Public Document Pack

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: Wednesday, 9th December, 2020
TIME: **2.00 pm**

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.

BROADCASTING NOTICE

This meeting is being recorded for subsequent broadcast via the Council's web site.

The Council is a Data Controller under the Data Protection Act and images collected during this recording will be retained in accordance with the Council's published policy.

Please be aware that by entering the meeting, you accept that you may be recorded and the recording used for the purpose set out above.

Damian Allen
Chief Executive

Issued on: Tuesday 1st December, 2020

Governance 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 5.00 p.m. on Thursday, 3rd December, 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 Meeting held on the 11th November, 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/Laurie Mott).	
8.	COVID Health Protection Board Risks (Attached - Rupert Suckling).	5 - 6
9.	Ethnic Minority COVID Action Plan & Minority Partnership Board Action Plan - November, 2020 (Attached - Rupert Suckling).	7 - 14
10.	Minutes of the COVID Control Board Meeting held on the 18th November, 2020 (Attached - Rupert Suckling).	15 - 24

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

This page is intentionally left blank

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 Chris McGuinness (CM), Councillor Jane Nightingale (JN), Mel Palin (MP), Paul O'Brien (Po'B), Fiona Campbell (FC) and Jackie Pederson (JP).

Officers: Scott Fawcus (SF), Carys Willams (CW), Laurie Mott (LM) George Torr (Press) Rachel Wright (note taker).

Apologies: Councillor Nuala Fennelly (NF), Shayne Tottie (ST) and Daniel Fell (DF).

	Action
1. Welcome, apologies and introduction – Chair – Mayor Ros Jones Mayor Ros Jones welcomed all those present to the meeting.	
2. Exclusion of the public and press – Chair – Mayor Ros Jones The Board agreed that there were no items on the agenda that the public and press should be excluded from.	
3. Public Statements and Questions – Chair Mayor Ros Jones Mayor Ros Jones noted there were no questions received from members of the public	
4. Declarations of interest – Chair Mayor Ros Jones There were no declarations of interest made at the meeting.	
5. Minutes of the last meeting held on 20th October 2020 – Chair Mayor Ros Jones It was agreed that the minutes of the Doncaster COVID-19 Oversight Board held on 20th October 2020, be approved as a correct record.	
6. COVID-19 National Overview – RS RS gave a verbal overview of the significant changes since the last meeting in October. RS explained to the board that Doncaster was placed in the Very High tier COVID restrictions on the 24th October and then under national restrictions on the 5th November, which was in response to the increase of infection rates, demand on hospitals and rising number of deaths. In line with those changes when moving into Very High restrictions South Yorkshire authorities saw additional support for contain and businesses. Then when entering national restrictions there was a further extension of the furlough scheme. RS summarised significant announcements since the previous meeting one related to foreign travel back into the UK from Denmark and there being a national alert on COVID being found in mink. The next announcement was on mass testing, RS explained Doncaster was one of 67 areas that would have access to lateral flow testing where people carry out a supervised test and get a result within 20-30 minutes. Work with the Government would begin to understand the best ways of using those tests and eligibility. RS highlighted the potential for a vaccination for COVID, as one vaccine being tested had completed a positive phase three trial, the NHS therefore had begun preparations to carry out mass vaccinations. RS informed the board that as the NHS system would be under pressure the onus would be on the council to communicate with the public. DA emphasised the scale of the challenge to board members that mass testing and mass vaccination would bring, and added that there would be enormous amounts of pressure on the system, that is already dealing with additional work, whilst still seeing high levels of community transmission. **RESOLVED;** • That the presentation be noted.	

7. What the data is telling us - LM

LM gave a verbal update on what we know currently using various data streams.
LM highlighted headline figures to the board, so far there had been 9506 confirmed diagnosis of COVID-19 in Doncaster since March, with a rapid increase of cases throughout October. A slightly fewer number of cases were recorded in the first week of November.
The seven-day rate per 100,000 peaked at the end of October whilst this had started to fall in the last two weeks it remained very high.
LM explained that the 7 day rate in those aged 65+ was now being monitored and that it peaked at the same time as the all age rate, but that the rate in the over 65's was falling more sharply.
LM drew the board's attention to the hotspot areas of Bentley, Old and New Rossington and Edlington where there were high levels of cases, but informed members that cases in those areas appeared to be declining, the rates in Hyde Park were building however and that area was starting to cause concern.
The board were advised that Doncaster's positivity rate was falling but still well above the 5% threshold.
LM reported there were 175 live incidents being monitored, 27 new incidents in the last week, with 29 potential outbreaks.
LM updated the board on the current situation in hospital settings, currently 202 beds were occupied with patients with COVID-19. The number of acquired cases in the community was 70% and rising, with the number of cases acquired in hospital decreasing over the last week. Bed occupancy rate was at 90%, which was high for this time of year. 700 staff were not in work, and of those 400 were COVID related. LM informed members there had been 412 COVID related deaths, 113 had recorded over the last 3 weeks.

RS explained that the figures indicated there was still widespread community transmission that would feed through to hospitals over the coming weeks and whilst it was good news numbers weren't rising we couldn't be complacent.

JP added that the situation was challenging across the Doncaster trusts, the difference being during this national lockdown that elective services continued, previously they were paused during the first wave, this added acute pressure across the system. JP also wanted members to note the importance of the public taking up the offer of flu vaccinations this winter.

RESOLVED;

- That the presentation be noted.

8. COVID Health Protection Board Risks - RS

RS presented the Doncaster COVID Control Board Threat and Risk Assessment report.

RS explained that fewer risks were being managed by the COVID Control Board than at previous meetings because of the re-establishment of the Tactical Coordination Group and Team Doncaster Gold Group.
The high risks still being monitored by COVID Control Board were the management of outbreaks in high-risk settings, whilst they had a good grip on outbreaks it was felt they should still look to do more. With agreement with Unions and Headteacher's a school task group was established to support schools be even more effective at keeping open education settings.

RS described another risk was testing and contact tracing, and stated that we now had additional testing capacity in Doncaster, the challenge was to make sure it knits together with local contact tracing. Therefore a timeline to support NHS test and trace was produced and local contact tracing would take over for those people NHS test and trace weren't able to meet. RS commented that this risk was likely to reduce, as work was carried out with the team to free up capacity to do approximately 1000 contact tracing calls a week.

RS noted hospitals were of high risk because of direct impact of looking after people with COVID and keeping other services running. Also RS mentioned the welfare of vulnerable people, and added that contact would be made with those identified.

RESOLVED:

- That the presentation be noted.

9. Minutes of the Control Board 21st October, 2020 – RS RS updated the board on the last meeting of the COVID Control Board explaining that the majority of the meeting was taken up with the number of incidents that were being managed and the move into the new tier 3 restrictions. RS highlighted the challenge of compliance as a number of issues were raised, environmental health colleagues had been assessing whether businesses were operating within the guidance. RS also reminded the board that the guidance for this lockdown was different to the first, and that along with the police an educate and engage approach was being taken in the first instance with enforcement used if necessary. **RESOLVED:** • That the presentation be noted.	
10. Dates and Times of future meetings **<u>2021</u>** • Monday, 25th January 2021, at 2.00 pm • Wednesday, 24th February 2021, at 2.00 pm • Monday, 22nd March 2021, at 2.00 pm	

This page is intentionally left blank

Last Updated: 18th November 2020

Doncaster COVID Control Board Threat and Risk Assessment (last updated 181120)

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

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED		**18.11.20**

HEALTH SERVICE (Direct COVID)	• Increased Covid related pressure on local health services.
	  ○ 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
		VERY HIGH

MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS	• 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	**VERY HIGH**
PERSONAL PROTECTIVE EQUIPMENT (PPE)	• 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**
TESTING AND CONTACT TRACING (including engagement)	• 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 • 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	**VERY HIGH**
	• Increased support required for those needing to self-isolate.	

Last Updated: 18th November 2020

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED		**18.11.20**
WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE	Support may include the provision to home addresses of: ○ Food ○ Medication ○ Essential supplies • Social isolation, and resulting mental health issues. • Safeguarding: ○ 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	• 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.	**HIGH**
RESOURCING OF CORE IMT	• 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**
SECOND WAVE	• 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	**VERY HIGH**
OUTBREAKS ACROSS DONCASTER BORDER	• 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**

Ethnic Minority COVID Action Plan & Minority Partnership Board Action Plan – November 2020

Recommendation	Actions recommended	Progress	RAG rating
PHE1: Ethnicity data collection and recording	Work with local colleagues in DMBC, NHS, Integrated Care System (ICS) and HWBB to ensure that local data collection enables us to provide tailored and culturally sensitive support. Understand and improve our data collection systems locally. At a strategic level, ensure we are aware of changes to data collection that are mandated nationally and coordinate locally to utilise any new data to mitigate the impact of COVID-19 on our population.	COVID and BME population.pptx **27/11/20** – Ethnicity data is now being analysed routinely and discussed at the MPB and other relevant Boards.	
PHE 2: Community participatory research	Apply for Health Foundation funding: COVID and inequalities (see Glossary for more detail). Involve MPB members, EFF (Equality and Fairness Forum) members and with wider community as the research proposal is developed and during all delivery stages. Ensure that other research opportunities are sought and that BAME communities are included and reached by researchers who are working in Doncaster. Explore citizens' panels with LDP and Well Doncaster team as an approach to engagement coproduction and consultation. Report progress to MPB and EFF.	**27/11/20** – in development. Post to be advertised.	

	Use a range of tools to truly understand, empower and involve communities including: COM-B, Democratic and co-productive community development approaches and whole system approaches.		
PHE 3: Improve access, experiences and outcomes	Work with internal partners (PIC, HR) to develop equity audits, "supercharge" health implications, strengthen Due Regard and embed equality into Council decision-making. Implement Safe Surgeries (or similar) scheme in GP practices and other health settings (see Glossary). Work with Team Doncaster partners to deliver the recommendations of the BME HNA (see further actions). Equality and BAME as a priority area for Health and Wellbeing Board Strategy. This links to our plan to tackle wider inequalities. Utilising Anchor Institutions and our role as an employer. Building blocks to tackle structural racism. Increase diversity within Senior Leadership Team. BAME network to be established (Team Doncaster) . Establish PH degree level apprenticeships and actively recruit from communities with pre-existing disadvantage.	**27/11/20** – Equality Impact Assessment has been developed around the Outbreak Control Plan. Results have been presented at the COVID Control Board.  Inequality update COVID board 18 11	

PHE 4: Culturally competent occupational risk assessment tools	As part of a Team Doncaster approach, but including Doncaster Council HR and Corporate Health and Safety team, work to ensure culturally competent occupational risk assessment tools are employed, liaising with the Inclusive Staff Group. Set up a staff group in Doncaster Council that represents and engages with our BAME employees and other employees who experience inequalities. Work with Team Doncaster partners and internally to improve services, staff and structures	27/11/20 Currently in development. Has been discussed at DMBC's Workforce Group. DMBC BAME Employees group arranged. First meeting to take place 30/11/20. Pledge produced by the Inclusion and Fairness Forum: https://www.teamdoncaster.org.uk/the-pledge	
PHE 5: Culturally competent COVID-19 education and prevention campaigns,	Work with Comms Cell/Comms Colleagues to develop communication/information dissemination plan as part of outbreak planning to identify and protect communities already experiencing disadvantage. Features should include, tackling stigma and fear and acknowledging contribution. Utilise and embed Equalities Design Principles in our organisation. Use a proactive comms approach developed as part of the Outbreak Plan that considers the specific characteristics, assets and barriers for our BAME communities. Liaise with communities to develop this as experts by experience. Link with the Health Foundation Research. Build on learning and work already undertaken to create a more robust structure for information distribution for the Outbreak Plan that involves a range	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is progressing this recommendation.	

	of community and statutory partners e.g. have a partnership process for creating and sharing resources led by Comms and PH. Lobby for better and more timely national resources (culturally appropriate and in other languages and easy read) and a repository for sharing resources between Local Authorities. Develop Gypsy and Traveller engagement/social enterprise project.		
PHE 6: target culturally competent health promotion and disease prevention programmes	Work with Team Doncaster partners and internally to improve services, staff and structures. Work with members of the BAME Community to develop a MECC (non-behaviour specific) that will enable workers and volunteers to have effective and culturally sensitive conversations with people from the BAME community. Map groups, projects and services locally. Work with the community to develop community led approaches to promoting health and wellbeing of the population and improving the wider determinants of health. This will link to the Health Foundation Research.	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is recruitment is currently underway for 4 Covid Community Officers who will support this recommendation.	
PHE 7: reduce inequalities caused by the wider determinants of health	Develop a strategy that enables BAME communities in Doncaster to recover and thrive and improves wider determinants health in the long term.	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is recruitment is currently underway for 4 Covid Community Officers who will	

	Apply for Health Foundation Funding with academic partners in order to understand this area better. Involve MPB members, EFF members and with wider community as the research proposal is developed and during all delivery stages.	support this recommendation.	
HNA 1: Gypsy and traveller health	Set up Gypsy and Traveller engagement project with a resourced work plan (remit to be developed) that meets the following action from the HNA: To gather information, build partnerships and facilitate engagement with this community, it is necessary to consider employing a link worker from within the community. Existing links with the community need to be made more widely known and a clear pathway of accessing these links needs to be established. Links to PHE 5	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is recruitment is currently underway for 4 Covid Community Officers who will support this recommendation. Covid Community Link Coordinator is now the chair for the GRT meeting and an action plan of engagement is being developed. Covid Community Officers to undertake engagement and build relationships when in post.	
HNA 2: Primary and secondary care- access to services, training etc.	Engage CCG around respiratory illness work Where needed, review existing guidance on the use of interpreters in the public sector (for example health care). Commissioners and providers of mental health services should devise an action plan on how to tailor their services to also address the needs of the BME community.	**27/11/20** – CCG lead ongoing work around this. Further exploration of appropriate CCG lead underway.	

	A commitment to training local GPs, hospital and social care staff on providing a culturally sensitive service to the BME community. Continue with the on-going work to increase access to primary care. a) Increase timely access to GP appointments across all GP practises b) To assist new arrivals navigate health care services c) Improve access to registration with GP and dental practices for patients from the Gypsy and Travellers community d) Monitor the impact that new 'entitlement checks' have on access to healthcare		
HNA3: Communication and engagement with BAME communities	Links to PHE 4 and 5 actions	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is recruitment is currently underway for 4 Covid Community Officers who will support this recommendation. MPB also meet on a bi weekly basis and the MPG meet quarterly.	
HNA 4: Lifestyle and risk factors- social isolation, smoking, alcohol, local services, gambling, diet etc.	Links to PHE 5	**27/11/20** – Covid Community Link Coordinator started in post on 9/11/20 and is recruitment is currently underway for 4 Covid Community Officers who will support this recommendation.	

HNA 5: Wider determinants- housing, employment, education, social capital etc.	Links to PHE 7	**27/11/20** – Public Health Improvement Coordinator (Public Health and Housing) is progressing. Theme Lead for 0-19's undertaking education element.	
HNA 6: Race/discrimination/crime	Work with Team Doncaster partners and Anchor Institutions to take a proactive approach. Communicate an explicitly anti-racism approach	**27/11/20** – Inclusion and Fairness Forum developed. Work ongoing.	
HNA 7: Establishing BAME advisory group- complete	Continue to develop MPB and gain an understating of how it links with other groups and forums (first step is to map all groups and forums). Set up communication channels and joint working.	**27/11/20** – complete.	

This page is intentionally left blank

Doncaster Council

COVID Control Board Meeting Notes and Actions

Date Wednesday 18th November 2020
Time 15:00
Location MS Teams
Chair Rupert Suckling

Attendees: Rupert Suckling, Victor Joseph, Kathryn Brentnall (College), Susan Hampshaw, Steph Cunningham, Claire Scott, Tim Hazeltine, Fiona Campbell (National Education Union), Ken Agwuh (DBTH), Kevin Drury, Gill Gillies, Laurie Mott, Peter Doherty (College), Kate Anderson-Bratt, Mark Steward (St Leger Homes), Natasha Mercier, Emma Gordon, Clare Henry, Daniel Weetman, Hayley Waller, Olivia Mitchell, Catherine Needham, Simon Noble, Nasir Dad, Gill Scrimshaw, Nick Wellington, Cheryl Rollinson (DCCG), Debbie John-Lewis, June Chambers (PHE).

Apologies: Mary Leighton, Sarah Sansoa, Paul O'Brien (GMB Trade Unions), Lisa Devanney (DCCG), Andrea Lee (Prison's), Robert Ellis, Neil Thomas (SYP), Carys Williams, Andrew Russell (DCCG), Damian Allen, Leanne Hornsby, Victoria Shackleton, Paul Ruane, Louise Parker, Shannon Kennedy, Vanessa Powell-Hoyland, Jon Gleek, Andy Hibbitt (Doncaster Chamber), Jim Board, Mark Whitehouse, Dawn Lawrence, Karen Johnson, Jakki Hardy, Steve Waddington (St Leger), Scott Cardwell, Mark Wakefield.

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 key purposes of the meeting as follows: 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.	
4.	**Urgent Items for Attention**	None raised.	
5.	**Feedback from Covid Oversight Board** (Rupert Suckling)	RS reminded Covid Control board members that the Covid Oversight Board is a public facing meeting, chaired by the leader of the Council. The last meeting was held 11 Nov and colleagues provided the board with an update on the national position, data and intelligence as well as going through the Covid Control threat and risk register and the minutes from the last Covid Control Board meeting. RS noted that when the Covid Oversight Board met on 11 Nov the data showed plateauing of new cases, therefore in light of this there were no new asks for this period. RS added that the Oversight Board will want an update on where we are at with the equality impact assessment work when they next meet. FC, who also attended the Oversight Board, added that a number of issues had been picked up in other forums so were kept to a minimum during the meeting, what was covered was	

		comprehensive.	
6.	**TCG Update** (Gill Gillies)	TCG took place this morning – although levels starting to drop still very busy. GG provided the board an update on current issues: • Preparedness and forward planning next few months – likely change in restrictions going forward, unsure which way. Requesting teams to forward plan next few months and think about pressures on their services i.e. in the short term; winter weather, changes in behaviour. • Compliance and enforcement – plans being put in place for potential reopening of businesses before Christmas – looking at numbers of staff needed to cover compliance and enforcement. • Workforce resilience – supporting wellbeing across organisations. Looking at priorities, additional challenges and how this will be managed. • Business resilience and engagement – how businesses are adapting and how we are supporting them now and going forward. 80% businesses not fully operating (particularly in Town Centre) - having significant impact on economy and issues for people. • Children services –supporting vulnerable, rises in Domestic Violence, increases in child referrals. • Homelessness into winter In summary, there are significant continuing challenges and large pieces of work creating significant impacts (e.g. mass vaccinations and targeted testing). Conversations ongoing re data and clarity about what is adding value. Amending the strategy to reflect the needs of what it is we are delivering. GG noted that the next few weeks are critical in terms of impact on economy and people. GG added it is national safeguarding week and then International Men's day is tomorrow, big focus on mental health.	
7.	**COVID Outbreak Planning Update** (Chair)	RS raised four areas of plan to flag: • Tiers – waiting to hear what might replace this framework / how will be amended – will impact control plan and collective actions we take • Address inequalities and actions to address this • Planning grids/frameworks – informed by PHE this week they want to review them and see if need updating. • Testing and vaccinations: ○ Re roll out of technologies for asymptomatic individuals - there are number of approaches piloted and Deloitte is responsible for co-ordination of pilot of testing in Universities, Care Homes, some work places and NHS. RS noted	

		there is a call this afternoon with NHS re the rollout of asymptomatic testing in NHS locally. RS has no further information on other 3 programmes and whether anything happening in Doncaster but trying to get details. ○ Do have access to DPH led testing – met this morning with military planners across SY to look at potential groups we may want to offer testing too, and options for a further site. Looking at potential groups that will be eligible for this testing – people working in domiciliary care, working to support LD/Supported living, regular visitors to care homes not captured by whole home testing programme, schools (all staff) and residential schools. At early stages of identifying initial site to offer this testing – hopefully by early next week more to share on this. ○ Re mass vaccinations, this is NHS led – emphasis shifted to GP led vaccination carried out in non-healthcare premises. This is in early stages. It has been said NHS are to be ready to vaccinate for 1 Dec – expect unlikely to see this side of Christmas. CR commented if colleagues have any specific questions on testing and vaccinations happy to take back to CCG. <u>Questions/comments:</u> PD queried where College's sit in asymptomatic testing programme. RS response – assumption is Deloitte programme of University's does not include colleges on the basis that the concern is about students travelling across country when term ends. Would be local responsibility to include Colleges in programme of asymptomatic testing. RS had meeting with schools Head Teachers earlier in week and they were keen to look at asymptomatic testing and so were union colleagues. Happy to include Colleges. KB – very useful given size of population, please include us in discussion. RS noted that the asymptomatic testing process will start small and expand over time. National guidance still to be written. **Action: To include Colleges in discussion re programme of asymptomatic testing in Doncaster.**	**RS**
8.	**Data and Intelligence**	**7 day rate** Doncaster's official 7 day rate per 100,000 is 379.9 (5-11	

	Update • Including projection/modelling of hospital capacity	November). 9 consecutive days of falls, rate in past two weeks fallen consistently apart from some upticks. Rate lower than Barnsley and Rotherham, it is noticeable that both these areas have seen increases today. May start to see the effects interventions such as tier 3, national lockdown and half term have had on 7 day rate – filter through in next week. Doncaster's positivity rate is 14.1 – falling last couple weeks. Y&H rate increasing, Doncaster rate now lower than this. England rate increased too. Overall good news for Doncaster – falling 7 day rate. **Hotspots in the communities** LM presented hotpot of cases on a map on screen: • The data team has been identifying places in Doncaster with higher density cases in last 14 days. Currently areas with highest numbers – Carcroft, Bentley (New Village), Lower Wheatley, Intake, South Cantley, Old Rossington and New Rossington. • Apart from Intake (where number cases is neither falling/increasing), the number of cases is declining in these communities. • Slight concerns of Bawtry and Dunscroft where have seen increase in cases last 7 days. **Hospital activity** LM noted that the way we are monitoring hospital activity will change as we are now also monitoring hospital occupants receiving active care. Key points to note include: • Numbers receiving care in ITU remains around 15 – stable. • 70:30 discharge to deaths – same as first wave. • Registered deaths has increased markedly – over last 3 weeks have seen significant more deaths and large proportion of these deaths where Covid is mentioned on death certificate. Questions/comments: RS – re TCG, any mention of pressure on bereavement services? GG response – no risks flagged currently, coronial staffing issue raised through LRF. RS – re DBTH as a place, aware admissions higher than wave 1, anything we can do to help? KA response – more pressure through second wave as other hospital services have not been suspended this time around and number of Covid admissions is ongoing– difficulty in ability to manage number admissions. There are a number of staff who	

		have become positive too – adds to pressure. As previously mentioned there have been a number of outbreaks in the hospital as well which have been hard to effectively manage as new cases kept rising. **Covid Data Analysis and Modelling** DC shared a presentation on screen and took board members through Covid Data Analysis and Modelling that has been undertaken. **Action: Circulate presentation with meeting minutes.** DC presented a number of graphs on the current state (as of 12am Sunday 15/11) and then data based on 4 scenarios; scenario 1 (match wave 1 cumulative growth), scenario 2 (continue on current cumulative growth rate – last 7 day average), scenario 3 (mid-point between scenario 1&2) and scenario 4 (consistent 10% reduction). DC noted that the data is trying to compare day one of wave 1 to day one of wave 2. Data presented on bed pressures has removed some beds (i.e. maternity beds, paediatric) as cannot be used for Covid patients. DC also shared data on staff absence – shows a distinct relationship between hospital cases and Covid related absences for staff. Data plateaus at similar time. Allows us to use ratio relationship and map staff absences going forward. Data follows similar trend between Active Staff Covid Confirmed and Active Cases – raises query where staff picked virus up from, in hospital or community? Hopefully staff testing should remove asymptomatic people so may see this relationship change going forward. This data is discussed with data cell team once/twice per week – provided with community infection rates which is helping decide where we are and helps with curve generation. Questions/comments: RS – given the scenarios outlined, which are we most closely following? DC – for a while it has been scenario 1. RS – have any organisations on the call looked at staff sickness vs indicator of pandemic? I.e. 7 day rates? GG – data teams in PIC provide HR with workforce data which shows reasons for staff absence for business continuity. Currently this data doesn't include layering of 7 day rate but there is a lot of information DLT's are looking at across DMBC,	**OM**

		may just need to be looked at differently to see such patterns. **Action: PIC Data team to look into plotting staff absence against 7 day average.** VJ – close mirroring of data re hospital admissions and staff absence, looked at graph presented and seemed to be number of cases as opposed to rate? DC response – it is cases vs cases in terms of patient cases in hospital and staff cases. One graph showed confirmed Covid cases and another showed staff absent for reasons related to Covid, it may not be because they have Covid.	**PIC Data Team**
9.	**Daily Incident Management Team Update**	**CN offered the board an overall summary and included;** Today's rolling 7 day average is 165.6, a decrease from last weeks reported figure of 181.3. CN noted this average has consistently and consecutively dropped in last 9 days. CN added that IMT has approx. 30 current live incidents /outbreaks to review for possible closure, therefore expect same downward trend with rolling average over next couple days. Last 7 days, IMT has opened 14 brand new cases (note this does not count those cases which had been previous outbreaks, were then closed and reopened in 28 day period). Main concentration current live outbreaks - 51 in primary schools, 14 in businesses, 12 in Older People Care Homes, 7 in Learning Disability Homes, 10 in Domiciliary Care and 9 in Early Years provisions. Over the last 7 day period, IMT has closed 68 cases. Have seen influx of closures in last 7 days, closed significant number in primary schools, also in early years, Older People Care Homes, Learning Disability Homes and businesses. 56/68 closed as came to end of monitoring period. CN added that the same data is now fed into the locality bronze groups but spread over communities – links with targeted activity.	
10.	**Impact on inequalities** (Susan Hampshaw)	RS noted that understanding the impact on inequalities is important as some groups are disproportionately affected by Covid. RS added there were questions asked at previous Covid Oversight Board around whether we had an equality impact assessment and have we driven action on impact of inequalities through our outbreak plan. SH shared an update on Covid inequalities work. Key points to note include: • At the daily epidemiological meetings we are able to drill down to look at cases in older people, CEV, Black/Asian minority ethnic population – there is a real focus daily to see if there is anything in the data to make us curious. This information can also be used in the locality meetings. • In the epidemiological pipeline meeting we want to add an	

		additional page for an inequalities dashboard across the system. • Re the EDI work, completed draft report and this can be accessed via the link in the presentation which will be circulated to members with minutes. Also in process of developing actionable recommendations – initial focus is the Bronze Locality work. • Re the BAME action plan, we have a COVID Community Link Co-ordinator with a BAME and health inequalities focus. The four Community link workers will take a co-productive, asset based community development approach (within the BAME community) that aims to engage, strengthen and build resilience in light of Covid. • SH noted there will be an evaluation of work and the extension of embedded researcher work will focus on this. **Action: Circulate update on inequalities work with minutes of the meeting.** LM presented ethnicity report on screen. Key points to note include: • LM raised a number of exclusions in the data before presenting. • Slide 3 – Tests. Shows same mix of ethnicity between those tested and the breakdown of the 2011 census. • Slide 4 – Cases. Shows a similar story, if remove unknowns then 9% are from BAME community – relatively similar to census ratios • Slide 5 - Change over time (Test). Slight concern is that number tests from BAME community in October is much smaller. Over past few months the proportion of BAME community testing has fallen – by October just over 5%. • Slide 6 - Change over time (cases). Shows a similar story – fall to only 6.1% in October for BAME community. • Slide 7 – Distribution by Age Groups (Aug, Sept, Oct). • Slide 8 - Conversion (for every 1000 tests, how many positive cases). Data shows that for every 1000 tests, found 44 positive cases in White British and 55 amongst BAME community. Slight difference in inequality. **Action: Circulate ethnicity data analysis with minutes of meeting.** NM introduced herself as the new Covid Community Link Coordinator and is in post to 2022. The role includes leading team of 4 community team workers; engaging and building resilience in light of Covid, working with stakeholders to ensure public health approach is reflecting across local service planning for BAME community. Work plan is aligned with outbreak and BAME plan – plan includes action from the last BAME needs assessment. NM added that initial tasks are to take action to prevent Covid in	**OM** **OM**

		communities of interest and support communities of interest to get tested. Data shows numbers low for testing, however having spoken with community leaders in BAME (who have regular contact with hard to reach BAME members) this doesn't seem to be case anecdotally – feedback is quite positive in that the community is coping well and there are not many symptomatic cases currently. The next challenge is mass testing and communities – next week starting with relevant people in relation to this work. RS summarised – through the work SH described we have a mechanism to catch data, the ethnicity data LM presented illustrates discrepancy of people coming through for testing and NM is working with these communities to understand barriers. GG - been on LRF National Chairs call and there is some useful information and learning to share re Leicester comms. Will forward onto colleagues.	
11.	**Threats and Risks Register and Exception updates from members**	Updates from: **Environmental Health** NW – colleagues currently in meeting with HSE re projects relating to surveys of warehouses and care homes – will update hopefully at IMT tomorrow. Proposed work is in relation to surveys of their Covid resilience systems in place – may be doing calls/visits but yet to be decided. Some issues with warehouses in borough, work with HSE may help understand how transmission getting in. **Schools** FC – given numbers cases/rate falling, what is position with numbers in schools? KD – there continues to be positive cases in staff/pupils. In response to the last couple weeks, KD and colleagues in public health have had meetings with schools asking more detailed questions. This has helped develop a fuller picture, we have seen the changes schools are making as they respond to cases, very insightful. There is no doubt there are continuing positive cases but work being done in schools to control and reduce risk – the work they are doing is fantastic and feel they are responding to our advice. We are taking a proactive, unified approach to keeping positive cases down. KD added that a key issue being raised in these meetings with schools is around transport and that schools cannot control what happens when pupils leave premises. We have sent out e-posters to schools today outlining expectations of pupils travelling to and from school and their responsibilities. FC – with these controls, is it having impact or too early to tell? KD response – too early. Due to better T&T in schools and processes being followed, schools have better grip now. A lot of work and time is going into this work – previously we had bubbles/year groups 'bursting' but we do not have as much of	

		this now, particularly in Secondary Schools. VJ raised that number of enquiries coming through re schools are not as high as they once were. Also, from outbreak control meetings can see schools following processes. **Care Homes** KAB –feel situation is slightly improving. 9 Care Homes have larger outbreaks – we are meeting with homes regularly, IPC continue to support them. 2 of these 9 Care Homes have seen increase in cases this week due to routine testing, we have ensured they have appropriate outbreak controls in place. A number of services and care homes isolation periods have now completed. KA – re care homes, we receive many results between 5-11pm out of hours and at DBTH we are struggling to manage – is there a way of making process of notifying Care Homes of results more efficient and less labour intensive? VJ – we continue to discuss how we prioritise testing and have discussed how we can check and speed up testing in homes/other settings where required and how to make more efficient i.e. some settings do not complete correct info which causes delays. KAB suggested setting up task and finish group to look at this. **Action: Establish small task and finish group as part of the testing cell to look at efficiency of process in managing Care Home testing / results.** **Localities and Communities** RS referred to the data LM presented on CEV – total is currently 15,546 individuals. KJ and team are working on approach to support CEV. GS – the CEV data has been sorted into localities and we are prioritising those identified as CEV along with individuals classed as shielded previously – we are making the proactive welfare calls to provide support to these individuals and so far the response is people are much more prepared practically in lockdown 2.0 i.e. with access to food. There are some raising issues with isolation and a couple have been referred to wellbeing services up to this point. **Threats and Risks** • Impact on Health Service - risk to remain VERY HIGH • Management of Outbreaks in High Risk Settings - risk to remain VERY HIGH • PPE - risk to remain MEDIUM	**KAB/VJ**

		• Testing and Contact Tracing - risk to remain VERY HIGH • Welfare of Vulnerable People needing to self-isolate - risk to remain HIGH • IPC Capacity - risk to remain HIGH • Resourcing of core IMT - risk to remain MEDIUM • Second wave - risk to remain VERY HIGH • Outbreaks across Doncaster Border - risk to remain MEDIUM	
12.	**Highlight Reports** • Covid Control Board • Contact Tracing	RS noted that Covid Control Board and Contact Tracing Highlight Reports had been previously circulated with the agenda.	
13.	**Communications**	SCu provided an update on current comms activity: • New ways to nuance messaging – harder messages asking people to follow guidance and then through to softer comms in 'Let's do it for Doncaster' • Recently tried different route to humanise messaging – 'My Covid Reality' campaign. Involves asking people in communities for a short video of their Covid reality, we are finding this is helping people and getting people to be more empathetic. SC commented that colleagues are welcome to get involved in videos. • SC noted that this year's Winter Booklet will focus on winter and Covid and will be delivered to every home in Doncaster from middle of next week. SC shared the booklet on screen and quickly took all through the pages. SC added that the booklet can be condensed to 'easy read' version which is currently being worked on. RS noted this is good as there is evidence 'easy read' is a good method of communicating with some groups.	
14.	**AOB**	None raised.	
15.	**Date and Time of Next Meeting**	**Wednesday 2nd December 3:00-4:30pm.** RS raised that at the next board meeting we should have more of an update on mass testing and potentially an update on mass vaccinations.	