



# Doncaster Council

To all Members of the

## **DONCASTER COVID-19 OVERSIGHT BOARD**

### **AGENDA**

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Notice is given that a Meeting of the above Committee is to be held as follows:

**VENUE** Virtual Meeting via MS Teams  
**DATE:** Tuesday, 25th January, 2022  
**TIME:** 10.00 am

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

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

Issued on: Monday 17<sup>th</sup> January, 2022

Governance Officer  
for this meeting:

Rachel Wright  
(01302) 737662

## Items for Discussion:

## Page No.

1. Welcome, Apologies for Absence and Introductions.
  2. To consider the extent, if any, to which the Public and Press are to be excluded from the meeting.
  3. Public Questions and Statements.  
**(A period not exceeding 15 minutes for questions and statements from members of the public to the Board. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. A question may only be asked if notice has been given by delivering it by e-mail to the Governance Team no later than 5.00 p.m. on Wednesday 19<sup>th</sup> January, 2022. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team via email to [Democratic.Services@doncaster.gov.uk](mailto:Democratic.Services@doncaster.gov.uk)).**
  4. Declarations of Interest, if any.
  5. Minutes of the Doncaster Covid-19 Oversight Board Meeting held on the 15th November, 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. Doncaster Multi-Agency Covid-19 Control Plan (Attached - Rupert Suckling). 5 - 38
  9. Covid Health Protection Board Risks (Attached - Rupert Suckling). 39 - 44
  10. Minutes of the Covid Control Board Meeting held on 5th January, 2022 (Attached - Rupert Suckling). 45 - 52

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

Chair – Mayor Ros Jones

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

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**Present:** Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Jane Cox (JC), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP) Dr. Rupert Suckling (RS), (Lee Carlson LC)

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

**Apologies:** Councillor Nigel Ball (NB), Councillor Mark Houlbrook (MH), Damian Allen (DA), Dolly Agoro (DAg), Paul O'Brien (Po'B), Chief Superintendent Melanie Palin (MP), Jackie Pederson (JP), Fiona Campbell (FC).

	Action
<p><b>1. Welcome, apologies and introduction – Mayor Ros Jones</b></p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p><b>2. Exclusion of the public and press – Mayor Ros Jones</b></p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p><b>3. Public Statements and Questions – Mayor Ros Jones</b></p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p><b>4. Declarations of interest – Mayor Ros Jones</b></p> <p>There were no declarations of interest made.</p>	
<p><b>5. Minutes of the last meeting held on 21<sup>st</sup> September 2021 – Mayor Ros Jones</b></p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 21st September 2021, approved.</p>	
<p><b>6. COVID-19 National Overview – RS</b></p> <p>RS began by reminding the board that they last met in September and since then there had been a consistent increase in the number of cases across the country, mainly in school-aged children.</p> <p>RS reported that despite the increase over the previous months the country had seen less Covid cases in the few days leading up to the meeting. There was however the expectation this would rise given children were back in school following the half term break. The numbers of cases were also falling in older people due to the booster vaccine programme. RS reminded Members that Covid was still contributing to hospital pressures across the country.</p> <p>The Government published the Autumn/Winter guidance and a Plan B should it be required. With the Prime Minister due to speak whilst the meeting took place, RS suggested there was no evidence that the country would move to plan B. It was likely there would be confirmation that boosters were to be offered to everyone over the age of 40 and all healthy 16-17 year olds as there was evidence of a second vaccine was successful.</p> <p>RS explained a consultation was expected about the compulsory vaccination of NHS front line staff.</p> <p>RS also informed the board that information about the development of an exit plan from next year had been leaked to the national press, but that this was not current government policy. As a country RS advised it looked like the UK was ahead of Europe and not following them as case rates abroad were rising.</p> <p><b>RESOLVED;</b></p> <ul style="list-style-type: none"> <li>That the presentation be noted.</li> </ul>	
<p><b>7. What the data is telling us – Laurie Mott (LM)</b></p> <p>LM provided a strategic overview of what the data is telling us.</p> <p>LS reported that case rates per 100,000 had increased over the last few days, and informed</p>	

Members of the comparative figures with other South Yorkshire neighbours, and the average rates for Yorkshire and Humber. The average England rate had seen a small increase in the last 24 hours. The positivity rate was 9.8% and it was noted this had fallen over previous months. Rates in the 60+ age range had also fallen both within Doncaster and nationally. Members acknowledged Doncaster's rates going into Christmas were as high as they were last year.

LM reported the data by age groups highlighting cases in the over 80's at almost 0 and the 60 plus rate was falling. This was compared with data from September 2021 for younger age ranges and the 0-19 year olds (school-aged children) had seen upticks in the number of cases. LM advised there was a significant number of cases within one of our local prisons. Within Doncaster's care homes the number of cases was continuing to fall.

The board were advised of the vaccine programme in Doncaster and received the numbers of people that had received first and second doses along with the comparative figures of other South Yorkshire towns.

Doncaster's hotspots were identified to Members as Dunsville and Armthorpe, and LM commented that the most concerning area being Armthorpe as cases were not falling in that area.

LM reported that within hospital settings 55 people were being actively treated in DRI with 11 in ITU. It was highlighted that the numbers of people being actively treated heightened in October but had not fallen much since. The number of deaths due to Covid were not to the same level as last December.

A board Member questioned whether the hotspot in Armthorpe was linked to a particular site, and it was advised that whilst it didn't seem so, more investigation would be carried out, but the cases were not within a care home setting.

**RESOLVED;**

- That the presentation be noted.

**8. Updated COVID Control Plan – RS**

RS advised the Covid Control Plan had been updated based on the Government's autumn/winter guidance, and the resources supplied by central Government. It was expected the next Government update would be in early January and there was still a need for data collection and surveillance going into 2022 and 2023. The board acknowledged there would also still be a need for resources for vaccinations, booster programmes, and surges or new variants going into next year.

RS suggested that at the next meeting in January there may be some discussion about what the needs may be for the future, and also for the future of this board. It was suggested that options for this board could be that it stands down completely or may continue under the Health and Wellbeing Board.

**RESOLVED;**

- That the presentation be noted.

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

RS highlighted three areas from the report that were deemed as high risk;

- Testing – there had been a number of challenges linked to the national system and receiving test results.
- Contact tracing – We had reviewed the area we could do the contact tracing for and would increase the postcode area that we deal with as carrying out local contact tracing was better as we can resolve issues and questions better.
- Further waves/variants – that the organisation was always ready to respond.

**RESOLVED:**

- That the presentation be noted.

**10. Minutes of the Covid Control Board meeting held on 1<sup>st</sup> September, 2021**

RS highlighted to the board that having used mobile testing units at schools with significant outbreaks it was more effective to bring them in at an early stage of the outbreak.  
Also In response to some question from Unions the risk assessments for council staff would continue to be reviewed and any changes made would be monitored.

**RESOLVED:**

- That the presentation be noted.

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# Doncaster Multi-agency COVID-19 Control Plan Public Summary Document

**Plan Authors:** Doncaster COVID Control Board

**Version:** 11 (draft)

**Issued:** Jan 2022

**Review date:** Feb 2022

The previous Version (version 10) 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

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## SECTION 1: PLAN MAINTENANCE

### 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
12	H Waller	V11 Update	Jan 2022

### 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 schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)

#### High Risk Places, Locations and Communities

- 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;
- UK Health Security Agency (UKHSA);
- 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

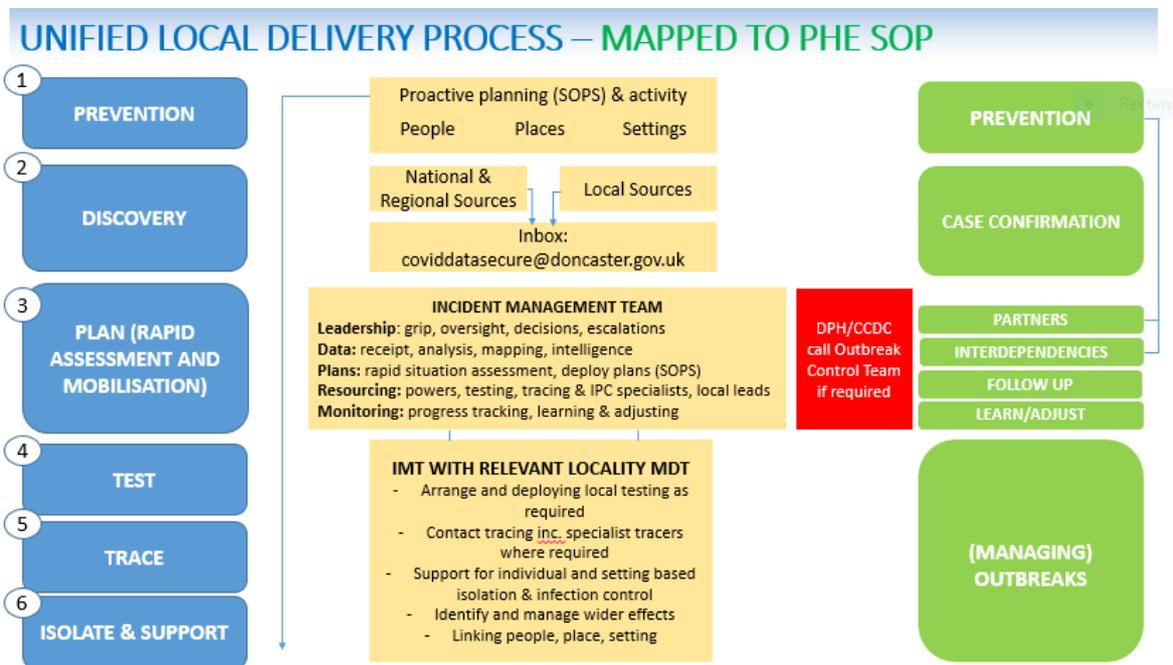
- The COVID-19 testing lead works closely with the SY LRF testing lead and local partners. This covers all areas of testing from local aspects of pillar 2 through to outbreak testing deployment and symptomatic and asymptomatic testing programmes locally.

## 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.

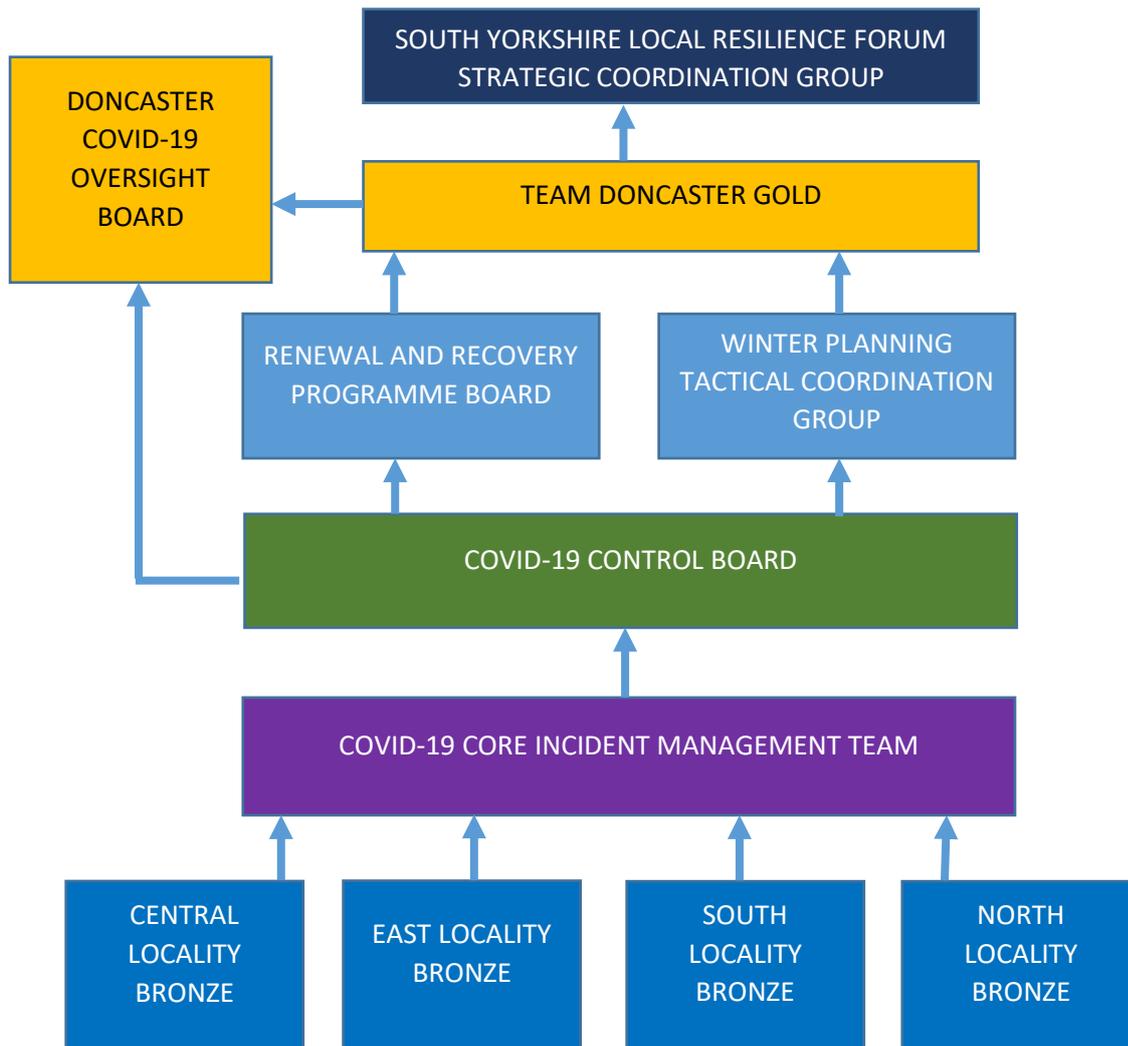
An overview of the task force response is provided in the diagram below and the following sub-sections of this plan.



### 4.3 Governance and reporting

#### 4.3.1 Structure

The governance and reporting structure for COVID-19 outbreak management is 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 have been 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. This includes intelligence from a range of sources. In addition Regular line list review meetings take place 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

### 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 groups. 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](#); 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 this will be reviewed on a regular basis. An action plan has been developed and continues to be 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-19 and have prioritised the higher-risk people, settings or places for monitoring, visibility, action and 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 forms a part of 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 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 through 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](mailto: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 bank 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 place 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 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:

- The contact tr
- 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 with 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 and infection prevention control measure 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	<ul style="list-style-type: none"><li>• Outbreaks within existing capacity, even if in multiple settings simultaneously. The COVID Control Board would manage these</li></ul>	<ul style="list-style-type: none"><li>• COVID 19 in Care Homes and Schools</li></ul>

2	<ul style="list-style-type: none"> <li>Outbreaks, which exceed existing outbreak management capacity and need additional resource or capacity. The COVID control Board and Team Doncaster Gold would work together</li> </ul>	<ul style="list-style-type: none"> <li>Lookback exercises and screening on over 1500 people (multi-agency response)</li> </ul>
3	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Flu' Season 2017</li> </ul>
4 (Subsequent Wave)	<ul style="list-style-type: none"> <li>A subsequent wave of infection equal to or worse than the first, which requires full scale SCG Co-ordination, and National Response.</li> </ul>	<ul style="list-style-type: none"> <li>COVID first wave</li> </ul>

## Definitions

The definitions of outbreaks and incidents used 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: WINTER PLAN MEASURES AND LOCAL IMPLICATIONS

### 8.1 COVID-19 response: Autumn and Winter Plan 2021

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 outlined the principles and approach for autumn-winter whilst Plan B outlined further measures that may need to be implemented should data suggest them necessary to protect the NHS and prevent the system from being overwhelmed.

**On Wednesday 8<sup>th</sup> December the Prime Minister confirmed that England would move to Plan B following the rapid spread of the Omicron variant in the UK.**

This Means:

- Face coverings are required by law in most indoor settings.
- Office workers who can work from home should do so.
- Certain venues and event’s organisers will be required by law to check that all visitors aged 18 years or over are fully vaccinated, have proof of a negative test in the last 48 hours, or have an exemption.

**Further information and current guidance on how to stay safe and help prevent the spread of coronavirus can be found [here](#).**

### 8.2 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 24<sup>th</sup> 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)

### 8.3 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 Premises

- 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 place 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
- they 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

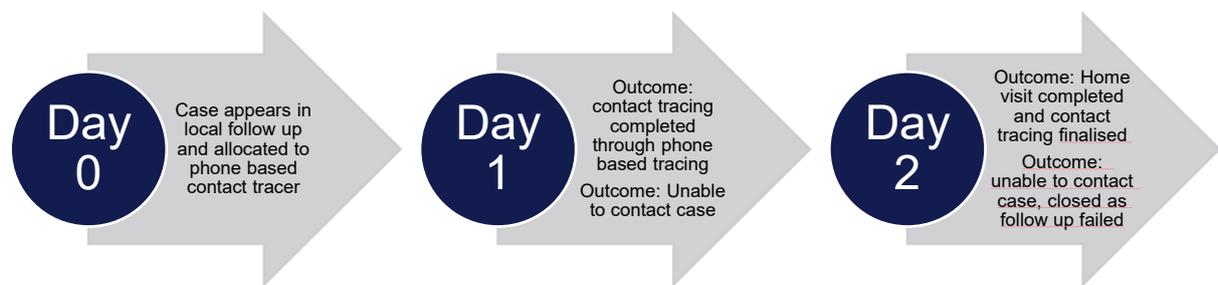
- help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

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 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 Temporary Testing Measures in response to very high prevalence of COVID-19

From 11 January in England, people who receive positive LFT results for coronavirus (COVID-19) will be required to self-isolate immediately and won't be required to take a confirmatory PCR test.

This is a temporary measure while COVID-19 rates remain high across the UK. Whilst levels of COVID-19 are high, the vast majority of people with positive LFT results can be confident that they have COVID-19.

Under this new approach, anyone who receives a positive LFT test result should report their result on GOV.UK and must self-isolate immediately but will not need to take a follow-up PCR test. After reporting a positive LFD test result, they will be contacted by NHS Test and Trace so that their contacts can be traced and must continue to self-isolate.

There are a few exceptions to this revised approach:

- People who are eligible for the £500 Test and Trace Support Payment will still be asked to take a confirmatory PCR if they receive a positive LFT result, to enable them to access financial support.
- People participating in research or surveillance programmes may still be asked to take a follow-up PCR test, according to the research or surveillance protocol.
- Finally, around one million people in England who are at particular risk of becoming seriously ill from COVID-19 have been identified by the NHS as being potentially eligible for new treatments. They will be receiving a PCR test kit at home by mid-January to use if they develop symptoms or if they get a positive LFT result, as they may be eligible for new treatments if they receive a positive PCR result. This group should use these priority PCR tests when they have symptoms as it will enable prioritised laboratory handling.

### 12.3 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

### 12.4 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.

### 12.5 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 encouraging and supporting residents to easily access 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](mailto: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 05/01/2022)

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

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

Current impact scale:	Very high	High	Medium	Low
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AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
<b>DATE REVIEWED</b>			05.01.22
<b>MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS</b>  <b>Rupert Suckling</b>	<ul style="list-style-type: none"> <li>Effective management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community</li> <li>Regular guidance and legislation changes</li> <li>Lack of legislation to enforce protective measures in some sectors</li> <li>Impact in Doncaster should residents of neighbouring areas across the border contract the virus and enter Doncaster i.e. for social or school/work purposes or an out of area placement.</li> <li>Potential confusion between national and local guidance</li> </ul>	<ul style="list-style-type: none"> <li>Standard Operating Procedures for high-risk settings (inc. outbreak planning and response framework) in place</li> <li>Outbreak control plan and planning and response frameworks in place</li> <li>SPOC contacts and processes in place for notification of cross-border outbreaks.</li> <li>Reduced to Med (27.10.21) due to some reduction in cases and number of outbreaks in high-risk settings steadying</li> <li>Enhanced response plan in place</li> <li>Regular communication out to staff and public</li> </ul>	<b>HIGH</b>

<p style="text-align: center;"><b>TESTING</b> Clare Henry</p>	<ul style="list-style-type: none"> <li>• Effectiveness of the national programme locally. <ul style="list-style-type: none"> <li>○ Doncaster Sheffield Airport Regional Testing Centre.</li> <li>○ Satellite Testing.</li> <li>○ Mobile Testing Units.</li> <li>○ Local testing sites</li> <li>○ Home Testing.</li> <li>○ Key Worker Testing.</li> <li>○ Wider population testing in accordance with government guidelines.</li> </ul> </li> <li>• Impact of the national Care Home Testing programme on the staffing capacity of Care Homes; need for integration with local authorities to ensure ongoing monitoring and support to Care Homes.</li> <li>• Impact on public health</li> <li>• Surge Testing requirement</li> <li>• Access to testing data</li> <li>• P2 Lab capacity and result turnaround</li> <li>• Pillar 1 testing process and capacity</li> <li>• Lack of overarching national testing strategy for post-March 22</li> <li>• Lack of medium to long term national plan for targeted community testing (<i>inc. universal free supply under winter plan</i>)</li> <li>• Resident navigation of various testing approaches</li> <li>• PCR testing sites – pressure to return sites to previous use</li> <li>• Reduced testing by residents = lack of surveillance</li> <li>• National capacity to supply Lateral flow tests to support new contact testing guidance, and supply chains (added 22/12/21)</li> </ul>	<ul style="list-style-type: none"> <li>• Contingency plans in place to utilise local lab capacity to support priority access to PCR testing if national capacity pressures</li> <li>• Plans for surge testing/enhanced response in place</li> <li>• Flexible &amp; agile local approach and resource for community testing in place until March 22.</li> </ul>	<p><b>VERY HIGH</b></p>
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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
<b>DATE REVIEWED</b>			<b>05.01.22</b>
	<ul style="list-style-type: none"> <li>Concerns re. national lab capacity leading to PCR booking systems being switched on/off (added 22/12/21)</li> </ul>		
<b>CONTACT TRACING</b> Clare Henry	<ul style="list-style-type: none"> <li>Increased contact tracing requirements – impact on local health protection teams and local resourcing</li> <li>Data availability and sharing limitations</li> <li>The potential for localised outbreaks being undetected</li> <li>Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines.</li> <li>Impact on effectiveness of test and trace process and outbreak/incident management.</li> <li>Impact on public health</li> <li>Confusion over guidance changes and public understanding and willingness to comply</li> <li>Quality of information due to postcode throttling</li> <li>Cases still being sent to national team to trace</li> <li>Recent guidance changes for contacts - potential for public confusion and understanding (added 22/12/21)</li> <li>Lack of clarity on national plans post-March 22. (added 22/12/21)</li> <li>This is on an increasing trajectory (05/01/2022)</li> </ul>	<ul style="list-style-type: none"> <li>Capacity increased for local contact tracing</li> <li>Post-code throttling to prioritise cases for local follow up within capacity</li> <li>Regular update meetings in place for staff</li> </ul>	<b>HIGH</b>
<b>WELFARE OF VULNERABLE</b>	<ul style="list-style-type: none"> <li>Increased support required for those needing to self-isolate. Support may</li> </ul>	<ul style="list-style-type: none"> <li>Plans in place coordinated through the Well Doncaster &amp; localities teams and local VCF partners</li> <li>self-isolation grant available until Mar 22</li> </ul>	<b>MEDIUM</b>

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
<b>DATE REVIEWED</b>			<b>05.01.22</b>
<b>PEOPLE NEEDING TO SELF-ISOLATE</b>  Vanessa Powell-Hoyland	include the provision to home addresses of: <ul style="list-style-type: none"> <li>○ Food</li> <li>○ Medication</li> <li>○ Essential supplies</li> </ul> <ul style="list-style-type: none"> <li>● Social isolation, and resulting mental health issues.</li> <li>● Resilience of the Community &amp; Voluntary Sector.</li> <li>● Working with new voluntary sector partners.</li> <li>● Management of spontaneous volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>● No current shielding population list</li> </ul>	
<b>INFECTION, PREVENTION AND CONTROL CAPACITY</b> Victor Joseph / IPC and test cell	<ul style="list-style-type: none"> <li>● IPC resource is highly valued in managing outbreaks so need to ensure sufficient IPC capacity and resource in the system to react to outbreaks effectively.</li> <li>● There is a risk of lack of access to IPC resource if outbreak numbers increase.</li> <li>● Pressures of core work on members of IMT</li> <li>● Disparity of national guidance vs local approach</li> <li>● Providers/services activating on IPC advice and support</li> <li>● Medium and long term PPE supply</li> <li>● Long term capacity</li> <li>● Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies.</li> <li>● Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability.</li> </ul>	<ul style="list-style-type: none"> <li>● IPC cell established and operating to review guidance, agree local support and review resources and capacity</li> <li>● Currently have 16 weeks emergency stocks and are carrying 16 weeks in Stores</li> <li>● Still receiving free PPE from DHSC and distributing to certain sectors</li> </ul>	<b>HIGH</b>

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
<b>DATE REVIEWED</b>			<b>05.01.22</b>
	<ul style="list-style-type: none"> <li>• Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff.</li> <li>• Availability &amp; quality of PPE to meet the needs of the population, care settings and key service areas</li> <li>• Long term supply (and demand forecasts)</li> <li>• DHSC decision awaited re. central supplies from the 31 Mar 22</li> </ul>		
<b>RESOURCING OF CORE IMT</b>  <b>Rupert Suckling</b>	<ul style="list-style-type: none"> <li>• IMT in place to manage local incidents/outbreaks across Doncaster which will require significant resourcing i.e. data and insight and communications.</li> <li>• Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period.</li> <li>• Funding post-March 22</li> </ul>		<b>MED</b>
<b>FUTURE WAVES &amp; VOC RESPONSE</b>  <b>Clare Henry</b>	<ul style="list-style-type: none"> <li>• Risk is implications of a fourth wave on resource and capacity for Doncaster Council and key partners</li> <li>• Impact on public health</li> <li>• Capacity to respond to new vocs</li> <li>• Deployment and logistical challenges for the various enhanced response activity e.g. testing &amp; contact tracing around locations/suitably skilled staff</li> <li>• Potential disparity between national and local approach</li> <li>• Constant change in national approach to enhanced response areas</li> <li>• Clarity of roles and responsibilities with HPT</li> <li>• Funding post-22</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur.</li> <li>• Mechanisms in place for voc response</li> </ul>	<b>HIGH</b>

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
<b>DATE REVIEWED</b>			05.01.22
	<ul style="list-style-type: none"> <li>Potentially reduced capacity for teams to respond post-March 22.</li> </ul>		



## COVID Control Board Meeting Notes and Actions

Date Wednesday 5<sup>th</sup> January 2022  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling

**Attendees:** Victor Joseph, Katheryn Bratt-Anderson, Rachel Carney, Nasir Dad, Alex-Jade Delahunty, Lisa Devanney (DCCG), Fiona Campbell (National Education Union), Jon Gleek, Emma Gordon, Susan Hampshaw, Clare Henry, Rachael Leslie, Louise Sharp (DN Colleges), Jonathan Preston (Union H&S), Andrew Russell (DCCG), Carys Williams, Nick Wellington, Kenneth Agwuh (DBTH), Shannon Fry

**Apologies:** Rupert Suckling, Karen Johnson, Delano Johnson, June Chambers (UKHSA), Paul Ruane, Steph Cunningham, Dan Weetman, Jonathan Ellis, Sian Owen, Mark Whitehouse, Kevin Drury, Andrea Ibbeson (CCG), Natasha Mercier, Hayley Waller, Victoria Shackleton, Abu Chowdhury

No	Item	Key Decision / Action	Allocated to
1.	<b>Welcome and Introductions</b>	VJ welcomed all to the meeting.	
2.	<b>Apologies</b>	VJ noted apologies.	
3.	<b>Purpose of Meeting</b>	VJ confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> <li>1. Responsible for the development, exercising and testing of COVID Control Plan.</li> <li>2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity.</li> </ol>	
4.	<b>Urgent Items for Attention</b>	None.	
5.	<b>Data and Intelligence Update</b> (Jon Gleek)	<p><b>7 day &amp; positivity rate (for the 7 day 24 - 30 Dec)</b></p> <ul style="list-style-type: none"> <li>• Covid rates are currently exceptionally high across the country, with only 14 places with a 7-day rate of less than 1000 per 100,000</li> <li>• Doncaster's official 7-day rate per 100,000 is currently 1647.8</li> <li>• Barnsley's rate is 1748.3, Rotherham's is 1897.1, Sheffield's is 1643.5, Yorkshire &amp; Humber's is 1537.9 and England's is 1588.1</li> <li>• Doncaster is currently ranked 95 / 214 in the UK</li> <li>• Doncaster's positivity rate is currently 41.1%</li> </ul> <p><b>7 Day Rate for Ages 60+ years</b></p> <ul style="list-style-type: none"> <li>• Cases in over-60s were steady through December but rocketed up at the end of last year</li> </ul> <p><b>Prediction in rates</b></p> <ul style="list-style-type: none"> <li>• All Age case rate predicted to continue to climb</li> </ul>	



		<p><b>SGTF % (Omicron variant)</b></p> <ul style="list-style-type: none"> <li>As of 02/01 98% cases in Doncaster were omicron. This is a similar number across the Board.</li> </ul> <p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>Young working age (20-39) case rate is taking off. Rates are the highest they've been with exception of July peak around Euro championships.</li> <li>JG presented a chart showing the change in case rates over a few days –             <ul style="list-style-type: none"> <li>All age groups showing large increase in case rates, with group 20-39 being the most prominent</li> </ul> </li> </ul> <p><b>Hospital activity – figures (as at 22/12) from DBHT for Doncaster Royal Infirmary:</b></p> <ul style="list-style-type: none"> <li>The number of patients being actively treated for Covid is 107</li> <li>7 in ITU</li> </ul> <p>Questions/Comments:          KA – Regarding SGTF, is there any way to know exactly what we're dealing with (omicron/delta) to help us manage cases effectively?          VJ – This question was explored previously with the UK Health Security Agency. Once we reached 30% of cases identified as omicron, it was advised to assume all new cases are omicron, unless there is evidence to prove otherwise.</p>	
<p>6.</p>	<p><b>Daily Incident Management Team Update</b> (Alex Delahunty)</p>	<p><b>AD offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>AD presented the status of incidents/outbreaks across Doncaster on a map. AD noted that schools had been removed from the log given nothing further to monitor with being half term. Map shows a dense cluster in the Town Centre which is mainly contributed to by businesses and ASC settings. Increased cases in Industrial estates in Armthorpe, Red house and Balby area (mix of smaller settings and warehouses). In Rossington there are two warehouses. Kirk Sandal recently showing increases which is mainly contributed by businesses. Cluster in Thorne mainly contributed by ASC and businesses.</li> <li>Currently 226 live incidents, 11 TBC and IMT has closed a total of 3320.</li> <li>7 day average is 174.1 (almost triple since the last report)</li> <li>In previous waves, we have seen a ratio of 40% outbreaks and 60% incidents. In this instance, we are looking at 15% outbreaks and 80% incidents. We are</li> </ul>	



		<p>approaching the highest number of incidents that we have ever had. With schools returning next week, this number is expected to go up</p> <ul style="list-style-type: none"> <li>• Live incidences by locality - Central (110), East (43), South (38), North (35).</li> <li>• Live incidences by community – Balby (26) , Town Centre (25), Armthorpe (13) , Thorne (11)</li> <li>• Live incidences by setting type – businesses (93), Care Home (OP) (37), Supported Living (19), In House Service (13), CCG (11)</li> <li>• Total live in ASC – 84</li> </ul> <p>No questions/comments.</p>	
7.	<p><b>TCG Update</b> (Nasir Dad)</p>	<p>Winter pressures-</p> <ul style="list-style-type: none"> <li>• SWEP alerts are being declared given the cold conditions</li> <li>• Flood Risk is currently Green</li> </ul> <p>Covid-</p> <ul style="list-style-type: none"> <li>• SY LRF reported a Major Incident on Friday regarding the current wave and the impact that it is having on organisations and entities responding, given the number of people off</li> <li>• SY LRF are now meeting twice weekly so that impact can be considered for additional asks and resources</li> <li>• There are a high number of early years settings closed due to the impact of Covid on staff</li> <li>• In schools, lower school years are being sent home due to the lack of staff and remote learning is taking place in some settings</li> <li>• St Leger worked with the CCG before Christmas to get their vulnerable cohort vaccinated. This was successful with first, second and booster vaccinations offered.</li> <li>• There is key assurance around waste collection and all collections are currently being managed. There are contingencies in place to deal with additional numbers of staff being off.</li> <li>• The Cell Situation Reports are now moving back to weekly and tracking of those present/absent in Doncaster Council are being stepped up again. This will allow Doncaster Council to look at the key services we need to deliver and identify what to move around to support these services.</li> <li>• The threat and risk for the Death Management cell is now high given the wider pressures</li> <li>• There has been an alleged positive case of Influenza but this has not yet been confirmed. Should this change, we will be receiving guidance from DEFRA on how to proceed</li> <li>• Ask to partners to complete the Threat and Risk Assessment.</li> </ul>	



		<ul style="list-style-type: none"> <li>• TCG have declared a major incident, due to pressures on the NHS and Social Case system and will be feeding this back to SY LRF. If any partners declare a major incident, please inform SY LRF.</li> </ul>	
<p>8.</p>	<p><b>Outbreak Management</b> (Carys Williams/Clare Henry/Victoria Shackleton)</p>	<p><b>CW updated on Business Continuity response and updates to guidance.</b></p> <p>Refer to <i>Covid Board Control Planning presentation slides</i> circulated with notes of this meeting for detail around Business Continuity Response:</p> <ul style="list-style-type: none"> <li>• Covid Control &amp; Outbreak Management – slide 2</li> <li>• Contact Tracing Changes – Slide 3</li> </ul> <p>Refer to <i>Covid Board Control Planning presentation slides</i> circulated with notes of this meeting for detail around recent national guidance updates:</p> <ul style="list-style-type: none"> <li>• Schools/Education settings; cases &amp; close contacts – slide 4</li> <li>• Schools/Education settings; national operational guidance – slide 5</li> <li>• Schools/Education settings; additional local advice/consideration</li> </ul> <p>The latest announcements as of the 4<sup>th</sup>-5<sup>th</sup> January are as follows:</p> <ul style="list-style-type: none"> <li>• Plan B measures to remain in place:             <ul style="list-style-type: none"> <li>○ Face coverings must be worn in many indoor settings</li> <li>○ WFH advice in place</li> <li>○ COVID pass for certain venues and events</li> <li>○ Vaccination/booster push</li> </ul> </li> <li>• Daily LFT testing on work days for 100k critical workers (including critical infrastructure and essential supply chains) from 10<sup>th</sup> Jan. LFTs expected to be delivered direct to businesses but awaiting further detail.</li> <li>• From 11th January, those who test positive by LFT will not be required to take confirmatory PCR while prevalence is 4%. It will be re-introduced when prevalence goes down to 1% (awaiting full detail / comms).</li> <li>• People who are eligible for the £500 Test and Trace Support Payment (TTSP) will still be asked to take a confirmatory PCR if they receive a positive LFD result, to enable them to access financial support.</li> </ul> <p>Refer to <i>Covid Board Control Planning presentation slides</i> circulated with notes of this meeting for detail on the summary of</p>	



'tools' for covid control. Measures/tools listed below and rationale and link to full document provided in slide 8:

- Promoting PCR testing of symptomatic people
- Promoting management of close contacts of positive covid-19 cases
- Promoting regular LFT testing for asymptomatic
- Supporting and ensuring self isolation of cases and contacts
- Vaccination – 1st dose, 2nd dose, unvaccinated, booster
- Prevention of clusters and outbreaks
- Management and control of outbreaks
- Enhanced Response Areas and VOC – plans reviewed recently and an update provided at the last Covid Board

RS raised the new 'Anti-Virals' that the NHS has access too for those in/out hospital on CEV list. KA confirmed they have started to give these out from this week.

**CH provided an update on Testing**

Symptomatic testing – PCR

- Access to PCR sites being paused to protect national lab capacity. Advice is to tell people to keep trying to book. Home testing still available.
- Vulnerable settings & outbreaks supported via CCG swab team, community testing & MTU
- Graph presented (slide 1 testing presentation) showing testing has started to pick back up at PCR test sites.

Asymptomatic Testing – Lateral Flow Tests

- There is a national shortage of stock and online ordering is repeatedly being paused
- Local authorities have been asked to temporarily flex to widen the scope of TCT but deliveries are not being fulfilled
- Pharmacy collect service:
  - There are local reports of pharmacies running out of LFTs
  - QR code is not compulsory to pick up kits however local pharmacies are insisting due to difference in payment
- Local Community Testing Team:
  - Business Continuity affecting 47% of staff
  - Still prioritising vulnerable residents
  - Over Christmas, 14980 tests provided for staff:
    - Care settings inc. supported livings, services to care homes
    - YAS
    - SYFR
    - Doncaster Airport
    - NHS – DBH. RDASH, Primary Care



		<ul style="list-style-type: none"> <li>▪ Essential Services (refuse collection etc.)</li> <li>▪ Childcare establishments</li> <li>○ ATS at North Bridge (DMBC staff only), Mary Woollett</li> <li>○ Community collect sites at Wool Market &amp; Mary Woollett. Leisure centres – on stand-by but awaiting delivery of test kits</li> </ul>	
<p>9.</p>	<p><b>Threat and Risk Register and Key Updates from Organisations</b></p>	<p><b>Key Updates</b></p> <p><b>ACTION: Lisa Devanney to speak with Colleagues at the CCG to look into having a pop-up vaccination clinic at Doncaster College.</b></p> <p><b>Threat and Risk Assessment</b>  Management of outbreaks in High-Risk settings – Updated to <b>High</b></p> <p>Testing – Changed to <b>Very High</b> due to the low stock of tests and the policy changes related to testing.</p> <p>Contact Tracing – Still High. Narrative added to say that this is on an increasing trajectory.</p> <p>Welfare of vulnerable people needing to self-isolate – Changed to <b>Medium</b>. They are not seen as priority for LFTs as they are not essential workers. The list of shielded individuals also had to be deleted this week.</p> <p>Infection, prevention and control capacity – Move to <b>High</b>. Sickness and staff absence are an issue, everywhere is stretched at the moment.</p> <p>Resourcing of Core IMT – Keep at Medium.</p> <p>Future Waves &amp; VOC Response – This can remain High.</p>	
<p>10.</p>	<p><b>Communications</b> (Rachel Carney)</p>	<p>There was an extraordinary Comms Cell meeting this morning and meetings are stepping back up to weekly.</p> <p>The focus this week is on resetting with quite concise and simple information as it is clear that people are confused.</p> <p>On Friday, we are restarting the message via RS's updates, talking about declaring a major incident.</p>	



		<p>Our current position is looking at managing expectations with residents regarding the impact on services, asking residents to be mindful and supportive as staff are doing their best to limit service disruptions.</p> <p>Starting next week, we will begin to look long term about what the next Comms campaign will be.</p> <p>From a discussion with members, it was asked how we communicate if the virus is easily transmissible. This is being picked up in the Daily Internal Covid Comms Team meeting tomorrow.</p>	
11.	<b>AOB</b>	None.	
12.	<b>Review of Actions</b>	<p><b>Updates on actions from previous meetings:</b></p> <p>All actions from previous meetings updated.</p>	
13.	<b>Date and Time of Next Meeting</b>	The next board meeting is scheduled: <b>Wednesday 19<sup>th</sup> January 2022 3pm.</b>	

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