Doncaster COVID-19 Oversight Board Tuesday 20th July 2021, at 3.00pm

Present: Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Mark Houlbrook (MH), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP) Dr. Rupert Suckling (RS), Damian Allen (DA) Chief Superintendent Melanie Palin (MP), Paul O'Brien (Po'B), Fiona Campbell (FC), Dolly Agoro (DAg).

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

Apologies: Jackie Pederson (JP), 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 22 nd June 2021 – Mayor Ros Jones	
	Minutes of the Doncaster COVID-19 Oversight Board held on 22 nd June 2021, approved.	
6.	COVID-19 National Overview – RS	

RS began by reminding the board that when they last met in June nationally we were in step 3 of the roadmap and since then the Prime Minister announced a move into step 4 as the tests within the contain framework were sufficiently met.

RS described the restrictions which were lifted as a result of moving to step 4;

- Nightclubs able to open.
- Household mixing indoors permitted.
- No limits on the numbers of people meeting outdoors.
- No legal requirement for face coverings or social distancing

RS added there were national exceptions which were;

- In health care settings it was enforceable to wear face coverings.
- Metro Mayors had made announcements on the use of face coverings on public transport and exchanges.
- Guidance to businesses changed from 'must' to 'please'.
- Guidance on changes to international travel.
- Exemption of health and social care staff needing to self-isolate.
- Guidance on care home staff needed to be vaccinated by October.
- Children to be vaccinated in certain circumstances between 12-17 years old or 3 months before their 18th birthday.
- Nightclubs to check for proof of both vaccines before people enter by October.

RS advised the Contain Framework would be updated, and we could expect more guidance for the Summer and Autumn periods from Government shortly.

Members sought more information about what classifies establishments as a nightclub, and how many nightclubs would be affected in Doncaster. RS did not have that information but advised a

briefing note could be provided.

A board member acknowledged the pressure on public services and authorities currently due to the increased amounts of staff needing to self-isolate and asked for more information on the level of dispensation for people to return to work. RS advised the dispensation for health and care staff was in exceptional circumstances if staff were double jabbed and had agreement from employers they could return to work. Subsequently other critical workers were identified eg. transport and infrastructure workers and if notified as being a close contact but double jabbed they may be able to leave self-isolation to work. RS informed Members that further information was expected.

RS confirmed for Members that the NHS app had a number of alerts that range from be aware you have been in a setting that has recorded cases, to you have been a close contact and that these are advisory notices. If a person receives a phone call from NHS test and trace advising they the need the isolate that is a legal requirement.

RESOLVED:

- That the presentation be noted.
- Members to receive a briefing note on what classifies licensed establishments as a nightclub, and how many establishments would be affected in Doncaster.

RS

7. What the data is telling us - JG

JG provided a strategic overview of what the data is telling us, in terms of infections and the impacts on the Borough.

He presented a map of the UK, showing infection rates were highest across the north of England. This was followed by a table of local authorities that started with the highest case rates per 100,000 people. Doncaster had the 14th highest cases, and was in the top end of the national scale but other areas had considerably higher rates.

Members were presented with Doncaster's pandemic curve this highlighted infection rates were the highest they had ever been. Taking a closer look at the rates in other towns in South Yorkshire, Doncaster's rates were higher than not only Sheffield and Rotherham, but also Yorkshire and Humber and England's averages.

JG notified Members that it was projected Doncaster's cases would climb from 733 to 850 cases per 100,000 by the end of the week. Regionally there was a steady increase and fluctuations in cases, and Doncaster was on a similar trajectory to Barnsley.

JG advised that the over 60's case rates had increased but the figures were smaller than in previous waves. Infection rates were driven by the growth in cases in the 0-19 and 20-39 year olds.

The Incident Management Team's casework broadly followed the pandemic curve with a large increase in the number of incidents and outbreaks to manage.

Hospital figures also followed this trend with an increase in admissions but not to the same levels previously seen, it was expected admissions would continue to rise.

JG noted that deaths during April, May and June were extremely low but numbers were starting to rise.

In regards to local economic data, JG advised footfall was at the same level it was last summer. The claimant counts for out of work claims over the last 2 months showed a marked decrease, explained by the unlocking of restrictions.

Vaccination uptake figures showed 81% of eligible adults had received a first dose, and 69% a second dose. JG concluded that there were hidden inequalities across the Borough with lower uptake of vaccinations in the town centre and through the age ranges.

Members questioned whether those in hospital had been double jabbed and although JG could not provide specific figures he informed the board that it was mixed, with some unvaccinated but some had received one or both doses. JG advised that two vaccines were very effective at preventing death and hospitalisations, but because of transmission the amount of admissions of those double jabbed would go up. Those admitted however would need less care and a shorter amount of time in hospital compared to previous waves.

A Member asked if as a Country we had reverted to herd immunity as a strategy. RS stated that the Governments strategy was about herd immunity through artificial means ie. Vaccination. In terms of younger people there will be some natural herd immunity.

RS described some of the initiatives launched to address the discrepancies across the borough for example the big vaccine weekends by the NHS, pop up clinics at mosques, and the work of the community connectors team particularly in the town centre and for those that work shifts having vaccine clinics out of normal working hours.

Clarity was sought as to why more than 4000 over 60's had not been vaccinated, whether there was further information on this group and how can we work with those communities to safeguard everyone. RS informed Members some people would be unable to have the vaccine because of other health concerns. He added that the community connectors were working with different groups providing additional information and advice to dispel any concerns certain communities may have.

RESOLVED;

• That the presentation be noted.

8. Local Information Step 4 - RS

RS advised that although we have fewer tools than we had in step 3 reduce cases, and hospital admissions we would;

- Encourage people to use face coverings
- Encourage people to engage with the vaccination programme
- Encourage people to get tested either at home or at a testing sit
- Supporting people to self-isolate if they are a case or contact

RS also noted that we had the ability to manage outbreaks and bring in extra resources by becoming an enhanced response area - an area identified by Government that may benefit from additional support.

Our communication campaign has changed from must to can, but even though we can get rid of restrictions should we?

RS thought that cases would continue to rise until mid-August but Yorkshire and Humber may be slightly ahead of that.

The Tactical Coordination Group was stepped up to weekly meetings, and would look at the impact on staffing levels at the next meeting.

Members sought assurance there was sufficient testing kits, RS confirmed there was but there was concern around access to PCR tests at times. There for there may be a requirement to become an enhanced response area as that would bring additional PCR testing.

A Member noted there was conflicting messages from Government that we should move forward to grow the economy but testing and vaccination sites were still using the boroughs leisure centres and car parks. RS advised that was a review of the PCR testing and vaccinations sites currently being undertaken.

RESOLVED:

That the presentation be noted.

9. Covid Health Protection Board Risks - RS

RS highlighted the three risks that were still deemed high;

- Management of outbreaks in high risk settings
- Testing
- Contact tracing The Council was one of the first teams to take on local zero, but over the
 last 10 days some were sent back to national test and trace as our system was
 overwhelmed. RS explained the team wished to do as much possible locally because the
 quality is better but the demand became 6 times what it was, and didn't have the resource to
 contact all cases.

RESOLVED:

• That the presentation be noted.

10. Minutes of the Covid Control Board meeting held on 7th July, 2021

RS noted that in schools there was now only 1 or 2 cases in class with bubbles closing, but he was hopeful once schools closed for summer cases would reduce.

Businesses also followed this pattern with 1 or 2 cases in a workplace rather than a large outbreak like previously seen. RS advised that HSE were active in Doncaster doing spot checks of risk assessments and supporting businesses.

RS informed the board that an update from Natasha Mercier and the community connectors team had been requested for a future meeting.

Concern was raised as to whether there was plans in place for outbreaks in high risk settings. RS assured the board there were different plans for the different types of settings ie. care homes supported living centres, schools, hostels and that they were constantly under review.

RESOLVED:

That the presentation be noted.