

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

Officers: Laurie Mott (LM), Robert Gibbon (RG), Rachel Wright (note taker).

Apologies: Damian Allen (DA), Chief Superintendent Melanie Palin (MP), Daniel Fell (DF)

	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 24th February 2021 – Mayor Ros Jones</p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 24th February 2021, approved.</p>	
<p>6. COVID-19 National Overview – RS</p> <p>A verbal update from RS was given to the board outlining significant national changes, since the meeting held in February 2021.</p> <p>RS reminded Members that step 1A of the national roadmap initiated with children returning to school on the 8th March and there would be a debate in Parliament during the coming week and a review to look at moving to step 1B.</p> <p>It was noted by RS, across the country since schools had returned, there was an increase in people testing positive. This in keeping with an expectation that once schools reopened there would be more cases, however there was a continued reduction of admissions into hospitals and deaths.</p> <p>RS stated the vaccination programme continued and groups 1-9 were invited for vaccination, and informed Members that the first three groups in phase 2 had been identified.</p> <p>RS advised that work was underway nationally to identify, investigate and break chains of transmission should there be new variants of concern, and a number of areas had done door to door surge testing for variants of concern. He also explained that Government had updated the Contain Framework, but there were no major changes in terms of our response.</p> <p>Across the country there had been a change in the areas seeing the highest infection rates, with Yorkshire and Humber having the highest rates.</p> <p>RS was not expecting the review of the roadmap to result to any deferring of the relaxing of restrictions.</p> <p>RESOLVED;</p>	

- That the presentation be noted.

7. What the data is telling us - LM

LM presented an update using data from Doncaster and began by stating that the 7 day rate had climbed steadily for almost a week, but explained that these rates were lower than the figures reported between waves two and three. LM also compared our rate to other locations in S Yorkshire, Yorkshire, Humberside and England.

LM stated the positivity rate is now 4.7% up from 4.4%, which was an indicator that the rates in Doncaster were beginning to climb. Doncaster had the 21st highest local authority rate in the country and Barnsley had the highest.

LM presented the age ranges of people testing positive to explain the increase in cases. It showed a rapid increase in 0-19 year olds school aged children and 20-39 year olds, young working adults. Whereas cases in the older age groups continued to fall. Rapid increase identified in school age children.

The hotspot areas of Hexthorpe and Balby were identified to Members, but LM emphasised that compared to hotspots that were seen at Christmas and new year the hotspot areas were much less concerning.

In terms of ethnicity, the largest portion of people with cases were white British.

LM advised of the situation within hospitals and noted that the total number of patients actively treated for COVID had fallen by more than 50% since March, and that the numbers of deaths with COVID mentioned on the death certificate had continued to fall.

AF gave a verbal update on the vaccine programme to the Board and began by noting it had progressed well, and 2nd doses were also being administered. Following the Astra Zeneca vaccine safety queries the key message from the NHS was that all vaccines were thoroughly tested for safety and effectiveness.

AF confirmed there would be less vaccine available in April, but reassured Members that after looking at their modelling they were confident 1st doses could be offered to the first 9 cohorts of people.

He noted that work was under way to target hard to reach groups to encourage them to take up the offer of a vaccine.

From an approach prospective the model used was to be altered to provide more pop up clinics following a trial of these at the Gurdwara over the previous weekend, and the lessons learned from this would be used to plan future clinics.

AF gave assurance that by 31st July every adult would be offered a 1st dose of the vaccine. He concluded that the vaccine programme continued to go well and credited it to staff and volunteers.

RESOLVED;

- That the presentation be noted.

8. COVID Health Protection Board Risks – RS

RS highlighted six risk areas set out within in the report submitted to COVID Board that had been altered or remained high:

- **The health service and the direct impact on the health service.**
Although it remained high it is moving towards medium.
- **Access to personal protection equipment**
Rated from medium to low, as they had received reassurance there was sufficient levels of PPE.
- **Management Outbreaks in high-risk settings.**
RS stated there were no outbreaks in prisons, and that prisons had an effective way of cohorting and isolating people testing positive.
- **Testing a contact tracing.**

This remained high, because access to PCR testing at the airport and Chapel Drive had reduced mornings. During afternoons the sites were offering a community collection service which was a temporary change, and was mitigated by the three other community testing venues. Another change from Wednesday was that contact tracing would be carried out by the authority, within an hour of a positive result.

- **Support to people who need to self isolate.**
RS noted this was high risk as some people were still shielding until the end of the March, but RS was hopeful it would reduce over time.
- **Infection prevention control capacity.**
Remained as high, but RS noted that recruitment for additional infection control capacity was under way.

RESOLVED:

- That the presentation be noted.

9. COVID Minutes of the Control Board 6th January, 2021 – RS

RS explained that over the last three weeks the COVID Control Board saw a shift in where cases, outbreaks and incidents were. Previously the majority were in prisons and care homes, however most were in work places and schools. He also commented that there were concerns about journeys to work and they were seeing evidence of car sharing.

RS informed Members work was carried out with schools to reinforce risk assessments, and that even though pupils were tested in secondary schools, there were significant numbers of cases in children and staff. He advised that calls were booked in with a number of schools to offer further help.

RS updated the board with regard to the Outbreak Management Plan and said an amended plan was submitted to the regional team for peer review. Once feedback was received the plan would be altered and the Doncaster COVID Oversight Board would sign off a final version.

RESOLVED:

- That the presentation be noted.