21-5-20

10.10 dFM Intro

① Minutes

dFM Agreed? (Yes)

② COVID update

DoH. Circulated daily update.
Shared – print-out of dashboard (public facing)
Detailed info
Not widely picked up by media.
Yesterday – 18 ICU patients,
[redacted] ICU beds,
Numbers moving in right direction
Useful for Mins to see dashboard – broken down by Trust, bed occupancy
Steady decline in ICU patients.
Further drafts at back
– NI figures compared to international.
NISRA graphs.
Over last 5 days – compared against other countries.
Info I use to update Exec.

Regulations – amend^{n} last Thurs.
Done.

3 review under way – due next Thurs 28th.
Impacts of relaxations to date.
RP eng. wrote to PSecs – any issues for review – by [ ], we need notice to review, amend wording, drafting etc – get into rhythm.

Still working in care homes – WS. going in right direction.

(3) Action Log

dFM Note

(4) Sit Rep.

HCS CCG met this a.m.
All actions closed
Close down CCG.
Sit Rep will continue
Hub scaling down
PSNI – will not enforce Reg 5 as previous – relaxation.
Will monitor, + intervene if large grps gather.

Sit Rep – strong focus on data relating to behaviours – traffic etc. Impact of relaxation

in other countries.

(5) Updated Testing Str

DoH — Living doc, review quite often.
More detailed as we move forward.
CwD + CSO here
Scientific data.
Tables – T6 – demonstrates different platforms for testing
Ramsch cut back supply at start - more suppliers, not so susceptible.

CwD — Lot of detail
Comprehensive + diverse range of testing.
(Antigen, antibody.
Strands of testing.
Work – testing str [ ],
testing plans
Significant additional demands for testing in coming time – new rhythm.
From outset – realized limitations Ramsch reagents.
[ ]
Platforms, test reagents
Centralized approach – rest of UK, plugged into that.
Increase demand next few months – care homes staff + residents;

Track/Trace; ongoing testing of healthcare staff.
[Apps? I coming onstream imminently
Immunity tests
Other elements requiring testing
- surveillance - GPs, antenatal, admissions to hospital, elective work - before allowing into hospital.
Contact tracing - started when; broaden access to test to everyone with COVID symptoms.
Challenges, technology.
Science - origin, different countries, how entered countries from o/seas.

dFM V comprehensive paper

JMK TKS, excellent paper, fills in key areas - esp. population surveillance.
Flexibility on application
3.3/3.4/.5/.6
Focus on care homes - necessity of keeping policy under review.
Genomic (?)

To develop scale of testing / contact tracing - huge capacity issue - step up

/step down - flexibility.
Permanent surveillance going forwards
How will we get capacity to upscale as required
Messaging issue
Intelligence / surveillance - data received will influence messaging.
PSNI this am - behaviours changing -
EIS - we need to look at messaging in line with feedback re behaviours.

DoH Messaging - due to move regs on 28th. Need to move message as well - wider conversation, EIS.
San - modelling - how many people needed for contact tracing.

CMO Modelling - need to be agile to increase tracing as required.
More manageable - small no of cases.
As measures relax, upward pressure on HCS.
Wider population access to testing - any symptoms.
Quick turnaround required - hospital admission, care home, will use in-house NHS capacity - quick response.
Wider community surveillance - zero-prevalence. Turn-around

Time = 48/72 hrs. Winter - will need to reduce time for turn-around.
Like riding 2 horses - expand capacity with partners here (universit + align with NHS.

~~Start~~ Young - Relatively low risk - amend of regs this week. But public going further in relaxation than intended - impact of behavioural in 3 weeks.
- No of new cases } modelling
- No of contacts. }
New cases - about 18 p/day
Modelling new cases = 200
- lot of people not testing / no symptoms.
Expect no of cases cd emerge - not more cases, but more testing
Messaging re self-isolation for all contacts - for 14 days. Behavioural lockdown.
Full normal soc - contacts = 30 pe day; lockdown - contacts = 3.
Contacts will rise as lockdown proceeds.

DFI [ ] tests per day - HSE
If required - use NDT centres again.

Sentinel surveillance - based on sampling.
Care homes, GPs.
Most people don't present at either.
People in wider population - how to reach?
Second surge?
Communication?
6 people out doors? Children on bikes
Family - 2 adults + 4 children - can they meet other families?
Messaging - children / schools.

Giyong Modelling = mathematical.
No of people - hospital admissions, can estimate no in community.
ONS - survey - random - England swabbing everyone over 2 in random range of households - can estimate no of cases in population.
Currently + 250 cases per day estimate - NI using England calculations - hope ONS will operate in NI.
Problem - asymptomatic people in population.
Self-isolation - 14 days. V difficult to manage - people cd be asked multiple times, may not report symptoms. Behavioural issues.
Science uncertain - children often have milder symptoms, but small

proportion – inflammatory disease, cd die.
But seem less likely to spread disease – under age 11; once they become adolescents, more likely to pass on.
Impact on school opening.

DFI — Second surge?

I Young — Depends on what happens with relaxations – UK worst case scenario – R = 1.7 – v rapid increase, wd require full restrictions to be re-imposed, wave same as 1st surge.
Can't model 2nd wave until R becomes clearer.

DOF — Contact tracing – NICS staff.
Plans re tracing?
Increase in R no – easing of restrictions – limits what we can do re further relaxations
Messaging – need to be still careful, bank bol wle
Messaging from today.

DOH — Officials have engaged with DOF re NICS staff.
DFC – support package, DFE

+ [DOF] also engaged — companies, self employed etc.
Next support package

CMO — Individual [I
Upward pressure cumulatively of relaxation measures.
Cautionary approach.
Won't know impact pr several weeks.

DAERA. — Impacts now + in Autumn
Need conversation.
If decide not to send children back to school - will put pressure on us in long term.

CMO — Risk, lower risk - children, transfer rate.
Public health perspective — Autumn, further increase in transmission — impact on school return.
Impact greater on children in lower socio-economic groups — health inequalities — diffs with home-schooling, access to technology.
Look at — Autumn, planning.
Happy to work with DE, minister
Work on that.

dFM — Note Update / Testing doc?

(MJ es)

Education Restart

DE

Detailed responses in Annex of doc.
How to move from response to recovery.
Public health concern.
Education
Broader economic impact.
Mitigation measures – support e-learning.
Extent to which children are not at school – great educational impact – socio-economic issues
Science guidance
Exec approach – strategy – in line with step approach.
Lot of uncertainty.
Ed – calendar-led.
Useful to give target dates, based on science/medicine
Education/school [participation]
Child care.

Schools closed except for children of key workers – v low numbers.
Vulnerable children missing school.
No radical change this academic year
Further work – vulnerable children

Need to see phased reopening of schools, requires preparation.
Between now + end of summer - engagem
Reference grp.
6 strands of work
Unions
Stakeholders
Early learning communities.
Q+A with pupils.
Sob of work - summer.
Schemes for vulnerable children, key worker children, keep teenagers away from criminal elements.
Summer schemes - social distancing etc.
Have in place
some educational, some medical - cross-departmental work (eg school transport - DFI).
Gen phased return - end of summer.
Clarity - no general resumption now.
Main phased return - Sept.
Other jurisdictions
- 3 cohorts of children
  - transition year
  - GCSE / A Level
Good argue^{m} - bring them back earlier - August.
Schools - certain level of [ ].
Concentrate on 1/2 years - good

opportunity to [ ].
Return to school in Sept – mix of classroom + remote learning.
Social distancing.
Range of issues to be scoped out.
Differential nature – primary v post primary.
Digital learning – not consistent across board.
V young children not as vulnerable – uncertainty.
Concentration on belief – young children not as [contagious].
Want eventually to get back to normal – considerable distance away.

DFin — Restart – needs to be planned.
Welcome plan to work with stakeholders.

DE — Work with unions – complimentary to DE approach.
PPE needs.
Distancing – staggered arrival times.
Some want everyone back tomorrow
Some want no-one back until vaccine available to all.

DAERA — August best. Some schools v

good re working with children, some schools not good.
Support for children not equal.
Message - clarity re early August.
- early alert.

DE
Response - variable.
Every school - link officer
Increase level of consistency across schools
Good levels of support - some went the extra mile, some disappointing.
Some angry parents, some v pleased
Level of mitigation.

DFI
Commend paper, approach
Grounded in science, medical advice.
Pressures on parents - working from home, home-schooling.
Mental health issue.
Schools - allow people to get out to work.
Engaging with employers?

DE
Key role - child care, given level of priority to key workers.
Rephasing
Different models - need some level of mix of classes, make compatible with families. eg 3 days at school

3 at home - need to align nos of children in each day.
Remote learning.
Blended process
May be easier from parental point of view.
Mental health - major challenge across depts.
Wider societal issue - won't know until closer to recovery - scale will be known later, will all have to respond.

DOF

Timely paper. Need to consult immediately, before summer.
Co-design, much easier for schools to adapt
V challenging.
Anxiety levels higher
What is workable for staff, unions, parents.
DAERA - early start
Supports needed -
Need to ensure all networks of support available.
Border - schools Nth/Sth - understand what is happening in Sth - consistency.

DE

Balance to be struck
Mid-Aug, get some key years

in.
Bring some in earlier than others.
There will be unanticipated teething problems.
Engagem already begun.
Unlikely anyone going away for hols.
Inescapable pressures – financial
Some school principles – need more money, more staff etc.
Need to be clear – no pot of gold, how to do things with existing staff, existing budgets.
Working from home – same amt of work.
Don't want to mislead – magic solution.

Happy to work with Se (ROI Min)
– clear cut distinctions.
England – 1 June.
Wales – poss July
NI – Sept (Aug)
ROI – education – no supports for key workers; no access to schools, no free food for children etc.
Regular contact with ROI, also other jurisdictions in UK.

dfM Spoke to Taoiseach – ROI wd like to engage, learn from what we have done.

DE — Happy to engage with ROI.
May have new Govt / new Min in Sth.

DOJ — TKS – Youth services
Schools - identifying vulnerable young people.
Important to have contact with Youth service.
Home
May be increase in sharing experiences of children when schools return – teachers shd be prepared.
Restoration of Youth services.
Collaborative approach good – staff – teachers, caretakers, cleaners – involve in discussion.
Childcare issues
Home-working – not practicable to also home-school.
Family contact needed – picking up children from school etc.
Uniforms – financial stresses of families, children only at school a few days a week – DE encourage schools to relax ~~school~~ uniform policy

DE — Work over summer months – Youth service, vulnerable young

people.
Summer schemes - level of permissability
Uniforms - we wd like to be as flexible as poss - schools can be prescriptive.
But uniform creates level playing field for clothes children wear - some can't afford high-end clothes - social inequality
Light touch approach to uniforms.
Uniform allowance - nos eligible will increase.

FM TKS for paper - list of correspondence.
Assembly.
Need clarity for parents, public,
CMO / CSO advice good
Children - not back this academic year; summer activities; some years poss back in August.
Teachers usually go back end Aug for planning.
ROI - spoke with Taoiseach - they acknowledge we got it right - vulnerable, key workers, free school meals.
Work with DE - childcare - allow people to get to work.
Key workers - children back to school for economic reasons.

DE Statem - wide range of issues - detail re way forward - caveat -

medical / scientific advice.
Indicate our planned approach.
Childcare - free up people to go back to work.
Businesses can adapt - social distancing - may not be financially viable for childcare settings.
Financial support for sector

dfm — Detailed conversation re childcare needed.

DfE — Economy - schools / economy go hand in hand.
Move into blended approach in Autumn, stay as we are now - big impact on economy.
Childcare - big issue.
V concerned re education.
Unemployment - huge issue, Childcare v important.

Further / Higher ed - DE to liaise with my dept - need coherence on this.
Agree with Science - but be aware of impact on jobs.

DE — Depts + interaction across UK.
Impact on curriculum.
NI - no solo run.

UK conversation - feeds into academic [ ].
Approaches - families.
Family - want to work, grandparents can't do ....
Public confidence.
Some resistance in schools.
Lot of families - choosing to keep children at home.
Messaging - system is safe.
Some parents will want children off school until all COVID is gone.

DoH

Moving from pre-school to P1 - last pr lot of children.
Split week for schools - 6-day week, Sat mornings.
Student teachers.

DE

Nothing ruled out.
Cost implications.
Issues re how weeks are restructured.
Post-primary - subject-led. Boss fortnightly rotation.
Learn from other countries - eg Germany - small grps 'cocooning'.
Educational aspect, medical aspect.
Collectively - aware of how money is spent.
Funding restrictions.

dFM Note paper?

Yes

(6) Ad Hoc Comm

FM Sp Note

DFE Need paper re Economic Paper discussed – otherwise no point.

FM Sp Note.

(7) BREXIT

Irrelevant & Sensitive

Irrelevant & Sensitive

Carbon Pricing

Irrelevant & Sensitive

Ag + Fisheries Support.

Irrelevant & Sensitive

Article 5.3

Irrelevant & Sensitive

(8) Parental Bereave[M] Leave.

Irrelevant & Sensitive

Note of Urgent Decision

PM Noted ? (Yes)

AOB

DOS HIAbuse.

Irrelevant & Sensitive

Economic Recovery

DFE. Disappointed re Economic Recovery not on agenda.
Strategic view alongside medical/ scientific advice.
Next week agenda?
Many people anxious for considerations

Tourism / Hotels / Caravans

DFE UK + ROI – tentative dates for reopening
Hotels taking bookings – warming up mkt.
Severe impact on hotel owners here – competition.
Need to start talking re Work Safe message.
Businesses don't want to move too fast + have to reverse.
Dublin hotels – big campaigns in GB

dfm Economic Recovery
v important
Some concerns – have written. Work on that in coming days.
Tourism / hospitality.
1st paper – take bookings for future – look at again.
Can't commit re dates.

DFE — Stressing urgency re this.
Need strong, safe messaging re economy.
Happy to discuss
Strategic approach to reopening/repositioning economy

Brick

Irrelevant & Sensitive