Doncaster Council

COVID Control Board Meeting Notes and Actions

Date Wednesday 3rd March 2021
Time 15:00
Location MS Teams
Chair Rupert Suckling

Attendees: Rupert Suckling, Clare Henry, Steph Cunningham, Kevin Drury, Olivia Mitchell, Gill Gillies, Catherine Needham, Emma Gordon, Natasha Mercier, Karen Johnson, Carys Williams, Jonathan Preston (Unison H&S), Tim Hazeltine, Hayley Waller, Sian Owen, Lisa Devanney (DCCG), Andrew Russell (DCCG), Kate Anderson-Bratt, Jon Gleek, Fiona Campbell (National Education Union), Paul O'Brien (GMB Trade Unions), Steve Waddington (St Leger), Scott Cardwell, Alex-Jade Delahunty, Robert Jones, Simon Noble, Claire Scott, Kathryn Brentnall (College), Victor Joseph, Laurie Mott, Delano Johnson, Abu Chowdhury, Daniel Weetman.

Apologies: Sarah Sansoa, Peter Doherty (College), Susan Hampshaw, June Chambers (PHE), Ken Agwuh (DBTH), Mark Wakefield, Debbie John-Lewis, Mary Leighton, Andrea Lee (Prison's), Neil Thomas (SYP), Damian Allen, Paul Ruane, Vanessa Powell-Hoyland, Nasir Dad, Mark Whitehouse, Jade Dyer (Doncaster Chamber), Nick Wellington, Daniel Viera (Unison H&S), Jim Board, Jonathan Ellis, Victoria Shackleton.

No	Item	Key Decision / Action	Allocated to
1.	**Welcome and Introductions**	RS welcomed all to the meeting.	
2.	**Apologies**	RS noted apologies.	
3.	**Purpose of Meeting**	RS confirmed the key purposes of the meeting as follows: 1. Responsible for the development, exercising and testing of COVID Control Plan. 2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity.	
4.	**Urgent Items for Attention**	RS raised that we are expecting a formal request to submit an updated outbreak control plan for Friday 12 March – CW to cover in more detail later in meeting.	
5.	**Data and Intelligence Update**	**7 day & positivity rate (for the 7 day 18-24 Feb)** • Doncaster's official 7 day rate per 100,000 is 168.3. (rate yesterday 176.0). Rate has been falling steadily the past 3 or 4 days. • Barnsley's rate is 166.5, Rotherham's 185.7 and Sheffield's 133.0 - only Rotherham's rate appears to have started increasing slightly last few days. YH rate is 146.3 and England rate is 107.8. • Overall good news for Doncaster's rate and the average England rate, however we must still be cautious as it could change. • Doncaster's positivity rate is 6.7% – this is the lowest it has been since reporting into IMT. • LM presented Doncaster's 7 day rate on a graph which excludes prisons and care homes – shows a decline overall - community rates are starting to fall.	

Hotspots in the communities

- The data team identifies places in Doncaster with higher density of cases (this data excludes care homes). 5 hotspots we are currently concerned about in Doncaster are Askern, Stainforth, Intake, New Rossington and Lower Wheatley. Almost all of these areas have previously featured as hotspots – the group will do some further work to establish whether there is anything unique about these areas as to why they keep appearing as hotspots.
- All hotspots (with exception of New Rossington) are losing cases. Links to warehousing and evidence of household transmission in some communities are causing hotspots.
- LM noted that hotspots are considerably milder than they were months ago.

Demographics

- LM presented data from PHE which shows the 7 day rate for 60+ age group shows an ongoing reduction in rates.
- The younger working age group (23-34) case rates are continuing to be quite high – the past month or so other age groups have seen a decline in case rates, but not this age group – however the latest rates show this trend might be beginning to fall. LM will present a report in more detail at next board meeting.
- When we look at hotspots, the younger working age group are almost always more dominant age group. 40% cases in January were people in this age group. In each of the previous waves this age group has led the way with number cases.

Hospital activity

- As at 03/03/21 DBHT has 103 total Covid patients, 61 patients currently receiving active care for Covid and 7 ITU.
- Considerable reductions in admissions last few weeks. Pressures in hospitals reducing.

JG added that the data presented demonstrates a turning point. Hotspots are milder and there are fewer and case rates across age groups demonstrates flat lines on the charts – this indicates a need to move to different surveillance. The next phase of work for the data group involves looking at the types of places that keep appearing and understanding the typology profile and themes of these types of places. We want to try and understand the complex relationships between workplaces, types of work and types of staff in the workplaces.

Also, back in March 2020 we were looking at cases and how they translated into outcomes. As we are now seeing a reduction in admissions it would help to re-establish our collective thinking on rates/number cases we are seeing now and what this means for risk of groups / age cohorts.

		JG presented a graph taken from traffic counters from across the borough. We have taken a sample of traffic monitors and looked back to the beginning of March 2020 at the rush hour traffic. You can see that in March 2020 there are 22-25k vehicles and when lockdown 1 comes in this plummets to 5k, it then increases over summer and flattens. When you look at levels of rush hour traffic now, we are not far off levels beginning of March 2020 pre-lockdown. It is likely these are still people travelling to work. We will monitor this over next few weeks as restrictions ease. RS noted that all questions / comments in relation to data would be provided after the next item (IMT update).	
6.	**Daily Incident Management Team Update** (Catherine Needham)	**CN offered the board an overall summary;** • IMT is currently managing a total of 70 live cases and a further 10 TBC (symptomatic individuals). • Today's rolling 7 day average is 69.4 – to compare this was 76.4 this time last week. The last time it was at 69.4 was 8th October 2020. Although the rate of decline has been much gentler, we are now back to where we were at the beginning of October. • CN noted we have a 50/50 split of live incidents (one individual case) to multiple cases. This is a significant shift to what we have seen previously – earlier we would see more outbreaks and clusters whereas over last few weeks more individual cases are being reported in. • Live cases by setting types – primary schools (20), businesses (9), older people Care Home (9), early years (9). CN noted that businesses featuring higher up in top 5 settings recently, this fits with the working age population driving positive cases. Secondary schools have 7 cases and other care settings for LD care homes and domiciliary care have smaller number cases. • In last 7 days IMT has opened 27 brand new notifications of symptomatic / positive individuals (these are either settings where never had outbreak previously or outside the 28 day period of previous outbreak ending) – these are predominantly in primary schools, early years settings and businesses. • IMT has reopened 12 cases in last 7 days (this is a setting IMT has been aware of previously and has been closed and had subsequent cases in 28 day linking period). This is a lower number than we have had over last few weeks. Chunk of cases in early years, others are single cases across settings. CN noted that of the reopened cases, there is only 1 live in an LD Care home, 2 in early years and 1 in primary school. • Over the last 7 days, IMT has closed 35 cases. These are mainly in business settings (which again reflects cases in the working age group) and early years settings (CN noted that there are many early years settings in Doncaster, these settings have been open through lockdown and recognise children are symptomatic but doesn't result in being Covid). Of the closed cases, 5 closed due to negative results, 28 came to end of monitoring period and 2 near	

misses (may have been emerging issues but after delving deeper there wasn't exposure).

Questions/comments about the data presented:
PO raised the traffic report – struggling to correlate figures into reality. We shouldn't just focus on rush hour, need to focus on entire day. PO added that there are many cars on the road currently which shows that there is nowhere near the amount staying at home than should be which is a serious concern.

JG clarified that the national stay at home guidance came in 23 March 2020 which is when traffic levels plummeted. Before this time, early March 2020, is the baseline, which currently (March 21) our traffic levels are not far from.

RS added that a glass half empty view is people are not staying at home as much as they were in other parts of lockdown, whereas glass half full view is when restrictions ease there is less additional travel to get back to baseline.

GG added that we are not picking up a lot of enforcement issues for travelling without good reason. Main issues are parties at weekend currently.

PO – At last week's board there was mention of a confirmed case of South African variant in Doncaster and that we were waiting on result of a second case, however it was reported into a schools operational group this week that there were no cases of this variant – can we please clarify?

RS confirmed that we did have a person in Doncaster with a variant of concern, but as it has now been more than 10 days after they had been diagnosed they are no longer a case. Regarding the second individual who has been swabbed for the variant, we have not been informed of their genomic analysis yet from PHE, so the update is we have no variants of concern we are actively monitoring.

PO raised that we need to make sure that this is communicated more clearly as in the schools operational group meeting the message was that we had not had a person in Doncaster with variant of concern at all – the message should be that we did have a case in Doncaster with variant of concern, but they are now no longer classed as being a case.

RS – based on data presented, RS then asked a number of questions of colleagues in relation to rates/activity. It appears we are now back to October 2020 levels in terms of rates/incidents but the challenge is we are still seeing cases in high risk settings. RS asked what more could we do with these high risk settings?

Adult Social Care
KAB – we have had a robust way of working with services throughout this whole period - not sure whether there is more that

		we could do. It is about ensuring we have the ongoing support in place for services, even when we see cases reducing. RS noted it may be more of a lessons learned and consolidate exercise. KAB – we are doing work to ensure systems are in place so that those who are not yet vaccinated do have a vaccine. Also ensuring appropriate systems are in place for new residents to get vaccinated prior to entering care services. Also looking to support homes with visiting from 8 March – good support for homes in place for that change – it will be a significant change for some. They have LFT testing grant which is good but is about ensuring appropriate support in place for them. **Businesses** RS – anything more we can do with businesses as starting to look like they are more common in incidents? EG – it is the same business names coming up, those businesses that have the larger workforce. Spoken with Nasir Dad and we are putting in a process that allows us to escalate quicker if businesses are not getting back to us in 24 hours – this process will involve us sending an officer out to visit. With new guidance and changes coming in we will have more to communicate to businesses. We have risk assessments for the businesses we have been dealing with throughout the pandemic. **Education Establishments** RS – schools is a big issue in terms of getting cases - with schools reopening 8 March what more are we doing with schools to prevent transmission and impacts? KD – one primary school closed fully 2 weeks ago and had outbreak meeting, the school have redeployed staff so no crossing bubbles and employed more staff for lunch time – good strategy. KD added that confidence in schools with returning 8 March and managing testing was raised at last week's meeting – some secondary schools are testing already and some are testing from next week. We have asked schools how they are managing and we have good confidence they are ready and prepared to return from various meetings we have had with them. We expect risk assessments to be in place and improvements to be made from previous lockdowns. KD added that he met with Doncaster College and the new college today and have great confidence in readiness of testing and protocols in place for 8 March. KD added we are linking in with the town centre and communities team too who are visible and near these settings. We also discussed the language that is used to ensure that we are being supportive and building positive relationships. We are working together with the colleges to minimise risk around these settings and helping each other out and sharing any concerns.	

		KB added it had been a useful meeting. We do not underestimate the size of challenge, we are doing best to distribute students safely. We will continue to be a part of these meetings going forwards. KB added that the colleges are not just teaching 16-18 age group, also the 19-25 age group which is also a challenge. Great to have the meeting today and share good practice. RS asked whether schools were updating and sharing all risk assessments. RS also raised an issue that had been previously mentioned in relation to staff being moved between schools related to Astrea Academy and whether Head Teachers were clear of their responsibility with redeploying staff? PO clarified this was in relation to Kirkby Avenue and Castle Hills schools, not Astrea. The issue was that an external provider was breaching covid rules by moving catering staff between schools depending on whether they were open / closed. This is poor practice and Head Teachers have responsibility to not redeploy those staff. KD commented that there was a meeting coming up with Castle Hills School to discuss their position on positive cases so KD will raise this issue there. **Action: KD to raise issue of external provider redeploying staff between schools with Castle Hills and feedback.** RS noted that we learnt last year to have early conversations with schools and be proactive. VJ – meeting with the college today was helpful to explore risk around social distancing, face coverings for students and testing arrangements. Good partnership working with college. VJ added he had reviewed one school risk assessment. PO raised concern and confusion around the government roadmap – when it comes to schools it involves multiple mixing of families, yet this doesn't fit with the rest of the roadmap and the timeline the general public must follow. In terms of trying to protect communities and staff it doesn't feel right. PO added concerns around behaviours of mature students in colleges and universities as has previously caused spikes. Concerned this will happen again due to inability to properly enforce. SAGE believe there will be 20,000 additional deaths by July due to how we are reopening schools. Seriously concerned of reopening of all education establishments and another spike in infection and death rate and pressure on NHS. FC – appreciate that schools believe they are ready and are doing what they can to prepare. However it is concerning that we are putting a huge number people together in short space of time, cases in primary schools are still high before returning 8 March, risk assessments cover face masks but this relies on people wearing masks and lastly if parents do not provide consent for testing it undermines safety regimes.	**KD**

		FC added that staff are extremely worried and scared, the biggest issue is that we think we're ready but won't be enough – no real way to mitigate this – not worked in the past and concerned it will happen again. RS noted that all unions are lobbying hard nationally continually about this issue. FC raised that local government should push back harder on vaccinations. If it becomes a real risk then strike could be an option. PO raised at HR meeting that we need more pushback and campaigning form local government in terms of vaccinating school staff and children, given they are biggest risk of outbreaks. PO also raised that private nursery employees are being vaccinated from DMBC whereas children / support staff in mainstream schools are not. Response when this was raised is that it was an error, but we know this hasn't stopped. RS – from public health perspective, having looked at the data and considered the delivery of the vaccine programme to reduce deaths, RS is supportive of the current prioritisation list and the JCVI stance. **Localities / Communities** RS raised the need to now adopt an approach to address the endemic areas. RS added that we need to ensure appropriate plans are in place for these areas i.e. working with businesses, public realm and supporting those currently shielding. Conversations around how we may address this have started this week with localities / communities and will continue conversations offline and bring updates back to the board. KJ added that there has been good progress through bronze groups –a good opportunity to join things up better in that locality. **Action: Bring an update on Doncaster's approach to address endemic areas to future board meeting.**	**KJ**
7.	**TCG Update** (Gill Gillies)	**Action: Circulate TCG strategy and updated TCG threat and risk assessment with board meeting minutes.** GG noted that TCG has been moved to twice weekly in response to the government roadmap. One of the meetings will focus on infection control, vaccinations, test and tracing, wider support to vulnerable people, linking with identification and actions of communities of concern and compliance and enforcement. The second meeting will be a discussion and deep dive into areas around the wider health and care system, review of arrangements of domestic abuse, all age mental health, homelessness, children and families, education and financial implications.	**OM**

		GG added that business and economy and public realm reopening will be picked up in the Renewal Board going forwards. TCG has revised its strategy to align with government roadmap and the Mayor's sprint plan. We continue to have clear position on strategy to be on saving lives firstly, and then looking at focus on driving down infection rates with hyperlocal focus and focusing on areas concern, vaccination programme, managing concurrent events and considering impacts of recovery and easement of restrictions. Also recognising importance of comms and also enforcement where there is needed.	
8.	**Outbreak Management Plan** (Carys Williams) **Testing Update** (Clare Henry) **Community Linker Worker Update** (Natasha Mercier)	**Action: Circulate presentation update on outbreak plan and testing with meeting minutes.** CW noted the key areas of focus to cover today are: • Roadmap and outbreak control planning • Surge Testing (operation Eagle) • Asymptomatic Testing • Community link work team <u>Outbreak Control Plan</u> -required to submit 12 March Key areas to review include: • Testing – specifically asymptomatic testing at scale, optimising testing capacity and adapting the test offer to target hard to reach groups. • Contact tracing – specifically the deployment of local tracing partnerships and deployment of enhanced contact tracing. • Self-isolation – Specifically local tailoring of communications and their targeting, tackling those local employers that aren't supporting self-isolation, practical and emotional wrap-around support to those self-isolating and enabling people to self-isolate. CW raised there is an ask of board members to support and feed any forward plans / gaps that we need to review. • Surveillance – specifically use of data, including from NHS Covid app and waste water analysis and intelligence sharing. Support required from the data and epi teams. • Outbreak management and variant of concern – specifically surge capacity management locally to respond to outbreaks, including of a variant of concern. • COVID safe – specifically testing and non-testing initiatives to enable the re-opening of social and economic life and promotion of NPIs like handwashing, face coverings and maintaining space. • Vaccines – specifically measures to improve vaccine uptake locally and linkages between vaccine rollout and testing. Support required from CCG, Vaccs Steering group and Increasing Uptake Task and Finish Group to review. • Resourcing – specifically capacity management to deliver on all aspects of the plan and management of the impacts	**OM**

of the resumption of BAU activities and or the end of temporary contracts.

- Locally, we are also reviewing:
  - Locality bronze approach & community prevention (shift from pandemic into endemic)
  - Framework, assurance, review of thresholds
  - PH capacity for OCTs/MDTs
  - Training needs
  - OCP in line with new contain framework

RS - we are documenting changing in practice in response to emerging situation, more consolidation rather than starting from scratch. CW – agree - a lot of work underway just need to collate.

<u>Operation Eagle</u>

- Targeted, mass PCR testing in areas where new variants of concern of COVID-19 have been detected for age 16 and over. Quick turnaround of 48 hours from notification to response.
- Mobile Testing Units and Door to Door testing would be utilised
- Any positives sent for sequencing to identify if any variants of concern in community.
- Plan being drafted and onto logistical stage to drill down and identify how we would deliver the approach – to embed learning from areas that have carried out operation already.

<u>Asymptomatic Testing</u>

CH - recent changes are the government has an ambition around regular testing across the population. Starting to see lots of different avenues for asymptomatic testing now.

Community testing sites – current position

- 11 weeks 14th Dec – 28th Feb
- Over 17,000 tests
- 0.59% positivity (higher in Stainforth, Conisbrough & Hexthorpe).
- Community testing sites for SYP available but they are now setting up their own testing so we will stop supporting special ops from end this week
- Mobile testing van expanded to other hostels this week

Next steps -

- From 1 March 2021, members of a household, childcare bubble or support bubble of staff or a pupil can get a twice-weekly test:
  - Access through employers first instance if they offer testing to employees
  - at a local test site
  - by collecting a home test kit from a test site – Airport & Chappell Drive
  - by ordering a home test kit online (limited supply

		• Process is every result must be reported to NHS Test and Trace on same day a test is taken online or by calling 119.
		• If anyone tests positive or gets symptoms, they should tell the school and:
		  ○ self-isolate immediately
		  ○ get a PCR test to confirm the result
		  ○ follow the stay at home guidance for households with possible coronavirus infection
		
		• Government has asked if we could do community collect and set up more sites to collect testing kits – we are considering a number of sites for this. Will be submitting an EOI. To develop further click and collect sites by 15 March.
		• We understand the unintended consequences and challenges of home testing and the comms around this. The cohort to collect home testing kits are those associated with school age testing therefore will use targeted comms.
		
		<u>Questions/Comments:</u>
		RS – do we have a dashboard to show use of testing?
		If dashboards show extra capacity are we doing anything to increase access or are we keeping capacity we have ready for businesses / switch to click and collect?
		
		CH – the epi group are looking at developing an overall testing dashboard. We need to see the impact of people able to access PCR symptomatic test – no figures to hand. We do have a testing dashboard for community testing sites and know that we have capacity which is why we are looking at community collect – these will run side by side to begin with.
		
		FC – how does testing figure breakdown per site?
		CH - Figures for Community Test Sites last week = Mary Woollett 760, Stainforth 579, Hexthorpe 499, Conisbrough 493, North Bridge 287, Mobile 42.
		Action: CH to include breakdown of tests completed per site in future testing updates at Covid board.
		
		<u>COVID Community Link Coordinator update</u>
		NM - There are now 4 members of staff in place. Within the next month or so will also be employing a Community Connecter with a Traveller Focus. As the team is now in place and is looking at health inequalities overall, seemed an appropriate time to sense check and ensure the team is on the right path.
		
		The team has been attending the four Bronze meetings with all of us attending the Central meeting with the area having the highest concentration of B.A.M.E communities. At these meetings we offer targeted support where needed whether that be via Facebook, leaflet drops or physical welfare calls. Information is tailored depending on the specific community.
		
		NM has been working with RDaSH and in particular the patient and public involvement element of their COVID vaccination
			CH

research project. B.A.M.E participation in particular is being explored in terms of barriers around and how to overcome these barriers. Work is ongoing with the Minorities Partnership Board in terms of endorsing this. Culturally appropriate messages are being developed currently.

The team are working with the CCG in relation to vaccinations being held in local faith based settings to increase uptake from hard to reach groups including the Belle Vue Mosque and the central Gurdwara. Planning is currently underway including the development of comms messages.

The team are also exploring plans for 'pop up' clinics for other faith groups. These clinics will be open to all over 50s and CEV.

Work is ongoing with the CCG in relation to those not taking up the vaccine and in particular breakdown rates by practice are being looked at. Once we have a better understanding of this we will be a position to put in place some targeted intervention.

Have been working closely with the Well Doncaster team in relation to a MHCLG fund through which a number of third sector organisations will be assigned a Community Champion. To support the community champions we intend to establish and facilitate a COVID-19 community fund as a 'test and learn' around participatory budgeting. These community champions will work with BAME communities and develop resident panels. These panels will offer governance and guidance around funding local community activities and interventions that are born from resident's needs. One of these Community Champions will have a Traveller Focus and will sit within the team.

Working closely with Side Kick (public relations agency) – they have assisted in putting together a B.A.M.E comms plan which includes the BAME vaccination leaflet. This has been developed in a variety of appropriate formats and languages.

Challenges –

- Understanding the data in relation to testing and vaccination uptake for the BAME community is tricky and there are gaps. We are often building a picture based on what we've got (such as surname)
- People don't need an NHS number to receive a vaccine but some individuals will not know they are eligible and won't be invited, because they have no NHS number
- There are some very hard to reach groups such as the traveller community. With the employment of the traveller worker and the CCG traveller worker we will be in a position to build relationship in collaboration with those already trusted faces

What's next -

- Working closely with Community Champions

		• Strengthen some of the relationships that we have started to build in relation to the Travelling community for example • Strengthening links with Complex Lives and Changing Lives as well as internal functions such as the Well Doncaster, Enforcement team and Communities Team • Work closely with Silver meetings to embed equality impact assessment process • Working closely with the community and all partner organisations in relation to testing and vaccination rates and will continue to be opportunistic in relation to offering information, advice and guidance • Start linking with our neighbouring Local Authorities to share best practice NM added that all activities will be in-line with the BAME action plan. NM then shared a document which shows a visual of all the different links the team has been making with services and organisations since being in place, there are still other organisations to link with. RS commented a really useful presentation. Linking primarily with those who have good links in communities and building on those relationships is good. Also great to see vaccination work in those local faith based settings. RS added that it would be good to get a regular update in terms of learning, challenges and how we might need to support the team.	
9.	**Threat and Risk Register** (Chair)	RS went through a few key risks from the register: • <u>Health service</u> – risk is currently high. LD noted that this is on the agenda to discuss in the health and care meeting this week – will feedback. **Action: Feedback an update on current impact on health service and agree risk rating.** • <u>Welfare of vulnerable people needing to self-isolate</u> – risk is currently high. • KJ – the new high risk cohort has now been added and we are contacting them but there is some anxiety as we have not been able to contact a significant number despite numerous phone call attempts, texts and emails – this could be a sign people aren't shielding. Feels too early to say, but am concerned by lack of contact. RS – let us know if need to escalate. • SW – from St Leger perspective it is still challenging. Less people in hotels than previously (down to 97 and was at 110 at one point). SW noted that this is excluding some of the out of area due to homeless impacts due to incident in Mexborough. We have started vaccinations and mobile testing into hotels – 141 vaccinated in total at hotels and hostels. Biggest challenge is move on accommodation –will be attending the Monday TCG meetings to look at this. • RS raised that as a result of TCG arrangements, we will be looking at Covid Board TOR – it may be that only reporting into TCG may be sufficient and therefore St Leger does not	**AR/LD**

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		need to be part of Covid Board – same for colleagues in business and economy. Union colleagues to be still be members of Covid Board going forwards. • **Action: In light of refreshed TCG arrangements, action to look at the Covid Control Board TOR and review current membership.** • RS proposed replacing the risk of third wave to risk of fourth wave, given locally a third wave has surpassed. Risk of fourth wave to pick up that although there will be spikes, we do not want spikes leading to sustained impacts on health service. • **Action: Update threat and risk assessment to reflect threat of a fourth wave.**	**RS/CW/ OM** **OM**
10.	**Communications** (Steph Cunningham)	SCu provided an update on comms activity: • The comms team continues with the back to basics messaging and 'Let's Do it For Doncaster' campaign. • Continue to focus comms on mental health and signposting to advice and support and domestic abuse • New partnership comms approach involves encouraging people to think about how they are living with Covid and the risk factors they need to consider when go about their daily business. Also making it clear that once people have had their vaccine they must still comply with guidance. • Test and trace comms • Comms encouraging people to take the vaccinations – working across all communities i.e. BAME community messages 'grab the jab' led by health professionals • Localised comms – online (social media and websites) and also offline (bus backs, bus shelter, supermarkets) • From next Monday to end April we will have an ad van in communities encouraging behaviours • A lot of comms out this week in lead up to schools reopening - encouraging parents to behave appropriately and adhere to social distancing. • RS added it is good that we are now using other professionals for the VLOGs RS raised the information on our websites and do we have grip on this to ensure always up to date? SCu – yes all comms cell leads meet each week and go through what needs to be updated, then review and update their pages. Ongoing task. RS also raised the anniversary of Covid and comms around this - SCu noted that March 18 is date of first case identified in Doncaster so we are pulling together an animation thanking all for what they have done so far and reminding we must stay safe. **Action: SCu share animation at the next Covid Control Board.**	**SCu**
11.	**AOB**	None.	
12.	**Date and Time of Next Meeting**	RS noted board meetings would go to fortnightly, therefore the next meeting would be **Wednesday 17th March 3:00 - 4:30pm.** If any major issues arise the board will reconvene earlier.	