

Message

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Sent: 09/02/2022 13:31:26
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CC: McNabb, Chris [chris.mcnabb@executiveoffice-ni.gov.uk]; McClintock, Doreen [doreen.mcclintock@executiveoffice-ni.gov.uk]
Subject: SUE GRAY/DAs MEETING - 9/2 - OFFICIAL SENSITIVE

OFFICIAL SENSITIVE – contains information provided by officials which is not yet UKG Government/DA policy

Jayne

Sue Gray's regular DA meeting took place today, Lourda (cc'd) and myself attended with you. Unfortunately, I wasn't admitted right at the start of the meeting so apologies if any of the following is incomplete.

Summary

UKG are moving ahead at slightly faster pace than we had anticipated. They are likely to announce today:

- Publication of their living with Covid strategy on 21 February
- Intention to make further changes to restrictions around the end of Feb, self isolation in particular

Precise timing of next steps in living with Covid is still to be agreed at political level, but there is a move towards reaching end state around 24 March.

Jenny Harries, UKHSA outlined key steps and principles (see below).

Very likely to be divergence across the nations on the pace of change, although strong agreement on the public health principles and on the need to work closely together.

In summary then:

- Some short term divergence inevitable but end state likely to be similar
- Strong support for retention of capability and ability to ramp back up
- Concerns raised about the impact on public health messaging if one nation moves ahead more quickly
- Concerns about funding implications for the DAs
- Need for ongoing political discussions as well as discussions in the public health community

SofS Gove meets with the DAs tonight.

Simon Ridley

Simon outlined the general approach, with UKG making an announcement today, as above.

Jenny Harries

Jenny outlined the key principles for transition:

1. Protect health of the population, protect the health service, minimise infections

2. The testing system should focus on health and care settings, and supporting vulnerable people who would benefit from testing/treatments
3. Retention of surveillance domestic and international, to watch for VOCS, vaccines waning etc. ONS survey will continue to play an important role

Scott McPherson

Turning Jenny's principles into practicalities. The following are not yet agreed at UKG Ministerial level:

- Testing for treatment purposes, high risk settings (including prisons) is the focus. But some capacity retention important too in the event of VOCS. This may be lateral flows, but some PCR retention essential for surveillance purposes
- Ongoing capacity retention would best be in place across the 4 nations as that has been a strength so far
- Likely to remove the requirement for self isolation in regulations BUT moved to guidance on the importance of this. The period for self isolation may not be as tightly set out in guidance [NB: not all jurisdictions had a statutory approach to self isolation]
- Likely to end support to those self isolating
- Question – when to end asymptomatic testing?
- UKG likely to want to move more quickly than the DAs currently plan

Areas for ongoing 4 nations discussions:

- When to move and what divergences does that create in the short term
- Retaining infrastructure so that DAs can avail of logistics and supply if UKG move more quickly
- What are the financial implications if UKG moves first
- What is the end game and retention of capability and surveillance

Andrew Goodall, WG and public health colleagues

- Welcome the discussion
- Need to understand timing issues and pace
- Concerned about the public health rationale/evidence base for UKG moving so quickly
- Must retain capability and resilience
- 4 nations approach has been a strength so far

NR

SG and public health colleagues

- Plan to publish living with covid on 22 February
- 24 March end state? Doesn't provide time to properly plan. Longer transition would be better
- Need more analysis on what case numbers and hospital pressures may look like in a shorter time frame
- Retention of infrastructure for the DAs is welcome, but a 4 nations approach is more preferable
- And if infrastructure is retained but without funding, that's a problem for the DAs
- Use of private market is problematic and could lead to divergence in approaches
- Mechanism for discussions and decisions is vital
- Public health rationale for moving at pace is unclear
- Need to agree nature of retention of capabilities
- Public presentation issues will arise if nations move at different speeds

HOCS

HOCS referenced the current situation, and the planned discussion at Executive tomorrow on remaining restrictions. In our current situation, additional funding pressures would be a problem.

DCMO

Lourda advised that we were aligned with Jenny's overarching principles. Also concerned along with WG and SG public health colleagues that the public health rationale for moving quickly was not clear. We do not have a settled position given the current political situation, and purdah will also present its own challenges in terms of decisions and public announcements.

Divergence on timing will create challenges for public messaging. 4 nations working has been a strength. Access to PCR testing important for us including for travel reasons given the land border. There may be EU Exit risks for us in private market supply of lateral flow devices [NB – Lourda, would welcome more information. I'll talk to: NR]

Karen

I confirmed we were working on our own living with covid approach, approximately one week behind England and Scotland as we had been due to go to the Executive on 3 March. [NB – in the chat I asked WG about their plans. Not likely to publish before England and Scotland but drafting is in train].

Our approach is now likely to focus on shared understanding across our system, via HOCS and ECT/Permanent Secretaries.

Jenny Harries

In response:

- Close working must continue
- Some modelling can be undertaken
- Acknowledged importance of contingency and resilience
- Some future new opportunities eg mobile surveillance fleet
- Some quick wins possible – there may be areas where 4 nations movements are possible
- Need rapid, regular and granular discussions

Scott McPherson

In response:

- Important to understand the areas where the DAs are reliant/would be impacted by UKG moves

Simon Ridley

In response:

- Some divergences on timing is the most likely scenario
- Agree the need for contingency and capability discussions
- As well as public health issues, fiscal and other constraints are in the mix
- For the SofS Gove meeting tonight, suggest a focus on medium term capability

[NB – Chris Whitty commented in the chat that ability to ramp up was vital]

Sue Gray

Concluded the meeting, noting that the short term period would be contentious.

Karen Pearson

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