



# 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, 21st September, 2021  
**TIME:** 2.15 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 13<sup>th</sup> September, 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 15<sup>th</sup> September, 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 17th August, 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 1st September, 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 Andy Pickering (AP) Dr. Rupert Suckling (RS), Damian Allen (DA) Chief Superintendent Melanie Palin (MP), Dolly Agoro (DAg).

**Officers:** Laurie Mott (LM), Carys Williams (CW), Rachel Wright (note taker).

**Apologies:** Councillor Mark Houlbrook, Councillor Jane Nightingale, Fiona Campbell (FC), Paul O'Brien (Po'B), Jackie Pederson (JP).

	Action
<p><b>1. Welcome, apologies and introduction – Mayor Ros Jones</b></p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p><b>2. Exclusion of the public and press – Mayor Ros Jones</b></p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p><b>3. Public Statements and Questions – Mayor Ros Jones</b></p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p><b>4. Declarations of interest – Mayor Ros Jones</b></p> <p>There were no declarations of interest made.</p>	
<p><b>5. Minutes of the last meeting held on 20<sup>th</sup> July 2021 – Mayor Ros Jones</b></p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 20<sup>th</sup> July 2021, approved.</p>	
<p><b>6. COVID-19 National Overview – RS</b></p> <p>RS began by reminding the board that when they last met nationally we were moving to step 4 of the recovery roadmap, based on the 4 tests being met;</p> <ol style="list-style-type: none"> <li>1. Vaccine deployment being effective.</li> <li>2. Vaccine weakening the link between infection and hospitalisation.</li> <li>3. Infection rates not leading to unsustainable pressure on the NHS.</li> <li>4. No new variants of concern.</li> </ol> <p>As a result, Members were informed that Local Authorities had few tools left to prevent further spread of infection, however partners were being encouraged to continue to use hand washing, face masks and social distancing as much as possible. The Authority continued to offer symptomatic testing, and supported the use of lateral flow testing.</p> <p>RS advised Members that across the country there was a rapid reduction in the number of cases during July however more recently that plateaued. The impact on hospitals had not changed despite the high numbers of cases recorded most recently.</p> <p>It was noted the age groups that were eligible to receive vaccines had gradually increased and the vaccine programme had continued to make progress particularly with people requiring 2<sup>nd</sup> doses.</p> <p>RS highlighted key changes that came into effect which lessens the need to self-isolate and they were;</p> <ul style="list-style-type: none"> <li>• Anyone who is a contact of a positive case and does not work in health and social care is advised to do PCR test, and if negative, they do not need to self-isolate.</li> <li>• Anyone who works in health and social care is requested to do a PCR test, and daily lateral flow tests, and do not have to self-isolate if they remain negative.</li> </ul> <p>RS felt that the national picture over the last 4 weeks was stable, but that was from a high base line. Infection rates across the country were significantly higher than this time last year, showing</p>	

the vaccine was effective, as we were not living under lockdown restrictions.

RS concluded there was the expectation there would be new guidance from the Department for Education for schools as they manage the return to school period. Also an updated contain framework in preparation for the winter period.

**RESOLVED;**

- That the presentation be noted.

**7. What the data is telling us – Laurie Mott (LM)**

LM provided a strategic overview of what the data is telling us in the area and began by informing the board of the 7-day rate. This had fallen slightly from the day before, but increases were seen every day during the previous week.

LM presented two maps of the UK showing the rates of infection comparing the week of 21<sup>st</sup> July with the current week. This highlighted infection rates had fallen considerably, even with the recent slight increase in infections.

LM advised infection rates in the 60+ age range were increasing, and presented case rates of the age bracket across the country. Doncaster had the third highest rate and noticeably was followed by Sheffield, Rotherham and Barnsley.

The Board noted hospitals admissions throughout the pandemic and that the latest spike in infections had not translated into as many hospital admissions as seen in previous waves. Whilst admissions had crept up slightly it was not as significant and was the reason why restrictions continued to loosen. Deaths related to Covid had fallen significantly and were showing no sign of increasing.

Members were updated on the vaccination programme, and noted the percentages of people that had received 1<sup>st</sup> and 2<sup>nd</sup> doses along with a comparison of our South Yorkshire neighbours. LM explained there were significant differences in vaccine uptake across Doncaster, and our communities. The Board were shown the uptake in the different areas with the Town centre having the lowest uptake. This highlighted that in areas of deprivation there was less uptake compared to more affluent areas.

Members were concerned that with some people deleting the NHS app and less taking tests, were there now more people carrying the virus, treating symptoms like a cold and being out in the community passing on infection. LM advised potentially that could be the case but testing figures had not particularly fallen. RS also explained to the Board that there was always a gap between those in the community with Covid and those that got tested. To help close the gap, areas with low rates of testing were reviewed and mobile lateral flow testing was deployed. There would be people with symptoms not isolating, but the Authority would still encourage twice weekly lateral flow testing.

It was considered whether areas with a low testing uptake matched the areas with low rates of vaccine uptake. RS advised that there were places with higher vaccine uptake and higher infection rates. In regards to hesitancy of vaccine uptake in BAME communities RS explained it was a long job to encourage those to go get the vaccine and not a quick fix with their lack of trust in the health system, but it was something we should commit to over a longer period.

A Member enquired whether there was a correlation between the increase in infections in the 60+ age range and some more deprived areas in Doncaster. RS advised there were more people in the over 60's living closer to town.

RS informed Members as a result of the increase in cases in the over 60's a review of the cases in care settings took place, with no evidence found that cases were being driven in care settings. The Communications team would focus communications on the 60+ age range, using other social media platforms and reinforce the message that if you have symptoms, to get a test and isolate.

**RESOLVED;**

- That the presentation be noted.

**8. Covid Health Protection Board Risks – RS**

RS highlighted 3 key areas from the report;

- Contact Tracing (moved to Very High Risk) – the Authority implemented local contact tracing and local zero. However more recently we reduced the amount of contact tracing

we could do and sent some to NHS test and trace. This was due to concern around our ability to respond to the greater number of cases. This was to be reviewed again over the following week as restrictions have changed.

- Testing (High Risk) - PCR testing in the borough had been kept so far, however there was a sense that it may be withdrawn at some point, particularly the mobile sites. Current approach was to keep as much testing as possible whilst rates remained high.
- Management of outbreaks in high-risk settings (High Risk) – settings deemed to be high-risk change as pandemic evolves. Current concern was around early years and businesses seeing incidents.

RS concluded by informing the Board of two areas to be discussed in more detail at Tactical Coordination Group;

- Leger Festival – under guidance there was no reason for it not to go ahead, providing the race course have risk assessments and go through the appropriate safety advisory group, however there would be an impact on the town – and the Authority should be prepared for that.
- Return of schools – Planning for return of schools as this would still be disruptive, with the majority of school-aged children not offered the vaccine, it was highly likely a number would test positive in September and needing to isolate having an impact on parents and businesses.

**RESOLVED:**

- That the presentation be noted.

**9. Minutes of the Covid Control Board meeting held on 21<sup>st</sup> July, 2021**

RS noted that the Outbreak Control Plan would be reviewed, with no powers to intervene it was much more about people taking personal responsibility, with very high cases numbers going into September.

**RESOLVED:**

- That the presentation be noted.

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Last Reviewed: 18 August 2021

## Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 180821)

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>18.08.21</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>MED</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>MED</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 REVIEWIED	<b>18.08.21</b>	
<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>VERY 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>LOW</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>FUTURE WAVE</b>	<ul style="list-style-type: none"> <li>• Mechanisms in place to stand response activity up/adapt existing structures should a future wave occur.</li> <li>• Risk is implications of a future 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 1<sup>st</sup> September 2021  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling

Attendees: Rupert Suckling, Clare Henry, Rachael Leslie, Paul O'Brien (GMB Trade Unions), Carys Williams, Steph Cunningham, Olivia Mitchell, Nick Wellington, Andrew Russell (DCCG), Karen Johnson, Emma Gordon, Laurie Mott, Kevin Drury, Nasir Dad, Simon Noble, Nikki Mell (DN Colleges), Louise Sharp (DN Colleges), Robert Jones.

Apologies: Gill Gillies, Kate Anderson-Bratt, Victor Joseph, Hayley Waller, Jon Gleek, Daniel Viera (Unison H&S), Fiona Campbell (National Education Union), Lisa Devaney (DCCG), June Chambers (PHE), Mark Whitehouse, Natasha Mercier, Paul Ruane, Alex-Jade Delahunty, Jonathan Preston (Unison H&S), Claire Scott, Ken Agwuh (DBTH), Daniel Weetman, Susan Hampshire, Sarah Sansoa, Mark Wakefield, Debbie John-Lewis, Neil Thomas (SYP), Vanessa Powell-Hoyland, Scott Cardwell, Victoria Shackleton, Tim Hazeltine.

No	Item	Key Decision / Action	Allocated to
1.	<b>Welcome and Introductions</b>	RS welcomed all to the meeting.	
2.	<b>Apologies</b>	RS noted apologies.	
3.	<b>Purpose of Meeting</b>	RS confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> <li>1. Responsible for the development, exercising and testing of COVID Control Plan.</li> <li>2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity.</li> </ol>	
4.	<b>Urgent Items for Attention</b>	None.	
5.	<b>TCG Update</b> (Nasir Dad)	Focus of TCG has widened to include autumn and winter pressures, to manage seasonal pressures and Covid.  Updates from Wednesday mornings TCG meeting: <ul style="list-style-type: none"> <li>• Emergency Planning Team looking at business continuity across organisation and partnership in greater detail – there is an ask for all cells to ensure narrative is updated to reflect the work they are doing and that they are responding to these wider considerations</li> <li>• A key focus linked to autumn is the longer term weather forecast and links to the MET Office</li> <li>• Received feedback from health and care cell on vaccination programme and the wider health and care pressures (shortage of blood test tubes and how NHS and CCG are dealing with this in short term)</li> </ul>	



- Received update from Department Work and Pensions around key economic risks and impact on residents. Had an update on universal credit and the pressures that come with the reduction of uplift ending. DWP updated on the wider support they are providing to those unemployed. ND added there will be further contact between DMBC and DWP around how we can support residents.
- Received update on homelessness – numbers are steady but high and a lot of work being done to manage. Updated on pressures in the system to provide additional capacity and wider ASB issues in the Town Centre and how we are managing this collectively
- Received update on education and testing as young people return to high school and requirement for LFT tests before they return to school.
- There is a separate TCG taking place for the St Leger Festival – working closely with the Safety Advisory Group (SAG) and the Doncaster Racecourse around preparedness, Covid compliance and best practice and wider compliance / safety. The Licensing Team has issued a bulletin to all licensed providers around Covid safety measures and how they can put them in place.

Questions/comments:

PO raised St Leger Festival and that it is concern holding a mass gathering in the borough, particularly given what has happened recently in Cornwall with the large spike.

ND – the Racecourse has a number safety measures in place for the festival to help manage flow of people. There are Covid safety measures in place and Racecourse bringing in learned experience following preparation for the festival last year. Expectation is we will see a spike in cases after the festival, but assured the Racecourse is doing all we expect of them in terms of managing and reducing risk.

RS noted three key things 1) Racecourse taking precautions and have been through the Safety Advisory Group, 2) we expect people attending the event to take personal responsibility - if they have symptoms then they should not go. RS added most places have good returns/policies in place now, and 3) the Town Centre after the races will be a challenge, but we are ensuring there is sufficient response in the Town Centre to manage. RS added that we have fewer powers to stop things taking place given the stage we are currently at on roadmap – it is much more about our response following the events.

PO commented it is worrying given Doncaster’s current rate and the impact increased footfall before/post event will have.



		<p>Understand benefits to economy but we need to prevent spread of infection.</p> <p>RS - under current contain framework, the only way we could deploy extra measures would be if Doncaster became an enhanced response area. As it stands under Covid control framework we unfortunately do not have powers to introduce other measures.</p>	
<p>6.</p>	<p><b>Data and Intelligence Update</b> (Laurie Mott)</p>	<p><b>7 day &amp; positivity rate (for the 7 day 20 - 26 Aug)</b></p> <ul style="list-style-type: none"> <li>• Doncaster’s official 7 day rate per 100,000 is 392.3. Fall from yesterday rate of 397.1. Overall rate climbing upwards steadily, albeit last couple days has been a small fall in the rate.</li> <li>• Barnsley’s rate is 384.6, Rotherham’s is 411.0, Sheffield’s is 313.8 (rates had been falling for some time, last 3 days had two rate increases), YH 349.3 and England’s is 315.2 (falling last 3 or 4 days but not by much).</li> <li>• Doncaster has 12.3% positivity rate – down from 12.5% yesterday. Has been climbing past few months, started to fall recently, unsure how permanent this is. Looks like rate will continue to climb gently upwards, fall tomorrow, and rise again after that.</li> </ul> <p><b>Infection rates by age</b></p> <ul style="list-style-type: none"> <li>• 60+ age case rate concerning as has been climbing in Doncaster. LM added that the 60+ case rate for England has been climbing for 23 days consecutively (approx. rate has doubled since beginning August)</li> <li>• In terms of infection rates by age – past couple months there has been little change to overall age case rates; younger working age rate fallen fast last couple weeks, case rate increasing most in 40-59 age group and has now overtaken the young working age rates</li> <li>• 90+ age group showing no sign rate increases so far</li> <li>• Doncaster’s infection rate is not increasing overall particularly – the rate is being protected by falls in rates in the 10-34 age group, which is interesting as spike in rates have typically been led by this age category until this point</li> </ul> <p><b>Infection rate by deprivation quantile</b></p> <ul style="list-style-type: none"> <li>• Last couple weeks rates in more affluent parts of Doncaster have been a little lower lower than other parts of the borough</li> </ul> <p><b>Infection rate by gender</b></p> <ul style="list-style-type: none"> <li>• Case rate differences between men/women largely stabilised</li> </ul>	



- LM presented a chart showing the 7 day case rates by age/sex group – shows that case rate in men aged 60+ is increasing notably compared to women.

**Infection rate by ethnicity**

- Case rates defined by ethnicity shows no particular notable changes in profile of cases

**% cases registered to GP practices**

- Previously many cases were registered to GP which was causing issues but has now been solved
- Number positive cases registered to a GP has fallen and is now less than 2% (whereas week before last was 10%)

**Vaccinations**

Vaccination uptake (18+) up to 30 Aug:

- First dose uptake – Doncaster is mid-range in terms of performance
- Second dose uptake – Doncaster still mid-range in terms of performance, slightly better than first dose uptake
- Both first and second dose uptake in Doncaster better than England average

Data up to 31 Aug:

- First dose - 219,091
- % first dose - 80.2 %
- Second dose - 197,738
- % Second dose - 72.4%
- % of people who have had a first dose who have also had a second dose – 90.3%

LM displayed a map of % 1<sup>st</sup> and 2<sup>nd</sup> doses in 15+ Doncaster population – shows poor performance in terms of uptake of both doses in areas of Town Centre, Lower Wheatley, Hexthorpe, Balby, Hyde Park

**Hospital activity**

- Admissions climbing – some evidence slight fall last few days
- Patients actively treated for Covid stands at 46 as of 01/09/21 (climbed from high 20's 27 Aug to now mid 40's)
- 9 in ITU as of 01/09/21

**Deaths related to Covid**

- LM highlighted that there are possible early indicators of concern as there have been 14 deaths in August so far (perhaps more yet to come through), 12 of which aged 60+. Covid related deaths started to increase again after period of none at all.



		<p><u>Questions/comments:</u>          RS – any geographic areas of concern?          LM – most concerned of Woodlands where there is hotspot of high density cases and still gaining cases as community. Also keeping eye on Consibrough and Bentley. Been brought to IMT today and expect Bronze Groups will look into these areas in next couple days.</p>	
<p>7.</p>	<p><b>Daily Incident Management Team Update</b>          (Robert Jones)</p>	<p><b>RJ offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>• Last 7 Days there have been 37 New Cases.             <ul style="list-style-type: none"> <li>○ By Locality - 13 Central, 11 South, 7 East, 4 North and 1 Out of Area.</li> <li>○ By community – Balby 6; Armthorpe 3; Belle Vue 3; Lower Wheatley 3; Edlington 2; Denaby Main 2; Dunsville 1; Edenthorpe 1; Hatfield 1; Hexthorpe 1; Kirk Sandall 1; Mexborough 1; Sprotborough 1; Thorne 1; Tickhill 1; Town Centre 1; Bentley 1; Bessacarr 1; Carcroft 1; Clay Lane 1; Conisborough 1; Askern 1; Bawtry 1; OOA 1</li> <li>○ By setting type - businesses picking up majority cases, closely followed by adult social care settings collectively. This has been similar position for last 2 /3 weeks.</li> </ul> </li> <li>• 62% cases reported directly from settings. Cases identified by RADAR line list reviews now accounting for 36% of cases indicating that this work stream is identifying cases that could have previously been missed.</li> <li>• In the last 7 days, have closed 63 cases. By setting – closed 39 businesses, 11 care homes, 4 early years and other adult social care settings. In terms of outcome of closures, 97% cases closed due to reaching end monitoring period. RJ added that IMT now rarely sees any outcome which is a negative result (this is due to the fact that the IMT support team confirm there has been a positive PCR test before being raised to IMT for discussion)</li> <li>• 7 day rolling average is 74.6 (decreased from last weeks reported figure of 93.3)</li> <li>• Last 24 hours – opened 4 new cases (3 adult social care and 1 child minder)</li> </ul> <p><u>Questions/comments</u>          RS requested update on schools with them returning this week and next -          KD response –</p> <ul style="list-style-type: none"> <li>• Main concern has been around face coverings, ventilation and Co2 monitors</li> <li>• Lateral flow tests to be completed before return to Secondary Schools and Colleges will be key</li> <li>• KD is meeting with Robert Jones tomorrow to go through the process for IMT, in terms of how we will manage incoming positive cases from school settings</li> </ul>	



		<p>KD raised outbreak meetings – previously we offered schools support and there was a lot to be gained from these meetings. KD queried what these outbreak meetings will look like now under current guidance, what can we influence and encourage to ensure managing and support schools as best we can?</p> <p>RL response – it will be different depending on situation, would expect usual outbreak control meeting format and meeting with schools to understand their situation and going through control measures with them. In terms of face coverings – in the contingency framework it mentions ‘trigger points’ for schools to recommend/advice on use of face coverings. One of these trigger being high number cases across a local area.</p> <p>KD – joint approach/joint comms from public health to reinforce messages is useful. Comms on media platforms show consistent approach so everyone has good understanding and support is available for schools.</p> <p>RS – sense is it will be an iterative learning approach. If we hit triggers of 5 cases we would hold an outbreak meeting with the school and look at the range measures they have in place and would not hesitate to recommend face coverings if felt this was a necessary control measure.</p> <p>KD also raised challenge of staff absence with waiting for test results and isolating and impact on learning.</p> <p>KJ – good point re communication to schools – have we got mechanisms in place to inform schools of the situation with case rates in their locality from IMT?</p> <p>KD – in outbreak meetings we can provide schools the wider picture, but nothing in place as extensive as providing that wider picture (i.e. hotspots/cold spots) to all education settings.</p> <p>KD added that operational meetings with Head Teachers are starting again in September, in these meetings we previously presented the local situation and how it affects school locally, could we be in a position now to share the bigger picture with schools at these meetings?</p> <p><b>Action: RS proposed that we commit to sharing community level data with Head Teachers at the Operational Group Meeting and have a conversation with them about how much of this information is useful.</b></p> <p>RS added a lot of this information is available publically but can be shared with them.</p>	<p>RS/KD</p>
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		<p>PO noted a conduit for information from IMT could be through Edulog as this goes out on a regular basis and can transfer information between operational meetings.</p> <p>PO noted that Union members are concerned about being in enclosed spaces in schools, the ability to ventilate, plus issues with the Co2 monitors. PO added they are lobbying government for finance for proper ventilation. There is option for natural ventilation via windows, however as we approach winter and gets colder likely to receive complaints. PO added the sensible solution is to maintain masks where possible – was raised in a meeting with Head Teachers yesterday and some in favour of this, as well as continuing to maintain one-way systems in schools and have split school start/finish times to manage risk. PO added schools appear to be in favour of localised decision making, keen for local authority support on this too.</p> <p>RS queried any updates from the College –</p> <p>LS - Test centres are being set up and also drop-ins, a schedule has gone out to curriculum leads for next week to get students booked in.</p> <p>NM – also working with Doncaster council and North Lincs Council to set up onsite vaccination facilities for students.</p>	
<p>8.</p>	<p><b>Outbreak Management</b> (Carys Williams/Clare Henry)</p>	<p><b>Outbreak control planning update (CW):</b></p> <p><u>Management of outbreaks – risk (high)</u></p> <p>Risk Summary:</p> <ul style="list-style-type: none"> <li>• Effective management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community</li> <li>• Regular guidance and legislation changes</li> <li>• Lack of legislation to enforce protective measures in some sectors</li> <li>• Increased cases &amp; outbreaks in adult social care settings</li> <li>• Surges in cases with schools re-opening (Scotland), festivals and events – knock on impact on high-risk settings</li> </ul> <p>Mitigations in Place:</p> <ul style="list-style-type: none"> <li>• Covid control plan under regular review with changing guidance, learning</li> <li>• Frameworks for higher-risk settings reviewed with area leads</li> <li>• Additional capacity to support OCTs through PH leadership</li> <li>• Processes in place to monitor cases, clusters and outbreaks through IMT, RADAR, OCTs and data and surveillance mechanisms</li> </ul>	



CW added that this risk is still 'high' because there remains a lot of unknowns and still seeing risk in cases.  
 RS confirmed ok with this – if we were rating in terms of likelihood / impact, then likelihood would be reducing, but impact still high.

Threat and risk assessment review

- Reviewing the T&R assessment to also include clear mitigations for risk where possible to help reviews of impact ratings and support covid board discussions and assurance processes
- Will be going out to board members and risk area leads later this week to review the risks, risk description and for further detail on the current mitigations in place – **formal ask / action to board members.**
- Will review with risk area leads and TCG leads the best place for some risks to reduce duplication and any new risks that may need to be added.

RS noted each risk area needs to have a risk owner to be clear around who is responding to CW request.

Ongoing work

- Enhanced response planning (inc. VOC response & surge testing)
- Mobile processing units (scoping potential & building into planning). These units are mobile labs which can turnaround tests onsite between 3-6 hours so significantly reduces waiting time for results. This is currently being tested and rolled out in the North East.
- Control plan & frameworks; guidance and legislation updates
- Testing arrangements (symptomatic)
- Horizon scanning (inc. events, winter)

**Testing update (CH)**

Doncaster's Community Testing & Response Team

- Continue to focus on hard to reach groups & provide assisted testing sites at North Bridge and Mary Woollett.
- 23.08.21 – 28.08.21 = 325 assisted asymptomatic tests & 694 self-test kit boxes. Almost 1000 test kits the week before. CH noted there may be may be restricted number test kits from central government as changing approach from mass testing to more hard to reach targeted groups
- Currently supporting vaccination pop-ups
- Recent locations for mobile team include Wool Market, Clock Corner, Changing Lives
- Reviewed safety & security – there have been a few incidents regionally and locally around "anti vaxxers" so



		<p>ensuring the team is safe and up to date on policies/procedures</p> <ul style="list-style-type: none"> <li>• Awaiting confirmation from DHSC regards future beyond end of September. Also awaiting national testing strategy. Coming up with options / different scenarios locally to prepare.</li> </ul> <p><b>Local Contact Tracing (CH)</b></p> <ul style="list-style-type: none"> <li>• Team still very busy</li> <li>• Continue with postcode throttling – this is where the national team are taking on some of our local cases. Review of postcode throttling in a couple of weeks – monitor impact of schools returning &amp; St Leger first.</li> <li>• Switched off ‘local 24’ due to capacity – this is where the national team failed to contact a case in 24 hours they returned to local team</li> <li>• Seeing 35 cases a day as 7 day average</li> <li>• Completion rate below 90% - not completing as many cases as normal, largely due to number residents refusing to engage</li> <li>• Schools returning and contact tracing – not sure of impact, will be reliant on parents contact tracing their children</li> <li>• Workplaces sending close contacts home, even if exempt, but not reporting or recording these with NHS T&amp;T so they don’t get an account ID to apply for support – could cause issue if people need CTAS ID to get support for self-isolation. Currently trying to unpick and see how big of an issue this is</li> </ul> <p><u>Questions/comments</u></p> <p>PO – colleague raised in HR monthly meeting that reducing hours/availability at North Bridge for testing and this is based on take-up. Have been asked as Unions to support people still going for tests but need the facilities to test.</p> <p>CH noted that the team is regularly reviewing testing capacity across the borough – hours/days have been reduced at North Bridge as need them to be busy and accessing the harder to reach groups. CH confirmed there is plenty capacity for people coming through for tests, and this is reviewed on ongoing basis.</p> <p>PO – should not be complacent around those that are double jabbed as can still be carriers.</p> <p>CH – we are strongly encouraging staff to lateral flow test at least twice per week, including those double vaccinated, to try and reduce transmission.</p> <p>PO noted that “anti-vaxxers” is real concern – anything more we can do from comms perspective to combat?</p> <p>SC – it is an ongoing challenge and something comms is aware of. We have been working to try and counter “anti-vaxxers” -</p>	
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		<p>putting videos / Q&amp;A's online, sharing on social media and also individually responding to people on social media and signpost to more authoritative and reliable information. Also currently filming with colleagues in health services on specifics around Covid, so using experts on the ground to convey the message.</p> <p>RS queried whether there is any sense when we might get updated contain framework – previously told perhaps autumn/winter?          CH – not heard anything as of yet and unsure when we will get this through exactly.          RS added it is really important that once Carys issues the threat and risk assessment to colleagues to review, risk owners/leads then look at these, identify current risks and any additional mitigation that needs to be put in place. We need to be prepared to go as far as we can for local people.</p>	
9.	<b>Threat and Risk Register and Key Updates from Organisations</b>	<p>RS noted that as we are currently reviewing the threat and risk assessment we would not go through in detail today.</p>	
10.	<b>Communications</b>	<p>SC provided an updated on comms activity:</p> <ul style="list-style-type: none"> <li>• Want people to think about what they are doing in their daily lives – ‘Balance of Risks’ campaign</li> <li>• Joining online platform called ‘Next Door’ which is a hyperlocal social networking service</li> <li>• Distributing more leaflets and flyers (particularly targeting 60+ age group in settings they typically visit)</li> <li>• Not relying on social and digital comms as not resonating with people and switching off</li> <li>• Radio campaigns running</li> <li>• Use of advertising spaces across the borough</li> <li>• Trying to keep momentum going</li> </ul> <p><u>Questions/comments:</u>          RS – current comms strategy fit for purpose?          SC noted that the strategy takes us to the end September so will review next couple weeks. SC added that the comms cell will morph into winter planning comms cell and will look at range challenges over winter months, including Covid.</p>	
11.	<b>AOB</b>	None.	
12.	<b>Review of Actions</b>	None.	
13.	<b>Chair Summary</b>	<p>RS offered a key summary:</p> <ul style="list-style-type: none"> <li>• We are in a different position compared to September 2020 – case rates and hospital admissions are higher, however we have an effective vaccination programme in place</li> </ul>	



		<ul style="list-style-type: none"><li>• Return schools – will see what more we can do to bring in additional support to schools</li><li>• Awaiting further decision around booster vaccinations and vaccinations in all 12-15 year olds</li></ul>	
14.	<b>Date and Time of Next Meeting</b>	The next board meeting is scheduled: <b>Wednesday 15<sup>th</sup> September 2021 3pm.</b>	

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