

Meeting with CMO & Officials DoH, TEO via Zoom



DATE: 10 MARCH 2021

NICCY:	Koulla Yiasouma – Commissioner (KY) Mairead McCafferty - Chief Executive (MMcC) <div>NR</div> – Policy & Research Officer <div>NR</div> <div>Name Redacted</div> – Policy & Research Officer <div>NR</div> <div>NR</div> – Senior Legal & Investigations Officer <div>NR</div> <div>Name Redacted</div> – Senior Corporate Services Officer <div>NR</div>
DoH	Dr Michael McBride, Chief Medical Officer (MMcB) Nigel McMahon (NMCM) Liz Redmond (LR) Declan Bradley (DB) <div>Names Redacted</div>
TEO	Karen Pearson (KP) Jane Holmes (JH)

Issues Addressed	Action
<p>Welcome and introductions All were welcomed to the meeting. MMcC and MMcB progressed introductions.</p> <p>NICCY feedback on issues for children and young people during the period of restrictions – NICCY KY highlighted challenges faced over the last year and noted that as NI returns to a 'new normal' the evidence of Covid's impact on the wellbeing of children and young people is increasingly emerging. While returning to school, re-engaging with friends and teachers will be a smooth transition for some, for others this may trigger significant anxiety.</p> <p>NICCY also has concerns regarding missed and delayed health appointments and procedures for young people during this time.</p> <p>On 10 March members of the NICCY Youth Panel briefed the Committee for Education on their experiences during Covid, which further emphasised the variety of issues facing young people.</p> <p>Overview of the current position re COVID in NI – CMO/dCSA <div>NR</div> presented graphs which outlined the spread of Covid over the last year and the impact of interventions put in place to lower the rate of transmission, noting that lowering the rate of transmission is a slower process than virus growth. The number of Covid cases has now declined significantly and aligned more closely to the rest of the UK which will allow for lifting of some restrictions.</p>	

<p>MMcB added that the vaccination programme has been very successful to date but that studies on the efficacy and safety of vaccinating children (20% of the population) are still underway. Data from these studies is likely to be available in autumn. DoH will keep NICCY posted as this progresses.</p>	DoH
<p>MMcB noted that even assuming a 100% effective vaccine, not all will be vaccinated and as more mixing occurs, the virus will be prone to exponential growth and surges. Autumn could also bring a surge due to seasonal effects and social behaviours in the fall and winter which will create opportunities for the virus to spread. As such, it is necessary to take a cautious approach to the lifting of restrictions and progress slowly and periodically, assessing the impact of changes. This will help to provide the populace with more certainty that there will not be a return to strict restrictions, especially as children and young people need as much normality and certainty as possible after so much uncertainty.</p>	
<p>MMcB continued that the reopening of schools will be prioritised and the impact of this assessed before restrictions are further adjusted. Alongside this, consideration must be given to what matters most across society. In particular there is tension between the reopening of schools and the economy.</p>	DoH
<p>KY queried the optimum level of vaccination/immunity within the population in order to stop the spread of the virus. She then asked for clarification on the rates of virus spread in and out of schools – especially as those under 16 are unlikely to be vaccinated this year. KY continued that within the phased approach for school reopening there is a lack of clarity as to the conditions which must be met for children to return to school on 04 April and asked MMcB to provide these.</p>	
<p>MMcB noted while he provides advice to Ministers, matters of policy are for the Ministers to determine. However, his position remains the same to that issued in August which is that all children should return to school as soon as they can do so safely. Advice and evidence provided by SAGE suggests that a phased return offers the best opportunity for students to sustainably return to school. This also remains the Executive's opinion as it allows time to examine the data and avoid a rise in community transmission.</p>	
<p>When asked by KY what conditions would enable education to progress to phase three, MMcB replied that a phased approach is being taken to allow for assessment of impact at regular intervals. As it takes a minimum of three weeks to see impact, decisions would be made in week four. He further noted that the Executive must consider a range of other factors and weigh up the damage and harm caused to children by not reopening schools versus the risks of an accelerated programme of reopening.</p>	

MMcB further informed that to get to ensure the R number remains at 1 or below there needs to be approximately 75% immunity. Assuming an 80% vaccine effectiveness rate; that 80% of the population is vaccinated (20% being children), and that 80% of those offered the vaccine take this up that will bring the immunity percent to 60%, which leaves a gap. So while the vaccine is a positive step forward it is not a panacea and there may be additional surges of the virus which means the situation must continue to be closely monitored.

NR added that SAGE evidence regarding virus transmission in children is publicly available and indicates that while children are less susceptible to symptoms of Covid they are generally as transmissible as adults. An additional ONS survey indicated that children under 12 years of age are twice as likely to be the first one in their household infected while those aged 12 and over are seven times as likely. He noted that transmission usually takes place indoors due to the lack of air circulation and that adaptations to tackle this should be put in place across the board.

KY queried if transmission among children generally takes place inside or outside of schools, noting this is relevant to how safe schools are for both students and teachers. MMcB replied that schools are unequivocally safe for students and teachers and that teachers have a comparable rate of the virus to other public-facing occupations.

The role of TEO - Karen Pearson

KP noted that the Executive's Pathway document intentionally avoided setting dates for the various phases. Conditions for progression have not been laid out due to the many moving parts involved and the balance that must be struck across the health, economic and social elements. Formal reviews take place every four weeks, though the Executive has built in some flexibility to review these in between the formal reviews. If a decision is taken to lift a restriction at week four there will then be preparatory work to ensure mitigations are in place and there is sector readiness.

MMcB added there isn't a formula to determine lifting of restrictions as the complexity and uncertainty involved makes this impossible, He supports the Executive's approach to not include indicative dates for the phases.

MMcC informed that NICCY remains concerned about the physical health and mental health of children and young people as they return to school and has had meetings with Teachers' Unions as well as receiving complaints and queries to our legal department from Parents/Carers and Practitioners who have safety concerns about the return to schools. Mindful as stated, it takes 3 weeks minimum to see impact and in week 4 decisions are made and involve

considerations re' health, economy and society. As such, NICCY would like to be able provide reassurances following this meeting that it is safe to return based on the scientific evidence.

MMcB noted that EA and DE have done work, informed by DoH and TEO, to put in place mitigations such as ventilation and face coverings which should encourage those returning to school. It was clarified that face coverings in schools are compulsory but those who do not wear one will not be sanctioned.

MMcC noted it would be beneficial to receive the evidence which underpinned the advice given to the Executive and to receive disaggregated data available including from the ONS survey. MMcB informed that information is published publicly every Friday and his office would send links to NICCY.

DoH

**The Coronavirus Restrictions Regulations and guidance –
Liz Redmond/Nigel McMahon**

NMcM noted from the legal point of view the Coronavirus Act 2020 temporarily amended our 1967 Public Health Act which run until March 2022. The amended Public Health Act allows the Department to make changes without prior Assembly approval if it is proportionate and necessary to do so. An update on the current regulations was included in a paper provided at the Children's Champions meeting on 03 March.

NMcM further highlighted the current regulations are reviewed every 28 days and these are required to be withdrawn as soon as possible if no longer required. Due to the urgency of these decisions, scrutiny of these decisions by the Health Committee and Assembly are made within 28 days.

There have been about 40 amendments to the regulations in the last year as well as additional changes in relation to international travel regulations and standalone regulations such as those regarding face coverings. Some of these have been made on the same day as the decision or shortly thereafter which means that the usual consultation and scrutiny processes have not been operationally possible. DoH are keen not to use this process any longer than needed but we are still in changeable, extraordinary circumstances.

LR informed that the Executive also has a decision-making framework for proposed changes to regulations and restrictions which is implemented through legislation, public messaging and guidance. While DoH leads on the regulations this is on behalf of the whole Executive and changes are made with agreement across the Executive. DoH has developed a system to manage this through weekly cross-departmental meetings, bilateral conversations and direct dialogue with relevant sectors.

<p>In April, a process was put in place to undertake risk-benefit assessments from the other Departments for submission to the Executive, which has streamlined the process and allowed for better assessment of the risks to society.</p> <p>When changes to the regulations are made, guidance is issued, NI Direct produces a summary in layperson's terms as to what changes have been made and DoH provides a detailed guide including public health measures. When large changes are made, guidance is also translated into the foreign languages most commonly spoken in NI.</p> <p>MMcB noted that it was a far from perfect process.</p> <p>KY noted that NICCY recognises that these are extraordinary times and when the act was passed a year ago this was not questioned and NICCY has worked to be as supportive as possible. She commended the work of Eilis McDaniel and her team at DoH who have consistently consulted with NICCY in advance of regulation renewals in relation to children and social care, but noted that this consultation was not sought by DE in its modifications in relation to special educational needs.</p> <p>KY emphasised the need to receive assurances from the Department that the rights of children and young people are being taken into account. She stated that we are now in a different place than 1 year ago. While this meeting is very welcome, it is not TEO / DoH asking for NICCY's advice. It is engagement rather than the needed appropriate consultation. NICCY's request for information and evidence being taken into account is to enable NICCY to provide robust advice as part of its advisory role to government. NICCY is not being enabled to do so at present. She reiterated that the Department should request a consultation with NICCY rather than the other way around and that a further consultation meeting is needed to discuss the renewal of regulations. She indicated she was concerned by how children's rights have not been taken into account.</p> <p>MMcB noted KY's comments and that he recognises this has been an imperfect process without time for adequate scrutiny and engagement. KY's comment has been taken on board and will be addressed.</p> <p>KP agreed that there is an opportunity to reset within the four week process and that it was beneficial to hear NICCY's concerns at this meeting. TEO want to do more with the various sectors. She will raise these issues at the next cross-departmental meeting on 16 March.</p>	<p>DoH</p> <p>TEO</p> <p>NICCY</p>
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KY remarked that as some restrictions may remain for the rest of the year there is an opportunity to learn from the past and NICCY looks forward to engaging in a more productive way going forward. NICCY wish to be helpful and work with government. NICCY undertakes to be responsive where they can be.

MMcC 'wrote in' that we would send on the Child Rights Framework to support guidance going forward. This is for reference to inform at the outset of development. KY noted this.

MMcC asked if more information on the evidence base on which recommendations are provided to the Executive on risk-benefits assessments could be provided.

MMcB replied that the R number is only one measure and that alongside this, the status of the vaccination programme, correlation of R number and exponential growth, translation into cases, hospital admissions and deaths would be taken into account. As the Pathway document noted, they will also be looking at WHO criteria in relation to epidemic controls as well as the R number; positive cases within the community; percentage of positive cases; background data from GP practices, symptom checkers and the CovidNI app; and a number of measures from hospitals. This data is publicly available on the DoH and SAGE websites.

NR added that they will be learning from analysis of data as they go and that pauses in the lifting of restrictions reduce the risk of overshooting equilibrium.

KY assured the group that NICCY recognises the amount of work that has been done by DoH, Minister Swann and CMO MMcB.

Possible introduction of mandatory testing for arrivals – Liz Redmond

LR informed that there is a policy in development for those coming into NI from outside the common travel area. This will be brought into law in the coming weeks and apply to all children the age of five and above.

KY noted she will be attend a DoH meeting on proposed vaccine passports on 18 March.

Vaccination programmes/schedule – Name Redacted

NICCY's concerns in relation to the vaccination of staff in special schools was highlighted by KY, noting that a testing regime for these staff had been promised but that it is NICCY's understanding that low availability of testing kits is hindering this. Targeted testing in special schools in relation to particular young people seems to be unworkable, but that the logic to vaccinate one carer for each child makes sense to ensure a carer is in place for each vulnerable child or young

<p>person. However, safe and appropriate placement at home for children in special schools is dependent on school services so the above logic should also apply to Teachers and staff at special schools.</p>	
<p>NR noted that the vaccination programme is based on guidance provided by the JCVI and that they are pleased that some 55,000 carers have now received the vaccine. In regard to special schools, they have received guidance that not every child within them is clinically vulnerable. Additionally JCVI has issued guidance that once the nine priority groups are vaccinated, the programme will proceed through age cohorts right down to 18yrs, and this will no longer be an issue. Based on vaccine supply, all should have been given their second dose by mid July.</p>	
<p>It was noted iro testing regime/testing kits – only 5 of 39 have these.</p>	
<p>MMcB informed that he discussed this with DE and EA and the vaccination advice was built on the idea that this was about protecting vulnerable children rather than teachers and as more are vaccinated this problem will recede. As to testing, MMcB met with NR and NR last week to discuss the logistical challenges in relation to saliva tests for children. KY added that there have been significant staff absences in special schools, some parents aren't sending their children to school and schools are unable to offer full time teaching – all of which might be mitigated by testing. As such, KY asked MMcB to identify the logistical issues and how these can be overcome. MMcB to follow this up at weekly meeting with DE and EA and follow up with NICCY.</p>	DoH
<p>Questions and discussion</p> <p>MMcC asked for an update on access to health treatment and appointment waiting lists for children and young people given the redeployment of Staff during the pandemic which had added to delays. While this was necessary, it is welcome to see Staff returning where possible. MMcB replied that the pandemic was disruptive to services and that these lists have gotten worse over the last year. Each Trust has produced a rebuilding plan for post-Covid and DoH has launched a plan for rebuilding alongside an updated approach which will be published in due course. Additionally, they are scoping 'green sites' which will be protected for those on waiting lists and those in need of elective procedures. This would involve patient testing, use of PPE, and separating the flow of patients in need of routine care. DoH to send NICCY link to the rebuilding plan.</p>	DoH NICCY TEO
<p>KY noted that NICCY will be publishing a report on Covid in June, which will be distributed to the group in due course. She thanked all for taking the time to meet and confirmed that a note of the meeting would be shared with the group for agreement.</p>	

JH reiterated that feedback from this meeting will be taken forward through the cross-departmental group.

MMcC noted that NICCY has fed into the consultation on the Vulnerable Children and Young People's Plan and would expect that this advice would be incorporated where possible.

MMcB thanked all for attending and closed the meeting.