



# 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 MS Teams  
**DATE:** Tuesday, 20th July, 2021  
**TIME:** 3.00 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: Monday 12<sup>th</sup> July, 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> July, 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 22nd June, 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. Local Implications of Step 4 (Verbal - Rupert Suckling).
9. COVID Health Protection Board Risks (Attached - Rupert Suckling). 5 - 6
10. Minutes of the COVID Control Board Meeting held on 7th July, 2021 (Attached - Rupert Suckling). 7 - 18

**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

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**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) Dr. Rupert Suckling (RS), Chief Superintendent Melanie Palin (MP), Paul O'Brien (Po'B), Fiona Campbell (FC), Anthony Fitzgerald (AF)

**Officers:** Jon Gleek (JG), Carys Williams (CW), Rachel Wright (note taker).

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

	<b>Action</b>
<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 began by reminding the board that they last met 9 days into step 3 of the Government's roadmap to recovery, the roadmap had been designed for the alpha variant, and cases of the alpha variant were falling. However, during May and June it was advised there had been an increase in the delta variant that led to the pausing of moving into step 4. That was a result of two of the four national tests not being met. RS explained the two tests not met were insufficient evidence about whether the rates of cases were turning into hospitalisations and putting additional pressure on the NHS, and the other was variants of concern.</p> <p>Members were informed that the rollout of the vaccine continued with regular and consistent lowering of the age range of those invited. All 18 year olds and above were able to book first vaccinations, at the last meeting the age group had been the over 30's.</p> <p>RS noted that the car journeys and road travel were back to pre-pandemic levels.</p> <p>RS thought that in terms of next steps there would be a review of step 4 of the roadmap, the use of face covering and foreign travel. RS felt that it was highly likely step 4 would go ahead, and we would see the end to a number of restrictions towards the end of July.</p> <p><b>RESOLVED;</b></p> <ul style="list-style-type: none"> <li>• That the presentation be noted.</li> </ul>	
<p><b>7. What the data is telling us - JG</b></p> <p>JG presented a strategic overview of what the data is telling us, and reminded the board of the 4 Government tests that were data driven at a national level and those were good indicators of what was happening locally. JG described Doncaster's pandemic curve focussing on the uptick in cases most recently.</p> <p>Two maps of the north of England were presented showing the number of cases from one week previous and the current week. The comparison showed the spread and increases in infections</p>	

progressing from West to East.

To put Doncaster's case rates in context JG presented a table of the case rates per 100,000 in areas across England. The majority of areas had significantly higher rates than those in Doncaster, it showed we were placed 112<sup>th</sup> of 214 local authorities, and our rate was similar to other South Yorkshire colleagues.

As Doncaster's reported cases had gone up significantly over the previous weeks JG looked closer at the age range of those people driving the increase and found that they were between fifteen to early thirties. There had not been a rise in cases in the older age ranges.

JG added that the Incident Management Team had seen an uptick in the amount of incidents clusters and outbreaks that it measures, and that this related to the increase in cases.

Members were updated with the latest hospital admissions and informed they were no significant increases, with only 2 active cases in DBTH. This signified that the vaccination effort had broken the relationship between infections, hospitalisations and deaths.

JG reported there were only 3 deaths throughout May and June where COVID-19 was a factor, which in comparison to the winter months was very different.

In terms of the economy JG advised that footfall in the town centre was back to the same as in the summer of 2020.

Claimant rates in the borough had dipped slightly over the last month, but there were still high levels of claimants on out of work benefits. Youth unemployment figures had dipped but remained very high.

A map of the borough showing the uptake of vaccine was presented by JG and this highlighted some differences in uptake across the borough.

A question was raised about the age range of people in hospital with COVID-19 and Members were informed that some had been younger more recently but generally they were less unwell than those in hospital through last year.

Clarity was sought about the main issues around why people were not taking up the vaccine. AF explained there were different elements to this which were;

- Complacency as the lower the age groups were invited for vaccination less were taking up the offer.
- Hesitancy – some people had concerns with what it entailed, or complications with other health conditions.
- Access – people were less likely to travel to vaccination hubs that had prompted a change of the administration model with more pop up clinics and walk in sessions provided.
- Ability to contact people to book appointments. Work was underway to put out the message to update details and walk in sessions should help.

AF highlighted there would be a big vaccination drive nationally over the forthcoming weekend inviting the public to get their vaccinations.

#### **RESOLVED;**

- That the presentation be noted.

#### **8. COVID-19 Health Protection Board Risks – RS**

RS drew the boards attention to 3 impacts that were low on the risk register within the report;

- Personal protective equipment – the procurement team were sourcing and investing in PPE very differently.
- Welfare of vulnerable people – no longer concerns on supporting people that need to self-isolate, everyone was receiving support through communities.
- Impact on the health service – however health colleagues were instead busy dealing with day-to-day duties, back log and waiting lists, any increase in COVID cases would impact on this.

RS then noted the risk that were still deemed high;

- Management of outbreaks in high risk setting – further outbreak control meetings in schools.

- Testing because the a-symptomatic testing sites were closing. Local testing sites will now open all day.
- Contact tracing – due to the increase demand in cases, there has been investment in staffing to help manage with contact tracing.

AF added that urgent response cells were kept within the health system because whilst they had seen a decrease in COVID related issues, there was an increase in urgent, primary and secondary care need, along with addition work on waiting lists. Work would be undertaken and modelling to predict the impact on services if COVID cases increased. Additional work and communications with the public on expectations and self-care especially where patients can receive care and treatment as that is not just at A&E.

There were concerns raised that maybe patients could not get in touch with or found it difficult to contact a GP. AF advised peoples experiences of this differ across the borough however work was ongoing with the hospital around the public presenting at A&E rather than a primary care service. AF also acknowledged that the way people receive care had changed since the COVID-19 pandemic with more phone triage systems and telephone appointments for example.

Members questioned whether there was any concerns about people moving around the area more after July 19<sup>th</sup> and schools closing for summer holidays. RS recognised that during the summer there would be a difference as to how people move around, and there may not be a lot of restrictions. This was compared to last summer when there were fewer restrictions and there was not large increases in cases, RS concluded that he did not expect the summer holidays to pose an increase risk.

**RESOLVED:**

- That the presentation be noted.

**9. Minutes of the Covid Control Board Meeting held on 9<sup>th</sup> June, 2021 – RS**

RS highlighted the key areas from the Covid Control Board meeting which were;

- The work on compliance leading up to step 3 of the roadmap – RS described the work between Council teams and Police, particularly around the upcoming football tournaments.
- Concerns were raised that some people asked to self-isolate were not doing so but the Incident Management Team were not seeing any evidence of that.
- Union colleagues raised the following two points;
  - The importance of and continuing to carry out risk assessments. HSE were also carrying out spot checks across Doncaster businesses and settings.
  - Staff wellbeing in terms of the long periods of time people had been living under restrictions coupled with the delay on step 4 of the roadmap, which will continue to impact on people’s health and wellbeing.

**RESOLVED:**

- That the presentation be noted.

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Last Reviewed: 7<sup>th</sup> July 2021

## Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 070721)

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>07.07.21</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	07.07.21	
<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>LOW</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 7<sup>th</sup> July 2021  
 Time 15:00  
 Location MS Teams  
 Chair Victor Joseph

Attendees: Victor Joseph, Carys Williams, Nasir Dad, Kevin Drury, Paul O'Brien (GMB Trade Unions), Olivia Mitchell, Simon Noble, Nick Wellington, Daniel Viera (Unison H&S), Jon Gleek, Alex-Jade Delahunty, Fiona Campbell (National Education Union), Jonathan Preston (Unison H&S), Mark Whitehouse, Kathryn Brentnall (College), Rachel Carney, Laurie Mott, Clare Henry, Rachael Leslie, Ken Agwuh (DBTH), Georgina Lightfoot, Daniel Weetman, Delano Johnson, Abu Chowdhury.

Apologies: Rupert Suckling, Steph Cunningham, Lisa Devaney (DCCG), Andrew Russell (DCCG), Karen Johnson, Peter Doherty (College), Gill Gillies, Claire Scott, Hayley Waller, Robert Jones, Emma Gordon, Susan Hampshire, Sian Owen, Natasha Mercier, Kate Anderson-Bratt, Sarah Sansoa, June Chambers (PHE), Mark Wakefield, Debbie John-Lewis, Mary Leighton, Neil Thomas (SYP), Vanessa Powell-Hoyland, Scott Cardwell, Jonathan Ellis, Victoria Shackleton, Tim Hazeltine, Paul Ruane.

No	Item	Key Decision / Action	Allocate to
1.	<b>Welcome and Introductions</b>	VJ welcomed all to the meeting.	
2.	<b>Apologies</b>	VJ noted apologies.	
3.	<b>Purpose of Meeting</b>	VJ 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>	VJ raised there has been a significant rise in rates of Covid in Doncaster, this is also the same across the country. Seeing many outbreaks in number of settings, particularly schools and prisons. Cases increasing in hospital and ITU.  VJ referred to the Prime Minister announcement around easing of restrictions 19 July – appears this is the direction of travel but will have further confirmation next Monday.  Secretary of State has issued a statement around schools, guidance released and on website. Guidance includes no bubbles recommended and schools will not be required to do contact tracing.	
5.	<b>Data and Intelligence Update</b>	<b>7 day &amp; positivity rate (for the 7 day 25 June – 01 July)</b> <ul style="list-style-type: none"> <li>• Doncaster's official 7 day rate per 100,000 is 268.0. Not seen rates like this since middle January.</li> <li>• Barnsley's rate is 443.2, Rotherham's is 187.3, Sheffield's is 253.1, YH 302.7 and England's is 239.3.</li> </ul>	



- Doncaster has 8.1% positivity rate – gone up from 7.4% yesterday.
- Case rates in Doncaster are increasing and this is the same across the country
- Doncaster is currently 74<sup>th</sup> highest rate in UK – middle of the table. Our position seems to be going up the table – we were around 100 last week. Doncaster is 8<sup>th</sup> in region out of 15 upper tier LA's.
- Number of cases alpha variant is down to 0.1% (meaning most likely almost every single case appeared in last 7 days is delta variant).
- LM displayed a graph showing how quickly the rate is increasing in Barnsley and how fast they are likely to start to increase in other SY parts.
- Doncaster rates expected to increase for certainly next 3 days – over 300 mark by Friday.
- LM displayed a map of the UK showing local authorities to the North and West of us with very high rates, also showing how this has changed over last few months and the spread from Lancashire/North West consistently week after week to Doncaster.
- LM explained that Doncaster appears to be following similar pattern to that set by Barnsley and Wakefield. Barnsley rates were led by 16-29 age group and then other age groups later in time. Wakefield rates took off before Doncaster's.
- LM added that over 60 age group do not seem to be seeing increases in rates which is good.

**Vaccinations Data (derived from PHE data set)**

- Doncaster is 54<sup>th</sup> in country for second dose % so Doncaster is better than most in terms of delivery of second dose
- 80% over 20's had first vaccine, around 66% of over 20's have had second dose
- Vaccine uptake much lower in parts of Balby, Hexthorpe, Hyde Park and Lower Wheatley
- Uptake of second dose is lower in men than in women

**Geographical Analysis**

- The data team identifies places in Doncaster with higher density of cases. Woodlands and Scawthorpe causing concern in terms of number cases, although LM noted cases generally increasing across most communities.
- Balby is most concerning – second vaccine uptake lower than Doncaster average and testing is also lower than Doncaster average.
- There are also increasing number cases in Scawthorpe, Woodlands, Askern and Bentley.

**Hospital activity**

- As we entered into July the number of admissions into hospital treated for Covid increased. As of 11am 07/07/21 there are 18



		<p>patients in hospital being treated for Covid and 2 in ITU. (KA added that the number in intensive care has increased to 4 as of the afternoon 07/07/21)</p> <ul style="list-style-type: none"> <li>LM explained that in Blackburn and Darwin the rolling 7 day case rate in over 60's (who are those most risk admitted to hospital) took off beginning of May and the number of people at the local hospital treated for Covid didn't peak anywhere near as high as did previous wave. Important to note first &amp; second vaccine dose uptake was lower when case rates started to climb. Compared to Doncaster, our rates are just beginning to pick up in over 60's but we are much better served by vaccination programme, therefore it might be that our hospital won't be as adversely affected as they were in Blackburn and Darwin.</li> </ul> <p><b>Schools</b></p> <ul style="list-style-type: none"> <li>LM noted that cases in schools have climbed very quickly through July – several weeks to go before schools finish for summer.</li> </ul> <p><b>Death</b></p> <ul style="list-style-type: none"> <li>Last death where Covid mentioned on certificate was 11<sup>th</sup> June, non since then. LM added that there has been a death in hospital recently but it is not yet known if they are a Doncaster resident.</li> </ul> <p><u>Questions/comments</u></p> <p>KA added that he had completed a review of 18 patients yesterday - 10 of them had not had any Covid vaccination, 3 had their first dose of a Covid vaccination and 5 had their second dose of a Covid vaccination. Also all the patients in intensive care had not had any vaccination doses. Of the 10 patients on the Covid ward, 3 were on non-invasive ventilation and had also not had their Covid vaccinations.</p> <p>VJ – IMT also look at vaccination history, very helpful to get perspective from hospital site.</p> <p>RL – very useful information from the hospital. RL wanting to gather more intelligence around those people in hospital and vaccination history to allow the CCG to target vaccination programmes. RL will be in touch with KA outside of this meeting for further information.</p> <p>KA added that vast majority of patients are very young – 2 in ITU are late 20's/early 30's.</p>	
6.	Daily Incident Management Team Update	<p><b>AD offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>AD displayed a map of Doncaster showing the live settings across the borough, there has been an increase in live settings open to IMT borough wide. AD added that IMT is seeing settings they have not seen for a while. It is not unusual to see clusters in Town Centre, particularly as had footballing events. Seeing</li> </ul>	



		<p>uptick in industrial estate areas (in line with effect on young working age population)</p> <ul style="list-style-type: none"> <li>• Total of 126 live incidents/outbreaks/clusters open to IMT in total, 4 TBC.</li> <li>• 7 day rolling average is 106 – up from 38.9 two weeks ago. Sharp and steep rise and expecting more increase.</li> <li>• 50/50 split of incidents vs outbreaks</li> <li>• Current live cases by locality - Central has 43, North has 29, South has 28, East has 25.</li> <li>• In terms of live settings to IMT by Community – Town Centre has 14, Balby 11, Mexborough 6 and Bentley, Armthorpe, Denaby Main 5.</li> <li>• Current live settings open on the IMT log includes - 47 in Primary Schools, 32 in Businesses, 15 in Secondary Schools, 6 in OP Care Homes, 4 in Early Years, 4 in-house services, 3 in Supported Living, 3 in Community events/Behaviour, 2 in Domiciliary Care, 2 in Colleges, 2 in LD Care Home, 2 in Special School, 2 in Prisons, 1 in Independent School, 1 in Extra Care.</li> <li>• AD added that seen uptick in adult social care settings, but outbreaks don't tend to be as large as previous.</li> </ul>	
<p>7. <b>TCG Update</b> (Nasir Dad)</p>		<p>ND provided key updates from Wednesday mornings TCG:</p> <p>Received an update on events - the Events Overview Group co-ordinates Council organised events and third party events –</p> <ul style="list-style-type: none"> <li>• Calendar is getting full, all events are post 19 July, event group been running number weeks to ensure Covid compliance before 19 July and general compliance after that point</li> <li>• Group is reviewing risk assessments, ensuring legally compliant (Covid and Health &amp; Safety). There will be a battle with guidance as restrictions ease and ensuring compliance.</li> <li>• Group also dealing with Council events and risk assessments being reviewed by relevant depts. With Director sign off.</li> <li>• Where the events group experience issues these are escalated to Safety Advisory Group.</li> </ul> <p>Also received an update on Covid compliance –</p> <ul style="list-style-type: none"> <li>• Compliance through the European Football Championships</li> <li>• Advise to licensed premises and night time economy post 19 July. Working ok with licensed premises currently compliance wise. Ongoing challenge managing compliance as members of the public consume alcohol. Continue to engage with licensed premises and provide advice and guidance which has worked well to date.</li> <li>• Operational plan in place Wednesday evening as there has been for previous England football matches – a lot of Police and Council officers' on the ground and Emergency Room operating to ensure compliance and responding to incidents.</li> <li>• Sending out comms to licensed premises – written to all retail hospitality premises across all of Doncaster to remind them</li> </ul>	



		<p>restrictions ease 19 July and to comply up to this point. Same approach followed for night time economy.</p> <p>ND noted that the TCG meeting frequency will continue fortnightly, in line with LRF, and will move to monthly after 21 July.</p> <p>In terms of the TCG threat and risk assessment, approach is for cells to provide updates by exception only.</p> <p>NW added that Doncaster has worked on a project with the Health and Safety Executive which has targeted non hospitality businesses to ensure they are Covid secure. Provided the Health and Safety Executive with details of over 1600 premises, they contacted 1000 premises and found there is a very limited number non-compliant premises (less than 10) which is good news.</p>	
<p>8. <b>Outbreak Management</b> (Carys Williams/Clare Henry)</p>		<p><b>Summary of step 4 considerations –</b> The team has looked through the step 4 considerations to understand the picture moving forwards and our approach to control of outbreaks and cases. Summary key points around step 4 considerations:</p> <ul style="list-style-type: none"> <li>• No restriction on how many people can meet in any setting, indoors or outdoors</li> <li>• All settings will be able to open, including nightclubs. No limits on events.</li> <li>• All life events restrictions lifted</li> <li>• The legal requirements to wear a face covering will be lifted in all settings. Guidance to advise on risk reduction to be issued.</li> <li>• Social distancing rules lifted</li> <li>• Workplaces can start to plan return to workplaces</li> <li>• Most regulations that place COVID-secure requirements will be lifted. QR codes encouraged but not legal requirement</li> <li>• No bubbles and U18s don't isolate as contacts (16th August), full guidance pending</li> <li>• Legal requirement for those positive to isolate remains</li> <li>• Fully vaccinated people and U18s exempt from self-isolation as a contact (16 Aug).</li> <li>• Self-isolation enforcement and financial support to continue at least until end Sept</li> <li>• Care Homes - Lift restrictions that limit each resident to five named visitors. Specific guidance pending</li> <li>• Symptomatic and asymptomatic testing to continue through autumn and winter – awaiting further detail on this</li> </ul> <p>CW presented a summary of 'tools' for Covid control which includes;</p> <ul style="list-style-type: none"> <li>• Promoting PCR testing of symptomatic people</li> <li>• Promoting regular LFT testing for asymptomatic</li> <li>• Supporting and ensuring self isolation of cases and contacts</li> <li>• Vaccination – 1st dose, 2nd dose, unvaccinated, booster</li> <li>• Prevention of clusters and outbreaks</li> <li>• Management and control of outbreaks</li> <li>• Enhanced Response Areas and Variants of Concern</li> </ul>	



Click through link below to the more detailed ‘measures/tools’ document – note this is a working document as guidance gets released and we are able to digest and review impact on local approach:

<https://doncastercouncil.sharepoint.com/:w:/r/sites/Covid-19/Shared%20Documents/COVID%20Control%20Board/Outbreak%20management%20plan%20%26%20procedures/Planning%20work/Step%204%20Summary%20of%20tools%20-%20covid%20control.docx?d=w7259da89fc674a1cb2ab0ced31e5f6a5&csf=1&web=1&e=ZA4BhN>

**Next steps:**

- Review to consider governance and reporting options in the longer term
- Step 4 announcements:
  - Implications and considerations for control plan
  - Planning and response framework review – focus on more vulnerable settings for outbreak management
  - Implications for testing and contact tracing approaches (further detail needed) including lack of clarity over SI payments
- Symptomatic testing site review

Questions

GL – had contact from unison member who has received a notification that they had been in contact with someone tested positive for Covid. They then enquired with management and public health about isolating and what it means for them and has received different responses. GL asked what are we in terms of consistent messages to staff, particularly as things are changing, currently it seems some people assume these changes have already come into force and should come into work even though they should be isolating?

VJ – the government guidance is that regardless of whether you are vaccinated or not, if you are asked to isolate then you must.

CW – we are awaiting further detail behind government announcements, when we have that will be in a better position to advise all.

KA made contact with the national Test and Trace team to clarify and their advice was that if the person had been contacted directly / texted by national Test and Trace team notifying them that they had been in direct contact with a known positive case, then they have to isolate otherwise the person / establishment faces a fine. However, some people leave the app running and it has flagged through the NHS app they have been in contact and asked to isolate (4/5 days down line sometimes) – in this instance we carry out risk assessments and if there is no evidence and they continue with their LFT’s they can come into work.



VJ added there are issues with the app, for example with phones coming into contact not individuals. It can be subject to formal risk assessment to understand that close contact has not happened, where this is the case the alert from apps can be dismissed. Whereas when it is Test and Trace Team sending a text this needs to be followed up further before anything is dismissed.

KA added that hospital staff switch off the app before coming into hospital environment, otherwise they then come into contact with a Covid patient (wearing appropriate PPE) and receive the notification.

JP raised that he had received a notification to self-isolate as was with someone earlier in week that tested positive, and was told as long as felt ok to ignore the notification.

VJ – should be based on appropriate risk assessment, where deemed no physical contact between individuals then it can be overruled. It is not blanket ignoring the apps notifications.

CH added that if there are inconsistencies in advice being provided to staff then this can be escalated. CH would just need to have further detail around who has provided this advice, what time of day and the subject matter.

**Testing – COVID-19 Response: Summer 2021**

- Symptomatic testing will continue to be available – nationally currently increasing capacity due to increasing numbers of cases. Releasing appts in the morning and evenings, adding them everyday. Ongoing work to look at those testing in Doncaster at the symptomatic sites.
- Regular asymptomatic testing will help the transition as people manage their personal risk, whilst also protecting others.
- It will be particularly focused on those who are not fully vaccinated, those in education, and those in higher-risk settings such as the NHS, social care and prisons.
- DfE will be providing schools, colleges with refreshed guidance. Expecting schools to be advised to set up assisted testing sites first week term starts September.
- People may also wish to use regular rapid testing to help manage periods of risk such as returning to the workplace, after close contact in a higher risk environment or when spending prolonged time with a more vulnerable individual.
- Community testing will support local authorities to focus on disproportionately-impacted and other high-risk groups. – Doncaster’s delivery plan has been approved.

**Doncaster’s Community Testing & Response Team**

- New approach started 1st July
- Agile and adaptable to support contact tracing, vaccination pop ups and provide testing advice/support where most needed.
- Assisted asymptomatic testing and self test kit distribution.
- North Bridge Depot & Mary Woollett are physical asymptomatic test sites



		<ul style="list-style-type: none"> <li>• Mobile Van where need is most (i.e. where there is low vaccine uptake) – in Hexthorpe, Balby, Edlington, Askern this week</li> <li>• Focus on contact tracing training and are delivering home visits.</li> <li>• Surge testing – need to continue to prepare for enhanced testing in the future in relation to emerging VOCs &amp; VUIs.</li> </ul> <p><b>Contact Tracing</b></p> <ul style="list-style-type: none"> <li>• Cases through to the team have increased significantly and overwhelmed capacity locally – last week there were over 900 cases to be contacted. Although there are plans to look at increasing capacity the team has not been able to keep up – completed just under 700 individual cases last week and 234 were sent back to the national team to action. CH noted that this may affect data quality as not having those local conversations for some cases. This is the approach that is being taken whilst cases are so high.</li> <li>• DHSC set a target of &gt;90% completion. Average Completion is 94.3% since “local 0” approach began in Doncaster.</li> <li>• 92% completion rate last week despite huge increase in case volume</li> <li>• Demand has overtaken local capacity and we are sending cases to national test and trace to complete.</li> <li>• Nationally switched on 4 hr digital journey (cases given 4 hrs to complete contact tracing online before comes through to team to do)</li> <li>• Training of further staff to support is ongoing</li> <li>• In terms of next steps - Next steps – awaiting guidance on change in policy – From 16th August double vaccinated people and under 18yrs will no longer be legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case. Will be advised to take a PCR test. Expect something through from DHSC to our local contact tracing team around how this would be done in practice.</li> </ul> <p>VJ commented very impressive work by the team.</p>	
<p>9.</p>	<p><b>Threat and Risk Register and Key Updates from Organisations</b></p>	<p>VJ asked for updates from colleagues –</p> <p><b>Children/young people</b></p> <p>College –</p> <ul style="list-style-type: none"> <li>• KB – Doncaster College main hub has seen rise in cases and those needing to isolate after test and trace. It was end term for substantial students last Friday so significantly less students on site now, and as July is main holiday period for staff we are seeing reduction in staff in work. Twice weekly lateral flow instruction ongoing, await further instructions.</li> </ul> <p>Schools -</p> <ul style="list-style-type: none"> <li>• KD – received updates on schools from DfE this week around what is being kept in place until 19 July, sent out letters to schools regarding choice of wearing face masks.</li> <li>• KD shared some statistics as of Tuesday -</li> </ul>	



- Confirmed positive cases in pupils this week is 206, compared to 135 this time last week
- Number pupils self-isolating this week is 3766, last week it was 1557.
- Confirmed positive cases in teachers this week is 22, compared to 10 this time last week
- Confirmed positive cases in other school staff this week is 24, compared to 12 this time last week
- Through IMT we are seeing increasing number cases in schools, but schools continue to put measures in place to ensure safety of staff and pupils.
- Risk remains same.

Union colleagues –

- FC – spoken to colleagues in school and although some schools continued mask wearing some did not and there is still reluctance now. FC added it is concerning that many people think Covid is over and we need to live with it. Number cases in schools is alarming and serious cause for concern – schools need to take a firm stance, there are several outbreaks in schools already, this won't decrease in next couple weeks, if necessary need to take action sooner.
- VJ added that we share this concern in rising rates of infection – managing what we can and awaiting as new guidance is issued.
- KD – figures are stark and people are missing learning which is worrying. From the outbreak meetings we've had recently can see that they have vigorous approaches in place, we've questioned risk assessments and said to ask for support if needed. We continue to ensure we are in touch with schools and monitor issues/concerns through the Edulog channel from parents and others – we respond to these and challenge schools where appropriate.
- RL – in the Incident Management Team meetings we are seeing that schools often find the source of transmission is activity in communities. VJ has drafted a letter to go to families asking them to keep to measures outside of school. Many things in place in schools are good, pushing towards end term.
- PO – attitude of too many now is it is all over and we're through it, but we aren't. Government need to instil same attitude as police and paramedics and focus on preservation of life. Children/staff attending school and going out into the community becomes a conduit of spreading virus. We need to change attitudes – Doncaster should consider possibly tackling and resolving Covid locally than continuing to follow government guidance. PO added would like to see continuation of wearing face masks in small spaces.
- RL – taking time to reflect on the new guidance this week and expecting additional guidance to be released. Trying to frame it in a way that works for Doncaster – i.e. if businesses/workplace want people back and be successful they need to gain public



		<p>confidence and be safe. There is some work to do comms wise on this.</p> <p>Regulation &amp; Enforcement</p> <ul style="list-style-type: none"> <li>NW – awaiting details of regulations and what will replace them.</li> </ul> <p>VJ took the board through the <b>Covid Control threat and risk assessment</b>:</p> <p><u>Impact on Health Services (Direct Covid)</u> – risk to remain LOW.</p> <p><u>Management of outbreaks in high-risk settings</u> – risk to remain HIGH.</p> <p><u>Personal Protective Equipment</u> – risk to remain LOW.</p> <p><u>Testing</u> – risk to remain HIGH.</p> <p><u>Contact Tracing</u> – risk to remain HIGH</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 LOW.</p> <p><u>Resourcing of core Incident Management Meeting</u> – risk to remain MEDIUM.</p> <p><u>Outbreaks across Doncaster border</u> – risk to remain LOW.</p> <p><u>Fourth Wave</u> – Risk to remain MEDIUM.</p>	
10.	<b>Communications</b>	<p>RC provided an updated on comms activity:</p> <ul style="list-style-type: none"> <li>Focusing on under 30's and channels / methods of reaching this audience, given we know this is where rise in cases are.</li> <li>Ensuring people aware rules still in place until at least 19 July</li> <li>Also looking at what post 19 July comms will be - working on 'learning to live with Covid' and what does this mean. Telling a story / explanation, evidence how we have learned to live with other viruses as a population - we have made behaviour change in the past, this will be required going forward, encouraging people that we are the generation to adapt these behaviours. RC commented that any ideas were welcome.</li> </ul>	
11.	<b>AOB</b>	None.	
12.	<b>Review of Actions</b>	<p>OM raised action from previous meeting for an update: Consider issuing comms to schools regarding the process for requesting licensed vaccines for staff aged 16-17.</p> <p>RC update – have passed onto CCG and asked them to look at this given it is clinical matter. They will draft something and send onto RC.</p>	



<p><b>13. Chair Summary</b></p>	<p>VJ offered a key summary of discussions from today's meeting:</p> <ul style="list-style-type: none"> <li>• Seeing steep increase in number cases, most likely delta variant cases</li> <li>• Good news for profile of uptake of first and second doses of vaccine in Doncaster</li> <li>• Seeing significant increase in cases in schools</li> <li>• Seeing more cases in hospital (those being treated for Covid and in ITU). Good to note more detail from KA re vaccination history of patients.</li> <li>• Huge amount of work through IMT – live cases high at 126, predominantly Primary Schools, businesses and Secondary Schools. Adult Social Care settings not as concerning in terms of outbreaks, some cases but many.</li> <li>• Received an update from TCG on the events happening across the borough, ensuring appropriate risk assessments undertaken and covid compliance with licensed premises. TCG risk assessments are being left to individual cells to provide updates by exception.</li> <li>• New guidance anticipated which will help with outbreak planning / testing approach.</li> <li>• Contact Tracing Team receiving high volume cases – remain good at meeting and exceeding target completion rate.</li> <li>• No changes made to the Covid Board threat and risk assessment after reviewing</li> <li>• Colleagues have shared concern of lifting restrictions and behaviours returning to normal. We need to be conscious and vigilant of the impact on people's lives – comms team picking up on this and how to learn with Covid.</li> </ul>	
<p><b>14. Date and Time of Next Meeting</b></p>	<p>The next board meeting is scheduled: <b>Wednesday 21<sup>st</sup> July 2021</b></p>	

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