

**Departmental Comments provided by: Name Redacted for June Ingram**

- This paper sets out options for further measures to bring down COVID-19 transmission by non-pharmaceutical interventions (i.e. by means other than medicines including eventual vaccines).
- It is a discussion paper and is seeking agreement for further work to take place on a cross-departmental basis over the next week to develop a package of options for recommendation, including incremental approaches.
- It examines the potential benefits and some of the harms, though excluding an economic analysis.
- The paper reports the latest data suggests that various COVID parameters, including cases and hospital bed occupancy, are increasing at a rate of at least 50% per week.
- It notes early evidence suggests that the household restrictions applied on a postcode basis, and now NI wide, may have had some impact on reducing transmission. However, it will take another week at least to be certain and to factor in effects of the opening of colleges and wet pubs.
- The paper notes the potential need for further action and cites SAGE advice. SAGE have recommended this week a short-list of non-pharmaceutical interventions (NPIs) that should be considered for immediate introduction:

- i. A circuit-breaker (short period of lockdown) to return incidence to low levels;
  - ii. Advice to work from home for all those that can – *in place for some time in NI*;
  - iii. Banning all contact within the home with members of other households (except members of a support bubble) – *now in place in NI*;
  - iv. Closure of all bars, restaurants, cafes, indoor gyms, and personal services (e.g. hairdressers); and
  - v. All university and college teaching to be online unless absolutely essential.
- The paper acknowledges each intervention have associated costs in terms of health and wellbeing and many will affect the poorest members of society to a greater extent. Steps will be needed to be taken to mitigate these effects and achieve equity and social justice.
  - The key general principles to be considered by the Executive when making decisions around non-pharmaceutical interventions are detailed including: reduction in number of contacts; reduction in probability of infection; isolation of symptomatic individuals; communication of changes & consistency of messaging; enforcement; behavioural change and wider promotion of engaging in better health styles.
  - The additional measures which might be considered by the Executive in line with the SAGE recommendations, to address further rises in positive cases and an escalation in serious health consequences, fall under the following headings:

- (i) Re-emphasis working at home for anyone who can with monitoring of adherence and to recommend in place for the next number of months;
  - (ii) Implement a planned “circuit-breaker” (2 or 3 weeks in duration), with stay-at-home measures and a time to be determined;
  - (iii) Closure of restaurants, bars, cafes etc. In place until prevalence has fallen or alternatively a graduated variation on hours and services provided;
  - (iv) Closure of personal services (beauty etc.). In place until prevalence has fallen;
  - (v) Closure of gyms and other similar indoor exercise activities. In place until prevalence has fallen;
  - (vi) Higher education tuition to move to on-line / distance learning for term 1. In place until prevalence has fallen. To be effective, this would require students to return home and adhere to other restrictions.
- The wider range of options is included in an Annex and recognises other options may be available. The Annex summarises the non-pharmaceutical measures relating to personal contacts options as:
    - a) Stay at home order (“lockdown”) – very high impact;
    - b) Planned, short stay at home order (“circuit breaker”) – moderate impact;
    - c) Reducing contacts between members of different households within the home – moderate impact; and
    - d) Restrictions on outdoor gatherings and prohibiting large events – low impact
  - The paper recommends that the Executive agrees that further work take place on a cross-departmental basis over the next week to develop a package of options for recommendation, including incremental approaches.

- The Department is keen to work with DoH to understand fully the proposals, identify the sectors set to be impacted and scope potential mitigations and set out the size and significance of those impacts (including how much “restart” progress would be undone).
- The economic impact of COVID-19 is unprecedented and although the initial response has been successful at reducing the health impact, this has come at a considerable economic cost.
- The economic implications of further control measures could be considerable, and this must form part of the Executive’s decision making process.
- The Department suggests that any future paper could be adjusted to bring out the health, economic and societal impacts of each option, and consider ranking the options.
- It is suggested that the Department of Health would lead on the health assessment aspects: DfE on economic assessment and DfC or TEO on the societal or social impacts.

**FROM: DIANE DODDS MLA**

**Our Ref:  
Your Ref:**

**DATE: 24 September 2020**

**TO: Robin Swann MLA**

**EXECUTIVE PAPER: NON-PHARMACEUTICAL OPTIONS TO  
REDUCE THE TRANSMISSION OF COVID-19**

Thank you for your draft Executive paper of 23 September regarding the above.

I have noted the contents of the paper and recognise there has been no opportunity to consider the economic benefits / harms, which need to be reviewed carefully and require additional input from other Departments. Additionally the recognition of the need to consider how long additional measures may be in place is a key issue requiring examination.

The economic impact of COVID-19 is unprecedented and although the initial response has been successful at reducing the health impact, this has come at a considerable economic cost. The economic implications of further control measures could be considerable, and this must form part of the Executive's decision making process.

My Departmental officials are keen to work with your officials to understand fully the proposals, identify the sectors set to be impacted, scope potential mitigations and set out the size and significance of those impacts.

I would suggest that the future paper could be adjusted to bring out the health, economic and societal impacts of each option, and consider ranking the options. As such a lead department to co-ordinate assessment against each of these options should be identified.

I am copying this to the Attorney General, Departmental Solicitor's Office, First Legislative Counsel and to Executive Secretariat.

**DIANE DODDS MLA**

