



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, 17th August, 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.

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Damian Allen
Chief Executive

Issued on: Monday 9th August, 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 11th August, 2021. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team via email to Democratic.Services@doncaster.gov.uk).
4. Declarations of Interest, if any.
5. Minutes of the Doncaster COVID-19 Oversight Board Meeting held on 20th July, 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 21st July, 2021 (Attached - Rupert Suckling). 7 - 20

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), Damian Allen (DA) Chief Superintendent Melanie Palin (MP), Paul O'Brien (Po'B), Fiona Campbell (FC), Dolly Agoro (DAg).

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

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

	Action
<p>1. Welcome, apologies and introduction – Mayor Ros Jones</p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p>2. Exclusion of the public and press – Mayor Ros Jones</p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p>3. Public Statements and Questions – Mayor Ros Jones</p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p>4. Declarations of interest – Mayor Ros Jones</p> <p>There were no declarations of interest made.</p>	
<p>5. Minutes of the last meeting held on 22nd June 2021 – Mayor Ros Jones</p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 22nd June 2021, approved.</p>	
<p>6. COVID-19 National Overview – RS</p> <p>RS began by reminding the board that when they last met in June nationally we were in step 3 of the roadmap and since then the Prime Minister announced a move into step 4 as the tests within the contain framework were sufficiently met.</p> <p>RS described the restrictions which were lifted as a result of moving to step 4;</p> <ul style="list-style-type: none"> • Nightclubs able to open. • Household mixing indoors permitted. • No limits on the numbers of people meeting outdoors. • No legal requirement for face coverings or social distancing <p>RS added there were national exceptions which were;</p> <ul style="list-style-type: none"> • In health care settings it was enforceable to wear face coverings. • Metro Mayors had made announcements on the use of face coverings on public transport and exchanges. • Guidance to businesses changed from 'must' to 'please'. • Guidance on changes to international travel . • Exemption of health and social care staff needing to self-isolate. • Guidance on care home staff needed to be vaccinated by October. • Children to be vaccinated in certain circumstances between 12-17 years old or 3 months before their 18th birthday. • Nightclubs to check for proof of both vaccines before people enter by October. <p>RS advised the Contain Framework would be updated, and we could expect more guidance for the Summer and Autumn periods from Government shortly.</p> <p>Members sought more information about what classifies establishments as a nightclub, and how many nightclubs would be affected in Doncaster. RS did not have that information but advised a</p>	

briefing note could be provided.

A board member acknowledged the pressure on public services and authorities currently due to the increased amounts of staff needing to self-isolate and asked for more information on the level of dispensation for people to return to work. RS advised the dispensation for health and care staff was in exceptional circumstances if staff were double jabbed and had agreement from employers they could return to work. Subsequently other critical workers were identified eg. transport and infrastructure workers and if notified as being a close contact but double jabbed they may be able to leave self-isolation to work. RS informed Members that further information was expected.

RS confirmed for Members that the NHS app had a number of alerts that range from be aware you have been in a setting that has recorded cases, to you have been a close contact and that these are advisory notices. If a person receives a phone call from NHS test and trace advising they the need the isolate that is a legal requirement.

RESOLVED;

- That the presentation be noted.
- Members to receive a briefing note on what classifies licensed establishments as a nightclub, and how many establishments would be affected in Doncaster.

RS

7. What the data is telling us - JG

JG provided a strategic overview of what the data is telling us, in terms of infections and the impacts on the Borough.

He presented a map of the UK, showing infection rates were highest across the north of England. This was followed by a table of local authorities that started with the highest case rates per 100,000 people. Doncaster had the 14th highest cases, and was in the top end of the national scale but other areas had considerably higher rates.

Members were presented with Doncaster’s pandemic curve this highlighted infection rates were the highest they had ever been. Taking a closer look at the rates in other towns in South Yorkshire, Doncaster’s rates were higher than not only Sheffield and Rotherham, but also Yorkshire and Humber and England’s averages.

JG notified Members that it was projected Doncaster’s cases would climb from 733 to 850 cases per 100,000 by the end of the week. Regionally there was a steady increase and fluctuations in cases, and Doncaster was on a similar trajectory to Barnsley.

JG advised that the over 60’s case rates had increased but the figures were smaller than in previous waves. Infection rates were driven by the growth in cases in the 0-19 and 20–39 year olds.

The Incident Management Team’s casework broadly followed the pandemic curve with a large increase in the number of incidents and outbreaks to manage.

Hospital figures also followed this trend with an increase in admissions but not to the same levels previously seen, it was expected admissions would continue to rise.

JG noted that deaths during April, May and June were extremely low but numbers were starting to rise.

In regards to local economic data, JG advised footfall was at the same level it was last summer. The claimant counts for out of work claims over the last 2 months showed a marked decrease, explained by the unlocking of restrictions.

Vaccination uptake figures showed 81% of eligible adults had received a first dose, and 69% a second dose. JG concluded that there were hidden inequalities across the Borough with lower uptake of vaccinations in the town centre and through the age ranges.

Members questioned whether those in hospital had been double jabbed and although JG could not provide specific figures he informed the board that it was mixed, with some unvaccinated but some had received one or both doses. JG advised that two vaccines were very effective at preventing death and hospitalisations, but because of transmission the amount of admissions of those double jabbed would go up. Those admitted however would need less care and a shorter amount of time in hospital compared to previous waves.

A Member asked if as a Country we had reverted to herd immunity as a strategy. RS stated that the Governments strategy was about herd immunity through artificial means ie. Vaccination. In terms of younger people there will be some natural herd immunity.

RS described some of the initiatives launched to address the discrepancies across the borough for example the big vaccine weekends by the NHS, pop up clinics at mosques, and the work of the community connectors team particularly in the town centre and for those that work shifts having vaccine clinics out of normal working hours.

Clarity was sought as to why more than 4000 over 60's had not been vaccinated, whether there was further information on this group and how can we work with those communities to safeguard everyone. RS informed Members some people would be unable to have the vaccine because of other health concerns. He added that the community connectors were working with different groups providing additional information and advice to dispel any concerns certain communities may have.

RESOLVED;

- That the presentation be noted.

8. Local Information Step 4 – RS

RS advised that although we have fewer tools than we had in step 3 reduce cases, and hospital admissions we would;

- Encourage people to use face coverings
- Encourage people to engage with the vaccination programme
- Encourage people to get tested either at home or at a testing sit
- Supporting people to self-isolate if they are a case or contact

RS also noted that we had the ability to manage outbreaks and bring in extra resources by becoming an enhanced response area - an area identified by Government that may benefit from additional support.

Our communication campaign has changed from must to can, but even though we can get rid of restrictions should we?

RS thought that cases would continue to rise until mid-August but Yorkshire and Humber may be slightly ahead of that.

The Tactical Coordination Group was stepped up to weekly meetings, and would look at the impact on staffing levels at the next meeting.

Members sought assurance there was sufficient testing kits, RS confirmed there was but there was concern around access to PCR tests at times. There for there may be a requirement to become an enhanced response area as that would bring additional PCR testing.

A Member noted there was conflicting messages from Government that we should move forward to grow the economy but testing and vaccination sites were still using the boroughs leisure centres and car parks. RS advised that was a review of the PCR testing and vaccinations sites currently being undertaken.

RESOLVED:

- That the presentation be noted.

9. Covid Health Protection Board Risks – RS

RS highlighted the three risks that were still deemed high;

- Management of outbreaks in high risk settings
- Testing
- Contact tracing – The Council was one of the first teams to take on local zero, but over the last 10 days some were sent back to national test and trace as our system was overwhelmed. RS explained the team wished to do as much possible locally because the quality is better but the demand became 6 times what it was, and didn't have the resource to contact all cases.

RESOLVED:

- That the presentation be noted.

10. Minutes of the Covid Control Board meeting held on 7th July, 2021

RS noted that in schools there was now only 1 or 2 cases in class with bubbles closing, but he was hopeful once schools closed for summer cases would reduce.

Businesses also followed this pattern with 1 or 2 cases in a workplace rather than a large outbreak like previously seen. RS advised that HSE were active in Doncaster doing spot checks of risk assessments and supporting businesses.

RS informed the board that an update from Natasha Mercier and the community connectors team had been requested for a future meeting.

Concern was raised as to whether there was plans in place for outbreaks in high risk settings. RS assured the board there were different plans for the different types of settings ie. care homes supported living centres, schools, hostels and that they were constantly under review.

RESOLVED:

- That the presentation be noted.

Last Reviewed: 21st July 2021

Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 210721)

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
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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
DATE REVIEWED		21.07.21
HEALTH SERVICE (Direct COVID)	<ul style="list-style-type: none"> • Increased Covid related pressure on local health services. <ul style="list-style-type: none"> ○ Acute care pressures. ○ Community care pressures. ○ Mental Healthcare pressures. ○ Primary Care pressures. ○ Pharmacy pressures. ○ Palliative Care pressures. ○ PPE availability. • Management of outbreaks in health services and clinical settings 	MED
MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS	<ul style="list-style-type: none"> • Management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community • Development of Standard Operating Procedures for high-risk settings in development • Outbreak control plan in development 	HIGH
PERSONAL PROTECTIVE EQUIPMENT (PPE)	<ul style="list-style-type: none"> • Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies. • Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability. • Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff. 	LOW
TESTING	<ul style="list-style-type: none"> • Effectiveness of the national programme locally. • Doncaster Sheffield Airport Regional Testing Centre. • Satellite Testing. • Mobile Testing Units. • Home Testing. • Key Worker Testing. • Wider population testing in accordance with government guidelines. • Impact of the national Care Home Testing programme on the staffing capacity of Care Homes; need for integration with local authorities to ensure ongoing monitoring and support to Care Homes. • Impact on public health • Surge Testing requirement 	HIGH

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 REVIEWIED	21.07.21	
CONTACT TRACING	<ul style="list-style-type: none"> • Increased contact tracing requirements – impact on local health protection teams and local resourcing • Data availability and sharing limitations • The potential for localised outbreaks being undetected • Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines. • Impact on effectiveness of test and trace process and outbreak/incident management. • Impact on public health 	VERY HIGH
WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE	<ul style="list-style-type: none"> • Increased support required for those needing to self-isolate. Support may include the provision to home addresses of: <ul style="list-style-type: none"> ○ Food ○ Medication ○ Essential supplies • Social isolation, and resulting mental health issues. • Resilience of the Community & Voluntary Sector. • Working with new voluntary sector partners. • Management of spontaneous volunteers. 	LOW
INFECTION, PREVENTION AND CONTROL CAPACITY	<ul style="list-style-type: none"> • IPC resource is highly valued in managing outbreaks so need to ensure sufficient IPC capacity and resource in the system to react to outbreaks effectively. • There is a risk of lack of access to IPC resource if outbreak numbers increase. 	LOW
RESOURCING OF CORE IMT	<ul style="list-style-type: none"> • IMT in place over next 12-18 months to manage local incidents/outbreaks across Doncaster which will require significant resourcing i.e. data and insight and communications. • Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period. 	MED
OUTBREAKS ACROSS DONCASTER BORDER	<ul style="list-style-type: none"> • 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. 	LOW
FOURTH WAVE	<ul style="list-style-type: none"> • Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur. • Risk is implications of a fourth wave on resource and capacity for Doncaster Council and key partners • Impact on public health 	MED



COVID Control Board Meeting Notes and Actions

Date Wednesday 21st July 2021
 Time 15:00
 Location MS Teams
 Chair Rachael Leslie

Attendees: Rachael Leslie, Victor Joseph, Carys Williams, Gill Gillies, Kevin Drury, Steph Cunningham, Paul O'Brien (GMB Trade Unions), Olivia Mitchell, Nick Wellington, Daniel Viera (Unison H&S), Jonathan Preston (Unison H&S), Kathryn Brentnall (College), Laurie Mott, Ken Agwuh (DBTH), Daniel Weetman, Delano Johnson, Abu Chowdhury, Jonathan Frary, Robert Jones, Jonathan Ellis, Natasha Mercier, Sian Owen, Hayley Waller, Kate Anderson-Bratt, Andrew Russell (DCCG), June Chambers (PHE).

Apologies: Fiona Campbell (National Education Union), Peter Doherty (College), Clare Henry, Nasir Dad, Simon Noble, Rupert Suckling, Lisa Devanney (DCCG), Karen Johnson, Mark Whitehouse, Jon Gleek, Claire Scott, Emma Gordon, Alex-Jade Delahunty, Susan Hampshire, Sarah Sansoa, Mark Wakefield, Debbie John-Lewis, Mary Leighton, Neil Thomas (SYP), Vanessa Powell-Hoyland, Scott Cardwell, Victoria Shackleton, Tim Hazeltine, Paul Ruane.

No	Item	Key Decision / Action	Allocated to
1.	Welcome and Introductions	RL welcomed all to the meeting.	
2.	Apologies	RL noted apologies.	
3.	Purpose of Meeting	RL confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> 1. Responsible for the development, exercising and testing of COVID Control Plan. 2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity. 	
4.	Urgent Items for Attention	RL provided an update on the current position: <ul style="list-style-type: none"> • Doncaster case numbers extremely high – today seen highest rate in history for Doncaster – 7 day rate / 100,000 is nearing 800 mark and is on the increase • Since last time the board met there been government changes – moved into step 4 on 19 July: <ul style="list-style-type: none"> ○ We are seeing old government guidance being withdrawn. ○ There have been changes in around self-isolation for fully vaccinated close contacts for health and care staff and critical workers in critical situations ○ Received an update from JCVI regarding vaccinations of small groups of children based on age and medical condition ○ Updates to international travel ○ Nightclub policy to commence in October – in order to attend must have had 2 vaccinations, this appears to be extending to some events 	



		<ul style="list-style-type: none"> ○ Further schools guidance expected through summer ● Overall, we are in a different situation with different set of tools which are still in place to managing cases, clusters and outbreaks. 	
<p>5.</p>	<p>Data and Intelligence Update (Laurie Mott)</p>	<p>7 day & positivity rate (for the 7 day 9 - 15 July)</p> <ul style="list-style-type: none"> ● LM presented a series of maps showing snapshots of weekly intervals – shows how rapidly the situation is changing in terms of rise in cases from then to now ● As of 15/07, Doncaster is part of the group of Local Authorities with a rate of 400 / 100,000 or greater. There are 7 Local Authorities with a 7 day rate of more than 1,000 / 100,000. ● Many parts Doncaster have very high rates and all increasing ● Doncaster’s official 7 day rate per 100,000 is 794.2. Highest rate recorded yet and much higher than previous waves. ● Barnsley’s rate is 776.9, Rotherham’s is 506.0, Sheffield’s is 525.8, YH 582.4 and England’s is 473.5. ● Doncaster has 17.4% positivity rate – gone up from 16.4% yesterday – largest increase in % point recorded. ● Case rate in 60 + age group climbing – rate is 159.8 / 100,000 (up from 149.6/100,000 yesterday). ● In the last few days, the rate of increase in the 7 day case rate has accelerated rapidly across all ages ● We have recorded 4 out of 5 of the biggest rates in the last 8 days which tells us the climb we are seeing is highest acceleration in case rate recorded in Doncaster to date ● Cumulative case rate – just under 30,000 confirmed cases (1 positive case for every 10 people) – for clarity the cumulative rate measures the full period of time since we’ve been registering positive cases through pandemic ● Practically we have had 3 deaths (directly caused by Covid) in every 1000 (cumulative total over pandemic) ● Currently have 1 case in every 125 people in the Borough ● Our doubling rate is 13.2 days but decreasing which means the virus spread is accelerative. The national rate of doubling is 10 days ● It’s predicted that the cases will be between 840 and 860, over 900 by weekend ● Case rates in under 60 age group increasing – age group of concern is 20-39 as largely driving the cases, also contributed to by 15-19 (albeit tailed off slightly recently). ● In terms of deprivation, previously there was some evidence across deprivation quintiles, however this has now closed. Least deprived case rates increasing slower than other parts of borough. ● In terms of ethnicity, there has been increase in number of cases where ethnicity is unknown (ongoing problem), 	



		<p>whereas currently not increasing as much for those where we do know their ethnicity</p> <ul style="list-style-type: none"> • There is good evidence rates amongst men much higher than women. <p>Vaccinations Data (derived from PHE data set) Vaccination Data (20+) – up to 19th July:</p> <ul style="list-style-type: none"> • 207,198 first doses • 81.1% first doses • 177,088 second doses • 69.3% second doses • 85.5% people had a first dose and also a second dose <p>Low uptake vaccination in centre Doncaster (lower Wheatley, Balby bridge, Hexthorpe, Town Centre around Chequer Road)</p> <p>Low uptake of first and second dose amongst people from BAME communities – ongoing issue to address.</p> <p>Hospital activity</p> <ul style="list-style-type: none"> • As of 21/07/21 there are 14 patients in hospital being treated for Covid and 2 in ITU. 12 are Doncaster residents. <p>Death</p> <ul style="list-style-type: none"> • Low death rate, however there have 3 deaths in hospital recently (these may not be Doncaster residents but not yet filtered through to coroners data). <p><u>Questions/comments</u></p> <p>PO – figures are frightening and now restrictions have eased. Concern hospitalisations turn into deaths. Government aim should be preservation of life, what can we do as Local Authority to control rates locally?</p> <p>RL – in the data presented we are not seeing the impact 19 July changes will have on numbers, logic would be it will be negative and see even more cases. RL added there are several actions we are taking through IMT to provide assurance that we continue to manage Covid situation in Doncaster – previously we looked at hotspots, now we are also looking at ‘cold spots’ and these are areas where we are not seeing high levels people being tested and lower vaccination levels – we are focusing on these areas to encourage people to test through easy access to testing and take up the vaccination offer. Also we are retaining the NERO role so there are officers out in the community performing those supportive and enabling roles to help communities stay safe. We are also updating communications in relation to change in guidance.</p>	
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		<p>PO suggested use of stark data and figures in the comms to provide that reality check to the public of the worrying situation and encourage public to have vaccinations.</p> <p>SC – agree, comms has been publishing figures through Rupert’s weekly updates. The issue now is we do not have any legal force so it is about asking people to voluntarily and willingly do the right thing, appeal to the public’s better nature and to do it for themselves, their families and the communities. We will continue with the statistics, but public should be aware of the worrying situation and rise in rates through national news – issue with figures is people begin to become blind to them when they become large numbers.</p> <p>KA – in terms of hospital, the vast majority cases seen have been in the non-vaccinated group and those that have not been vaccinated are becoming more ill. However this doesn’t mean those that have been vaccinated do not become unwell too – so it is how we share this data and information so people know it is still real.</p> <p>KA added the protocol is anyone entering hospital should still wear a mask.</p> <p>RL added that we have seen a number of hospital admissions across Doncaster but seems to have remained steady. Of course this will still mean pressure on system, but we are not seeing rate climbing in hospital admissions currently.</p> <p>KA added situation is stable, seeing between 10 and 19 active covid patients in hospital and had maximum of 4 in ITU. There is pressure on hospital and we want to avoid risk of transmission in hospital.</p> <p>VJ – there are other settings with outbreaks and we continue to provide support and appropriate advice. Positive cases continue to be asked to isolate. There are still tools we continue to use despite the removal of legal powers to enforce. Vaccinations remain very important tool that we must capitalise on.</p>	
<p>6.</p>	<p>Daily Incident Management Team Update</p>	<p>RJ offered the board an overall summary;</p> <ul style="list-style-type: none"> • IMT has managed a total of 2431 incidents / outbreaks / clusters, with 2255 closed up to 21/07/2021 • 176 live current cases. The live cases are driven by businesses, early year’s settings and then cases spread across adult social care settings, community and schools. • In the last 7 days have opened 122 new cases to IMT - these are predominantly in the Central locality and driven by businesses. Cases in North and South locality mainly driven by businesses too, cases in the East locality again mainly driven by businesses, also some Adult Social Care and early years. 	



		<ul style="list-style-type: none"> • In the same 7 day period, IMT has closed 145 cases (majority in schools) • In the last 24 hours, 45 cases opened to IMT - predominantly businesses, a couple childcare units and community events (linked to hospitality settings in Town Centre), supported housing and care homes. • 7 day rolling average is 169.1 (up 15.4 on last week average) <p><u>Questions/comments:</u> RL added that although situation with businesses is busy, we are not seeing enormous outbreaks in one particular workplace setting (perhaps due to vaccination coverage across workplaces). Instead we are seeing groups of cases, sometimes evidence of workplace transmission, but mainly settings are describing out of work transmission. This is generating lots of work for environmental health colleagues where previous covid related powers are no longer enforceable. Environmental health will follow up with premises, assess the situation, ask for risk assessments and follow up and support them. NERO officers are supporting workplace settings where required.</p>	
7.	TCG Update (Gill Gillies)	GG provided key updates from Wednesday mornings TCG: <ul style="list-style-type: none"> • Significant pressure on health and care systems – actions to review discharge pathways and data challenges. As well as staff absence, there is a danger we become complacent on low Covid numbers in hospital but hospitals remain under significant pressure across system. • Pressure continues on mental health and acute access to mental health support • Business continuity – staffing and resource concerns for Council and partners across the board with staff off work isolating / positive with Covid • From a workforce perspective, Council's Head of HR has been working with partners around staff welfare and support in place to help staff to isolate, also support to those recovering from Covid at home • Vaccinations – lots of work in place to reach unvaccinated, focus on vulnerable cohorts. TCG has asked for percentage take up of 9 cohorts. Overall no significant issues at present. Shared the events programme with the vaccination programme teams to assist in planning (i.e. whether pop up clinics required for events) • Planning underway for seasonal flu and Covid booster programmes – looking at premises currently being utilised and options for the future (i.e. whether current premises can continue to be used or return to business as usual) • Compliance and enforcement – almost all legal powers for Covid compliance removed and a big move to guidance and advice. Government advice is to make use of government health and safety advice, although there are some concerns with this as will be difficult to use health 	



		<p>and safety legislation to ensure compliance and Health and Safety Executive not designed to work with pandemic.</p> <ul style="list-style-type: none"> Regulation and enforcement team continue to receive complaints – the team will do what they can to provide support and advice; work with legal teams, continue to record complaints, report any issues of hotspot areas and write to premises where receive complaints. One significant challenge is focus on airflow guidance and ensuring ventilation in place, given the guidance is quite technical so hard for team to advice Given rise in rates and risk, the South Yorkshire LRF has stepped up to twice weekly and Doncaster’s TCG is back to weekly. Threat and Risk Assessment is being reviewed by risk owners, reviewing changes to risk rates and ensuring mitigating actions in place. GG added that the health and care system and business continuity risks are being reviewed. Amending TCG strategy to reflect rollout boosters and seasonal flu programme <p>Lastly, GG added concurrent planning for the current heat temperatures and warm weather in the UK – we are likely to see warmer weather this weekend, guidance will go out to teams and request partners to support staff working in hot weather. Warnings for potential thunderstorms too – looking at flood plans.</p>	
<p>8.</p>	<p>Outbreak Management (Carys Williams/Jonathan Frary)</p>	<p>Outbreak control planning update:</p> <p><u>Step 4 considerations</u> CW presented a summary of implications / considerations going forwards as we are now in step 4. There have been some updates to guidance and changes in the last couple weeks since the board last met – i.e. there will be a Covid pass for some venues end September, and also fully vaccinated people and U18s exempt from social isolation as a contact from 16 August (we are awaiting guidance around what this means for testing requirements etc.)</p> <p><u>Summary of ‘tools’ for Covid control</u> See slide deck (slide 3) for link to full document.</p> <ul style="list-style-type: none"> Contacts likely to need PCR - awaiting further detail regarding number / timing of tests and any legal requirements Covid pass’ context and challenges Looking at training and exercises for enhanced response areas and Variants of Concern <p><u>Covid control: underlying principles</u> Will approach outbreaks in same way that we do now – across the system we are used to managing outbreaks in various settings and will apply this going forward.</p>	



- Communication and engagement plan underpinning all the above - adaptable communications plans responsive to behaviours and learning from situations and outbreaks
- Supporting our communities - enabling residents to feel safe and take measures to feel safe when working, living and playing in our communities. Support for mental health and wellbeing of residents, role for businesses and workplaces in public confidence
- Resourced and prepared – changes to new guidance, impact of winter pressures, surge testing, impact on NHS
- Potential risks in ‘personal responsibility’ approach vs collective responsibility, CEV, difference in isolation requirements for vaccinated contacts vs unvaccinated, potentially polarising issue of face covering use, impact of long covid – short and long term.

Under review / forward planning

- 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 (& more operational focus)
 - Implications for testing and contact tracing approaches (further detail needed) including lack of clarity over SI payments
- Symptomatic testing site review
- Exercise enhanced response areas and Variants of Concern known as “Exercise New Crown”. Will have version of this in Doncaster with local partners – date tbc shortly
- Awaiting latest contain framework issue – this will impact what we do going forward – awaiting publication so we can action locally

Doncaster Symptomatic testing site review

CW presented two charts using data from DHSC – an example from early to mid-June shows significant increase in number tests per day at sites and how it translates to site utilisation capacity.

Considerations/challenges

- Testing access is up across all sites in Doncaster from mid-June.
- Although some sites were community collect for part of the day with reduced PCR slots, site utilisation as a % of capacity has also increased from mid-June. This is the same for all sites (including mobile testing) so we are still seeing that demand.
- Enquiries from local communities, elected members and other council services (e.g. parking services, communities teams) regarding how long the LTS sites will in situ for



		<p>(especially Thorne) as a key town centre parking site. Potential for local economic impacts which we are aware of, awaiting review meeting with DHSC.</p> <ul style="list-style-type: none"> • Some indication that from August U18s and fully vaccinated contacts may be encouraged to access PCR testing which could impact on demand • As cases continue to rise, local and quick access to testing likely to remain in higher demand. • Review meeting with DHSC being arranged. <p><u>Recommendations</u></p> <ul style="list-style-type: none"> • Due to current escalation in case numbers and potential future demand from contacts (depending on policy), public health would not recommend the closure of any of the symptomatic testing sites in the borough. Committed to working with key partners and service areas on the current impacts these sites are having across the borough. <p>Contact Tracing Update:</p> <ul style="list-style-type: none"> • Extremely busy - well over 300 cases a day sometimes, exceeded capacity so sending some cases back to national team where can't complete locally – cases that are sent back to national team are assessed using risk based approach i.e. those more we are concerned about (e.g. over 60's) we are dealing with locally as local contact tracing gets a better response • CW presented the contact tracing dashboard which allows us to analyse data frequently to identify common themes affecting contact tracing and isolation engagement. The team is now looking to prioritise the cases they receive from National T&T to match the postcodes identified as hard to engage with tracing, low vaccine uptake, which overlap areas of high deprivation. This will allow targeted local approaches suited to those who are most at risk of being infected and not isolating or naming contacts. • Chart shows those harder to engage in contact tracing process – younger males has been a trend and younger adults. <p>RL added that Doncaster moved to a 'local 0' contact tracing approach' some weeks ago so that we could locally follow up any new cases and contacts using local phone number and local knowledge to have those discussions. This was sustainable for some time while numbers were lower and new staff were recruited and trained to increase capacity, although reached the point around 2 weeks ago where it was unmanageable to call everyone due to the high number cases coming through. We are maintaining local contact tracing for some groups who are less likely to self isolate or who may need support to self isolate (i.e. the younger working age male cohort). RL added that as it becomes more saturated, we are seeing less of the useful detail at IMT to inform comms and identify where chains of infection are.</p>	
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Test and Outbreak Plan Update:

Testing – COVID-19 Response: Summer 2021

- Symptomatic testing (PCR) continued availability – nationally increasing capacity due to increasing numbers of cases & demand from travel / events.
- Regular asymptomatic assisted testing (LFT) delivered via our mobile and fixed sites.
- Regular asymptomatic self-testing (LFT) available via our mobile, fixed and pop up locations. Accessible from pharmacies across the borough. Helping the transition as people manage their personal risk, protect others and learn to live with Covid.
- Testing 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
- People may also choose to use regular LFTs to help manage new risks of exposure from prolonged contact. Such as returning to a physical workplace, greater choice of social activities and prolonged contact.
- Community testing is focussed on our disproportionately-impacted and other high-risk groups. In last 24 hours have been looking at how we tweak targets. *Doncaster’s delivery approach has been flagged for best practice.*

Doncaster’s Community Testing & Response Team

- New approach started 1st July. Team split into 2 key roles: Engagement (intelligence led) to find and source our priority of activity and connect with the community, Testing team to deliver the service and excel at customer contact.
- Focus on ‘cold spots’ where there is low vaccine uptake, low testing engagement and so more likely to lead to hospitalisations.
- Team adaptable to support contact tracing, broader Covid advice/support for residents and testing support at vaccination pop ups.
- Delivering assisted asymptomatic testing, self-test kit distribution and community engagement.
- North Bridge Depot & Mary Woollett are physical asymptomatic test sites.
- Mobile Van – e.g Hexthorpe, Balby, Edlington, Askern, Denaby Main.
- Small Van – response locations for self test kits.
- Surge testing / enhanced testing – continue to prepare and be on standby. In relation to emerging VOCs & VUIs or case rates.
- Additional focus on contact tracing training and are delivering home visits.



<p>9.</p>	<p>Threat and Risk Register and Key Updates from Organisations</p>	<p>Key updates from organisations:</p> <p><u>Children and Young People</u></p> <ul style="list-style-type: none"> • KD noted that most schools closed last Friday, some open until the end of this week • At the end of last Friday (16/07) figures as follows: <ul style="list-style-type: none"> ○ 448 confirmed positive pupils, 7907 isolating ○ 31 confirmed positive teachers, 222 isolating ○ 34 confirmed positive in other school staff, 367 isolating • Two schools are open until the end of this week, still receiving cases through Edulog line list – with any cases we receive we contact school and ensure supported / provide advice. • There was a point where 59 schools were close partially closed and 3 schools fully closed which will have impact on learning. • DfE guidance to schools re summer and preparation for September has been issued and expecting to see some more guidance as approach start of term in September, depending on Covid situation at the time. • The Local Authority has sent out risk assessments and outbreak management plan in preparation for September • RL added that many/most private nurseries will be open through summer, also a number holiday clubs open – will continue to support those settings. <p><u>PHE</u></p> <ul style="list-style-type: none"> • VJ – school guidance came out 19 July which details changes of contact tracing and isolation. VJ has discussed with PHE how we might interpret this and discussed practicality with some settings. • RL added there have been cases in prison sites over Doncaster that are being supported and managed. VJ added there is ongoing discussions with prison settings re where prisoners can go when isolating. <p><u>Health and Care</u></p> <ul style="list-style-type: none"> • KA – in terms of DBTH, we have picked up a case in a staff member on a ward, currently not sure if this is a staff transmitted infection but will complete an infection review to investigate. • Hospital has its own protocol (in line with Government protocol) to help with staffing pressures. The hospital must consider the following after a member of staff has been exposed to Covid: <ul style="list-style-type: none"> ○ Double vaccinated ○ Have a negative PCR ○ Will take part in a LFT for 10 consecutive days 	
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		<ul style="list-style-type: none"> ○ If all the above in place the worker may return to work. Hospital will ensure these people not working with highly vulnerable group. ● AR added that there are pressure across health service (physical and mental). The health cell is ongoing, there are regular partner meetings across the week discussing how we can manage. All health sector settings under pressure (these are high level non Covid pressures, as well as starting to see lower level Covid symptoms). To assist with staffing pressures primary care, dentistry and pharmacy are utilising community swabbing team to evidence staff safe to return to work. ● AR shared a report on screen showing vaccine update (data up to and including 11 July) <ul style="list-style-type: none"> ○ High percentage of 1st doses completed across 9 cohorts ○ Encouraging people to get vaccinated, constant messaging ○ High percentage of 2nd doses completed in all groups most concerned about (i.e. those 80+). Data tells us that those that go for 1st dose, tend to come back for 2nd doses. ○ More challenging picture as get to younger population, also worth bearing in mind that some are not yet eligible for 2nd dose. <p>NW queried whether there is a national measure of how effective the 2nd doses are in older cohorts, bearing in mind there are increasing numbers of those double dosed in hospital?</p> <p>AR – seeing number people getting Covid with 2nd dose. Most reliable evidence is that the vaccine reduces chance of catching Covid, there is nothing in the data to suggest vaccines are not working to expectations.</p> <p>VJ added that there is evidence of effectiveness of 2nd dose in report recently published by government - https://www.gov.uk/government/news/vaccines-highly-effective-against-hospitalisation-from-delta-variant</p> <p><u>Regulation & Enforcement</u></p> <ul style="list-style-type: none"> ● There is also now a fortnightly meet of all South and West Yorkshire regulation teams to share good practice and understand the current Covid enforcement regime ● Seeing challenge in enforcement regime with shift to health and safety enforcement ● Number 3 regulations (Local authority to serve direction) remains in place until near end Sept 21 (may still in place longer but not yet aware) ● Challenges with hospitality premises particularly – we are providing advice and guidance. Temptation with some 	
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		<p>businesses is to get staff not to isolate when they should be otherwise businesses close.</p> <p><u>PPE</u></p> <ul style="list-style-type: none"> CW updated that procurement is working on long term solution for PPE storage. No issues or risks raised. VJ added no issues have been flagged re PPE through the IPC Test and Trace cell meetings. <p>Nothing further to add from other organisations.</p> <p>Covid Control threat and risk assessment:</p> <p><u>Impact on Health Services (Direct Covid)</u> – risk to increase to MEDIUM. AR – stable but feels risk is more now, particularly in relation to mental health and the attributing indirect impacts of Covid with isolation etc. Action: Increase risk from low to medium</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. New guidance to close contacts from mid Aug – remain high for now.</p> <p><u>Contact Tracing</u> – risk to increase to VERY HIGH. Made significant changes last couple weeks to manage capacity, experiencing very high volume cases. Short term actions in progress to mitigate this. Action: Increase risk from high to very high</p> <p><u>Welfare of Vulnerable People Needing to Self-isolate</u> – risk to remain LOW. RL – new support pack published and continue to provide support where needed.</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. RL – in terms of cases we are now in a new wave of infections.</p>	<p>OM</p> <p>OM</p>
<p>10.</p>	<p>Communications</p>	<p>SC provided an updated on comms activity:</p>	



		<ul style="list-style-type: none"> Changing comms tactics as online and digital (particularly social media) not reaching through as much as before. Use of website, and traditional media instead (for example there will be a Free Press wraparound including key messaging on self-isolating, testing and vaccinations – joint work with CCG) Increase in radio and broadcast advertising – a series of campaigns started and will continue over Summer Digital ad van – increasing number places/days/times available, booked to mid-September Messaging on bus backs / digital screens / in supermarkets SC shared screen to show animation ‘ Living Alongside Covid’ a new campaign launching this week – developed with public health colleagues to demonstrate what we have done during our lifetime already around vaccinations, testing etc – shows that what we are currently doing is nothing new, we have done this for generations, we need to support people to make behavioural changes. Living Alongside Covid - YouTube 	
11.	AOB	None.	
12.	Review of Actions	None.	
13.	Chair Summary	<p>RL offered a key summary of discussions from today’s meeting:</p> <ul style="list-style-type: none"> Cases rising very rapidly across Doncaster, not translating to hospitalisations currently Moved to stage 4 from Monday this week, not seeing impact of this in cases yet, sensible to expect case rates to rise Doncaster is 13 / all Local Authority areas in terms of case rates – may put us into national spotlight Received update on the impact of Covid across settings and how response might change with move to step 4, Schools closing for summer but expecting new guidance through summer holidays Regulation services colleagues busy with workplace settings Contact Tracing team shifting their operation to adapt Vaccination and Testing are very important tools in managing Covid Increased a couple risks in the threat and risk assessment (health and care to medium, contact tracing to very high) 	
14.	Date and Time of Next Meeting	The next board meeting is scheduled: Wednesday 4th August 2021 3pm.	

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