



# Doncaster Council

To all Members of the

## **DONCASTER COVID-19 OVERSIGHT BOARD**

### **AGENDA**

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

**VENUE** Virtual Meeting via Microsoft Teams  
**DATE:** Wednesday, 24th February, 2021  
**TIME:** 2.00 pm

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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: Tuesday 16<sup>th</sup> February, 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 Thursday 18<sup>th</sup> February, 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](mailto:Democratic.Services@doncaster.gov.uk)).**
4. Declarations of Interest, if any.
5. Minutes of the Doncaster COVID-19 Oversight Board meeting held on the 25th January, 2021. 1 - 4
- A. Reports where the Public and Press may not be excluded.**
6. COVID-19 National Overview (Verbal - Rupert Suckling).
7. What's the Data Telling Us (To be tabled - Jon Gleek/Laurie Mott).
8. COVID Health Protection Board Risks (Attached - Rupert Suckling). 5 - 6
9. Minutes of the COVID Control Board Meeting held on the 10th February, 2021 (Attached - Rupert Suckling). 7 - 20

## **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:** Deputy Mayor Councillor Glyn Jones (GJ), Dr. Rupert Suckling (RS), Damian Allen (DA), Councillor Jane Cox (JC), Councillor Chris McGuinness (CM), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP), Mel Palin (MP), Paul O'Brien (Po'B), Dolly Agoro (DAg), Fiona Campbell (FC)

**Officers:** Scott Fawcus (SF), Anthony Fitzgerald (AF) Laurie Mott (LM) Rachel Wright (note taker).

**Apologies:** Mayor Ros Jones (RJ) (Chair), Councillor Nigel Ball (NB), Councillor Nuala Fennelly (NF), Shayne Tottie (ST), Daniel Fell (DF), and Jackie Pederson (JP).

	Action
<p><b>1. Welcome, apologies and introduction – Councillor Glyn Jones</b></p> <p>Councillor Glyn Jones welcomed all those present to the meeting.</p>	
<p><b>2. Exclusion of the public and press – Councillor Glyn Jones</b></p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p><b>3. Public Statements and Questions – Councillor Glyn Jones</b></p> <p>Councillor Glyn Jones noted no questions were received from members of the public.</p>	
<p><b>4. Declarations of interest – Councillor Glyn Jones</b></p> <p>There were no declarations of interest made at the meeting.</p>	
<p><b>5. Minutes of the last meeting held on 9<sup>th</sup> December 2020 – Councillor Glyn Jones</b></p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 9<sup>th</sup> December 2020, were approved.</p>	
<p><b>6. COVID-19 National Overview – RS</b></p> <p>RS gave a verbal overview of the significant changes since the last meeting in December 2020.</p> <p>RS reminded the board that at the last meeting Doncaster was under tier 3 restrictions, and like many areas began experiencing an increase in the number of cases. There was the expectation over Christmas/New Year that Doncaster would move into higher restrictions. The whole country moved into national restrictions in January.</p> <p>RS explained there were challenges within hospitals being busy, and an increased number of excess deaths.</p> <p>Members were informed the number of cases in Yorkshire and Humber were lower than that in the rest of the country.</p> <p>RS confirmed since the last meeting COVID-19 vaccines were approved.</p> <p>RS described some unintended consequences of national lockdown such as on mental health and added this lockdown differs from the first in that people were able to meet as part of support bubbles, the NHS was open, and the third sector was mindful of the impacts of lockdown. RS indicated that a decision on the reopening of primary schools was expected shortly.</p> <p>Ahead of the next meeting in February, RS believed there would be further information about the extension of national lockdown until the 8<sup>th</sup> March.</p> <p>RS concluded the numbers of cases were coming down through lockdown but slowly.</p> <p>Po'B added that the number of people with COVID in schools was higher in teaching assistant's than teachers, therefore what could we do to make the staff feel safe? RS advised that data they had did not indicate that but that it could be a reflection of the sample we had, he added there would be more to discuss as we go forward.</p> <p>DA asked where should we draw balance in terms of duration of lockdown or style and approach to relaxation of measures. RS responded lockdown should be as short as possible but long enough to be effective and whilst in lockdown the aim was to eliminate community transmission,</p>	

and drive down figures by abiding by rules such as hands, space, face, ventilation, self-isolate.

Po'B raised there was a ventilation issue abroad and described an example situation, he felt that it was a concern that guidance was still given out here to make sure places are ventilated. RS advised this was to be taken to COVID Control Board.

**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 informing the board the 7-day rate in Doncaster was 267 per 100,000, a decline from the last rate reported and he added the 7-day rate for other towns in South Yorkshire were lower than Doncaster's rate. LM advised Barnsley, Rotherham and Sheffield had reported a slight uptick in cases recently.

LM stated the positivity rate in Doncaster had fallen consistently during November, but there had been a slight increase since the last reported rate to 10.5%.

LM noted that hotspot areas in the previous 14 days were Kirk Sandall, Wheatley and two areas in Conisbrough (Conanby and Corn Hill).

LM described the situation in hospitals, with 114 people receiving active care for COVID-19. The figures throughout January had been falling consistently but slowly. Some concern is that the numbers of people in ITU remained approximately the same.

LM informed Members the new variant accounts for 56% of our cases and over the last 6 weeks this has increased at same rate as other South Yorkshire areas.

LM presented the number of cases by age group through the second and third wave, this showed a difference in trend and could explain why we haven't seen huge increases in hospitalisations during the third wave.

LM reported the number of deaths recorded on death certificates had been falling since December.

DA questioned why we had not seen huge numbers of the new variant in Doncaster. RS explained Doncaster was under tier 3 restrictions, which kept numbers of cases down, areas living under tier 2 restrictions gave the new variant room to grow.

PoB enquired whether tracking was in place for those cases that have a negative lateral flow test but later test positive on a PCR. RS explained that if someone tests positive on PCR they do track the 48 hours before. RS to take this to COVID Control Board as there had been a lack of data recently and would look at picking up our own tracking.

AF gave a presentation on the vaccine programme, describing the multiagency approach and how it was delivered using the primary care network, across 7 sites.

AF advised that 77.5k people were eligible for vaccination in the first 4 cohorts, 32k had been delivered so far including all older care home residents and staff, 80% of over 80's and some health and care staff.

AF set out the challenges were supply, changing guidance, and occasionally outbreaks in care homes.

AF reported that key messages so far were there had been a great take up and a fantastic effort from staff and volunteers.

DA enquired about the BAME community and vaccine hesitancy and reaching that community. AF advised that an engagement drive was about to start with the BAME network.

DA asked what level of notice the NHS got around redistribution of the vaccine. AF stated about a week's notice.

DA mentioned whether the Tickhill Road site could be used to immunise Social Care staff. AF advised that they are looking to use Tickhill Rd, and possibly some primary care sites.

JC asked for clarification on when adults with learning disabilities would receive the vaccination RS replied that they should look to highest category that they are eligible for, and once the top 4 cohorts are vaccinated, more information will be provided.

**RESOLVED;**

<ul style="list-style-type: none"> <li>• That the presentation be noted.</li> <li>• Contact Tracing following a positive PCR Test be actioned by a local team to be discussed at COVID Control Board.</li> </ul>	RS
<p><b>8. COVID Control Plan v7 - RS</b></p> <p>RS presented the COVID Control Plan v7.</p> <p>RS reminded members that the COVID Control Board had to have an Outbreak Control Plan that was publically available, and the version presented was subject to change. RS highlighted some alterations in this version which were:</p> <ul style="list-style-type: none"> <li>• Section 6 - Vulnerable people places and settings additional resources.</li> <li>• Outbreak management protocols learning from outbreaks and updating approaches.</li> <li>• Section 8 - Community transmission and national tier advice.</li> <li>• Section 9 - Local contact tracing.</li> <li>• Section 10 – Testing;</li> </ul> <p>RS reminded Members if you have symptoms, there were testing sites at the airport or park and ride at Woodlands. As a Council rapid testing was available at Mary Woollett for frontline council staff and frontline staff at the Police, Fire Service and Primary Schools. Community testing was set up at Stainforth, Hexthorpe and Conisbrough with additional testing for those with symptoms in the Town Centre and Thorne.</p> <p>RS informed board members that a review of the governance and membership for this board would be undertaken.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> <li>• Review the governance and membership for the Doncaster COVID-19 Oversight Board.</li> </ul>	RS
<p><b>9. COVID Health Protection Board Risks - RS</b></p> <p>RS presented the Doncaster COVID Control Board Threat and Risk Assessment report and highlighted two high-risk areas. The first was impacts of COVID on the health service as there were more people in hospital than in the first wave. RS advised a reduction was expected. The second was testing and contact tracing as there had been changes in testing and also increased contact tracing cases were being received by the local team. RS advised bank staff were employed, and work reprioritised within the public health team so each person gives 2 days a week to contact tracing.</p> <p>RS noted all other risks managed effectively.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> </ul>	
<p><b>10. Minutes of the Control Board 6th January, 2021 – RS</b></p> <p>RS reminded Members that the minutes of the COVID Control Board would be reported to this board.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted</li> </ul>	

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Last Updated: 27<sup>th</sup> January 2021

## Doncaster COVID Control Board Threat and Risk Assessment (last updated 270121)

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.

<b>Current impact scale:</b>	<b>Very high</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
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AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION</u> TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
<b>DATE REVIEWED</b>		<b>27.01.21</b>
<b>HEALTH SERVICE (Direct COVID)</b>	<ul style="list-style-type: none"> <li>• Increased Covid related pressure on local health services.                             <ul style="list-style-type: none"> <li>○ Acute care pressures.</li> <li>○ Community care pressures.</li> <li>○ Mental Healthcare pressures.</li> <li>○ Primary Care pressures.</li> <li>○ Pharmacy pressures.</li> <li>○ Palliative Care pressures.</li> <li>○ PPE availability.</li> </ul> </li> <li>• Management of outbreaks in health services and clinical settings</li> </ul>	<b>HIGH</b>
<b>MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS</b>	<ul style="list-style-type: none"> <li>• Management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community</li> <li>• Development of Standard Operating Procedures for high-risk settings in development</li> <li>• Outbreak control plan in development</li> </ul>	<b>HIGH</b>
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	<ul style="list-style-type: none"> <li>• Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies.</li> <li>• Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability.</li> <li>• Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff.</li> </ul>	<b>MED</b>
<b>TESTING AND CONTACT TRACING (including engagement)</b>	<ul style="list-style-type: none"> <li>• Effectiveness of the national programme locally.</li> <li>• Doncaster Sheffield Airport Regional Testing Centre.</li> <li>• Satellite Testing.</li> <li>• Mobile Testing Units.</li> <li>• Home Testing.</li> <li>• Key Worker Testing.</li> <li>• Wider population testing in accordance with government guidelines.</li> <li>• 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.</li> <li>• Increased contact tracing requirements – impact on local health protection teams and local resourcing</li> <li>• Data availability and sharing limitations</li> <li>• The potential for localised outbreaks being undetected</li> <li>• Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines.</li> <li>• Impact on effectiveness of test and trace process and outbreak/incident management.</li> <li>• Impact on public health</li> </ul>	<b>HIGH</b>

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
DATE REVIEWED	27.01.21	
<b>WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE</b>	<ul style="list-style-type: none"> <li>• Increased support required for those needing to self-isolate. Support may include the provision to home addresses of:               <ul style="list-style-type: none"> <li>○ Food</li> <li>○ Medication</li> <li>○ Essential supplies</li> </ul> </li> <li>• Social isolation, and resulting mental health issues.</li> <li>• Safeguarding:               <ul style="list-style-type: none"> <li>○ Children</li> <li>○ Vulnerable Adults</li> <li>○ Domestic Violence</li> </ul> </li> <li>• Resilience of the Community &amp; Voluntary Sector.</li> <li>• Working with new voluntary sector partners.</li> <li>• Management of spontaneous volunteers.</li> </ul>	<b>HIGH</b>
<b>INFECTION, PREVENTION AND CONTROL CAPACITY</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• There is a risk of lack of access to IPC resource if outbreak numbers increase.</li> </ul>	<b>HIGH</b>
<b>RESOURCING OF CORE IMT</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period.</li> </ul>	<b>MED</b>
<b>OUTBREAKS ACROSS DONCASTER BORDER</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<b>LOW</b>
<b>THIRD WAVE</b>	<ul style="list-style-type: none"> <li>• Mechanisms in place to stand response activity up/adapt existing structures should a third wave occur.</li> <li>• Risk is implications of a third wave on resource and capacity for Doncaster Council and key partners</li> <li>• Impact on public health</li> </ul>	<b>MED</b>



## COVID Control Board Meeting Notes and Actions

Date Wednesday 10<sup>th</sup> February 2021  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling

Attendees: Rupert Suckling, Victor Joseph, Susan Hampshaw, Clare Henry, Steph Cunningham, Fiona Campbell (National Education Union), Ken Agwuh (DBTH), Kevin Drury, Olivia Mitchell, Gill Gillies, Catherine Needham, Simon Noble, Nick Wellington, Emma Gordon, Laurie Mott, Daniel Weetman, Natasha Mercier, Jade Dyer (Doncaster Chamber), Karen Johnson, Steve Waddington (St Leger), Victoria Shackleton, Carys Williams, Daniel Viera (Unison H&S), Jonathan Preston (Unison H&S), Tim Hazletine, Hayley Waller, Jonathan Ellis, Sean Owen, Lisa Devanney (DCCG), Andrew Russell (DCCG), Kate Anderson-Bratt, Jon Gleek.

Apologies: Claire Scott, Kathryn Brentnall (College), Paul O'Brien (GMB Trade Unions), Peter Doherty (College), Debbie John-Lewis, Mary Leighton, Leanne Hornsby, Andrea Lee (Prison's), Neil Thomas (SYP), Damian Allen, Paul Ruane, Shannon Kennedy, Vanessa Powell-Hoyland, June Chambers (PHE), Scott Cardwell, Sarah Sansoa, Nasir Dad, Mark Whitehouse, Mark Wakefield.

No	Item	Key Decision / Action	Allocated to
1.	<b>Welcome and Introductions</b>	RS welcomed all to the meeting.	
2.	<b>Apologies</b>	RS noted apologies.	
3.	<b>Purpose of Meeting</b>	RS confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> <li>1. Responsible for the development, exercising and testing of COVID Control Plan.</li> <li>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.</li> </ol>	
4.	<b>Urgent Items for Attention</b>	None.	
5.	<b>TCG Update</b> (Gill Gillies)	<p><b>Action: Circulate TCG update presentation slides with meeting minutes.</b></p> <p>GG provided an overview of TCG – aim is to coordinate multiagency command and control arrangements to endeavour to save life and minimise the impact of COVID-19 and any other concurrent incidents and events in Doncaster, supporting recovery and renewal to a new normality.</p> <p>GG went through key areas of risk TCG managing. Summary of points below (see slides 4-5 for full detail):</p> <ul style="list-style-type: none"> <li>• <b>Health and Care</b> – mental health continues to be focus of concern and increasing levels of domestic abuse and children from hidden harm.</li> <li>• <b>Housing and Accommodation</b> – significant number in temporary accommodation that are not moving through system into more suitable accommodation.</li> </ul>	<b>OM</b>



- **Children and Families** – mental health of children and safeguarding referrals continue to be focus
- **Education and Skills** - reopening of schools is a focus and also digital connectivity and the ability for schools/pupils to access equipment continues to be an issue.
- **Localities & Communities** – still awaiting information from MHCLG re: the additional cohort on the shielded list, this could become a major pressure on GPs. Escalated through LRF for more information from Government.
- **Business & Economy** – Government programme on business grants ends 14<sup>th</sup> February, with the next PM announcement due on 22<sup>nd</sup> Feb, a significant gap in business support provision for at least a week. Raising through SY LRF Economic Cell for more clarity.
- **Compliance & Enforcement** – concerns around social distancing / individuals not wearing masks in public spaces and house gatherings – SYP/DMBC monitoring
- **Death Management** – all areas working well, significant mortuary space has been achieved & maintained giving a high level of assurance; Coroners and Registrars managing increased demand
- **Workforce Network** – a lot of good work with work force cell. Risk continues around capacity and deployment.
- **Communications** - signposting for vaccination and testing sites, reinforcing the basics; and communicating that second doses starting 15<sup>th</sup> Feb are only for those who have had their first vaccine.

GG provided specific update on Compliance and Enforcement (See slide 7 for full detail). Key points:

- Receiving number of complaints around business compliance
- Advice and guidance for improvements given to supermarkets by environmental health staff. Lack of customer compliance main issue.
- Receiving complaints to communities about gatherings in domestic settings.

GG took all through the Very High TCG risks (Slide 8 for more detail):

- **Health and Care System** - mental health specifically. GG noted South Yorkshire mutual aid requirements going to other areas of country, therefore not so much capacity available.
- **Local Economy and Businesses** - Business cash flow and viability issues resulting in a high business failure rate across a range of sectors, impact on self-employed, unemployment, access to government support etc.



GG took all through the High TCG risks (Slide 9- 11 for more detail on all risks). Key points mentioned:

- **Domestic Abuse** – risk added last week. Specific risk due to concerns around additional cases.
- **Testing and Tracing Capability** – risk reduced from very high to high due to effectiveness of programme and local arrangements in place.

GG added that the intention is for TCG to look at longer term impacts of living with Covid and plans for this. Developing a roadmap to help guide local government and partners in some of the planning and decisions that will be needed for 2021. GG noted reviewing lessons learned will be key to this (i.e. public realm).

GG added Doncaster is also planning for local elections, there are significant challenges around this but we are monitoring.

Questions/comments:

Based on the key risks just mentioned, RS asked colleagues for updates on some key areas:

RS raised around **mental health of children/YP** – are health cell linking in? AR confirmed the children cell are leading on this and all age mental health, but the health cell linked in and supporting where they can.

RS asked for an update on **homelessness**:

SW – main challenge is the lack of accommodation to move people into. This has a knock on effect on capacity in the system. SW added that whilst there are a high number in temporary accommodation, we know that it is not the same people staying in this accommodation, we are seeing people move on. However also seeing people lose accommodation due to behaviour. SW added there are small number of rough sleepers (on Mon 8<sup>th</sup> Feb recorded total of 2 rough sleepers).

RS – when pandemic started we were concerned of infection risks of hotels with large numbers in close proximity – whilst there are mitigations in place and mobile testing unit it is still better to disperse people and find them accommodation if possible.

SW added re mobile testing – over 40 people were tested last Friday and all were negative.

RS – re the potential week’s gap in **business support** provision – are we seeing businesses reporting these concerns?

TH – there have been issues throughout the pandemic – received many complaints from businesses around lack of clarity from Government and some very frustrated they have ‘fallen through the gaps’ in accessing support. Businesses appreciate longer term view, it has always been short term measures.



		<p>JD – the lag / short notice and delay in payments is the general worry with businesses. Comms to businesses is good, there are always same complaints that businesses do not know how to navigate funding on council website and we support them with this.</p> <p>RS requested an update on <b>compliance and enforcement</b> and capacity to address issues mentioned:          NW – working with SYP re illegal gatherings. In LRF compliance and regulation cell they are looking at planning as businesses reopen as this has previously resulted in queries from businesses in understanding requirements and also complaints into council. Busy now and when businesses reopen it will be even busier.          GG confirmed Scott Cardwell and his team are picking up lessons learned from public realm and to feed into development of roadmap.</p> <p>GG added that key to recovery is reviewing the impact assessments – TCG has asked partners to review.</p> <p>RS suggested sharing Living with Covid roadmap with meeting minutes and to update outbreak plan in-line with this.  <b>Action: Circulate Living with Covid Roadmap with meeting minutes.</b>  <b>Action: Update Covid Outbreak plan in-line with Living with Covid Roadmap.</b></p>	<p>OM CW</p>
<p>6.</p>	<p><b>Data and Intelligence Update</b> (Laurie Mott)</p>	<p><b>7 day &amp; positivity rate (for the 7 day 28 Jan – 3 Feb)</b></p> <ul style="list-style-type: none"> <li>Doncaster’s official 7 day rate per 100,000 is 203.00. [Barn 195.2, Roth 220.8, Sheffield 186.0, YH 182.3, England 227.7]. England rate has been falling consistently for at least a month. Trend for Doncaster’s rate is downwards overall – LM highlighted that the rate did slightly creep up 7-10 days ago, however this can be explained by increase in cases in Doncaster prisons, therefore community rate was continuing to fall through the period.</li> <li>Positivity rate is 8.1%. At Christmas time this rate was 14-15%.</li> <li>7 day rates across age groups – graph shows slight increase in 23-34 age group, however this is explained by increase in prisoner cases. Rates falling in almost all age groups. LM added that case rates in older population did not rise as high in third wave as younger age groups.</li> </ul> <p><b>Hotspots in the communities</b></p> <ul style="list-style-type: none"> <li>The data team identifies places in Doncaster with higher density of cases. Current areas with highest number cases and considered a ‘hotspot’ are Carcroft (back of ASDA), Lower Wheatley, Hyde Park (Elmfield Rd side) and Conisbrough (Conanby). LM noted that compared to the hotspots the team were identifying 2 months ago, these hotspots are much ‘milder’.</li> </ul>	



- Re Carcroft hotspot – cases linked to DFS staff as many who work there also live there. Hotspot appears to be losing cases – only 1 case added since 6 Feb.
- Re Lower Wheatley hotspot - Cases still occurring, 2 cases added on 7<sup>th</sup> Feb.
- Hyde Park – not adding cases since 5<sup>th</sup> Feb.
- Conisbrough (Conanby) – was gaining cases beginning of week but now plateaued. All new cases are in hotspot area – still adding cases, added 4 cases over 2 days.
- Overall, no major concerns with any of these hotspots. Most communities reporting reducing number cases – only a few seeing increases.

**Hospital activity**

- Length of stay in hospital – stable past few months.
- New cases identified in hospital amongst 60+ age group falling, risen slightly but trend downwards overall.
- New cases in those aged 60 and under show slight increase recently – peaked at 5 cases – still smaller numbers than seeing in over 60’s age group.
- Now monitoring readmissions (where individuals have been admitted once with Covid and readmitted with Covid again).
- DBHT has 125 total Covid patients, 89 patients currently receiving active care for Covid and 10 in ITU (remained 10 for several weeks).

**Deaths**

- LM shared a graph which shows that number of deaths where Covid mentioned on death certificate – shows large number deaths in second wave but lower in third wave but still concerning as most weeks number deaths reporting are higher than expected if compare to average number deaths over last 3 years.

Questions/Comments:

AR added in the meeting chat that some mutual aid adding to DRI Critical Care numbers both COVID and surgery requiring Critical Care Support

KA added to this point and confirmed hospital is taking in patients from other regions to support and reduce impact – so not all in hospital are Doncaster patients. It is stable currently in the hospital and on downward trend. KA raised the hospital picked up an outbreak on a ward and sent for sequencing and it came back as new variant - if we see rapid increase in cases in ward we will send them for sequencing to confirm. KA confirmed 70% cases in Doncaster are now the B117 Kent variant.



<p>7. <b>Daily Incident Management Team Update</b> (Catherine Needham)</p>	<p><b>CN offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>• IMT has managed a total of 952 cases since inception of group (12<sup>th</sup> June) and closed a total of 852.</li> <li>• IMT is currently managing a total of 84 live cases and a further 16 TBC (symptomatic individuals). Live cases spread across geographical areas – only noticeable shift is seeing fewer outbreaks in high risk settings in South locality and slight increase in North locality. Of the live cases 24 are outbreaks, 11 clusters and 48 incidents.</li> <li>• Live incidents by setting types – primary schools (23), Secondary Schools (7), Special School (5) and Businesses (6), Early Years (6) and smaller numbers in domiciliary care, older people and LD settings.</li> <li>• From IMT perspective, there is sometimes a time lag from when we see positive cases on data Laurie just described to when it shows on IMT (a week delay i.e.) - expect daily live cases continue overall downward trend with wobbles along way. Today's rolling 7 day average is 77.6 – to compare this was 75.6 this time last week, 81.4 two weeks ago.</li> <li>• In the last 24 hours, added 6 new live cases, reopened 5 cases and closed 14 cases IMT have been monitoring.</li> <li>• In last 7 days IMT has opened 30 brand new notifications of symptomatic / positive individuals (these are either settings where never had outbreak previously or outside the 28 day period of previous outbreak ending) – largely in early years settings &amp; primary schools and small numbers across other setting types.</li> <li>• IMT has reopened 19 cases in last 7 days (this is a setting IMT has been aware of previously and has been closed and had subsequent cases in 28 day linking period) – this figure includes a number in early years and a number in primary and secondary schools.</li> <li>• Over the last 7 days, IMT has closed 43 cases (18 in early years and smaller numbers across variety of setting types). Of the closed cases, 34 closed as they reached end of monitoring period, 8 with outcome of negative results.</li> </ul> <p><u>Questions/comments:</u>  RS – interesting seeing fewer outbreaks and into more incidents (single cases). Re schools with live cases, do we know if these cases are in / out of setting?  CN explained that we receive source information on daily basis from schools re how many pupils/teachers and other support affected and this is then broken down as to whether positive cases are in/out of setting. For IMT we record only those cases inside the setting as there is risk of exposure in school itself. If there are single incidents outside the setting (i.e. children receiving home schooling) they are not added to the IMT incident log as no immediate risk in the area. CN noted we are starting to see a mix of these cases both in/out of the setting.</p>	
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		<p>KD added that we take information to Edulog and also question the detail with schools if we are unsure so we have a clear picture and understanding.</p> <p>RS queried whether incidents / outbreaks are reducing in health care settings – LD agreed. CN added only Hazelwood is on log at present.</p> <p>RS queried whether there are many incidents / outbreaks in our in-house services - CN confirmed there is an ongoing outbreak at STEPS service and this week SMILE service has been added to the log too. Historically we had North Bridge on the log for significant time, however they have not had additional cases for some time now.</p> <p>RS queried whether Union colleagues present at the meeting have any worries / concerns from their members? JP – Not had Health and Safety meeting with Unison for some time, meeting on Monday so will report back to Board if needed. RS clarified that the approach agreed with Unions is Union reps do not need to wait for this meeting to raise an issue – to raise with HR colleagues and if Covid related Public Health will provide advice into those settings.</p>	
<p>8.</p>	<p><b>Threats and Risks Register and Exceptions</b></p>	<p>Threat and Risks to be reviewed at next Covid Board meeting 24<sup>th</sup> February.</p> <p>Update from Holly Wilson re PPE:</p> <ul style="list-style-type: none"> <li>• Good position in Doncaster. SY had a few issues with compliant stock but that is getting resolved by Sheffield. We are now getting a good flow through from DHSC to distribute to our staff and some other sectors, commissioned providers seem to be happy with what they are getting directly from DHSC. We are delivering out packs of PPE, on behalf of the DfE, to all educational establishments across Doncaster from next week, (266 childminders, 67 Day Nurseries, 128 Schools), St Leger Homes are doing this for us.</li> <li>• Specific update on Free Personal Protective Equipment for unpaid carers – just signed up to this in Doncaster - there have been some pilots in other areas already. We are distributing through Making Spaces, our commissioned provider for the Doncaster Carers Reach Out Service and our Carers Strategic Lead at the Council is helping coordinate. They've both been great and we should be in a position, subject to a few logistical factors, to start distributing in a week, at the latest w/c 22nd Feb.</li> </ul>	



<p>9.</p>	<p><b>COVID Outbreak Planning Update</b> (Carys Williams, Clare Henry, Victoria Shackleton)</p>	<p>CW shared COVID Outbreak Control Planning Update on Screen. Key areas of focus today:</p> <ul style="list-style-type: none"> <li>• Local Testing sites (symptomatic)</li> <li>• Surge Testing (operation Eagle)</li> <li>• Horizon scanning</li> <li>• Community testing (asymptomatic)</li> <li>• Local Contact Tracing</li> </ul> <p><b>Local Testing sites</b> (walk-up options for symptomatic individuals) –</p> <ul style="list-style-type: none"> <li>• Chappell Drive – <ul style="list-style-type: none"> <li>○ Build commenced: 08.02.21</li> <li>○ Pilot date: 12.02.21</li> <li>○ Operational from: 13.02.21</li> <li>○ Capacity for approx. 200 swabs a day</li> <li>○ Provide walk-up access to testing for those with symptoms from town centre, lower wheatley and surrounding areas</li> <li>○ Booking through national portal</li> <li>○ Communication and engagement plan – comms, communities, localities, covid community link teams</li> <li>○ Partnership engagement – college, nearby businesses, elected members, emergency services.</li> </ul> </li> <li>• Bridge Street Car Park, Thorne <ul style="list-style-type: none"> <li>○ Provisional timescales:</li> <li>○ Site Survey: Friday 12 February</li> <li>○ Build Date: Tue 16 February</li> <li>○ Pilot Date: Wed 17 February</li> <li>○ Subject to light and noise standards being met and site visit</li> <li>○ Comms and engagement will need a more proactive approach for community/residents due to location</li> <li>○ Go/No Go decision to be made this week</li> <li>○ TH queried contingency plan if Thorne site not approved – could Hatfield Unity site or Dixon Motors site be an option? CW – this was only suitable site in Thorne so no back up - these sites must be accessible by foot. RS – would need to review coverage and testing options.</li> </ul> </li> <li>• Mobile Testing Unit at Goldthorpe serving Dearne Valley area</li> </ul> <p><b>Surge Testing (Operation Eagle)</b> Background –</p> <ul style="list-style-type: none"> <li>• Targeted, mass PCR testing in areas where new variants of concern of COVID-19 have been detected</li> </ul>	
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- All residents over 18 years old within a designated postcode (e.g. DN1) will be offered a PCR test whether they have symptoms or not
- Mobile testing units will likely be deployed to offer PCR testing to those in the targeted postcode areas who have to leave their home for essential reason
- 'Drop and collect' tests will also be delivered to businesses and education settings within the target postcode areas.

Local Authority given 48 hour notice in delivering this, therefore we have made the following local assumptions re how best to approach:

- Community testing may be paused, with staff redeployed to support door-to-door testing operations.
- Operation Eagle will be DPH led locally. Local delivery will be coordinated through the established locality bronze groups in conjunction with the Public Health COVID core team.
- Operation will be supported by partners across Team Doncaster (SYFR already offered).
- If required, depending on pace and scale, officers may be temporarily redeployed from other roles e.g. NERO under agreement with head of service.
- Programme will report and provide assurance and updates to the COVID-19 Control Board throughout the planning, delivery and evaluation stages (local governance arrangements).

**Activation and Governance**

- DPH to receive notification from PHE of cases and need for surge testing in designated postcodes
- DPH to establish an 'Operation Eagle Cell' to coordinate the process and identify role and responsibilities. Membership may include: DPH, Public Health, PHE, Communities, Well Doncaster, Localities, Emergency Planning, PIC, Comms, SYP, SYFR, Community Link Team, Highways, Asset Cell rep and Military planners if available.
- Operation Eagle Cell will report directly into the COVID Control board and the currently established COVID TCG

**Next Steps**

- Circulate briefing/ mapping document & further learning
- Obtain draft national SOP / guidance
- Further consideration to:
- Specific model of delivery
- Logistics re. test delivery, distribution, returns
- MTU location and mapping review
- Workforce (training, hours, risk assessments, equipment, vol sector, roles & responsibilities)
- Communication and engagement



- Contact tracing and follow up
- GDPR and DPIA requirements
- Evaluation

Horizon Scanning

- Lockdown exit roadmap announcements & implications on restrictions
- Review of current arrangements and processes to ensure capacity to support management of clusters as restrictions ease

RS noted that there is an increasing need for Local Authorities to respond to targeted ring testing if there are new variants / outbreaks – important we get this right.

**Testing – Raid Asymptomatic – LFD’s**

CH provided following update on Community Testing Sites:

- All 5 physical testing sites running and at full capacity in terms of opening hours (Mon-Fri 7am-7pm Sat/Sun 10am-3pm)
- In the last 8 weeks there have been 7504 tests completed and only 29 positives found which generates positivity rate of 0.4% (rate higher in Stainforth, Conisbrough & Hexthorpe)
- Police – community test sites, special ops complex Sheffield
- Mobile testing van – paused this week due to weather, up and running again next week – 2 more places identified for next week. 44 tests completed so far.

Other Asymptomatic Testing routes:

- Schools – primary/secondary (Secondary schools considering what to do after half term and plan if return 8 March)
- Public Industries – Prisons, Police tbc
- Private Industries - Unipart rail, Wincanton
- Adult Social Care

Next steps:

- Central Government offering businesses with more than 50 staff access to carry out testing on own sites – businesses advised to go onto portal, register their interest and are then sign posted to webinar which takes them through processes and procedures.
- Business with less than 50 people can access community testing
- Data & evaluation – repeats, who is accessing and who isn’t.
- Comms messages:
  - these are screening tests not green light tests – if asked to self-isolate must still do so
  - Testing should be twice a week



- symptomatic – need to be tested at DSA, Adwick P & R, Chappell Dr, home tests. Some that are symptomatic are turning up at testing sites which are for asymptomatic so we are doing what we can to offer support.

**Local Contact Tracing**

VS provided an update – key points to note include:

- The team is following up on cases that the national team could not contact
- Engagement is 74% (made up of 69% where contact has been made and CTAS completed).
- Total failed contacts is 25% - there are a number of reasons cannot complete contact tracing – mainly people not wanting to engage or hospitalised and have no proxy
- Stepping up home visits – going out almost every day
- Have requested that Doncaster becomes an early adopter of enhanced contact tracing. Enhanced contact tracing considers forward and backward contact tracing and use data to detect super spreading events. Issue with this is data quality.
- In Doncaster we want to move to local contact tracing by default – involves removing national team and instead use local contact tracing from the beginning, rather than after 24 hours of the national team not being able to contact an individual. This is being piloted in 5 other LA's nationally, once these are complete and evaluated hopefully Doncaster will become a local by default contact tracing authority. Part of this is working with neighbouring authorities around contact tracing.

Questions/comments:

LM raised that the data team normally reports on testing generally but had data quality issues with PHE. This has now been resolved and we have a validated data-set that colleagues in the Council can access and also partners with a license. From now on we can report this.

KJ – have we considered how we use trusted individuals to local contact tracing? Some reluctance to provide information when being traced is due to the unknown caller – if they have a relationship with the person already might they be more forthcoming with information?

VS response – in terms of super spreading events (i.e. church group), we do need to look at those communities and local leaders to help us do contact tracing locally. A lot of building of trust to do locally with contact tracing. Contact tracing is a real skill so if we brought more staff in to do the work they would need to be available to do regularly as there are regular changes to keep up with.



		<p>RS raised that we have lobbied for proper self-isolation support (e.g. support to those who cannot financially afford to isolate).</p> <p>VS – in other authorities SYP Covid lead has identified individuals who are contact of police officers not on national system – if they need support can contact locally and they will do support. VS added self-isolation support is national issue.</p> <p>RS referenced the Contact Tracing Highlight Report which had been circulated with the agenda. VS noted this the digital platform for supporting contact tracing – all on track. VS added that they are increasing welfare calls to call all those who test positive.</p>	
10.	<p><b>Enhanced surveillance of COVID-19 cases in vaccinated individuals report</b> (Chair)</p>	<p>RS referred to briefing that had previously been circulated with meeting agenda. The report outlines the process clinicians should follow when an individual who has had the vaccine later develops symptoms and tests positive for Covid. The report details process to follow to identify these cases and to feed into public health surveillance approach.</p> <p>KA – picked up a number of these cases at the hospital and we are trying to ensure we have blood samples that we will send with swabs so they can check antibodies. None of these cases have been unwell requiring hospital admission, they have just cold-like symptoms. KA added he is working with colleagues in hospital around picking up cases in emergency dept as not doing so at present. Also had discussion with RDASH as they had a few patients who fit criteria – informed them that if they would like hospital to report on their behalf to send across their samples.</p>	
11.	<p><b>Car Sharing and Pool Car Guidance</b> (Victor Joseph)</p>	<p><b>Action: Circulate guidance with meeting minutes.</b></p> <p>VJ noted a working group was convened to consider mitigating measures to reduce transmission of the new variant. The guidance covers existing and enhanced mitigating measures for vehicle occupancy, occupancy levels in offices/depots, work in people’s homes and an additional measure regarding where staff are working on a rota basis, and in the event that they have to self-isolate, relevant standby payments will continue to be paid for the duration of the rota allocation during the self-isolation period.</p> <p>NW queried whether this guidance can be adopted to advise private sector businesses? RS – yes - it is further than national guidance and should be able to offer to businesses as best practice.</p>	OM
12.	<p><b>Communications</b> (Steph Cunningham)</p>	<p>SCu provided an update on comms activity:</p> <ul style="list-style-type: none"> <li>• Comms underway for new testing sites</li> <li>• Supporting range of comms direct to residents</li> <li>• Myth busting – encouraging partners and experts to address issues being asked by public and provide accurate advice</li> </ul>	



		<ul style="list-style-type: none"> <li>• Comms around vaccinations and discouraging the belief that people who have been vaccinated can behave as they wish.</li> <li>• Working closely on targeted comms – harder hearing, BAME population</li> <li>• Ongoing comms around face, space, hands messaging</li> </ul> <p>KA queried whether there is comms re individuals that have been infected, doesn't mean they cannot be infected again. SC confirmed this is part of the comms.</p>	
13.	<b>Contact Tracing Highlight Report</b> (Chair)	Report previously circulated with meeting agenda and included for information. VC covered under Contact Tracing update under item 9.	
14.	<b>AOB</b>	None.	
15.	<b>Date and Time of Next Meeting</b>	<b>Decision made to postpone next week's COVID Board due to half-term. Board to reconvene Wednesday 24<sup>th</sup> February 3:00 - 4:30pm.</b>	

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