

8-10-20

DOH

Rast 7 days []

34 care homes - cases

9 suspected

26 identified through testing - asymptomatic.

Expect over 100 patients in hospital, 14 in ICU

We will report 10,000 tests

RfS cases 923

Testing capacity increase - contacts now getting tested, used to just self-isolate.

Age profile 90% under 60.

Derry/Strat - highest cases per 100,000.

Newry/Monene/Dewn - levelling off

RfS - 317 per 100,000

CSA - post codes

without students - levelling off.

Increases in other areas.

In patients increasing -

Trust concern re capacity.

DFM

DFC - ref to 'lower classes' - amend to 'deprived areas'.

DOH

Apologies re language.

DFE

Age profile post tests?

DOH 88% under 60
11% over 60

DFE How many 25 + under?

DOH Is available on dashboard
Age, local govt area,

DFM Contact - get test even if
asymptomatic?

DOH Was referring to care homes -
staff + res asymptomatic - but
Regular tests in place - so
are picked up.

DFI Regional variations
Intervened in Derby/Stratford
rate = [I]
Rate in Newry/M/D - nearly
as high - no intervention?

DOH See where we go in next few
days - N/M/D - not same rate
of increase.

DFI Explanation - why some areas
higher than others?

DOH Some locations have been v
low - now higher - result
of large no of small scale

community transmission.
Bfs, BT43 etc - restrictions - nos.
dropped.

Ards/nth Down not far behind whid/
East Antrim.

Behaviour driven in different areas.
CMO - Council Chief Execs - extra
messaging by community reps -
buy-in locally.

Early news - D City + Strabane -
is working.

AFM Modelling paper

DOJ Only got it at 12.50
Need to take time to consider.
Shorter Exec meeting to consider

AFM Will hear info from CSA.
Will have numerous Exec meetings.
CSA/CMO to speak.

DOH Talk Exec through paper,
Come back sooner rather than
later.

Modelling - work ongoing at
11.45 pm last night.

Word doc - modelling
Coignisance - came through
Genesis - Omnicoms survey.
Test / Trace / Isolate.

Sets out data.

Approach to modelling

7 day average, 7 day admissions.

Opportunity to talk through.

Come back for more detailed discussion.

CSIA

No. of sections in paper

- background - objective - keep R less than 1. Currently 1.5

Start of epidemic $R = 2.8$

lockdown $R = 0.7$.

Variety of scenarios

Full lockdown, schools open, hospitality open - hard to keep R below 1.

R above 1 \Rightarrow epidemic will increase.

Compliance paper - variety of data.

Apologies - ref to lower social class, taken from Coquinsance - will change terminology.

Compliance - key objective, how to achieve - beyond scope of paper.

Background / approach to modelling.

Acute capacity - hosp system.

Choke points - 220 med beds

CHOKE

This a.m. 119 patients in gen beds.
Doubling time = [] days.

B - Wave I.

lockdown 28 March.

Some change in behaviour before that
Doubling time = 4 days, Rabat 2,
Now doubling more slowly. But on
phase of rapid increase. Doubling
time = 8 days.

Time lag

~~But~~ Doubling will continue.

Range of scenarios incl $R=0.7$

$R=0.7$ = full lockdown

$R=0.9$ = " " schools OR
hospitality open.

Reduction in R

When intervention introduced - v
important. Delay causes increase
in hospitalization.

Intervention - takes 10 days to impact
on hospitaliz.

3-week intervention - maintain
 R at 1.2 or 1.3.

Need more restrictions OR
better compliance.

Alternative approaches

- Increase ceiling of available beds
- but more deaths, not enough
staff.

Shield elderly/vulnerable
- huge sacrifice, contravention of human rights.
Capacity of hospital not overwhelmed
- need intervention soon, for at least 3 weeks.

dfm wake up call.

DE Sobering.
Useful data.
Complications - no silver bullet intervention.
Specific COVID health prism -
but impact on other health concerns
wider economic impact.
Not to suggest - keen on hospital
measures
Need certainty.
Think we need to take decision
- key parameter, greatest
priority - children's education
+ care.
Critical for schools to stay open.
Across water, Rof - restriction
- highest level = 5, but schools to
stay open.
Send message to sector - schools
childcare to stay open
formal proposition - Exec
priority - schools open.

DAERA

CSA - looking for full lockdown to reach 0.7.

Close schools + hospitality.
Exec does not have financial capacity to support full lockdown

CSA - looking for v damaging approach.

Dashboard - R containable in some areas, out of control in other areas - but want to apply solution to all areas.

People are not listening to us - will not listen if we bring higher restrictions.

House - parties - any effort to prevent?

Not going after where problem exists. Afraid to say where problem is.

Human Rights over 60s - what about HRights of under-18s?

Can't go down route suggested in paper.

Identify/call out people causing problem.

DOH

CSA not asking for approach - modelling sets out poss scenarios
5-step model - fed into TEO process. Each step - poss

impacts.

Not asks for decision - just giving info.

DASRA Para [] - intervention will be required
Para 15 - trajectory towards lockdown.

DOH State^m of fact.
Position paper.
No recommendation for exec.
Options paper
Supported by 5-step process being developed by TEO.

DASRA Age profile - adm to hospital?

CSA Don't have - will send on.
Age profile - consistent
R paper - 420 people over 60, some will end up in hospital.

DFM Discussion today, no decisions required on paper.

DOJ Paper useful.
More detailed discussion in next few days.
Rapid relaxation
Now have to start from scratch.
People misbehaving - commuter

towns - work, shop, socialize.
Bigger concentrations of people in towns.

Areas with lower rates - rural.
With Down - affluent - access to alternative measured of w. from home
Urban areas harder to manage.

Social / economic deprivation -
less recreational / living space.

Survey - people v concerned.
Need to be careful - picking on people.

Struggling, seems never-ending.
Need to be realistic - what we can demand of people.

Allow for peaks / troughs.
Mental health issues - adverse childhood issues.

Need to be balanced.

Prioritize education / children,
big in terms of economic damage.

Working remotely, isolation.

Try not to criticize public.

- Behaviour / attitudes - need to bring about change. Message needs to be more upbeat, positive.
- Small contributions help (masks, washing hands).

If problem seems overwhelming, people will lose heart.

Positive messaging, change attitudes.

Behavioural change - targeted messaging
Communications shd be right.
Good research as base to start.
Pos message to public.
Bring people with us
Months to come.
Affect behavioural change.
Pos messaging.
Lift people's spirits.

AFM Agree - need pos messaging.

DOH X Talking through papers - individual or in small groups
Set up tomorrow

DOJ Previous hols - schools - rush to rural areas?
Propose - shorten / cancel Halloween half-term
Recover education, avoid opportunity to travel.
High risk.

AFM R - below 0.7 - extend school hols.
Consider all aspects.

DPE. Good to have paper to discuss.
When we published Exec Approach to Decision Making - impacts on

health + economy.

A submitted paper on economic impact - extremely disappointed paper not on agenda. Want balanced, proportionate response. Need discussion - economic impact. Why not on agenda?

Why ignoring economic impact on society?

DOJ - easier to carry on if end in sight.

Economy / Tourism / Hosp - will not recover. 65,000 jobs in NI. Impact will last for years.

Need all knowledge, all facts. Challenge to exec - need to have paper tabled.

DE - prioritize education.

Employ^m also v important - impact of unemp v long-lasting + severe.

Shd not be 'schools v economy' or 'health v economy'. Agree shd not close schools.

Para 17 - single intervention unlikely to be sufficient - does this mean multiple lockdowns?

DOH Basket of measures all at same time.

May have to come back.

DFE

looking at series of lock downs, or continuous lockdown.

Don't have economic fire power for that.

DOH

May need no. of interventions. Have always said - we need to consider economy, health etc all together

Manage collectively - difficult 6 months + ahead.

dfm

Challenges all around.

DFE paper - not cleared by any part of TEO. Will bring back.

DFI

DOH proposal - smaller groups to discuss.

Bring people together - diametrically opposed views.

DFE - economy is central, but each v. min. has own priorities.

CSA - discussion paper - out timing critical - timeline?

Paper with DOH on timing?

DOF - behavioural science

Capacity for enforce^m.

People are tired - want to know someone is in charge.

Actions now to prepare for Christmas.

DOF - R Sank - support for

areas in lockdown.

dfm We have been seeking meeting with PM - financial package.
Outcome - need plan, pathway to recovery.

DOH Timing - for Gov to decide.
Sooner rather than later, need economic + community support close now + for as long as possible - health view, but need to act soon.
Meeting tomorrow with Gov/CSA.
ROI - 5 step plan
GB - 3 step plan.
We need plan.

DOF Paper welcome - challenging scenario.
How to support economy.
Scheme for localized lockdown - cd extend.
Nov - end of furlough scheme.
HMRC - knows info.
Need to tie down with Treas. level of support.
Treas support - predicated on people going back to work, not further lockdowns/restrictions.
Deery/Strabane
- need support from London for broader support package.

listen to Health advice - aware of economic impact.

Paper - scenarios

x Shdn't rule out any consideration
- don't agree with DE proposition to keep schools open.

Keep all options at our disposal.

DFC

TKS for paper.

No recession

Evidence clear - if don't get R below 7, huge diffs - need intervention.

PM concerned re rates.

We will need interventions.

Need money from GB govt.

Hardship - taxis, coaches, students.

Plugging gaps.

LPP/LAP

Our messaging shd be simple, clear.

Need to accept - intervention needed. Can't do nothing.

Wd like paper with economic options - propositions on how to help sectors.

Looking to see how I can help sport etc.

Don't point out what people already know - bring proposals to help.

PM

TKS for papers.

Unpretentious - not discussing DE paper.

Need to look at issues in the round.

* We shd absolutely rule out closing schools - second DE proposal - keep schools open.

High impacts on young people.

Mental health, availability of drugs to young people.

Young woman best life in Newcastle last week.

Message - all inevitable, so don't act? - shd counter that - huge conversation re what we will do.

Western Govt - £500 help for self-isolation.

Support for zero-hour contracts.

Waiting for Q&A info.

Trying to speak to PM - can't ask businesses to [] if we don't have way to support.

* Second DE proposal.

DFI

Don't make decision yet.

Rec may have to revert from any decision - wd []

DFM

We all want to keep schools open - no decisions today(?).

JMK

Sobering.

Not time to make decisions, tie ourselves into positions.

Underlines need for reset.

Small discussions DOH / CMO / USA - helpful.

Science / facts won't change - disease same material we now have.

* Yesterday - 113 inpatients
What will model show in 14 days time?

I've seen this coming since Aug Madrid, Paris, Scotland.

* Extent to which paper is coming from engage^m with SAGE / NPHET - trends within science of SAGE grp.

So prolific / contagious - have to suppress / control.

Apocalyptic situation.

Hospitals, ICU, deaths.

Only ideology - public ~~health~~ health.

Only reality - need to protect societal wellbeing + health.

There will be no people left.

Minimal interventions

113 people - 14 days hence;

SAGE / NPHET - discourse.

CMO

Without further restrictions - modelling not prediction.

119 hosp adm in 14 days = 500+
Direct COVID deaths / indirect deaths
Never more concerned as CMO than I
am now.

Short window of opportunity.

Sooner rather than later - intervention
now to avoid situation in 2/3 weeks.

CSA Paper - doubling in 8 days.

Case nos doubling in 7 days - hosp
cases will mirror community.

Up to 500 in 2 weeks time.

Don't account for recent restrictions
Broader context - maths simple.

STAGE modelling - checked against
UK-wide modelling [1]

Have not discussed with ROI, will
discuss with them later - not
influenced by ROI approach.

DE In terms of 5 stages - latter
stages = direct closure of schools.

DFT - don't rule anything out.

ROI - 5-tiered position,

GB - 3-tiered

Scotland - tiered.

All have explicit exclusion of
schools / childcare closing.

x Proposition - take school closures out
of 5-step approach

NI currently in different position
to other jurisdictions.

DFM Jumping the gun - no 5-step plan produced by Exec

DE DOH [paper] - incl poss of school closures
x Remove ed + childcare from basic proposal.

DFM Have not reached point of devising 5-step
If party wants to divide Exec.

DOH DOH put draft paper to Exec
- shd not be vote.

DE Need greatest level of protection for ed / childcare.

DOJ No decision required re SSA paper
- shdn't be agreeing to exclude one sector
massive implications for economy
Shd not rule anything in or out,

DFM If DE wants to proceed with motion

DE x Want to put down level of presumptions

DFM Reckless to pursue this approach
- preferable to find way forward

DS * In any 5-stage plan - Exec restr- schools / childcare remain open throughout all stages

DFI Want us to agree now to rule out sector?

FM Why outrage - setting policy parameters

dFM Vote

NS FM Yes

dFM No

DACRA Yes

DFC No

DPE Yes

DE Yes

DOF No

DOH Abstain - don't even

DFI No

DOF No

know if we have 5-stage plan.

dFM Motion falls.

DFC Need strong guidance for students, student hardship fund - hospitality zero hours contracts. Need guidance - DPE, with help

Focus on masks - best measures
are social distancing, hand hygiene
etc.

Masks - marginally beneficial.

Not a silver bullet - won't make
a difference to spread.

Enforce^m - need to have proportion
ality.

Good practice - masks.

Need to be realistic.

Marginal improve^m.

Prioritize enforce^m.

DAERA

Agree with DOJ.

Undermines other behaviour -
mask seen as silver bullet.

Stephen Nolan.

R rate going upwards.

Mask - doing more damage than
good.

Issue with enforced wearing in
places of worship - don't agree

x with proposal by WOH.

No real good scientific reason for
masks.

Cautious with how we proceed.

JM~~LL~~

Question of merits - compulsory in
churches

Already have social distancing,
churches v patient, have been
v good, closed for long periods.

How will it be enforced in churches?
Some people exempt - how to distinguish.
Stop too far,

KP Can deliver on paper,
Exec wishes for churches?

DOH CMO / CSA advice on paper.
Look at churches for next week.
Go ahead ~~of~~ on paper.
Enforce^m / churches - later date.

dtm Agree reform? (Yes)

Review of Penalties

dtm Local Govt Powers
Sp Note.
Insurance councils can []

Mins content? (Yes)

DOH Penalties paper

LPP/LAP

implementing social dist
measures.

cd be lot of challenges - have
written to DfP - come back with
response?

Are we using council / local reps
enough - social distancing measure
eg Holy Land

Shd be considered alongside enforce^m.
Not against funding for
councils so officers can go out +
reinforce public health measures.

DfP Non-imp. of measures for social
distancing - if police see over-
crowding, can talk to owner.
Restaurants - at start, lots of
spaces between tables, creeping
back to work.

Engage first - enforce^m
later option.

4 Es important

Give people encourage^m
PwI point - big stores can help/
manage. Taking eye off the
ball.

If everyone takes a bit of strain, will
work.

Bfs - Police / community safety/
councils - worked well.

Deerby - local councils / MLAs
worked well together.

Give support to comply.

DFM - Agree Resummi (Option B) ? yes

COVID AOR

DFC

Arts + Heritage Support

- schemes almost completed.

Work to support Arts/Heritage sector - musicians, actors etc.

Asking ALBs - put money through them, get money on the ground.

Profit / not-for-profit competing - have to show benefits to community.

Arts/Heritage/Culture Strategy to be developed.

DOJ

Glad to see money going out.

Profit making organisations -

won't be able to do business -

if weighted toward community-based organisations, may be at disadvantage.

R Sunak - said arts people shd refrain.

Earning living, supporting economy.

Don't put hurdles in the way

- arts based business, not hobbies - don't disadvantage, caution re messaging.

Irrelevant & Sensitive

Irrelevant & Sensitive

Active Ageing Str

Irrelevant & Sensitive

Terminal illness

LPP/LAP

LPP/LAP

Urgent Decision

PM

Noted ?

DDF

Scheme - those directly affected
category

Cinemas, trampoline, escape
rooms, bowling & J

Wet pubs - only opened 1 Oct.
Pubs narrow window 21 Sept - 1 Oct.
430 venues

Potential cost = £385,000 rather than £250,000.

x Will respond in writing to Wines who wrote.

~~FM~~

FM

I'll ask - sport/social clubs - part of hosp sector.?

DOF

If forced to close ...

FM

Next meeting Thurs or before