MEMORANDUM E (21) 168 (C)

FROM: **FIRST MINISTER**
DEPUTY FIRST MINISTER

DATE: **12 AUGUST 2021**

TO: **EXECUTIVE COLLEAGUES**

FINAL EXECUTIVE PAPER: COVID 19 – RATIFICATION OF RELAXATION OF DECISIONS: DOMESTIC SETTINGS, HOUSE PARTIES, RAVES, NIGHT CLUBS, SCHOOL SETTINGS, FACE COVERINGS, WORKING FROM HOME, SOCIALLY DISTANCE, FE COLLAGES, LIVE MUSIC/DANCING, CONFERENCE CENTRES

Introduction

1. At the Executive's meeting on 8 July, it was agreed that the following remaining restrictions would be considered for relaxation.

2. This paper sets out advice from Department of Health, CMO and CSA on the remaining relaxations (Annex A).

General advice and overview, CMO and CSA

3. As summarised in the R paper, case numbers and hospital admissions are falling very slowly at present, while hospital occupancy and ICU occupancy continue to rise. COVID prevalence is around three times that in Scotland and Wales, and close to twice that in England and ROI; in addition, the trajectory is very different. Furthermore, as discussed in the R paper, adult vaccination remains lower here than elsewhere. In these circumstances, it is not possible to recommend that relaxations proceed at the same rate as in the rest of the CTA.

Behavioural Science Advice

4. The Behavioural Science team were asked for input in regards to moving restrictions from regulation to guidance and potential impacts on levels of compliance. Their response is presented at Annex B.

Recommendations

5. The Executive is invited to:

- Consider proposed relaxations in the light of the advice from Department of Health, CMO and CSA; and
- Reach decisions on the issues set out in the attached table.

PAUL GIVAN MLA
FIRST MINISTER

MICHELLE O'NEILL MLA
DEPUTY FIRST MINISTER

ANNEX A – RELAXATIONS FOR DECISION ON THURSDAY 12 AUGUST

Number	Proposal	CMO CSA Advice
1.	Domestic Setting Indoors – remove all restrictions on the numbers who can meet indoors at a private dwelling (Currently ten from three)	High risk. In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall. Risks could be somewhat reduced by keeping windows open and use of face coverings.
2.	Domestic Settings Outdoors – remove all restrictions on the numbers who can meet outdoors at a private dwelling (Currently 15 with no household limit)	Lower risk than 1 above so long people stay outdoors. On this basis could be allowed to proceed.
3.	Remove the ban on large house parties from the regulations	High risk. In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall. Risks could be slightly reduced by keeping windows open.
4.	Remove bubbles/linked households (noting previous agreement to retain these until no 9 below, as otherwise restrictions in hospitality would increase with the removal of linked households).	Can proceed, though see comments on 9 below.
5.	Remove ban on raves - indoor or outdoor parties of more than 30 set to pulsing music	Outdoor ban could be removed. Risks could be mitigated by requiring evidence of vaccination or a negative COVID test.

		Indoor high risk. In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall. Risks could be reduced by keeping windows open and requiring evidence of vaccination or a recent negative COVID test prior to admission.
6.	Move use of face coverings from regulations to guidance only i.e. repeal the face coverings regulations in their entirety	Not recommended. In light of the current situation as highlighted in the R paper and above, it would be better to retain current regulations and exemptions.
7.	Move requirement to SD from regulations to guidance only (including for public transport.)	Not recommended. In light of the current situation as highlighted in the R paper and above, it would be better to retain current regulations indoors. Movement to guidance only for public transport would be associated with less risk, especially with increased emphasis on use of face coverings and maintenance of good ventilation.
8.	Withdraw messaging to work from home.	Not recommended. In light of the current situation as highlighted in the R paper and above, it would be better to retain current messaging at present.
9.	Remove all remaining restrictions on hospitality sector including: • the limit of 6 per table,	Changes would be associated with significant risk at current prevalence levels.

	• the need for table service, • the ban on people moving around the premises and enable people to stand to consume food/drink (and consequently allowing e.g. snooker, games machines etc to restart), and • remove restrictions on post marriage celebrations.	Removing limit of 6 per table relatively lower risk and could be allowed. Other changes are likely to encourage increased mixing at close proximity in noisy indoor environments where face coverings are unlikely to be used and ventilation is often poor. In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall. Removal of restrictions on post marriage celebrations would be associated with less total risk, solely because the number of events would be smaller. Individual events themselves would be associated with similar or greater risks than other types of event in indoor hospitality settings.
10.	Remove the requirement to collect and retain visitor information from regulations	Should be maintained to aid contact tracing at present.
11.	Return to full face-to-face on-site delivery in FE colleges, universities and NSCs and to move to as 'normal' an academic learning environment as possible in advance of the new academic year. It is proposed that there is a removal of social distancing restrictions in classrooms (although still to be advised where practical and in line with Executive recommendations).	Could proceed with appropriate mitigations in place – vaccination encouragement, use of face coverings, careful attention to ventilation, regular lateral flow testing.

<table>
<tr><td rowspan="2">12.</td><td>Remove any then extant restrictions on live music and dancing in licensed and unlicensed premises which provide or sell food and drink (whether or not including intoxicating liquor) for consumption on the premises.</td><td>High risk.

In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall.

Risks could be somewhat reduced by keeping windows open and use of face coverings.</td></tr>
<tr><td colspan="2">This would include:

➢ For indoor, live-performance events remove the current requirements:
• that entry to performances for audiences is only by ticket, purchased in advance; and
• that audience members must have allocated seats and remain seated throughout the performance.
The removal of these requirements will restore ticketing and seating arrangements to the discretion of event organisers, informed by industry norms and their established risk assessment processes.
➢ Remove the current restriction of live music to background or ambient levels in venues where that restriction currently applies,
Remove the restriction on audience dancing in indoor settings.</td></tr>
<tr><td>13.</td><td>Nightclubs permitted to reopen</td><td>High risk.

In light of the current situation as highlighted in the R paper and above, it would be better to retain current restrictions at present until case numbers and hospital inpatients fall.

Risks could be reduced by keeping windows open and requiring evidence of vaccination or a recent negative COVID test prior to admission.</td></tr>
</table>

14.	Conference centres and exhibition centres permitted to reopen	Could be permitted with appropriate mitigations in place.
15.	Schools return - Subject to the prevailing public health conditions, and in line with the removal of restrictions on society more generally, DE proposes that school "bubbles" and the requirement to wear face coverings in the classroom would be removed from guidance. Full return of extracurricular and support activities and youth services.	Will be subject to separate guidance. However, it is likely that requirement for bubbling could be removed, but that use of face coverings should continue at present (as in Scotland).

ANNEX B

Behavioural considerations when transitioning from regulations to guidance

Executive Summary

This paper was written by The Behavioural Insights Team and iLab to support TEO when considering moving from regulations to guidance.

Key Considerations

Below we summarise the key considerations when moving from an environment of regulation to one of guidance and factors that are likely to influence compliance. Additional details and examples of policy and communication approaches are included within each section.

- **Policy decisions should be guided by epidemiological models that establish what level of compliance is "good enough"**. If a high level of compliance (e.g. >80%) with non-pharmaceutical interventions (NPIs) such as face coverings or social distancing is required to control transmission of the virus, then guidance may not be sufficient and regulations in some settings may be required.
- **Compliance with face coverings will likely drop when regulations change to guidance.** Face covering rates on public transport in England dropped by 26% in the week before and in the weeks after regulations changed to guidance.

Factors influencing compliance

- **How well guidance is communicated.** The clarity of guidance will influence the extent to which people comply. This is particularly important given that noise from ROI's and England's different policy approaches may add additional confusion.
- **Environmental cues.** Decisions on what is safe or what precautions to take are influenced by environmental cues (e.g., if we don't need to wear masks, it must be safe to not wear a mask). The effect of any environmental cues in Northern Ireland (e.g., mandation of face masks in certain settings) may be affected by noise from neighbouring jurisdictions.
- **People's understanding of COVID-19 transmission.** For guidance to be successful, individuals must be able to make informed decisions about the risk of activities and the effectiveness of protective behaviours. With polling indicating some confusion around vaccine effectiveness and efficacy of NPIs, public information campaigns should also aim to address these misconceptions.

Recommendations for communicating guidance

- **Messaging must be targeted, clear and use easy rules of thumb.** For example, use action-oriented "if then" rules that encourage specific behaviour (e.g., "wear a mask covering if you're on public transport")
- **Focus on low-burden behaviours.** Capitalising on "low burden" behaviours - those in which some social habits have already been established (e.g., mask wearing) - may support efforts to reduce Ro.

- **Improve understanding of COVID-19.** If we expect people to continue to engage with NPIs, it is necessary for them to understand when and why they are necessary.

Current Context

The table below sets out the different policies adopted by England and the Republic of Ireland in relation to face coverings.

	England	Northern Ireland	Republic of Ireland
Face covering rules	From 19th July, the legal requirement to wear a face covering has been lifted, but people will be advised to continue to wear one in enclosed and crowded settings	Mandatory on public transport and in indoor public settings and hospitality, with exceptions including places of worship and for those eating, drinking or exercising or when seated at a table.	Mandatory on public transport and in indoor public settings, with exceptions for sit-in restaurants and cafes.
Face covering behaviour - public transport	Face covering rates[1] dropped 26% on commuter rail journeys from the 12th to the 24th of July, from 92% to 68%.	Face covering rates[2] dropped 11.5% from May to end of July on NI public transport, from 96% to 85%.	N/A
Face covering behaviours - retail and other	N/A	Anecdotal estimates[3] put compliance in major retail settings between 70 - 90%. However, compliance in inner city convenience stores is estimated to be around 50% and dropping.	Despite no changes to the regulations on face coverings, there has been a steady increase in the percentage of self-reported direct contacts occurring without face coverings in all settings, from 12% in April '21 to 30% at the end of July '21[4].

The key consideration is that any **Northern Ireland policy changes may be affected by noise from two different approaches to the next stage of the pandemic**: the Republic of Ireland, where more stringent measures on certification and NPIs remain, and England which has some of the most relaxed restrictions in the world.[5]

[1] Cabinet Office Dashboard: Behaviours - Self reported and observed mask wearing. Accessed 09/08/21
[2] Translink/DfI correspondence 03.08.21
[3] Retail NI and FSB; email correspondence
[4] Social Activity Measure Wave 13, Slide 7: Close Contacts with No Masks
[5] Stringency Index, Our World in Data

Key Framing: decisions on regulation or guidance should be based on epidemiological models that establish what level of compliance is "good enough"

Any decision on what aspects of social distancing or mask wearing should be mandated or not must be based on an epidemiological understanding of the pandemic's future trajectory.

With vaccination levels in Northern Ireland at 84.2% for adults, modelling might enable the Executive to understand what threshold NPI compliance must reach in order to support efforts to control the spread of the virus.

To illustrate this point, we outline two high-level ways in which different modelling scenarios would affect any shift from regulation to guidance:

1. **A low level of compliance (e.g., 30% sustained mask wearing) was enough to control transmission:** with existing levels of adherence to wearing facemasks, guidance - with a supporting communications campaign - may be sufficient to reach this threshold.

2. **A high level of compliance (80-90% sustained mask wearing) is required to control transmission:** guidance is likely to be insufficient and so regulations (e.g., mask wearing in certain settings) should be considered.

As an example of the potential change in compliance a shift to guidance might cause, data from England indicates compliance with mask wearing on public transport could drop by 26% at a minimum after a move to guidance. If the same trajectory followed for Northern Ireland, this would result in a drop in compliance from 85% to 63% in the first weeks after the change.

Factors influencing compliance with guidance

How well the guidance is communicated

The extent to which individuals will follow guidance will depend on the clarity and transparency with which it is communicated.

In November 2020 when three COVID-19 alert levels with specific rules were introduced, BIT ran an online experiment to test public understanding of guidance. It found that whilst most people understood their local alert level (e.g., medium, high, very high) and basic rules, the tier specific rules (e.g., on childcare or staying overnight) were less well understood.

Ensuring clarity of guidance will be particularly important given the likelihood that the different approaches pursued in ROI and England will generate additional noise and risk further confusion.

Environmental cues available

BIT has consistently found that individuals use the current restrictions in place to determine what is safe/unsafe and what they should/not do (BIT, November 2020). Current restrictions

had a much greater effect on people's risk decision-making than the proportion of the population who were vaccinated.

Whilst lockdown restrictions are the most powerful environmental cues, face masks may serve a similar function. Scotland's and Wales' decision to remove most restrictions but to continue to mandate masks on public transport and in indoor settings (except when sitting at table) provide a useful example. As a low burden behaviour with relatively high pre-existing compliance, requiring mask wearing in spaces where mandation is enforceable and seems reasonable (because they are crowded, confined and involve close-contact) acts as a "secondary signal" of risk that may promote other health protective behaviours, such as social distancing.

Understanding of how COVID-19 spreads and what precautions can mitigate spread

The move from regulation to guidance will require individuals to make an individual risk assessment of activities and the precautions required to mitigate transmission risks.

BIT's online experiment in May 2021 found that people broadly understand that being outside is safer than being inside, but underestimate *by how much*. It also found that people correctly understood that vaccination and facemasks were the most effective way to reduce transmission, but misunderstood vaccine efficacy: 1 in 4 incorrectly believed that vaccines offered strong protection from COVID-19 within a few days, rising to 4 in 10 among young people.

Previous (Jan-May 2021) suggests that a small number of people (5%) believed that people who have had a COVID-19 vaccine do not need to social distance or comply with NPIs, and 6% believed they don't have to social distance or comply with NPIs now that now older age groups have been vaccinated. Further findings were that 60% of people still believed that not enough people are wearing face masks, social distancing, and washing hands.[6] We recommend monitoring these numbers to observe any changes since more of the population has been vaccinated and as we move from regulation to guidance.

Supplementing these findings is recent findings from the biweekly TEO Ipsos poll[7] showing that despite high vaccination rates, 38% of people said they feel most at risk when others aren't wearing masks.

In the move from guidance to regulation, ensuring the public has an accurate understanding of risk and mitigation strategies and how their behaviour affects others perceived safety will be critical to maintaining compliance.

[6] PHA Report, May 2021 (n=1000)
[7] Report 1_Ipsos_COVID-19 topics_Wave 2_30 Jun to 14 Jul 2021, Slide 38

Recommendations to increase compliance under a guidance-based scenario

1. Messaging must be targeted and clear, with easy "rules of thumb"

With the different regulation and guidance frameworks in ROI and England at risk of confusing any changes in NI, it will be vital that guidance is targeted and clear.

One way to simplify communication is to create action-oriented "if then" rules that encourage specific behaviour. Figure 1 shows "if then" instructions for self-isolation, and this could be replicated for social distancing or mask wearing (e.g., "wear a mask covering if you're on public transport").

Figure 1. If-then comms

2. Focus on "low burden" behaviours

Capitalising on "low burden" behaviours - those in which some social habits have already been established (e.g., mask wearing) - may support efforts to reduce Ro. Low-burden behaviours will still require some support, including visual prompts (e.g., signs in shops) or providing free masks at crowded venues.

For these behaviours, it may be better to aim for a higher compliance in certain environments (e.g., 90% on public transport) than lower compliance in a wider range of scenarios.

3. Improve understanding of COVID-19 to encourage compliance with guidance.

If we expect people to continue to engage with NPIs, it is necessary for them to understand **when and why** they are necessary. For example, if people believe that the virus is primarily prevented by washing hands regularly (i.e., fomite transmission) they may fail to meet outdoors or wear face coverings. This will be particularly important given the risk of possible danger of "risk compensation", an effect which might mean that people who are vaccinated feel free to engage in other "risky behaviours" such as not wearing a face mask.

Potential ways to improve understanding of COVID-19 could include:

- Using the Swiss Cheese Model to promote understanding that **a combination of precautions** (e.g., vaccination social distancing and mask-wearing) are necessary to reduce spread.
- Rules of thumb, such as the three C's which Japan uses to help people assess how risky a situation is (Figure 2)
- Using localised data, such as this COVID-19 risk map, to help people understand the risk of coming into contact with someone who is infectious.
- Improving understanding of how COVID-19 is transmitted through a public health campaign (e.g., this WHO video).

Figure 2. The Three Cs