Public Document Pack

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: Monday, 15th November, 2021
TIME: **3.00 pm**

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

BROADCASTING NOTICE

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

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

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

Damian Allen
Chief Executive

Issued on: Friday 5th November, 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 Tuesday 9th November, 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 the 21st September, 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.	Updated COVID Control Plan (Attached - Rupert Suckling).	5 - 40
9.	COVID Health Protection Board Risks (Attached - Rupert Suckling).	41 - 46
10.	Minutes of the COVID Control Board Meeting held on the 27th October, 2021 (Attached - Rupert Suckling).	47 - 58

Members of the Doncaster COVID-19 Oversight Board

Chair – Mayor Ros Jones.

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

This page is intentionally left blank

Present: Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Mark Houlbrook, Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP) Dr. Rupert Suckling (RS), Damian Allen (DA), Fiona Campbell (FC).

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

Apologies:, Dolly Agoro (DAg), Paul O'Brien (Po'B), Chief Superintendent Melanie Palin, Jackie Pederson (JP).

	Action
1. Welcome, apologies and introduction – Mayor Ros Jones Mayor Ros Jones welcomed all those present to the meeting.	
2. Exclusion of the public and press – Mayor Ros Jones The Board agreed that there were no items on the agenda that the public and press should be excluded from.	
3. Public Statements and Questions – Mayor Ros Jones Mayor Ros Jones noted no questions received from members of the public.	
4. Declarations of interest – Mayor Ros Jones There were no declarations of interest made.	
5. Minutes of the last meeting held on 17th August 2021 – Mayor Ros Jones Minutes of the Doncaster COVID-19 Oversight Board held on 21st August 2021, approved.	
6. COVID-19 National Overview – RS RS began by reminding the board they last met in August and at that time Doncaster saw a small increase in cases. Nationally throughout August the number of cases continued to increase. Case rates had fallen since then, however across the country there had been a small increase in hospital admissions and deaths. RS advised there had been changes in the rules for people who are close contacts of a positive case. RS informed Members that the Government published the Covid-19 Autumn/Winter guidance which included a Plan A and if needed a Plan B. 5 key factors of Plan A were highlighted to Members as: • Vaccines and any other anti-viral drugs. • Identifying and isolating positive cases - continuation of Test & Trace. • Support NHS and Social Care to manage demand on services. • Helping people to protect themselves – communication and advice. • International approach – vaccines for the rest of the world, manage changes at the border. RS explained in the autumn/winter plan there was some indication of what the Plan B measures might be should there be a new variant or case rates increase rapidly. They include face covering, social distancing and vaccine passports in nightclubs The board also noted other announcements made recently were: • Vaccines for all 12-15 year olds. • Booster doses for those that had their first vaccine more than 6 months ago. • Changes to travel guidance - removal of red amber and green list to a simplified approach, change in testing before and after travel, change in which countries are on which list.	

There was an expectation that there would be a revision to the Covid Contain Framework, with no indication of regional restrictions. However RS explained the Director of Public Health together with other health professionals can make requests to close premises through magistrates if they have uncontrolled outbreaks.

A board member sought clarity of the implications to the Council due to the changes in restrictions, it was explained the setting that had seen the greatest change was education, as compared to last term there was no longer a requirement for bubbles, face coverings and social distancing.
RS went on to advise that all settings could be more open and in keeping with the lifting of restrictions, but a precautionary approach should be taken. The board noted that there had been outbreaks in settings/businesses that had moved very quickly back into normal working practices. RS explained that schools had also seen a number of children with Covid-19, and had written to schools to inform them that they could implement the use face coverings which was beyond Department for Education guidance.
Staff surveys showed people were nervous about returning to the building.
Nationally the advice was to expect a rise in cases during the winter, but that was not expected to lead to a lockdown.

RESOLVED;

- That the presentation be noted.

7. What the data is telling us – Jon Gleek (JG)

JG provided a strategic overview of what the data is telling us in the area, and began by showing a map of the areas of the UK with the highest number of cases, which were mainly in Scotland & Wales.
JG noted that Doncaster was 62nd in the national UK table of case rates, but 7th within the England table.
Members were presented with Doncaster's pandemic curve, which highlighted a slight uptick in cases around the time schools carried out asymptomatic testing ahead of their return.
JG also informed the board of the infection rates per 100,000 people and the positivity rates of those tested. These showed cases were decreasing but the gap between Doncaster and other areas is beginning to widen, as Doncaster's rates are dropping at a much slower pace.
JG presented data by age and showed cases in 0-19 year old rates had increased, and the lowest cases were shown to be in the oldest categories. Doncaster was 8th in England for over 60's which was high in comparison to other areas.
The board were presented with the amount of cases the incident management team dealt with, and JG explained the case mix changed, with the team dealing with more incidents within business settings and schools.
Members were updated with the latest hospital numbers, which increased through the summer. More recently numbers had become static and the board noted most of those in hospital were above 60, but most discharged.
Deaths related to Covid increased in August and was the highest for some time. It was also reported there were more excess deaths than usual.

JG reported the claimant rate for Universal Credit was falling but remained very high. Data showed 16-24 year olds were most affected.
For those clinically extremely vulnerable shielding would formally end which affect some Doncaster residents.
Members were shown the percentages of people that had received first and second doses of vaccine. A map of Doncaster showing the uptake across the borough showed inequalities within the borough, and the town centre had the lowest uptake.

A Member questioned why there were significant differences in case rates between towns in South Yorkshire, and would Sheffield see a shift in numbers when university students came back. JG advised that Barnsley and Rotherham were Doncaster's statistical neighbours and demographically similar. Sheffield was in different area and their numbers may change when students arrive. RS advised that in Doncaster testing was only detecting 30-40% of all cases in the amounts of people that test were dependent on our testing strategy and whilst cases were high we would not look to reduce testing capacity. There was a proposal to move away from free lateral flows, and there would be a need to look and consider our response to that.

RESOLVED;

- That the presentation be noted.

8. Covid Health Protection Board Risks – RS

RS highlighted a number of risks are low or medium, however it was noted that;

- Contact Tracing was Very High Risk – during August case rates were so high the Authority could not undertake all tracing therefore the national Test & Trace service picked some up. Next week we would increase the amount we could trace but not all. If our case rate continued to fall we may be able to take them all back.

- Management of Outbreaks in High Risk Settings was High Risk – with a number of schools had cases and outbreaks in both primary and secondary schools. XP had an outbreak which was starting to decrease and the department were working closely with them.

A Councillor questioned whether the transport to XP school was a factor and it was advised that it was a concern but in terms of the outbreak at XP the extra curriculum activities at the start of the year where large groups gather together may have been the cause.
In relation to a question it was explained to Members that private nursery setting have to notify the council of any cases. Some nurseries within the area have large numbers of children so it was not surprising these setting do have outbreaks.

RESOLVED:

- That the presentation be noted.

9. Minutes of the Covid Control Board meeting held on 1st September, 2021

RS explained that when the updated contain framework was received nationally we would update our local control plan.

RESOLVED:

- That the presentation be noted.

This page is intentionally left blank

Doncaster Multi-agency COVID-19 Control Plan

Public Summary Document

Plan Authors: Doncaster COVID Control Board

Version: 10 (draft)

Issued: Nov 2021

Review date: Jan 2022

The previous Version (version 9) of the Operational Covid Control Plan was signed off by both the COVID Control Board and COVID Oversight Board.

This is a summarised, public version of the plan document.

Public Summary Document

Table of Contents

SECTION 1: PLAN MAINTENANCE

Public Summary Document

1.1 Document control and Distribution

This plan is maintained and updated by members of the Doncaster COVID Control Board chaired by the Director of Public Health.

All members of the group are asked to advise the team of any changes to circumstances, staffing or procedure that may materially affect the plan in any way.

1.2 Record of Amendments

Amendment number	Actioned by	Type of change	Date
1	COVID control board	Initial plan draft	June 2020
2	COVID control board	V2 draft developments	June 2020
3	R Suckling	V3 Update to plan	12 July 2020
4	C Williams	V4 update to plan – all sections	31 July 2020
5	C Williams	V5 update to plan	September 2020
6	C Williams	V6 update to plan	November 2020
7	C Williams	V7 update to plan	January 2021
8	C Williams	V8 update to plan	March 21
9	R Suckling	Section 9.0	April 2021
10	C Williams / H Waller	V9 Update to plan	July 2021
11	H Waller	V10 Update	Nov 2021

1.3 Review and Exercise Record

The operational plan is under regular review including following any significant changes in national guidance and incorporates learning from local incidents and outbreaks.

A range of training has taken place across the system and training needs are reviewed on a regular basis.

SECTION 2: GENERAL INFORMATION

2.1 Introduction and Background

This plan provides a framework for the multi-agency prevention and management of cases, clusters and outbreaks of COVID-19 in Doncaster. It also outlines the links to regional and national systems and guidance.

In May 2020, Directors of public health were mandated to develop local COVID-19 outbreak management plans with local partners that are centred around 7 themes:

Care Homes and Schools

- Planning for local outbreaks in care homes and schoolss (e.g.defining monitoring arrangements, potential scenarios and planning the required response)

High Risk Places, Locations and Cmmunities

- Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g. ports, airports), detained settings, rough sleepers

Local Testing Capacity

- Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations

Contact Tracing in Complex Settings

- Assessing local and regional contact tracing and infection control capability in complex settings (e.g. Tier 1b) and the need for mutual aid

Data Integration

- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook

Vulnerable People

- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities

Local Boards

- Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public

2.2 Purpose of the plan

The purpose this plan is to provide a framework for the multi-agency prevention and management of cases, clusters and outbreaks of COVID-19 in Doncaster and an outline of the links with regional and national systems and guidance.

2.2.1 Aims

The aims of this plan are:

- To minimise the spread of COVID-19
- To identify any new cases, clusters or outbreaks of COVID-19
- To respond promptly to any new cases, clusters or outbreaks of COVID-19
- To reduce the impact of any new cases, clusters or outbreaks of COVID-19
- To build public confidence in the local approach to COVID-19 control

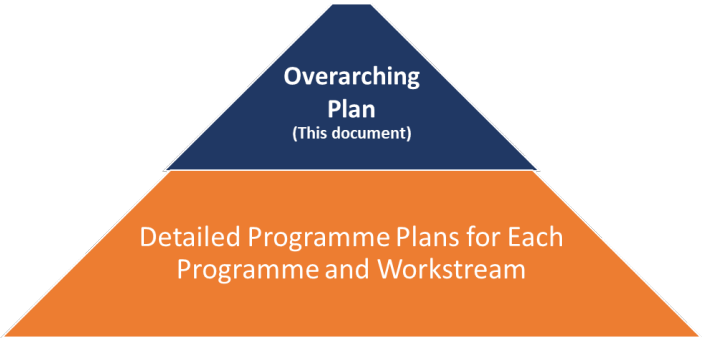
2.2.2 Objectives

The key objectives of this plan are:

- To summarise the key risks, planning assumptions and considerations that underpin the planning and response arrangements to local outbreaks of COVID-19;
- To define the roles and responsibilities of responding organisations;
- To describe the approach to preventing local cases, clusters or outbreaks of COVID-19;
- To outline the procedure for managing and responding to COVID-19 cases, clusters and outbreaks in single settings and/or institutions e.g. schools and care homes;
- To outline the procedures for identifying and managing COVID-19 cases, clusters and outbreaks in high risk places, locations and communities of interest;
- To outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes;
- To summarise the process and coordination of support for vulnerable people needing help to self-isolate;
- To outline local methods and access routes to timely testing and interfaces with national systems;
- To provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre;
- To summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Doncaster.

2.2.3 Scope and plan limitations

This plan outlines the key responsibilities of responding organisations, setting specific protocols and key considerations to managing cases, clusters and outbreaks of COVID-19 in Doncaster.



This plan does not cover in depth detail of the national NHS Test and Trace programme, but does outline the Council's approach to contact tracing and support locally. It also does not provide in depth detail for Port Health or outbreaks in institutions such as prisons; there are separate and dedicated plans in place for the management of communicable disease incidents and outbreaks in these settings that are held by Public Health England and partners.

2.3 Risk Assessments

On initial notification of a positive complex COVID-19 case, the UKHSA Yorkshire and Humber Health Protection Team (HPT) will also undertake a risk assessment based on the information provided to them at that time, as outlined in the Joint Outbreak Management of Outbreaks LA and HPT V1.0.

Higher-risk communities, settings and places are currently being reviewed and will be risk assessed and prioritised.

2.4 Related documents and supporting plans

Key supporting plans are:

- Doncaster multi-agency outbreak plan (Doncaster Joint Health Emergency Planning Group);
- Doncaster multi-agency Mass Treatment Plan (Doncaster Joint Health Emergency Planning group);
- Coronavirus Emergency Preparedness, Resilience and Response Plan;
- Doncaster COVID-19 Recovery and Renewal Plan
- Doncaster Care Home Intervention Plan
- Outbreak Control Plan Equality Impact Assessment

Related and supporting documents for this plan are:

- ADPH Guidance: Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level;
- ADPH Guidance: Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the Pandemic
- Joint Outbreak Management of Outbreaks LA and HPT V1.0
- Doncaster Coronavirus Tactical Strategy

Public Summary Document

- Port Health Plan for Doncaster Sheffield Airport

2.5 Audience and responding organisations

This plan has been developed for use by organisations involved in the management of localised COVID-19 outbreaks in Doncaster. It will assist responding staff and organisations to understand the risk and management of COVID-19 outbreaks and incidents in the Borough. The plan will also refer to actions and arrangements in place to respond to future outbreaks and incidents. Plan holders will receive updated copies following any changes and reviews.

A number of organisations may be involved in the management of a communicable disease incident or outbreak in Doncaster. Depending on the nature and scale of the outbreak, these may include, amongst others:

- Doncaster Council;
- Public Health England;
- St Leger Homes of Doncaster;
- Doncaster Children's Services Trust (DCST);
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH);
- Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTHFT);
- NHS Doncaster Clinical Commissioning Group (DCCG);
- Yorkshire Ambulance Service (YAS);
- Primary care services;
- FCMS;
- Voluntary sector and community groups;
- Doncaster Culture and Leisure Trust (DCLT);
- South Yorkshire Police;
- South Yorkshire Fire and rescue;
- NHS England.

SECTION 3: ACTIONS, ROLES AND RESPONSIBILITIES

This section outlines the key roles and responsibilities of responding groups, officers and organisations in the management of COVID-19 incidents or outbreaks.

Director of Public Health and Team

- Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

Covid-19 Incident Management Team (multi-agency)

- To monitor and review data and intelligence on COVID-19 cases, incidents and outbreaks, and to agree and coordinate the activities of the agencies involved to manage the investigation and control of the outbreak.

Locality Bronze Groups

- Undertake key actions agreed with IMT and advise on local intelligence and knowledge of high-risk populations, people and places.

UKHSA Regional Protection Team (Yorkshire & the Humber)

- To receive the notification of outbreaks, undertake the risk assessment and provide public health advice in accordance with national guidance or local Standard Operating Procedures. The team will work closely with the Director of Public Health

Data cell

- To collate, analyse and triangulate all available data to provide a situation overview upon which decisions on prevention work and outbreak control measures are required can be made.

COVID-19 Health Cell

- To provide expert leadership across the local health system and will closely support and link to the COVID control board and IMTs through the designated representatives from NHS Doncaster Clinical Commissioning Group.

Infection Prevention and Control Task and Finish Group

- To provide specialist advice and guidance on infection prevention and control and assure local arrangements for testing, including access, increasing capacity and data sharing as appropriate.

COVID-19 Testing Lead

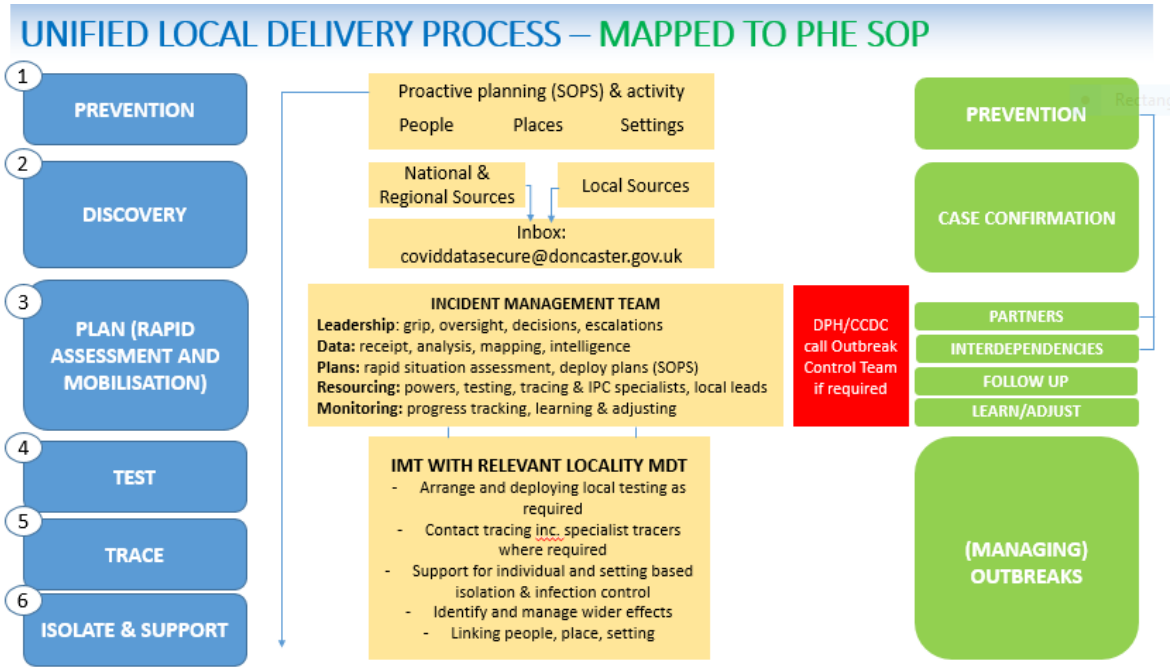
- The COVID-19 testing lead works closely with the SY LRF testing lead and local partners. This covers all areas of testing from local aspects of pillar 2 through to outbreak testing deployment and symptomatic and asymptomatic testing programmes locally.

SECTION 4: PLAN ACTIVATION AND COVID-19 TASK FORCE

4.1 COVID-19 Task Force

The COVID-19 Task Force will drive the coordination and management of outbreaks of COVID-19 in Doncaster, along with key elements of prevention, risk management, data and intelligence and wider local response. The task force includes a range of Team Doncaster partners.

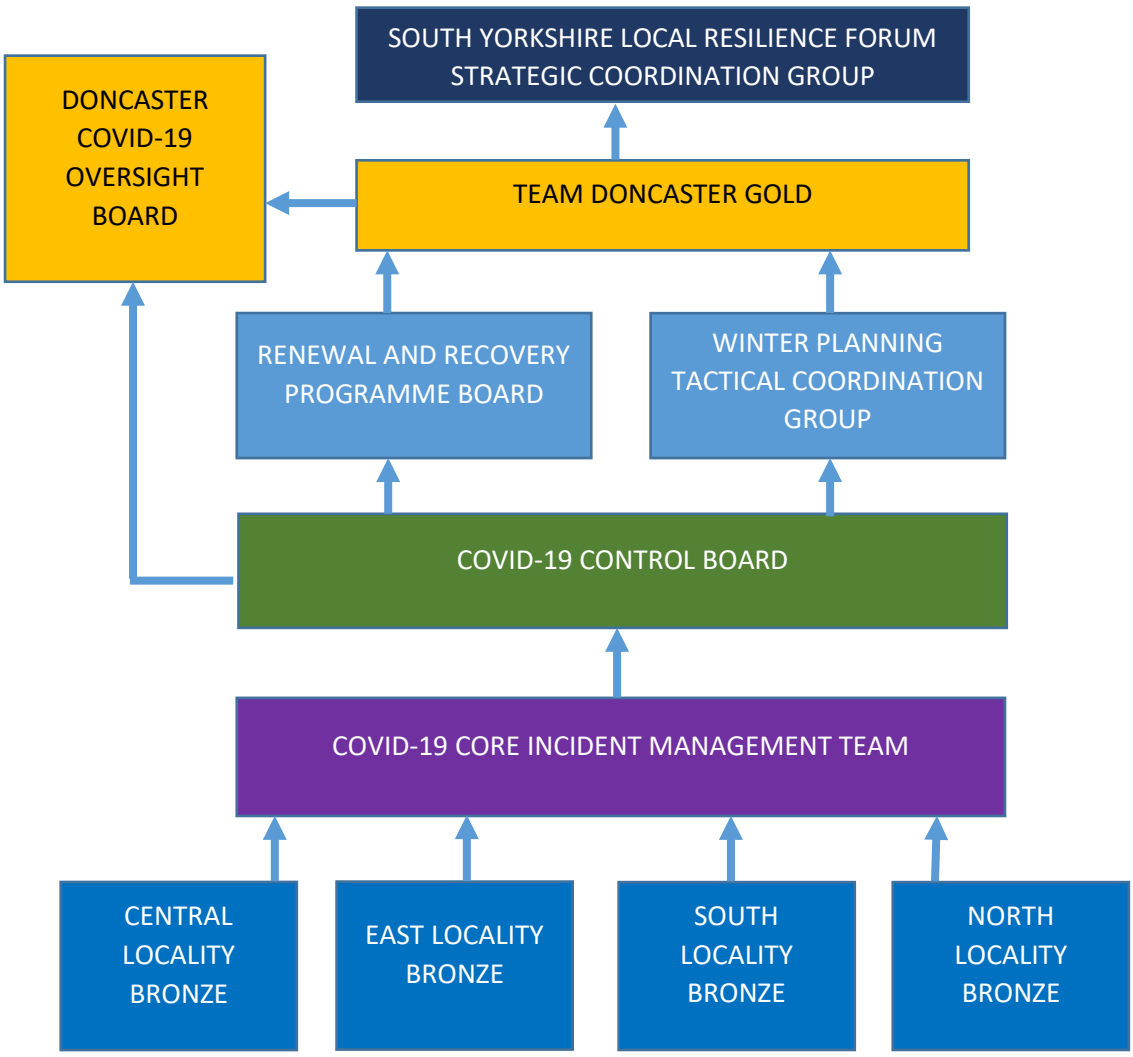
An overview of the task force response is provided in the diagram below and the following sub-sections of this plan.



4.3 Governance and reporting

4.3.1 Structure

The governance and reporting structure for COVID-19 outbreak management in summarised below.



4.3.2 Doncaster COVID-19 Oversight Board

The role of the Doncaster COVID-19 Oversight board is to:

1. Provide oversight, assurance and scrutiny of:
    a. Plans to prevent and manage outbreaks of COVID-19 in Doncaster
    b. Actions taken to prevent and manage outbreaks and their outcomes
2. Engage and communicate with residents and stakeholders
3. Monitor levels of infection and assure the Doncaster people that the Control Plan has been developed and is being delivered appropriately.

Membership of the COVID-19 Oversight Board includes:

- Elected Mayor of Doncaster Council (Chair)
- Cabinet member for Public Health, culture and Leisure (Vice Chair)
- The Group leaders or their nominees
- Locality cabinet members x4 (the cabinet member for public health counts as one)
- Council CEO
- Council DPH

- Health – Doncaster CCG
- Chair Inclusion and Fairness Forum
- Union representatives

4.5.3 Doncaster COVID-19 Control Board

The overall role of the COVID-19 Control Board is to protect the health of the population of Doncaster by preventing, identifying and responding to Outbreaks of COVID-19. This also includes:

- The identification of actions to both prevent and manage outbreaks
- The production of the Control Plan and its continual and agile updating

Membership of the Doncaster COVID-19 Control Board includes partners from across Team Doncaster.

Membership of the COVID control board is subject to regular review.

SECTION 5: DATA AND INTELLIGENCE

5.1 Data protection and data sharing

Data sharing is in line with the conditions set out within the Civil Contingencies Act (2004) and GDPR to ensure systems can effectively respond to COVID-19. Further information on national data sharing notifications can be found here.

Information sharing agreements are also in place with partner organisations to support local response.

5.2 Local data requirements, Data flows and availability

The data cell is responsible for the receipt, review, analysis and triangulation of data and intelligence to aid the Incident Management Team in risk assessment, decision-making, action planning and resource requirement and deployment.

5.3 National and Regional Notifications and Intelligence

There are a number of ways the Director of Public Health may be notified of positive cases in the borough through national and regional routes, including:

- NHS Test and Trace data and exceedance reports
- Pillar 1 and 2 testing
- Tier 1 escalations to YH Health Protection Team
- Joint Biosecurity Centre

5.4 Local Notifications and Intelligence

Local notifications and intelligence may be reported in a number of forms. These may include:

- Localities cells/teams
- Chamber/business Doncaster
- Regulation and enforcement (including summary of complaints from public, environmental health etc.)
- Local Contact tracing/social network analysis
- Primary Care, acute trusts and other health settings
- Direct notifications from settings e.g. care homes, schools (via EDUCLOG), hospitals
- Notifications and enquiries from providers, services and settings via commissioners

5.5 Local Data Flow and Approach

A range of data products will be developed for internal and external use. Wherever possible as much data as possible will be shared with Doncaster people.

A data cell has been working across the Team Doncaster partnership to review, analyse and interpret available data. Regular surveillance and epidemiology meetings are undertaken which cover data and intelligence to give a solid understanding of the local picture including. This includes intelligence from a range of sources. In addition Regular line list review meetings are also undertaken to identify cases that need further contact or welfare calls or support from specific organisations or teams.

Daily Incident Management team meetings take place with multi-agency partners to monitor and review data and intelligence on COVID-19 cases, incidents and outbreaks, and to agree and coordinate the activities of the agencies involved to manage the investigation and control of the outbreak.

The approach to data, epidemiology and outbreaks continues to be reviewed and adapted on a regular basis.

SECTION 6: VULNERABLE PEOPLE, PLACES AND SETTINGS AND HEALTH INEQUALITIES

Bespoke planning and response frameworks have been developed for those assessed as complex or of higher risk. These are aligned to the regional Yorkshire and the Humber UKHSA and Local Authorities Standard Operating Procedures and outline a localised summary of:

- The primary prevention actions for the group, setting or place
- Initial actions to be undertaken in the event of a suspected or confirmed case
- List of proposed MDT members
- Outbreak control measure actions and considerations
- IPC actions and considerations

The framework continues to be developed and strengthened through the IMT. A review will also take place following the activation of one of frameworks and following any significant changes in guidance.

6.1 Health Inequalities

There is clear evidence that COVID-19 does not affect all population groups equally. The UKHSA have published a rapid review, 'Disparities in the risk and outcomes of COVID-19'. This report confirmed that the impact of COVID-19 has replicated existing health inequalities, and in some cases, increased them. A second report focussing on stakeholder views gathered insights into factors that may be influencing the impact of COVID-19 on these group. The report 'Beyond the data: understanding the impact of COVID-19 on BAME groups' contains 7 recommendations. In our local response to COVID-19 we have focussed attention on providing education and prevention resources in suitable formats (see https://www.doncaster.gov.uk/services/health-wellbeing/coronavirus-easy-read-guides-and-other-language-guides). We have reflected on this work and recognise there is more to be done. Within our outcome control plan we will specifically work to ensure local implementation of the following UKHSA recommendation:

> *'Fund, develop and implement **culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.'*

An Equality Impact Assessment has been undertaken on the outbreak control plan and associated procedures and will be reviewed on a regular basis. An action plan has been developed and is being embedded across all areas of response.

Communities and multi-agency locality teams have reviewed communities in relation those more vulnerable to the impacts of covid and have prioritised the higher-risk people, settings or places for

monitoring, visibility and action/support. These are held by the locality cell leads and regularly inform IMT discussions.

6.1.1 COVID community link team

A COVID community link team is embedded in the public health covid core team and works with colleagues across the partnership to drive the EQIA recommendations and reduce inequalities associated with the pandemic.

6.2 Identification and support for vulnerable people

Throughout the pandemic, significant work has been undertaken to ensure that vulnerable people are identified and supported when this is required through the community hub and the communities cell. Arrangements are now in place through localities cells, locality MDTs and the local voluntary, community and faith sector groups to ensure that support remains accessible for vulnerable residents and those needing to self-isolate that cannot get support elsewhere.

This includes establishing, supporting and signposting to wider support networks.

6.2.1 Enabling and supporting self-isolation

Much of the support for vulnerable people throughout the covid-19 pandemic and through the winter period is coordinated though the Humanitarian Assistance cell and supported by the social isolation alliance and multi-agency partners. A range of practical, wellbeing and financial support is available to support people to self-isolate if required.

Financial support

Where residents told to self-isolate by NHS Test and Trace will lose earnings and income as a result of being unable to work, they are directed to the Council's self-isolation payment support webpage. This webpage outlines the application process for both the national payment scheme and the local discretionary payment scheme. Those requiring further assistance in applying are also signposted to contact the team via email at isolation.payments@doncaster.gov.uk or by telephone on 01302 735366 (option 1).

Wellbeing and practical support

Support is available through the Doncaster social isolation and loneliness alliance covering a range of emotional, wellbeing and practical support. This support can be accessed via 01302 430322 during the following hours:

- Monday to Friday 8am to 8pm
- Saturday and Sunday 8am to 6pm.

Residents are also able to contact the Doncaster Council customer contact centre for support via 01302 736000. This includes signposting to mental health and wellbeing support as well as practical support such as food back referrals and access to essential services. Those identified as requiring

support through local contact tracing are also referred for support to the relevant locality team single point of access emails.

Through the humanitarian assistance cell, the following ongoing support is in place:

- A central spreadsheet of all support available (including mental health and wellbeing and practical support) for partners to refer residents requiring support to the right place. This is reviewed regularly and is accessible to customer contact team, well Doncaster, local contact tracing team, the social isolation alliance and stronger communities teams
- Support lines in operation to receive incoming calls for support
- Processes in place to activate the delivery of emergency food supplies and medication deliveries when required
- Dedicated staff to oversee the ongoing development of the helpline and food distribution, sourcing of goods etc.
- Systems in pace to support the ongoing needs for those contacting the Doncaster Council customer contact team for welfare and follow up support
- Systems in place to source appropriate support for those who have ongoing needs following the end of the initial 10 day isolation period.

This approach and the support available is reviewed on a regular basis.

6.2.2 Tailoring and targeting communications

Throughout the pandemic, a proactive approach to contacting and supporting the most vulnerable has been adopted:

- Welfare calls to residents who test positive for COVID-19 and are identified as potentially requiring additional support continue;
- A dedicated BAME communications plan is in place with Team Doncaster partners to ensure accessible and targeted key messages are available in a range of formats and languages;
- The planning and response framework also summarises some bespoke prevention work to support reducing risk and transmission in populations such as homeless and complex lives cohorts, Roma communities, places of worship and asylum seeker populations amongst others.

All communications activity is coordinated with Team Doncaster partners and continues to be developed in line with new guidance, best practice and intelligence along with the activities summarised above.

SECTION 7: OUTBREAK MANAGEMENT PROTOCOLS

The broad outbreak management approach is based on Standard Operating Procedures developed with the UKHSA and Local Authorities across the region and embedded in a locality model in Doncaster, allowing for local arrangements and priorities to be incorporated.

In Doncaster, a partnership and locality approach has been adopted to develop a local planning and response framework of prevention and response. This framework provides a summary of key response and control measures and outlines some of the local partners and specialist expertise that are essential to effective outbreak management in specific settings.

These are aligned to the regional Yorkshire and the Humber UKHSA and Local Authorities Standard Operating Procedures described in section 7.1.

7.1 The UKHSA Yorkshire and the Humber HPT and LA Joint Working Arrangements for local responses to COVID-19 for specific settings

Regional Joint Working Arrangements are in place between Public Health England Yorkshire and the Humber and local systems outlining the key processes and considerations for responding to confirmed cases of COVID-19 in specific settings or communities, with the aim of reducing transmission, protecting the most vulnerable and preventing an increased demand on healthcare resource. These are available for settings/communities such as care homes, education settings, health and care settings, workplaces, communities of interest, vulnerable residential settings, prisons and airports.

All are based on common principles including:

- Joint working and whole system approach
- Consistency in approach across settings and local systems
- Build on what works using existing and newly developed outbreak plans
- Develop clear roles and responsibilities

7.2 National Action Cards

A number of nationally developed action cards for a range of sectors, settings and venues are available online for sector/setting/venue use. These outline initial outbreak management actions that should be undertaken to contain any potential outbreaks including symptoms and testing, initial contact tracing, key guidance links and when to inform their UKHSA Health Protection Team. Local information has been circulated on how to inform the most appropriate local authority team for advice and support.

The national action cards available cover categories such as small and large gatherings – workplace, residential workplace, consumer workplace, commercial workplace, education, food and drink, industrial workplace, institutions and travel.

7.3 Local Outbreak Planning and Response Framework

Bespoke planning and response frameworks have been developed for those assessed as complex or of higher risk. These are aligned to the UKHSA regional Yorkshire and the Humber HPT and Local Authorities Standard Operating Procedures and outline a localised summary of:

- The primary prevention actions for the group, setting or place
- Initial actions to be undertaken in the event of a suspected or confirmed case
- List of proposed MDT members
- Outbreak control measure actions and considerations
- IPC actions and considerations

The Framework covers a range of themes including, but not limited to:

- Care homes
- Homeless and rough sleepers (including commissioned and non-commissioned supported housing)
- Businesses and workplaces
- Domiciliary Care
- Childcare and Education Settings
- BAME populations
- Places of Worship
- People who are drug and/or alcohol dependent in residential settings
- Asylum Seeker population
- Supported living
- Day centres
- Children's residential settings.

The framework continues to be developed and strengthened through the IMT. A review will also take place following the activation of one of frameworks and following any significant changes in guidance.

7.3 Incident and Outbreak Monitoring and Escalation

7.3.1 Local outbreak monitoring and escalation

In developing this Outbreak Plan we have identified levels of Outbreak alerts for the system from 1 to 3. This plan is designed to cope with Level 1 and 2 Outbreaks. Level 3 would essentially be a forerunner of a subsequent wave of the Pandemic which would require a greater scale of response. The levels of alert are shown below.

Level	Characteristics	Recent Examples
1	• Outbreaks within existing capacity, even if in multiple settings simultaneously. The COVID Control Board would manage these	• COVID 19 in Care Homes and Schools

2	• Outbreaks, which exceed existing outbreak management capacity and need additional resource or capacity. The COVID control Board and Team Doncaster Gold would work together	• Lookback exercises and screening on over 1500 people (multi agency response)
3	• Outbreaks which exceed existing capacity and require the mutual aid of one or more partners e.g. UKHSA or LRF and/or one or more partners to declare a Major Incident	• Flu' Season 2017
4 (Subsequent Wave)	• A subsequent wave of infection as bad or worse than the first which requires full scale SCG Co-ordination and National Response.	• COVID first wave

Definitions

The definitions of outbreaks and incidents being used in to monitor incidents and outbreaks through Doncaster's IMT are:

- Incident- including UKHSA definitions: Exposure - single case in a care home, or, Issue - single case in another settings (e.g. workplace)
- Cluster - two or more cases with possible, but not yet confirmed, epidemiological link
- Outbreak - two or more cases linked in time and place

7.3.2 Criteria for escalation to IMT

Whilst all suspected and positive cases are recorded and monitored through established data processes, the development of criteria for escalation to IMT for more detailed review and consideration has also been embedded. These consider factors such as the type of setting, community transmission, vulnerable people and level of risk. These are also regularly reviewed.

7.4 Local outbreak management close down criteria and actions

The Doncaster Incident Management team has agreed that an incident or outbreak will be tentatively closed after 14 days since the onset of illness in the most recently developed case in line with known incubation periods of covid-19. This incident or outbreak will then be subject for ongoing monitoring and be re-opened when there is a new case that is linked up to 28 days after the onset of the most recently developed case. This is line with UKHSA guidance that incidents and outbreaks will be formally closed after 28 days in all settings.

Agreed actions following the close down of an incident or outbreak by the incident management team include:

- To re-open if further cases arise within 28 days of the onset of the most recently developed case
- If cases return as negative, undertake a review of 'what if' scenarios to review processes

- Undertake a review of the incident/outbreak management process
- Update of relevant plans and planning and response framework
- Consider a ‘close down’ call with the setting (e.g. school) to determine any further support requirements and review of the incident or outbreak

SECTION 8: NATIONAL AUTUMN WINTER PLAN AND LOCAL IMPLICATIONS

8.1 Autumn Winter Plan Overview

In September 2021, Government announced the COVID-19 response: Autumn and Winter Plan 2021. This included detail on a two-step approach to responding to the impacts of covid-19 throughout the autumn and winter period. Plan A outlines the principles and approach for autumn-winter whilst Plan B outlines further measures that may need to be implemented should data suggest these are necessary to protect the NHS and prevent the system from being overwhelmed. A summary of these plans are outlined in the sections below.

8.2 Autumn and Winter Plan – Plan A summary

The following outlines how the Government plans to approach the autumn and winter period as outlined in the Autumn and Winter Plan 2021.

Building our defences through pharmaceutical interventions - vaccines, antivirals and disease modifying therapeutics

- Maximising uptake of the vaccine among those that are eligible but have not yet taken up the offer
- Offering booster doses to individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9)
- Offering a first dose of vaccine to 12-15 year olds.

Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate

- Legal requirement to Self- isolate for 10 days after positive test to remain
- LFTs to continue to be free in coming months but will end at later stage. Focus on those not fully vaccinated, higher-risk settings & high risk groups
- Contact tracing to continue through autumn/winter with same isolation requirements as are in place currently (I.e. close contacts who are double vaccinated are not required to self-isolate but are recommended to take a PCR test etc.)
- Practical and financial support to Self-isolate for those eligible to continue. This will be reviewed in March 2022.

Supporting the NHS and social care: managing pressures and recovering services

- Ongoing funding commitments
- research into long Covid, assessments and long covid treatment/management
- CEV / shielding population – booster vaccine offer, risks & guidance will continue to be reviewed
- Adult social care – no caps on visitors, ongoing funding, vaccine requirements for staff and volunteers
- Flu vaccine programmes

Advising people on how to protect themselves and others: clear guidance and communications

- "Safer behaviours" – ventilation/fresh air, face coverings, testing, self-isolation, staying home if unwell, hand washing
- Businesses – RAs, employees to SI if required to; encourage ventilation, hand washing, consider NHS QR code or using covid pass
- Ventilation – inc. CO2 monitoring and further research

Pursuing an international approach: helping to vaccinate the world and managing risks at the border

- A revised framework for international travel
- "Helping to vaccinate the world" - accelerating equitable access to covid-19 vaccinations, therapeutics and diagnostics across the world, alongside G7 partners.

8.3 Autumn and Winter Plan – Plan B summary

Plan B prioritises measures which can help control transmission of the virus while seeking to minimise economic and social impacts, with the following approach.

Communicating clearly and urgently to the public

This covers communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously, including:

- Face coverings
- Handwashing and hand hygiene
- Testing – asymptomatic and symptomatic
- Self-isolation requirements
- Other 'safer behaviours'

Introducing mandatory vaccine-only COVID-status certification in certain settings

Under Plan B, the Government expects to introduce mandatory vaccine certification in a limited number of settings, with specific characteristics:

- Indoor events with 500 or more attendees; where attendees are likely to stand or move around or have no allocated seating.
- Outdoor events with 4,000 or more attendees; where attendees are likely to stand or move around and have no allocated seating.
- Very large events with 10,000 or more attendees
- Nightclubs, dance halls and discotheques would be required to implement certification when hosting indoor events, irrespective of the number of attendees
- If mandatory certification is introduced, every person aged 18 or over providing services in person in venues where certification would be expected to either be fully vaccinated, exempt or undertaking regular, supervised testing
- All visitors aged 18 and over to places where certification was required, would have to demonstrate their vaccination status
- The NHS COVID Pass can be checked visually or scanned using the NHS COVID Pass Verifier app on a pass that has been downloaded to a smartphone wallet or the PDF download
- Where mandatory certification applies, local authorities have powers to issue Coronavirus Improvement Notices, Restriction Notices and Immediate Restriction Notices
- Businesses will be given at least 1 weeks notice before mandatory vaccine certification.

Legally mandating face coverings in certain settings

Although there is currently no legal requirement to wear face coverings in crowded and enclosed spaces, such as public transport, if Plan B is implemented, the Government will brinf back a legal requirement to wear face coverings in some settings. The precise settings will be decided at the time of implementation.

Reintroduction of working from home advice

In order to reduce the transmission risk inside and outside of the workplace, including by reducing the number of people taking public transport and the number of face to face meetings and social activities, the Government may reintroduce the working from home advice and guidance under Plan B.

8.4 Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020

The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (No. 3 Regulations) ('the regulations') will continue to apply until the 24th March 2022. The powers may be used right up to the date of expiry. They enable local authorities to act to respond to a serious and imminent threat to public health and to prevent COVID-19 ("coronavirus") transmission in a local authority's area. The measures taken must be necessary and proportionate to manage the spread of coronavirus in the local authority's area. These regulations include powers for local authorities to:

- restrict access to, or close, individual premises
- prohibit certain events (or types of event) from taking place
- restrict access to, or close, public outdoor places (or types of outdoor public places)

8.5 National Guidance updates

Throughout the pandemic, national guidance, restrictions and public advice has been subject to regular change. Any national guidance changes and updates will be reviewed at the time of issue and factored into planning and response.

SECTION 9: ENDURING TRANSMISSION AND 'LIVING WITH COVID'

As we shift to a new phase of the pandemic, the local approach is also being reviewed and adapted to ensure a focus on both recovery and ongoing response. Focus is directed by threat and risk assessments that are reviewed on a weekly basis and informed by a range of data and intelligence.

The incident management team continues to meet on a daily basis to review data, intelligence and current incidents, outbreaks and clusters and the covid control board continues on a fortnightly basis to review the strategic picture across the borough. These ensure that as any increase in cases, or areas of concern, are identified they can be escalated quickly and prevention and/or response activity can be scaled up in a timely fashion. Alongside this, the current thresholds for escalation are in the process of being reviewed to ensure that action can be taken in a more proactive fashion going forward.

This is also accompanied by a comprehensive review of the current locality approach to cases, clusters and outbreaks, focussing on 6 key areas:

Safe Practices

- Let's Do It For Doncaster
- 'Hands, Face and Space'
- Targeted education/ social distance measures

Secure Pemises

- Support settings to open safely and stay open:
  - *Statutory services*
  - *Community venues*
  - *Business*
  - *Private dwellings*

Strengthen Protection

- Visibility Plan
- Increase vaccination uptake
- Community Champions
- Setting Specific Frameworks

Spot Disease

- Encourage and provide access to:
  - *Symptomatic Testing*
  - *Asymptomatic Testing*

Stop Spread

- Localised contact tracing support including home visits

Support People

- Ongoing humanitarian support to enable self-isolation for those requiring it
- Support for CEV
- Psychological Support

This will support a targeted and prevention-focused approach of working with communities with the aim of achieving and maintaining low levels of transmission.

The planning and response framework outlining prevention and outbreak control measures for higher risk settings, places and communities is also under review to further embed this approach.

9.1 Enduring transmission – social networks

In some places, transmission has continued (enduring transmission) and infection rates remain high, above the national average, for longer periods of time. This transmission is often linked to more mobile, younger and economically active populations who cannot work from home or are in 'high contact' occupations. These groups are less easy to define geographically and may be best identified through social networks. They may also have lower engagement with testing and/or compliance with contact tracing and self-isolation requirements where a person is fearful of losing a job or income or where the test and trace rules are not fully understood.

The Daily Incident Management Team will seek to identify social networks that have high rates of disease and interrupt further onward transmission through better understanding of how people currently live their lives and who and when they interact with other people. This will involve learning lesson from community outbreaks and clusters where chains of infection cross setting boundaries e.g. prisons, care homes, schools and workplaces. The actions taken could include but are not limited to additional testing, work across settings, increasing vaccination uptake and specific communication campaigns. In addition, backwards contact tracing is used to gain a narrative and understanding of local behaviours and activity.

Understanding from national research shows that there is not a single silver bullet to prevent enduring transmission as many factors contribute to it. Therefore, this holistic approach aims to target enduring transmission in a multifaceted manner. Patterns of infections are seen where one household member has tested positive and many other household members have subsequently tested positive. The ability to self-isolate, as recommended, away from other household members is challenging in overcrowded accommodation or where there are household members that require hands on care and support, for example younger children or more frail family members.

Measures that are being taken:

- Updating and refocussing communication campaigns, using behavioural insights through community leaders and workplaces around each of the measures that reduce transmission in workplaces and private homes.
- Enhanced support provided to workplaces, engaging at the earliest stages of outbreaks to ensure workplaces understand the value of quality contact tracing and ensure that risk assessments and working practices are optimal. Developing a programme of 'Hot Spot' visits with the HSE.
- Continuing to provide additional support for self-isolation, tailored at individuals and families. This offer supports people to access self-isolation grants and resolve practical barriers to self-isolation.
- Shared learning from outbreaks with workplaces, care homes and other high-risk settings.
- Gaining insight into behaviours of local communities which can then be addressed with additional support or communication campaigns through Local 0 contact tracing and the work of the community connectors.

- Ensuring equitable access to the tools required to reduce the impact of the pandemic such as symptomatic and symptomatic testing.
- Supporting organisations such as schools, care homes and workplaces to encourage a normalisation of COVID-19 isolation and testing and empower individuals to make the right choices through these settings by allowing people to take time of sick and supporting people to work from home.

SECTION 10: VARIANTS OF CONCERN AND SURGE CAPACITY

A plan is in development for surge testing in the event that it is required following the identification of variants of concern in Doncaster. This provides a scalable framework to target specific postcode areas and considers logistical solutions, staffing resources and redeployment and considerations to support uptake and engagement in communities depending on demographics and local intelligence.

As further information is received on the national option for posting of kits to specific postcodes, this will also be built into local planning.

There is surge capacity within our local contact tracing team, which will enable a swift response to any increase in cases or any proactive calls that need to be made which will link directly into support required for self-isolation or access to testing.

Any variants of concern identified will be escalated to the daily incident management team which will directly task locality bronze groups and wider teams to undertake required investigation or mitigation actions.

SECTION 11: CONTACT TRACING

11.1 What is contact tracing?

Contact Tracing is the process of identifying the contacts of people who have confirmed or suspected infection. Contacts are then required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases.

11.2 Definition of 'a contact'

A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
- face-to-face contact including being coughed on or having a face-to-face conversation within one metre
- been within one metre for one minute or longer without face-to-face contact
- been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)

A person may also be a close contact if they have travelled in the same vehicle or plane as a person who has tested positive for COVID-19.

An interaction through a Perspex (or equivalent) screen with someone who has tested positive for COVID-19 is not usually considered to be a contact, as long as there has been no other contact such as those in the list above.

From 16 August, a contact will not be required to self-isolate if notified that they have had close contact with someone with COVID-19 and any of the following apply:

- they are fully vaccinated
- they are below the age of 18 years 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- thy are not able to get vaccinated for medical reasons

Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine.

There is separate guidance for those working in health and social care settings.

11.4 NHS Test and Trace Programme

The national NHS test and trace service has been set up to:

- ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents

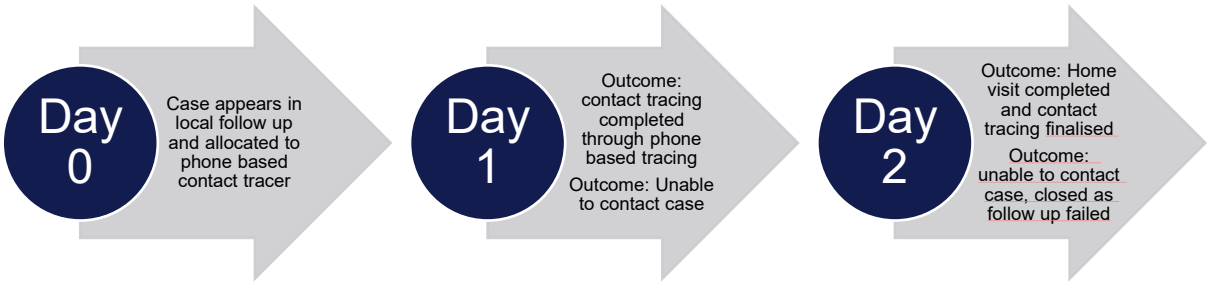
- help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

Cases deemed complex or are within certain settings are escalated to the Yorkshire and the Humber Public Health England Health Protection Team.

11.5 Local contact tracing

A core team of staff from Public Health and a pool of bank staff from within Doncaster Council undertake contact tracing. In order to monitor cases and outcomes, a dedicated local case management system has been developed and quality assurance is in place. In some cases, other teams and colleagues facilitate and support local contact tracing activity, including in settings where an existing relationship and trust with those being contact traced is beneficial.

The period between symptoms onset, testing and contact tracing is critical; a delay at any stage can impact on the potential for further transmission. To mitigate this, a performance monitoring and target of 48 hours has been adopted locally; 24 hours to complete contact tracing via telephone, and a further 24 hours to complete contact tracing through home visits.



11.7 Monitoring effectiveness

Effectiveness of contact tracing is reviewed on a regular basis through the daily Incident Management Team meetings and reviews of incidents and/or outbreaks. Regular contact, training updates and support is provided to the contract tracing team through the Outbreak Control Trace and Support MS teams channel process which is subject to quality assurance and supervision support from the COVID Coordinators within the core team.

SECTION 12: TESTING FOR COVID-19

12.1 Testing overview

A comprehensive COVID-19 testing plan has been developed and is being managed through the Testing and IPC task and finish group, chaired locally by the Doncaster Council Consultant in Public Health. This agenda enables discussion on access through Pillar 1 using local lab capacity, community testing and wider testing updates.

An overarching Doncaster COVID Testing Strategy is also in place, which aligns to the objectives of this COVID control plan.

There are a wide range of testing approaches are available in Doncaster. Further detail is outlined in the following sections. However, the simplest split is between testing in those who have one of the 3 clinical symptoms of COVID-19 (new and continuous cough, high temperature and a change of/or loss of sense of taste or smell) so called symptomatic testing and testing in people who don't display one of the 3 clinical symptoms known as asymptomatic testing.

- **Asymptomatic Testing**
  People living and working in communities, who do not have symptoms of the virus, are encouraged to engage in regular testing.

  Home Test Kits are now available for everyone. They are currently available for free collection from a range of settings across the borough. The full list of collection points can be found here.

  A mobile testing van is available at various locations to support access to testing across the borough. Locations and times can be found at:
  https://www.doncaster.gov.uk/services/health-wellbeing/covid19-testing

- **Symptomatic Testing**
  Testing for those with symptoms can be booked via the national booking portal or by calling 119. Symptomatic testing is currently available at the following sites:
  - Regional Testing site – Doncaster Sheffield Airport
  - Mobile Testing unit – Park and Ride North, Adwick
  - Local Testing site – Chappell Drive East Car Park, Town Centre
  - Local Testing site – Bridge Street Car Park, Thorne
  - Home testing kits

12.2 Testing strategy objectives

There are 5 core objectives for testing in Doncaster:

1. Control transmission
2. Monitor incidence and Trends and assess severity over time
3. Mitigate the impact of COVID-19 in health care and social care settings
4. Rapidly identify all clusters or outbreaks in specific settings
5. Prevent (re-)introduction into Doncaster where sustained control has been achieved

12.3 Communication and engagement for local testing options

With most local testing sites and mobile testing units, the responsibility of the communication and engagement approach lies with the local authority. As the focus of these testing options is that they

will be accessible to local communities and established to receive walk-ups without booking, a number of key considerations will be made when agreeing the approach which may differ slightly depending on the particular community being targeted:

- Promotion of testing sites/options (if distributing tests in community) through accessible and appropriate formats (considering offline promotion, appropriate language and phrasing)
- Engagement through local, trusted community figures
- Clear and simple signage
- Staff visibility to sign-post and support filling in forms where applicable

A testing communications plan is in place and monitored through the large scale testing programme group.

12.4 Increasing capacity and utilisation

The testing plan outlines arrangements for increasing testing capacity locally through local health systems and local laboratories. Mutual aid arrangements are also in place for this.

Testing has been one of the areas of focus of Doncaster's COVID Communications Campaign. In addition there is a weekly communications meeting to discuss the strategy for ecouraging and supporting residentsto easily acccess testing. All information is regularly updated at https://www.doncaster.gov.uk/services/health-wellbeing/covid19-testing

SECTION 13: VACCINATION

13.1 Vaccination programme overview

Vaccination is an important means of primary prevention, providing a level of acquired immunity in the individual. Through community (herd) immunity, vaccination also protects susceptible individuals within a population once a minimum level of coverage has been achieved.

A borough wide vaccination is currently underway and being supported across the Team Doncaster partnership. Further information can be found on the NHS Doncaster CCG website including information on priority groups and how people will be invited for their vaccination.

SECTION 14: COMMUNICATIONS AND ENGAGEMENT

Communications and engagement plans are in place with Team Doncaster partners. A Doncaster COVID-19 communications cell is in place involving the partners.

Team Doncaster's COVID communications strategy continues to focus on three key areas

- **Inform** – make sure that people are up to date with the latest situation locally and exactly what it means for them personal. Strong information, advice and guidance is key to achieving this.
- **Educate** – make sure people understand why any current / rules are important. Try to counteract the streams of misinformation but ensuring all communications are not only useful but offer facts and explanations as required.
- **Inspire** – as people become increasingly fatigued of restrictions on their way of life it is getting even harder to inspire true behaviour change and adherence. Communications alone can't achieve true behaviour change but it plays a very important role alongside other key services.

Throughout all of this an emphasis on non-pharmaceutical interventions will remain.

There remain significant challenges that the communications need to take into consideration:

- Lockdown fatigue – as we enter a new year, many people expected to leave '2020' behind – to be back in the position with no real feeling of moving on people are starting to feel that the previous sacrifices they made were pointless, making them not feel as inclined to make them again this time.
- Months of financial pressures, distancing from friends and families and general uncertainty has taken its toll on the 'community spirit' that was seen in the first lockdown. People are now firmly focused on the effect on them personally
- There is a lot of misinformation and theories around. People are starting to distrust data as they are becoming less sensitive to the daily case and death data it is losing it

Members of the public can feed information on COVID-19 through to PHEnquiries@doncaster.gov.uk

SECTION 15: RESOURCES

Significant resources have been recruited across four main themes to increase capacity across the system:

- Data, intelligence and insight
- Establishment of core team and localities support
- COVID taskforce to provide surge capacity
- Specialist support including infection prevention and control

Training has also been undertaken across a range of teams to support additional capacity that can be scaled up as required.

Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 27/10/21)

Doncaster COVID Control Board is coordinating multiagency command and control to endeavour to save life and minimise the impact and spread of COVID-19 in Doncaster.

This document captures our Strategic Threat & Risk Assessment against which partners are requested to update by exception.

Current impact scale:	Very high	High	Medium	Low

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED			**27.10.21**
MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS **Rupert Suckling**	• Effective management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community • Regular guidance and legislation changes • Lack of legislation to enforce protective measures in some sectors • 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.	• Standard Operating Procedures for high-risk settings (inc. outbreak planning and response framework) in place • Outbreak control plan and planning and response frameworks in place • SPOC contacts and processes in place for notification of cross-border outbreaks. • Reduced to Med (27.10.21) due to some reduction in cases and number of outbreaks in high-risk settings steadying	**MED**

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED			**27.10.21**

TESTING
 	
Clare Henry
	• Effectiveness of the national programme locally.
	  ○ Doncaster Sheffield Airport Regional Testing Centre.
	  ○ Satellite Testing.
	  ○ Mobile Testing Units.
	  ○ Local testing sites
	  ○ 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
	• Access to testing data
	• P2 Lab capacity and result turnaround
	• Pillar 1 testing process and capacity
	• Lack of overarching national testing strategy for post-March 22
	• Lack of medium to long term national plan for targeted community testing *(inc. universal free supply under winter plan)*
	• Resident navigation of various testing approaches
	• PCR testing sites – pressure to return sites to previous use
	• Reduced testing by residents = lack of surveillance
		• Contingency plans in place to utilise local lab capacity to support priority access to PCR testing if national capacity pressures
		• Plans for surge testing/enhanced response in place
		• Flexible & agile local approach and resource for community testing in place until March 22.
			HIGH

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED			**27.10.21**
CONTACT TRACING **Clare Henry**	• 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 • Confusion over guidance changes and public understanding and willingness to comply • Quality of information due to postcode throttling • Cases still being sent to national team to trace	• Capacity increased for local contact tracing • Post-code throttling to prioritise cases for local follow up within capacity	**HIGH**

WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE
Vanessa Powell-Hoyland
	• Increased support required for those needing to self-isolate. Support may include the provision to home addresses of:
	  ○ Food
	  ○ Medication
	  ○ Essential supplies
	• Social isolation, and resulting mental health issues.
	• Resilience of the Community & Voluntary Sector.
	• Working with new voluntary sector partners.
		• Plans in place coordinated through the Well Doncaster & localities teams and local VCF partners
		• self-isolation grant available until Mar 22
		• No current shielding population list
			LOW

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED			**27.10.21**
	• Management of spontaneous volunteers.		
INFECTION, PREVENTION AND CONTROL CAPACITY **Victor Joseph / IPC and test cell**	• 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. • Pressures of core work on members of IMT • Disparity of national guidance vs local approach • Providers/services activating on IPC advice and support • Medium and long term PPE supply • Long term capacity • 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. • Availability & quality of PPE to meet the needs of the population, care settings and key service areas • Long term supply (and demand forecasts) • DHSC decision awaited re. central supplies from the 31 Mar 22	• IPC cell established and operating to review guidance, agree local support and review resources and capacity • Currently have 16 weeks emergency stocks and are carrying 16 weeks in Stores • Still receiving free PPE from DHSC and distributing to certain sectors	**LOW**
RESOURCING OF CORE IMT	• IMT in place to manage local incidents/outbreaks across Doncaster		**MED**

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWIED			**27.10.21**
Rupert Suckling	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. • Funding post-March 22		
FUTURE WAVES & VOC RESPONSE **Clare Henry**	• Risk is implications of a fourth wave on resource and capacity for Doncaster Council and key partners • Impact on public health • Capacity to respond to new vocs • Deployment and logistical challenges for the various enhanced response activity e.g. testing & contact tracing around locations/suitably skilled staff • Potential disparity between national and local approach • Constant change in national approach to enhanced response areas • Clarity of roles and responsibilities with HPT • Funding post-22 • Potentially reduced capacity for teams to respond post-March 22.	• Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur. • Mechanisms in place for voc response	**HIGH**

This page is intentionally left blank

Doncaster Council

COVID Control Board Meeting Notes and Actions

Date Wednesday 27th October 2021
Time 15:00
Location MS Teams
Chair Rupert Suckling,

Attendees: Rupert Suckling, Victor Joseph, Carys Williams, Olivia Mitchell, Nick Wellington, Andrew Russell (DCCG), Sian Owen, Lisa Devanney (DCCG), Delano Johnson, Alex-Jade Delahunty, Dan Weetman, Simon Noble, Rachel Carney, Sameena Choudry, Karen Johnson, Jonathan Ellis, Jonathan Preston (Unison H&S), Louise Sharp (DN Colleges).

Apologies: Gill Gillies, Kevin Drury, Nasir Dad, Kate Anderson-Bratt, Paul Ruane, Clare Henry, Paul O'Brien (GMB Trade Unions), Laurie Mott, Fiona Campbell (National Education Union), Nikki Mell (DN Colleges), June Chambers (UKHSA), Hayley Waller, Rachael Leslie, Emma Gordon, Jon Gleek, Daniel Viera (Unison H&S), Claire Scott, Susan Hampshaw, Steph Cunningham, Natasha Mercier, Mark Whitehouse, Ken Agwuh (DBTH).

No	Item	Key Decision / Action	Allocated to
1.	**Welcome and Introductions**	RS welcomed all to the meeting.	
2.	**Apologies**	RS noted apologies.	
3.	**Purpose of Meeting**	RS confirmed the key purposes of the meeting as follows: 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**	RS noted that 2 weeks ago at the last Covid Control board we were seeing large increase in number cases Covid and concerns around what would happen if rates continued to rise. Although now we are seeing plateau in overall cases, case rates in over 60's remain high and there is high pressure on the health and care services. RS added that we need to ensure a consistent approach as people return to school and workplace post half-term.	
5.	**Data and Intelligence Update** (Simon Noble)	**7 day & positivity rate (for the 7 day 15 – 21 Oct)** • Doncaster's official 7 day rate per 100,000 is 445.0. Decrease from yesterday's rate of 456.9. 10th highest in Y&H region, 81st highest of all Upper Tier Local Authorities in England. • Positivity Rate in Doncaster has fallen to 11.9% (down from 12.1% previous) • Barnsley's rate is 577.7, Rotherham's is 618.5, Sheffield's is 415.8, YH 468.6 and England's is 487.4. • Doncaster 7 day rate is currently on a downward trend and lower than England average.	

- Doncaster's rate has had period of decrease, unfortunately will see uptick couple days' time but this will hopefully drop again afterwards. Most rates generally dropping across board.

7 Day Rate for Ages 60+ years

- Doncaster's rate has increased last 2 days (up at 246.6) which is higher than the England rate.

Cases by age

- SN presented a chart showing the 7 day rolling average cases by age bracket for 0 to 29 – illustrates that the 10 to 14 age case rate has been high but is now dropping.
- Overall cases are falling in the younger ages but showing an increase in 60+ years (particularly the 60-64 and 65-69 age bracket).

Cases by Community in 60+ ages and School Ages

- SN displayed a chart showing communities in Doncaster that have highest number over 60's testing positive – these are Armthorpe and Bessacarr.
- Mexborough, Conisbrough and New Rossington have the highest number of cases in secondary school age children.
- Overall the rate/100,000 is falling in 11 to 16 age group.

LSOA's with highest case rate per 1,000 of population in last 7 days

- Shows that Armthorpe West, Old Rossington East and Bawtry have highest rates.
- Currently some of the Borough's least deprived areas have the highest rates.

"Hot spots": Density of Cases in the Borough

- 5 hotspots concerned of are; Mexborough (Pym Road), Mexborough (Wath Road), Askern (Green Lane), Moorends (Darlington Grove), Thorne (Pennine Road).

"Hot Spots" Density of Cases in the Borough by School Age

- Primary Schools – New Rossington (King George's Road) & Old Rossington (Chestnut Avenue)
- Secondary Schools – Mexborough (Wath Road) & New Rossington (Sceptre Road)

"Hot Spots" Density of Cases in the Borough by age

- Young Working Age – Mexborough (Pym Road) & Lower Wheatley (Christ Church Road)
- 60+ Age – Armthorpe (Oakwood Drive) & Bawtry (Gresley Avenue)

		Vaccinations by LSOA • First doses - 82% population • Second doses - 77% population • There remains a "cold spot" in the Central area where uptake of the vaccine remains lower than elsewhere. • The lowest rates of vaccination uptake are in the LSOA of Hexthorpe & St Sepulchre Gate West, Lower Wheatley North Bridge and Lower Wheatley Highfield Road and Town Centre Chequer Road. **Hospital activity – figures (as at 26/10) from DBHT for Doncaster Royal Infirmary:** • The number of patients being actively treated for Covid is 54 with 9 in ITU/DCC • 34 of 54 are Doncaster patients (63%) • 40 are aged 60+ and 14 are under 60 (74% & 26%) • Of the 9 in ITU/DCC 6 are Doncaster patients (67%) <u>Questions/comments:</u> RS- overall rate falling but rate in over 60's (linked to hospital admissions) still high- to be aware.	
6.	**Daily Incident Management Team Update** (Alex Delahunty)	**AD offered the board an overall summary;** • AD shared a map on screen showing live incidences across the borough. Broadly same communities featured on the map the last 3 / 4 weeks – there are clusters in Thorne, clusters in Mexborough and Conisbrough (mainly driven by adult social care settings), clusters in Adwick (mainly driven by warehousing and schools). AD noted there has been an increase in density cases in Town Centre Bawtry Industrial estate, but it is not unusual to see outbreaks in small shops and there are no outbreaks of concern there. • Currently 77 live incidents, 34 TBC (school data) and IMT has closed a total of 2852 • 7 day average is 65.9 (down from last week). AD added that we are seeing early indication of a rise which is pushing averages up. • Live incidences by locality – Central (28), South (17), East (16), North (15) • Live incidences by community – Balby (7), Bessacarr (6), Town Centre (6), Thorne (4), Armthorpe (4). • Live incidences by setting type – businesses (24), primary schools (18), care home (12), secondary schools (4), community (3), domiciliary care (3), care home LD (2), in-house services (2), school special (2), supported living (2). • In general total adult social care cases are at 20 (+8 from last week), total schools is 24 (-25 from last week) which is mainly due to improvements in primary school case numbers	

		No questions/comments.	
7.	**TCG Update** (Rupert Suckling)	The two main areas focused on were; • Impacts on health and care • Covid risks No new points of escalation for the Covid Board from TCG. No questions/comments.	

8.	**Outbreak Management**
	(Carys Williams)
		On 6/7th October the contain framework was updated. CW is currently updating the plan to reflect national guidance which will be completed by end next week- waiting on further information from some colleagues.
		Action: Present updated Outbreak Plan at next Covid Board Meeting.
		
		Return of schools
		CW noted that the focus of today's update was around the return to schools and preparation for this.
		
		Summary of advice issued:
		
		• Communication sent to head teachers:
		  ○ Updated advice & guidance for schools (inc. IAG on Norovirus and flu)
		  ○ Updated advice & guidance for parents letter
		  ○ Template parents/carers letter to inform them of new cases
		• Secondary aged pupils should continue with twice weekly home testing (asymptomatic)
		• Any pupil or staff member with COVID 19 symptoms should arrange PCR testing and not attend the school site.
		• Pupils or staff members who have been close contacts of someone who has tested positive should arrange a PCR test, but can continue to attend school if they do not develop symptoms.
		• Where new case in a class, template letter provides information to Children and Young People and parents to be extra vigilant for symptoms and arrange PCR testing.
		
		Summary of advice issued – household contacts:
		
		• If someone in the household (e.g. parent or sibling) has tested positive for COVID-19 using an LFD or PCR test, advise pupils to stay at home:
		  ○ If the child develops symptoms on day 1 or 2, they should get a PCR test straight away
		  ○ If they don't have symptoms, they should get a PCR test 3-5 days after their household member
			CW

started with symptoms (or took their test if they had no symptoms)
    - If this test is negative, the child can return to school, and complete LFT tests for the remaining isolation period of the household contact
    - If the child develops symptoms at a later date, they must stay home and PCR test again
- Parents/carers who still want their child to continue to attend school have the right for them to do so – the above is guidance only.
- If a parent is not able to support the school in this request, we would still strongly advise that their child obtains a PCR test before returning to school.

Summary of advice issued – prevention and management:

Locally advising the following steps while demand on local health systems is high:

1. Use of face coverings when moving around the school site for secondary age and post-16 education settings, and the use of face coverings by adults in all schools in communal areas, including on dedicated school transport.
2. Reduce mixing between groups (note this does not mean bubbles) as much as possible to reduce the risk of transmission of COVID-19.
3. Limit visitors to the school and consider whether events that bring visitors or parents into the school can be managed safely or should take place online.
4. Consider additional steps that can be taken to improve the Covid security of residential educational visits, given the risk of sharing transport or a room overnight increases the chance of catching COVID-19.
5. Effective ventilation continues to be key in preventing and reducing the impact of an outbreak of COVID-19.

Mobile testing units in schools
Learning so far:

- Locally deployed in 3 outbreaks:
    - XP School – 22/23 September (Mobile Testing Unit & Mobile Processing Unit)
    - McAuley's – 1st & 4th October (Mobile Testing Unit & Mobile Processing Unit)
    - Don Valley – 7/8/11/12 October (Mobile testing units only)
- Response time & coordination with LRF – on site within 48 hrs
- Very resource intensive for schools to register and coordinate tests and consent – process fed back to DHSC

		• Positivity rate 4-8% • Added value of MPU – without deployment in some cases positive pupils (asymptomatic) in school day after tested administered when results issued • Data flow & collection challenges • Useful outbreak management tool in conjunction with other measures. CW displayed a number of graphs showing the impact the MTU's and MPU's had when they were introduced at XP & XP East, McAuley's and Don Valley School- shows gradual declining trend. <u>Questions/comments:</u> RS – the preparation described illustrates that we are not waiting for outbreaks, we are putting guidance out for schools to complete immediately – sensible approach. RS noted that a letter had also gone out to schools with this information and guidance. RS added that where there are outbreaks, it appears MTU's can add to effectiveness of response but need to be brought in early. **Contact tracing – week ending 24/10/21** • Received 418 cases into the local team • Completed 348 (83%) • 65% completed via phonecall within 24 hours • 35% were completed via home visit • 7.7% of cases refused to engage with tracing • 7% we were unable to reach due to invalid details or failed attempts via calls and visits • 1% hospitalised (4 cases) • 1% remain open and are being visited 26/10/2021 • 0.25% sadly deceased CW noted that there have now been more than 10,000 total cases reported into the local contact tracing team. CW added that the postcode throttle is still on which means that a number of cases are being picked up by the national team- this is being reviewed regularly. **Testing** CW noted that there was nothing to flag from a testing perspective- awaiting information on the national strategy moving forwards and funding post March 22. <u>Questions/comments:</u> RS commented it is important to think of our milestone numbers in Doncaster i.e 10,000 total cases reported into the local contact tracing team, up to 3000 incidents managed through IMT, over 50,000 total confirmed cases in Doncaster, 952 deaths in Doncaster with covid confirmed death certificate.	

9.	**Threat and Risk Register and Key Updates from Organisations**	**Threat and Risk Assessment:** <u>Risk: Health Service (direct covid) - HIGH</u> RS noted that this risk had been separated out and is reported by the health and care cell into TCG- for this reason proposed removing from the Covid board threat and risk assessment. **Action: Remove risk from Covid threat and risk assessment** <u>Risk: Management of outbreak in high-risk settings – to reduce from high to MEDIUM</u> VJ noted we are not seeing many outbreaks in care homes currently, mainly schools albeit this is declining now. **Action: Reduce risk impact to medium** <u>Risk: Testing – to remain HIGH</u> High due to lack of certainty regarding what asymptomatic and symptomatic testing will be available going forwards. <u>Risk: Contact Tracing – to remain HIGH</u> High due to number cases still being contact traced out of area, capacity not quite meeting demand. <u>Risk: Welfare of vulnerable people needing to self-isolate – to remain LOW</u> RS noted there had been discussion outside the meeting re this risk- Phil Holmes is taking lead on welfare of vulnerable people. In terms of support to people needing to self-isolate- Vanessa Powell-Hoyland is taking lead- still feels low risk, not aware of challenges in this area. <u>Risk: IPC capacity – to remain LOW</u> RS – conversations are ongoing about sustainability of additional resources that have been put in, feels low risk currently. VJ, AR, LD – no concerns. AR noted rising challenge around sustainability. <u>Risk: Resourcing of Core IMT – to remain MEDIUM</u> RS noted that Clare Henry has emailed colleagues regarding current levels of spend and potential spend to 22/23 should we be given leeway to carry forward Covid monies. RS added that previously Claire Scott mentioned the risk of temporary contacts coming to end March 22 and risk of people leaving role with difficulty to recruit in, risk may increase. Medium risk due to uncertainty. <u>Risk: Future waves and VOC response – to remain HIGH</u> CW – if we did have a VOC the risk would be around testing due to the lack of long term strategy. We do have a local plan in place but there is a risk of Covid people resource reducing as near March 22.	**OM** **OM**

		Action: Review ability to stand up response to VOC locally as people return from half term.
		
		Key updates from other organisations / service areas:
		
		Children/young people
		• SC - nothing of concern to update
		
		Unions
		• JP commented staff are generally worried as we were seeing numbers increasing but good to see them falling again. On the ground feedback is it feels as though the pandemic over- need to ensure it is not forgotten about.
		• RS commented that there are some settings where we have responsibilities as employers and can take additional precautions.
		
		College
		• LS – concerned people are not reporting cases in over the half term as have not had many cases. Numbers generally low at Doncaster College.
		• RS - expect some comms over weekend encouraging students to test as they return.
		• LS added the College has had information from the DfE and will offer incentives for students to bring in negative test results.
		
		Environmental health
		• NW – nothing of concern to update
		
		Health- vaccination programme
		• RS raised the challenges experienced regarding the way the vaccine programme is changing. An ask out of TCG and a meeting with the Mayor & Cabinet was comms and clarity around the vaccination programme (i.e. how and when to have vaccine, plus data around vaccine uptake). Remit to vaccine group?
		• AR confirmed this is all discussed daily at the operational meeting and partnership steering group. The groups are well aware of the challenges.
		• AR noted that the changes to the programme are designed nationally and centrally driven. AR explained that broadly there are five groups of individuals with different requirements in terms doses/boosters –
		  ○ 18+
		  ○ 12-17 with health vulnerabilities,
		  ○ 12-17 healthy,
		  ○ Immunosuppressed due to health conditions,
		  ○ Frontline health and social care staff.
		• AR - In terms of delivery of vaccine – this is through national booking system at mass vaccination sites, local
			CW

		vaccination sites in PCN's, emerging pharmacy offer, hospital hubs, vaccination teams in schools (extended to two PCN's for additional offer). Some bookable and some walk in. • AR - Aim is to be as accessible as possible. Much work being done at practice level around who to invite in for vaccine and when as per guidance- vast majority should be invited in at the right time, but there is a plan to backfill if people feel have been missed. • AR - In terms of comms messages- the Local Authority comms team is working closely with health to support messaging and keep up with direction of travel as it changes weekly- encouraging take-up of offer, availability of resources • JE commented it is the usual groups falling below the borough average in terms of doses. Borough average is skewed by take up in some areas of 1st and 2nd doses. There is a risk to the rest in the community, in particular businesses and people going into workplaces unvaccinated, may put additional pressure on hospital services. • KJ queried whether we provide information on vaccination comms to the Mayor and whether the weekly bulletin goes to members? • RS commented that from next Monday the bulletin is going to broader autumn/winter update but no reason why we can't link into that page and ensure that not only members have all the relevant vaccination comms, but also the locality teams. **Action: Share vaccine weblink via Mayor bulletin.** • AR added there are similar issues in other areas across the country. Need to reiterate anyone not had dose can come forward any time. • RS added that nationally there are a couple reviews ongoing asking areas to share good practice and lessons learned. Expect over next 6 weeks or so may be more coming out from the centre in terms of what's worked/what hasn't with vaccination programme. We need to prepare for re-emphasis on strategy. • AR agreed- the steering group is constantly trying to evolve the programme. We are increasingly coming across more people making a clear active choice to not take up the vaccine, with some communities quite vocal regarding support for vaccinations. It needs to be an accessible offer but also accept personal choices not to take the vaccine. • RS raised vaccinations in pregnant women- nationally there have been challenges and mixed messaging. AR noted that the message is clear into teams but still have low uptake in Doncaster- working with the Trust around	**Comms**

		how do we promote through maternity services. It is an area to focus on.	
10.	**Communications** (Rachel Carney)	RC provided an updated on comms activity: • Pushing messages out about Halloween and safe practices • Also pushing messaging on return to school and testing • From Monday switching comms to winter (Covid being a key message but including other elements too). Focus on behaviours regarding isolation and also behaviours of people waiting for tests • Working towards winter comms strategy <u>Questions/comments:</u> RS queried whether something similar to the winter/comms strategy was being developed for frontline professionals. RC- in terms of frontline professionals there are two major elements; 1) Comms cell is working on internal comms (i.e. CEX updates on Friday, intranet, emails etc) as are comms colleagues across other organisations. 2) Working with Business Doncaster to think about messaging for businesses, for example have been pushing businesses to encourage staff not to come in office if feeling unwell- part of wider isolation behaviour change work. KJ – earlier in meeting we discussed hitting key milestones in Doncaster- is it worth pre-empting what the media might publish and doing a feature ourselves? I.e. 10,000 contact traced and local anecdotal evidence is some not isolating/testing. We could mention number cases in Doncaster and use as more encouragement for people to take up vaccine. RS – will be guided by comms around pushing out positive stories and hitting milestones – if we went out proactively with those may be good – to consider in future comms strategy. Next week's focus is school testing. RC commented that last year comms did a roundup video at the end of the year that looked back at 2021 and included positive news. Perhaps we could do something similar end this year / into 2022. **Action: Consider pushing out positive stories and key milestones Doncaster has hit in future comms strategy.**	**Comms**
11.	**AOB**	None.	
12.	**Review of Actions**	OM raised an action from previous board meeting 13/10: *Action: Explore what more can be done to adopt a local Doncaster approach to manage case rates, support schools and keep them safe.*	

		RS noted that a letter has been sent out to schools with updated guidance that addresses this. Instead of waiting for cases in schools before implementing additional measures, we are asking schools to implement measures when they return from half term. Happy this has been addressed.	
13.	**Chair Summary**	RS offered a key summary: • Steady state in terms of Covid but the concern is people becoming immune to the situation. Rates and demand on hospitals remain high.	
14.	**Date and Time of Next Meeting**	The next board meeting is scheduled: **Wednesday 10th November 2021 3pm.**	

This page is intentionally left blank