

19-11-20

1.08pm FwL Minutes

5-11 - DFT amend<sup>m</sup>?  
Content?

9-11 - DCS amend<sup>m</sup>  
Cross-community vote

Content? Agreed? (Yes)

② Action log

FwL will be circulated a.s.a.p.

③ Sit Rep

FwL - Sp note

④ COVID update.

DOH Nos - currently - staff absences  
900 - COVID, 4500 total.

Recruit<sup>m</sup> - 3157 workforce appeal  
500+ - appointed.

600+ - rejected - not appropriate  
qualifications etc.

Concern - inpatients 476 - higher  
than 1st wave [ ] ICM.

Care home outbreaks - reg. testing  
of staff/residents.

Previous - 46% - staff infections.  
NISR4 - want to prove stats before publishing.

8.5% total = residents

164 outbreaks - 89 staff only

66 - 2 staff or less

23 - 3/9 staff.

Other 60 homes - staff + residents

50 - 5 or less infections.

Regular testing in care homes - picks up infections.

Continue to do as much normal work as possible

Apr - 57,000 cases - general

Nov - over 100,000 routine cases as well as COVID

Contact tracing - up to 17 Nov,

transferred 3000+ to contact

Tracing service - 6000+ contacts

90+%

CSA

R paper (share screen)

Headline nos, graphs underpin

7 day rolling average - start of restr

Rate of decline has reduced - schools opening.

Peak earlier in restriction period

- ONS survey.

- Changes in local Govt districts

- clear indication of decline -

mixed picture

Canseway Coast - reduced in past

Week - large community centre outbreak now under control.

Approx equilibrium - no of cases - steady, declining slowly.

- Test positives - above WHO control level.

- Comparison to UK/ROI.

NI has highest 7 day average, now lower than England, 3-fold higher than ROI.

- Hospital pressures - admissions declining slowly - 1st wave - peak, but quicker reductions.

- Now - reduction in inpatients slower than anticipated.

- Critical care occupancy - falling slowly

- Deaths - plateau - 40/50 per week.

-  $R = 0.9/1.1$  for all parameters  
Case nos declining slowly.

Treat<sup>m</sup> in hospital more successful - ~~decrease~~ in increase in length of stay

- over 60s [ ]

Schools operate - upward trend.

$R_c$  - close to 1, schools made difference 0.2 as predicted.

Mobility paper - mostly based on google data.

Also - traffic congestion figs.

- schools closed - impact

More traffic now - stay at home message / no unnecessary travel message not as effective.

Facebook mobility figures - district council nos.

Recent restrictions - some impact on mobility but not as much as lockdown.

DAERA R - v stubborn throughout.

Schools - 0.2.

Period of restrictions - R still 1. Can't blame hospitality, close contact for R.

Coleraine - meat factory. Party caused spike.

ROI - spread at home.

How to ensure less spread at home?

CSA Have looked in detail at previous lockdown - impact of household restrictions on R.

R fell by 0.3/0.4 - household restrictions.

Hospitality, close contact, churches, non-essential retail - smaller individual impacts, but additive impact.

x More info in paper next week  
Household restrictions - biggest individual impact.

PM Household - biggest impact on R.

DNERA

Party, police fine, party went on when police left.  
Fines increased - level of enforce<sup>m</sup> - people entirely ignoring.

CSA

Hard to provide evidence - clusters - not household parties seen as cause of transmission - but people may not refer to parties - illegal.

[clusters]

Churches - church-goers - will disclose they have been at church.

Clusters - gyms. Indoor settings, long periods.

Can't get reliable info re household settings

PM

DFE says - ROI into households.

CSA

Figs re household transmission - normal interaction.

No suggestion - identifying as significant infections.

Relying on honesty.

People may not declare events which are against regs.

DOH

Deaths - how many normally in Nov?

CSA Deaths - in hospital, COVID in previous 28 days.  
ONS stats - substantial excess deaths - on ONS website.

CMO NISRA publish weekly excess deaths - last week - 90 excess deaths.  
Update Fri.  
Total for week Fri 13 = 386  
Difference 296 - previous year

DSF Fines have been introduced by PSNI.  
Health committee this week, DS comm next week.

DAERA Excess deaths - 50 COVID, what were others? Cancer etc?

CMO Don't have details.  
Now running 2 health services - COVID + non COVID.  
Not as many excess COVID deaths now as 1st wave - better treatment.

DE Capacity issue  
Excess deaths.  
Underlying issues.  
Reinforce DAERA point - behavioural approaches. People under 40 -

feel less direct threat.

Intervention, issues around broader community transfer.

Wilful disregard - partying

Casual disregard - people not being as careful as previously.

Complex issue.

Schools

Substitution actions

Schools - biggest outbreak - Craig - avon. Gatherings of young people - Halloween, drink - passing bottles etc.

Modelling re substitution of behaviours

Transport - proxy [ I ],

Worries - younger people - won't show in transport end of things.

CSA

Agree - limitations of transport data re symbol of mobility.

Use range of data - confident I demonstrated what happened.

Schools / children - complex - depends on lot of other issues eg. what else is open.

Children at school - also have higher level of contact outside school.

Also - large uncontrolled outbreaks can reflect social interaction outside schools.

DFI

Excess deaths - extent of other issues?

Over-60s - not reducing as quickly as poss.

Originally - recommend 6 week restrictions - why now asking for additional 2 weeks.

CSA

Original - 6 week intervention with schools closed. Correct at that time.

Harder, earlier, longer intervention - better results.

4 week intervention - leaving non-essential retail, churches open, also gyms - cumulative impact - got to just under 0.8 - less impact than anticipated, higher patient nos.

Need additional 2-week interv. now to get beyond  $X_{max}$ .

Similar advice - UK, ROI,

ACAL

Data on professions - impact of COVID.

CSA

Not for NI. Some UK studies, occupational rates.

x Can share papers with GEC - close contact professions, increase risk of COVID.

CMO - Public Transport, Retail  
Hard to disentangle I, I,  
Complex interaction,  
NI experience same as elsewhere.

DJS Demographics different to other  
parts of HK - less diversity,  
Cultural issues?  
Worth looking at?

CMO Can certainly consider - lead to  
understanding,  
less diverse in NI than other  
HK regions - but changing,  
Disadvantages  
Can propose study to PHA.

CSA Did look at - recording of  
ethnicity / nos too low to  
get scientific view.

DFC det of multiple deprivation in NI  
- over crowding, housing  
inequality,  
Spikes in local areas -  
majority of infections - over-  
crowding.

DH Daily dashboard - shows figs in  
all areas.

CMO Avg - ability to self-isolate

- harder in poor areas.

Self-isolation pay<sup>m</sup>.

Adherence, behavioural - impact on ability to comply linked to socio-economic circumstances.

Deprived - need to work, caring responsibilities

\* Content to work with DfC officials.

## Modelling

BDH

Need intervention before Xmas.

Biggest concern - no of inpatients v high. Not decreasing.

Death rate far lower than other nations

Treat<sup>m</sup> better - but taking longer

Paper - rather than looking for restrictions, put in info re testing etc.

Last week - want to reach consensus.

Have incl range of poss interventions

- no of options

lockdown, stay at home message

Our position - want intervention between now + Xmas to protect hospitals.

Churches, other settings.

Pt 11 - goes back to reinforce<sup>m</sup>, severe enough? Need to devise

message home.

PT b - further restrictions.

Min Lyons + FM - messaging re  
hospitality/close contact - lost sight  
[ I.

Mass testing, - exciting opportunity -  
Lübeck pool, Slovakia.

K/pool - 1/2 million - 20% after  
10 days

Slovakia - 90%.

Engage<sup>m</sup> with MHancock.

Feasibility - delivering testing.  
Wales - about to start mass  
testing, - will engage to learn  
lessons.

Technology - pushing [ I.

PT d - enforce<sup>m</sup> - existing measures.

Social deprivation, young people.

International best practice -

Germany.

Interaction - relatively high here.

(e) - hospital capacity; beds -  
unable to staff.

Workforce - extremely under  
pressure

(f) Shielding - vulnerable people,  
- over 300,000

Comparison - Table 1

People across jurisdiction -  
guidance

(g) vaccination - coming on stream.  
Require validation, few weeks

before availability. Part of UK  
procure<sup>in</sup> grp

Immunity - allow to build up.

Test/Trace - lot of develop<sup>ment</sup> -  
live on 16<sup>th</sup> Nov.

Rely on individual giving info on  
where they have been.

Package of restrictions as well as  
testing, vaccines.

Require further intervention  
before Xmas to keep health  
service on its feet.

Modelling - health service will  
be overwhelmed.

Mass testing coming on.

My recomm - try to reach  
consensus.

Summary - view of CMD/CSA,  
Extensive

- clinical

- mass testing

- vaccination

- highlight - need further  
intervention before Xmas.

FM Difficult paper, many Qs.

DSJ Para 28 - 2 weeks restrictions  
from 27<sup>th</sup> - same as existing  
restrictions or additional?

Need to decide now, give notice to  
people.

Additional, or extend current?

- Shielding - clear advice.

Tell on wellbeing - during lockdown, lot of support - priority times for shopping, deliveries etc. Not available now - need supports in place. Advice?

- Para 11 - adherence.

Issue re leadership. - Assembly.

Assembly n/a remotely - shd be available to MLAs.

Spent lot of time in Chamber - doors shut, no ventilation - v warm, not healthy. Not showing good example.

- Enforce<sup>m</sup> - additional penalties.

Needs to be last line of defence

PSNI - need to expand beyond - use councils?

[ ]

Additional people to help with enforce<sup>m</sup>.

- Travel restrictions - need to be cautious. Behaviour when people arrive.

Restrictions - Xmas travel

Earlier lockdown - travel for exercise

Alan Todd [ ]

Policing Board Report - critical of Regs / handling / police - human rights issues. Ombudsman's

report due - critical - restrict freedoms.

Policing Board report - Human Rights consideration - need to be considered

Cautions re travel restrictions

DOH. Restriction - in Para 10 - same as earlier in the year, not just taking on current restrictions.

Conversation with PSNI - earlier, asked for regs.

PSNI Impossible to prove - essential or not - disrupting move<sup>m</sup>, not preventing.

PSNI will implement Exec decision as much as PSS, but limited

Difficult - proportionate intervention

x Happy to discuss offline.

DOH Pt 11 - underpin 'Stay at Home' message - presence of PSNI - visibility. ROI - Garda - visible - effective.

Scotland [ ]

ROI - prescriptive re reasons for travel.

Shielding - meeting with [ ]

- updated guidance / advice.  
PNI / Policing Board report -  
disappointing, - mentioned letter they  
sent to me, but not my response.

DOJ Expect - fair assess<sup>m</sup>. Can't say  
publicly.  
La-la land - didn't factor in time  
pressures.  
Don't know about Ombudsman Report.  
Don't have complete confidence -  
Policing Board report.

ADH Not convinced [ ] - shd be doing  
more.  
Derry / Strabane - local council  
- lot of work  
- Assembly - shd do more.  
Compliance  
localised travel - stay at home  
message.

DE Some useful info - mask wearing,  
vaccination.  
Enforce<sup>m</sup>, compliance, visibility.  
Range of jurisdictions - prioritisation  
of schools.  
Unessential Retail  
Disaggregation - assess<sup>m</sup> on R rate?  
High level of compliance - retail.  
Bring public with us - walk -  
differentiation - essential / non-  
essential retail.

Led to ridicule - v messy.  
Restrictions - hospitality - couple of weeks - no meal etc - lost opportunity.

Pre-Xmas - non-essential retail - prohibit for 2 weeks, lead to intense 3-week shopping period - bigger nos, shorter period of time.

DOH Wales - non-essential retail - aisles in supermarkets etc - learning from that experience.  
Core message - stay at home.  
Derry city - prefer to close, get financial support.  
2 weeks - with concertina people no matter when happens - but retail still covered by social distancing etc.

DE Bringing large nos of people onto streets - queues etc - compliance with guidance

DOH Distances marked on ground, traffic light system - retail.

CSA At the moment, current level of restr  $R = 1$ , not much decline in hosp inpatients.  
Need deeper, harder intervention

to drive  $R$  down.

Need addition to current intervention.

Non-essential retail, gyms, churches  
- drive down to 0.7/0.8.

Non-essential retail - leads to more  
travel, mixing.

Concern - impact re end of restrictions

X-mas - risk, shopping, etc.

2-week hard intervention from

27<sup>th</sup> - passes risk into Jan.

Graphs - nos will fall. But lot of  
mixing in Dec, figs will go up in  
Jan.

# dog - mixing in Dec, hospital  
inpatients in Jan.

Current restrictions - people mix,  
much quicker rise in hosp nos.

Push figs down before they start to  
rise.

If figs rise from current level,  
will be too high by Dec.

DOF

V difficult to follow paper - issued  
at 11.30 pm. - v late.

DOH - giving menu of choices, only  
getting explanation now - not  
good - give menu of choices, wd  
like clear recomm.

DOJ question - still not clear.

Hard intervention from 27<sup>th</sup> -  
allow cafes etc to open tomorrow  
+ close again next week?

Need clearer proposals from DOH.  
Accept CSA advice, trying to understand proposals.  
Have to give financial support to closed businesses - hard to provide in short time, hard to differentiate non-essential retail.

Not clear - ~~close~~ open coffee shops tomorrow, re-close?  
Wrote to DOH

FM

lot of cafés - advertising opening.  
Hard to allow to open, then close.

DOF

Need clear proposals

DOH

Rec'd letter.  
Trying to avoid last week's situation - no consensus.  
My proposal - 2 weeks intervention from 27<sup>th</sup>.  
Tried to put lot of info together  
Restrictions covered in pt [(b)(d)]  
Churches - Annex A.  
Section b 9-13 - additional restrictions,  
Learn from last week - firm proposal led to 4-day discussion.  
This paper - Exec to consider

wider pic.

clear - my recomm - 2 weeks  
intervention from 27<sup>th</sup>

DOH Rely on DOH - impact on R.

JMK Q re tomorrow. Still not clear  
- close contact, cafes etc - open  
tomorrow or stay closed - cafes or  
no?

DOH Exec decision  
SF - shaking heads / smiling.  
FM - clear - need to give guidance.  
Regs in place - due to open  
tomorrow, wd have to change  
regs.  
Restriction lifted.

JMK Happy with response - restriction  
lifted, wd have to be <sup>re</sup>introduced.  
Restrictions to 27<sup>th</sup>, additional  
measures from 27<sup>th</sup>.  
Not a sport or game, want to be  
clear.

Sobering analysis.

Practical terms.

Services due to open tomorrow -  
reopen.

Reintroduction of restrictions for  
2 weeks from 27<sup>th</sup> - incl cafes,  
close contact etc  
- additional restrictions.

Clarity.

Need to separate out - analysis, categories of doc - mass testing etc.

Set out policy require<sup>m</sup> - distilled - Para 10.

Travel - need to spell out as policy intention. - need more specificity. Shd not leave PSNI without direction.

- Engage<sup>m</sup> between Doh + hospitality industry since last week - where is discussion now?

Need transparent engage<sup>m</sup>.

- CMO / CSH - need reversion to 2m rule - need conversation with hospitality - if allow to reopen on 10<sup>th</sup>.

Doh

Due to meet Hosp Ulster tomorrow - 2m rule - reqs - cafes open tomorrow

Q - what do Hosp And. think is doable.

DFI

Just trying to understand.

Presented with medical / scientific advice 5 weeks ago, we chose not to act.

Para 10 - close no. of sectors etc.

Para 28 - 2 weeks of interventions

from 27<sup>th</sup>.

DOH Para 10 - allows flexibility re schools.

CMO [ ]

CSA Fig 2 - 2 solid lines in shaded area - median [ ] 2 week restrictions - upper line = schools open, lower line = schools closed.

Schools open - extra 16 people in hospital.

[ ] restrictions starting, on 27<sup>th</sup> - patients in hospital.

looks stark - not predictions, but inevitable flow-through of infections.

DFI People want clear decisions, time to prepare, financial support. Have to talk about nature of restrictions now.

FM Any decisions we take today - huge impact on likelihood.

DFI - had advice 5 weeks ago, made different decision.

We had hoped R wd fall, stay down during restrictions?

CSA

Yes - thought R wd reduce further, stay down longer.

dFM

Schools - R?

Why not start new restrictions tomorrow - why wait 2 weeks? Need decision today - so people can plan. Need support in place.

ESA

Fig 3

2 weeks from 24<sup>th</sup>

left hand side - R - 0.5/1.1.

Current estimate - will remain until 27<sup>th</sup>.

Current assumption - fall to 0.6 or 0.8 (schools closed/open).

Assume - 11 Dec - restrictions end - R will rise 1.4/1.6

- stay for rest of month.

No patients in hospital. [ ]

Lag period - patients in hospital

R lower, schools closed - fall greater, R lower schools open - fall less.

Shading = margin of error  
Scenario 2 - 20<sup>th</sup> Nov

- mixing earlier in Dec

bed occupancy rising earlier  
Xmas/Jan.

Reason - recomm starting, 27<sup>th</sup> -  
won't see rise in bed occupancy  
until after Xmas - get to Jan  
before further restrictions. Better to  
start on 27<sup>th</sup> rather than 20<sup>th</sup>.

DFM Wd like to see in written form.

DAERA DFI - incorrect to say we didn't  
respond 4 weeks ago, we put  
measures in place - R remained  
stubbornly high.

Household spread - doubled in  
lockdown.

- People frightened - vulnerable.
- People - don't care
- People - need to reduce spread,  
but life must go on - schools,  
work etc.

Most in that category.

Want to do right thing.

Hospital occupancy rate - this time  
last year?

CMO < No figs to hand - will check.

Dashboard

COVID + non-COVID - have to turn  
down care.

DAERA v little capacity in health service  
for any surge.

Have tried restrictions before -

worked well first time - public with us.

Not with us now. It won't fall as much as required.

Reality - all want to reduce spread of COVID, we don't have capacity to ensure measures will be adhered to.

Household - 3/4 - if we don't do for 2 weeks, ~~with~~ it will impact on Xmas.

Need to look at household issue first.

Shielding - lot of people looking for more advice. Need to give guidance re additional measures - why is health service silent on this?

DOH Household restrictions always in place - need to reinforce message.

Fm England - no household mixing?

DOH Here - 2 households. Shielding - updated advice in Oct. Didn't put restrictions / support in place - over 200,000 people.

Ed publicize more.

CMO All led way in passing shielding -

impact on isolation, mental health.  
Amazon C - advising people previously  
shielding - work from home. Otherwise  
no major difference to other parts  
of UK.

Damage - vulnerable people at  
home, isolated from family / friends.  
Vulnerable - re-visiting because of  
capacity of health service.

Absence of decision on interventions  
- health service overwhelmed.

DASRA Accept - high price for vulnerable.  
But also - huge impact on children,  
schools etc.

2 weeks - easier than few months.  
V difficult to make decision today -  
no financial package ~~not~~ in place  
- BOF has \$2 billion - how will  
businesses be supported. Package  
not fit for purpose.

Wd like to take decision today - but  
need financial imp.

Close down home visits - if close  
shops, people will shop online -  
Amazon pays v low tax, shops  
pay tax - close shops, no tax,  
no tax - impact on health service.

Close non-essential shops - not  
a positive proposal, v low impact  
on spread of virus.

Focus on homes - reduce social

contact.

FM

Decide today.

If agree to 27<sup>th</sup> - put financial package in place.

JML

Difficult paper.

Hospitality - closed for 5 weeks.

R still going up.

churches, non-essential retail

- 0.2 impact

Reduced impact of closing - now

operate with mitigations.

Retail - huge impact on sector if close.

Shops - huge lengths to ensure safety

Smaller footfall, huge impact on sector, unclear impact on viruses.

churches, non-ess retail.

less adherence to rules

Need to be careful re closing down

well-regulated environ<sup>ment</sup>.

May not get impact on R. Biggest problem - households.

Need clear messaging, explanations

churches - have engaged, listened,

opened in v safe way. lot of

disappoint<sup>ment</sup> - all sectors which

have spent time/money being

COVID safe

Sacrifice if have to close - need

evidence - not sure we have it.

DOH Emphasis on households - restrictions already exist. Need more enforcement.

JML concern - churches, etc - almost going back to 'no action'. Hospital inpatients - not reducing. Need to consider - save hospitals and save economy.

Stay at home message - need to emphasize.

JML Not saying 'do nothing'. Need to bring people with us - rd be stronger message - work from home. Need to show people why action is needed.

DOH Dual message - save hospitals + save economy.

DPE Difficult  
Vicious circle of lockdowns - came to agreement last week - By Sunday, DOH said 'not enough'.  
Close down non-essential retail before Xmas - v busy rest of Dec, lockdown again in Jan.

Nth West - already 7 weeks of restrictions, now more, + more in Jan.

Run-up to Xmas keep business viable in Jan.

Shudder to think - impact on economy.

Fin. package will never cover what needed to run business - lost weeks of trading.

Not much new in paper - no prospect of anything new, just more lockdowns - depressing, driving non-compliance.

Saying - can't do anything re compliance in family, so just target economy.

DOH

Nowhere has come up with different approach to lockdowns, until vaccine available - no other option. Financial support v important, Xmas - shd. be workable.

DOF

Existing fin packages - Exec voted for.

I proposed Exec paper for today re financial support - paper not agreed for agenda. - incl DFI, DE bids.

Challenge - Exec needs to be aware.

Agreed packages before - all Exec agreed.

Adjourn - come back -

suggesting  
towns - close contact / cafes

Keepers  
27<sup>th</sup> - all hosp, close contact close  
Schools?

Gyms?  
Homes / households

Further develop<sup>m</sup> - mass testing,  
need more progress.

Enhanced contact tracing.

Increase resilience in hospital  
sector

Travel - non-essential travel

⇒ Need clarity on all these things.

FW Need clarity on what we agree today.  
Communicate early

Criticism last week - no time to  
plan

Any decision we make - won't be  
popular.

DOH Originally - <sup>work</sup> masked for 6 weeks  
incl schools

Agreed 4 weeks, schools 2 weeks  
- clear advice from CSA, we took  
different decisions.

Need to know our own advice -  
no household mixing, need to  
emphasize message.

Mixing - households - work/school  
- bringing virus home.

Not sure what we're asking people to do re own homes.

Police can't call at people's homes.  
Need to communicate better.

- Church - I have been attending remotely.

Inside churches - follow rules, but in car parks - hugs, chats, forget social distancing.

Funerals - hugging.

Need to be realistic.

- Mass testing - pilots. NI needs to be on Govt list for mass testing. Liverpool/Wales - needed army to help - capacity.

- Agree - adjourn, consider, make decision today.

Horrific decisions

Embarrassing - let cafes open for 10 days, then close again.

dPM

Something unclear  
Gyms - close?

DH

Yes.

dPM

Stay at home - 2 weeks?

DH

Yes

dPM

Schools?

DOH

Value of education - for Govt to decide

Additional challenges - keep schools open for 2 weeks.

CMO

Detrimental impact on children - education, future careers, mental health.

Societal benefits for children  
Previous paper from SAGE on schools.

Look at in the round.

No easy choices.

DFM

Non-essential retail - officials to provide definition?

DAERA

GPs - hospitals overwhelmed, emergency dept - because GPs not seeing each other.

Were told - private practice, can't tell GPs what to do.

But we are telling cafes, businesses what to do -

GPs have to do what they shd - shd be told what is expected.

All other businesses expected to help save the NHS, but GPs don't do that.

DOJ

Dentists have to see patients why not GPs (decrease interest, married to dentist).

DOH Not true - are seeing people  
Give me example.

DAERA Is true - family member.

CMD Anecdotes.  
Need factual info.  
81% of pre-COVID activity is  
happening, incl in person

DAERA Phone conversations not good.

CMD Triage system - even pre-  
COVID. Telephone triage -  
now accelerated.  
GPs manning COVID centre -  
not just GP role, but COVID-  
specific role - to take  
pressure off emergency  
rooms; also flu vaccine -  
Exhausted staff, capacity  
v stretched.  
Resilience of staff - facing  
extremely challenging months.  
v dedicated staff, v  
stretched.

~~DAERA~~ PM All agree with DOH, DAERA.

JMK Adjourn<sup>m</sup>  
DOH, CMD, CSA - put paper  
together - codify proposals

left some restrictions tomorrow,  
reintroduce on 27<sup>th</sup>, end on 11<sup>th</sup>.  
Clarity for all, expedite decision.  
Make decision on that basis.

- DASRA - address issue separately  
- pressures on hospital /  
GPs - pressure issue - address  
separately - DOH to advise in  
separate exercise.

X FM Adjourn 4.20  
Reconvene 5.00pm.

AFM Reconvene 5.20pm.

SNK Paper from DOH?

X FM Reconvene at ~~5.15~~

DOH Paper: Summary of Proposed position

6.10 X FM Reconvene

Everyone has read summary  
from DOH.

JML Remove ref to 'original lockdown'  
churches

- weddings / funerals -25

DO'S Non-essential retail  
- detail of store type

off-licences

- have good reason to open

close contact

- therapeutic, sports massage  
⇒ clarify - incl as physio

Pt 3 - closure of all hospitality  
- incl. takeaway / delivery.

Enforce<sup>m</sup>

LPP/LAP

- engage with PSNI

DOH

Hospitality -

- will add DJS points

PM

View on off-licenses?

DOH

Initial lockdown - were open

CMD

Alcohol - increased during  
COVID.

~~and~~ implications for  
individuals

Keep open for foreseeable.

DOJ

Still close at 8.00pm?

CMD

Wd address issues - personal  
contacts

PM

off-licenses - until 8.00pm?

DOH/CMO

yes.

dfm

Students travelling home for Xmas  
limited credibility with public because of last week.  
Open close contact tomorrow, close again next week.  
Will be picked apart - colleagues view?  
Allow to open tomorrow - DOH/CMO/CSA view.

fm

Planning for circuit-breaker, starting 27<sup>th</sup> Nov.  
Allow people to open  
Better to let businesses open for a week, then 2-week circuit breaker.

DOH

Wd be harder to ~~to~~ not open tomorrow  
2-week circuit breaker

dfm

x

I am v concerned,  
Can we say - everyone working next 2/3 weeks - get us through Xmas?

fm

Important to give clarity re 11 Dec

DOH Restrictions from 27. Nov - our best shot at Xmas.

CMD Has to be [ ] action.  
Our last chance to get to other side of Xmas, not overwhelm health service  
Refocus efforts, lot of pain in next few weeks, need max gain

DPE Why homesteads in regs not guidance?

DOH Putting into regs [ ].  
Guidance  
JK - initial regs  
Send stay at home regs - best until [ ].

DPE x Step too far - putting home in regs - police monitoring.

PM For us to decide - proposal from DOH.

DPE Step we shouldn't take. Want people to help, co-operate.  
Regs - police cd monitor when you come + go from home.

DPE Sympathy with DPE view  
Influx of shopping - last 3

weeks before Xmas - need to manage situation.

Financial support - Xmas v busy, bigger losses if closed - compensate? Messaging - need to be clear Household - how to sharpen thinking on that.

JMK

Concur with work, sympathy - opening for one week, close again. Need not to confuse people.

Caution - will be v tight for people, shock at decision.

Which tighter circuit-breaker than previous - need to avoid stampede 11 Dec, Xmas blow-out -

Thanksgiving in Canada - outbreak, community transmission.

Need agile communications + messaging - undo all good work by New Year

Work to do - engaging sectors, - hospitality, retail. - will be impacted, no expectation in non-essential retail.

DNERA

Football - lose dressing room, problem.

Public will be appalled.

Compressing 5 weeks into 3 - crowded shops.

Why keep off - licenses - ~~per~~ rota

for off-licenses - prescription  
alcoholics.

Greatest problem - alcohol.

Allopathic - close hairdressers, close  
contact, keep off licenses open.

Will cause carnage, businesses will  
go to the wall.

Deeply unhappy

Unhappy with GPs - 82% OK

We need to put our house in

order - stop asking small  
businesses, hairdressers to go on  
half pay.

PM DOH, dFM - comments in chat.

DOJ Bubbles.

We don't refer to support  
bubbles in guidance - only  
support bubbles.

eg plumber for essential purposes  
- need clarity on bubbles.

DOH Current status quo on bubbles,  
x schools + childcare to remain  
open.

EMO [ ]

No more than 2 households

Detail up to Exec.

Outside [ ]

Tough + challenging 2 weeks

2 households

FM Golf, fishing

CMD Only 2 weeks - socializing  
in club house  
fishing - outdoors, solitary.

CSA fishing [ ]  
Golf - outdoor, contact  
low risk  
Stronger signal if not allowed

CMD OK for fishing, not golf.

FM Fishing OK

DDH Fishing seasons?

DPE

- \* leaving house / stay home - regs
- \* Impact on businesses - many do not know this is coming, have bought in stock.  
serious position for retail outlets hoping to sell stock before Xmas.
- \* Furbough - might make for shops, cash flow  
Physiotherapists to stay open?

DDH Yes

FM

27 Nov > weeks

- all retail except essential (close)

⇒ need "to be defined"?

(No)

closure of close contact, not motor-cycle.

Incl sports therapeutic

Hospitality closed

exempt - takeaway + delivery

leisure, entertain<sup>ment</sup> - closed,  
School PE,

DAERA

silent on fishing.

FM

Households / bubbles

DOJ

"Current arrange<sup>ments</sup> for bubbling"

- more communication

DAERA

Science - shd not mix households.

FM

Care purposes - childcare

DAERA

OK

FM

Churches - weddings / funerals

25.

Schools / childcare open  
Play parks etc closed.

Stay at home - guidance or regs?

DEP

Guidance - regs over-step.  
Increase visibility of police -  
social distancing

PM

Stay at home - guidance  
- liaison with PSNI.

Financial package over next few  
days.

Student travelling - need to  
address.

off-licenses?

DOF

Last time - some of them part of  
wider stores - messy to close part  
of stores, ~~etc~~

Dedicated off-licenses closed,  
open in Supermarkets.

AS

Tesco -  
off-licence - self-contained  
unit.

DOF

PM

Can't tell people they can't have wine  
Fearful - fall into Welsh trap  
- wd be like prohibition

DOJ Risk of sheeplens.

DE Wine, but not communion wine,

DOJ We have ribena - presbyterians,

DAERA x 2 weeks - not prohibition,  
alcohol - biggest driver of  
spread.  
Drive coach + horses through  
science.

DOJ Loneliness - that's leading to  
breaking rules. Bigger driver  
than

dPM March - Women's Aid advised  
- anger by abusers, better  
to keep off licenses open.

DAERA x Scientific advice  
Household spread 0.3/0.4  
ROI - huge spread -  
household  
Why close hairdressers - less  
spread?  
Not compliant with science.

Fm Added livestock markets -  
welfare of cattle OK? (yes)

dFM Instead of 'churches' say 'places

of worship'

FM OK.

DFE leave home only for work / essential purposes - England -  
can leave for exercise,  
Prescriptive.

FM leave out? - other refs to 'stay at home'.

DFE Careful of mental health -  
leave home for exercise

FM Take out 'essential, work', etc.

DFE Walk - v important.

DOH Devise - strong stay at home  
- leave - work, essential purposes  
+ exercise.

DFE Strong stay at home message

FM Strong stan " "  
work from home if poss, leave  
home for exercise - as often

DOH "if possible" - unclear.

CWO looking at earlier - variation

in response to 'stay at home'.  
- expand to incl exercise, health care, education.

FM Both officials to look at, + bring back later in meeting.

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### Hol Food Grants

DE Relates to this year - hol hunger - children. Exec has supported provision.  
longer term issue.  
This paper - certainty for Xmas, half term, Easter - rest of Assembly term.

LPP/LAP

2/3 way through this financial year.  
Currently 100,000 entitled to free school meals - furlough, universal credit.  
Exec commit<sup>ed</sup>.  
Process - can be worked out

DPC Holiday hunger - lot of concern.  
DE - good news - ref to anti-poverty str NDNA.  
Good - Easter  
Universal credit - COVID self-

isolation. Trying to get increased.

DOF Agree proposition  
x \$7.8m - part of financial allocation  
not agreed yet - didn't get paper  
on agenda.

DFE Free school meals - also for further  
ed - shd be referenced.

DE Is incl in paper.

FM Agree Recomm? (Yes)  
(incl ref to Exec direction).

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### DOJ Misc Provisions Bill

DOJ

Irrelevant & Sensitive

dFM

Plant Health

Irrelevant & Sensitive

Personal Injury

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

**Irrelevant & Sensitive**

**LPP/LAP**

**Irrelevant & Sensitive**

AOR

DFE Functioning of Govt Bill

Irrelevant & Sensitive

DFE Support for Airports

Need to address urgently -  
have had representations from  
Rfs International, spoke to Rfs  
City.

Air connectivity.

Support to air routes.

Rfs International - only open  
part-time

Email from DFI - Support for  
City of Derry A/P.

Need to support airports a.s.a.p.

DOH

Spoke with DFE - air ambulance  
based at Rfs International -  
transport of patients -

need a/p operational full-time

24/7 - highly critical in support  
of patients.

Irrelevant & Sensitive

DFW

Irrelevant & Sensitive

DEF

Airports

Money set aside - Bfs International didn't ask for support, said they didn't need.

~~Need~~ Money ring fenced - incl in budget paper not agreed for today.

Ongoing dialogue with a/ps.  
Bfs Int - rates holiday.

DFI

I have agreed to meet with [ JHP.  
Good to meet - statutory responsibilities.

DPE

I have engaged with A/ps.  
Accept Bfs Int didn't ask for money - imperative to get money out a.s.a.p.

Air connectivity DPE

Airports - DFI.

Don't want A/ps to close.

DFM

DFC - DPH wants to see video

DFC

OK - Private office.

Domestic Abuse

DOF

Irrelevant & Sensitive

~~DOF~~

Charities Fund update.

DFC

Irrelevant & Sensitive

AFM

Wording of DOH paper with  
amends from earlier?

DOH Stay at home - working from home

David Hughes has amended all papers.

dPM Put in written state<sup>m</sup> to Assembly tonight?

Heavy lifting - try to grab back - get public to work with us. All Mins - work together to endorse.

PM, dPM, DOH - dooSTEP?

dPM lot of media tomorrow - all Mins to be clear?

ER EIS to give us lines to take

DPI Cafes - open for a week, then close - support if they don't want to open.

DOF Kept in scheme for extra week.

JMK Joint presser/dooSTEP tonight. Will resonate across Britain + ROI. Set media tone tonight.

DAERIA Money being offered to shops + hospitality same as before  
\* 500m

Need to address - sitting on \$1/2 billion

Don't know if Sec aware of harsh economic position,

DOF - I submitted paper re spending funds - paper not incl on agenda.

dPM - DOH paper circulated (assume) EIS - lines to take

DOH - Video - kids from Rathwoole

DPC - What's App.

DOH - Watch video

dPM - paper has been circulated with agreed lines/decisions.