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: Monday, 25th January, 2021
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.

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Damian Allen
Chief Executive

Issued on: Friday 15th January, 2021

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 Tuesday, 19th January, 2021. 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 9th December, 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 Control Plan v7 (Attached - Rupert Suckling).	5 - 74
9.	COVID Health Protection Board Risks (Attached - Rupert Suckling).	75 - 76
10.	Minutes of the COVID Control Board Meeting held on the 6th January, 2021 (Attached - Rupert Suckling).	77 - 88

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: Councillor Nigel Ball (NB), Dr. Rupert Suckling (RS), Damian Allen (DA), Councillor Jane Cox (JC), Councillor Nuala Fennelly (NF), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Chris McGuinness (CM), Councillor Jane Nightingale (JN), Mel Palin (MP), Paul O'Brien (Po'B), Dolly Agoro (DAG) Fiona Campbell (FC)

Officers: Scott Fawcus (SF), Carys Willams (CW), Vicor Joseph (VJ), Natasha Mercier (NM), Laurie Mott (LM) Rachel Wright (note taker).

Apologies: Mayor Ros Jones (RJ) (Chair), Shayne Tottie (ST) and Daniel Fell (DF) Jackie Pederson (JP).

	Action
1. Welcome, apologies and introduction – Councillor Nigel Ball Councillor Nigel Ball welcomed all those present to the meeting.	
2. Exclusion of the public and press – Councillor Nigel Ball 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 – Councillor Nigel Ball Councillor Ball noted a question received from Mr. Brown who was invited to read his question. A detailed written response had been provided to Mr. Brown. Dr. Rupert Suckling highlighted elements of the response during the meeting. Mr Brown asked the following supplementary question; "Is the statement that I have received an equality, diversity and inclusion statement, was this been ratified by Team Doncaster, and what is the evaluation process for this?" RS informed Mr Brown that the Inclusion and Fairness Forum were putting together resources with partners, and that part of the conditions of resources would be evaluation, which would be shared. However the focus of this board is COVID-19 and there are other routes to do that. RS went on to advise that the statement was put together through Team Doncaster partnership, and the Inclusions and Fairness Forum were supported to consult on the statement. It was RS understanding that there was a limited response. DAG informed the board that there was a 6 weeks consultation period and Mr Brown was contacted during that time but he did not respond. DA suggested that the lack of response from the public should be looked at.	
4. Declarations of interest – Councillor Nigel Ball There were no declarations of interest made at the meeting.	
5. Minutes of the last meeting held on 11th November 2020 – Councillor Nigel Ball It was agreed that the minutes of the Doncaster COVID-19 Oversight Board held on 11th November 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 November. RS stated that following the previous meeting Doncaster continued under national lockdown measures until the 2nd December, when it entered Tier 3 restrictions. Across the country many areas saw a reduction in the number of cases. However more recently some new places were seeing significant increases particularly the South East and London, and whilst the north initially saw a reduction in positive cases the numbers of new cases had plateaued. RS continued that there would be a review of the tier restrictions on the 16th December, and an announcement made later that week, he reminded the board the tier system was under review fortnightly.	

RS informed the board there had been a national update for arrangements for Christmas, 23rd - 27th December, allowing people to bubble with two other households.
RS concluded that the first vaccinations were to happen nationally, with the expectation of more information in the coming days.

RESOLVED;

- That the presentation be noted.

7. What the data is telling us - LM

LM gave a verbal update on what we know locally using various data streams.

LM began by noting the 7-day rate in Doncaster had increased from the day before, and that the 7-day rate for other towns in South Yorkshire were lower than in Doncaster. The positivity rate in Doncaster had fallen consistently during November.
LM explained that to try to understand the uptick in cases, hotspot areas were identified as Armthorpe, Warmsworth/Balby, New Edlington, and Conisbrough. Other communities raising concern were Bessacarr and Hatfield. LM reported to Members the preliminary insight into the data in each of the areas identified.

LM advised the number of incidents and outbreaks had been falling in Doncaster but more recently stabilised. This was principally driven by cases in care settings, businesses, early-years settings and primary schools.

LM described the situation in Hospitals, with 135 people receiving active care for COVID-19. LM informed Members that during November people were acquiring COVID within hospital, but that was becoming less so and now 84% were community based infections. Bed occupancy remained a concern. LM noted to the board that the length of stay is rising slightly, but staff absences had fallen.

LM advised that town centre footfall measures showed concern as there was a huge increase in numbers of people going into the town centre before lockdown in November.

RS asked if there were any links between the current hotspots and BAME communities, and LM confirmed the current hotspots were not in areas with BAME communities so it was not thought there were unusually high infection rates in the BAME community.

DA noted the footfall figures had shown an increase before tier 3 restrictions were implemented, and explained that colleagues within Compliance and Enforcement were working with Comms to educate the public, send out information and put up signage in the town centre.

Po'B asked when would bed capacity become an issue for the hospital trust. LM and RS explained that bed capacity can alter dependent on many variables like adding critical care provision or stopping providing some other care.

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 highlighted the three changes on the risk register since the last meeting these included the management of outbreaks in high-risk settings reduced from very-high to high as there were sufficient processes and staffing in place to respond to the outbreaks.
Welfare of vulnerable people needing to self-isolate reduced from high to medium, due to the move away from those needing to shield under national restrictions.
Second wave risk increased to high.

RESOLVED:

- That the presentation be noted.

9. Ethnic Minority Covid Action Plan and Minority Partnership Board Action Plan – November 2020 - RS RS reminded the board that at a previous meeting they had seen the equality impact assessment for the COVID Control Outbreak plan and a draft action plan. This report was the next iteration of the action plan and a progress update. RS went on to explain the first 5 actions in the plan all related to the PHE report into the impact of the pandemic on BAME communities. Other actions captured relate to the existing health needs assessment, with the key development since the last meeting is the establishment of the community link coordinator post funded through the Contain Management Fund with the hope of securing additional resources to bring in extra capacity shortly. **RESOLVED:** • That the presentation be noted.	
10. Minutes of the Control Board 18th November, 2020 – RS RS explained the minutes of the Control Board give Members a sense of the breadth of the discussion at the Control Board, including updating the Control Plan. RS advised that an updated COVID Control Plan would be tabled at a future meeting, and it would include the change in tier system, actions to embed equalities, an updated planning grid, and testing and vaccinations programme. RS added that testing capacity and availability would increase, and that discussions with the Government were ongoing for an additional 3 testing sites. RS also noted Doncaster was invited to have access to lateral flow testing and are currently looking at the process. DA asked if the scope of the vaccination programme and reporting the progress would be presented to this board. RS advised that the vaccination programme was not in the remit of the Control Board as it is led by the NHS. However in terms of the COVID Control Plan, which includes all preventative actions it should be reported to this board and would ask JP to provide an update at future meetings. **RESOLVED:** • That the presentation be noted • An updated COVID Control Plan be tabled at a future meeting. • An update on the progress of the vaccination programme be provided at future meetings.	 RS RS/JP

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Doncaster Multi-agency COVID-19 Outbreak Plan

Plan Authors: Doncaster COVID Control Board

Version: 7 (draft)

Issued: December 2020

Review date:

This draft Plan has been signed off by the Director of Public Health, the Chief Executive and the Mayor to guide our work to contain outbreaks. It will be submitted to the COVID Control Board on a regular basis following any reviews and updates.

Table of Contents

SECTION 1: PLAN MAINTENANCE

1.1 Document control and Distribution

This plan is maintained and updated by members of the Doncaster COVID Control Board chaired by the Director of Public Health.

All members of the group are asked to advise the team of any changes to circumstances, staffing or procedure that may materially affect the plan in any way.

1.2 Record of Amendments

Amendment number	Actioned by	Type of change	Date
1	COVID control board	Initial plan draft	June 2020
2	COVID control board	V2 draft developments	June 2020
3	R Suckling	V3 Update to plan, section 2.2.1, 2.2.3, 4.3, 4.5.1, 4.52, 4.5.3, 5.5, 6, 6.2, 7.2, 12, Appendix 1	12 July 2020
4	C Williams	V4 update to plan – all sections	31 July 2020
5	C Williams	V5 update: sections 1.1, 1.3, 3.2, 4.3, 4.5, 7.1.2, 7.3, Section 8 (new section), 10.2.2, 10.4	September 2020
6	C Williams	V6 update: sections 3.2, 4, 5, 8, 10, App 2 and 4	November 2020
7	C Williams	V7 update: sections 1.1, 1.3, 5.5, 6.5, 8.1, 8.2, 7.1, 7.2, section 10, 9.5, 11.8	January 2021

1.3 Review and Exercise Record

The following will take place as described below, subject to emergency activations taking place:

- The plan will be reviewed on an annual basis and after all exercises or real events;
- Training of appropriate staff for specific roles takes place on a regular basis;
- Every opportunity will be taken to rehearse procedures with multi-agency partners.

Exercise and training record:

Date	Type	Details
May 2020	Online and scenario role play	Contact Tracing Training sessions delivered to 10 public health staff to undertaken contact tracing with care home settings
Sept onwards	Scenario based discussions	Rolling programme of scenario tests and discussions taken weekly through IMT
October onwards	Online and virtual training	Contact tracing and welfare call training with public health and wider council teams. Includes alignment to the national CTAS system.
November 2020	Virtual training, scenario based planning and shadowing	Training of PH leadership team to support outbreak control team meetings across a range of settings/scenarios and rolling programme for shadowing.

SECTION 2: GENERAL INFORMATION

2.1 Introduction and Background

This plan provides a framework for the multi-agency response to localised outbreaks of COVID-19 in Doncaster and an outline of the interdependencies with regional and national systems and guidance.

In May 2020, Directors of public health were mandated to develop with partners local COVID-19 outbreak management plans that are centred around 7 themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response)
2. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g. ports, airports), detained settings, rough sleepers (e.g. defining preventative measures and outbreak management strategies)
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment)
4. Assessing local and regional contact tracing and infection control capability in complex settings (e.g. Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed)
5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security, data requirements including NHS linkages)
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities
7. Establishing governance structures led by existing COVID-19 Health Protections Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

2.2 Purpose of the plan

The purpose this plan is to provide a framework for the multi-agency response to localised outbreaks of COVID-19 in Doncaster and an outline of the interdependencies with regional and national systems and guidance.

2.2.1 Aims

The aims of this plan are

- To prevent the occurrence and spread of COVID-19
- To identify any new cases of COVID-19
- To respond promptly to any new cases of COVID-19
- To reduce the impact of any new cases, clusters or outbreaks of COVID-19
- To build public confidence in the local approach to COVID-19 control

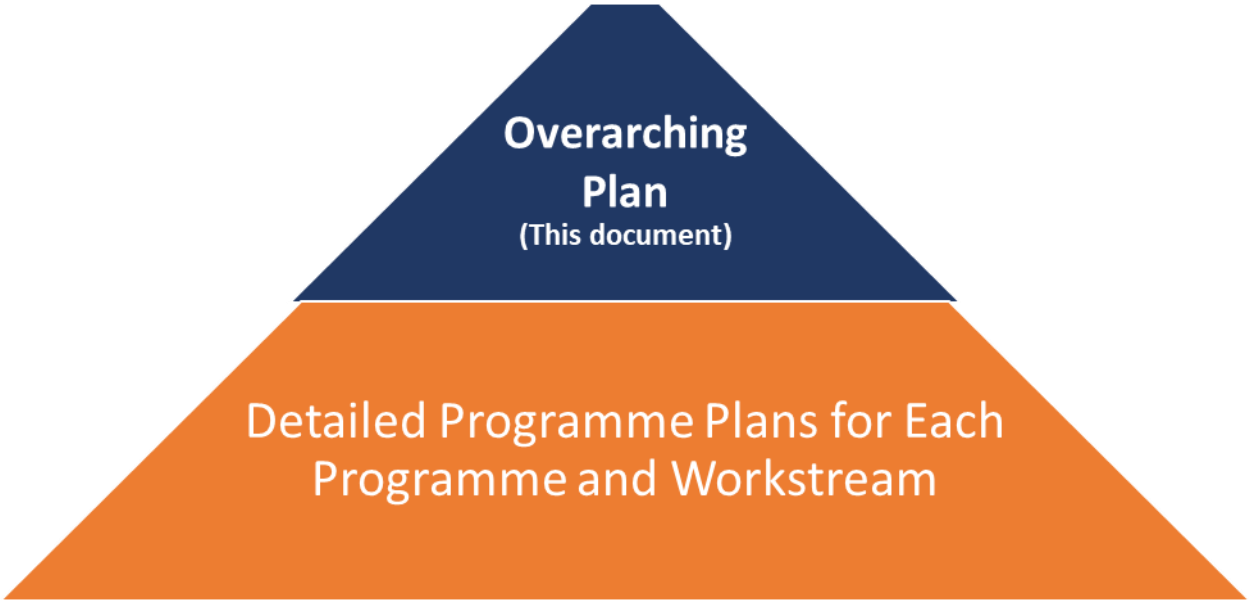
2.2.2 Objectives

The key objectives of this plan are:

- To summarise the key risks, planning assumptions and considerations that underpin the planning and response arrangements to local outbreaks of COVID-19;
- To define the roles and responsibilities of responding organisations and professionals;
- To outline the procedure for managing and responding to COVID-19 outbreaks in single settings and/or institutions e.g. schools and care homes;
- To outline the procedures for identifying and managing COVID-19 outbreaks in high risk places, locations and communities of interest;
- To outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes;
- To summarise the process and coordination of support for vulnerable people needing help to self-isolate;
- To outline local methods and access routes to timely testing and interfaces with national systems;
- To provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre;
- To summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Doncaster.

2.2.3 Scope and plan limitations

This plan outlines the key responsibilities of responding organisations and professionals, setting specific protocols and key considerations to managing localised outbreaks of COVID-19 in Doncaster.



This plan does not cover in depth detail of the national NHS Test and Trace programme, but does outlined some key linkages with local arrangements. It also does not provide in depth detail for Port Health or outbreaks in institutions such as prisons; there are separate and dedicated plans in place for the management of communicable disease incidents and outbreaks in these settings that are held by Public Health England and partners.

2.3 Risk Assessments

Due to the complex and changing nature of COVID-19, risk assessments for individual roles may need to be undertaken. These will be reviewed on a regular basis throughout the COVID-19 pandemic in line with guidance produced by Human Resources colleagues through the Workforce Cell.

On initial notification of a positive complex COVID-19 case, the Yorkshire and Humber PHE Health Protection Team (HPT) will also undertake a risk assessment based on the information provided to them at that time, as outlined in the Joint Outbreak Management of Outbreaks LA and HPT V1.0.

High-risk communities, settings and places are currently being reviewed and will be risk assessed and prioritised.

2.4 Legislative context

Legislation and Regulations related to the roles and responsibilities involved in the management of a communicable disease outbreak or incident are:

- Public Health (Control of Disease) Act 1984 as updated by Health and Social Care Acts 2008 and 2012;
- NHS Act 2006 as amended by Section 11 of the Health and Social Care Act 2012;
- Civil Contingencies Act 2004;
- Health and Safety at Work Act 1974;
- Local Government Act 1972;
- Local Authorities (Public Health Functions and Entry to Premises by Local Health watch Representatives) Regulations 2013;
- Health Protection (Notification) Regulations 2010 (SI 2010/659);
- Health Protection (Local Authority Powers) regulations 2010 (SI 2010/657);
- Health Protection (Part 2A Orders) Regulation (SI 2010/658);
- Civil Contingencies (Emergency Planning) Regulations 2005;
- Coronavirus Act 2020.

2.5 Related documents and supporting plans

Key supporting plans are:

- Doncaster multi-agency outbreak plan (Doncaster Joint Health Emergency Planning Group);
- Doncaster multi-agency Mass Treatment Plan (Doncaster Joint Health Emergency Planning group);
- Coronavirus Emergency Preparedness, Resilience and Response Plan;
- Doncaster COVID-19 Recovery and Renewal Plan (draft)
- Doncaster Care Home Intervention Plan
- Outbreak Control Plan Equality Impact Assessment (draft)

Related and supporting documents for this plan are:

- Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level;
- Joint Outbreak Management of Outbreaks LA and HPT V1.0
- Doncaster Coronavirus Tactical Strategy
- Port Health Plan for Doncaster Sheffield Airport

2.6 Audience and responding organisations

This plan has been developed for use by organisations involved in the management of localised COVID-19 outbreaks in Doncaster. It will assist responding staff and organisations to understand the risk and management of COVID-19 outbreaks and incidents in the Borough. The plan will also refer to actions and arrangements in place to respond to future outbreaks and incidents. Plan holders will receive updated copies following any changes and reviews.

A number of organisations may be involved in the management of a communicable disease incident or outbreak in Doncaster. Depending on the nature and scale of the outbreak, these may include, amongst others:

- Doncaster Council;
- Public Health England;
- St Leger Homes of Doncaster;
- Doncaster Children's Services Trust (DCST);
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH);
- Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTHFT);
- NHS Doncaster Clinical Commissioning Group (DCCG);
- Yorkshire Ambulance Service (YAS);
- Primary care services;
- FCMS;
- Voluntary sector and community groups;
- South Yorkshire Police;
- NHS England.

SECTION 3: ACTIONS, ROLES AND RESPONSIBILITIES

This section outlines the key roles and responsibilities of responding organisations, groups and officers in the management of COVID-19 incidents or outbreaks.

3.1 Core Incident Management Team

The incident management team has been established 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.

The IMT will meet daily initially and will operate at a tactical level to coordinate the operational efforts of each partner organisation. This will be reviewed on a regular basis and be adapted to meet the needs dictated by the data and evidence.

Key responsibilities include:

- Receive data and intelligence highlight reports of notifications of complex or trends
- Review management of existing outbreaks and new outbreaks
- Undertake rapid risk assessments of cases, incidents and outbreaks, taking into account staff, vulnerabilities, equality, diversity and inclusion impacts, both direct and indirect
- Consider, agree and review control measures or additional investigation required
- Task locality MDTs with measures and actions etc. as identified, maintaining two way communication feeds and acting as a route for escalations
- Advise on contact tracing requirements and roles, and mobilise resource when required
- Advise on and mobilise access to national and local testing arrangements including requesting and local coordination of Mobile Testing Unit deployment
- Undertake regular review of resources, requests and deployment and escalate any additional resource requirements to the COVID control board
- Consider and agree communications
- Record, track, log and monitor outbreak management progress

3.2 Locality Bronze Groups

Locality bronze groups will work closely with the incident management team to undertake key actions agreed and advise on local intelligence and knowledge of high-risk populations, people and places. The membership and format of the locality bronze groups will be reviewed regularly based on the specific outbreaks/incidents, risks, intelligence or impacts at the time.

Key responsibilities include:

- Mobilise multi-agency prevention activities in high-risk places and/or settings as required. This will also include visibility plans, public realm activity and bespoke prevention support identified through risk assessments
- Support the deployment of outbreak control measures, as agreed by the IMT. This may include supporting the deployment of localised testing measures and local contact tracing amongst others
- Coordinate support for individual and setting based isolation where this is needed
- Escalate any concerns, issues and new intelligence to the IMT and data cell
- Identify and manage wider impacts and risks
- Maintain an overview of high-risk places, settings and populations within their locality area, providing regular situation reports to the IMT
- Provide expert local knowledge of communities to the IMTs and building on existing relationships that will support prevention of outbreaks and their management should they occur. This includes aspects of equality, diversity and inclusion, language and cultural considerations along with potential barriers to engagement.

In some circumstances, a MDT will be mobilised in response to incidents or outbreaks in high-risk places and/or settings that require a different response to the usual locality model and membership. These will be initiated through the IMT with the same key responsibilities. If a high-risk setting reports an issue that required action prior to the next IMT, the lead local authority contact (e.g. commissioning officer) will liaise with the Director of public health or deputy to initiate at the earliest opportunity. This will then be escalated to IMT.

Full detail of the Team Doncaster Locality Bronze group framework and menu of action can be accessed on the central shared folder.

3.3 Public Health England Yorkshire and Humber Health Protection Team

The Health Protection Team will fulfil its statutory duty by receiving the notification of outbreaks, undertaking the risk assessment and providing public health advice in accordance with national guidance or local Standard Operating Procedures. The team will work closely with the local authority Director of Public Health and the local health system.

Full detail of the role and responsibilities of PHE are outlined in the SOP Management of Community Outbreaks of COVID 19 – Yorkshire and the Humber HPT PHE and Local Authority Management of COVID 19. An overview of these core responsibilities include:

- Undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak
- Notify the local authority of cases by daily summary e-mail and by phone if urgent action is required
- Provide advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions
- Advise on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements

3.4 Doncaster Council Director of Public Health and Public Health Team

Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

In relation to local outbreaks of COVID-19, this includes:

- Lead the local multi-agency IMT and ensure effective co-ordination of actions, resources and response
- Ensure the provision of expert advice from both the public health team and Team Doncaster partners such as Doncaster CCG. This will include amongst other specialisms infection prevention and control support and advice
- Mobilise plans to increase access to local COVID-19 testing arrangements
- Mobilise resources for local contact tracing in complex settings, including increasing capacity and bespoke training
- Ensure the follow-up and support settings to continue to operate whilst managing the outbreak, including support with infection prevention and control (through the IPC task and finish group)
- Provide regular and timely updates to Council leadership, Team Doncaster Gold, Cabinet and elected members amongst others.

3.5 Data cell

The data cell team will be central to the response to local COVID-19 outbreaks by collating, analysing and triangulating all available data to provide a situation overview upon which decisions on prevention work and outbreak control measures are required can be made.

This may include:

- To receive, share and process data to and from a range of sources in a timely way to deliver all local Covid-19 outbreak management functions including contact tracing.

- To integrate test, track and trace data from all sources to enable:

    - a) contact tracing

    - b) infection mapping and surveillance

    - c) epidemiological analysis to enable decisions and monitor effectiveness and impact

- To analyse data in near real-time, using time series and trend/forecasting analyses with the aim of:
    - Identifying local outbreaks and hotspots through data analysis and mapping;
    - Providing evidence to aid decision makers about local response measures;

    - Providing evidence to aid decision makers looking to redistribute resources;
    - Provision of support (where required) to people self-isolating; and
    - Where possible, undertake forecasting and predictive analytics.
- Support the preparation of national situation reporting as required.

3.6 COVID-19 Health cell

The COVID-19 health cell will continue to provide expert leadership across the local health system and will closely support and link to the COVID control board and IMTs through the designated representatives from NHS Doncaster Clinical Commissioning Group.

This may include:

- Develop solutions across Health Providers in relation to Local, Regional and National expectations for the management of COVID-19 within Doncaster with clear actions
- Provide Coordination and leadership in relation to Health response
- Provide single point of appropriate updates and communication through to relevant stakeholders
- Provide a strategic point of escalation for Health Providers
- Identify key risks and escalate risks as appropriate
- Identify appropriate and proportionate data collation and reporting
- Prepare updates and information for the covid control board and daily IMTs
- Support reporting arrangements
- Maintain oversight of the arrangements for the management of outbreaks in commissioned and clinical settings such as primary care settings and provision

3.7 Infection Prevention and Control (and testing) Task and Finish Group

The infection prevention and control and testing task and finish group will provide specialist advice and guidance on infection prevention and control and assure local arrangements for testing, including access, increasing capacity and data sharing as appropriate.

This may include:

- Ensure clear IPC guidance and information to staff in high-risk settings, including care homes
- Ensure additional capacity for the provision of lower level IPC advice through a “train the trainer” approach
- Ensure additional support for quality assured routine deep cleaning
- Provide information and advice on PPE guidance when this is required
- Provide advice and guidance on the routes for accessing testing in localised COVID-19 outbreaks, including on risk assessment and prioritisation of testing to where it will be a more effective tool in understanding and managing an outbreak and protecting life.

3.8 LA COVID-19 Testing Lead (Pillar 2)

The COVID-19 testing lead for pillar 2 testing arrangements such as mobile testing unit deployment sits within the Doncaster Council Public Health COVID core team and works closely with the SY LRF testing lead, resilience and emergency planning, communities teams, network management and PIC. Particular responsibilities include:

- Plan testing activity (liaise with DsPH and LRF MTU SPOC)
- Coordinate daily testing activity (planned MTU deployment)
- Liaise with testing site management, maintain good working relationships and address issues promptly
- Liaise with civilian MTU teams
- Liaise with civilian contractor Ops Room
- Liaise with other North East and Yorkshire LRF partners
- Ensure 24/7 out of hours SPOC function is in place
- Work with DsPH to respond to local outbreaks
- Update/amend MTU site registrations/paperwork as needed
- Ensure sustainability of sites against return to 'business as usual' conditions
- Identify, recce and secure permissions for new sites
- Complete/submit relevant paperwork (V6)
- Initiate and support requests for mobile testing unit deployment to support outbreak control measures
- Commission new sites as required.

SECTION 4: PLAN ACTIVATION AND COVID-19 TASK FORCE

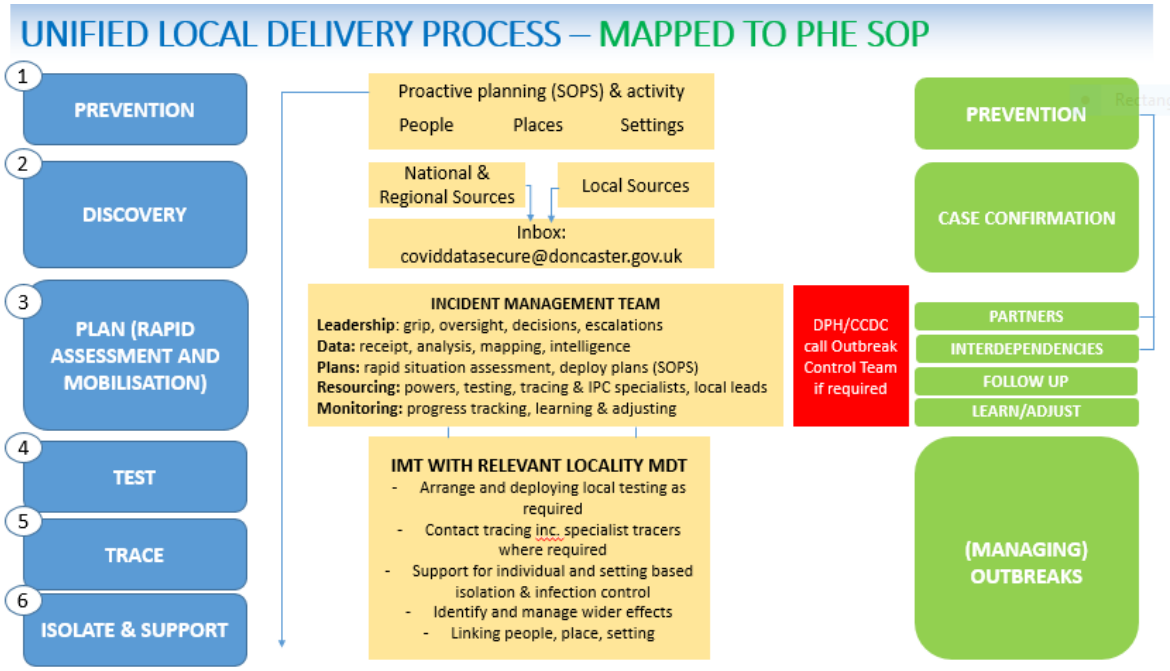
4.1 COVID-19 Task Force

The COVID-19 Task Force will drive the coordination and management of outbreaks of COVID-19 in Doncaster, along with key elements of prevention, risk management, data and intelligence and wider local response.

This will include a number of central, dedicated teams ensure a timely and coordinated response to outbreaks of COVID-19 in Doncaster including:

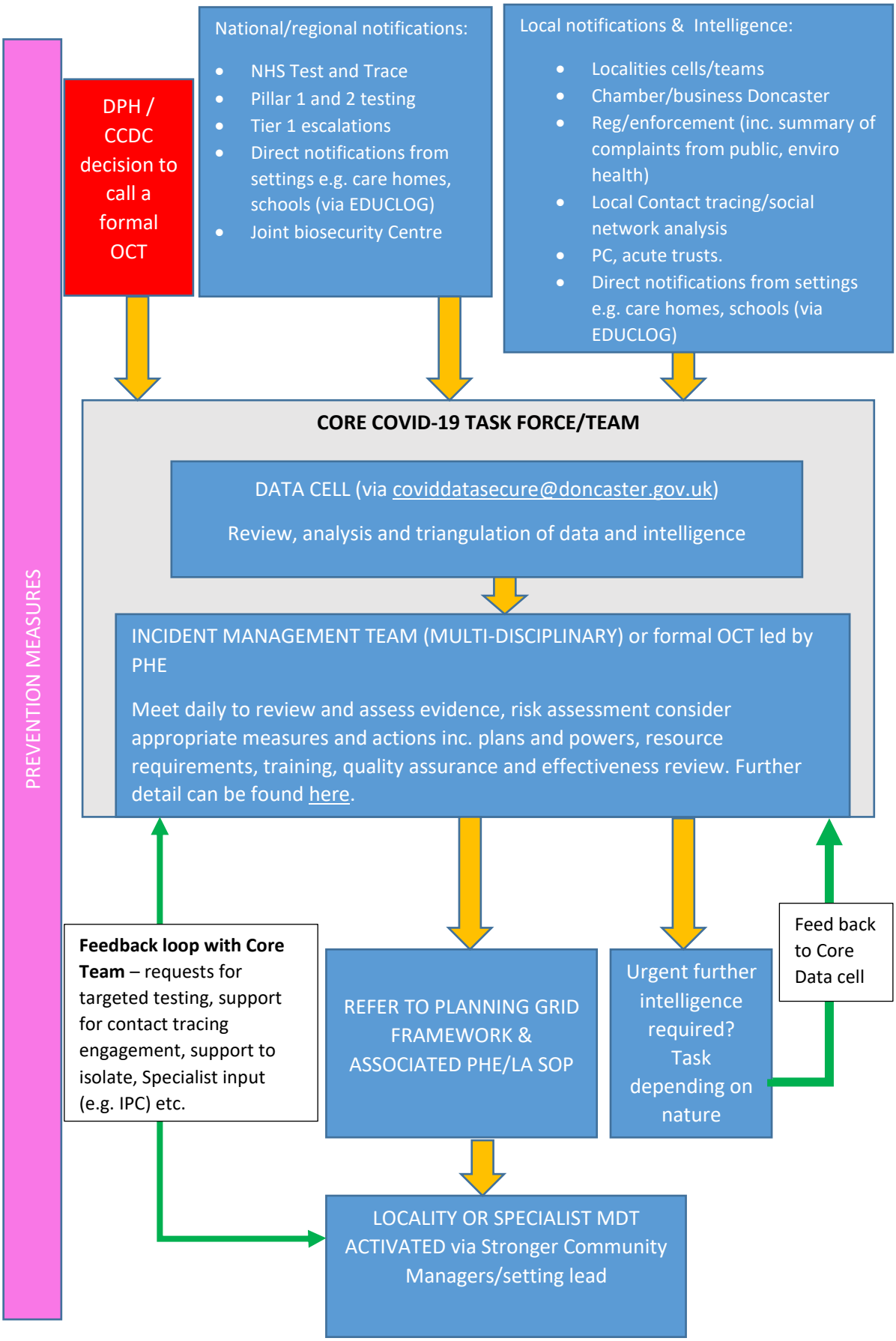
- Public health (health protection and EPRR) Core Team
- Contact Tracing central team
- Data cell/dedicated team
- Specialist Infection Prevention and Control resource (through Testing and IPC cell
- Communications
- Localities leads
- Outbreak planning and development team

An overview of the task force response is provided in the diagram below and the following sub-sections of this plan.



4.2 Alert mechanisms and process flow

The following diagram briefly outlines the key alert mechanisms and process flow from notification of cases or issues through the core COVID-19 task force and Incident Management Team and activation of locality Multi-Disciplinary Teams and deployment of resources. Further detail can be found in the following sections.


PREVENTION MEASURES
DPH / CCDC decision to call a formal OCT
National/regional notifications:
NHS Test and Trace
Pillar 1 and 2 testing
Tier 1 escalations
Direct notifications from settings e.g. care homes, schools (via EDUCLOG)
Joint biosecurity Centre
Local notifications & Intelligence:
Localities cells/teams
Chamber/business Doncaster
Reg/enforcement (inc. summary of complaints from public, enviro health)
Local Contact tracing/social network analysis
PC, acute trusts.
Direct notifications from settings e.g. care homes, schools (via EDUCLOG)
CORE COVID-19 TASK FORCE/TEAM
DATA CELL (via coviddatasecure@doncaster.gov.uk)
Review, analysis and triangulation of data and intelligence
INCIDENT MANAGEMENT TEAM (MULTI-DISCIPLINARY) or formal OCT led by PHE
Meet daily to review and assess evidence, risk assessment consider appropriate measures and actions inc. plans and powers, resource requirements, training, quality assurance and effectiveness review. Further detail can be found here.
Feedback loop with Core Team – requests for targeted testing, support for contact tracing engagement, support to isolate, Specialist input (e.g. IPC) etc.
REFER TO PLANNING GRID FRAMEWORK & ASSOCIATED PHE/LA SOP
Urgent further intelligence required? Task depending on nature
Feed back to Core Data cell
LOCALITY OR SPECIALIST MDT ACTIVATED via Stronger Community Managers/setting lead

4.3 Core Incident Management Team

The core Incident Management Team will meet daily to review and assess evidence, risk assessment consider appropriate measures and actions including plans and powers, resource requirements, training, quality assurance and effectiveness review.

Membership will include named leads for the following:

- Director of Public Health (Lead Officer)
- Public health (health protection & EPRR coordination)
- Data lead
- Infection Prevention and Control and Testing
- Local Contact Tracing support
- Public Health England
- NHS Doncaster Clinical Commissioning Group
- Communities, Well Doncaster & Localities
- Communications
- Environmental Health
- Business Support
- Adult Social Care
- Adults Commissioning Team
- Early Years
- Education
- Setting or specialism specific as required depending on scenario/s (e.g., acute trust representative, Primary Care representative, , care settings, legal, resilience and emergency planning etc.)

These members and colleagues will be supported by COVID-19 task force teams outlined in section 4.1.

The above identified membership is not an exhaustive list. Some scenarios may also require an IMT to be set up separately by PHE if triggered through Tier 1 escalation. Initial notification would come through to the Director of Public Health and Consultant in Public Health who will then inform the core Incident Management Team and additional local and setting specific or specialism specific representatives as dictated by the scenario.

4.4 Locality Bronze Groups

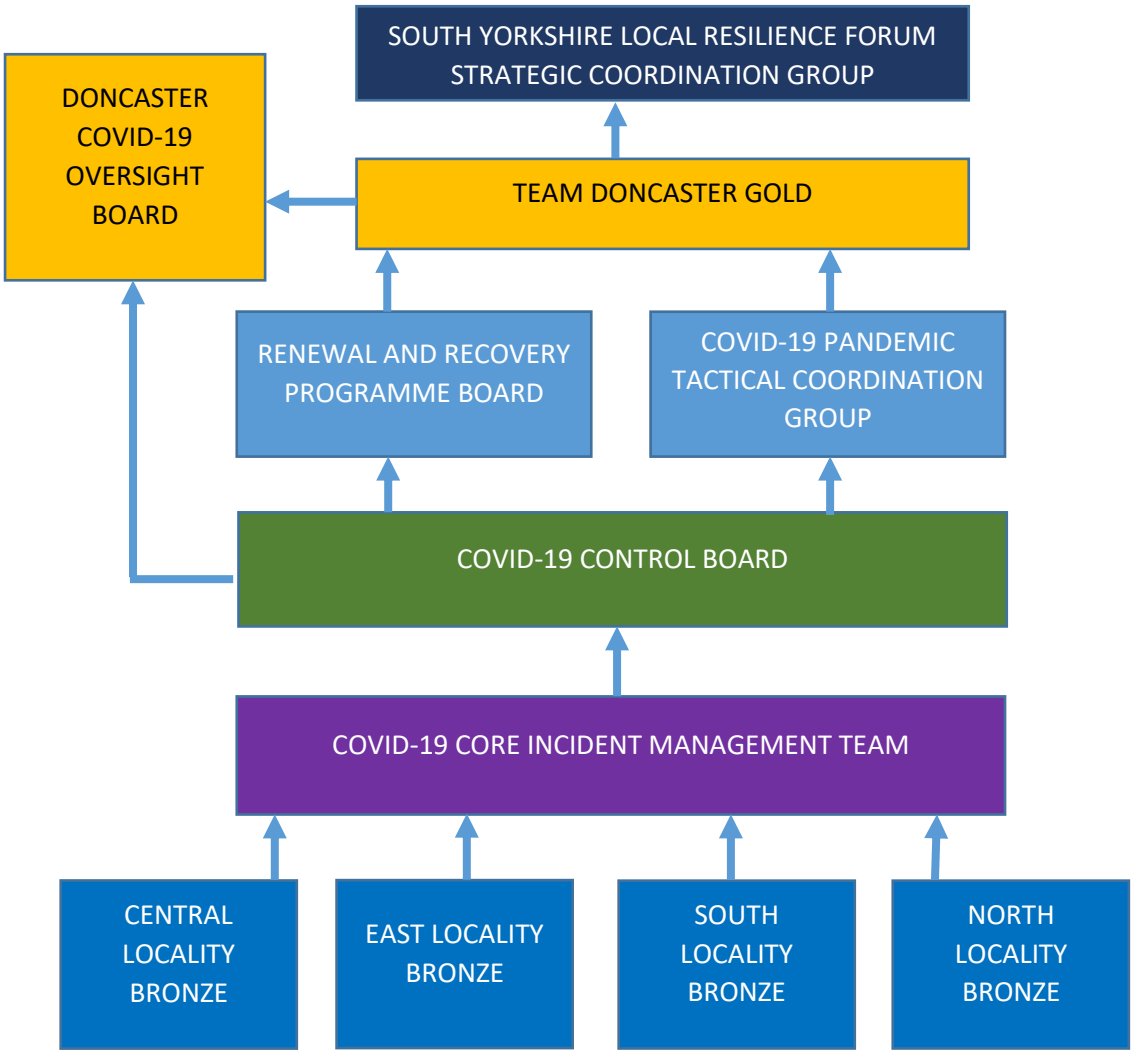
Locality bronze membership may include, depending on the scenario being explored:

- Named leads and deputies from locality cell management groups
- Named Well Doncaster public health locality leads
- Assigned appropriate professional lead e.g. social workers, complex lives
- Clinical/Wellbeing/place based support assigned as appropriate to setting/location/group e.g. for communication, engagement, contextual professional understanding
- Specialist tracing support for groups if required (e.g. language or other barriers)
- Service commissioner
- Provider service lead
- Public Health EPRR

4.5 Governance and reporting

4.5.1 Structure

The governance and reporting structure for COVID-19 outbreak management in summarised below.



4.5.2 Doncaster COVID-19 Oversight Board

The role of the Doncaster COVID-19 Oversight board is to:

1. Provide oversight, assurance and scrutiny of:
    a. Plans to prevent and manage outbreaks of COVID-19 in Doncaster
    b. Actions taken to prevent and manage outbreaks and their outcomes
2. Engage and communicate with residents and stakeholders
3. Monitor levels of infection and assure the Doncaster people that the Control Plan has been developed and is being delivered appropriately.

Membership of the COVID-19 Oversight Board includes:

- Elected Mayor of Doncaster Council (Chair)
- Cabinet member for Public Health, culture and Leisure (Vice Chair)
- The Group leaders or their nominees
- South Yorkshire Police
- Locality cabinet members x4 (the cabinet member for public health counts as one)
- South Yorkshire Fire and Rescue
- Council CEO
- Council DPH
- Health – Doncaster CCG
- Chair Inclusion and Fairness Forum
- Union representatives
- Doncaster Chamber of commerce

The Terms of Reference for the Doncaster COVID-19 Oversight Board can be made available on request.

4.5.3 Doncaster COVID-19 Control Board

The overall role of the COVID-19 Control Board is to protect the health of the population of Doncaster by preventing, identifying and responding to Outbreaks of COVID-19. This also includes:

- The identification of actions to both prevent and manage outbreaks
- The production of the Control Plan and its continual and agile updating

Membership of the Doncaster COVID-19 Control Board includes:

- Director of Public Health (Chair)
- Public Health: Public Health Consultant, COVID control core team manager, PH emergency planning lead
- Adult social care commissioning and contracts
- Communities and localities

- Policy, Insight and Change team (including data)
- Public Health England
- NHS Doncaster Clinical Commissioning Group (representing the local health system)
- Communications
- Resilience and Emergency Planning / Business Continuity
- Learning Opportunities and Skills
- Environmental Health
- Doncaster College
- Business Doncaster
- Doncaster Chamber
- St Leger Homes
- Director of Infection Prevention and Control DBTH
- Trade Union Representatives

Terms of Reference for the Doncaster COVID control board can be made available on request.

Membership of the COVID control board is subject to regular review.

SECTION 5: DATA AND INTELLIGENCE

5.1 Data protection and data sharing

Data sharing between organisations is underpinned by General Data Protection Regulations. This required specific conditions to be met to ensure that the processing of personal data is lawful.

These relevant conditions are:

- Article 6(1)(d) – it is necessary in order to protect the vital interests of the data subject or another natural person;
- Article 6(1)(e) – it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;
- Article 9(2)(i) – it is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information.

Additionally, the Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19), and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

A data sharing agreement has also been signed between Doncaster Council and Public Health England.

5.2 Local data requirements, Data flows and availability

The data cell will be responsible for the receipt, review, analysis and triangulation of data and intelligence to aid the Incident Management Team in risk assessment, decision-making, action planning and resource requirement and deployment.

All data and intelligence should be directed to the data cell's single point of contact email.

Current data flows and reports are summarised in the table below:

Dataset	Details	Frequency	Source
COVID-19 cases	Daily and cumulative cases – Pillar 1	Daily	PHE / National dashboard
COVID-19 cases	Pillar 1 Exceedance reporting	Daily	PHE
COVID-19 cases	Pillar 1 and 2, UTLA level	Weekly / Daily	PHE / National dashboard
COVID-19 111 Triage calls	Calls to NHS 111 where caller reports COVID symptoms	Daily	NHS D / National dashboard
COVID-19 hospital deaths	Daily and Cumulative deaths	Daily	NHS England
COVID-19 registered deaths	Daily COVID-deaths reg.,occurrence		Doncaster Registrations office
COVID-19 registered deaths	Weekly deaths, occurrence of death	Weekly	ONS
COVID-19 Care Home cases	Narrative and current count of cases by care home in Doncaster		Care Home MDTs
Care Home Capacity Tracker	National reporting of care home sitrep	Weekly	Capacity Tracker
Hospital admissions	Test positive cases at Leeds Hospitals, current bed occupancy	Daily	DBTHFT
Cases and contacts	Number of laboratory confirmed cases of COVID-19 and contacts reported to NHS Test and Trace	Daily	National Test and Trace web tool
Test and trace referrals	Test and trace referrals by local authority	Daily	PHE

5.3 National and Regional Notifications and Intelligence

There are a number of ways the Director of Public Health may be notified of positive cases in the borough through national and regional routes, including:

- NHS Test and Trace data and exceedance reports
- Pillar 1 and 2 testing
- Tier 1 escalations to YH Health Protection Team
- Joint Biosecurity Centre

5.4 Local Notifications and Intelligence

Local notifications and intelligence may be reported in a number of forms. These may include:

- Localities cells/teams
- Chamber/business Doncaster
- Regulation and enforcement (including summary of complaints from public, environmental health etc.)
- Local Contact tracing/social network analysis

- Primary Care, acute trusts and other health settings
- Direct notifications from settings e.g. care homes, schools (via EDUCLOG), hospitals
- Notifications and enquiries from providers, services and settings via commissioners

5.5 Local Data Flow and Approach

A range of data products will be developed for internal and external use. Wherever possible as much data as possible will be shared with Doncaster people.

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 700 incidents, clusters and outbreaks.

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

Local dashboards for contact tracing and testing (all forms and pillars) are currently in development locally.

SECTION 6: VULNERABLE PEOPLE, PLACES AND SETTINGS AND HEALTH INEQUALITIES

A range of high-risk groups, settings and places have been identified and are outlined below.

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 full framework can be found on the COVID-19 teams channel for the COVID control board here. 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.

6.1 Health Inequalities and supporting high-risk communities

There is clear evidence that COVID-19 does not affect all population groups equally. PHE have published a rapid review, 'Disparities in the risk and outcomes of COVID-19'. This report confirmed that the impact of COVID-19 has replicated existing health inequalities, and in some cases, increased them. A second report focussing on stakeholder views gathered insights into factors that may be influencing the impact of COVID-19 on these group. The report 'Beyond the data: understanding the impact of COVID-19 on BAME groups' contains 7 recommendations. In our local response to COVID-19 we have focussed attention on providing education and prevention resources in suitable formats (see https://www.doncaster.gov.uk/services/health-wellbeing/coronavirus-easy-read-guides-and-other-language-guides). We have reflected on this work and recognise there is more to be done. Within our outcome control plan we will specifically work to ensure local implementation of the following PHE recommendation:

'Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.

An Equality Impact Assessment has been undertaken on the outbreak control plan and associated procedures and will be reviewed on a regular basis. An action plan has been developed and is currently being embedding across all areas of response.

Communities and multi-agency locality teams have reviewed communities in relation those more vulnerable to the impacts of covid and have prioritised the higher-risk people, settings or places for monitoring, visibility and action/support. These are held by the locality cell leads and regularly inform IMT discussions.

6.2 High-risk groups, settings and places

6.2.1 High-risk groups

These include:

- Over 70s
- Shielded population
- Wider clinically vulnerable population
- Homeless/rough sleepers
- Domiciliary care service users and staff
- People in supported living and staff
- Those in mental health accommodation
- Vulnerable tenants
- BAME community
- New communities
- Prisoners
- Carers
- Young people (non-compliance)

6.2.2 High-risk settings

High-risk settings include:

- Hostels/ hotels currently used as temporary accommodation
- Mental health acute settings
- Supported living – all groups
- Care Homes
- Extra care housing
- Gypsy and Traveller sites
- Asylum Seekers accommodation (Mears Provider)
- Prisons
- Airport
- Interchange
- Businesses – non compliance/outbreak management
- Houses in multiple occupation (HMOs)

6.2.3 High-risk places

High-risk places include:

- Areas with concentrations of shielded and vulnerable populations
- Areas identified in community tensions return (e.g. Hexthorpe, Doncaster Town Centre, Lakeside)
- Vulnerable public realm (e.g. parks, recreational areas, town/shopping centres)
- Areas with high concentration of HMOs

6.5 Identification and support for vulnerable people

Throughout the pandemic, significant work has been undertaken to ensure that vulnerable people are identified and supported when this is required through the community hub and the communities cell. Arrangements are now in place through localities cells, locality MDTs and the local voluntary, community and faith sector groups to ensure that support remains accessible for vulnerable residents and those needing to self-isolate that cannot get support elsewhere.

This includes establishing, supporting and signposting to wider support networks.

Those requiring support during self-isolation and are unable to get support elsewhere can contact the local helpline Monday to Friday from 08:30-17:00 on 01302 734403 or by emailing enquiries@dncommunityhub.org.uk .

Individuals identified as requiring support through local contact tracing or welfare calls will be referred for support to the relevant locality team single point of contact emails.

Financial support for self-isolation may be available subject to eligibility criteria. Those requiring further information will be directed to call 01302 735336 (option 1) or by visiting https://www.doncaster.gov.uk/services/emergencies/coronavirus-financial-advice

SECTION 7: OUTBREAK MANAGEMENT PROTOCOLS

The broad outbreak management approach is based on Standard Operating Procedures developed with PHE YH and Local Authorities across the region and embedded in a locality model in Doncaster, allowing for local arrangements and priorities to be incorporated.

In Doncaster, a partnership and locality approach has been adopted to develop a local planning and response framework of prevention and response. This framework provides a summary of key response and control measures and outlines some of the local partners and specialist expertise that are essential to effective outbreak management in specific settings.

The Doncaster COVID-19 Planning and response Framework is available on the central shared folder. These are aligned to the regional Yorkshire and the Humber PHE and Local Authorities Standard Operating Procedures described in section 7.1.

7.1 Yorkshire and the Humber PHE and LA Joint Working Arrangements for local responses to COVID-19 for specific settings

The following sections outline the initial joint working arrangements between PHE YH and local systems in responding to confirmed cases of COVID-19 in specific settings, with the aim of reducing transmission, protecting the most vulnerable and preventing an increased demand on healthcare resource. Arrangements outline common principles and use a flexible approach in implementation.

These are accessible through the shared outbreak management folders in the central shared folder.

7.1.1 Care home outbreak Standard Operating Procedure

This SOP outlines the initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements outline common principles and plan for flexibility in implementation at pace. These have been localised to factor in key processes specific to Doncaster.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.

- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

The full Standard Operating Procedure outlines key preventions, control measures, practical considerations and interdependencies and can be found in the central shared folder.

7.1.2 Education setting outbreak management Standard Operating Procedure

This SOP outlines the proposed approach of the Health Protection Team in managing cases and outbreaks of COVID-19 in school and educational settings and inform the development of effective joint-working arrangements between Public Health England and Local Authorities.

Arrangements outline common principles and plan for flexibility in implementation at pace. These have been localised to factor in key processes specific to Doncaster.

Developing Partnership Working: Each local authority area and each school setting is unique. Outlined below is a summary of the Health Protection Team's planned approach to cases and outbreaks, but it is recognised that this will need to be adapted to reflect the needs and capacity of local systems, taking into account:

- the level of involvement of each local authority in the management of cases and outbreaks
- the input of local outbreak boards in supporting the management of school outbreaks
- local training and workforce gaps that could benefit from Yorkshire &Humber coordination
- local capacity to undertake swabbing in schools (if required)

The full Standard Operating Procedure outlines key preventions, control measures, practical considerations and interdependencies and can be found in the central shared folder.

Since schools and other education settings returning in September, there have been a significant number of enquiries to PHE regarding single cases. As such, guidance for case management of single cases in these settings have been produced and a dedicated phone line with the Department for Education is being established. The PHE local HPT will continue to advice on and manage outbreaks in these settings. Single case management guidance can be found here.

7.1.3 Health and Care settings outbreak management

Plans are in place to manage clusters and outbreaks in a range of health and care services including primary and secondary care which are based on the following principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems

- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities

The health cell continues to meet on a regular basis and the health system routinely feeds into the incident management team to ensure appropriate support and response can be provided.

7.1.4 Workplace outbreak management standard operating procedure

This SOP outlines the initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission in workplace settings, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements outline common principles and plan for flexibility in implementation at pace. These have been localised to factor in key processes specific to Doncaster.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplications
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems.

The full Standard Operating Procedure outlines key preventions, control measures, practical considerations and interdependencies and can be found in the central shared folder.

7.1.5 Communities of interest outbreak management standard operating procedure

This SOP outlines the initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements outline common principles and plan for flexibility in implementation at pace. These have been localised to factor in key processes specific to Doncaster.

Principles:

- Joint working and whole system approach

- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

This SOP covers communities of interest such as:

- Roma communities
- Traveller and Gypsy communities
- Faith or other community settings (e.g. for Eastern European, BAME populations) where transmission may be exacerbated by close-proximity and barriers to accessing services or advice
- Clusters or outbreaks of infection concentrated in underserved communities
- Rough sleepers and those who have found themselves without a home

The full Standard Operating Procedure outlines key preventions, control measures, practical considerations and interdependencies and can be found in the central shared folder.

7.1.6 Vulnerable Residential Settings Standard Operating Procedure

This SOP outlines the initial joint working arrangements between PHE YH and local systems responding to confirmed cases of COVID – 19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.

Arrangements outline common principles and plan for flexibility in implementation at pace. These have been localised to factor in key processes specific to Doncaster.

Principles:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities and prevent duplication
- Ensure local voice

Joint Working Between Local Authority and Y&H HPT

The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:

- Y&H HPT will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Y&H HPT will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak;
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- Y&H HPT will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

The SOP covers communal residential settings such as:

- People who are homeless – (hostels and other)
- People who are seeking asylum in Home Office accommodation, including Urban House hotels or other communal residential settings*****
- People who are drug and/or alcohol dependent (in residential settings)
- People fleeing abuse and violence (refuges and other communal residential settings)

The full Standard Operating Procedure outlines key preventions, control measures, practical considerations and interdependencies and can be found in the central shared folder.

7.1.7 Prisons standard operating procedure

Management of COVID-19 infection prevention and control, including responding to outbreaks in prisons, lies with prison health care provider (Care UK) and prison health care commissioner (NHSE) with support from PHE health protection team.

Response to COVID-19 within the prison setting will build on these existing robust outbreak management arrangements. HMP Marshgate, HMP Lindholme and HMP Moorlands have their own outbreak control plans, systems, infection control champions and manage outbreaks robustly and routinely. Public Health England HPT notifies DPH of significant outbreaks in prisons for awareness but the management of this remains with Care UK, NHSE and PHE.

Our ambition is to take a proactive approach to high risk settings, identifying all relevant high risk workplace settings and take a holistic, community approach to prevention and outbreak management involving employers (including employment agencies), community support groups, housing teams and the HSE. We aim to provide individual premises support where needed and explore the feasibility of proactive MTU's attending specific high-risk settings.

7.1.8 Doncaster Sheffield Airport standard operating procedure

Public Health England (PHE) has overall lead responsibility for port health. Although PHE has no legal powers in relation to port health, the Port Medical Officer (PMO) and other authorised Port Health Officers (PHO) can exercise powers vested in the Port Health Authority.

At Doncaster Sheffield Airport, Doncaster Council is the **Port Health Authority** (PHA) and is responsible for the enforcement and execution of regulations pertaining to port health. The PHA appoint their Environmental Health Officers (EHO) to act as Authorised Officers.

A port health plan for Doncaster Sheffield Airport is in place for dealing with all port health incidents, which includes outbreaks of infectious diseases.

Each of these Standard operating procedures is currently under review across the Yorkshire and Humber region.

7.2 National Action Cards

A number of nationally developed action cards for a range of sectors, settings and venues are available online for sector/setting/venue use. These outlined initial outbreak management actions that should be undertaken to contain any potential outbreaks including symptoms and testing, initial contact tracing, key guidance links and when to inform their PHE Health Protection Team. Local information has been circulated on how to inform the most appropriate local authority team for advice and support.

The national action cards available are outlined in the following sections, including direct links to download these resources.

7.2.1 Small and Large Gatherings Workplace Action Cards

This section includes resources and action cards for:

- Arts, heritage and cultural venues
- Business event venues
- Children's community activities, holiday clubs, after school clubs, tuition and other out of school provision for children
- Cinemas, theatres, comedy venues and music venues
- Community activities and other hobby clubs
- Grassroots sports, gyms/leisure facilities
- Libraries
- Places of worship
- Sports grounds and venues
- Tourist Attractions

These are accessible via the following link.

7.2.2 Residential Workplace Action Cards

This section includes resources and action cards for:

- Campsites and caravan park
- Domestic abuse refuges
- Homelessness accommodation
- Hotels and other guest accommodation
- Entertainment Holiday Resorts

These are accessible via the following link.

7.2.3 Consumer Workplace Action Cards

This section includes resources and action cards for:

- Shops and branches
- Spas, sports and massage therapy, well being and holistic centres
- Dress fitters, tailors and fashion designers
- Hairdressers, barbershops, beauty and nail bars, makeup, and tattoo and spray tanning studios

These are accessible via the following link.

7.2.4 Commercial Workplace Action Cards

This section includes resources and action cards for:

- Contact centres, offices and operations rooms

These are accessible via the following link.

7.2.5 Education Action Cards

This section includes resources and action cards for:

- Children's homes
- Early years settings
- Further education
- Higher education
- Primary, secondary and special schools, and alternative provision for schools
- Residential settings in education

These are accessible via the following link.

7.2.6 Food and Drink Action cards

This section includes resources and action cards for:

- Food delivery, food to go and mobile catering
- Food truck, kiosks, stands and open-air markets
- Food contract catering
- Restaurants, pubs, bars, cafes or takeaways

These are accessible via the following link.

7.2.7 Industrial Workplace Action cards

This section includes resources and action cards for:

- Construction and outdoor work

- Laboratory and research facilities
- Manufacturing of food and other large processing plants
- Working in factories, plants, warehouses and waste management and storage sites
- Engineering and maintenance depots

These are accessible via the following link.

7.2.8 Institutions Action Cards

This section includes resources and action cards for:

- Courts and Tribunals
- Approved premises
- Armed forces and defence
- Detention and immigration removal centres
- Youth detention centres

These are accessible via the following link.

7.2.9 Travel Action Cards

This section includes resources and action cards for:

- Airports, seaports, stations and terminals
- Harbours and marinas
- Ships, ferries, aircrafts and other vessels
- Taxis and private hire vehicles
- Trains, trams, tubes, buses and coaches

These are accessible via the following link.

7.3 Local Outbreak Planning and Response Framework

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.

The full framework can be found in the central shared folder. 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.

7.3 Incident and Outbreak Monitoring and Escalation

7.3.1 Local outbreak monitoring and escalation

Health Protection arrangements already exist for managing Outbreaks of infection in Doncaster. What is different about COVID-19 is the scale, which was so significant in the period March 2020 – June 2020 that it required the Strategic Co-ordinating Group of the Local Resilience Forum to co-ordinate activity.

In developing this Outbreak Plan we have identified levels of Outbreak alerts for the system from 1 to 3. This plan is designed to cope with Level 1 and 2 Outbreaks. Level 3 would essentially be a forerunner of the Second Wave of the Pandemic which would require the SCG to be fully operational. The levels of alert are shown below.

Level	Characteristics	Recent Examples
1	• Outbreaks within existing capacity, even if in multiple settings simultaneously. The COVID Control Board would manage these	• COVID 19 in Care Homes and Schools
2	• Outbreaks which exceed existing outbreak management capacity and need additional resource or capacity. The COVID control Board and Team Doncaster Gold would work together	• Lookback exercises and screening on over 1500 people (multi agency response)

3	• Outbreaks which exceed existing capacity and require the mutual aid of one or more partners e.g. PHE or LRF and/or one or more partners to declare a Major Incident	• Flu' Season 2017
4 (Second Wave)	• A second wave of infection as bad or worse than the first which requires full scale SCG Co-ordination and National Response. See Section 8 for further information.	• COVID first wave

Definitions

The definitions of outbreaks and incidents being used in to monitor incidents and outbreaks through Doncaster's IMT are:

- Incident, including PHE definitions: Exposure - single case in a care home, or, Issue - single case in another settings (e.g. workplace)
- (C) Cluster - two or more cases with possible, but not yet confirmed, epidemiological link
  (O) Outbreak - two or more cases linked in time and place

7.3.2 Criteria for escalation to IMT

Whilst all suspected and positive cases are recorded and monitored through COVIDdatasecure, the development of criteria for escalation to IMT for more detailed review and consideration has been required. Broadly, this criteria includes:

Scenario	Escalation Action
Single symptomatic case in a high risk setting	Log and send to COVIDdatasecure. Escalate to IMT.
More than 2 symptomatic cases in 'bubble' 'new' high risk setting	Log and send to COVIDdatasecure. Escalate to IMT to agree MDT management
Single positive case (or more) in a high-risk setting	Record and escalate to IMT

7.3.3 Education settings: criteria for escalation to IMT

When education settings re-open in September, it is likely that there will be a number of notifications of individuals with covid-19 symptoms. The following criteria will be a guide to what incident/outbreak scenarios require escalation, review and/or additional action by IMT.

Scenario	Escalation Action
Single symptomatic case in school/ setting	Log and send to COVIDdatasecure. Not routinely escalated to IMT
More than 2 symptomatic cases in 'bubble'	Log and send to COVIDdatasecure. Escalate to IMT.
Single positive case (or more)	Log and send to COVIDdatasecure. Escalate to IMT.
No positive cases but school closes (partial or full) or takes other significant action	Log and send to COVIDdatasecure. Escalate to IMT.
Single symptomatic case in special school	Log and send to COVIDdatasecure. Escalate to IMT.

7.3.4 LSOA and communities: criteria for escalation to IMT

The available data is regularly reviewed and mapped to LSOA and household levels. Not all community cases will require escalation or review at IMT. The following criteria will be a guide to what incident/outbreak scenarios require escalation, review and/or additional action by IMT.

Scenario	Escalation Action
5 or more cases in LSOA (same household)	Log and send to COVIDdatasecure. Not routinely escalated to IMT
5 or more cases in LSOA (across 2 or more households)	Log and send to COVIDdatasecure. Escalate to IMT
Increase in reports of lack of social distancing, issues on community tensions report.	Log and send to COVIDdatasecure. Escalate to IMT

Where further investigation or curiosity is required, locality teams may be asked to explore further to support understanding of LSOA characteristics and behaviours.

7.4 National system escalation points

The key escalation points for various issues across regional and national systems can be found in the central shared folder. This is updated on a regular basis.

7.5 Local outbreak management close down criteria and actions

The Doncaster Incident Management team has agreed that an incident or outbreak will be tentatively closed after 14 days since the onset of illness in the most recently developed case in line with known incubation periods of covid-19. This incident or outbreak will then be subject for ongoing monitoring and be re-opened when there is a new case that is linked up to 28 days after the onset of the most recently developed case. This is line with PHE guidance that incidents and outbreaks will be formally closed after 28 days in all settings.

Agreed actions following the close down of an incident or outbreak by the incident management team include:

- To re-open if further cases arise within 28 days of the onset of the most recently developed case
- If cases return as negative, undertake a review of 'what if' scenarios to review processes
- Undertake a review of the incident/outbreak management process
- Update of relevant plans and planning and response framework
- Consider a 'close down' call with the setting (e.g. school) to determine any further support requirements and review of the incident or outbreak

SECTION 8: WIDESPREAD COMMUNITY TRANSMISSION

Widespread community transmission will required a shift in response from the management of single cases or small outbreaks to a broader perspective. This section outlines some of the key considerations for monitoring, escalation and management.

8.1 National outbreak monitoring and escalation

On 12th October 2020, the UK Government introduced a three-tier system of local coronavirus restrictions for England. These are introduced based on local rates of transmission and impacts on local systems, which would enable specialist expertise and resource to be drawn down from regional and national levels to support local systems.

8.1.1 Tier 1 / Local alert level medium

This means:

- You must not socialise in groups larger than 6 people, indoors or outdoors, other than where a legal exemption applies. This is called the 'rule of 6'
- Businesses and venues can remain open, in a COVID secure manner, other than those which remain closed by law, such as nightclubs
- Hospitality businesses selling food or drink for consumption on their premises are required to:
    - Provide table service only, for premises that serve alcohol
    - Close between 11pm and 5am (hospitality venues in airports, ports, on transport services and in motorway service areas are exempt)
    - Stop taking orders after 10pm
- Hospitality businesses and venues selling food and drink for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through
- Early closure (11pm) applies to casinos, cinemas, theatres, concert halls, museums, bowling alleys, amusement arcades, funfairs, theme parks, adventure parks and activities and bingo halls. Cinemas, theatres and concert halls can stay open beyond 11pm in order to conclude performances that start before 10pm
- Public attendance at outdoor and indoor events (performances and shows) is permitted, limited to whichever is lower: 50% capacity, or either 4,000 people outdoors or 1,000 people indoors
- Public attendance at spectator sport and business events can resume inside and outside, subject to social contact rules and limited to whichever is lower: 50% capacity, or either 4,000 people outdoors or 1,000 people indoors
- Places of worship remain open, but you must not attend or socialise in groups of more than 6 people while there, unless a legal exemption applies
- Weddings and funerals can go ahead with restrictions on numbers of attendees – 15 people can attend wedding ceremonies and receptions, 30 people can attend funeral ceremonies, and 15 people can attend linked commemorative events
- Organised outdoor sport, physical activity and exercise classes can continue

- Organised indoor sport, physical activity and exercise classes can continue to take place, if the rule of 6 is followed. There are exceptions for indoor disability sport, sport for educational purposes, and supervised sport and physical activity for under-18s, which can take place with larger groups mixing
- If you live in a tier 1 area and travel to an area in a higher tier you should follow the rules for that area while you are there. Avoid travel to or overnight stays in tier 3 areas other than where necessary, such as for work, education, youth services, to receive medical treatment, or because of caring responsibilities. You can travel through a tier 3 area as part of a longer journey

8.1.2 Tier 2 / Local alert level high

This means on top of restrictions in alert level medium:

- You must not socialise with anyone you do not live with or who is not in your support bubble in any indoor setting, whether at home or in a public place
- You must not socialise in a group of more than 6 people outside, including in a garden or a public space – this is called the 'rule of 6'
- Businesses and venues can continue to operate, in a COVID-Secure manner, other than those which remain closed by law, such as nightclubs
- Pubs and bars must close, unless operating as restaurants. Hospitality venues can only serve alcohol with substantial meals
- Hospitality businesses selling food or drink for consumption on their premises are required to:
    - Provide table service only, in premises which sell alcohol
    - Close between 11pm and 5am (hospitality venues in airports, ports, transport services and motorway service areas are exempt)
    - Stop taking orders after 10pm
- Hospitality businesses and venues selling food and drink for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through
- Early closure (11pm) applies to casinos, cinemas, theatres, museums, bowling alleys, amusement arcades, funfairs, theme parks, adventure parks and activities, and bingo halls. Cinemas, theatres and concert halls can stay open beyond 11pm in order to conclude performances that start before 10pm
- Public attendance at outdoor and indoor events (performances and shows) is permitted, limited to whichever is lower: 50% capacity, or either 2,000 people outdoors or 1,000 people indoors
- Public attendance at spectator sport and business events can resume inside and outside, subject to social contact rules and limited to whichever is lower: 50% capacity, or either 2,000 people outdoors or 1,000 people indoors
- Places of worship remain open but you must not socialise with people from outside of your household or support bubble while you are indoors there, unless a legal exemption applies
- Weddings and funerals can go ahead with restrictions on numbers of attendees – 15 people can attend wedding ceremonies and receptions, 30 people can attend funeral ceremonies, and 15 people can attend linked commemorative events such as wakes.
- Organised outdoor sport, and physical activity and exercise classes can continue
- Organised indoor sport, physical activity and exercise classes will only be permitted if it is possible for people to avoid mixing with people they do not live with (or share a support bubble with). There are exceptions for indoor disability sport, sport for educational purposes

and supervised sport and physical activity for under-18s, which can take place with larger groups mixing

- You can continue to travel to venues or amenities which are open, but should aim to reduce the number of journeys you make where possible
- If you live in a tier 2 area, you must continue to follow tier 2 rules when you travel to a tier 1 area. Avoid travel to or overnight stays in tier 3 areas other than where necessary, such as for work, education, youth services, to receive medical treatment, or because of caring responsibilities. You can travel through a tier 3 area as a part of a longer journey

8.1.3 Tier 3 / local alert level very high

This means:

- You must not meet socially indoors or in most outdoor places with anybody you do not live with, or who is not in your support bubble, this includes in any private garden or at most outdoor venues
- You must not socialise in a group of more than 6 in some other outdoor public spaces, including parks, beaches, countryside accessible to the public, a public garden, grounds of a heritage site or castle, or a sports facility – this is called the 'rule of 6'
- Hospitality settings, such as bars (including shisha venues), pubs, cafes and restaurants are closed – they are permitted to continue sales by takeaway, click-and-collect, drive-through or delivery services.
- Accommodation such as hotels, B&Bs, campsites, and guest houses must close. There are several exemptions, such as for those who use these venues as their main residence, and those requiring the venues where it is reasonably necessary for work or education and training
- Indoor entertainment and tourist venues must close. This includes:
    - Indoor play centres and areas, including trampolining parks and soft play
    - Casinos
    - Bingo halls
    - Bowling alleys
    - Skating rinks
    - Amusement arcades and adult gaming centres
    - Laser quests and escape rooms
    - Cinemas, theatres and concert halls
    - Snooker halls
- Indoor attractions at mostly outdoor entertainment venues must also close (indoor shops, through-ways and public toilets at such attractions can remain open). This includes indoor attractions within:
    - Zoos, safari parks, and wildlife reserves
    - Aquariums, visitor attractions at farms, and other animal attractions
    - Model villages
    - Museums, galleries and sculpture parks
    - Botanical gardens, biomes or greenhouses
    - Theme parks, circuses, fairgrounds and funfairs
    - Visitor attractions at film studios, heritage sites such as castles and stately homes
    - Landmarks including observation decks and viewing platforms
- Leisure and sports facilities may continue to stay open, but group exercise classes (including fitness and dance) should not go ahead.
- There should be no public attendance at spectator sport or indoor performances and large business events should not be taking place. Elite sport events may continue to take place without spectators

- Large outdoor events (performances and shows) should not take place, with the exception of drive-in events
- Places of worship remain open, but you must not attend with or socialise with anyone outside of your household or support bubble while you are there, unless a legal exemption applies
- Weddings and funerals can go ahead with restrictions on the number of attendees – 15 people can attend wedding ceremonies, wedding receptions are not allowed, 30 people can attend funeral ceremonies, 15 people can attend linked commemorative events
- Organised outdoor sport, and physical activity and exercise classes can continue, however higher-risk contact activity should not take place
- Organised indoor sport, physical activity and exercise classes cannot take place indoors. There are exceptions for indoor disability sport, sport for educational purposes and supervised sport and physical activity for under-18s
- You can continue to travel to venues or amenities which are open, but should aim to reduce the number of journeys you make where possible
- Avoid travelling outside of your area, including for overnight stays other than where necessary, such as for work, education, youth services, to receive medical treatment, or because of caring responsibilities. You can travel through other areas as part of a longer journey

Doncaster was placed into Tier 3 restrictions on 24th October 2020 prior to national restrictions coming into force on 5th November.

On 2nd December 2020 Doncaster, along with the rest of South Yorkshire, was put into stricter Tier 3 restrictions which are outlined above. It is expected that these restrictions and local alert levels/tiers will continue to be reviewed every two weeks.

8.1.4 Tier 4 Stay at Home

This means:

- If you live in Tier 4 you must not leave or be outside of your home or garden except where you have a 'reasonable excuse. A reasonable excuse includes:
    - Work, where you cannot work from home
    - Accessing education and for caring responsibilities
    - Visiting those in your support bubble - or your childcare bubble for childcare
    - Visiting hospital, GP and other medical appointments or visits where you have had an accident or are concerned about your health
    - Buying goods or services from premises that are open in Tier 4 areas, including essential retail, but these should be within your local area wherever possible
    - Outdoor recreation or exercise. This should be done locally wherever possible, but you can travel a short distance within your Tier 4 area to do so if necessary (for example, to access an open space)
    - Attending the care and exercise of an animal, or veterinary services
    - Full detail of 'reasonable excuses' can be found on the government website.
- In general, you must not meet with another person socially or undertake any activities with another person. However, you can exercise or meet in a public outdoor place with people you live with, your support bubble (or as part of a childcare bubble), or with one other person.

- You must not meet socially indoors with family or friends unless they are part of your household or support bubble.
- You must wear a face covering in many indoor settings, such as shops or places of worship where these remain open, and on public transport, unless you are exempt.
- You are permitted to leave your home to visit your support bubble (and to stay overnight with them). However, if you form a support bubble, it is best if this is with a household who live locally.
- The businesses required to close include:
    - Non-essential retail, such as clothing and homeware stores, vehicle showrooms (other than for rental), betting shops, tailors, tobacco and vape shops, electronic goods and mobile phone shops, auction houses (except for auctions of livestock or agricultural equipment) and market stalls selling non-essential goods - these venues can continue to be able to operate click-and-collect (where goods are pre-ordered and collected off the premises) and delivery services
    - Hospitality venues such as cafes, restaurants, pubs, bars and social clubs; with the exception of providing food and drink for takeaway (until 11pm), click-and-collect, drive-through or delivery
    - Accommodation such as hotels, hostels, guest houses and campsites, except for specific circumstances, such as where these act as someone's main residence, where the person cannot return home, for providing accommodation or support to the homeless, or where it is essential to stay there for work purposes
    - Leisure and sports facilities such as leisure centres and indoor gyms, indoor swimming pools, indoor sports courts, indoor fitness and dance studios, indoor riding centres, and indoor climbing walls
    - Entertainment venues such as theatres, concert halls, cinemas, museums and galleries, casinos, amusement arcades, bingo halls, bowling alleys, skating rinks, go-karting venues, indoor play and soft play centres and areas (including inflatable parks and trampolining centres), circuses, fairgrounds, funfairs, zoos and other animal attractions, water parks and theme parks
    - Indoor attractions at venues such as botanical gardens, heritage homes and landmarks must also close, though outdoor grounds of these premises can stay open
    - Personal care facilities such as hair, beauty, tanning and nail salons. Tattoo parlours, spas, massage parlours, body and skin piercing services must also close. These services should not be provided in other people's homes
    - Community centres and halls must close except for a limited number of exempt activities, as set out below. Libraries can also remain open to provide access to IT and digital services - for example for people who do not have it at home - and for click-and-collect services

Full detail of the Tier 4 restrictions is outlined on the government website.

Throughout this period, incidents, clusters and outbreaks will continue to managed through the Incident Management Team. Rates of transmission in the borough as a whole and at a community level will continue to be monitored through the Incident Management Team and associated groups and cells.

8.2 National Lockdown: Stay at Home

On 4th January 2021, the Government announced new national lockdown measures to be implemented with immediate effect in response to rising cases across the country and pressures on health services.

This included a 'stay at home' directive with exceptions for essential activities such as:

- Shopping for basic necessities
- Going to work if you cannot work from home
- Exercise with up to 1 other person, once a day and not outside your local area
- Seek medical assistance or avoid risk of harm (including domestic abuse)
- Full list of essential activities are available on the government website.

Support and childcare bubbles are permitted under certain eligibility criteria, which can be found here. Meeting in larger groups is only permitted under certain criteria outlined in the regulations. Full circumstances for meetings in larger groups can be found in the guidance.

Under national stay at home restrictions, a number of businesses and venues must also remain closed or are required to operate under limited measures e.g. click and collect only.

These measures are likely to remain in place until at least 31st March 2021.

8.3 Review of Local Restrictions

Local restrictions will be reviewed by government at least every 14 days as outlined in the COVID-19 Winter Plan.

Decisions on tier level and local restrictions will be primarily based on five key indicators:

1. Case detection rates in all age groups;
2. Case detection rates in the over 60s;
3. The rate at which cases are rising or falling;
4. Positivity rate (the number of positive cases detected as a percentage of tests taken);
5. Pressure on the NHS, including current and projected occupancy.

8.4 Local Powers and Regulations (as at 24/08/20)

In the event of the so called local lockdown being declared as we have seen in Leicester, Greater Manchester and parts of West Yorkshire, further specific government regulations are produced, (as they were for those areas) by the Secretary of State. These regulations are temporary in nature and last for 28 days at a time. The Regulations are brought in under Section 45R of the Public Health (Control of Disease) Act 1984, so using traditional public health powers and have been restricted to local government defined areas e.g. Kirklees, Calderdale etc. rather than specific towns or areas. The regulations contain powers of enforcement and we have seen reported examples of enforcement

against events at which excessive amounts of people have attended – wedding parties in both Blackburn & Whaley Range were broken up by Police and LA staff and fixed penalty notices served.

The restrictions contained in the 2 sets of regulations differ which may either suggest that this is a developing field or that specific threats were being dealt with. For example, in Lancashire/W. Yorkshire there was much more concentration on preventing the mixing of households whereas Leicester also further restricted the reopening of businesses. This may relate to the specific rate thresholds or pattern of transmission. Further iterations of the Leicester Regulations have since been published easing some of the initial restrictions.

North of England Regulations gave the Police (and others authorised by the sec of state) the power of dispersal, the power to order a person to return home & the power to remove a person from a gathering.

Blackburn with Darwen and Bradford were later subject to further specific restrictions on gatherings & meeting with persons outside your household.

Both sets of regulations contain the provision to issue Fixed Penalty Notices (FPN) in the following amounts:-

- First instance - £100 (reduced to £50 if paid in 14 days)
- Second FPN £200;
- third £400;
- fourth £800;
- fifth £1,600;
- sixth and subsequent fixed penalty notices, £3,200.

FPNs may be issued by both police & Local authority officers.

8.4.1 Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020

New powers came into force on 18 July allowing local authorities to act to respond to a serious and imminent threat to public health and to prevent COVID-19 ("coronavirus") transmission in a local authority's area. The measures taken must be necessary and proportionate to manage the spread of coronavirus in the local authority's area. These regulations include powers for local authorities to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

To make a direction under these Regulations a local authority needs to be satisfied that the following 3 conditions are met:

- the direction responds to a serious and imminent threat to public health in the local authority's area

- the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
- the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

Before making a direction, local authorities will need to gather sufficient evidence to demonstrate that these tests have been met (LRF evidence, joint bio-security centre, PHE etc).

A local authority must consult with the director of public health, and assess whether the conditions for taking action have been met. It must have regard to any advice given to it prior to issuing a direction, or to revoke such a direction.

A local authority should also consult the police prior to issuing a direction, and any neighbouring police forces if the direction prohibits, requires or restricts access to a premise, event or public outdoor place that is situated against a Local Resilience Forum boundary.

Local authorities should be clear about why they are taking directive action and communicate this clearly to the Secretary of State, the person(s) to whom the direction applies and, where appropriate, those impacted by the direction.

Secretary of State may also direct a local authority to issue a direction where the Secretary of State considers the conditions above have been met, and can also direct a local authority to revoke an existing direction (with or without a replacement direction) where the above conditions are no longer met.

Local authorities must have due regard to Public Sector Equality Duty and an Equality Impact Assessment should also be in place.

It is recommended to consider the impact on other authorities of your actions for instance will cancelling an event in Doncaster lead to unnecessary travel to an alternative event in Rotherham (e.g. banning bonfire night in Doncaster leads residents to go to alternative events elsewhere spreading transmission)

Any restrictions must be time limited and reviewed at least every 7 days.

Those subject to restrictions e.g. a business will have the right to appeal to a Magistrate and to make representations to the Sec of State for Health.

Some of these powers include:

- **Health Protection (Local Authority Powers) Regulations 2010 -** Local authorities have powers to request or take action for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents, or could present, significant harm to human health. This can include a person or group of people who may be requested to take or refrain from taking any action to protect human health from infectious disease or contamination.

- **The Health Protection (Part 2A) Regulations 2010** - Regulations allow local authorities to require individuals or groups to cooperate for health protection purposes. If the Court is satisfied that the criteria are met the Court can issue an order to protect against infection or contamination that presents a risk of significant harm to human health. This can include restriction on the movement of people.
- **The Public Health (Control of Diseases) Act 1984** - Authority for further regulations to be created. Section 13 of the 1984 Act gives the Secretary of State for Health the authority to create regulations to control diseases in England and Wales

- **Section 37 and Schedule 16 of the Coronavirus Act 2020 ("CA2020")** - Gives the Secretary of State the power to direct, by temporary closure direction ("TCD"), the temporary closure of educational institutions and providers, including maintained schools, independent schools, 16-19 Academies, further education providers, and higher education providers. There are also equivalent powers in relation to registered childcare providers. The Secretary of State may authorise that a Local Authority exercise their functions with regards to the making of a temporary closure direction.

- **Schedule 17 of the CA2020** - Allows the Secretary of State to direct that relevant institutions (which include registered childcare providers, schools, 16-19 academies and further and higher education providers) stay open or re-open and admit specified persons for the purposes of the receipt of education, training, childcare or ancillary services or facilities. It also allows a direction that other reasonable steps are taken for those purposes. The Secretary of State may authorise a Local Authority to issue a temporary continuity direction in relation to a registered childcare provider, a school or 16-19 academy in its area.

8.4.2 Local Authority Powers

Power for local authorities to make directions about individual premises, for the purpose of: closing the premises, restricting entry to the premises, or securing restrictions in relation to the location of persons in the premises. These powers specifically do not apply to schools, nurseries, sorting offices and other essential infrastructure.

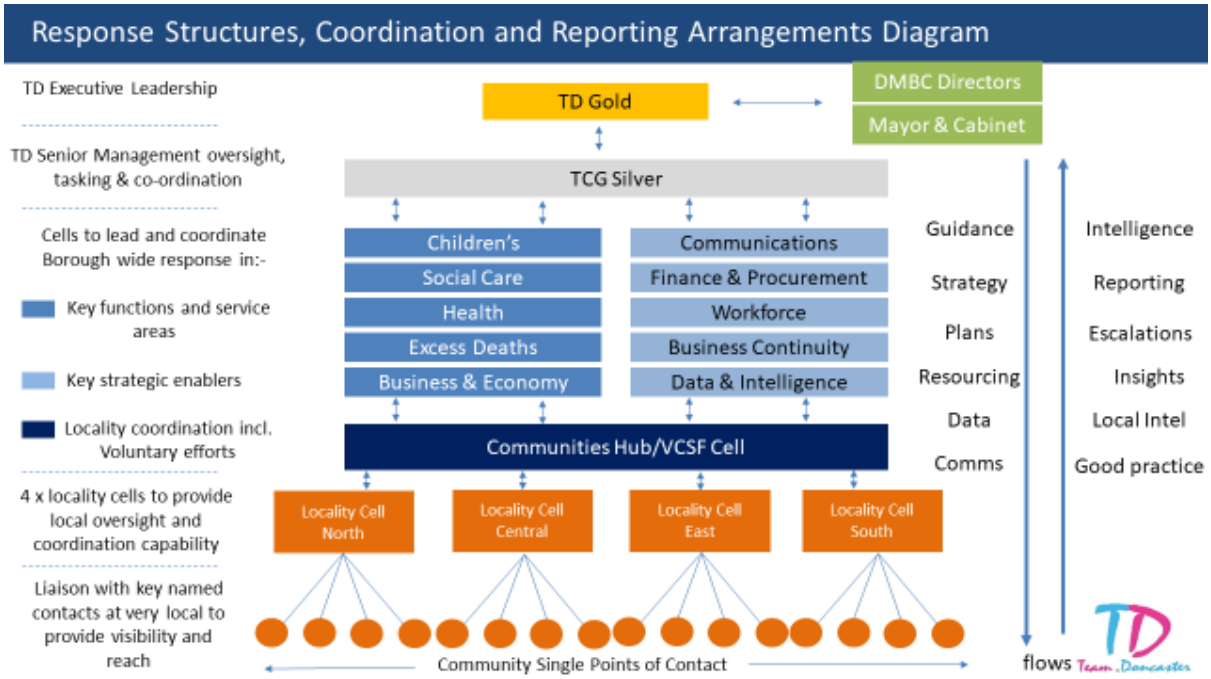
Power for local authorities to prohibit certain events (or types of event) from taking place. Before making a direction, the local authority must be satisfied that a serious and imminent threat to health exists relating to coronavirus transmission and that the direction responses to that threat. This, for example, could be where a local authority is aware of a planned event at which the numbers of people expected to seek to use a space, or the nature of a particular event, would make it unsafe due to coronavirus transmission.

The powers appear most suited to closure of specific businesses and prevention of specific events rather than something more widespread. We initially advised on available powers that we suggested negotiated consensual closures of outbreak-affected businesses were likely to be the way forward – these powers appear to be designed for use when that negotiation fails

There is not any evidence that Local Authorities have used these powers yet, that may be because the liaison with central government means that the decision to invoke the powers has been overtaken by a wider area lockdown and certainly government powers have much wider effect than local authority ones.

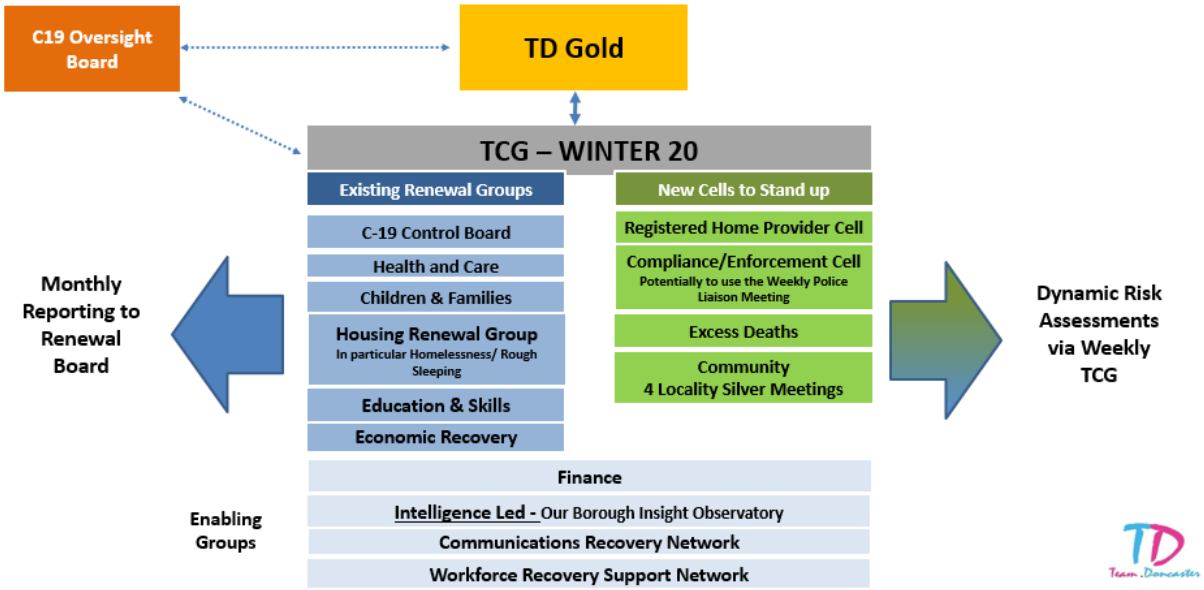
8.5 Local Response to widespread community transmission

The early response to COVID-19 was managed through the following structure:



Full detail of the first phase of response is outlined in the Doncaster Emergency Preparedness and Response Plan.

The TCG was formally stood down on 25th June 2020 and replaced with the COVID-19 Control Board to reflect the shift into recovery in some areas with the ongoing focus on managing cases, clusters and outbreaks of COVID-19. In October 2020, in line with increasing rates across Doncaster (and nationally), a second TCG was established with key cells to continue to manage covid related threats and risks along with those emerging or concurrent incidents and issues. The new proposed structure is outlined below:



Future widespread community transmission or a second wave of covid-19 would require a slight shift from the above. The core response will be coordinated through the Covid Control Board, chaired by Doncaster Council's Director of Public Health. Current membership of this board is outlined in Section 4.5.3. This will be extended to also include:

- Death management lead (with consideration to re-establishment of the excess deaths cell)
- Workforce lead (with consideration to re-establishment of the workforce cell)
- Finance and Procurement (PPE lead)
- PH BAME coordinator

The following response cells may also require to be stepped back up, in readiness for any wider impacts:

- Death Management Cell
- Workforce Cell
- Community Hub Cell (to deal with potential increased demand?)

Membership, reporting and the threat and risk assessment will be regularly reviewed.

8.6 National Guidance updates

Throughout the pandemic, national guidance, restrictions and public advice has been subject to regular change. Any national guidance changes and updates will be reviewed at the time of issue and factored into planning and response.

SECTION 9: CONTACT TRACING

9.1 What is contact tracing?

The process of identifying the contacts of people who have confirmed or suspected infection. These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases.

9.2 Definition of 'a contact'

Government guidance for contacts of people with possible or confirmed coronavirus infection, defines a contact as a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic and up to 7 days from the onset of symptoms. Specifically this includes:

- People who spend significant time in the same household as a person who has tested positive for COVID-19;
- Sexual partners;
- A person who has had face-to-face contact (within 1 metre) with someone who has tested positive for COVID-19, including being coughed on, having a face-to-face conversation within 1 meter, having skin-to-skin physical contact or any contact within one metre for one minute or longer without face-to-face contact;
- A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes;
- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plan near someone who has tested positive for COVID-19.

Contacts only require follow up if the exposure occurred during the infectious period. This is deemed to begin 48 hours before onset of symptoms or 48 hours before the time of the test if the person is asymptomatic.

9.3 Contacts who are health and care staff

A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 while the staff member was wearing appropriate PPE will not automatically be asked to self-isolate. Such cases will be escalated to the PHE HPT to offer advice, which will usually be that they are able to continue to work as normal.

There are however some circumstances that the member of staff will need to isolate for 14 days in line with advice to the general population. These are:

- A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 whilst wearing PPE, but the PPE has been breached;
- A staff member who has been in contact with anybody else who has tested positive for COVID-19 whether at work (e.g. a colleague in communal areas) or in the community.

9.4 NHS Test and Trace Programme

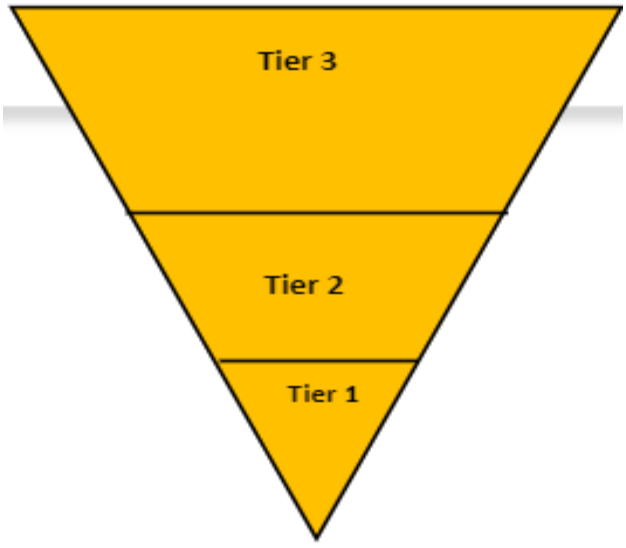
The national NHS test and trace service has been set up to:

- ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

Currently, cases deemed complex or are within certain settings are escalated to 'Tier 1' contact tracing within the Yorkshire and the Humber Public Health England Health Protection Team.

The interface of the different contact tracing tiers is outlined in the diagram below:

- COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.
- If the test is positive, this is a referred to as a lab-confirmed case. Community testing for COVID 19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.
- In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test and Trace service (Tier 3). They will be asked where there been recently and who they have been in close contact with.
- These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)
- Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



Tier 3- Call handlers - Phone based contact tracing, only low risk contacts will be. (Contracted external provider)

Tier 2 dedicated professional contact tracing staff-Phone based contact tracing. Risk assessment, follow-up and management of cases, contacts and situations without complexity (staff employed by NHS through NHS Professionals)

Tier 1 Public Health England Health Protection team and Local

	Authority-Risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces. (PHE and LA)

9.5 Local contact tracing

A core team 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 and contacts and quality assurance is in place. In some cases, other teams and colleagues may undertake and facilitate contact tracing activity, including in settings where an existing relationship and trust with those being contact traced is beneficial.

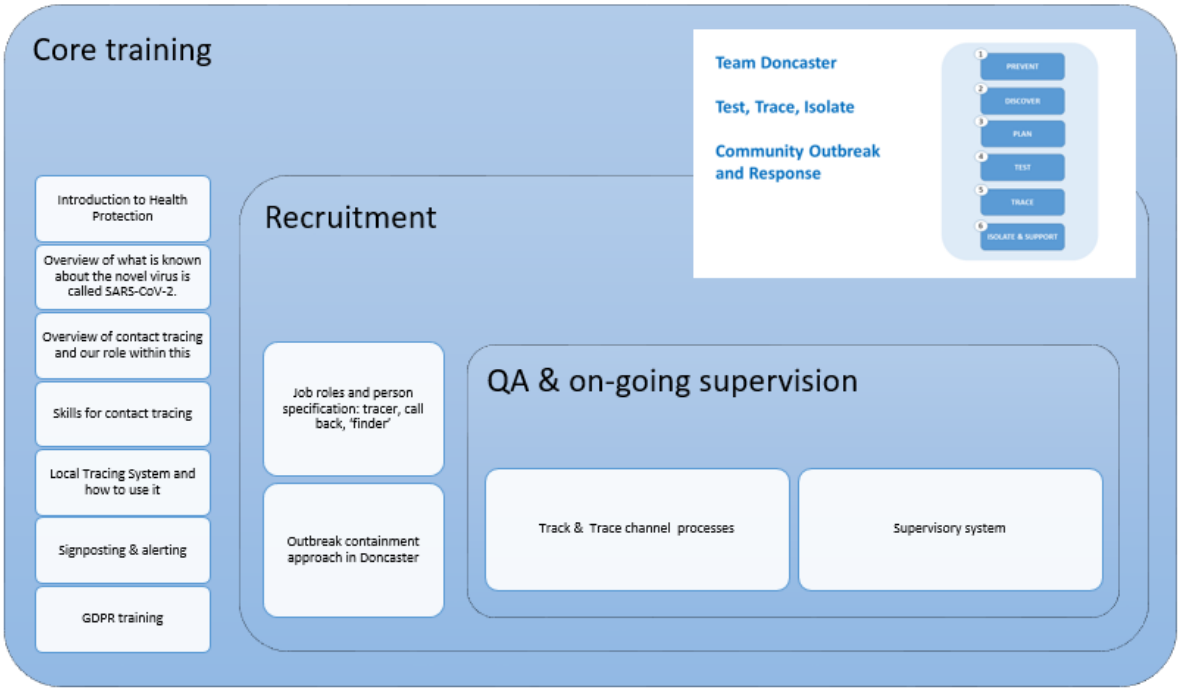
This system for contact tracing is currently under review, in line with the latest covid-19 core team resource requirements. This will go wider than care homes and also include a welfare call approach to cases across the borough who may need further support or clarity. Consideration is also being made to the role of the voluntary sector to support engagement with various communities across Doncaster.

Since early December this has been rolled out wider, with more staff being trained from across the council. The team is now picking up calls not contacted by the national team within 24 hours of the test. Calls are allocated to the contact tracing team to follow up and processes for home visits are also in place should they be required.

9.6 Local resource and training (Tier 1b workforce)

Current local training resources and packages for contact tracing are being adapted for use with wider teams and colleagues ahead of the need to increase local capacity. The proposed approach to building capacity within the Tier1b workforce is outlined in the diagram below:

Local Tracing (Tier1b) Training Overview



9.7 Monitoring effectiveness

Effectiveness of contact tracing will be reviewed on a regular basis through the daily Incident Management Team meetings and reviews of incidents and/or outbreaks. Regular contact, training updates and support is provided to the contract tracing team through the Track and Trace MS teams channel process which is subject to quality assurance and supervision support from the contact tracing lead.

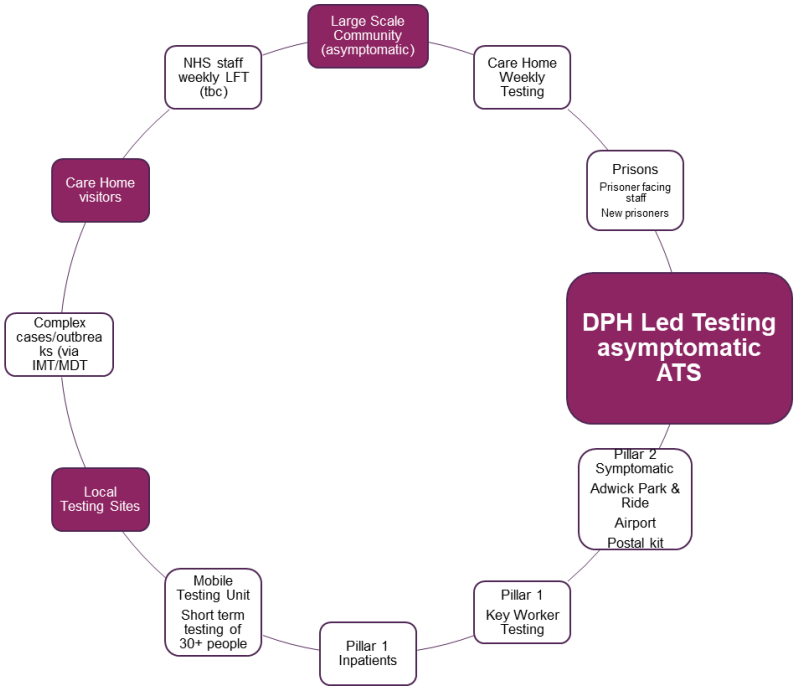
SECTION 10: TESTING FOR COVID-19

10.1 Testing overview

A comprehensive COVID-19 testing plan has been developed and is being managed through the Testing and IPC task and finish group, chaired locally by the Doncaster Council Consultant in Public Health. This focusses primarily on access through Pillar 1 using local lab capacity.

An overarching Doncaster COVID Testing Strategy is also in place which aligns to the objectives of this outbreak control plan.

There are a wide range of testing approaches outlined in the figure below. However, the simplest split is between testing in those who have one of the 3 clinical symptoms of COVID-19 (new and continuous cough, high temperature and a change of/or loss of sense of taste or smell) so called symptomatic testing and testing in people who don't display one of the 3 clinical symptoms known as asymptomatic testing.



10.2 Testing strategy objectives

There are 5 core objectives for testing in Doncaster:

1. Control transmission
2. Monitor incidence and Trends and assess severity over time
3. Mitigate the impact of COVID-19 in health care and social care settings
4. Rapidly identify all clusters or outbreaks in specific settings
5. Prevent (re-)introduction into Doncaster where sustained control has been achieved

10.2.1 Testing in those with one of the 3 symptoms of COVID-19 (Symptomatic)

The key objectives for symptomatic testing in Doncaster are:

- Be clear with people how/ when / where to get tested

- Continue to develop new sites to increase the accessibility of testing options for those with symptoms.
- Continue to communicate the message that getting tested if you have symptoms is one of the most important interventions to control community spread (and thus enable the reopening of the economy and protecting those who are most vulnerable)
- Ensure the most vulnerable/disadvantaged groups are able to access testing
- Better understand barriers to testing (behavioural/ structural) and use this to amend / inform testing delivery

10.2.2 Testing in those without symptoms (Asymptomatic)

The key objectives for asymptomatic testing in Doncaster are:

- Align and coordinate a range of national and local testing offers
- Be clear with people the rationale and impact of new forms of testing and why we are pursuing the options we are. Include the limitations of the testing.
- Develop the local offers to enable us to use new forms of rapid testing
- Be clear with the public that we are developing new forms of testing that may change what/ how testing is done so they're not confused when / if we get new kits / new ways of doing testing.

10.3 Testing eligibility and access

10.3.1 Pillar 1 Testing eligibility and access (symptomatic)

Pillar 1 testing refers to swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers. Locally, it has been agreed that this route is accessible by:

- Symptomatic patients
- Some limited testing of asymptomatic DBTH staff at DRI
- Symptomatic primary care staff (GP practice, pharmacy, Optometrists, dentists, etc.)
- Symptomatic acute staff
- Care Home staff and residents
- Vulnerable groups and hotspots such as homeless hostels, supported living, or additional criteria agreed by the IMT with testing leads (note depending on the scale, this may not be the most appropriate route with current capacity)
- Key workers where inability to access a test through Pillar 2 routes will pose significant business continuity challenges.

A key worker identified as needed a test through Pillar 1 should be directed to https://www.doncaster.gov.uk/covid19testrequest where they will be asked to complete an online form. Requests will be triaged and prioritised depending on available capacity and business continuity impacts. A test will be arranged for you and it will be undertaken by a CCG clinical member of staff who has the relevant training and experience to undertake the swab. We will arrange for the swab to be taken to the lab and processed at DBTH. You should receive a result within 24 hours. Please note this is an in hours service will not operate over the weekend or on a

bank holiday and in those circumstances you may wish to access a test via the government testing site

If public health advise that testing of a small number of individuals as part of outbreak management, these should be sent through to covidtestsecure@doncaster.gov.uk where the team will triage and arrange for a test.

In some cases, there may be requests for tests that need to be undertaken at an alternative location to the CCG site e.g. homeless hostel. This will be dependent on capacity and the request should be made through covidtestsecure@doncaster.gov.uk with site location and lead officer identified.

Please note these options are for Monday to Friday only.

Where it is necessary to access testing via Local Lab - DRI (Pillar 1) over the weekend, as a matter of urgency for public health purpose such as in high risk setting, Public Health Team can contact the local Lab directly to request test kits. Appropriate managers in the high-risk setting can organise picking the test kits from, and return them to the Lab.

Request for testing can be made to Public Health Enquiries at: PHEnquiries@doncaster.gov.uk

10.3.2 Pillar 2 Testing eligibility and access (symptomatic)

Covid-19 swab testing is now routinely available to all members of the public with coronavirus symptoms by visiting https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/ or by calling 119.

Testing in this group is currently delivered through PCR testing by the NHS in hospital (pillar 1) and by NHS Test and Trace for both the Regional Testing site (DSA), the Mobile Testing Unit (MTU) (Park and Ride North) and home testing (pillar 2). Pillar 1 testing can also be used for symptomatic key workers if there are delays in pillar 2 testing and for local deployment to investigate cases and clusters in high risk settings. Test results are sent to NHS Test and Trace for contact tracing and to GPs for inclusion on medical records.

Further work is also progressing on the requests for 2 urban located Local Testing Sites designed for those arriving on foot or by bike, making testing more accessible to local communities in the borough.

10.3.2 Mobile testing units (LRF) - planned

There are Mobile Testing Units (MTU) available through the LRF that can be accessed if mobile testing capability is needed at a potential outbreak. This may be particularly useful as part of the response to community or workplace outbreaks where travel to a testing (regional or local hospital) site is not feasible or not assessed as having a high enough turn out to be beneficial.

MTU deployment can be requested the public health testing lead.

A mobile testing unit Doncaster deployment plan is in place, which outlines key contact information to ensure the safe and efficient deployment of MTUs locally. It also outlines the key considerations that need to be made including specific site requirements, welfare requirements, traffic management plans, communication arrangements and site handover requirements.

A step-by-step process for the deployment of a planned MTU (e.g. similar to that currently at Dearne Valley Leisure centre) is summarised below:

- Directors of Public Health (DsPH) to identify communities/locations in their area where a MTU would support and inform delivery of their plans. These will need either prioritising or should be dated where they have a specific timing e.g. because of a particular event.
- DsPH to share their work with their Local Authority (LA) Covid-19 (C19) Testing Lead who will provide support on identifying appropriate sites that meet the guidance for locally directed MTUs and ensure that any necessary permissions are sought (A V6 form will need completing for every new site).
- Access to a Covid-19 test is bookable in advance via the portal
- If the reason for the MTU being deployed is to get specific information on a site, then please indicate this because an ACF code will be needed on the unit and tests. Please advise your Health Protection lead at PHE of the code.
- The local authority COVID-19 testing lead will feed the information to the LRF SPOC for testing who will then ensure that it is fed into the North East and Yorkshire MTU operational deployment process (which fulfils the role of RCG). Once the list has been approved by the group it will be scheduled.
- The power to direct an MTU remains with DHSC but every endeavour will be made to schedule in accordance with DsPH priorities. There will be occasions when schedules will have to change because of pressure on MTUs due to outbreaks or local case spikes.
- Once a site has been selected and dates confirmed on the schedule it will be the responsibility of the local authority to publicise the availability of the site.
- In advance of the day of deployment a local authority representative should check the site is still accessible and Police are aware.
- MTUs will generally be on site from 10-4. This allows for the swabs to be taken back to the regional centre for the last lab pick up of the day. Note - we are looking to produce a draft schedule 2 months in advance. This however will be able to be flexed at 72 hours' notice to meet changing local circumstances.

There is currently one Mobile Testing Unit deployed to a fixed location in Doncaster. This is currently in situ at the Woodland Park and Ride in the North of the borough.

10.3.3 Deployment of MTUs in an Outbreak

There is the option to request the deployment of a mobile testing unit to support the response to an outbreak of COVID-19 in a particular setting or community e.g. a school, a large workplace. Once a decision has been made by the IMT and DPH to request this resource, the request for deployment will be made through the LA COVID-19 testing lead.

Mobile testing is an agile capability that allows temporary testing sites to be set up quickly to serve communities on a rolling basis. The MTU comprises a customised van with a pop-up shelter, an integral traffic management system. It is staffed by up to 12 personnel to provide the public with a self-administered test who arrive by either vehicle or walk in.

A mobile testing unit Doncaster deployment plan is in place, which outlines key contact information to ensure the safe and efficient deployment of MTUs locally. It also outlines the key considerations that need to be made including specific site requirements, welfare requirements, traffic management plans, communication arrangements and site handover requirements. The plan can be accessed via the public health testing lead.

Resilience and emergency planning, public health EPRR, network management and PIC have been working on the key requirements for MTU sites and the identification of potential sites that may be suitable should this type of MTU be required.

If an MTU is required for an outbreak, site identification should be agreed with the LA covid-19 testing lead to meet the following requirements:

- LA C19 Testing Lead to act as designated liaison officer/SPOC for the duration of the testing. They should be contactable before the unit arrives to clear up any outstanding issues and be on site to meet and work with the MTU.
- Ensure a safe and clear working space, the team usually operates on car parks with spaces for circa 30 cars. Provision of cover for those being tested who do not have a car is desirable. This space should be cleared before the team arrives and not likely to be crossed by other pedestrians.
- Dedicated toilet facilities should be made available for the team to avoid any cross contamination. If this is not feasible with existing facilities. Portaloos should be provided.
- Security/vehicle control, if appropriate someone should be available to control access to the site.
- Consider the provision of translation/interpretation facilities if needed.
- Managing those being tested, the (site) HR team or site liaison officer should be monitoring and controlling the flow of people being tested to ensure it progresses efficiently, records should be kept of those tested.
- Make IT resources available for individuals to register on the portal before leaving the site
- Provide Outbreak Control Team details of those who refuse a test or are not available on the day of testing.
- Ensure South Yorkshire Police are aware that the testing unit will be on site.

The MTU deployment protocol is currently being updated to reflect this. Further information can be obtained from the public health testing lead.

10.3.4 Local testing sites

Local testing sites are designed for those who are arriving on foot or by bike rather than by car and so are accessible to more of the community. Tests are provided on arrival for a self-test with support and guidance on hand. The process takes around 20 minutes and booths are cleaned down thoroughly between uses. These sites are usually in urban areas and are designed to be in place for up to 3 months.

A mobile testing unit Doncaster deployment plan is in place, which outlines key contact information to ensure the safe and efficient deployment of MTUs locally. It also outlines the key considerations that need to be made including specific site requirements, welfare requirements, traffic management plans, communication arrangements and site handover requirements. The plan is currently being updated by Doncaster Council's Resilience and emergency planning team and the working group and can be accessed by contacting the public health testing lead.

Resilience and emergency planning, public health EPRR, network management and PIC have been working on the key requirements for MTU sites and the identification of potential sites that may be suitable should this type of MTU be required.

10.3.5 Prototypes in development

Additional forms of temporary testing units and approaches to increase testing uptake are currently being explored nationally. These prototypes include:

- Pop-up hyper-local testing sites
- Testing sites inside community facilities
- Hybrid walk up and drive-through testing sites
- Testing within settings where vulnerable groups live e.g. homeless hostels, HMOs
- Using trusted community organisations to distribute self-administered tests

Current plans will be updated on the requirements and potential deployment of these methods when more detail is available nationally. Plans and potential sites are regularly reviewed based on available case and testing data and updated logistical requirements as they develop.

10.3.6 Communication and engagement for local testing options

With most local testing sites and mobile testing units, the responsibility of the communication and engagement approach lies with the local authority. As the focus of these testing options is that they will be accessible to local communities and established to receive walk-ups without booking, a number of key considerations will be made when agreeing the approach which may differ slightly depending on the particular community being targeted:

- Promotion of testing sites/options (if distributing tests in community) through accessible and appropriate formats (considering offline promotion, appropriate language and phrasing)
- Engagement through local, trusted community figures
- Clear and simple signage
- Staff visibility to sign-post and support filling in forms where applicable

The current work on site mapping and protocols are available on the central shared folder.

10.4 Asymptomatic Testing

20-30% of people with COVID experience none of the classic 3 symptoms and may well be less infectious than those with symptoms.

Some asymptomatic testing is already underway using PCR testing. This includes testing in care homes for residents and staff and testing in prisons for prisoner facing staff and new prisoners.

New technology is becoming available to allow 'rapid' testing with a result within 30-40 minutes reducing the need for laboratory testing.

In particular there are two criteria that need to be met before the test is introduced:

- Ensuring that this clinical service is safe and there are quality assurance and clinical governance mechanisms in place in order so that the people of Doncaster can have trust and confidence in them
- That the roll out of the tests can be properly resourced (trained staff as well as locations) to the chosen groups.

However, three broad cohorts of people may benefit from this sort of testing.

- Contacts of cases to allow less or early release from self-isolation
- People in high risk/high consequence settings e.g. domiciliary care, taxi drivers,
- Key workers to maintain business continuity e.g. public facing council teams, education or 'blue light' staff

10.4.1 National delivery options

There are a number of national rapid testing pilots underway as outlined in the COVID-19 Winter plan. Some of these will require significant local action especially for care homes and domiciliary care providers. Further detail is awaited on these options and on their local impact.

Rapid testing Strand	Status
NHS patient-facing staff: increasing the testing offer to test high-contact staff twice a week	Already underway
Care homes staff and residents: Increasing the frequency of testing, to twice-weekly for staff and weekly for residents	To go live in December
Care home visits: testing will be available for up to two visitors per resident to be tested twice a week in all care homes.	Pilots underway, national rollout from early December
High risk extra care & support living staff and residents: twice weekly testing for staff and weekly for residents	To go live in December
Registered domiciliary care staff: testing available weekly	To start rollout immediately
Other social care settings: testing other home care workers including personal assistants.	Phased introduction from late December
Food manufacturing plants: beginning weekly testing for all staff	Pilots underway, national rollout in December
Closed settings including prisons and asylum centres: weekly testing for all staff and prisoners	Pilots underway, phased introduction to start in December
Vaccine/testing operational staff: weekly testing for key staff in operational delivery and the supply chains	To go live in December

10.4.2 Local Delivery

Locally there are 2 additional delivery options, DPH led rapid lateral flow testing or large scale community testing using later flow testing. At this stage all positive lateral flow tests require a confirmatory PCR. The local delivery options are not mutually exclusive but will need to align with the national delivery options.

1. ***DPH led rapid flow testing***

An initial testing site has been established at the Mary Woollett Centre and has been live since 14th December 2020. A second microsite has also gone live at North Bridge Depot. Regular testing has initially been offered to Doncaster Council staff in priority service areas with the view of rolling out further in the future. Initial staffing have been recruited and trained, with further recruitment and training in development to increase capacity.

Quality assurance and regular review of processes and challenges are in place and being fed into service development as they arise.

Future sites and options including a 'do it yourself' option for some remote services and a mobile option are currently being considered and scoped.

1. ***Large scale community testing***

This is based on approaches in Liverpool and Merthyr Tydfil, although the final evaluations haven't been seen yet. It has been linked to exit route from tier 3. The offer from government (now supported by a prospectus) allow co-design, guided and supported by LA with a mix of population

and targeted testing. It is offered to areas in tier 3 in 6 week blocks with the first window as soon as 5th December 2020.

There are similar risks for both national and local delivery options:

- Availability of suitable sites
- Availability of trained staff
- Clinical governance including frequency of testing
- Communication
- Data and connectivity
- Potential to wide inequality in access
- Duration of testing
- Financial resource

An Expression of Interest in response to the Community Testing prospectus for tier 3 areas has been submitted to DHSC which could support the development of this approach.

10.5 Prioritisation and decision-making

The prioritisation of testing for high-risk settings, places and people will be considered through the incident management team and covid control board based on data available, local intelligence and risk assessments.

10.6 Increasing capacity and utilisation

The testing plan outlines arrangements for increasing testing capacity locally through local health systems and local laboratories. Mutual aid arrangements are also in place for this.

A communications plan is also in place that will support encouraging symptomatic staff and residents to get tested.

It should be noted that many of the options listed above will be subject to capacity for testing through Pillar 2 (national). Throughout August and September availability for testing has been limited at times due to demand significantly increasing to levels above the current national testing capabilities and capacity. This continues to be monitored in the event of future capacity challenges.

SECTION 11: OUTBREAK PREVENTION, CONTOL MEASURES AND LEGAL POWERS

11.1 Interventions

A range of interventions are available in planning the response and controlling the identified risks. These include:

- Public information;
- Social Distancing
- Cohort affected personnel;
- Enhanced hygiene including deep cleaning;
- Infection prevention and control;
- Restriction of movement;
- Restriction of access;
- Decontamination;
- Vaccination;
- Prophylaxis.

11.2 Public information

The provision of advice and information to the public is a core function of public health.

Key messages related to the control of outbreaks of COVID-19 include:

- Physical distancing of 2m or more
- Self-isolation if symptomatic
- Self-isolation if have been in close contact with a symptomatic individual
- Practice good hygiene e.g. washing your hands for 20s or more, keeping your hands below your shoulders etc.

Further information on communication can be found in Section 12 of this plan.

11.3 Physical distancing

Much of the guidance to help reduce the spread of covid-19 as focussed on physical distancing principles such as:

- Maintaining a distance of at least 2m or more from those not in the same household or same social bubble;
- Maintaining a distance of at least 1m where 2m is not possible, with additional protective measures in place;
- Adaptations to the public realm such as increase signage, distance markers and queuing systems amongst others.

11.4 Enhanced hygiene

Much of the public and professional messaging and guidance to help reduce the spread of COVID-19 has been associated with enhanced hygiene practices. These include:

- Washing hands with soap and water for 20 seconds or more. Where soap and water/hand washing facilities are not available, hand gel can be used;
- Increasing access to handwashing and sanitisation facilities and hand gel dispensing facilities at entrance and exit points;
- Enhanced cleaning and more frequent cleaning routines of common touch points such as door handles, hand rails etc.

11.5 Restriction of movement

Restriction of an individual's movements for the prevention of transmission of infections may be necessary for severe infections or those where the options for prophylaxis or treatment are limited. Health Protection legislation (Department of Health, 2010) provides a number of options for restricting the movements of individuals in this way:

- Requests to cooperate for health protection reasons/infection prevention and control;
- Part 2A orders which can be used to isolate cases and effectively quarantine contacts;
- Coronavirus act.

Emergency powers under Part 2 of the Civil Contingencies Act 2004 has allowed for the restriction of movement of large parts of the population.

11.6 Restriction of access

In contrast to the restriction of the movements of individuals, restrictions can also be placed on the access to certain premises, or things, under the health protection regulations. Specifically these include:

- Requirements to keep infectious children away from school;
- Request to control/manage the number of visitors to health and/or social care premises;
- Requests for cooperation for health protection purposes where employees are asked to refrain from attending work;
- Part 2A orders which can be made in relation to premises or things to prevent or limit access and therefore exposure to health hazards.

A number of these have already been in place at various points throughout this pandemic.

11.7 Decontamination of infective material

The Health Protection (Local Authority Powers) Regulations 2010 allow Local Authorities to make arrangements to disinfect a thing or premises upon the request made by the owner or custodian of the thing or premises. A Part 2A order may be required where decontamination is required but consent is not forthcoming.

Public Health nurses/ infection prevention and control nurses will advise of the most appropriate method of decontamination. This should also be taken through the COVID-19 Infection Prevention and Control task and finish group and the core COVID-19 Incident Management Team and task force.

11.8 Vaccination

Vaccination is an important means of primary prevention, providing a level of acquired immunity in the individual. Through community (herd) immunity, vaccination also protects susceptible individuals within a population once a minimum level of coverage has been achieved.

A borough wide vaccination is currently underway and being supported across the Team Doncaster partnership. Further information can be found on the NHS Doncaster CCG website including information on priority groups and how people will be invited for their vaccination.

11.9 Prophylaxis

Prophylaxis is the administration of treatment e.g. antimicrobials or vaccines, for primary prevention of infection in contacts or the secondary prevention of disease in cases of infection. This can either be provided to possible contacts in advance of exposure (pre-exposure) or to probable or confirmed contacts once exposure has taken place (post-exposure).

A framework providing more specific information regarding how a mass treatment programme may be activated and delivered can be found in the Doncaster Multi-agency Mass Treatment and Assessment Plan should this ever be required.

11.10 Ethical issues

In the vast majority of cases where the behaviour of a person, or group of people, is putting the health of others at risk, advice and support to the person, or those responsible for their care, can be effective. Most people will comply without the need for further action. Only when advice and support fail to alter the behaviour that puts the health of others at risk should legal health protection measures be considered.

Powers which impose restrictions or requirements must be used in a way that is proportionate to the risk to human health posed by a health threat in particular circumstances. They should only be used once a critical assessment of the available options to achieve the health protection outcome has concluded that other options can be discounted. This may be because voluntary cooperation is not forthcoming or has failed, because other options are not practical, or because there are good reasons to believe that they will not work. In effect, these health protection powers should be viewed as a last resort.

SECTION 12: COMMUNICATIONS AND ENGAGEMENT

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.

Members of the public can feed information on COVID-19 through to PHEnquiries@doncaster.gov.uk

SECTION 13: RESOURCES

Our response as outlined in this plan needs resourcing. We have received £2.3m from central government for our plan. There are four themes to be resourced:

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

Work is progressing with to develop plans further and review recruitment to the subsequent roles.

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Last Updated: 6th January 2021

Doncaster COVID Control Board Threat and Risk Assessment (last updated 060121)

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		**06.01.21**

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	**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**

Last Updated: 6th January 2021

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED		**06.01.21**

WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE	• Increased support required for those 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**
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**
THIRD WAVE	• Mechanisms in place to stand response activity up/adapt existing structures should a third wave occur. • Risk is implications of a third wave on resource and capacity for Doncaster Council and key partners • Impact on public health	**HIGH**

Doncaster Council

COVID Control Board Meeting Notes and Actions

Date Wednesday 6th January 2021
Time 15:00
Location MS Teams
Chair Rupert Suckling

Attendees: Rupert Suckling, Carys Williams, Victor Joseph, Kathryn Brentnall (College), Susan Hampshaw, Clare Henry, Steph Cunningham, Tim Hazeltine, Fiona Campbell (National Education Union), Ken Agwuh (DBTH), Jon Gleek, Kevin Drury, Gill Gillies, Kate Anderson-Bratt, Olivia Mitchell, Claire Scott, Catherine Needham, Simon Noble, Nick Wellington, Lisa Devanney (DCCG), Laurie Mott, Karen Johnson, June Chambers (PHE), Steve Waddington (St Leger), Mark Whitehouse, Paul O'Brien (GMB Trade Unions), Andrew Russell (DCCG).

Apologies: Sarah Sansoa, Robert Ellis, Debbie John-Lewis, Daniel Weetman, Natasha Mercier, Emma Gordon, Hayley Waller, Mary Leighton, Leanne Hornsby, Scott Cardwell, Peter Doherty (College), Andrea Lee (Prison's), Neil Thomas (SYP), Damian Allen, Victoria Shackleton, Paul Ruane, Louise Parker, Shannon Kennedy, Vanessa Powell-Hoyland, Jim Board, Mark Wakefield, Nasir Dad.

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**	RS noted that the country is now in national lockdown which means there is a need to review our Doncaster strategy and ensure it is fit for purpose.	
5.	**TCG Update** (Gill Gillies)	GG provided an update from TCG: • Given we are under new national restrictions we have now moved back to critical response mode – category 1 response plans started and as a result we have amended the strategy. • **Action: Circulate updated TCG strategy with minutes of meeting.** • The strategy focuses on key areas agreed through LRF as a result of national restrictions – i.e. vaccine rollout, NHS capacity, support to vulnerable children and CEV, education support to schools and other settings to reduce impacts on children/YP, mental health & wellbeing, economy and support to businesses, compliance and enforcement and communication/behaviour change.	**OM**

		• Threat and risks managed by TCG have been reviewed to reflect the restrictions. Key changes include –
		  ○ Death management raised HIGH to reflect DRI mortuary capacity
		  ○ Education is HIGH to reflect impacts of further education and school closures and long term outcomes for YP
		  ○ Environmental aspects increased to MEDIUM to reflect sickness absence to undertake statutory functions (i.e. waste). GG added that numbers staff absent are not significantly challenging but could increase.
		  ○ Covid vaccination risk remains HIGH.
		  ○ Welfare of vulnerable people risk remains HIGH - risk amended to reflect that school closures will reduce opportunity to identify vulnerable children and also increased safeguarding risk.
		  ○ Concurrent risks include significant cold weather forecast towards end of week – asked partners to consider risk in their planning.	

6.	**Data and Intelligence Update** (Laurie Mott)	**7 day & positivity rate (for the 7 day period 24-30 Dec)** • Doncaster's official 7 day rate per 100,000 is 278.6. Expect this to increase to 280's or above tomorrow, 300 or above by weekend. • Doncaster's rate is 4th highest rate in region. Barnsley's rate is 260.1, Rotherham's 252.8, Sheffield's 222.6, Y&H average is 247.2 and England's average rate is 518.5. • Graph visually shows huge increase in England's average 7 day rate in last 3 days and upwards trend for Doncaster and other towns/cities. • Positivity rate is 14.0% - this rate is much higher than has been for a long time. **Hotspots in the communities** • The data team identifies places in Doncaster with higher density of cases per 500m in last 14 days. • Current areas with highest number cases and considered a 'hotspot' are Dunscroft/South Stainforth and East Sprotbrough. • There are 10 communities in Doncaster hitting 2 case per day threshold (2 of these communities driven by outbreaks in Prison's). • Communities with increasing rates - Askern, Bentley, Balby and Besacarr. • With the exception of East Sprotbrough, most increase in cases in these communities are driven by younger working age people.	

		Age • LM presented a graph which shows a rapid increase in cases in the last week or so amongst people aged under 60 – younger working age cohort driving cases currently. **Hospital pressures** • As of 12 noon 06/01/21 DBHT has 155 total Covid patients, 106 patients currently receiving active care for Covid and 11 in ITU. • Staff absences related to Covid (note this means staff are absent due to Covid, it does not necessarily mean staff have the virus) is 549 as of 05/01/21. • When we compare some of the hospital data to early December there is some indication that currently the pressure is not yet building on the hospital as we might have expected it too. <u>Questions/Comments:</u> RS summary of data – rates are high and we have seen faster increase in the last week. RS public health advice earlier in the week was that tier 3 restrictions were not sufficient and we needed additional restrictions which have now been brought in – we should see impact on numbers and rates with these new restrictions. RS added that any build-up of cases translates to hospital activity in 5 -10 days' time – need to monitor this. In response to a query from RS, LM confirmed there is widespread community transmission across the borough with majority communities seeing increase in cases.	
7.	**Daily Incident Management Team Update** (Catherine Needham)	**CN offered the board an overall summary and included;** • IMT has managed a total of 790 cases and closed 666 cases since inception of group (12th June). • IMT is currently managing a total of 84 live cases and a further 40 TBC (symptomatic individuals). • No significant changes in geographical spread since last board meeting. • Over the last week have seen significant reduction in number incidents/outbreaks. This partially reflects the fact we are seeing more community transmission vs transmission in particular settings, also cases are reaching end of monitoring periods in settings (in the last couple days closures have mostly been related to schools settings).Therefore IMT is seeing a dip in cases which mean's today's rolling 7 day average is 108.1, a decrease from last weeks reported figure of 121.0. • Of the current live cases – there are 20 live incidents/outbreaks in primary schools, 11 in secondary schools, 12 in older people Care	

Homes, 9 in businesses, 6 in Domiciliary Care, 6 in Supported Living.

- In last 7 days IMT has opened 25 brand new cases. IMT has also reopened 17 cases in last 7 days (this is a setting IMT has been aware of previously and has had subsequent cases in 28 day linking period) – these reopened cases are mainly from OP Care Home, LD Care Homes and Early Years provisions.
- Over the last 7 days, IMT has closed 69 cases. (inc. significant chunk in education settings, a number in care homes and in early years provisions). Of the closed cases, the majority have been closed as they reached end of monitoring period – seeing fewer with negative results as outcomes of closed incidents / outbreaks.
- Now starting to monitor all closed cases and how long they are open for. CN has completed some analysis on repeated settings monitored via IMT and also those cases opened for longest length of time – initial analysis shows no significant red flags but provides a watching brief if we wish to repeat a deep dive in the future.

<u>Questions/comments:</u>
RS noted that there are a number of key settings causing most concern (Care Home's, health facilities, education settings). RS asked colleagues for updates re any concerns of these settings and whether further support is required to manage outbreaks?

Care Homes

- KAB – current situation in Care Homes is as stable as could hope to be – no dramatic rise in outbreaks – we are seeing a number of singular/double cases but only one major outbreak in one care home – less than we have seen through the last wave at present.
- Services are managing and testing in place.
- KAB noted that homes are expressing concerns of new requirements for testing and what that means for them – aware government is looking for additional funding to support.
- PPE stocks remain good – no concerns raised.
- Comms out to confirm visiting continues as it did prior to recent lockdown as received some queries.
- Vaccines rolled out in many of the homes – working with CCG re which homes have been vaccinated so we are aware and can ensure homes are prepared in advance of the vaccinations.

Health

- CCG - LD noted that there is an outbreak in the hospice but overall fewer cases coming through services than there has been in the past. Steady state in hospital.
- Hospital – KA noted hospital is stable currently – although numbers increasing it does not seem to be reflecting in the Trust – may be days behind but will monitor. Currently managing 4 ward outbreaks.

Education

College -

- KB noted the College is closed for main delivery as of 04/01/21 but open for vulnerable students. The College is managing in a small and contained way – don't plan to have students back on site until half term.
- Started planning for mass testing of students and weekly testing of staff – still exploring this to ensure that if people are entering site we can offer testing. KB added that as of this morning (06/01/21) the College hadn't had testing kits delivered to Doncaster.
- Exams in January causing concerns.

Unions -

- FC raised that following the government announcement there are concerns around capacity in schools and the key worker/vulnerable definitions as they are very broad. Given position on definitions we need to work with DfE and also work on something at a local level re further refining criteria for vulnerable pupils and key worker definitions to mitigate capacity issues in schools and keep staff/pupils safe. FC confirmed that Leanne Hornsby is keeping Unions up to date with conversations with the DfE and have also been attending number of meetings with local authority and schools Head Teachers to discuss these issues.
- KB agreed the definitions are broad and could basically apply to all – there has been comms prepared today to explain that school/College places for children of key workers can only be for a single parent or where there is no parent available to look after children. Multi-agency approach needed.
- RS queried whether there was a way of tracking number children in school currently as this impacts how effective this lockdown will be?
- JG response – prior to the Christmas break we were moving to a DfE reporting system rather than using local system – DfE have paused this

		form but hoping they will refresh this – if not we will need to return to local arrangement. KD confirmed we are waiting for update from DfE hopefully by end of the week – we can put local arrangements back in place if required. • MW raised that with the new variant being 50-70% more transmissible, why are multiple people travelling in one vehicle, need to support to staff who want to come to work but don't feel safe doing so. RS noted good point and that additional rapid testing should help. **Businesses** • NW raised Otto Wine Bar which is being picked up in IMT meetings. • The biggest impact for Doncaster under the new restrictions is the closing of non-essential retail • The new regulations are an amendment to tier 4 regulations – the team is currently working through to understand them.	

8.	**COVID Outbreak Planning Update** (Carys Williams/Clare Henry)	CW noted v7 of the plan will be published onto the website next week and is also saved on MS Teams.
		
		Key updates to v7 include:
		• New National Lockdown measures
		• Testing strategy developments
		  ○ Symptomatic testing (PCR)
		  ○ Asymptomatic testing (Lateral Flow)
		• Local contact tracing
		• Inequalities and EQIA
		• Review of planning and response framework and SOPs
		
		CW provided the board an update on testing:
		
		Testing – Symptomatic (pillar 2)
		• Mobile Testing Unit continuing at Woodlands Park and Ride in North of borough
		• Regional Testing site continuing at DSA
		• Local Testing Site – awaiting confirmation of sites for Chappell Drive and Thorne. Once have confirmation of sites be in touch with key colleagues re getting embedded.
		• Will increase access to local communities through a walk up option. Bespoke communication and engagement plans to be developed if/when confirmed.
		• Monitoring capacity updates and/or challenges and for any guidance changes
		
		Testing – Rapid Asymptomatic – Targeted Cohort Testing
		• Lateral flow tests with results within approx. 30 min.	

		• Mary Woollett Centre – 1st Local AST to go live. Offering regular testing to asymptomatic, front-line staff delivering priority activities. • Microsite at Northbridge – go live 07.01.21 • Further recruitment and workforce planning ongoing • Other models in consideration including mobile and 'DIY' • Some schools commencing • Learning & data so far - operating for more than 2 weeks and as of 05/01/21 have completed 924 tests and found 2 positive LFT's (we have then asked these individuals to get a PCR test). Bookings increasing for next 2 days and will start to increase number times people can be tested, every 3-5 days. LD queried whether independent healthcare works (i.e. patient transport) can access this testing? CH – we will try and map who has been given the option of lateral flow tests and by whom – it is a dynamic landscape. We can then assess the gaps. CH suggesting meeting with LD outside of board to discuss in more detail. RS added that there has been mention of testing blue light services, DCST and St Leger too. CH noted the priority this week is key workers. The government may be putting something in place for public sector workers but not yet known – responsibility locally or centrally is unknown. Testing – Rapid Asymptomatic – Community Testing • EOI approved • A targeted 6 week testing programme for 6 communities in Doncaster (approx. 50,000 residents) using 4 local walk-in centres to increase access to testing • Communities covered: Hexthorpe, Balby, Hyde Park, Conisborough, Stainforth, Bentley • Go live aim of 1st site 18.01.20 – blocker to achieving go live by date could be supplies • Site identification, set up, training and Standard Operating procedures in development • Walk up testing with bespoke communication and engagement plans for each site/community CH added that the Dept Transport are setting up testing junction 5 of M18 for HGV drivers heading for the continent. CH also added that MHRA approved LFT's for home testing – may come in some time in February 21.	

		RS queried whether PIC could develop a testing report which illustrates data such as number of tests completed? Could help us to understand how effective this testing is and inform future planning. **Action: PIC data team to provide presentation update of testing data at board 13/01/21.** **Action: PIC data team to build a dashboard which monitors testing data on weekly basis – present analysis at future board meetings.** JG – new strain is pressing matter – does anyone have access to data flows? KA – hospital PCR system can pick the variant up but cannot sequence. We send off for sequencing to Sheffield and so far only identified 2 confirmed as variant (history of these cases is they are contacts of people who have visited London). RS requested to keep us updated with sequencing and if it starts to shift. RS asked colleagues for updates on key headings of the outbreak plan: Local Contact Tracing - • CH - team has seen increase last couple days with calls – ramping up staffing support to react flexibly to increase in demand. Success rate in contacting individuals is good – some issues with data quality from PHE but have provided feedback. • RS queried whether there was a dashboard in development for capturing contact tracing data? • SH noted there is a meeting 07/01/21 to discuss additional analytical work that could be done – a dashboard would be a good solution. • CH added that we collate this data already weekly – would be good to show as dashboard. • **Action: CH & SH to work with PIC data colleagues to produce a dashboard illustrating local contact tracing data** • VJ added there was a discussion at SY LRF re having strategy in place across the patch and VJ has taken an action to co-ordinate on behalf of local authority – may benefit from lessons learned. PO – re new variant which is 50-70% more transmissible than old variant – concern is in what way is it more transmissible? Do we need to do review of all risk assessments and is existing PPE still appropriate in existing work settings? Particularly in school settings where there are a number open for key workers children – could we do a deep dive into risk assessments and	**LM/JG** **CH,SH, PIC data**

		PPE? Need a strong message out to schools to maintain secure environment and not to cross bubbles. RS – SAGE produced a paper on interventions to address the new variant which includes a number of set elements we need to check against – i.e. comms, risk assessments. **Action: Circulate SAGE research paper with minutes of meeting – 'Mitigations to reduce transmission of the new variant'. Board members to read and consider ahead of next board meeting.** CN – in terms of a deep dive of risk assessments there are a high number of outbreaks repeating so we could potentially start with them. Those settings with 3 and 4 incidents were all under care homes settings and broadly settings after that were primary schools – agree this will give indication of where to start with risk assessment. RS suggested the need for general comms messaging relating to the new variant and then more specific action with risks assessments for settings such as care homes, education settings and businesses. KD raised that comms has gone to Head Teachers this week with guidance which reinforces messaging around cross bubbles. PO added although we are sending guidance out to schools we need to take enforcement action to ensure compliance -– schools are still under pressure to remain open. KD added that he can have these conversations with Head Teachers. RS raised a number of audits have been carried out on Care Homes in terms of their IPC and Covid security of the homes – RS would support completing a similar deep dive and audit of schools. Inequalities and EQIA - • SH – community champions bid submitted – not heard back yet. • As the outbreak plan is updated will revisit and update EQIA • Some of the work LM will report on testing data at future board meetings will have an inequality lens. In addition will also look at access to vaccines/testing from inequality point of view. Review of planning and response framework - • CW confirmed there are no concerning areas following a review of the frameworks. The majority of framework areas are in development. • RS raised the 2 areas most nervous of and more work to do is 1) effectiveness of self-isolation and	**ALL**

		2) work with faith groups (will become more important as we come into vaccine rollout). CW noted that KJ and the Well Doncaster Team are picking this area up – will provide an update at next week's board meeting.	
9.	**Threats and Risks Register and Exceptions** PHE Children and young people Health and care PPE Regulation and Enforcement St Leger Homes Localities and communities Workforce and Unions Chamber and Business Doncaster	RS took the board through the Covid Control threat and risk assessment: • Impact on Health Services (Direct Covid) – LD advised risk to remain VERY HIGH and will monitor coming days/weeks. • Management of outbreaks in high-risk settings – based on updates provided at today's meeting RS assured of management of settings – risk to remain HIGH. • Personal Protective Equipment – risk MEDIUM **Action: CW to chase HW for an update on PPE and to provide at next week's meeting.** • Testing and Contact Tracing – risk to remain VERY HIGH • Welfare of Vulnerable People Needing to Self-isolate – risk increase to HIGH whilst establishing support to CEV. **Action: Increase risk to HIGH** • Infection, Prevention and Control Capacity – risk to remain HIGH • Resourcing of core Incident Management Meeting – risk to remain MEDIUM **Action: RS request HR to chase colleagues for updates on current position on spend.** • Second Wave – risk HIGH **Action: Close down risk.** • Outbreaks across Doncaster border – some experience of cases on border over last couple weeks and managing well - risk to remain MEDIUM. • Third Wave – risk increase to HIGH **Action: Increase risk to HIGH** **Exception updates:** St Leger Homes - • SW – increase in numbers placed in hotels – approx. 90. Biggest concern is increased transmission rate of new variant and risks associated with having 69/70 of 90 people in one	**CW** **OM** **RS** **OM** **OM**

		hotel – no alternative accommodation options for these people. High risk of outbreak should variant get hold in rough sleepers/homelessness client group – need to look into access to testing and early access to vaccines for this group. • RS – re vaccinations, running phase 1 which is first 4 groups and phase 2 programme could be more flexible. GG raised the concurrent risk of weather and the impact on homelessness – asked all partners to review plans in these contexts. No other exceptions raised from partners.	
10.	**Communications**	SCu provided an update on comms activity: • **National lockdown comms -** Using same principles re behaviours – going out with messaging re staying safe, info on how people go about their daily business, stay home messaging will help with behaviours • There is more work to do re what this means over next few weeks as there will be message fatigue – how do we make our messaging more applicable and understanding? • Mental health comms is key focus • Covid resolutions – how will people change their behaviours this New Year? • Advice on our website re CEV – relying on government comms for this – waiting for more assets from central government. • **Enforcement comms** – public want to see that any transgressions are being actioned. • SCu added that SYP comms have received public backlash for enforcement comms in past, but now the position has changed into more enforcement under new restrictions. • **Vaccination comms** – need to be consistent in what we say to public and members. RS noted supply of vaccine is challenge but good to be on front foot with comms. LD agrees - picked up at CCG and via health cell there is a lot of confusion and people want assurance re vaccinations. • SCu – we need to set out expectations of the vaccinations programme – mini vaccinations comms group first meeting on Friday who are working on comms plan for this work. Vaccination comms has been running since 15 Dec – need to amplify messages more.	
11.	**Review of Actions**	OM raised a number of outstanding actions and updated progress against actions on the log accordingly.	
12.	**AOB**	None.	

13.	**Chair Summary**	RS offered a summary of discussions from today's meeting: • Rates increasing locally and nationally – should see benefit of this to public health. • Lockdown has implications for businesses, mental health etc which is being managed through TCG. • Number of changes needed in terms of outbreak control plan and data requirements re testing and contact tracing.	
14.	**Date and Time of Next Meeting**	RS made decision to step Covid Control Board meetings back up to weekly (for next 4-6 weeks) given we are now under Tier 5 national restrictions. Date and Time of Next meeting is therefore **Wednesday 13th January 3:00 - 4:30pm.**	