11-6-20

10.20 FM – DOS Min on Nolan Show
– not good use of Exec time.

DOS – Pre-recorded

FM – Apologies to DOS

10.26 FM – Intro
DFC – apologies (absent)

Sp Note.

DFI Why meeting moved from Long Gallery to Zoom?

FM Away Day will be in Long Gallery.

dFM Conversation at last Exec – move in strategic way – today's meeting about that – next week – Away Day.

DOS Nolan – pre-recorded yesterday. Contacted by media yesterday to say meeting cancelled because Nicola + I refused to attend. Warn whoever is spinning – look foolish. It was my intention to attend PB.

DOH Conversations re R at last Exec

meeting - will publish R weekly.

CSA R - 0.5/0.7
UK academics - slightly higher.
Confident R is lower than last week - 1 in 900 / 1 in 6000
% of population infected + recovered - less than 5%.
Lab staff - less than 3%
Hospital patients - less than 4%
London - 20%, England - 6%
Vast majority of population still susceptible - risk.
2nd slide - change over past 3 weeks
R - stable with 0.5 - 0.9.
3rd slide - rolling average new cases - reducing.
Actual no of cases probably higher
Rolling hospital admissions - 1-5 per day community-acquired.
R - as no of cases falls, determination of R becomes unreliable - need to measure other markers of pandemic.
Last slides - illustrations not predictions
1 - nos at start of epidemic
Blue box - lockdown - R fell to .08.
Modelled - R change to 1.7 - new reasonable worst case scenario - by 9 July, 30 patients in critical care - new lockdown, 2nd peak - to end Sept.

Slide - impact of relaxation - shows what happens if R rises to 1.2, 1.5 etc
1.5 - 800 patients in critical care by Oct. - system can't cope
1.3 - 300 patients in critical care by Dec - system can't cope.
1.2 - wd have 30 patients in critical care by Sept
Ca tolerate R higher than 1 for a few months - policy decisions.
1.3 wouldn't cope
1.2 just about cope.

Final slide - 1.5 - decide we don't want more than 200 patients - lock down in Aug for 4 weeks, open for few weeks, lockdown again in Oct
Intermittent lockdowns.

DoH We have been using language re critical decisions, knife-edge.
ICU nos
Hospital admissions
Effects on health system - ensure it is able to cope.
Modelling 2nd wave

CMO Relaxation of measures - public benefits, but increase in transmission
Patients dying in ICU [ ] -

Finely balanced.
Reasonable ability to look ahead.
Increased community transmission - higher risk for care homes + other sectors.

dFM — Stark reminder of volatile situation if we move too fast - put info into public domain?
How R is measured - what other measures to use?

CSA — Wide range of data feeds - 911 calls, hosp admissions etc
Reliably survey/monitor situation - danger of R rising, we can check.

DOH — We publish R figure every week - happy to publish. Wd probably leak anyway - keep control of narrative

FM * — Colleagues content to publish.

DOI — Good info to publish - shows clearly we are at bottom line but need caution.
ICU - helpful info.
When peak happens/size of peak - coincide with seasonal flu
ICU - COVID figures. How many

people normally in ICU?. Cope with pressures

CSA Chart is COVID only

DH Conversation
Normal capacity ICU = 100 beds.
Nightingale = 230 beds.
Challenge – not to get to spike

CMO If we relax everything, virus wd spread exponentially through population
– flattened curve through social distancing etc.
[ ] paper – 11 European countries – lockdown prevented 3.2 m deaths.

DOJ Epidemiologist – shd continue lockdown until disease eradicated. Not sustainable.
How to answer [ ] even after 2 weeks – will return when people travel.

DOH Open letter to Irish News/Times – lock down whole island for 3-4 more weeks – be like NZ.

CMO NZ – Nth/Sth – if we continued with

lockdown - cd eliminate risks.
But travel will bring risk.
Major trade-offs - society.

CSA — Wd require up to 12 more weeks v strict lockdown.

DFE — Slides v helpful - v wide range of HOs.
Lot of countries in Europe have reopened significant parts of economy - any info on impact on risks?

CSA — Uncertainty - re % of COVID cases can asymptomatic - most models use ⅓, more recent models = 80% - creates uncertainty.
Important to learn from other countries - but take a/c of cultural behaviours etc.

DAERA — Relaxation happening in lot of places.
R 0.5 / 0.9
Helps give reality check.
What will cause least harm + most harm?
Mitigation - good hygiene.

CSA — least risk - outdoor, less people
Greatest risk - indoors, more people

length of time
Shared surface hygiene
Respiratory hygiene.

DAERA — Mitigation?

CSA — Science uncertain – can't put no on that. Mitigation helpful – but can't pub figures / nos on it.

DAERA — Public messaging important

CSA — Public messaging.

DAERA — Public toilets in forests – people using – leave doors open

CSA — Nothing in regs to prevent

DE — Outdoor alternative to toilets?
Messaging v important
Focus on R – but if trying to look at other measures....
Different approaches in each country – modelling basis?
eg impact of changes in social distancing – any measure of this?
Impact of different easem?

CSA — Some modelling re some relaxations – eg schools. Looking at impact of

change to social distancing. Will report

DE — Previous ref to data (schools) before end June – wd be helpful to have.

DFI — In lockdown – took option not to comply away from people.
If easing – need people to continue compliance with soc dist, hand-washing etc.
Understand on scientific basis re public compliance?

CSA — Work done on understanding / adherence to requirem – level of adherence higher when people fear outcome. But if people have not been affected, or feel they are immune, less adherence.
Need clear messaging

DFI — So – adherence reducing? How do we address?

CSA — Need to speak to communications colleagues.
Make info available
Use influencers.

DoH — Public behaviour – messaging re decisions made by Exec.

Businesses/orgs to put measures in place.

Regs/Restrictions paper

FM – Sp Note.

DE – Comfortable with direction of travel.
Implications for Ed – social distancing 1m / 2m.
Wider implication – childcare.
V difficult – 2m sol. issue
Guidance – nothing will kick in until 2/3 way through Aug – room to plan.
Clear guidance needed in 2 weeks time. Situation – get us guidance now. If no resolution – have to give guidance in June, if changes in July / Aug – implementing something out of date or asking people to change horses – v problematic.
Agreem re soc. dist. for different sectors.
2m – schools – 40% attendance.
Children – 3 days out of 5.
1m – higher rate of return – 80%.
Enormous implications for children, schools, families – restrictive for economy.
Great work – distance learning – but long term impacts on standard

of Education – biggest impact on socially disadvantaged.
Threat of virus to children is v low.
Consideration of soc dist – v important for Ed – time-bound, need decision asap.

DPE. Comment specifically on 2m/1m
Also – tourism paper ready to go.
Briefing against DOF – an Exec party briefed that T hadn't brought tourism paper today – but today is one-item agenda.
Want to talk re tourism.
Also – 2m/1m rule v important for business
Want to follow medical advice – will accept advice of CMO/CSA – experts.
Reality – 2m not viable for many restaurants/bars. 1m – they have a fighting chance – 2m, 30% full, 1m – 75/80% full.
Following on from Winter season.
Huge impact on viability of sector
Bars, RSTs, visitor attractions – develop signage re 2m – if we decide on 1m, will create costs.
Need to give clear timeframe.

Tourism
Looking at guidance – Tourism

Steering Grp, DCMS + Tourism industry.
Will be ready next week.
Happy to share draft guidance with DOH, CMO + CSA.
Today - give signal to industry - allow pubs/hotels to open 3 July - England
4 July, Scotland - 15th, ROI, 29th.
Caravans / Sl catering - bring forward to 26 June.
In line with other jurisdictions - and help to give sector time to prepare.
Task + Finish Grps - each sector.
Hd value comments.

JMK Sympathetic to indicative time frame - but not today.
Needs to be set in broader context.
Reality check - slides.
Variability / fluctuation pandemic.
Need stop change in how we deal with.
Paper - signalling rolling prog of ease[m].
Shd not brief, step outside collective - raise expectations - if we see significant spike
Cohesive, confidential discussion
Sport, recreation, child care
Opening sectors in gradual, time-measured / indicative approach.
Give assurance, confidence to industries + wider society.

All depts coming together —
set out cumulative impact
Horizon planning on dept basis +
inter-dept basis.
If expertise does not exist in depts —
bring in outside assistance.
Inter-dept approach from now on
Grounded in partnership approach.
Pressures in hospitality — need lead-in
times — if need to move from 2m to
1m, they need to assure us they can
manage COVID RISK
Negative repercussive effect —
take-away for partners — stress test.
Flexibility — if we make move +
COVID rises, we can move back.
Clear messaging needed — exec to stay
on same page.
Make a plan — 6/7 weeks.

DFI

Social distancing
Heat from CMO/CSA
pressures on schools, business.

Face coverings
Change social distancing for 1 sector
only wd not be helpful.

DOF

Soc Distancing.
Move to indicative timelines wd be
good. Have clearer pic. of other

jurisdictions.
1m uncertain place at the start.
Soc Dist — 1m suggested - droplets,
2m - aerosol.
Consistent across board.
Exception - general rule - young people
less symptomatic, not coughing.
Children - 1m apart from each other, but
2m apart from teacher. May give
flexibility to schools. Some schools did,
can't soc. distance.

Tourism - self-catering - early opening
makes sense. 2nd home, caravans OK
- washing blocks/toilets - issue.
Toilets - mitigation - extra cleaning.
Restaurants/hotels - experience -
we shd align opening of both together -
Eastern Europe - using outdoor spaces,
mobility issues or disabled/sight
impaired

Justice - nervous re 1m - but can't run
Jury trials except in Bfs. Cd do more
Jury trials if had 1m. Suggestion - non-
Jury trials - sexual offences. Wd need
legislative change. Not keen.
Jury in seperate room - not good idea.

Consistency - if we make changes in one
sector, shd be across the board.

Flexibility for schools - proper guidance in place.
Need agreed position soon - people creating signage, re-space restaurant etc. Need to reach settled position, even if it take a week to agree.

DFE — DOS valid point - restaurants etc to use outdoor space. But not an easy process - have written to DFC + DFI - need to engage.
People with disabilities use these areas. Wd like to progress.

DAERA — 2m - good practice, but not always practical.
Supermkts - not always observed.
Normality - need flexibility, but message - 2m is best.

Caravan Parks - v supportive.
Churches - use for childcare, shd be used for worship.
⅓ capacity of churches - can maintain 2m distance.
10 people at funeral/wedding outdoors - does not contribute to reducing COVID - shd be increased. Some people adhere, some do not.

FM — Social distancing - key to lot of

issues.

DoH — 2m guidance within paper.
Transmission time = 15 mins.
Reduce distance – takes less time to transfer
Policy change of direction.
CMO/CSA – not in position to recommend 2m to 1m in enclosed settings – will increase spread.
DfE proposal – using outdoor spaces – kids can maintain distances.

CMO — 2m – guidance, not a rule
Science, public health perspective.
If comm transm falls, opportunity to reinst 2m – 1.5/1m.
Prudent – see impact of relaxations of transmission

Transm. between people – droplets – sneezing etc.
1m – dates from 1930s, old evidence.
Can travel further than 2m – loud singing, indoor average.
Will keep under review – if depts bring forward mitigations, we will consider + assess

CSA — Scientific evidence 2m/1m unlikely to change – need to weigh risk against benefits – economic.
Children in schools – less likely, also not reasonable to expect children to soc dist

Policy decision – we can advise on impacts.

DOT Useful.
Churches – correct that challenge is singing? Indoor church service – singing creates problems? Choir in NS did concert – 70% got virus.
Churches to reopen without singing?

CSA No of outbreaks associated with churches + choirs globally. Difficult to confirm what people were doing – lot of social interaction.
Churches open – no singing = mitigation.

DOH No karaoke bars!

DFI Face coverings.
Officials engaging – DOH reviewing not mandatory. Cross-dept grp to consider – transport, retail.
Have engaged with unions – want mandatory; PSNI/DOJ – enforce issues; Scotland – want cross-sector approach; ROI – not mandatory.
Will continue with cross-dept grp.

FM KPearson to work with DFI on cross-dept approach.

DFI Looking at for transport – but would like

across all sectors.

FM x Look at again next week.

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6 proposals in paper.

DFE — Tourism paper – can go to DOH this pm – ask to consider bring forward hotel dates, amenities – early July, caravans – end June.

FM — want decision when?

DFE — Give indicative views –

dFM — Press Conf – say we will make announcement on Mon re all issues in DFE paper.

DOH — Happy to look at papers – but don't want DOH to look like we are responsible for holding up progress. Given JMK point – last wk – we got lot of lobbying re decisions.

JMK — DFE paper – don't deal with Show intention – closing out Step 1, give indication we are moving to Step 2 – advise Exec is considering how

to open all sectors.
Signal we will bring plan forward next week – incl time frame.
1s principle – get messaging right – not focus on any one sector.
Don't get too far ahead of ourselves re dates.

DOS

Agree – close out step 1.
Indoor visits – welcome it has moved on. Thought it wd be more than 2 families – shd be more expansive – people relying on friends.
2 house-holds – v tight, people expect 3/4 households.

Retail – no issue, have to balance risk – competition. Victoria Sq – indoor/out door.
Home moves – good
Worship – childcare centres.
Athletes – elite – why prioritize over physio, people in pain – why differential.
Some private leisure facilities open – eg David Lloyd – not fair to smaller gyms, council gyms.
Outdoor gatherings – 10 people.
Football teams training in grps of 10 – 2 grps of 10, breaking rags?

Manage grps
Joint purpose – coaching in sport – clarity.
Next phase – hair salons. People concerned business can't survive – 2m distance
Need to mitigate risks.
↑ indoor – athletes
Outdoor – coaching
↑ indoor meetings

DoH We don't support indoor training for athletes.
Can't advise on every individual case – people need to apply social responsibili
We advised on requests received from depts
↑ indoor visits – 27% of households in NI = single.
Support as many people as poss

CMO [ ]
↑ Amend[s] to regs.
DOJ – interpretation.
↑ Isolation – restrictions.
Households – 27% single – priority – start to [ ] other households.
↑ Incremental increase
↑ Increased risk. Graduated approach

DOH Shopping centres – more people,

higher risk. Centres to manage space – can be facilitated.
eg – one-way system.

CMO — Sector – needs to assess risk + mitigate. Social distancing etc.
All sectors shd be aware of responsibilities.

DE — Sports – indoor.
Cleared.
Child care – community centres, youth activity
x Bring paper on when re summer engagement – young people; also Vol/Community sector.
May need flexibility re use of church halls etc.

FM — Incremental approach.

JML — Numbers limit for elite athletes?
Bubbles
If single person to attach to one other household – advice rather than mandatory

DOH — To tackle isolation

JML — Available to join bubbles!

dfm — Gordon needs a hug.

DoH — Athletes – guidance at back of paper

FM — Will look at SportNI framework.

DAERA — JMK – close off Stage 1 + move to Stage 2 – on same planet?
ROI has done away with lot of stages.
Public have made up own minds – people will ignore advice.
Person in rural area – opened cafe for take-away – picnic tables spread out – Council closed down.
Eventing – not allowed, but wd be v spread out.
Crazy regs put on people – draconian, people generally G I.
Disappointing day – shd be looking at str recovery.

FM — Recovery – next week.

DAERA — Regs – lot of grey areas.
Science – young people don't spread – why are young people not being allowed to train outdoors.
Bring back issues to Exec – allow young people to engage – football,

GHA – need to get real.

FM X DE bringing paper on diversionary issues for young people – Mon.

DOF Need diversionary activities.
Public expectation can be manufactured by special interests.
Joined-up collective approach good.
House-moving – ancillary service; land registry, valuation – work being done, some not deemed as essential workers – temper expectations.

FM From Mon is June – permissive – but will take time.

DFI Paper with 6 proposals, but no cumulative focus on impact of changes.
Silo.
Need broader brush.
Households – why only those who live alone can join social bubble.
Hotels, RSTs – can open on particular date – not familiar.

FM 27% of households alone.
Mon – announce social bubbles.
Not indicating dates today for

hotels – will do on Mon.
Single people, isolation – move first.

DFI Rational side of brain – understand 27% single; but emotional wish for families to meet up.

dFM Indicative timings – broad sector – hairdresser etc – give indicative dates.
" ROI – 29 June.
Give indicative dates for all sectors.

FM Told us last week – h/dressers July, not June.

dFM Not enough time to measure impact.
Shd not be bounced
Joined-up approach.
Open up economy – child care vital.
Net work of daycare / child care centres – up in arms. At start, were told to keep working – now have to jump through hoops.
2 big issues – school
– Childcare.

FM Suggest FM, dFM, DE + DOH – meet offline to consider TOMORROW – before Mon.

DOH Child care – regulated. Trust

Assess[M] Panels – need to stand up – Sthern Trust.
Retail, additional grps – essential workers.
DOH/DE joint paper – childcare funding – paper with DOF for assess[M].

DE Regulator issues – happy to discuss with FM, dFM, DOH.
Need [ ]
Fork in road
Even if we address regulatory issue, if have restrictions re nos / 1m-2m issues, hygiene – may have to give level of permissiveness re opening conditions – happy to discuss.

DOJ Childcare – critical to mental health as well as economy. Taking toll on people.
Economy – people working need childcare.
Bubble system works – households join – no limit on nos.
Courts – child custody – 2 households can join together.
If we don't respond to demand, people will take own decisions.
Err on side of generosity.
Join households – 2 at least, probably higher nos.

CSA Understand simplicity of 2 households - but everyone in household has own list of contacts. - so bigger bubble has bigger level of risk.
Also - if one person is symptomatic, every person in that bubble has to self-isolate.
Behavioural issues - people will relax social distancing.

SMK Context - coherent transition out of lockdown - Phase 1 to phase 2.
Minimize risk.
Messaging needed - ensure we are as joined up as poss.
Smart - go with 27% of single households - work out how we can gradually expand with minimal risk.
Be consistent
Need message which is clearly understood
Harder to move out of lockdown than into it

DOS. Households - have to look at at human level. I cd have been at work meeting - but not go with my husband to visit families.
Communicate - act as one household, can't go from bubble to bubble.
Childcare - lot of people can't afford childcare - rely on family members.

people can't work without childcare.
Give people parameters — OR will just take own actions.
If asking people to go back to work, but aren't allowed to see parents.....

DFI Importance of childcare, joined up approach.
Bubble – solution to childcare.
Our policy analysis – we can decide.

dFM We haven't decided on policy.
Political decision for us.
Today – say 2 households, next week 3.

FM Realization – 27% living alone won't be enough.
Move to 2 households
Need strong messaging re risks etc.

People content to move to 2-household bubble?

DoH Health concerns – social distancing, ROI – face coverings.
Different to proposals in paper.
More numbers – more risk.

FM Other option – either/or
Single household – physical contact
OR visits to household – social distancing.

CMO — Either / or – not both.
Conversation with communications colleagues – announce + explain differences.
How to relay messages.

DOS — Not realistic, can't be policed.

DOH — Guidance, not regulations.

DOS — Families with not social distance.
Childcare – I can drop child with stranger but not parents.
Household – spread is contained – share with other household.
Not realistic, can't be policed
Shared custody – can share households.
Advise – maintain distance, good hygiene.

FM — Impasse – single person.
DOH – single person / bubble up with other household or visit from [ ].

CMO — Need To
Childcare
Joint custody
Social interaction
Shdn't conflate those scenarios.

DOS — We shd conflate
– need to be realistic about how people live lives.
Guilt people feel – balancing work/childcare at home – driving people mad

DFI — Recognise public speaking for family contact.
Single person – social bubble.
Look at next week – 2 households.
Rationale for deferring to Mon.

dFM — Public looking to us for decision.
Don't want to confuse more – if we give choice, causes confusion.
Make decisions on the hoof – not good.
Lean towards 2 households – but concerns re CMO / CSA advice.
Come back Mon with fuller picture.

FM — Not 2 households bubbling next week – just visiting.

DAERA — Arguing on margin.
How wd couple choose which set of grandparents to be in bubble?

DOH — Unsure where we are.

CMO — Agreem on both elements
– timing of communication

Concern re timing of announce[ment]
- Look at next week - WOS.
Option - CSSA + 4 to engage with EIS re communication.
Exec agree[ment] - both elements.

FM DOS - bubble 2 or more households
Paper - households visiting

CMO DOS - happy to return @ later date.

DOS 2 households to join bubble - grow to bigger bubble.
Don't agree - single person to meet other family.
Household by household - risk is bigger, but only practical way.
Not sustainable.

DFI Keep households safe - social distancing. Will keep parents safe.
Allow 2 households - but advise re hygiene etc.
Single households

CMO Guidance - we cannot prescribe, can offer advice re numbers, duration - give informed choice to citizens
Way through - give guidance.

FW — Works OK
But still childcare issue.

DoH — DE + DoH officials working on childcare bubbles.
If move to '2 household' scenario - need to take time to measure impact on COVID.

DOJ — Working on childcare for weeks - come back next week re childcare bubble.
Bite the bullet - speak now.
Happy to agree - 2 households today cd incl childcare bubbles.

FM — Everything in paper agreed - just 2 households.

dFM — Making policy on the hoof.
Need to address issues

DFI — Proposal re bubbling - limit on ind
2 households
Consistency in [ ] up.

X DOJ — Propose
announce today - 2 households join together; advise social distancing; allow informal childcare

facilities

DFI — Second that proposal.

FM — Worry — adhere to advice of CMO / CSA — not comfortable with Press Conf where I have to go against med advice.

DFI — CSA advice — risk always there. Policy decision needed.

DOJ — I wd prefer more households involved.
Not convinced soc dist will be applied - but shd give advice.
Have taken economic risks, wd be enormous benefit pr people.
Households / soc distancing advice
Look after children - social

dFM — Uncomfortable
Something more substantive pr when
Press Conf — Talk about isolation — realise it is a problem, address on when.

DFI — Will CMO / CSA advice change?

CMO — We assessed risk based on queries. If we are asked to assess based on

different circumstances, we can reassess.

DFI Social bubbling / households / visits

JMK Discussed in detail last night – concept of social isolation / 27% of households – allowed us to signal we were moving towards [loosening] of regs
Aiming for more social, normal contact.
If social isolation approach won't work –
Can't speak today to media, haven't worked out details.
Make policy on hoof, with trip ourselves up.

DOJ Weren't part of discussion last night.
Message not complicated by saying 2 households.
Shd move on this now.
CMO advice will not change.
FM / dFM need to articulate to media.

JMK All views matter.

FM Suppose CMO – consider, weighing social

benefits — households.

CMO — Points re bubbling.
Bubbling — no restriction on social distancing, hugging etc - v close interaction. If one person is infected, all in bubble have to self-isolate.

DOF — Withdraw proposal — come back on Mon.
Go ahead with single person proposal.
We make own rules on what happens in bubble.
Don't make ref to short visits - wd be confusing.

FM — Only referring to single persons; DOF to converse with DOH; come back to 2 households on Mon.

DAERA — Long list of issues

FM — Send list to me.

DOH — Use template.

DOF — letter from Amnesty + CAJ on

Fri pm - enabled people to be prosecuted.
2.5 week window between 2nd + 3rd Review of Recomm.
'Tidying up' of Regs - (DOH).
Reg 6 - 3rd relaxation
Reg 6A + 6B - didn't tidy up enforcem.
Technical legal point - those regs cd not be enforced.
Has been corrected - PSNI + Exec not informed.
Up to Fri - 6A + 6B cd not be enforced; cd be enforced after that.
Cd be retrospective action / appeals

When did amendm happen; when did DOH know; why not Exec / PSNI etc.

FM Fixed penalty notices.
DOJ to liaise with DOH

Notice
Agree Recomm? (Yes)

Further detailed engagem on Mon

% Next meeting.

DFI Brick

Irrelevant & Sensitive

City of Derry A/P

Irrelevant & Sensitive