

2. Update from Chief Scientific Advisor for Health

Rob Orford ran through the arrangements for scientific advice. SAGE met twice weekly and it was from this group's analysis that the reasonable worst case scenario was coming. This suggested that community transmission was taking place in the UK. Without behavioural changes then peak incidence was around 10-14 weeks away with peak demand for the NHS 2 weeks later. This was estimated to mean around 1.6m people in Wales would catch the disease. The virus disproportionately affected the older, those with other health conditions such as asthma. Demand for hospital beds would be outstripped many fold and demand for most serious intervention even more so. The challenge for the UK was to dampen and spread the curve but not so far that the peak then lengthened into the next winter flu season. This lengthening and dampening was what the behavioural interventions were intended to achieve.

3. Update from Reg Kilpatrick, WG Director of Local Government

Reg Kilpatrick outlined his role leading on resilience and emergencies. There was a high state of preparedness with ECCW operating and LRFS engaged. Information circulated to local government earlier in the week was the first we had been able to share and outlined both the reasonable worst case scenario and the shape of the emergency legislation being proposed by UK Government. The Bill would be published week commencing 16 March with royal assent anticipated by the end of the month. The legislation would provide for new temporary powers for Governments and local government. Authorities needed to recognise scale of impact and the challenge to continue to deliver services in that context. Planning by and with all partners needed to be in place including on handling excess deaths.

Open flow of info dialogue on how this could happen lots of people how best channel this

How do we work with you to avoid series of meetings

Looking at emergency measures, got a long day starting in ECCW -key thing info sent out on Monday, potential number of deaths, proposed provisions in bill, emergency services preparedness.

Bill announced formally next Tuesday

Issues – scale of impact on workforces and delivering services with a depleted workforce.

NHS – some incentive for people to be discharged but people will need support from LG through social care.

Planning with all local partners especially health service needs to be underway quickly if haven't started yet.

Planning for excess deaths need to be put in place – not had to exercise it before. Need to work with LG to manage this.

Need to work out how we best channel guidance and info to get to the right people as quickly as we can. How do we work with you so we don't create a whole series of meeting and share

4. Response / Questions from Local Government

Andrew Morgan

Bound by regulations on education and care homes

Issue with number of staff in care homes and delivering care packages, some with lessor need may have to forfeit care. Urgent work needed around regulations – in event of death could be resources for LA

Schools- may be running on reduced ratios or level of quals. Need to look at regulations

Access to procurement for hand sanitisers and barrier equipment. Need access to procurement channels urgently – some areas are running out and

Minister asked Albert Heaney to answer

VG – from govt point of view we recognise we have to relax some regulations, have already asked regulators to put note out with guidance from CCIW and ratios in schools