



COVID Control Board Meeting Notes and Actions

Date Wednesday 12th May 2021
 Time 15:00
 Location MS Teams
 Chair Rupert Suckling

Attendees: Rupert Suckling, Clare Henry, Carys Williams, Steph Cunningham, Olivia Mitchell, Alex-Jade Delahunty, Simon Noble, Laurie Mott, Peter Doherty (College), Delano Johnson, Nasir Dad, Nick Wellington, Fiona Campbell (National Education Union), Hayley Waller, Daniel Viera (Unison H&S), Paul O'Brien (GMB Trade Unions), Paul Ruane, Karen Johnson, Emma Gordon, Jonathan Preston (Unison H&S), Claire Scott, Rachael Leslie.

Apologies: Kathryn Brentnall (College), Gill Gillies, Kate Anderson-Bratt, Daniel Weetman, Lisa Devanney (DCCG), Victor Joseph, Natasha Mercier, Andrew Russell (DCCG), Mark Whitehouse, Sarah Sansoa, June Chambers (PHE), Mark Wakefield, Debbie John-Lewis, Mary Leighton, Neil Thomas (SYP), Vanessa Powell-Hoyland, Jim Board, Scott Cardwell, Jonathan Ellis, Robert Jones, Kevin Drury, Ken Agwuh (DBTH), Victoria Shackleton, Susan Hampshaw, Jon Gleek, Tim Hazeltine.

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: <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	None. RS noted the Prime Minister announcement on Monday of this week, with the move to step 3 on Mon 17 th May to go ahead across England.	
5.	Data and Intelligence Update	7 day & positivity rate (for the 7 day 29 April – 5 May) <ul style="list-style-type: none"> • Doncaster's official 7 day rate per 100,000 is 53.5 (down from 54.2 yesterday). Rate falling gently for past 2-3 weeks. Expect Doncaster's rate tomorrow will be 48.4 (10th highest in country) • Barnsley's rate is 57.9, Rotherham's is 40.7, Sheffield's is 47.0, YH 41.5 and England's is 21.4. • Doncaster has 2.2% positivity rate – lowest since started reporting this rate. • Overall case rates good – falling but not fast enough. 	



		<p>Age Groups</p> <ul style="list-style-type: none"> LM presented a chart showing rates by age group – in almost all age groups the rates are falling. Expect rates to fall Thursday/Friday too. This slightly changes as we get to the weekend and days following the weekend. Age 10-14 rates have been falling, but there is now an uptick, similarly in 15-19 age group. LM noted the younger working age group (20-24) rate is also starting to bounce upwards. Overall good news at moment but there is a possibility we are looking at increases in some age groups in Doncaster. <p>Geographical Analysis – All Age</p> <ul style="list-style-type: none"> The data team identifies places in Doncaster with higher density of cases – currently there are 2 communities the team is looking at; Balby and Edlington. LM noted that these are small hotspots with small number cases – very often it is one or two households with 3 or 4 cases which creates a hotspot. <p>First Vaccine uptake (40+)</p> <ul style="list-style-type: none"> LM presented a map of LSOA’s (geography of 1500 people) which shows low uptake of vaccine in central part of Doncaster. Also a low uptake in younger age groups. When comparing different ethnic groups, this shows lower uptake amongst BAME communities compared to White Other communities Both these points show an equity issue emerging in terms of vaccine uptake (geography and ethnicity) <p>Hospital activity</p> <ul style="list-style-type: none"> As at 12/05/21 DBHT has 10 total Covid patients, 7 patients’ currently receiving active care for Covid and 0 in ITU. These numbers steadily falling - illustrates that hospital pressures as a result of Covid are reducing considerably. <p>Death</p> <ul style="list-style-type: none"> LM presented data which reflects ONS data on deaths which captures those who have died of Covid. Deaths falling dramatically over last few months – 966 deaths overall and 2 deaths in the last 2 weeks in Doncaster. <p>Public Realm</p> <ul style="list-style-type: none"> Increase in number of ‘Check in’s’ as lockdown has eased Large footfall increase in the Town Centre since lockdown has eased 7 day rolling average rush hour comparison for midday traffic in Town Centre shows it is has thereabouts returned to pre Covid levels. 	
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		<p><u>Questions/comments</u></p> <p>RS noted that there are plans to increase vaccination uptake in the centre of Town.</p> <p>DJ – when data is shared in locality bronze meetings there are many instances where ethnicity is termed ‘unknown’ – how are we measuring that there is a lot of inequality if ethnicity is often unknown?</p> <p>LM – we usually have a column which separates out the data where ethnicity is unknown.</p> <p>RS noted that one of the key actions following PHE review into inequalities of Covid outcomes was better data recording – this is still something that needs improving.</p>	
<p>6.</p>	<p>Daily Incident Management Team Update</p>	<p>AD noted that IMT is going through changeover to a new system. The reporting element for the system not quite ready, so currently reporting using the same log, but with slightly less figures available.</p> <p>AD offered the board an overall summary;</p> <ul style="list-style-type: none"> • IMT is currently managing a total of 23 live cases. AD noted thereabouts 50/50 split between current number of outbreaks and incidents – illustrates that more settings are having singular instances as many times as there are multiple cases. • Current live cases by locality – Central (9), North (4), East (5), South (5) • 7 day average of daily live cases is 37.3, the last time we were at this rate was early October. If this continues to fall we will reach lowest since records began. • In terms of live settings to IMT by Community – Armthorpe (4), Balby (3), Town Centre (2), Edlington (2), Bessacarr (2), Kirk Sandall (2). • Current live cases by settings – Primary Schools (13), Secondary Schools (8), Business (2), Colleges (2), remaining are a mix of ASC and Residential / Special Schools. • Currently 6 cases in total classed as TBC (symptomatic individuals) • In last 7 days IMT has opened 21 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) – Primary Schools (7), early years (7), Secondary Schools (2), Special School (2), Business (1), Care Home LD (1), College (1). • Over the last 7 days, IMT has closed 45 cases. Closed 15 in Primary Schools, 11 in Early Years, 8 in Business, 3 in 	



		<p>Secondary Schools, 3 in OP Care Home, 2 In House, 1 in Residential School, 1 in Domcillary Care, 1 in LD Care Home.</p> <ul style="list-style-type: none"> Closures now overtaking new cases quite dramatically – settings are opening and closing faster. <p>AD presented a preview of the new IMT system which is in development. AD confirmed IMT updates would be reported through this dashboard by the next Covid Control Board meeting. The system reports breakdown by locality and community and plots settings on a map – this should allow us to have better visualisation of where cases are across the borough.</p> <p><u>Questions/Comments:</u> RS summarised the data updates; seeing fewer overall cases, our current 7 day rate equates to approx 150 cases per week as a benchmark. There are fewer settings causing us a challenge. Feels a good position to be in – would like rate to be lower and closer to England average but is a marked improvement to last month’s board meeting.</p>	
<p>7.</p>	<p>TCG Update (Nasir Dad)</p>	<p>ND provided key updates from TCG (which is now fortnightly):</p> <p>Further easements May 17th:</p> <ul style="list-style-type: none"> We have had 5 weeks of use of outdoor space which has worked well and had few incidents to date. Indoor hospitality reopens next week (17th) – risk heightens, number premises trading increases significantly (expecting all licensed and most hospitality to be opened). Providing advice and guidance to all premises. All premises have been RAG rated and those marked as causing concern previously will be visited by officers Police are setting up Silver command and the Council emergency control room will be up and running. Ramping resources up next week – there will be officers out on the ground in communities and localities providing information, advice and guidance and identifying businesses that are not complying so we can escalate compliance actions. If advice and guidance is provided to businesses and they still fail to comply we will review licenses. Re alfresco space, we will be sending information out to businesses ASAP. Up until this Sunday businesses can trade to 1 o’clock as long as licenses do not contradict this – however with indoor space opening there are concerns of increased numbers in the Town Centre and the risks this poses (Covid and ASB). Police on board with approach. <p>Other updates at TCG:</p> <ul style="list-style-type: none"> Schools – in general Doncaster has greater number children in school compared to national average. Vaccinations – rollout working well, uptake is strong, moving onto vaccinating next cohort in near future, 	



		<p>availability of vaccines is good and will provide us enough so that those who are due their second vaccine can have them, considering targeting for certain groups within cohorts.</p> <ul style="list-style-type: none"> • Comms – continue messages with businesses and residents re what they can and can't do – need people to stick to the rules. • Review and updating of threat and risks ongoing, colleagues had been asked to provide updates from their cells. Vaccinations remains 'very high' risk. • Action: Share TCG Threat and Risk Assessment with Covid Board members once completed. <p><u>Questions/Comments:</u> RS - not picked up Doncaster's school attendance is better than other areas – this is good given number cases we have seen. PR confirmed that since January attendance has been on or above national average in Doncaster. Secondary school attendance has dropped a little however.</p> <p>RS queried any concerns being raised with Union members? FC – face masks is the big issue currently, have been contacted with concerns around the removal of face masks in schools – will monitor carefully. Grateful for letter from RS on Edulog – a sensible approach to take.</p> <p>RS – mindful of what is happening in schools, if we lose mitigations such as face masks this may cause problems.</p> <p>RS queried whether there were any changes to regulations and laws planned ahead of 17th May - ND – Nothing has been released yet – regulations tend to come out late. NW added that existing Steps Regulations won't change greatly on Friday but need enacting to ensure 17th May complies with Steps Regulations. Expect amendment to regulations Friday afternoon.</p> <p>Action: Feedback on updated regulations and laws at next Covid Control Board meeting.</p> <p>RS requested an update on events - ND – the events overview group is running and they receive a lot of requests for events – some longstanding ones engaging and sending in risk assessments, however there are some we have no regulation powers to ensure they comply. Some cross boundary events are organised and there are some concerns there. ND put an ask out to colleagues – if colleagues are contacted re an event please send onto the Emergency Planning team or use the intranet to update the event calendar and we can engage with organisers to ensure they are complaint. More requests are coming through post June, although there are some coming in earlier in June so we are engaging with them to ensure compliant.</p>	<p>ND</p> <p>ND/NW</p>
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		<p>RS queried whether there are any concerns at the College - PD – none – the issue this week has been government announcement and face coverings and thinking about how we manage this. We continue to promote home testing as much as possible and have had good uptake since Easter.</p>	
<p>8.</p>	<p>Outbreak Management (Carys Williams/Clare Henry/Victoria Shackleton)</p>	<p><u>CW provided an update on the outbreak plan:</u></p> <ul style="list-style-type: none"> • V9 of plan is underway – this is based on the shift into new phases of response and considering variants of concern. It also incorporates peer review feedback. • CW added that she will be in contact with colleagues to discuss certain areas next couple weeks to ensure links across. • Planning and response framework – important to ensure updated, especially as things reopen so we can respond and ensure right prevention in place. CW put a formal ask out to colleagues– if there are any updates outstanding for their area in the framework could they please work on them and ensure up to date. • Surge testing – progressing detail on the plan, there is a session tomorrow with partners and council colleagues to iron out detail around roles and responsibilities and raise awareness so if surge testing is required all involved are fully understanding of what they must do. • Action: Provide an update on Surge Testing at next Covid Control Board meeting. <p>RS commented that following any run through of surge testing plan, it will be good to have update at the board for assurance.</p> <p><u>CH provided an update on Testing; Rapid Asymptomatic – LFD's: Universal Offer:</u></p> <ul style="list-style-type: none"> • All people in England will be able to access twice-weekly rapid tests for coronavirus from 9 April. • Testing is available:- <ul style="list-style-type: none"> ○ Workplaces ○ Community Testing Sites (although requested to turn these off which would increase capacity to access to symptomatic tests) ○ Test & Trace Sites (Symptomatic sites) ○ Pharmacy Collect (approx. 77 on board) ○ Education ○ LFD Direct (online) <p>Events:</p> <ul style="list-style-type: none"> • A series of scientific pilot events as part of the government's plan to safely get big crowds back this summer, started with the World Snooker Championship in Sheffield. • The programme's findings will support the full reopening of similar settings across multiple sectors in the summer. 	<p>CW</p>



Community testing sites:

- Completed over 38,000 tests
- Mary Woollett remains most popular site for assisted tests – due to number staff going to take those tests
- Mobile unit operational 7 days a week – targeted where there is a need (e.g. in areas where there are consistent high levels of Covid or particular insight into large number cases in an area, large footfall areas). Going forward also use this as a way to engage with communities providing information, advice and guidance.
- Has been a decrease in number tests completed since the height middle March. This is mainly due to other testing routes now being switched on. Number tests completed have plateaued – approx. 2000 tests per week across sites (this is significantly more than neighbours in Rotherham, Sheffield and Barnsley).

Home Testing – Community Sites and Pharmacies:

- Significant number of home test kit collections from pharmacies
- 826 a week across all community testing sites – plenty opportunity for people to access LFT

Next steps:

- Govt asymptomatic testing review upcoming to determine the role of asymptomatic testing post June.
- Locally working on a community asymptomatic testing model that will be flexible and agile to respond to local priorities and focus on groups of people who are disproportionately impacted or less likely to engage with the testing offer.

Questions/comments:

RS mentioned the testing sites at places like the airport, Askern, Chapel Drive, Thorne – do we know of usage of these sites?

CH not looked for few weeks, but last time looked they were at 30% capacity used – could do with a deep dive.

RS noted that at some point these sites may want to revert to previous usage.

Action: Carry out deep dive on usage of all testing sites across the borough.

CH

CH provided an update on Contact tracing:

- Doncaster now operates a “Local 0” approach.
- This means ALL positive cases come to local contact tracing by default as soon as they are created in the NHS Test and Trace (CTAS) system.



		<ul style="list-style-type: none"> • Since started Local 0 approach have completed 1,398 cases out of 1,475, with a completion rate of 94.8% - performing very well. • DHSC set a target of >90% completion which we are consistently exceeding. • Last few weeks have seen a decline in completion rates – as cases have declined the completion rate has declined too. Will undertake a deep dive into this around how we can mitigate. Some indication this is linked to more cases refusing to engage with tracing as more cases marked as “Call Refused” <p><u>Questions/comments:</u> RS – it would be good to look at a deep dive to try and understand what the reasons people aren’t engaging are. Also to consider ethnicity and other characteristics of those we can’t contact, also the use of interpreters.</p> <p>CH noted that we have all interpretation in place. Ethnicity tends to be issue when self-completed online, quality much better when telephone conversation.</p> <p>RS queried whether colleagues have any sense if self-isolation is a challenge – CH – from contact tracing, there are no significant issues providing support for people. Trying to look at self-isolation payment and how we can make it easier and help them to access this.</p> <p>KJ added that we are not getting reports of increased demand of Voluntary Community Faith Sector and those that provide human support. We do have grant scheme to support CEV or those self-isolating if there is that demand, but we are not getting feedback of demand on a lot of these services at the moment.</p> <p>RS summary –</p> <ul style="list-style-type: none"> • Good progress with plan • Unsighted on what plan is nationally from July with regards to community testing • Local 0 approach has been running for contract tracing – to undertake a deep dive to see how we can improve performance • Received assurance there are no major gaps in why people aren’t self-isolating. RS added that Newham Council circulated details recently where they have paid for hotels for people to stay in if they need to self-isolate. This is always an option we have in Doncaster as a reserve. 	
9.	Threat and Risk Register and Key Updates from Organisations	RS took the board through the Covid Control threat and risk assessment: <u>Impact on Health Services (Direct Covid)</u> – risk to remain MEDIUM.	



		<p><u>Management of outbreaks in high-risk settings</u> – risk to remain HIGH. RS – we are seeing a reduction in number of settings with cases - once we have assurance of up to date outbreak plan we will relook at this risk and look to reduce.</p> <p><u>Personal Protective Equipment</u> – risk to remain LOW.</p> <p><u>Testing and Contact Tracing</u> – risk to remain HIGH. RS requested that this risk is split into two; 1) Testing and 2) Contact Tracing. Action: Separate risk into two and update threat and risk assessment.</p> <p>Testing – uncertain future, risk is still high</p> <p>Contract tracing – feels we are on top of this although room for improvement - medium risk.</p> <p><u>Welfare of Vulnerable People Needing to Self-isolate</u> – risk to remain LOW.</p> <p><u>Infection, Prevention and Control Capacity</u> – risk to remain MEDIUM.</p> <p><u>Resourcing of core Incident Management Meeting</u> – risk to remain MEDIUM.</p> <p><u>Outbreaks across Doncaster border</u> – risk to remain LOW.</p> <p><u>Fourth Wave</u> – Risk to remain MEDIUM. RS noted that recently we had seen the most cases of Covid at any time during the pandemic worldwide – this is still a major global challenge.</p> <p>RS asked if there were any further workforce specific issues from Union members to raise today – none raised.</p>	<p>OM</p>
<p>10.</p>	<p>Communications (Steph Cunningham)</p>	<p>SC provided an update on comms activity:</p> <ul style="list-style-type: none"> • As people now have more freedom, with the return to some normality, and the NHS is not facing as much pressure as before, comms is changing its approach. • The approach is around long term behaviour change and introducing messages which will sink in with people, more focus on giving residents parameters within which they can live their daily lives and make informed decisions. • Use of nudge theory – ideas about what they can do and make informed decisions about risk and infection in their own lives. • Comms is focusing on key areas – testing (asymptomatic and symptomatic), isolation and test and trace 	



		<ul style="list-style-type: none"> Mindful people have message fatigue (news and on social media). We are looking at reducing down to smart messaging. Also as people are out and about more digital comms is not as effective, therefore we are making use of more traditional media i.e. bus backs, ads in supermarkets – to ensure public receive reminders to make positive choices. <p><u>Questions/comments:</u> RS raised foreign travel and the airport – as we now have the green list would be interested in what the airport is planning to do and whether there is anything specific we should be doing with people travelling abroad.</p> <p>ND – not aware of airport plans – aware of increased number flights planned from airport.</p> <p>CH noted that currently the quarantine hotels for red list international traveller are in Heathrow. These are currently being expanded to Bristol and Birmingham. There has been no indication that Doncaster would be considered for this at the present time.</p> <p>SC noted that the airport’s comms team will return to working their normal hours soon – SC will make contact and invite them to the comms cell meetings.</p> <p>RS raised the recent media activity around the Lakeside one way system – CS confirmed the signage is now down and deployed increase presence in the area – report is public appear to still be walking one way in the main. No further feedback received.</p> <p>CS raised that communities team are seeing that as more people are able to go out and return to normal, we are seeing an increase in ASB and nuisance – we are tailoring resource to deal with that.</p> <p>RS noted that dialling down of digital comms should allow space for other things to happen so that public pay attention to the comms (i.e. if variant of concern arises).</p>	
11.	Review of Actions	Post meeting note: Previous action raise at Covid Board meeting: <i>Compliance and Enforcement Cell to look into use of other teams for physical presence (i.e. door knocking) to enforce non-compliance.</i> Update: ND confirmed this is not something the Council would do – it would still sit with the Police and they had/have limited powers.	
12.	AOB	None.	
13.	Chair Summary	RS offered a key summary of discussions from today’s meeting: <ul style="list-style-type: none"> Seeing a reduction in cases, albeit we must not be complacent 	



		<ul style="list-style-type: none"> • Reduced impact of Covid in hospital • Need to make improvements around testing and contact tracing and prepare for surge testing so we are ready if it is required • Preparation ongoing for further easements on 17th May – modifying comms messages accordingly. It will feel different next week – interesting to see how it goes. RS noted children will also soon start to finish school due to exams – PR confirmed Y11 and Y13 leave end June, from half term most Y11's and Y13's will be on study leave and out in the community <p>RS thanked all for their work so far.</p>	
<p>14.</p>	<p>Date and Time of Next Meeting</p>	<p>The next board meeting is scheduled in Wednesday 26th May 2021 however this clashes with the next public Covid Oversight Board – RS proposed next Covid Control Board is cancelled.</p> <p>After some discussion, decision made to keep the meeting in diaries on Weds 26 May for time being – assumption is that if things are stable Covid Board meeting will not take place – however if we need to gather colleagues for another reason (i.e. surge testing planning) we will use the slot.</p>	