

Departmental Comments provided by: June Ingram

- The Minister for Health’s lengthy paper on “Modelling the course of the COVID epidemic and the impact of different interventions and recommendations” seeks to update the Executive on modelling of the course of the epidemic and to discuss options which might be available to maintain the position at manageable levels in the immediate run up to the Christmas period.
- The paper makes no specific recommendations – Minister Swann indicates that it is drafted in the context of:
  - “there is no one definitive and specific response or guide to the challenges we face; and
  - It is important we learn from our less than satisfactory experience last week, when specific recommendations from me became a dividing line between Executive colleagues. My ambition with this paper is to help the Executive rapidly reach a consensus view on a response.”
- The R rate is identified as being around 1 and the paper notes it is highly likely that the planned relaxations of the next 2 weeks will result in  $R_t$  rising significantly above 1, with a subsequent increase in cases, admissions, inpatients, and ICU occupancy becoming apparent in December.
- There are a range of options referenced: take no action; impose further restrictions; use of mass testing; enhanced adherence & enforcement; increased hospital capacity; reintroduction of shielding for Clinically Extremely Vulnerable (CEV) people; vaccination and Test, Trace, Protect. However, there is no systematic or robust analysis of the pro and cons of each measure, limited alignment to the impact on the

transmission rate and no fresh proposals beyond variation on themes previously deployed. There is no detail included in relation to measures directed at care homes.

- Statements within the paper require clarification as they are not reinforced by empirical evidence, referencing or are contradictory:
  - Imposing a further two week period of restrictions is seen as best option in avoiding further intervention before January (i.e. restrictions to mid-December achieves two weeks of relaxation);
  - Referencing of greater enforcement/compliance yet SAGE evidence shows this is counterproductive - UK Government SAGE Experts Workshop with Devolved Administrations on 6 November “The effectiveness of enforcement to encourage adherence to interventions is limited and is likely to be significant for only a minority of people groups. Evidence suggests it risks being counter-productive”;
  - Mass testing in Slovakia & Liverpool (where the paper recognises significant underutilisation of capacity) is cited alongside absence of a clear demonstration anywhere in the world that mass testing can significantly reduce transmission in a short period against the background of a high level of community transmission;
  - Mass testing will require a huge logistical exercise in terms of resourcing, training, potential use of military and significantly increase traffic in a period when seeking non-essential commuting;
  - Behavioural evidence highlights adherence to TTP is relatively poor; and
  - In respect of increased hospital capacity is associated with an unexplained significant increase in outbreaks in care homes among extremely vulnerable older people
- DoH have introduced a new set of modelling graphs that are difficult to follow in terms of what they are actually proposing – for example - there does not appear to be a graph which models impact of full restrictions –hospitality, school closures and closure of non-essential retail now- only from 14<sup>th</sup> December. Therefore greater contextualisation and explanation of these graphs would be required and appreciated.

- The paper lacks clarity on whether the planned relaxation of restrictions from 20<sup>th</sup> November should proceed given the suggestion that a two week lockdown from 27 November may be required.
- There is no clarity with regards to extended restrictions into January 2021 and/ or the availability of support arrangements for businesses. The focus of support schemes being brought forward by various departments needs to be on ensuring that businesses are adequately funded to meet the scale of the challenges presented by closure at this key time of year.
- Clarity is also needed on proposed approach post-Christmas and how we avoid this endless cycle of closure and reopening;
- The potential re-introduction of shielding for Clinically Extremely Vulnerable people (paused on 31 July) is considered. The cohort of c200,000 has grown by the addition of chronic kidney disease, and adults with Down's syndrome, based on evidence emerging from the QCovid model. The potential negative impact on their mental health is recognised.

**FROM: DIANE DODDS MLA**

**Our Ref:**  
**Your Ref:**

**DATE: 19 November 2020**

**TO: Robin Swann MLA**

**Department for Health “Modelling the course of the COVID epidemic and the impact of different interventions and recommendations” Executive Paper**

I refer to your paper regarding the above issue.

I would be keen to establish how the consideration of the potential restrictions being suggested relate to the agreed relaxation of measures due to come into effect from midnight today.

In addition, while recognising the gravity of the situation there is a need to consider the effectiveness of the range of proposals detailed, to correlate these to the impact on effectively containing and reducing the infection rate, assess each of the measures in a much broader context as I have previously suggested and to bring a strategic policy approach to the management of this issue. Equally important we need to continue to improve the tools already in place to maximise their effectiveness.

Finally I would stress the importance of the support schemes being brought forward by various departments ensuring that businesses are adequately funded to meet the scale of the challenges presented by closure at this key time of year.

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

**DIANE DODDS MLA**