

Present: Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Andy Pickering (AP) Dr. Rupert Suckling (RS), Damian Allen (DA) Chief Superintendent Melanie Palin (MP), Dolly Agoro (DAg).

Officers: Laurie Mott (LM), Carys Williams (CW), Rachel Wright (note taker).

Apologies: Councillor Mark Houlbrook, Councillor Jane Nightingale, Fiona Campbell (FC), Paul O'Brien (Po'B), Jackie Pederson (JP).

	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 20th July 2021 – Mayor Ros Jones</p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 20th July 2021, approved.</p>	
<p>6. COVID-19 National Overview – RS</p> <p>RS began by reminding the board that when they last met nationally we were moving to step 4 of the recovery roadmap, based on the 4 tests being met;</p> <ol style="list-style-type: none">1. Vaccine deployment being effective.2. Vaccine weakening the link between infection and hospitalisation.3. Infection rates not leading to unsustainable pressure on the NHS.4. No new variants of concern. <p>As a result, Members were informed that Local Authorities had few tools left to prevent further spread of infection, however partners were being encouraged to continue to use hand washing, face masks and social distancing as much as possible. The Authority continued to offer symptomatic testing, and supported the use of lateral flow testing.</p> <p>RS advised Members that across the country there was a rapid reduction in the number of cases during July however more recently that plateaued. The impact on hospitals had not changed despite the high numbers of cases recorded most recently.</p> <p>It was noted the age groups that were eligible to receive vaccines had gradually increased and the vaccine programme had continued to make progress particularly with people requiring 2nd doses.</p> <p>RS highlighted key changes that came into effect which lessens the need to self-isolate and they were;</p> <ul style="list-style-type: none">• Anyone who is a contact of a positive case and does not work in health and social care is advised to do PCR test, and if negative, they do not need to self-isolate.• Anyone who works in health and social care is requested to do a PCR test, and daily lateral flow tests, and do not have to self-isolate if they remain negative. <p>RS felt that the national picture over the last 4 weeks was stable, but that was from a high base line. Infection rates across the country were significantly higher than this time last year, showing</p>	

the vaccine was effective, as we were not living under lockdown restrictions.

RS concluded there was the expectation there would be new guidance from the Department for Education for schools as they manage the return to school period. Also an updated contain framework in preparation for the winter period.

RESOLVED;

- That the presentation be noted.

7. What the data is telling us – Laurie Mott (LM)

LM provided a strategic overview of what the data is telling us in the area and began by informing the board of the 7-day rate. This had fallen slightly from the day before, but increases were seen every day during the previous week.

LM presented two maps of the UK showing the rates of infection comparing the week of 21st July with the current week. This highlighted infection rates had fallen considerably, even with the recent slight increase in infections.

LM advised infection rates in the 60+ age range were increasing, and presented case rates of the age bracket across the country. Doncaster had the third highest rate and noticeably was followed by Sheffield, Rotherham and Barnsley.

The Board noted hospitals admissions throughout the pandemic and that the latest spike in infections had not translated into as many hospital admissions as seen in previous waves. Whilst admissions had crept up slightly it was not as significant and was the reason why restrictions continued to loosen. Deaths related to Covid had fallen significantly and were showing no sign of increasing.

Members were updated on the vaccination programme, and noted the percentages of people that had received 1st and 2nd doses along with a comparison of our South Yorkshire neighbours. LM explained there were significant differences in vaccine uptake across Doncaster, and our communities. The Board were shown the uptake in the different areas with the Town centre having the lowest uptake. This highlighted that in areas of deprivation there was less uptake compared to more affluent areas.

Members were concerned that with some people deleting the NHS app and less taking tests, were there now more people carrying the virus, treating symptoms like a cold and being out in the community passing on infection. LM advised potentially that could be the case but testing figures had not particularly fallen. RS also explained to the Board that there was always a gap between those in the community with Covid and those that got tested. To help close the gap, areas with low rates of testing were reviewed and mobile lateral flow testing was deployed. There would be people with symptoms not isolating, but the Authority would still encourage twice weekly lateral flow testing.

It was considered whether areas with a low testing uptake matched the areas with low rates of vaccine uptake. RS advised that there were places with higher vaccine uptake and higher infection rates. In regards to hesitancy of vaccine uptake in BAME communities RS explained it was a long job to encourage those to go get the vaccine and not a quick fix with their lack of trust in the health system, but it was something we should commit to over a longer period.

A Member enquired whether there was a correlation between the increase in infections in the 60+ age range and some more deprived areas in Doncaster. RS advised there were more people in the over 60's living closer to town.

RS informed Members as a result of the increase in cases in the over 60's a review of the cases in care settings took place, with no evidence found that cases were being driven in care settings. The Communications team would focus communications on the 60+ age range, using other social media platforms and reinforce the message that if you have symptoms, to get a test and isolate.

RESOLVED;

- That the presentation be noted.

8. Covid Health Protection Board Risks – RS

RS highlighted 3 key areas from the report;

- Contact Tracing (moved to Very High Risk) – the Authority implemented local contact tracing and local zero. However more recently we reduced the amount of contact tracing

we could do and sent some to NHS test and trace. This was due to concern around our ability to respond to the greater number of cases. This was to be reviewed again over the following week as restrictions have changed.

- Testing (High Risk) - PCR testing in the borough had been kept so far, however there was a sense that it may be withdrawn at some point, particularly the mobile sites. Current approach was to keep as much testing as possible whilst rates remained high.
- Management of outbreaks in high-risk settings (High Risk) – settings deemed to be high-risk change as pandemic evolves. Current concern was around early years and businesses seeing incidents.

RS concluded by informing the Board of two areas to be discussed in more detail at Tactical Coordination Group;

- Leger Festival – under guidance there was no reason for it not to go ahead, providing the race course have risk assessments and go through the appropriate safety advisory group, however there would be an impact on the town – and the Authority should be prepared for that.
- Return of schools – Planning for return of schools as this would still be disruptive, with the majority of school-aged children not offered the vaccine, it was highly likely a number would test positive in September and needing to isolate having an impact on parents and businesses.

RESOLVED:

- That the presentation be noted.

9. Minutes of the Covid Control Board meeting held on 21st July, 2021

RS noted that the Outbreak Control Plan would be reviewed, with no powers to intervene it was much more about people taking personal responsibility, with very high cases numbers going into September.

RESOLVED:

- That the presentation be noted.