

Doncaster COVID-19 Oversight Board
Wednesday 23rd September 2020, at 2.30pm

Present: Mayor Ros Jones (RJ) (Chair), Councillor Nigel Ball (NB), Dr. Rupert Suckling (RS), Damian Allen (DA), Councillor Jane Cox (JC) Deputy Mayor Councillor Glyn Jones (GJ), Councillor Jane Nightingale, Councillor Andy Pickering (AP), Shaun Morley (SM), Paul O'Brien (Po'B) and Fiona Campbell (FC).

Officers: Scott Fawcus (SF), Susan Hampshire (SH), Shannon Kennedy (SK), Jon Gleek (JG) and Rachel Wright (note taker).

Apologies: Councillor Nuala Fennelly (NF), Councillor Chris McGuinness (CM), Jackie Pederson (JP), Shayne Tottie (ST) and Daniel Fell (DF).

	Action	Deadline
<p>1. Welcome, apologies and introduction – Chair – Mayor Ros Jones</p> <p>Mayor Ros Jones welcomed all those present at the meeting.</p>		
<p>2. Exclusion of the public and press – Chair – 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 – Chair Mayor Ros Jones</p> <p>Mayor Ros Jones noted one question had been received from a member of the public; Mr. Brown. Mr. Brown was invited to ask the question he submitted and a response was provided by the Chair, Mayor Ros Jones.</p>		
<p>4. Declarations of interest – Chair Mayor Ros Jones</p> <p>There were no declarations of interest made at the meeting.</p>		
<p>5. Minutes of the last meeting held on 18th August 2020 – Chair Mayor Ros Jones</p> <p>It was agreed that the minutes of the Doncaster COVID-19 Oversight Board held on 18th August 2020, be approved as a correct record.</p>		
<p>6. COVID-19 National Overview – RS</p> <p>RS gave a verbal overview of the significant changes made nationally as it is now very different to when the board met in August. A range of local lockdowns were implemented in Leicester, North West, West Midlands and the North East of England. A range of announcements were made which included strengthening of the rule of 6, commencement of COVID-19 marshalls, roll out of the NHS app, support for low paid or for those on zero hours contracts to self-isolate. There had been ongoing challenges with access to testing through test and trace. RS reported that across the country the rates of COVID were doubling every 7-8 days and if we did nothing further we could see 50,000 cases a day, and 250 deaths a day by October. This evidence has led to changes in guidance, people should now work from home where they can. New restricted operating hours for the hospitality and leisure industry were now in place. COVID secure guidance for businesses has become law, expanding the range of settings where legal obligations apply and higher fines for individuals or businesses. Pauses to the planned change from 1st October for the piloting of socially distanced crowds at sporting and business events. Expansion in the settings in which face coverings are required particularly those people using taxis, along with new expectations for Local Government and we await the guidance. RS explained that as we face the winter living with COVID and further restrictions could be implemented either locally or nationally.</p> <p>It is agreed that:</p> <ul style="list-style-type: none"> • The presentation be noted. 		

<p>7. What the data is telling us - JG</p> <p>JG gave a verbal update on what we know currently using the various data streams that we have access to.</p> <p>Local numbers in Doncaster have shown that since the beginning of September there has been a noticeable increase in positive cases.</p> <p>The demographics show that in the early part of September higher numbers of people under 30 were testing positive, that category of people are less likely to become very unwell from it. However in the more recent weeks the numbers are increasing in the over 40 age category. The gender split is almost equal.</p> <p>Geographically community infections or streets where there are community-based transmissions are not being recorded, which is reassuring at this point, but it will continue to be monitored.</p> <p>There had not been a significant rise in the numbers in hospital and there had been a very small increase in the number of COVID-19 admissions from the occasional 1 per day to 2 per day.</p> <p>The number of deaths in Doncaster over July and August were very small and there was a period of time where none were recorded. This will continue to be monitored.</p> <p>The incident management team has grown its caseload of incidents and outbreaks that are being investigated, notably recently a number of schools had been included for surveillance where suspected cases and confirmed positive cases had been reported within the school.</p> <p>It is agreed that:</p> <ul style="list-style-type: none"> • The presentation be noted. 		
<p>8. COVID Health Protection Board Risks - RS</p> <p>RS presented the Doncaster COVID Control Board Threat and Risk Assessment report and gave the board an overview of each of the 5 high-risk areas the COVID Control Board manage.</p> <p>High-risk areas include how outbreaks are managed in high-risk settings such as care homes and businesses. RS explained schools and education settings were high risk as the process had changed nationally because PHE would no longer be involved with schools that only have 1 confirmed case, there must be 2 or more. The D of E had set up a helpline for schools with only 1 case. RS was hopeful that the risk around schools would come down but that care homes would remain a concern.</p> <p>RS explained that testing and contact tracing is high-risk, in Doncaster there is a regional testing sight and a mobile testing unit in the Dearne Valley managed by NHS test and trace. There were major challenges nationally with laboratories capacity. Local reports to the authority were that people are unable to book tests despite sites being empty. This is not a result of swabbing capacity by laboratory capacity. For reassurance interim arrangements for key-worker testing had been put in place and a letter sent to the Secretary of State for health to ask for further progress on that the availability of testing locally.</p> <p>RS explained how we support people to engage and comply with the test and trace programme is a high-risk area. The Communications team had worked to support younger people to engage with the programme, it is difficult to ask people to be tested if tests are unavailable. We are expecting the test and trace service to follow people up to make sure the public are self-isolating if needed.</p> <p>Mass gatherings pose a high-risk. RS explained why he took the decision on the morning of the St Leger that it must be held behind closed doors this was due to evidence that cases were rising, but also as a result the announcement about the rule of 6. RS said a mass gatherings framework had been developed, and this could be circulated and tabled at this board in the future.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • The presentation be noted. • The mass gatherings framework circulated to the board and then tabled at a future COVID-19 Oversight board meeting. 	RS	
<p>9. COVID Control Plan – Equality, Diversity and Inclusion – SH/SK</p> <p>SH and SK presented Equality Diversity and Inclusion work in relation to the outbreak control plan.</p>		

SH began by giving an overview of the background, vision and ambition. Doncaster Council were asked to produce an Outbreak Control Plan, and our plan brings together a multi-agency response to localised outbreaks. The content of the plan used some national themes identified, for instance particular high-risk settings, or populations. There wasn't a requirement to think about an EIA in the sense of undertaking due regard statements however growing evidence of unequal COVID outcomes and particularly for some populations growing evidence of unequal and poorer outcomes for poorer people and BAME citizens. Our citizens had asked the authority to address this and it is a welcome opportunity to reflect and think about the processes in place to ensure decisions made do not increase inequality, and to see what mechanisms we can have within daily decision making to manage outbreaks, promote inclusions and reduce inequality.

SH described the vision had been categorised into 3 areas prioritising the older population, BAME communities and the clinically shielded so that we can ensure any actions in place can mitigate issues.

There is a need to embed equality, diversity and inclusion into our ways of working to ensure all meetings are mindful of these issues and to act upon issues we may find. There will be a lot of learning, we need to identify a way of working which fosters and improves diversity and inclusion and develop a toolkit for use across the Team Doncaster partnership.

SK updated the board on specific aspects of the approach and the practicalities of moving from the vision to putting things in practice. Firstly a multi-disciplinary team established, setting up a working group with colleagues. They reviewed existing local and national intelligence helping to agree areas of focus older, clinically vulnerable and BAME communities. The team reviewed the outbreak control plan enabling them to look at areas that may cause or compound inequalities and looked for opportunities to support and foster diversity and inclusion in the approach to controlling COVID. Building on community assets by looking at creating community link working roles around COVID and where and how to start acting to embed design principles around fostering diversity and inclusion in all of the decision making through ongoing control measures and meetings. SK explained they had started to use ongoing management opportunities to respond where an early indicator of equality impact or risk that wasn't known already from the existing data.

Finally the group are considering further data needed so that they can keep an ongoing watch around the new restrictions and powers that we may apply. They want to monitor how that is applied to different groups and citizens so that the rules are being applied fairly across all communities. There will also be informal data collection from conversations with other organisations, groups and individuals to give balance.

SK identified the timescales of the key pieces of work that began in September. Testing of the key design principles and looking at emerging themes in the IMT will begin in late September. There will then be an easy read version of the EQIA report so that citizens can engage. Longer range work will include collating a toolkit so that we can foster this way of working across Team Doncaster.

RS explained to the board that the approach to having conversations in formal groups and informal groups, and individuals so we need to make sure that we are clear on how we will have the conversations and who with.

JC asked for reassurance on how are we going to make sure that we have conversations with citizens and communities, aren't just with the same groups we usually consult with and had concerns around inclusion as the scope was narrow, for example how have we engaged with people with learning difficulties?

SH thanked RS and JC for their observations, and explained they have started with those that were most effected but they have started an audit process and have identified other groups, which has now been picked up.

It was agreed that:

- The presentation be noted.

10. Minutes of the Control Board 9th September – RS

RS stated it was agreed COVID-19 Oversight Board would see the minutes of the COVID Control Board. RS gave a brief outline of what the minutes showed including how the board is structured, updates on data and intelligence, the incident management team and the number of incidents being managed which had risen in the last week. Key areas of attention on the returns to school and the public realm. Threat and risk assessment, update on the COVID Outbreak Plan and an update on comms. RS suggested that as there had been many

<p>changes in communications an updated communications plan be tabled at a future COVID-19 Oversight Board meeting.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • the presentation be noted • an updated communications plan be tabled at a future meeting of the COVID-19 Oversight Board. 	RS	
<p>11. Dates and Times of future meetings</p> <p><u>2020</u></p> <ul style="list-style-type: none"> • Tuesday, 20th October 2020, at 10.00 am • Wednesday, 11th November 2020, at 3.00 pm • Wednesday, 9th December 2020, at 2.00 pm <p><u>2021</u></p> <ul style="list-style-type: none"> • Monday, 25th January 2021, at 2.00 pm • Wednesday, 24th February 2021, at 2.00 pm • Monday, 22nd March 2021, at 2.00 pm 		