



Doncaster Council

To all Members of the

DONCASTER COVID-19 OVERSIGHT BOARD

AGENDA

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

VENUE Virtual Meeting via MS Teams
DATE: Tuesday, 22nd March, 2022
TIME: 10.00 am

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 14th March, 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 5.00p.m. on Wednesday 16th March, 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).
4. Declarations of Interest, if any.
5. Minutes of the Covid-19 Oversight Board Meeting held on the 25th January, 2022. 1 - 4
- A. Reports where the Public and Press may not be excluded.**
6. Covid-19 National Overview (Verbal - Rupert Suckling).
7. What's the Data Telling Us (To be tabled - Jon Gleek/Laurie Mott).
8. Covid Control Plan Next Steps (To be tabled - Rupert Suckling).
9. Covid Health Protection Board Risks (Attached - Rupert Suckling). 5 - 8
10. Minutes of the Covid Control Board Meeting held on the 2nd March, 2022 (Attached - Rupert Suckling). 9 - 14

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), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Jane Nightingale (JN), Damian Allen (DA), Dr. Rupert Suckling (RS).

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

Apologies: Councillor Mark Houlbrook (MH), Paul O'Brien (Po'B), Chief Superintendent Ian Proffitt (IP) Jackie Pederson (JP), Fiona Campbell (FC).

	Action
<p>1. Welcome, apologies and introduction – Mayor Ros Jones</p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p>2. Exclusion of the public and press – Mayor Ros Jones</p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p>3. Public Statements and Questions – Mayor Ros Jones</p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p>4. Declarations of interest – Mayor Ros Jones</p> <p>There were no declarations of interest made.</p>	
<p>5. Minutes of the last meeting held on 15th November 2021 – Mayor Ros Jones</p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 15th November 2021, approved.</p>	
<p>6. COVID-19 National Overview – RS</p> <p>RS began by reminding the board that they last met in November and since then nationally there was a new variant of Covid identified named Omicron and Plan B measures were introduced by central Government. This resulted in booster jabs for many people brought forward and changes to the isolation guidance, where by a positive case could leave isolation if they test negative on days 5 and 6.</p> <p>RS also noted changes to foreign travel, with people returning to the country no longer required to test.</p> <p>It was reported there had been large spike in cases due to the Omicron variant, however the number of hospitalisations had remained low. This led to the removal of Plan B measures and the country reverted back to living under Plan A measures, notably this meant the removal of face coverings in a number of settings and the removal of Covid passes.</p> <p>RS advised that even though Plan A measures were in place, it did not mean that Covid was over. Health and Social care settings remained very busy, and it was suggested it would take some time for those services to get back to normal.</p> <p>The board noted that assisted testing centres may close in March, so the authority were looking at plans for the removal of testing centres in the area.</p> <p>Nationally the country was in a better place than the same time the previous year, with a move towards the end of the pandemic.</p> <p>RESOLVED;</p> <ul style="list-style-type: none"> That the presentation be noted. 	
<p>7. What the data is telling us – Laurie Mott (LM)</p> <p>LM provided a strategic overview of what the data is telling us both locally and nationally. LM presented to the board a map of the UK highlighting the extremely high numbers of cases reported across the country upto the 5th January, and compared those to the rates reported upto</p>	

<p>the 19th January, which showed a rapid decline in cases.</p> <p>LM noted that Peterborough and an area in Northern Ireland were areas to watch, as they had seen an increase in cases recently, rather than following the decreasing trend across the UK. LM did however highlight that the England case rate had seen an uptick in the number of cases 3 times over the previous 4 days.</p> <p>The board were assured that Doncaster's case rates peaked over Christmas and New Year but were declining, and this was the same for other towns in South Yorkshire. Locally most recently the rate at which cases were falling was not as quick as previously seen, numbers were beginning to flatten, and this was reflected in the 60+ age range. The positivity rate of those people in Doncaster testing positive was also reported as declining, and Doncaster's ranking nationally of local authority areas and numbers of reported cases was improving.</p> <p>LM reported to the board that when breaking down cases by age range it showed that cases in the 0-19 age range were beginning to climb, predominantly in primary and secondary aged children. It was highlighted that women aged 20-39 saw the highest case rate, possibly as they were more exposed due to working environments or that they test more than other groups.</p> <p>A breakdown by ethnicity was provided and highlighted a slight increase in cases in minority ethnic groups. Doncaster's hotspots were noted as Intake and Hexthorpe, with Hexthorpe also having the lowest uptake of vaccinations.</p> <p>LM reported that there were 112 people in Doncaster's hospitals, with only 1 person in ITU. The numbers of people being actively treated for Covid were similar to last year but the numbers in ITU were significantly improved compared to 12 months ago. More than half of those in hospital were noted as being above the age of 80. There were also fewer reported deaths compared to last year.</p> <p>RESOLVED;</p> <ul style="list-style-type: none"> • That the presentation be noted. 	
<p>8. Updated COVID Control Plan – RS</p> <p>RS advised the board that the Covid Control plan had been updated in accordance with national guidance throughout the pandemic and the changes made most recently were in relation to Plan B and changes in isolation guidance.</p> <p>RS suggested that the next set of guidance would hopefully see the plan refreshed for a final time and brought to this board in March. The Doncaster Covid-19 Oversight Board should then look to stand down at that meeting and be integrated into the Health and Wellbeing Board.</p> <p>RESOLVED;</p> <ul style="list-style-type: none"> • That the presentation be noted. 	
<p>9. Covid Health Protection Board Risks – RS</p> <p>RS highlighted changes to the report since the previous meeting, and the board noted that Testing was deemed Very High Risk due to access to testing, as many people had problems with obtaining lateral flow tests. The supply of tests had been improved more recently.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the presentation be noted. 	
<p>10. Minutes of the Covid Control Board meeting held on 5th January, 2021</p> <p>RS advised that the minutes reflected the information LM provided to the board earlier in the meeting. It was also highlighted that the Daily Incident Management Team were managing more settings than at any other time during the pandemic with a third of their workload being businesses from around the area, but also increased cases in schools. Members were assured</p>	

the authority was working with education colleagues to keep schools open, but it remained a challenge.

The Chair noted that there were plans for a vaccination pop up site at the college, and questioned whether this had taken place. RS advised that had taken place along with other locations being considered for vaccination sites such as the mosque and Amazon site. If those were successful the model may be used at other large sites in Doncaster.

RESOLVED:

- That the presentation be noted.

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Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 02/03/2022)

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
DATE REVIEWED			02.03.22
MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS Rupert Suckling	<ul style="list-style-type: none"> 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. Potential confusion between national and local guidance 	<ul style="list-style-type: none"> 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 Enhanced response plan in place Regular communication out to staff and public Occasional outbreak however the number of cases are Fairley low 	Medium
TESTING Clare Henry	<ul style="list-style-type: none"> Effectiveness of the national programme locally. <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. LFT stock and access to PCR tests has stabised, change to high 	Medium

	<ul style="list-style-type: none"> • 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 (<i>inc. universal free supply under winter plan</i>) • Resident navigation of various testing approaches • PCR testing sites – pressure to return sites to previous use • Reduced testing by residents = lack of surveillance • National capacity to supply Lateral flow tests to support new contact testing guidance, and supply chains (added 22/12/21) • Concerns re. national lab capacity leading to PCR booking systems being switched on/off (added 22/12/21) 		
<p>WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE</p> <p>Vanessa Powell-Hoyland</p>	<ul style="list-style-type: none"> • Increased support required for those needing to self-isolate. Support may include the provision to home addresses of: <ul style="list-style-type: none"> ○ Food ○ Medication ○ Essential supplies • Social isolation, and resulting mental health issues. 	<ul style="list-style-type: none"> • 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 • Continuing to support people but feels within our capabilities and have systems in place to support 	<p>Low</p>

	<ul style="list-style-type: none"> Resilience of the Community & Voluntary Sector. Working with new voluntary sector partners. Management of spontaneous volunteers. 		
<p>INFECTION, PREVENTION AND CONTROL CAPACITY Victor Joseph / IPC and test cell</p>	<ul style="list-style-type: none"> IPC resource is highly valued in managing outbreaks so need to ensure sufficient IPC capacity and resource in the system to react to outbreaks effectively. There is a risk of lack of access to IPC resource if outbreak numbers increase. 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 	<ul style="list-style-type: none"> 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 	Medium
RESOURCING OF CORE IMT	<ul style="list-style-type: none"> IMT in place to manage local incidents/outbreaks across Doncaster 	<ul style="list-style-type: none"> Resources in place for this year and next Frequency of IMT reduced to twice weekly 	LOW

<p>Rupert Suckling</p>	<p>which will require significant resourcing i.e. data and insight and communications.</p> <ul style="list-style-type: none"> • 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 		
<p>FUTURE WAVES & VOC RESPONSE</p> <p>Clare Henry</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur. • Mechanisms in place for voc response 	<p>HIGH</p>



COVID Control Board Meeting Notes and Actions

Date Wednesday 2nd March 2022
 Time 15:00
 Location MS Teams
 Chair Victor Joseph

Attendees: Catherine Needham, Simon Noble, Hayley Waller, Carys Williams, Daniel Vieira, Nikki Mell, Rachael Leslie, Emma Gordon, Delano Johnson, Clare Henry, Laurie Mott, Sian Owen, Rachael Carney, Louise Sharp, Jonathan Preston, Kenneth Agwuh, Katie Gillan

Apologies: Lisa Devanney, Andrew Russell, Rupert Suckling, Fiona Campbell, Kevin Drury, Nick Wellington

No	Item	Key Decision / Action	Allocated to
1.	Welcome and Introductions	VJ welcomed all to the meeting.	
2.	Apologies	VJ noted apologies.	
3.	Purpose of Meeting	VJ confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> 1. Responsible for the development, exercising and testing of COVID Control Plan. 2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity. 	
4.	Urgent Items for Attention	Since the last meeting the Living with Covid Plan has been announced, the key things to note are; <ul style="list-style-type: none"> • There is no longer a legal requirement to isolate if you are positive or a close contact, contact tracing has also ended • Schools are no longer required to test regularly • From the 1st April free testing will only be available to a limited to group 	
5.	Data and Intelligence Update (Laurie Mott)	7 day & positivity rate (for the 18th – 24th February) <ul style="list-style-type: none"> • Doncaster’s official 7-day rate per 100,000 is currently 177.1 • Barnsley’s rate is 233.8, Rotherham’s is 215.5, Sheffield’s is 237.9, Yorkshire & Humber’s is 242.7 and England’s is 332.0 • Doncaster is currently ranked 189th / 214 in the UK, 14th in the region and 139th in England • Doncaster’s positivity rate is currently 9.5% 	



		<ul style="list-style-type: none"> • Day Rate for Ages 60+ years • Doncaster’s 60+ rate is 141.4, Barnsley is 217.0, Rotherham is 177.4, Sheffield is 166.8 , Yorkshire and Humber is 202.6 and England is 258.1 • Doncaster are 143rd highest in England, 14th in the region <p>Prediction in rates</p> <ul style="list-style-type: none"> • Case rates will continue to fall over the week <p>Demographics</p> <ul style="list-style-type: none"> • 60-79s and 80+ ticking up at the moment, higher than this time last year – possibly a link to testing in care settings <p>Hospital activity – figures from DBHT for Doncaster Royal Infirmary:</p> <ul style="list-style-type: none"> • The number of patients being actively treated for Covid is 46 • 2 in ITU; it’s likely that 1 person acquired Covid whilst in ITU • Hospital data halved in the last month <p>The number of deaths with Covid mentioned on the death certificate;</p> <ul style="list-style-type: none"> • 40 in January • 31 in December • The majority were aged 80+ and died in hospital <p>Questions/comments; Good news in terms of direction of travel, rates continue to decrease and hospital numbers are reducing.</p>	
<p>6.</p>	<p>Daily Incident Management Team Update (Hayley Waller)</p>	<p>HW presented the overall IMT log summary;</p> <ul style="list-style-type: none"> • 34 live cases • 3935 closed • 3969 in total • 75.9 7 day rolling average • Settings - 13 businesses (the last business case will close on 7/03/22), 6 Care Home OP, 4 Care Home LD, 4 Supported Living, 2 CCG, 1 Extra Care, 1 Dom Care, 1 Early Years, 1 in-house, 1 Special School • Community – 4 Denaby Main (care homes), 4 Brodsworth and Pickburn (warehousing), 2 Dunsville, 2 Armthorpe, 2 Belle Vue, 2 Kirk Sandall, 2 Thorne, 1 Tickhill, Town Centre, 1 Warmsworth, 1 Woodlands, 1 York Road, 1 Loversall, 1 Mexborough, 1 Moorends, 1 Scawthorpe, 1 Skellow, 1 Bentley, 1 Balby, 1 Edlington, 1 Hatfield, 1 Hatfield, 1 Conisbrough 	



		<p>Questions/comments; It was noted that there has been a significant reduction with information coming through to the line list since contact tracing ended.</p>	
7.	<p>TCG Update (Nasir Dad)</p>	<p>VJ updated that there is no update as the TCG has now stood down, the last meeting took place approximately 1/2 weeks ago.</p>	
8.	<p>Outbreak Management (Carys Williams/Clare Henry)</p>	<p>CW presented the key updates for the Living with Covid Plan (please refer to presentation slides for further information);</p> <ul style="list-style-type: none"> • Twice weekly testing in schools removed, continued to be advised for special schools • Legal requirement to self-isolate for positive cases and close contacts has ended, as has contact tracing • Free universal testing for the general public ends on 1st April, still awaiting detail of who will be eligible for free testing • End to voluntary Covid passes for venues and events however this is still available for international travel requirements • Future approach – Risk assessed prioritisation of support to settings, vaccines, outbreak management and response, • Next steps – Continue to review plans and approach, review of communications approach and key messages underway, debriefing and learning reviews • Review of IMT and Covid Control Board – will potentially be able to bring initial recommendations to the next meeting <p>Clare Henry updated the following;</p> <ul style="list-style-type: none"> • contact tracing – this ended on 24th February, individuals who are testing positive at the moment are receiving a text message or email if they have provided details advising them what to do and to let close contacts know etc • PCR testing – a demobilisation letter has been sent, this has limited information but does state that infrastructure may stay on site beyond the end of March 2022 • Local community testing – the team are currently decommissioning test collection sites and assistive testing sites including Mary Woolett Centre, North Bridge and the Wool Market. All sites will be closed by the third week of March. Some stock is still available which is being offered to partners who can use for professional use or it will go into the community/to residents. Beyond the end of March locally we do not have the authority to provide any asymptomatic testing and will no longer have stock in place. 	



		<p>Comments/questions; Acknowledged the great team the work and organisations have done throughout the pandemic</p>	
9.	<p>Threat and Risk Register and Key Updates from Organisations</p>	<p>Threat and Risk Assessment</p> <p>Management of outbreak in High risk settings – Decline is steady, occasional outbreaks remain but numbers are low. Reduce to Medium however noted this is dependent on the information flow going forward</p> <p>Testing – Remain at medium whilst await further guidance on vulnerable individuals/settings</p> <p>Contact Tracing – Now ceased nationally, locally may potentially utilise in an outbreak situation. Remove from the list.</p> <p>Welfare of vulnerable people needing to self-isolate – Keep as low</p> <p>Infection, prevention and control capacity – meeting held this morning re logistics of funding agreement, lead provider, direction of travel etc. Reduce to medium</p> <p>Resourcing of Core IMT – Remain as low</p> <p>Future Waves & VOC Response – Remain as high whilst await further detail nationally</p> <p>Key updates; DBTH – numbers are on a downward trend, some staff members are still testing positive; this fluctuates therefore not relaxing PPE use. CH asked if we know if Pillar 1 testing will still be available going forward; KA confirmed yes, logistics are still being worked out.</p> <p>Nothing further to add.</p>	
10.	<p>Communications (Rachael Carney)</p>	<ul style="list-style-type: none"> • Launched a face mask wearing campaign which will run for the next 3-4 weeks, softer approach taken. Radio campaign, bus stops etc also running • Working on the Strategy for the next phase; the plan and strategy will be presented to this group in 2 weeks 	
11.	<p>AOB</p>		
12.	<p>Review of Actions</p>	<p>No new or outstanding actions.</p>	



13.	Date and Time of Next Meeting	The next board meeting is scheduled: Wednesday 16 th March 2022 3pm. It is anticipated that this will be the last meeting as the board will move to the Health Protection Assurance Group.	
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