding and the potential for re-instatement of support alongside regularly updated shielding lists and their impact on provision and demand across health and social care sector
- Potential concurrent impacts of EU-Exit and supply chains e.g. food, medication
- Availability of monitoring data e.g. ethnicity.
- Concurrent impacts of future incidents e.g. flooding, weather and winter pressures across the whole system
- Challenges and planning risks associated with the number of different models that can differ significantly that are issued from government departments. This can make local modelling more difficult.

Key contacts:

- Rupert Suckling, Director of Public Health, Doncaster Council

09/10/20

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COVID Control Board Meeting Notes and Actions

Date Wednesday 7th October 2020
 Time 15:00
 Location MS Teams
 Chair Rupert Suckling

Attendees: Rupert Suckling, Victor Joseph, Kathryn Brentnall (College), Catherine Needham, Steph Cunningham, Claire Scott, Lisa Devaney (DCCG), Tim Hazeltine, Paul O'Brien (GMB Trade Unions), Fiona Campbell (National Education Union), Kenneth Agwuh (DBTH), Kevin Drury, Clare Henry, Andrew Russell (DCCG), Sarah Sansoa, Susan Hampshire, Mark Steward (St Leger Homes), Gill Gillies, Nick Wellington, Karen Johnson, Emma Gordon, Laurie Mott, Carys Williams, Debbie John-Lewis, Jon Gleek, Simon Noble, Scott Cardwell, June Chambers (PHE), Andy Hibbitt (Doncaster Chamber) and Olivia Mitchell.

Apologies: Leanne Hornsby, Steve Waddington (St Leger Homes), Paul Ruane, Kate Anderson-Bratt, Mark Wakefield, Louise Parker, Victoria Shackleton, Mark Whitehouse (Unite Union), Andrea Lee, Shannon Kennedy, Robert Ellis, Damian Allen, Jim Board, Chris Marsh, Caroline Temperton, Mary Leighton, Peter Doherty, Vanessa Powell-Hoyland.

No	Item	Key Decision / Action	Allocated to
1.	Welcome and Introductions	RS welcomed all to the meeting.	
2.	Apologies	RS noted apologies.	
3.	Purpose of Meeting	RS confirmed the four key purposes of the meeting as follows: <ol style="list-style-type: none"> 1. Responsible for the development, exercising and testing of COVID Control Plan. 2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity. 3. Address threat and risks that arise from the TCG. 4. Escalate issues which cannot be solved by the Board into TCG or other structures. 	
4.	Urgent Items for Attention	<p>RS raised that this will be the last Covid Board meeting in its current form.</p> <p>RS has briefed Directors on assessment relating to number of Covid cases coming through. Since end of Aug we have seen doubling in number of Covid cases and rates are above 100 per 100,000. Additional lockdown and restrictions are a matter of 'when' not 'if' in South Yorkshire. It is highly likely that once additional restrictions are put in place, they will remain place until March/April next year.</p> <p>As partners we have a number other challenges (winter period, EU exit and wider impacts of Covid) and so have re-constituted TCG to act as the emergency planning, co-ordinating function to take us through next 6 month period. Covid is a key part of this,</p>	



		<p>some threats and risks managed in the Covid Board might be better managed in TCG.</p> <p>Over the next week we will be working through where the threats and risks sit, particularly business, enforcement and public realm risks.</p> <p>A Covid Control plan is still required and IMT will continue to meet daily. Covid is a nested problem in wider impacts on health and care system, economy and environment. RS noted environmental and economic impacts over 6 months could be significant in Doncaster. Relooking at our partnership approach is sensible.</p>	
<p>5.</p>	<p>TCG Update</p>	<p>GG provided an update on TCG arrangements:</p> <ul style="list-style-type: none"> • Adopting a multi-agency emergency planning, co-ordinated function. Reduce duplication and managing interdependencies. • Taking an intelligence and information led approach. • Managing threat and risks across Doncaster – picking up risks in greater detail – manage out and mitigate. • TCG will be reporting directly into Team Doncaster Gold. • There was a SY LRF exercise last month to review plans – actions identified. • Reviewing TOR and strategy which regularly needs updating – currently reviewing draft strategy in context of potential local lockdown. • Discussed in TCG this morning – wider health implications and impacts, setting up workforce resilience cell, homelessness, availability of seasonal flu vaccines, support to businesses and people through local lockdown. <p><u>Questions/comments:</u> RS added that we do not expect national lockdown, we expect educational blended learning continuing, economy to remain open as much as possible and see health services to remain open and operating as normal as much as possible. It will be a different level of operating in lockdown. Starting to plan for this and the Covid Board has key lead around Covid element of this.</p>	
<p>6.</p>	<p>Data and Intelligence Update</p>	<p>JG provided the data and intelligence update:</p> <ul style="list-style-type: none"> • JG presented a graph which illustrated number of cases by specimen date – shows a significant rise in cases after peak and then plateau over summer. JG notes important to mention that community testing wasn't wide spread back in April/May and over summer so this impacts number of cases. Crucial figure to look at is the 100k rate, which is per capita how many have tested positive in rolling 7 day period. • Doncaster's PHE official 7 day rate is 84.4 which is lower than England average of 91 and considerably lower than comparative neighbours in SY (Barnsley 105.6, Rotherham 134.1, and Sheffield 208.9). If we project forward using PHE official data we can see over the next few days the rate will begin to increase over the 100 mark in Doncaster. 	



- Applying our local intelligence the 7 day rate is 85.7 and when we project forward using data we can see in the system the 7 day rolling rate increases to 125 as a minimum. JG added expect more cases to come in system over next few days.
- Looking at 14 day infection period by age, the highest category for cases is 15-19 year olds. In terms of broader age band, also seeing more cases in mid-30 to 40's age bracket and in over 50's.
- In terms of geography, cases are wide spread. However, there are a few areas the team is closely monitoring as have high number of cases – Bessacarr, Armthorpe, Balby and Bentley. However we are not seeing signs of community infection in these areas.
- JG provided update by exception on the population and flow model:
 - Weekly numbers of shielded population are now coming through – total of 16,600. JG noted that we do have details for 18,000 individuals but some are no longer on list.
 - Hospital occupancy is increasing – today occupancy across DBTH is 39 Covid patients (29 Doncaster residents). To compare – close of play last Friday there were 23 patients and the Friday before that there were 9 patients. Clear increasing trend.
 - 3 Doncaster residents in ITU.
 - In the last weeks of Sept there were 3 registered Covid deaths in Doncaster and softer intelligence suggests more to come through.

Questions/comments:

RS – we are seeing higher rates, age breakdown is important, mortality rate higher in those over 80, important to know who is getting infected, good to hear about hospital activity. Hard to compare to previous months as testing strategy is different than it was in April/May. Doubling rate every 7-10 days, slower than every 3 or 4 days in April/May – sense is it could remain or accelerate.

GG – do we have info on 39 patients in hospital? Demographics?

JG - Of 39 in hospital, almost all are over 70.

GG - Younger people catching virus but spreading to elderly.

VJ – PHE provides ethnicity data. In view of increase in numbers, can we present ethnicity data from admission info or test and trace?

JG – Ethnicity data in T&T not great. Better off looking at clinical records of smaller numbers.



		<p>LM added the team has completed analysis of ethnicity from T&T data.</p> <p>Action: LM present analysis of ethnicity data collected from T&T information at Covid Board next week.</p> <p>Action: To be provided at Covid Board next week - an update on the action plan and the equality impact assessment related to the Outbreak Plan.</p> <p>KA – we had under 10 patients in hospital this time last week and this week there are circa 35 in DRI alone and 1 in Bassetlaw. 4 patients in ITU.</p> <p>KA added the hospital has identified two outbreaks - held outbreak review meeting yesterday and reported to PHE. One of the outbreaks is on the Elderly Care ward and it appears some of the patients on the ward had visits from relatives who tested positive – KA queried what comms is being provided to public re isolation and guidance which should be followed?</p> <p>KA added that the second ward outbreak involved 11 patients and 8 staff members – cannot tell the link between these cases – monitoring.</p> <p>RS raised the need to reinforce key messages and advice re isolation.</p> <p>LD noted there are currently 2 beds occupied at RDASH. RDASH has challenges with staffing - 19% Covid related staff absence and seeing increase in staff testing positive, cannot see any link between staff members at present.</p> <p>LD added, in terms of primary care, we are seeing some practices with staff becoming symptomatic, testing being completed and using nurse to reinforce IPC support and messages.</p>	<p>LM</p> <p>SH</p>
<p>7.</p>	<p>Daily Incident Management Team Update</p>	<p>CN offered the board an overall summary and included;</p> <ul style="list-style-type: none"> • IMT have managed 409 incidents/outbreaks with 266 closed since 12th June • There are 83 current live cases. By setting, this includes 40 live cases in education/school establishments, 11 live cases in Care Home settings, 9 live cases in businesses and 7 live cases in early year’s settings. • There are 60 cases IMT are monitoring (1 or more individual reports of symptoms and awaiting test results). • Today's rolling 7 day average is 62.3, increase from last weeks reported figure of 40.4. This is driven by 65 new incidents managed through IMT. Seeing movement across education settings, Older People and Learning Disability Care Home settings. Have also seen a large shift in the number of cases in early year’s settings. • Over the same 7 day period, IMT has closed 59 cases (many of these in schools and closed due to negative results). 39 were closed due to outcome of negative results, 18 closed as came to end of monitoring period and a couple were managed outside of Doncaster boundaries. 	



		<ul style="list-style-type: none"> • CN noted that of the 83 live cases, there are expected end dates for 64 of them. <p><u>Questions/comments:</u> JC – number of cases higher in other areas in the region; i.e. Sheffield, Rotherham, Leeds/West Yorks. JC added that there is a lot of work being done in Bradford but not making big difference to numbers.</p> <p>PO raised re a school in Epworth with a Doncaster postcode – a confirmed case in the school where a teacher and a bubble were sent home, a letter was sent to parents which said the child in the bubble was required to isolate for 14 days but other members of the household were not required to isolate. Then, a couple days later there was a further confirmed case in a pupil at the same school and the same letter was sent to parents. Concerning – advising the household they are still able to go out in the community when their child is self-isolating as has had potential exposure to Covid – why is this the advice? What do we do in Doncaster or can we take local approach?</p> <p>RS – thanks for raising. In Doncaster we adopt similar approach as this is the national guidance which is - if someone is a contact of a positive case then they should self-isolate, but other people in the same household of the contact are still able to go out into the community to work etc unless they develop symptoms, in which case they should self-isolate. RS added that tend to take a proportionate approach for infectious diseases which would mean not isolating everyone. In the past 2 weeks since the rule of 6 and guidance re WFH has been introduced, this has reduced some of this risk. Agree it is a balance between preventing any further infections vs keeping economy and jobs/livelihood.</p> <p>Action: CW and RS think about adopting a local approach to self-isolating.</p> <p>FC – government need to give consideration about what is happening in schools. There are instances where teachers are being asked to double up classes in the school hall due to staff absence. Massive impact on staff and means some schools bubbles are being crossed and people mixing. Needs to be some consideration to local approach and local solution.</p> <p>CN added that schools across Doncaster are completing a daily form which indicates number of positive and suspected cases for pupils and staff. There were a total of 110 returns yesterday – there are 40 establishments with live/TBC cases, 27 positive pupils, 18 positive staff members and 314 suspected pupil cases and 34 suspected staff cases. Monitoring on daily basis.</p>	<p>CW, RS</p>
<p>8.</p>	<p>Key updates and exceptions from all members</p>	<p>Children and Young People</p> <ul style="list-style-type: none"> • KD – aware of some schools heavily hit with staff isolating – the priority is safety and also that children have opportunities to learn. 	



- No schools fully closed down at present, schools are working hard on risk assessments to minimise number of individuals needing to go home to self-isolate.
- We are monitoring schools and ensuring we are aware of when their return dates are and contacting schools to see if they need any further support to make sure Head Teachers feel confident with their pupils and staff returning following absence.

Unions

- Re lobbying to government, FC noted this has been ongoing for few weeks - continuing to press. Young people might not be seriously affected by Covid but there are concerns around staff in schools and the impact on older people who make up significant proportion of staff. Approaching tipping point. FC confirmed LH is part of this discussion with Unions.
- PO – GMB nationally has policy and advises members they shouldn't work in other bubbles to prevent and reduce spread and protect staff. We are aware of schools actively encouraging staff to operate in other bubbles – this isn't right and schools should be putting mental and physical health of staff first. PO has provided PR details of school in Doncaster asking their staff to work across bubbles.

Doncaster College

- KB noted the College is seeing increase – 3 positive staff and 2 or 3 students positive. Hit with number of isolations due to symptoms/test and trace.
- There is 1 student who lives in sheltered accommodation who has symptoms - the accommodation won't test and they are refusing to have test the College offered, therefore College has said the individual cannot come into the College setting for 10 days.
- Mindful of protecting staff – advice to 'work from home where you can'.
- Quality of teaching and learning will be compromised
- Mask in public spaces, thinking about mask in classes' as well. Wearing masks in College building seems to be working ok.
- Do not yet know impact of local lockdown on College – we do have some people travelling in from elsewhere.
- Concerned re impact on staff who have children – WFH as much as possible.
- Can't expect staff on frontline to be in the setting and then managers to be working at home – will manage in a way that's respectful to staff and students health and safety.
- Joining up more with KD and team.

Environmental health team

- NW noted the team is seeing more cases in office environment and shops than expected. Re those potential



		<p>high risk premises initially identified, cases not coming through yet.</p> <ul style="list-style-type: none"> • Working with public health to chase up cases in relation to workplaces • Enforcing latest set of regulations, particularly in hospitality sector. Working with colleagues in licensing, police and setting up reporting procedures to TCG. • Working reasonably well at present. <p>Health</p> <ul style="list-style-type: none"> • Nothing to report by exception. • Re impact on health services risk – LD notes this is between low and medium risk – manageable but going up. <p>Public Realm</p> <ul style="list-style-type: none"> • SCa noted that currently there is no formal group meeting on public realm. Not in lockdown as a place and no announcement of government measures. Watching brief. • Set up business cell meeting weekly as concerned need co-ordinated support effort to businesses. • Doing work under economic recovery group on more strategic basis • SCa notes no need for co-ordinated group to do work on public realm at present. If consistent breaches of more than 6 in town then might need to establish. Regular meetings with the police taking place and moving towards more co-ordinated town centre as daily tasking meetings now taking place. There are mechanisms in place to feed into should we need to. • CS – community area teams continue to undertake engagement and visibility work in town centres across Doncaster – looking at hotspots in public realm, shops and footfall areas and included in tracker update. Feels there is a lapse in some members of the public following correct guidance out in the community. CS added that although we are seeing clusters in younger age group, we are seeing some clusters in older group too, for example in Armthorpe there was a cluster of people aged in their 50's – relating to eateries and working men's clubs. • GG added that we are waiting for government guidance on Covid Marshalls – this week potentially. Government indicated there will be funding for Covid Marshalls. There are ongoing conversations about reprioritising and refocusing staff, the compliance and enforcement cell is running and linking with communities and police (use of CMART car to target). Once we have further information on Marshalls then can link with SCa re who takes lead on enforcement. We are clear on protocols of who has jurisdiction. • RS noted that public realm may be a risk that gets handed over to different group to manage - will keep eye on. 	
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		<p>St Leger Homes</p> <ul style="list-style-type: none"> • MW noted there are no particular issues • Starting to see staff into isolation and some positive cases. • Re homelessness – we have a 3 weekly meeting on accommodation flow and also feed into town centre briefings chaired by Pat Hagan. Reduced from peak of 80 individuals in hotels for emergency accommodation to 50 individuals concentrated in only one hotel. Demand for service remains high and all the risks that presents. <p>Businesses</p> <ul style="list-style-type: none"> • SCA noted that a deep dive into furloughed staff and ‘at risk’ sectors has been carried out in the economic recovery group. The team is looking at companies that fall under high risk sectors. • Important to note that we are also seeing positive signs of companies growing and recruiting – trying to make sure we have pipeline of businesses that the Council and the Chamber can signpost those potentially made redundant into. • AH added that businesses are innovating, adapting to climate they’re in. Re the guidance of ‘work from home where you can’ – businesses appear to be taking to this well and adapting accordingly – businesses better prepared for working from home now. • RS and Richard Parker led a session for businesses today which went well. • AH added that feedback for the session has been overwhelmingly positive. Potential further session in future. <p>PHE</p> <ul style="list-style-type: none"> • JC noted that the latest major PHE guidance released was the change from 6 weeks to 90 days before positive cases can be retested. Nothing further coming out. 	
<p>9.</p>	<p>Threats and Risks Register</p>	<p>RS took all through the threat and risks to check if impacts had changed:</p> <ol style="list-style-type: none"> 1. <u>Impact on Health Services</u> – risk to remain as LOW LD notes this is between low and medium risk – manageable but going up. 2. <u>Outbreaks in high risk settings</u> – risk to remain as HIGH RS noted high risk settings including schools, care homes, LD homes and other ASC providers and workplaces. Risk to remain as high due to volatility, particular challenge with schools. DJL – testing for staff in positive STEPS, couple therapy staff tested positive and awaiting some results of wider staff team and guests in the service. Unit is closed for new 	



		<p>admissions currently. DJL added we are also completing the route cause analysis for a large outbreak we have had in Roman Court (Older People Care Home, Mexbrough) and also an outbreak in Chapel Lane (LD Care Home). The big challenge is visitors to care homes – there is dichotomy around previous response to Covid as care homes were closed to visitors. Need to develop a risk tool for this challenge – it is about social isolation vs risk of contamination to virus and the impact of this.</p> <p>3. <u>Public Realm</u> – risk to remain as MEDIUM based on discussions heard in today’s meeting</p> <p>4. <u>PPE</u> – risk to remain as MEDIUM</p> <p>5. <u>Testing and contact tracing</u> – risk to increase to VERY HIGH</p> <p>Action: Increase risk rating from high to VERY HIGH</p> <p>RS noted this risk should be very high given national challenges over weekend. Doncaster has introduced key worker testing, mobile testing unit in Balby last week and looking at arrangements for future testing in place.</p> <p>VJ – added key workers in pillar 2 testing. Capacity available for key workers much better than used to be for public. Despite challenges in the system, the picture they are presenting nationally is not as bad a position as a week or so ago.</p> <p>6. <u>Engagement in test and trace programme</u> – risk to remain as HIGH based on discussions in today’s meeting.</p> <p>7. <u>Welfare of vulnerable people needing to self-isolate</u> – risk to remain as HIGH</p> <p>RS raised the need to rethink approach to managing welfare of vulnerable people as cases increasing i.e. use of community hub through first response phase.</p> <p>KJ noted this is already being worked on, we are revising the step up plan and currently working with partners re what this looks like. We do not plan on setting up centralised food hub as before, we are looking at management of helpline and social isolation alliance. Carrying out proactive work for those extremely vulnerable and targeting those that needed support during phase 1 of response. KJ is taking plan to Directors and TCG next week to get signed off and resources in place. KJ suggests risk is still high until plan firmed up.</p>	<p>OM</p>
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		<p>8. <u>IPC capacity</u> – risk to remain as MEDIUM</p> <p>VJ – broadly speaking is ok. Risk was low, increased last week as seeing more outbreaks occurring, more outbreak control meetings. Monitoring.</p> <p>9. <u>Resourcing of core IMT</u> – risk to remain as MEDIUM</p> <p>Action: RS to ask Helen Rowlands to chase up where areas are at with their recruitment.</p> <p>RS noted may need to think about front loading some of this if we are ramping up response but appreciates recruitment difficult currently. RS noted the gaps in other parts of organisation, particularly emergency planning.</p> <p>10. <u>Mass gatherings and events</u> – risk to remain as HIGH</p> <p>GG – still getting requests for events through. Many upcoming events - Halloween, Bonfire, Remembrance Sunday, Christmas and New year. If all stick to rule of 6 then low risk but this is unlikely. GG added that we have agreed as LA there won't be Remembrance Sunday event in Doncaster area and advising across borough – any event would attract people. Working with comms and communities teams around key messages for events coming up. LRF also looking at this.</p> <p>11. <u>Second wave</u> – risk to remain as HIGH</p> <p>12. <u>Outbreaks across Doncaster border</u> - risk to remain as MEDIUM</p> <p>13. <u>Implementation of restriction regulations</u> – risk to remain as MEDIUM</p> <p>RS noted workshops underway as to how restriction regulations be implemented across Doncaster.</p>	<p>RS</p>
<p>10. Communications</p>		<p>SCu provided an update on current comms activity:</p> <ul style="list-style-type: none"> • Events – agreed amongst head of comms in different LA's there is consistent approach to this across all. • Back to basics – reemphasising key advice and guidance and legal requirements people should follow. Done regularly throughout pandemic, now have stronger brand with 'Let's do it for Doncaster'. All partners to use brand so is recognisable. • Advertising on buses, in public accessible places and on social media. • Reflecting on the point in time and being agile – change comms approaches and tone of messaging accordingly. May need to be harder in tone in coming weeks. 	



		RS added that even if Doncaster doesn't have additional restrictions and near neighbours do then this will have impact on us.	
11.	Outbreak plan	<p>RS noted there are some areas in the Outbreak Plan we will need to keep under review and keep updating. We will look at updating TOR and threat and risk assessment in light of new TCG.</p> <p>CW noted currently on v5 of Outbreak Plan. Assurance report submitted two weeks ago will be added to the plan, and will align the plan to TCG and be clear of what is being covered and managed under the Covid Board. Other updates to plan include information relating to additional capacity for MDT, protocols for mobile testing units and local testing sites and local contact tracing.</p> <p>Action: RS, CW and GG meet to review threat and risk assessment in light of TCG being stepped back up.</p> <p>Action: RS and CW update Covid Board TOR and membership (to be guided by the threat and risk assessment and groups that have been established).</p>	<p>RS, CW, GG</p> <p>RS, CW</p>
12.	Chair Summary	<p>RS offered a summary of discussions:</p> <ul style="list-style-type: none"> • Increasing rate of cases • Re additional restrictions in Doncaster, a question of 'when' rather than 'if'. • Covered current IMT activity in today's meeting • Received a set of exception reports from partners and updated the threat and risk assessment. • Good decision to re-establish TCG. 	
13.	AOB	None raised.	
14.	Date and Time of Next Meeting	Wednesday 14 th October 2020, 15:00.	

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