

Present: Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Dr. Rupert Suckling (RS), Damian Allen (DA), Councillor Nigel Ball (NB), Councillor Chris McGuinness (CM), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP), Paul O'Brien (Po'B), Dolly Agoro (DAg), Fiona Campbell (FC)

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

Apologies: Councillor Jane Cox (JC), Councillor Nuala Fennelly (NF), Daniel Fell (DF)

	Action
1. Welcome, apologies and introduction – Mayor Ros Jones Mayor Ros Jones welcomed all those present to the meeting.	
2. Exclusion of the public and press – Mayor Ros Jones The Board agreed that there were no items on the agenda that the public and press should be excluded from.	
3. Public Statements and Questions – Mayor Ros Jones Mayor Ros Jones noted no questions received from members of the public.	
4. Declarations of interest – Mayor Ros Jones There were no declarations of interest made.	
5. Minutes of the last meeting held on 25th January 2021 – Mayor Ros Jones Minutes of the Doncaster COVID-19 Oversight Board held on 25 th January 2021, approved.	
6. COVID-19 National Overview – RS A verbal update from RS was given to the board outlining significant national changes, since the meeting held in January 2021. RS reminded Members of the statement made by the Prime Minister on Monday 22 nd January in response to COVID-19 Spring 2021 document, and noted that the easing of restrictions within the document were based on four new tests which were: <ul style="list-style-type: none">• Vaccine deployment programme continued successfully• Evidence showed vaccines were sufficiently effective in reducing hospitalisations and deaths• Infection rates did not risk a surge in hospitalisations putting unsustainable pressure on the NHS• The assessment of risks was not fundamentally changed by any new variant. RS noted significant dates outlined in the plan for the easing of restrictions. In reference to the document, RS advised national restrictions were to be avoided, however local restrictions may be required in areas of concern, or areas that had persistent high levels of infection that impact on hospitals. RS believed those areas would come under national scrutiny and additional measures applied. RS pointed out there was a change of pace and direction as a country and Doncaster must respond accordingly. RS informed the board that Doncaster's infection rates had fallen through January but had stabilised, and over the last few weeks at times had seen slight increases. That suggested to RS that a review of the COVID Control Plan was required to assess the combination of approaches locally to drive infection rates down. RS advised that the launch of the Government roadmap was an opportunity to review and revamp Doncaster's approach to COVID over the next 3 months. DA reiterated the requirement for a shift to a more detailed focus on the settings in the borough	

that require more support, a review of governance structures, and increase in pace before the easing of restrictions. DA acknowledged that it would bring extra challenge, and that it should not be a Public Health led approach but community based too.

RESOLVED;

- That the presentation be noted.

7. What the data is telling us - JG

JG gave a verbal strategic overview and presented Doncaster's pandemic curve, which detailed the number of cases by age group. JG assured Members that through the local testing strategy and data they had an understanding of the fluctuations.

JG noted case rates per 100,000 declined in January but had fluctuated between 180-200 cases most recently.

JG presented a graph showing a comparison between England and Doncaster's infection rates. It showed in January England's average was much higher, however in February Doncaster's rate moved above England's average. JG explained by taking some results away on days where Doncaster had an increased testing regime we would be on a similar footing to places demographically similar.

JG continued, and presented the age and gender of people with the highest rates of infections, which showed the board that young, working age people had the highest rates of infection.

JG added that ethnicity data supplied by test and trace was poor, but the information we had showed no concerns.

The board were informed that hospitals had seen a steady decline in admissions and occupancy since November.

JG then concluded and updated Members on the vaccination programme and noted up to 14th February, 75k people had received a jab.

RJ queried the split between female and male and noted it appeared females had more cases. JG responded that women were more likely to present for tests, so that could explain higher numbers in females but that the numbers coming back positive were approximately the same.

AP mentioned that the number of vaccines administered had dropped off nationally and enquired as to whether there was a shortage in Doncaster. RS advised that was happening nationally, as availability varied. RS felt that nationally they were preparing for issuing the 2nd doses, and that the CCG were not stockpiling vaccines they were being used as soon as possible.

RJ questioned whether more vaccines were being sent to the mass vaccination site at Sheffield arena. RS informed the board that they had no definitive answer, and DA added that mass vaccination sites weren't significantly bigger in capacity than our 5 primary care sites.

RESOLVED;

- That the presentation be noted.

8. COVID Health Protection Board Risks – RS

RS highlighted to the board the 5 high risk areas set out within in the report were:

- **The health service and the direct impact on the health service.**

- **Outbreaks in high-risk settings.**

RS explained there had been outbreaks in prisons, and were trying to meet the Ministry of Justice to offer assistance.

- **Testing a contact tracing.**

RS advised there were changes in test and tracing and reminded Members of where the sites were for symptomatic and asymptomatic testing.

RS advised businesses had begun registering for testing and would be able to access the provision shortly. RS continued that where businesses and early years providers did not have their own testing facilities the community asymptomatic sites were opened up for them to access. Schools had testing on premises for staff.

RS informed Members that work with the Government was ongoing to bring in enhanced

<p>contact tracing so that data would be received within 8 hours rather than 24.</p> <ul style="list-style-type: none"> • <u>Support to people who need to self isolate.</u> RS noted that 4,000 people in the borough under the age of 70 had been added to the shielding list, with the expectation a further 3,500 over the age of 70 would be added. • <u>Infection prevention control capacity.</u> RS recognised that as restrictions were eased there would be a need to increase capacity to support venues and places to open safely, and thought that the community would approach the authority for support. <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the presentation be noted. 	
<p>9. COVID Minutes of the Control Board 6th January, 2021 – RS</p> <p>RS highlighted that the Doncaster COVID-19 Oversight Board signs off the COVID control plan, and there was an expectation the NHS Test and Trace service would ask the authority to resubmit a revised plan for validation by the end of March.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the presentation be noted. • A revised terms of reference and membership for the Doncaster COVID-19 Oversight Board be tabled at a future meeting. 	RS