FROM THE MINISTER OF HEALTH

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

FROM: ROBIN SWANN
MINISTER OF HEALTH

Castle Buildings
Stormont Estate
BELFAST, BT4 3SQ
Tel: I&S
Email: private.office@health-ni.gov.uk

DATE: 29 OCTOBER 2020

SUB-2075-2020

TO: ARLENE FOSTER & MICHELLE O'NEILL

FIRST MINISTER DEPUTY FIRST MINISTER

CORONAVIRUS: OPTIONS FOR COVID CONTROL MEASURES FOLLOWING THE END OF THE CURRENT RESTRICTIONS

1 The purpose of this memo is to assist the Executive's consideration of options for COVID control measures which could be taken when the current period of enhanced restrictions, as introduced on 16 October, concludes, and thereby contribute to the development of our exit strategy for this four-week period.

2 The options set out below are supported by the Chief Medical Officer and the Chief Scientific Adviser.

3 Any relaxations from the current position can be expected to have adverse impacts in terms of virus transmission. The measures outlined below could be considered by the Executive as a means of mitigating the expected impact of relaxing the current restrictions and consequently limiting an increase in Rt, while also restoring some degree of increased personal freedoms, and should be reflected in the Executive paper on the exit strategy which is being prepared.

4 In developing an exit strategy we the Executive are in agreement that we will seek to avoid in so far as possible a return to a series of repeated and extensive NI-wide restrictions. In this context it is relevant to note that the scientific assessment of current vaccines trials may be available in the next few months with the possibility of vaccine available early next year.

5 Previously reviewed evidence and modelling via SAGE suggest that it is very unlikely that Rt can be kept under 1 with both schools and hospitality open. Other activities are expected to have a smaller impact on Rt, and opening will tend to increase Rt in all cases.

6 In light of this, it will be necessary to prioritise opening of those sectors which we consider most important from a societal and economic perspective, and to consider whether additional mitigations are possible to those which were previously in place in these sectors and more generally to allow activity to resume in the safest possible way. In addition, it will be important to ensure that:

i. our contact tracing service (Test, Trace and Protect) is operating efficiently and effectively;

ii. identified cases and their close contacts are appropriately supported to adhere to isolation requirements, and

iii. members of the public are enabled to optimise their adherence to the public health requirements and mitigations, as discussed below.

7 Some specific measures for key sectors are discussed below. It is unclear to what extent these would be effective in minimising transmission, but it is clear that to go back to the previous position immediately prior to the 16 October restrictions, or any of the earlier combinations of restrictions and requirements, risks creating the conditions to enable significant further increases in transmission of COVID.

Universities

8 The universities should maximise distance learning for the rest of this academic year.

9 I have previously advised Minister Dodds – copied to other Executive Ministers – that based on the advice of the CMO and CSA, students should stay either at home or at the university to continue their studies, the former to be preferred. If students remain at the university they should return home only for Christmas, when special precautions will be required, including the strategic use of testing to minimise risk of viral transmission to local communities. Special precautions will also be required to facilitate students to return to university after the holiday period. The UK CMOs have participated in a four-nation call to discuss this issue.

Schools

10 The SAGE paper on alternative school options, which has been shared with Executive colleagues, should be revisited, with serious consideration given to options in between schools being fully open and fully closed (which are discussed in the paper). This could involve a more blended learning approach, whereby pupils experience a mixture of classroom-based and remote learning. In any such approach particular consideration would need to be given to enhanced support to those children and parents who may be more disadvantaged by any such measures.

11 The issue of ventilation in schools should be revisited and consideration given to something similar to the plan proposed in Germany. This plan provides schools with guidance on how to completely swap the classroom air for fresh air from outside every 20 minutes.

Hospitality

12 Once the 4-week period of the current restrictions ends, as an absolute minimum the previous restrictions should remain in place for the hospitality sector, i.e. those restrictions that were introduced in September. Where intoxicating liquor is served, this involves household limits at tables, and requirements for the sector to collect, maintain and share data as appropriate for contact tracing purposes.

13 The Executive should consider some combination of the following in addition to the previously agreed hospitality package:

- extension of the previous hospitality sector requirements to any premises where food and/or drink are served, i.e. with or without intoxicating liquor;
- a maximum occupancy for each setting based on size;
- allowing outdoor dining and drinking only;
- maintaining 2m social distancing as a minimum indoors;
- operating reduced opening hours;
- mandatory recording of position of seating for dining and eating, in addition to the recording of personal contact details (which was made mandatory in September for premises serving intoxicating liquor);
- the use of QR codes wherever appropriate to limit interpersonal close contact during service and to assist in recording of personal details.

Close contact services

14 "Walk-ins" should not be permitted, only advance booking with recording of details of customers as appropriate for contact tracing purposes, along with mandatory face coverings and other mitigations as at present.

15 This is likely to reflect what was largely in place prior to the most recent closure for most settings.

Transport: car sharing

16 The Executive should consider more focused action to actively discourage car sharing with people from other households, along with mandatory use of face coverings. When there is of necessity car sharing with members of another household, this should be accompanied by a strong recommendation to keep windows partially open when car sharing.

Test, Trace and Protect

17 A separate programme of work is underway to review NI's contact tracing service (Test Trace and Protect). At a minimum, 80% of cases should be contacted within 48 hrs of their test being requested (ideally of the onset of symptoms), and 80% of close contacts should be advised to self-isolate within 72 hrs of their test being requested. It must be recognised that as we approach winter, with other viral respiratory illness in circulation and with current levels of community transmission of SARS-CoV-2, contact tracing of symptomatic individuals in advance of a positive result may not be able to be realised in the short term and would mark a major change from current UK policy.

18 It should be borne in mind that it is not possible for society to function as normal even if TTP is functioning perfectly, as an effectively functioning TTP service could only be expected to reduce Rt by 30%.

Adherence

19 Improvements in adherence are likely to depend on a combination of effective communication, provision of support, and enforcement. Support needs to be financial as well as practical (food, shopping etc.) and social (mental health support to address loneliness etc). A separate adherence (compliance) group should be established, which needs to be cross-Departmental and involve the Public Health Agency, community representatives and academics.

This will need to move very rapidly to develop a coherent plan within the next two weeks to address these areas. Principles established by SAGE and attached in papers at **Annex A** (three documents, labelled 7a, 7b, 7c) will be helpful in informing the work of this group. In summary the principles are:

- Provide positive feedback about (a) the great efforts people are making to control the virus and (b) the success these efforts are having in reducing infection rates.

- Emphasise that everyone has an important part to play in keeping infection levels low, and avoid singling out particular activities, settings or people.

- Promote and support positive alternatives whenever activities that people value must be restricted.

- Help people change their environments and form new social customs to prompt and sustain habits that will reduce the spread of infection.

- Help members of the public to identify situations where they find it difficult to avoid risky behaviour and work with them to create acceptable solutions.

- Focus on whether and how people are trying to reduce infection risk, rather than assessing 'compliance' with 'rules'.

- Target more intensive information and practical support for adherence to the specific behaviours, settings and populations that need it.

Community networks and 'Community Champions'

20 Northern Ireland has particularly well developed community networks. This was self-evident in the outpouring of community spirit and volunteering in the response to the onset of lockdown during the first wave of our pandemic response. This was both informal and more formal as coordinated by the Department for Communities, providing vital support to those "shielding" and others otherwise isolated. The use of community champions to act as knowledge brokers and a bridge between government, organisations and local communities to promote adherence (as discussed by SAGE) should be considered. Communications strategies should consider making more deliberate use of influencers for key sections of the population to which appropriate messages should be focused. SAGE considers that community champion programmes are likely to be most effective:

- **In the contexts where trust in government is low:** For communities where trust is low, community champions can be a key pillar to support prevention and control measures. Substantive community engagement is required to build trust with local communities, dispel myths and disinformation and ensure that interventions are appropriate to local contexts (socioeconomic realities, intra-community divisions, etc).

- **To promote behaviour risk communication and support health facilities**: Evidence from the Ebola pandemic suggests that volunteers helped build community trust and support for Ebola prevention and treatment, while also enabling formal health workers to better understand and address people's fears and needs.

- **To identify and facilitate context-specific solutions**: Community Champions can create local and context specific solutions to prevention and control responses, represent local views and needs, offer local authorities and community partnerships short-term support as consultants, and help them develop activities to improve the health of local people.

- **To reach vulnerable groups**: Community Champions are more likely to reach individuals that are isolated or marginalised to communicate important health messages and offer support to groups and individuals in their localities.

- **When Community Champions are trusted and given autonomy**: To secure participation from community members and identify activities that will meet the needs of the community, and when there is sincere buy-in from national and local government.

21 I recommend therefore that the Executive consider asking that the Department for Communities take a lead role in progressing community-centred approaches to optimising engagement and behavioural interventions, to mobilising community assets, over the coming weeks and prior to the potential end of the current restrictions with a view to improving population level adherence. My Department will identify academics and PHA colleagues to assist with this work.

22 Notwithstanding further work to improve adherence, and consideration of further options in respect of enforcement, given the current available evidence on the level of adherence we should consider further communications to increase adherence. I am advised that TEO are considering communications which may involve more local engagement through Local Government.

Option of making self-isolation an enforceable requirement

23 Particular consideration should also be given to whether it should be made a legal requirement to self-isolate with relevant symptoms or when advised to do so by TTP or the StopCOVID-NI app. The Strategic Enforcement Group should consider the evidence in respect of legal requirements relating to self-isolation. This might include consideration of fixed penalties for failure to comply with such requirements. Should the Executive decide, following consideration, to progress such an approach it will require coordination between the DoJ, the Public Health Agency, and PSNI under the auspices of the Strategic Enforcement Group. Ideally any such measures would be in place before the potential end of the current four-week NI-wide restrictions.

HSC capacity

24 The Executive needs to bear in mind the evolving position as regards the capacity of Health and Social Care. This has been significantly impacted by the additional requirements to maintain COVID-secure environments, staff absences as consequences of COVID, and the need to provide both COVID and non-COVID care. The limitation in HSC capacity is primarily the availability of experienced and skilled workforce with significant vacancies as a consequence of long-standing resourcing constraints. It is simply not possible to increase HSC capacity to manage such unconstrained pressures and it is highly probable that in such circumstances the health service would be overwhelmed with significant increases in COVID and non-COVID mortality and morbidly.

25 Even if all of the measures outlined above are implemented, it remains highly likely that cases and admissions will rise again when any of the current restrictions are eased and this will remain the case during the winter impacting on the resilience of staff and the capacity of the service to provide COVID and non-COVID care. The capacity ceiling within HSC will be reviewed and confirmed in this context, and raised if this is possible. It appears that at least in the early part of this wave less use has been made of critical care, reflecting changes in management and more effective treatments, and therefore the limiting factor may be more likely to be general and acute specialist respiratory capacity, including appropriate staffing. If this continues to be the case it may need to be factored into any future waves. It must be recognised that significant increases in cases and COVID admissions will fundamentally compromise the health services' ability to provide other non-COVID care and services with the attendant consequences.

26 The roll-out of new rapid testing technologies in the coming weeks and months may positively impact on healthcare-associated outbreaks and the numbers of staff required to self-isolate following close contact. Early consideration is also being given at a UK level to the possibility of a "test and release" approach which might allow some staff to return to work prior to completion of a 14-day period of self-isolation. At this stage there is no reliable evidence on the safety and effectiveness of such an approach.

Shielding

27 SAGE has concluded that segmentation of the population is unlikely to be either effective or safe. Nonetheless, consideration may need to be given to reintroducing precautions and mitigations that may or will need to be in place for the clinically extremely vulnerable. It is likely this would be required for several months in order to reduce the demands on secondary care. The UK CMOs are considering all relevant evidence on measures to protect those who are highly vulnerable, and will advise the four administrations.

Equality, human rights and rural needs

28 The options outlined above have not been assessed for potential adverse impacts in terms of equality, human rights or rural needs, as impacts on any groups within the population can only be estimated once particular combinations of measures are formulated as policy proposals.

Exit strategy

29 In conclusion I propose that the options and the considerations above should be reflected in the forthcoming Executive paper on the strategy for exit from the current restrictions.

PD

Robin Swann MLA
Minister of Health