



# 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 MS Teams  
**DATE:** Tuesday, 22nd June, 2021  
**TIME:** 3.00 pm

---

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

#### **BROADCASTING NOTICE**

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

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

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

---

**Damian Allen**  
**Chief Executive**

Issued on: Monday 14<sup>th</sup> June, 2021

Governance Officer  
for this meeting:

Rachel Wright  
(01302) 737662

## Items for Discussion:

Page No.

1. Welcome, Apologies for Absence and Introductions.
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 Wednesday 14<sup>th</sup> June, 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 26th May, 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 9th June, 2021 (Attached - Rupert Suckling). 7 - 16

## **Members of the Doncaster COVID-19 Oversight Board**

Chair – Mayor Ros Jones

Councillors Nigel Ball, Jane Cox, Mark Houlbrook, Glyn Jones, Jane Nightingale and Andy Pickering

This page is intentionally left blank

**Present:** Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Mark Houlbrook (MH), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP) Damian Allen (DA), Dr. Rupert Suckling (RS), Chief Superintendent Melanie Palin (MP), Paul O'Brien (Po'B), Fiona Campbell (FC), Anthony Fitzgerald (AF)

**Officers:** Jon Gleek (JG), Robert Gibbon (RG), Natasha Mercier (NM), Rachel Wright (note taker).

**Apologies:** Jackie Pederson (JP), Daniel Fell (DF)

	Action
<p><b>1. Welcome, apologies and introduction – Mayor Ros Jones</b></p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p><b>2. Exclusion of the public and press – Mayor Ros 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 – Mayor Ros Jones</b></p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p><b>4. Declarations of interest – Mayor Ros Jones</b></p> <p>There were no declarations of interest made.</p>	
<p><b>5. Minutes of the last meeting held on 28<sup>th</sup> April 2021 – Mayor Ros Jones</b></p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 28<sup>th</sup> April 2021, approved.</p>	
<p><b>6. COVID-19 National Overview – RS</b></p> <p>RS provided a verbal update on the significant changes nationally since the board last met. He explained that globally the pandemic had moved in a different direction. During April and early May there were more cases recorded daily, although that had started to fall again, it was still more than at any time before. RS reminded the board that the UK was showing continued improvement when we met in April and at that time were preparing for the Prime Minister to announce step 3 of the roadmap, which the country moved to in May. Since then RS noted that the local elections ran successfully and we had not seen any cases as a result.</p> <p>RS shared that the rollout of the vaccination programme continued with 30-31 year olds invited, and added that for the Indian variant of concern 2 doses of vaccine offered sufficient protection. He stated some areas of the UK had unfortunately seen large numbers of cases due to a variant of concern, the closest being in Kirklees and Sheffield.</p> <p>There had been ongoing debate on International travel and quarantine, and there was a delay in the publication into the national review on social distancing.</p> <p>RS stated it was too early to see the impact of step 3, but he would expect to see the data before moving into step 4.</p> <p>RS informed Members that the national position in terms of the roadmap would expire on the 21<sup>st</sup> June and there was a lack of national strategy post that time, particularly around what will happen around testing, tracing and self-isolation. The furlough scheme would expire in September and therefore there was concern about evictions for people behind on their rent.</p> <p>He concluded that the news around the overall pandemic responses was positive and the number of cases and impacts, but there were broader economic issues to consider towards the summer.</p> <p><b>RESOLVED;</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> </ul>	

## 7. What the data is telling us - JG

JG gave a verbal strategic overview of what the data is telling us in Doncaster.

He presented the infection and direct impacts focus to the board and reminded Members that we are currently in step 3 of the roadmap that had 4 Government data driven tests that run alongside them.

JG also presented Doncaster's pandemic curve highlighting the peaks in cases and showed that since January there has been a long slow decline in cases.

For the period 14-20<sup>th</sup> May, JG reported cases per 100,000 were 39.1, slightly higher than county average, and higher than our closest towns and cities in the area, and the positivity rate remained low.

JG showed the infection rates by age and highlighted the 0-19 and 20-39 age groups as they had fluctuated more and had the most number of cases. These were slowly coming down and the oldest age groups reporting very low rates.

Hospital admissions had declined to very small numbers and deaths registered that related to Covid were very low.

JG reported the impact on the wider society noting footfall in the town centre since January, and the numbers using the roads in Doncaster, which were back to pre-Covid figures.

Claimant count for out of work benefits continued to be high, but had levelled, with the 16 to 24 age group hardest hit and this reflected the national picture.

AF updated Members on the vaccination programme summarising where it was up to and how it would move forward. He reminded the Board of the location of the vaccination hubs, and they were informed of the amount of 1<sup>st</sup> and 2<sup>nd</sup> doses given, showing the programme continued at pace.

AF presented hospitalisation figures, which showed the impact of the vaccine. He reported those that tested positive after vaccination were low, and of those that went on to be hospitalised even lower.

It was noted by AF that there was a variation in vaccine take up across the borough, with the highest uptake on the outskirts and lowest in the town centre, this reflected the national picture, and highlighted where further efforts would be needed to increase uptake. There was also some variation reported across ethnicity groups and uptake of vaccine, and therefore AF explained significant work was ongoing to get into those communities, with successful pop up clinics at the mosque most recently and Members were provided with the details of future planned pop up clinics.

AF informed Members they were constantly revisiting those cohorts most at risk, with a push on 2<sup>nd</sup> doses being brought forward.

He concluded with the risks to the programme being vaccine supply, booster – link any future vaccination to winter flu and pressure on primary care. Overall AF stated the plan was to meet the 31<sup>st</sup> July deadline of every eligible adult receiving a 1<sup>st</sup> dose of vaccine.

POB – questioned what additional measures could be used to halt the younger age group transmitting Covid between themselves, their families and then out into their wider communities.

RS advised we have local power to introduce face coverings if there was an outbreak in school, but advised we could not enforce this sanction without an outbreak. He would also be writing to schools to ask to review risk assessments as we still see a number of children with Covid or having to self-isolate. Members were informed of three schools that took part in daily contact tracing trials and this may be rolled out further if successful.

POB felt that this was a reactive response and not proactive and preventative so staff in schools would still be at risk.

### **RESOLVED;**

- That the presentation be noted.

## 8. Community Connectors and Black and Ethnic Minorities COVID update – NM

NM presented to the board information on the Community Connectors project and noted the challenges Covid-19 had brought to communities, including those in poverty, BAME, and people with disabilities. NM explained that during the Covid period they built new partnerships to help to have a better understanding of how we can strengthen our response and build for the future.

<p>It was added by NM that for the underserved communities 4 new positions were created to embark on a programme of engagement for Covid response and beyond.</p> <p>NM described work in collaboration with the CCG on the pop up vaccination clinics and mentioned an itinerary of 15 clinics scheduled at venues in areas where take up of vaccine was low.</p> <p>NM noted that data, testing and vaccination information was available and had improved recently due to contact tracing being provided locally.</p> <p>NM also described some culturally competent Covid-19 education and prevention campaigns including working with public relations agency Side Kick who have assisted in putting together a BAME communications plan with a BAME leaflet distributed in a number of languages across the borough. An AdVan promotion will take place and run stories of encouragement from ethnic community leaders, targeting areas where take up is low. Also stories from BAME community leaders will be posted on the Champion's page on Doncaster Council website as well as introductions to the communities connectors.</p> <p>NM explained that they were working with Trading Standards team, to support BAME owned businesses to be Covid compliant.</p> <p>NM concluded that work would progress with silver meetings around equality impact assessment, and with CCG and partners around ways to tackle health inequalities.</p> <p>RS reminded board Members that in March there were a number of questions about what we were doing to support BAME communities during the Covid period. As a result it was worth acknowledging the additional work and support, and going forward they will work on the longer impacts of Covid-19, and be a great advantage to support the underserved communities. He thanked to Natasha, the Board and Mayor for investing in this project.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> </ul>	
<p><b>9. Updated COVID-19 Strategy – RS</b></p> <p>RS explained that the Covid Control Board writes and maintains the Covid-19 Strategy and the latest public facing version this will be visible on the website and since this Board last saw it changes were made to - Section 10 - Variants of concern, and Section 12 - Particularly surge testing capacity. Members were reminded of the increase of variants, and that we were notified of 2 variants of concern but that no additional action was needed. Then we were informed of 2 other groups of variants, totalling almost 10 cases, linked to North West and Lincolnshire variants, where we deployed the strategy, and followed up with contact tracing.</p> <p>RS concluded that if agreed this version would be uploaded on the Council website.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> <li>• That the updated version of the Covid-19 Strategy be approved</li> </ul>	RS
<p><b>10. COVID-19 Health Protection Board Risks – RS</b></p> <p>RS stated there were two high risk area;</p> <ul style="list-style-type: none"> <li>• Testing – remains high due to surge testing and that there is no government strategy for testing post June. The Board were reminded we applied to do large scale testing and then nationally we moved to universal testing where the public can phone or order online. Shortly we would look to review and close Hexthorpe, Conisbrough and Stainforth testing sites by the end of June. Mary Woollett centre would be maintained and allow walk-ups, along with North Bridge site as it was well used by the workforce.</li> <li>• Management of Outbreaks in High-Risk Settings – this remained high due to outbreaks in schools and the school community, and work place outbreaks being unpredictable.</li> </ul> <p>RS also highlighted to Members that work with the Health and Safety Executive was underway to enable them to carry out spot checks on Doncaster work places, and that they recently visited the Civic Office that passed an inspection.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> </ul>	

**11. Minutes of the Covid Control Board Meeting held on 12<sup>th</sup> May, 2021 – RS**

RS highlighted the TCG update within the minutes that talks about the update to the local resilience forum and stated that the TCG would change focus as we move into step 4 of the roadmap, with a greater focus on recovery, the economy and impact on jobs.

RS also wished to note that this board would continue to meet monthly over the summer.

**RESOLVED:**

- That the presentation be noted.

Last Updated: 9<sup>th</sup> June 2021

## Doncaster COVID Control Board Threat and Risk Assessment (last updated 090621)

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 <u>EXCEPTION</u> TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
<b>DATE REVIEWED</b>		<b>09.06.21</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>LOW</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>LOW</b>
<b>TESTING</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>• Impact on public health</li> <li>• Surge Testing requirement</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	09.06.21	
<b>CONTACT TRACING</b>	<ul style="list-style-type: none"> <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>
<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>• Resilience of the Community &amp; Voluntary Sector.</li> <li>• Working with new voluntary sector partners.</li> <li>• Management of spontaneous volunteers.</li> </ul>	<b>LOW</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>MED</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>FOURTH WAVE</b>	<ul style="list-style-type: none"> <li>• Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur.</li> <li>• Risk is implications of a fourth 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 9<sup>th</sup> June 2021  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling

Attendees: Rupert Suckling, Clare Henry, Carys Williams, Kevin Drury, Victor Joseph, Paul O'Brien (GMB Trade Unions), Steph Cunningham, Olivia Mitchell, Robert Jones, Simon Noble, Laurie Mott, Delano Johnson, Nick Wellington, Hayley Waller, Daniel Viera (Unison H&S), Karen Johnson, Emma Gordon, Rachael Leslie, Daniel Weetman, Ken Agwuh (DBTH), Sian Owen, Natasha Mercier, Andrew Russell (DCCG), Jon Gleek, Abu Chowdhury.

Apologies: Nasir Dad, Lisa Devanney (DCCG), Peter Doherty (College), Alex-Jade Delahunty, Kathryn Brentnall (College), Gill Gillies, Kate Anderson-Bratt, Mark Whitehouse, Sarah Sansoa, June Chambers (PHE), Mark Wakefield, Debbie John-Lewis, Mary Leighton, Neil Thomas (SYP), Vanessa Powell-Hoyland, Jim Board, Scott Cardwell, Jonathan Ellis, Victoria Shackleton, Susan Hampshire, Tim Hazeltine, Paul Ruane, Fiona Campbell (National Education Union), Jonathan Preston (Unison H&S), Claire Scott.

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>Data and Intelligence Update</b>	<p><b>7 day &amp; positivity rate (for the 7 day 28 May – 03 June)</b></p> <ul style="list-style-type: none"> <li>• Doncaster's official 7 day rate per 100,000 is 26.9. Rate has been climbing for past 3 days.</li> <li>• Barnsley's rate is 38.9, Rotherham's is 27.5, Sheffield's is 25.5, YH 46.9 and England's is 44.2. England rate now climbed consecutively for 18 days and over last 4/5 days rate of increase has accelerated. All authorities in SY have seen rises today and rates are rising across the whole country currently - key reasons for this due to number of SGTF cases. Alpha variant cases now beginning to fall and being replaced by Delta variant.</li> <li>• Doncaster has 1.1% positivity rate – same as yesterday, was 0.8 end of last week.</li> <li>• The rate in Doncaster is expected to continue to climb – largely driven by 15-19 and 20-24 age groups who are causing some concern.</li> </ul>	



- Rates rapidly increasing in the North West – LM presented a map illustrating rapid increase change in case rates over past couple weeks which is spreading out from the centre in Bolton, reaching closer to Doncaster.
- LM presented a chart of case rates in neighbouring upper tier local authorities – shows increasing rates in Wakefield and the beginnings of dramatic increases in Barnsley. 16-19 age group seeing rapid increase in cases in Wakefield and Barnsley – need to closely monitor.
- LM noted that Doncaster’s testing rates were not significantly different to elsewhere.

**Geographical Analysis**

- The data team identifies places in Doncaster with higher density of cases – currently there are 3 communities the team is looking at; Dunscroft, Armthorpe, Balby. The number of cases is now so small that a hotspot is usually identified as a single household with 3 or 4 individual cases. LM presented a chart which shows a greater number of hotspots and distribution of cases across the borough at the beginning of the year compared to now.

**Hospital activity**

- As at 09/06/21 DBHT has 3 total Covid patients, 0 patients’ currently receiving active care for Covid and 0 in ITU.

**Death**

- LM presented data which reflects ONS data on deaths which captures those who have died of Covid. Last confirmed death due to Covid was 7 May.

**Vaccinations**

- Lower update of vaccines amongst BAME community
- Uptake issues in Town Centre and Lower Wheatley

Questions/comments

PO - Sheffield seeing sharp increases too. LM confirmed Sheffield is, although not yet as noticeable as Wakefield and Barnsley rates.

RS asked for an update on hospital -

KA – no active cases, there is occasionally one that crops up but no significant numbers at the moment. Worrying if we are heading towards another wave as there is a lot of pressure on hospital to open services up more.

RS understanding re Bolton is their rates increased but they are now starting to plateau and fall again. It may be there is a wave but not as high as before.

RS added that we do have Delta variant in Doncaster – the challenge is will this be a wave that peters out due to high vaccine rates or will it cause major problem.



<p>6.</p>	<p><b>Daily Incident Management Team Update</b></p>	<p><b>RJ offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>In last 7 days IMT has opened 18 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) – Primary Schools (7), Secondary Schools (2), Care Home LD (2), College (2), Business – Hotel (1), Business – Takeaway (1), Sport and Recreation (1), Extra Care (1) Early Years (1). RJ added we are not seeing particular geographical hotspots in regard to settings.</li> <li>Over the last 7 days, IMT has closed 22 cases. Closed 12 in Primary Schools, 3 in Secondary Schools, 3 in Businesses, 2 Early Years, 1 Independent School and 1 Special School. Even split geographically across the borough.</li> <li>IMT have managed 1983 incidents/outbreaks/clusters, with 1958 closed up to 09/06/2021</li> <li>IMT is currently managing a total of 22 live cases (19 incidents, 0 clusters, 3 outbreaks) and 3 cases TBC.</li> <li>Current live cases by settings – Primary Schools (7), Secondary Schools (6), Business (2), Colleges (2), Care Home LD (2), Early Years (1), Sport and Recreation (1) and Extra Care (1). Even split geographically across the borough.</li> <li>7 day average of daily live cases is 25.4, decrease from last weeks reported figure of 27.8</li> </ul> <p><u>Questions/Comments:</u></p> <p>RS requested an update on situation in schools – KD confirmed all schools fully open with no burst bubbles. There are no pending outbreak meetings as they all took place prior to half term break, we are satisfied there are significant measures in place.</p> <p>RS clarified that all Care Home cases were in staff and not residents.</p> <p>KA commented that the decision to ask schools not to use masks may contribute to increase we are seeing.</p> <p>RS – good point – we had strict guidance from DfE on 17 May about mask wearing in school and that it shouldn't be routine. We did keep face coverings open in one Doncaster school as they recovered from outbreak, and if we had linked cases in a school we would consider reintroducing masks. Understanding is there may be national review of this if all places in UK seeing rise of cases of Delta variant in schools.</p> <p>KD added they are receiving reports that children do still want to wear masks in schools.</p>	
-----------	---	--	--



<p>7.</p>	<p><b>TCG Update</b> (Dan Weetman)</p>	<p>DW provided key updates from TCG (which is now fortnightly):</p> <p>3 key focuses:</p> <ul style="list-style-type: none"> <li>• <u>Humanitarian aid cell</u> –initially set up to oversee community response in localities and establish hubs, since then worked with the VCFS and providing support to vulnerable. Since shielding ended 31 May for CEV the cell has continued to provide support to those that need it and support to self-isolate. The cell initially mirrored SY LRF cell but now focuses more on mental health and homelessness. The cell is able to step up processes if needed in future.</li> <li>• <u>Vaccinations</u> – 333,000 doses has been given. Carrying out targeted work on the 14,500 in first 9 cohorts that have not yet had their first vaccine. Key reasons for this are;             <ul style="list-style-type: none"> <li>○ People adamant they won't have the vaccine after receiving calls/letters</li> <li>○ People undecided and need more clinical discussion,</li> <li>○ Accessibility</li> <li>○ Not registered with GP/contact details not available</li> </ul> </li> <li>• 1000 homeless have been vaccinated in hotels and there is a group looking at how they can get their second dose.</li> <li>• <u>Compliance and Enforcement</u> – Joint visits have continued, good compliance overall and Bank Holiday weekend went better than anticipated. Key challenge is football starting and alfresco licenses which will be issued next week.</li> </ul> <p>DW noted that there is an updated TCG threat and risk assessment to share with the minutes of this meeting. <b>Action: Circulate latest TCG Threat and Risk Assessment with minutes of meeting.</b></p> <p><u>Questions/Comments:</u></p> <p>RS asked for an update on public realm/hospitality - NW – quiet over Bank Holiday weekend and generally good compliance with Covid secure measures in hospitality. There are one or two exceptions teams are dealing with. There is a certain element of Covid fatigue so will keep close eye on what happens if restrictions extended 21 June.</p> <p>RS asked for an update on vaccinations - AR – we have a flexible model and increasingly looking at more bespoke offers as we get to the smaller numbers and targeting certain groups.</p> <p>RS asked for an update on support to those self-isolating - CH – not picking up challenges with self-isolating through contact tracing. We are doing bespoke work out in the community to look at what people think would be the challenges with self-isolating if</p>	<p>CW</p>
-----------	--	---	-----------



		<p>they needed too. We have processes in place to support people quickly if needed.</p> <p>KJ – humanitarian cell meeting tomorrow where we will be discussing the demand. Anecdotally it feels very little demand for support at present. Feels as though people are coping with the demand it might create, however there is small demand at present. Will have more information to feed in after tomorrow’s meeting.</p> <p>RS summary based on discussion so far –</p> <ul style="list-style-type: none"> <li>• Case rates increasing particularly in the 15-14 age group, linked to the Delta variant</li> <li>• The approach we are taking is that where possible we are maintaining hands face space and ventilation and accelerating vaccinations where possible. We are doing some further work to reduce risks in public realm and ensure those who need to self-isolate are able too.</li> <li>• We need to be wary about what is happening in the North West. In addition to case rates, we also need to continue to monitor hospitalisation.</li> <li>• People appear to be coping well at home, schools and hospitals also managing well – the concern is the next stages.</li> </ul> <p>RS queried whether Union Colleagues were picking up particular concerns from their members -</p> <p>PO – anxiety of where/what next and how might the variant impact. Ongoing struggles with mental health; feeling isolated and living alone and how can they get back into social interaction. There are also those who don’t want to be placed at risk. There are concerns in schools as cases in children may pass onto staff and then onto their families and into the community. PO added also hearing it doesn’t feel like much has changed since things have started to reopen; no change in social distancing, large groups mixing and not being challenged (particularly in the Town Centre).</p>	
<p>8.</p>	<p><b>Outbreak Management</b> (Carys Williams/Clare Henry/Victoria Shackleton)</p>	<p><u>CW provided an update on the outbreak plan:</u></p> <ul style="list-style-type: none"> <li>• Public version V8 signed off by oversight board</li> <li>• Operational plan V9 underway – incorporating peer review feedback and also a focus on enduring transmission and having the data and capacity locally to react to outbreaks that crop up post June</li> <li>• Planning and response framework – review and assurance gaps. CW will be chasing these gaps with relevant colleagues. This ensures there is awareness in the system and knowledge so that we can react quickly.</li> </ul> <p><u>CW provided an update on surge testing:</u></p> <ul style="list-style-type: none"> <li>• Surge testing is targeted, mass testing in areas where new variants of concern of COVID-19 have been detected.</li> <li>• It is expected that approximately 10,000 residents will be offered a PCR test over up to 2 weeks.</li> </ul>	



- All residents will be offered a PCR test whether they have symptoms or not. (11+). Irrespective of whether or not they have already received either dose of the vaccine.
- Businesses and education settings within the targeted areas will also be offered testing.
- Everyone residing in, visiting or working in the target area will be encouraged to take a test
- National strategy is a regularly changing picture
- CW outlined the process should surge testing be needed from Day 0 (where a map of the super zone will be produced and a Local testing hub established) through to Days 1, 2-3 and Day 4 +. See slide 4 of outbreak planning slides for further detail.
- CW outlined the governance structure; a testing hub on the ground would feed into the multi-agency surge testing cell (tactical) who would report into the Covid TCG and Control Board.
- 2 surge testing cell planning sessions taken place to date; increase awareness of roles and responsibilities and plan development. Good engagement so far.

Questions/comments:

RS commented that it is great to do the surge testing, also need to consider what we might do out in the community.

AR suggested adding surge vaccinations into the surge testing plan. Re surge vaccinations, we have been looking at business continuity so we would have capacity to repurpose staff if necessary – scope to be led by IMT, Covid Board and PHE.

**Action: CW link with CCG on surge vaccinations.**

CW

CW – as part of community engagement we have considered what more we could do on the ground in the community that is wider than testing and vaccinations – for example we have considered assurance re support to self-isolate.

VJ raised that PHE is looking into outbreaks in neighbouring areas and queried whether PHE would step up surge testing -

RS referred to Greater Manchester as an enhanced response area where they are still doing testing and vaccinations. RS added the likelihood of needing to do surge testing may be falling but we still need to be prepared - if Doncaster does get asked to surge test it could be for a much bigger geography so we need to be ready to respond. It is important to keep the surge meetings in and carry out scenario planning.

CW added that the surge plan is a scalable framework. If any outbreaks locally we could carry out a mini test and use this plan if feel it is needed.



CH provided an update on Testing; Rapid Asymptomatic – LFD's:

- Current approach government are working on is that all people in England have been able to access twice-weekly rapid tests for coronavirus since 9 April
- In Doncaster, our Community Testing sites have completed over 38,000 tests (14 December 20 – 10 May 21), with a current positivity rate of 0.4%.
- Mary Woollett Centre remains the busiest site.
- 1400 tests a week currently across the community sites, mobile testing site becoming busier.
- Since the peak in March, the trend has been declining in assisted testing sites. Mary Woollett Centre was doing over 800 tests a week and it is now 200. This trend links to public behaviours around Covid fatigue and people returning to 'business as usual'
- Self-test kits – people can access through community testing sites, pharmacies, online and airport – online is much more popular option. Seeing decline in number accessing test kits though here too.
- Key next steps - Govt asymptomatic testing review upcoming to determine the role of asymptomatic testing post June. They want to support Local Authorities to continue helping to test people and wanting Local Authorities to sharpen their focus more and move away from universal testing. We have always had a targeted approach in Doncaster so the strategy shouldn't change too much for us.
- Also locally working on an approach that will be flexible and agile to respond to local priorities and focus on groups of people who are disproportionately impacted or less likely to engage with the testing offer. We are developing a Covid mobile response team who will be trained to carry out number of roles including; contact tracing, support with vaccinations, self-isolation advice – focus next few weeks is to get this team up and running.

CH provided an update on Contact tracing:

- Doncaster now operates a "Local 0" approach.
- This means ALL positive cases come to local contact tracing by default as soon as they are created in the NHS Test and Trace (CTAS) system.
- Average completion rate 94%.
- Team is finding individuals refusing to take part in contact tracing and provide information, working on this.
- Upcoming challenges – 81 cases (22 confirmed) and 34 since 1 June of Delta Variant. Enhanced contact tracing takes significant time and is more work to ensure people are self-isolating and look at where linkages are around variant concern.



		<ul style="list-style-type: none"> <li>Delta is predominant variant so looking at on risk assessed basis. Any new variants come through we support PHE to carry out enhanced contact tracing.</li> </ul> <p><u>Questions/comments:</u> CH confirmed process of engaging with people in contact tracing is 3 phone calls, followed up by minimum of one house visit and if unable to contact these are forwarded onto Police. CW added that feedback loop with Police needs to be tightened.</p> <p>RS queried whether getting a sense of cases coming through in contact tracing about international travel? CH – occasional one currently which has had significant impacts though. If there is information coming through and we have concerns about amber country residents not isolating at home we can escalate.</p>	
<p>9.</p>	<p><b>Threat and Risk Register and Key Updates from Organisations</b></p>	<p>RS took the board through the Covid Control threat and risk assessment:</p> <p><u>Impact on Health Services (Direct Covid)</u> <b>Action: Reduce risk to Low.</b></p> <p><u>Management of outbreaks in high-risk settings</u> – risk to remain HIGH until we have more assurance on outbreak and framework plans. With the variants there are risks with workplace and schools - if we have outbreaks they will be larger so need to ensure we are responding.</p> <p><u>Personal Protective Equipment</u> – risk to remain LOW.</p> <p><u>Testing</u> – risk to remain HIGH until delivery plan is received.</p> <p><u>Contact Tracing</u> <b>Action: Increase risk to High</b> due to challenges described in today’s contact tracing update.</p> <p><u>Welfare of Vulnerable People Needing to Self-isolate</u> – risk to remain LOW.</p> <p><u>Infection, Prevention and Control Capacity</u> – risk to remain MEDIUM. VJ confirmed there is enough capacity across borough. KA agreed due to low number cases, however as things open up there will be other IPC issues we need to start picking up.</p> <p><u>Resourcing of core Incident Management Meeting</u> – risk to remain MEDIUM. RS - there is a paper going to cabinet regarding how contain monies will be spent for 2021-2022 and how we maintain Covid task force, support the CEV and do further work on testing and contact tracing. Until signed off and agreed keep risk medium.</p>	



		<p><u>Outbreaks across Doncaster border</u> – risk to remain LOW.</p> <p><u>Fourth Wave</u> – Risk to remain MEDIUM.          RS - Seeing more cases and delta variant but not translating to hospital yet to keep as medium. There are concerns about cases in the North West.</p>	
10.	<p><b>Communications</b> (Steph Cunningham)</p>	<p>SC provided an update on comms activity:</p> <ul style="list-style-type: none"> <li>• Planning comms for 21 June restrictions easing</li> <li>• There is a plan B comms if 21 June easing of restrictions is delayed for 2 or 4 weeks – approach will be largely encouraging people to keep going. SC added that we will have to see what comes out on Monday and if any leaks come out over the weekend. Will heavily rely on government messaging as they will have to explain the delay if this is the case.</li> <li>• Comms assets and teams are ready for surge testing should it be needed. SC noted that as Doncaster would not be the first area to face surge testing we shouldn't get much media interest, it would be largely localised media which would be manageable.</li> </ul> <p><u>Questions/comments:</u></p> <p>RS – challenge is how much we signal in our comms that we wouldn't be surprised if there were a delay to easing 21 June.          SC – Sunday we should have a view, until it is announced wouldn't want to pre-empt anything.</p> <p>RS commented that if there is a delay this will impact events that have already been given the go ahead post 21<sup>st</sup> June and regulations changing - are we ready to relook at those events or work with event promoters in light of these potential changes?          DW confirmed that the events group meets fortnightly and they are on top of all guidance and ready to review at short notice.</p>	
11.	<p><b>AOB</b></p>	<p>PO raised we must not lose sight of risk assessments - we need to review and refresh them. We should have sight of them and input into them before they go live as Trade Unions.          RS agreed good point and would pick up with HR.  <b>Action: RS raise risk assessments with Jill Parker and Sarah Jones.</b></p>	<p>RS</p>
12.	<p><b>Chair Summary</b></p>	<p>RS offered a key summary of discussions from today's meeting:</p> <ul style="list-style-type: none"> <li>• Since March we have seen reduction in number cases and there is now an uptick in cases, linked to the Delta variant</li> <li>• Concern around how people will approach decisions regarding step 4 and how it is interpreted by the public, also need to consider how workforce will respond to this</li> <li>• Previously where a government decision is made and it is clear, people have been able to come to terms with it, but the period of not knowing is more unsettling</li> </ul>	



		<ul style="list-style-type: none"><li>• We have reviewed the Covid Board threat and risks</li><li>• We have plans in place for surge testing and today we have discussed adding in surge vaccinations to the plans</li></ul>	
13.	<b>Date and Time of Next Meeting</b>	The next board meeting is scheduled: <b>Wednesday 23<sup>rd</sup> June 2021</b>	