9-7-20

10.14 FM Inteo

(1) Minutes

FM Agree? (yes)

Irrelevant & Sensitive

(2) COVID update.

DoH R - slight increase
Move away from R - look at nos of cases/people.
Yesterday - 5 days in a row - zero deaths. Longest duration 11 days in [redacted] - no COVID in ICU.
Care homes - closed outbreaks in 149 homes. Visitors allowed - strict manage".
Contact tracing
W/e up to 1 July
15 cases - 13 traced successfully 36 contacts, contacted 35.
Well up in international figs.
3-monthly plans for Trusts - will issue tomorrow
- re-engage - Cancer etc.
Chief Digital Officer - Digital

App
ROI – 300,000 + uptake.
NI – same model. , also UK
App will work N/S, E/W
Meeting with Human Rights Comms
– will brief Exec.
All push message together when
ready.

dfM — TKS, bodes well
Conversation – prep for 2nd
wave – end July meeting.

DOH — dook – start of Aug
Trusts – July/Sept
Prep for 2nd wave.

DOJ — App – recent publicity – UK
move to remote – same as ROI.
NI does not need to bridge
gap – tie in?
Rumour or happening?

DOH — NHS moving toward [~~NHSX~~] App
~~the~~ Google.
We are ahead
Back office – testing advice –
NI specific.

DOJ — UK using Google plat form
– compatible with European
countries, ROI – England/Wale

DOH — Getting MOUs Info commissioners — Data sharing protocols etc.

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(3) Action log.

FM — Sp Note.

DFC — TK colleagues — Liquor licensing. Sort out politically. Good news / support from sector.

FM — Hope we can sort in quick time — urgent procedure route.

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(4) COVID Manage[d]

FM — Timelines / Easements → Sp note.

DFC — Queries to all Exec colleagues. Open all sports — otherwise confusion. Providers following guidelines. Governing bodies - sport - welcome guidelines, working with PHA. No diffs between professional + amateur sports. Volunteer actions — tracing app, due diligence.

Risk –
All outdoor + indoor sports –
20 July restrictions lift.
Lot of anomalies – causing confusing
Need more consistency, clarification.

FM DFC officials to work with IC Panel TEO?

DFC Need to sort out Marathons, triathlons etc.
Working v hard – building int competitiveness
Beneficial if sorted out – clarification.

FM Messaging – publicity.

DAERA Indoor gymkhanas included?
– huge sheds, small nos o people.

KP 11 July – outdoor equestrian
17 " indoor "

DAERA Major event on 17th.

FM TKS to DOH + KP in TEO.
Sort out anomalies as they come along.

DFC — Agree no diff between amateur + professional sport.

KP — Paper does not differentiate — CSA did not distinguish.

CSA — Confirm — no differentiation
Risk assess[m] — slightly less for professional, no intention to dis-allow amateur.

FM — Agree recomm? (Yes)

5th Review of regs.

DOH — Completion of 5th 21-day review.
Restructuring + simplifying regs — complete by 23 July
Suspend use of R, look to wider set of regs — admissions to hospital etc.
Use Exec process rather than Health regs
3 + 4 — single reg.
4A — revoke (burial grnd)
5 — revoke (reason to travel)
— make fresh regs to achieve goal.
TKs to JWS — taking through Assembly.

General tidying, simplify.

LPP/LAP

DE

Welcome – wider impacts of reg impact on mental health.
Concern re children.
Test/trace – particular signif for schools – how positive identification will be handled.
Children – quick turnaround so don't have to miss school – will work with DOH.

DOJ

Much better approach – clean slate.
Was getting confusing.
2 – 'R' – happy not to rely as decision-making, but keep under review + share with Exec.
Suspension of DOH powers – reassurance that quick action can be taken – 2nd wave?

9 – 30 people in residential property. ARBITRARY – crowded environm.
Sends conflicting message – no of people shd depend on ability to social distance e

Transfer responsibility to people for own health – better than signalling 30 people.

CMO All agree – issue so complex, better to start afresh.
34 listed exemptions to Reg 5.
Need more manageable basis.
Complex work
Present to Exec on 23 July.

TKS to DSO – worked tirelessly.

30 – propose to set aside Reg 5, but need level of control.
Local outbreaks
Para [54?] – ask DSO for guidance – local councils / local outbreaks.
Variety of approaches – Leicester, Glasgow
Will work with DSO to look at options – Reg.

Para 46 – agree 30 is arbitrary. Provision for less over 30 – organized events.
Outdoor equestrian event v Rave.
Retain 30 for the present, assess how things proceed.
Ang.

Don't go too far too soon.
Contact tracing – manage spike

DOJ — 30 in residential dwelling – seems crowded.
Bars / clubs etc – hard to manag behaviour – house parties.
Advise re social distancing – 30 seems high for a house.

CMO — Accept point
Discussed at previous Exec – NIS – messaging re advice, face-coverings, behaviour – less about rules, more about people doing right thing

DFI — WOM – ROI
Clusters

DOH — New Govt in ROI – will speak to new Health Min tomorrow.
Will update on political contact

DAERA — 30 – we live in big farmhous – 25 at Christmas, v crowde Shd not identify fig of 30, shd identify behaviour required.
Remove fig of 30
Sensible social distancing.
Don't understand science.

FM — No magic number.
DHSC always sensible.
Get fuller paper on 23rd.

CMO — x Add qualification – up to 30, but be aware of social distancing, health behaviours etc.

FM — Agree reasons 1–x? (Yes)

Travel Regs

FM DOH — Mandatory 1st Review – outside CTA.
Eng + Wales – accept green/amber
Scotland – accept green/amber except Serbia + Spain.
May accept Spain soon, but Serbia moving towards Red.
Guidance – don't need 14 day quarantine, but contact/location details.
Moving to keep in line with most of UK
ROI – will advise of green country list.
Don't have mandatory [ ].

Workers – exemptions
Sport, Film/TV crews

filming due to start Aug — no requirem in NK or SN for film crews to isolate.

FM Will list of countries be published?

DOH Aruba
Australia
Bahamas
Japan
Macau

Name Redacted — Andorra
Monaco
Greece
Vatican

Monitor people coming in.

FM How are countries monitored — Amber/Red?

DOH Through CMO network.
Testing/Trace — monitoring pos cases, working well.

dFM Request for green + amber list to be shared with Exec

DOH OK.

~~DOH~~ DFI Changes from draft paper —

travellers from UK – biggest risk – why change?
Serbia/Spain – Scotland views – NI view?

DoH Draft paper to TEO a week ago – not given to Exec, changes made a long time ago – media have story.
Spain/Serbia – Scotland following own medical advice.
Don't know why they are doing this.
Spain – required lockdowns.

FM Leak enquiry re issue of paper to media.
It was not an Exec paper.

DoF [redacted] with copy of paper.
Has risk changed? Or political decision to remove ref from paper.
No suggestion – prevention of travel.
Taken out because it was politically sensitive.
Need leak enquiry – issues in public domain before Exec have opportunity to discuss.

FM Led to misleading of public

DOH — Issues SA - ie — prevalence in parts of UK, regional variation. Greater than NI.
But R in NI is currently 0.5 - 1
Varies.

CMO — V clear — CMO/CSA advice is on basis of transmission of virus, no other consideration.

Process.
When got info, did not have sight of methodology.
Didn't have sight of country assessm — now have that.
This list will continually change over next few days / weeks.
Can't provide Exec with robust assess of risk at this time — need info on nos of people travelling, where to.

Testing pilot for people arriving into NI from other countries.

Professional advice to Exec.

TMK — Exemptions — agree with list.
Individual passenger exemptions
Data sharing — CMOs, led to building of list.
Scotland — different approach

Conversation with Scotland re their view on Scotland / Spain?
Conversation with CMO replace[d] in ROI - have decided to hold back to travel.
T Holohan - direct state[m]- discouraging holiday travel.
Will we be asked ~~to~~ same question?
eg Catalonia

DoH BBC now quoting from new paper.

FM Ridiculous - we can't work like this.
Maybe shd have live feed to BBC - angry.

CMO Tragic news - T Holohan.
Contact with [Name Redacted]
weekly call - scheduled for this Fri - effective relationship

Scotland - their assess[m] of relative risk. Serbia - Amber to Red. Changing picture. They will reassess Spain.
We may need to take decisions re regions of countries - eg Catalonia (rel with Italy at start)
Also regional (local advice re

these islands – may need to reflect outbreaks.
Holidays – countries with same or lower risk.
Higher prevalence countries – bigger risk of bringing virus back – reasons not travelling to countries, or maintain 14-day quarantine.
FCO advice
Exec advice shd reflect FCO approach.

JMK How do we manage, outside CTA, if spike develops – country/regional lockdown.
People coming back to Bfs – how to manage regional variation within GB – eg Leicester spike.
CTA – how to filter someone from that situation
Para 13 – invoke exemptions.
Standby arrangem at airports – temperature / COVID testing?

Outside CTA, also inside CTA – also ROI spikes.
How to manage?

CMO Regional variation – next

few weeks – CMO UK + Cabinet Office meeting to learn.
Daily call re local outbreaks – UK
Work closely together.
Good relationship – ROI.
Testing in airports – work ongoing – emerging info.
Would involve facilities at a/p – advice, guidance, testing – looking at issue.
Work closely with a/pc.
Anyone who tests pos – check travel history in last 14 days.
Identified individual – travelled, infected household.
As confident as can be – detect any spikes associated with travel; will bring to Exec if required – they can decide on countries etc.

CSA Temperature – not reliable indicator. Double testing regime – test Day 1 + Day 5.

FM List of countries has been circulated – DFI wants R rate in each country.

DOF Share view – papers leaking. DOF investigated PPE paper leak.

GB – highest level of risk.
Lot of info last 7 days (CMO)
– lower risk now?
OR still highest risk level?

CMO — Depends on incidence in any country, also regional variation.
eg Cornwall – v low
Leicester – v high.
Any ref in paper – average prevalence in UK.
NI incidence low.
Depends on numbers.
Pre-lockdown – 45000 people
GB / NI Travel. Now low numbers.
High nos travelling – hard to answer Q without knowing nos travelling.
Historical nos pre-lockdown
Nos will increase – contact tracing, info re prevalence – we will keep on top of.

CSA. — Prevalence in England – higher than NI.
Increased risk – individual from England to NI.
Way – risk of 2 people, trivial.
Prevalence reducing in England

Don't know no of travellers from England, can't estimate risk. Monitor closely if cases in NI relate to travel from a country - pick up by test/trace. Will advise Exec.

DOF Rely on advice of CMO/CSA. Advice in 1st paper - wrong? Why in paper in 1st place? Concern - threat from outside - within CTA or outside CTA. Poss to have testing at A/P - quicker turnaround. First time to discuss travel into country. Analysis of risk - woolly. Test/Trace - quick turnaround - does not seem urgent. Not reassured by response.

CMO Testing - complex/complicated - not give false reassurance, cd be misleading. Science is emerging. Develop prototype Previous advice was not wrong - was provided in absence of info re travel - based on historical travel nos. Longtime before restoration of previous travel info.

Prevalence reducing in QB.
Not for me to comment on social/policy matters.

DOF Not saying advice was wrong – based on earlier figs, why was it in paper?
Tests at a/ps – possible?
Reassured by discussion.
Expected risk assessm.
Arrangem at a/ps + ports

FM International travel?

DOF Paper – outside CTA.
Initial paper – ref to CTA

FM Work ongoing – managem of outbreaks across UK.
No suggestion – quarantine for people from other UK regions also ROI.

CMO V active piece of work.
Can't be more precise – learning emerging – outbreak in Leicester, Wales.
Public health messaging – 5th-een European workers – don't speak English, or watch English TV.
Translation important

Scotland – working in Carlisle, across jurisdictions.
Wales – 5th European worked, didn't get health messages.
ROI – most plants.
JWC – UK level – outbreaks.

DOF — Travel TO + from here.
DOH ref. testing request.
Not v conclusive.
Bring to Exec in 2 weeks – inside + outside CTA.
Propose – return to Exec in 2 weeks.

FM — Assume will have to come back in any case – need to review regs

DOH — Indicate in paper – assess[M] of test/trace + bring to Exec.
Also work with DFS to assess numbers travelling.
Put prog in place to deal with travel
Systems in place.
DOF concern they are robust enough – we are working on.

CMO — Work on [ ].
Health
Paras 10, 11, 12 etc, 13, 14 –

amendm we need to grasp.
Working with DfE re numbers.
Risk - if Exec defers.
People wanting to travel home from Amber countries.
Concern for Exec - perception in public domain.

DOF Not proposing to defer paper - wd like clearer advice.
x Concern - previous advice has been removed.
Want most up to date advice for next Exec meeting, + proposition re handling.

FM Agree recomm?

(Yes)

Chancellor update.

DOF Heard Chancellor announcem worked with officials.
Disappointing - not enough stimulus.
But - Barnett Consequentials £ Im
COVID - 116 m
Arts fund - incl.
Suggest exercise - depts to

bring forward proposals.
Treas – more Barnett re health.
SSm – hoped to bring paper today. DOF working with DFE – money was for response, to be reallocated – range of sectors. Coaches – transportation.
Will work as quickly as poss – poss urgent decision.
2 weeks to next Exec.
Ask Mins/depts to engage with DOF – bring paper to Exec.

DOH £000 green grant – available to NI?

DOF Some – Barnett consequentials.
x can get back to DOH.
Some England-only measures.

PM Think green grant – England only.

DFE Welcome additional money, esp for recovery.
Difficult labour mkt conditions.
No of papers – apprenticeships, traineeships – ready to go
Will work over next 2 weeks to take forward.

DOF Green homes – England only.
Kim – make buildings more

energy efficient.
Will update Exec as info become available.

FM Noted? (Yes)

DFI Meet next week if required.

Ad Hoc Comm

dFM Sp Note

Grad Medical School.

Irrelevant & Sensitive

Irrelevant & Sensitive

AOB

dFM None

Next meeting

dFM 23 July ~~2nd~~
May have further meeting next week

DFI Ports paper
– Mins to issue concerns to me, so can address + bring to Exec next meeting.

HSC / nurses

Irrelevant & Sensitive

Newspapers

DOF Urgent procedure?

Irrelevant & Sensitive