



**COVID Control Board Meeting Notes and Actions**

Date Wednesday 27<sup>th</sup> October 2021  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling,

Attendees: Rupert Suckling, Victor Joseph, Carys Williams, Olivia Mitchell, Nick Wellington, Andrew Russell (DCCG), Sian Owen, Lisa Devaney (DCCG), Delano Johnson, Alex-Jade Delahunty, Dan Weetman, Simon Noble, Rachel Carney, Sameena Choudry, Karen Johnson, Jonathan Ellis, Jonathan Preston (Unison H&S), Louise Sharp (DN Colleges).

Apologies: Gill Gillies, Kevin Drury, Nasir Dad, Kate Anderson-Bratt, Paul Ruane, Clare Henry, Paul O'Brien (GMB Trade Unions), Laurie Mott, Fiona Campbell (National Education Union), Nikki Mell (DN Colleges), June Chambers (UKHSA), Hayley Waller, Rachael Leslie, Emma Gordon, Jon Gleek, Daniel Viera (Unison H&S), Claire Scott, Susan Hampshire, Steph Cunningham, Natasha Mercier, Mark Whitehouse, Ken Agwuh (DBTH).

No	Item	Key Decision / Action	Allocated to
1.	<b>Welcome and Introductions</b>	RS welcomed all to the meeting.	
2.	<b>Apologies</b>	RS noted apologies.	
3.	<b>Purpose of Meeting</b>	RS confirmed the key purposes of the meeting as follows: 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.	<b>Urgent Items for Attention</b>	RS noted that 2 weeks ago at the last Covid Control board we were seeing large increase in number cases Covid and concerns around what would happen if rates continued to rise. Although now we are seeing plateau in overall cases, case rates in over 60's remain high and there is high pressure on the health and care services. RS added that we need to ensure a consistent approach as people return to school and workplace post half-term.	
5.	<b>Data and Intelligence Update</b> (Simon Noble)	<b>7 day &amp; positivity rate (for the 7 day 15 – 21 Oct)</b> <ul style="list-style-type: none"> <li>Doncaster's official 7 day rate per 100,000 is 445.0. Decrease from yesterday's rate of 456.9. 10<sup>th</sup> highest in Y&amp;H region, 81<sup>st</sup> highest of all Upper Tier Local Authorities in England.</li> <li>Positivity Rate in Doncaster has fallen to 11.9% (down from 12.1% previous)</li> <li>Barnsley's rate is 577.7, Rotherham's is 618.5, Sheffield's is 415.8, YH 468.6 and England's is 487.4.</li> <li>Doncaster 7 day rate is currently on a downward trend and lower than England average.</li> </ul>	



		<ul style="list-style-type: none"> <li>Doncaster’s rate has had period of decrease, unfortunately will see uptick couple days’ time but this will hopefully drop again afterwards. Most rates generally dropping across board.</li> </ul> <p><b>7 Day Rate for Ages 60+ years</b></p> <ul style="list-style-type: none"> <li>Doncaster’s rate has increased last 2 days (up at 246.6) which is higher than the England rate.</li> </ul> <p><b>Cases by age</b></p> <ul style="list-style-type: none"> <li>SN presented a chart showing the 7 day rolling average cases by age bracket for 0 to 29 – illustrates that the 10 to 14 age case rate has been high but is now dropping.</li> <li>Overall cases are falling in the younger ages but showing an increase in 60+ years (particularly the 60-64 and 65-69 age bracket).</li> </ul> <p><b>Cases by Community in 60+ ages and School Ages</b></p> <ul style="list-style-type: none"> <li>SN displayed a chart showing communities in Doncaster that have highest number over 60’s testing positive – these are Armthorpe and Bessacarr.</li> <li>Mexborough, Conisbrough and New Rossington have the highest number of cases in secondary school age children.</li> <li>Overall the rate/100,000 is falling in 11 to 16 age group.</li> </ul> <p><b>LSOA’s with highest case rate per 1,000 of population in last 7 days</b></p> <ul style="list-style-type: none"> <li>Shows that Armthorpe West, Old Rossington East and Bawtry have highest rates.</li> <li>Currently some of the Borough’s least deprived areas have the highest rates.</li> </ul> <p><b>“Hot spots”: Density of Cases in the Borough</b></p> <ul style="list-style-type: none"> <li>5 hotspots concerned of are; Mexborough (Pym Road), Mexborough (Wath Road), Askern (Green Lane), Moorends (Darlington Grove), Thorne (Pennine Road).</li> </ul> <p><b>“Hot Spots” Density of Cases in the Borough by School Age</b></p> <ul style="list-style-type: none"> <li>Primary Schools – New Rossington (King George’s Road) &amp; Old Rossington (Chestnut Avenue)</li> <li>Secondary Schools – Mexborough (Wath Road) &amp; New Rossington (Sceptre Road)</li> </ul> <p><b>“Hot Spots” Density of Cases in the Borough by age</b></p> <ul style="list-style-type: none"> <li>Young Working Age – Mexborough (Pym Road) &amp; Lower Wheatley (Christ Church Road)</li> <li>60+ Age – Armthorpe (Oakwood Drive) &amp; Bawtry (Gresley Avenue)</li> </ul>	
--	--	--	--



		<p><b>Vaccinations by LSOA</b></p> <ul style="list-style-type: none"> <li>• First doses - 82% population</li> <li>• Second doses - 77% population</li> <li>• There remains a “cold spot” in the Central area where uptake of the vaccine remains lower than elsewhere.</li> <li>• The lowest rates of vaccination uptake are in the LSOA of Hexthorpe &amp; St Sepulchre Gate West, Lower Wheatley North Bridge and Lower Wheatley Highfield Road and Town Centre Chequer Road.</li> </ul> <p><b>Hospital activity – figures (as at 26/10) from DBHT for Doncaster Royal Infirmary:</b></p> <ul style="list-style-type: none"> <li>• The number of patients being actively treated for Covid is 54 with 9 in ITU/DCC</li> <li>• 34 of 54 are Doncaster patients (63%)</li> <li>• 40 are aged 60+ and 14 are under 60 (74% &amp; 26%)</li> <li>• Of the 9 in ITU/DCC 6 are Doncaster patients (67%)</li> </ul> <p><u>Questions/comments:</u> RS- overall rate falling but rate in over 60’s (linked to hospital admissions) still high- to be aware.</p>	
<p>6.</p>	<p><b>Daily Incident Management Team Update</b> (Alex Delahunty)</p>	<p><b>AD offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>• AD shared a map on screen showing live incidences across the borough. Broadly same communities featured on the map the last 3 / 4 weeks – there are clusters in Thorne, clusters in Mexborough and Conisbrough (mainly driven by adult social care settings), clusters in Adwick (mainly driven by warehousing and schools). AD noted there has been an increase in density cases in Town Centre Bawtry Industrial estate, but it is not unusual to see outbreaks in small shops and there are no outbreaks of concern there.</li> <li>• Currently 77 live incidents, 34 TBC (school data) and IMT has closed a total of 2852</li> <li>• 7 day average is 65.9 (down from last week). AD added that we are seeing early indication of a rise which is pushing averages up.</li> <li>• Live incidences by locality – Central (28), South (17), East (16), North (15)</li> <li>• Live incidences by community – Balby (7), Bessacarr (6), Town Centre (6), Thorne (4), Armthorpe (4).</li> <li>• Live incidences by setting type – businesses (24), primary schools (18), care home (12), secondary schools (4), community (3), domiciliary care (3), care home LD (2), in-house services (2), school special (2), supported living (2).</li> <li>• In general total adult social care cases are at 20 (+8 from last week), total schools is 24 (-25 from last week) which is mainly due to improvements in primary school case numbers</li> </ul>	



		No questions/comments.	
7.	<b>TCG Update</b> (Rupert Suckling)	<p>The two main areas focused on were;</p> <ul style="list-style-type: none"> <li>• Impacts on health and care</li> <li>• Covid risks</li> </ul> <p>No new points of escalation for the Covid Board from TCG.</p> <p>No questions/comments.</p>	
8.	<b>Outbreak Management</b> (Carys Williams)	<p>On 6/7<sup>th</sup> October the contain framework was updated. CW is currently updating the plan to reflect national guidance which will be completed by end next week- waiting on further information from some colleagues.</p> <p><b>Action: Present updated Outbreak Plan at next Covid Board Meeting.</b></p> <p><b>Return of schools</b> CW noted that the focus of today's update was around the return to schools and preparation for this.</p> <p><i>Summary of advice issued:</i></p> <ul style="list-style-type: none"> <li>• Communication sent to head teachers: <ul style="list-style-type: none"> <li>○ Updated advice &amp; guidance for schools (inc. IAG on Norovirus and flu)</li> <li>○ Updated advice &amp; guidance for parents letter</li> <li>○ Template parents/carers letter to inform them of new cases</li> </ul> </li> <li>• Secondary aged pupils should continue with twice weekly home testing (asymptomatic)</li> <li>• Any pupil or staff member with COVID 19 symptoms should arrange PCR testing and not attend the school site.</li> <li>• Pupils or staff members who have been close contacts of someone who has tested positive should arrange a PCR test, but can continue to attend school if they do not develop symptoms.</li> <li>• Where new case in a class, template letter provides information to Children and Young People and parents to be extra vigilant for symptoms and arrange PCR testing.</li> </ul> <p><i>Summary of advice issued – household contacts:</i></p> <ul style="list-style-type: none"> <li>• If someone in the household (e.g. parent or sibling) has tested positive for COVID-19 using an LFD or PCR test, advise pupils to stay at home: <ul style="list-style-type: none"> <li>○ If the child develops symptoms on day 1 or 2, they should get a PCR test straight away</li> <li>○ If they don't have symptoms, they should get a PCR test 3-5 days after their household member</li> </ul> </li> </ul>	<b>CW</b>



		<p>started with symptoms (or took their test if they had no symptoms)</p> <ul style="list-style-type: none"> <li>○ If this test is negative, the child can return to school, and complete LFT tests for the remaining isolation period of the household contact</li> <li>○ If the child develops symptoms at a later date, they must stay home and PCR test again</li> </ul> <ul style="list-style-type: none"> <li>● Parents/carers who still want their child to continue to attend school have the right for them to do so – the above is guidance only.</li> <li>● If a parent is not able to support the school in this request, we would still strongly advise that their child obtains a PCR test before returning to school.</li> </ul> <p><i>Summary of advice issued – prevention and management:</i></p> <p>Locally advising the following steps while demand on local health systems is high:</p> <ol style="list-style-type: none"> <li>1. Use of face coverings when moving around the school site for secondary age and post-16 education settings, and the use of face coverings by adults in all schools in communal areas, including on dedicated school transport.</li> <li>2. Reduce mixing between groups (note this does not mean bubbles) as much as possible to reduce the risk of transmission of COVID-19.</li> <li>3. Limit visitors to the school and consider whether events that bring visitors or parents into the school can be managed safely or should take place online.</li> <li>4. Consider additional steps that can be taken to improve the Covid security of residential educational visits, given the risk of sharing transport or a room overnight increases the chance of catching COVID-19.</li> <li>5. Effective ventilation continues to be key in preventing and reducing the impact of an outbreak of COVID-19.</li> </ol> <p><b>Mobile testing units in schools</b> <i>Learning so far:</i></p> <ul style="list-style-type: none"> <li>● Locally deployed in 3 outbreaks: <ul style="list-style-type: none"> <li>○ XP School – 22/23 September (Mobile Testing Unit &amp; Mobile Processing Unit)</li> <li>○ McAuley’s – 1st &amp; 4th October (Mobile Testing Unit &amp; Mobile Processing Unit)</li> <li>○ Don Valley – 7/8/11/12 October (Mobile testing units only)</li> </ul> </li> <li>● Response time &amp; coordination with LRF – on site within 48 hrs</li> <li>● Very resource intensive for schools to register and coordinate tests and consent – process fed back to DHSC</li> </ul>	
--	--	---	--



- Positivity rate 4-8%
- Added value of MPU – without deployment in some cases positive pupils (asymptomatic) in school day after tested administered when results issued
- Data flow & collection challenges
- Useful outbreak management tool in conjunction with other measures.

CW displayed a number of graphs showing the impact the MTU's and MPU's had when they were introduced at XP & XP East, McAuley's and Don Valley School- shows gradual declining trend.

Questions/comments:

RS – the preparation described illustrates that we are not waiting for outbreaks, we are putting guidance out for schools to complete immediately – sensible approach. RS noted that a letter had also gone out to schools with this information and guidance.

RS added that where there are outbreaks, it appears MTU's can add to effectiveness of response but need to be brought in early.

**Contact tracing – week ending 24/10/21**

- Received 418 cases into the local team
- Completed 348 (83%)
- 65% completed via phonecall within 24 hours
- 35% were completed via home visit
- 7.7% of cases refused to engage with tracing
- 7% we were unable to reach due to invalid details or failed attempts via calls and visits
- 1% hospitalised (4 cases)
- 1% remain open and are being visited 26/10/2021
- 0.25% sadly deceased

CW noted that there have now been more than 10,000 total cases reported into the local contact tracing team. CW added that the postcode throttle is still on which means that a number of cases are being picked up by the national team- this is being reviewed regularly.

**Testing**

CW noted that there was nothing to flag from a testing perspective- awaiting information on the national strategy moving forwards and funding post March 22.

Questions/comments:

RS commented it is important to think of our milestone numbers in Doncaster i.e 10,000 total cases reported into the local contact tracing team, up to 3000 incidents managed through IMT, over 50,000 total confirmed cases in Doncaster, 952 deaths in Doncaster with covid confirmed death certificate.



<p>9.</p>	<p><b>Threat and Risk Register and Key Updates from Organisations</b></p>	<p><b>Threat and Risk Assessment:</b></p> <p><u>Risk: Health Service (direct covid) - HIGH</u>          RS noted that this risk had been separated out and is reported by the health and care cell into TCG- for this reason proposed removing from the Covid board threat and risk assessment.  <b>Action: Remove risk from Covid threat and risk assessment</b></p> <p><u>Risk: Management of outbreak in high-risk settings – to reduce from high to MEDIUM</u>          VJ noted we are not seeing many outbreaks in care homes currently, mainly schools albeit this is declining now.  <b>Action: Reduce risk impact to medium</b></p> <p><u>Risk: Testing – to remain HIGH</u>          High due to lack of certainty regarding what asymptomatic and symptomatic testing will be available going forwards.</p> <p><u>Risk: Contact Tracing – to remain HIGH</u>          High due to number cases still being contact traced out of area, capacity not quite meeting demand.</p> <p><u>Risk: Welfare of vulnerable people needing to self-isolate – to remain LOW</u>          RS noted there had been discussion outside the meeting re this risk- Phil Holmes is taking lead on welfare of vulnerable people. In terms of support to people needing to self-isolate- Vanessa Powell-Hoyland is taking lead- still feels low risk, not aware of challenges in this area.</p> <p><u>Risk: IPC capacity – to remain LOW</u>          RS – conversations are ongoing about sustainability of additional resources that have been put in, feels low risk currently.          VJ, AR, LD – no concerns. AR noted rising challenge around sustainability.</p> <p><u>Risk: Resourcing of Core IMT – to remain MEDIUM</u>          RS noted that Clare Henry has emailed colleagues regarding current levels of spend and potential spend to 22/23 should we be given leeway to carry forward Covid monies.          RS added that previously Claire Scott mentioned the risk of temporary contacts coming to end March 22 and risk of people leaving role with difficulty to recruit in, risk may increase.          Medium risk due to uncertainty.</p> <p><u>Risk: Future waves and VOC response – to remain HIGH</u>          CW – if we did have a VOC the risk would be around testing due to the lack of long term strategy. We do have a local plan in place but there is a risk of Covid people resource reducing as near March 22.</p>	<p>OM</p> <p>OM</p>
-----------	---	---	---------------------



		<p><b>Action: Review ability to stand up response to VOC locally as people return from half term.</b></p> <p><b>Key updates from other organisations / service areas:</b></p> <p>Children/young people</p> <ul style="list-style-type: none"> <li>• SC - nothing of concern to update</li> </ul> <p>Unions</p> <ul style="list-style-type: none"> <li>• JP commented staff are generally worried as we were seeing numbers increasing but good to see them falling again. On the ground feedback is it feels as though the pandemic over- need to ensure it is not forgotten about.</li> <li>• RS commented that there are some settings where we have responsibilities as employers and can take additional precautions.</li> </ul> <p>College</p> <ul style="list-style-type: none"> <li>• LS – concerned people are not reporting cases in over the half term as have not had many cases. Numbers generally low at Doncaster College.</li> <li>• RS - expect some comms over weekend encouraging students to test as they return.</li> <li>• LS added the College has had information from the DfE and will offer incentives for students to bring in negative test results.</li> </ul> <p>Environmental health</p> <ul style="list-style-type: none"> <li>• NW – nothing of concern to update</li> </ul> <p>Health- vaccination programme</p> <ul style="list-style-type: none"> <li>• RS raised the challenges experienced regarding the way the vaccine programme is changing. An ask out of TCG and a meeting with the Mayor &amp; Cabinet was comms and clarity around the vaccination programme (i.e. how and when to have vaccine, plus data around vaccine uptake). Remit to vaccine group?</li> <li>• AR confirmed this is all discussed daily at the operational meeting and partnership steering group. The groups are well aware of the challenges.</li> <li>• AR noted that the changes to the programme are designed nationally and centrally driven. AR explained that broadly there are five groups of individuals with different requirements in terms doses/boosters –             <ul style="list-style-type: none"> <li>○ 18+</li> <li>○ 12-17 with health vulnerabilities,</li> <li>○ 12-17 healthy,</li> <li>○ Immunosuppressed due to health conditions,</li> <li>○ Frontline health and social care staff.</li> </ul> </li> <li>• AR - In terms of delivery of vaccine – this is through national booking system at mass vaccination sites, local</li> </ul>	<p><b>CW</b></p>
--	--	---	------------------



		<p>vaccination sites in PCN's, emerging pharmacy offer, hospital hubs, vaccination teams in schools (extended to two PCN's for additional offer). Some bookable and some walk in.</p> <ul style="list-style-type: none"> <li>• AR - Aim is to be as accessible as possible. Much work being done at practice level around who to invite in for vaccine and when as per guidance- vast majority should be invited in at the right time, but there is a plan to backfill if people feel have been missed.</li> <li>• AR - In terms of comms messages- the Local Authority comms team is working closely with health to support messaging and keep up with direction of travel as it changes weekly- encouraging take-up of offer, availability of resources</li> <li>• JE commented it is the usual groups falling below the borough average in terms of doses. Borough average is skewed by take up in some areas of 1<sup>st</sup> and 2<sup>nd</sup> doses. There is a risk to the rest in the community, in particular businesses and people going into workplaces unvaccinated, may put additional pressure on hospital services.</li> <li>• KJ queried whether we provide information on vaccination comms to the Mayor and whether the weekly bulletin goes to members?</li> <li>• RS commented that from next Monday the bulletin is going to broader autumn/winter update but no reason why we can't link into that page and ensure that not only members have all the relevant vaccination comms, but also the locality teams. <b>Action: Share vaccine weblink via Mayor bulletin.</b></li> <li>• AR added there are similar issues in other areas across the country. Need to reiterate anyone not had dose can come forward any time.</li> <li>• RS added that nationally there are a couple reviews ongoing asking areas to share good practice and lessons learned. Expect over next 6 weeks or so may be more coming out from the centre in terms of what's worked/what hasn't with vaccination programme. We need to prepare for re-emphasis on strategy.</li> <li>• AR agreed- the steering group is constantly trying to evolve the programme. We are increasingly coming across more people making a clear active choice to not take up the vaccine, with some communities quite vocal regarding support for vaccinations. It needs to be an accessible offer but also accept personal choices not to take the vaccine.</li> <li>• RS raised vaccinations in pregnant women- nationally there have been challenges and mixed messaging. AR noted that the message is clear into teams but still have low uptake in Doncaster- working with the Trust around</li> </ul>	<p>Comms</p>
--	--	--	--------------



		how do we promote through maternity services. It is an area to focus on.	
10.	<b>Communications</b> (Rachel Carney)	<p>RC provided an updated on comms activity:</p> <ul style="list-style-type: none"> <li>• Pushing messages out about Halloween and safe practices</li> <li>• Also pushing messaging on return to school and testing</li> <li>• From Monday switching comms to winter (Covid being a key message but including other elements too). Focus on behaviours regarding isolation and also behaviours of people waiting for tests</li> <li>• Working towards winter comms strategy</li> </ul> <p><u>Questions/comments:</u> RS queried whether something similar to the winter/comms strategy was being developed for frontline professionals.</p> <p>RC- in terms of frontline professionals there are two major elements; 1) Comms cell is working on internal comms (i.e. CEX updates on Friday, intranet, emails etc) as are comms colleagues across other organisations. 2) Working with Business Doncaster to think about messaging for businesses, for example have been pushing businesses to encourage staff not to come in office if feeling unwell- part of wider isolation behaviour change work.</p> <p>KJ – earlier in meeting we discussed hitting key milestones in Doncaster- is it worth pre-empting what the media might publish and doing a feature ourselves? I.e. 10,000 contact traced and local anecdotal evidence is some not isolating/testing. We could mention number cases in Doncaster and use as more encouragement for people to take up vaccine.</p> <p>RS – will be guided by comms around pushing out positive stories and hitting milestones – if we went out proactively with those may be good – to consider in future comms strategy. Next week’s focus is school testing.</p> <p>RC commented that last year comms did a roundup video at the end of the year that looked back at 2021 and included positive news. Perhaps we could do something similar end this year / into 2022.</p> <p><b>Action: Consider pushing out positive stories and key milestones Doncaster has hit in future comms strategy.</b></p>	Comms
11.	<b>AOB</b>	None.	
12.	<b>Review of Actions</b>	<p>OM raised an action from previous board meeting 13/10: <i>Action: Explore what more can be done to adopt a local Doncaster approach to manage case rates, support schools and keep them safe.</i></p>	



		RS noted that a letter has been sent out to schools with updated guidance that addresses this. Instead of waiting for cases in schools before implementing additional measures, we are asking schools to implement measures when they return from half term. Happy this has been addressed.	
13.	<b>Chair Summary</b>	RS offered a key summary: <ul style="list-style-type: none"><li>• Steady state in terms of Covid but the concern is people becoming immune to the situation. Rates and demand on hospitals remain high.</li></ul>	
14.	<b>Date and Time of Next Meeting</b>	The next board meeting is scheduled: <b>Wednesday 10<sup>th</sup> November 2021 3pm.</b>	