FROM: FIRST MINISTER AND DEPUTY FIRST MINISTER DATE: 26 APRIL 2020

TO: EXECUTIVE

PLANNING FOR RECOVERY

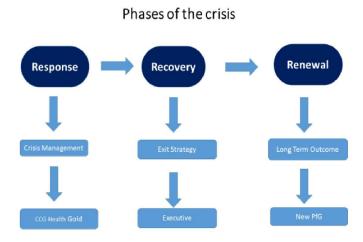
Introduction

1. This paper sets out initial thinking on how we should prepare for the recovery and renewal phases of this crisis. At the Executive meeting on Wednesday 22 April we set out a summary of the initial conversation we have had on the issue of recovery planning. Subsequent to that meeting, copies of three presentations were circulated – one addressed the overall approach at a very high level and the other two set out the stark economic outlook and the types of decisions we may face in that area. The approach we take will need to balance the societal and economic consequences and address the health and wellbeing issues from the public health crisis.

2. This paper recommends a number of preparatory actions be taken forward to prepare for a strategic Executive conversation. The recovery agenda will require a tremendous effort from all of us and we need to start the thinking and engagements now while managing carefully the public messaging so that there is no disconnect.

Approach

3. The diagram below shows the three phases of any crisis with the type of response needed and the governance which oversees that response. These phases will overlap.



4. While the timescale of the crisis will always follow the path set out in the first diagram above, the decision making needs to work the other way round with clarity about long term goals informing and indeed determining the decisions needed in the response and recovery phases. The diagram below shows the decision making approach required and highlights the importance of having early clarity about the long term objectives. Clarity will both provide a basis for challenging prioritisation decisions going forward and provide the foundation for the new Programme for Government which will still follow the outcomes approach but whose content will need to adapt to the changed circumstances. Alongside the new PfG, the Executive will also need to put in place new economic, social and investment strategies.





5. The changes from the crisis will be profound and far-reaching. It will affect pretty much every citizen and all aspects of life. The complete picture in terms of scale and breadth of impact is not knowable currently and neither is the duration of the crisis – it is clear that there will be a very significant risk of a second and further spikes in cases until a vaccine or effective treatment for the disease is found. That means that the approach to recovery will need to have flexibility built in.

Content

6. This paper sets out the broad approach being proposed to enable discussion. The approach to the recovery phase will continue to use the three pillars in our current strategy – in terms of societal, economic and health and well-being impacts. To understand properly the impact on citizens and therefore also on Government, we will however need to make the interconnections between the three pillars. Each of those pillars will have associated work streams in due course as this approach is fleshed out.

	Societal response	Economic and employment response	Health and wellbeing response
Response	Addressing the most significant needs including of the shielded, the elderly and the newly unemployed	Supporting businesses to survive and maintaining employment	Meeting the surge and minimising the health impact
Recovery	Supporting communities and individuals to address the harm caused by the crisis and move forward	Enabling the return of normal business activity and providing certainty	Guarding against a second surge while meeting wider health needs more fully again
Renewal	Building on the positive community spirit and role of third sector to shape whole of society approach	Long term plan for sectoral growth and support linked to wider Executive goals	Identifying and building the sort of NHS we want to have in the future

Key priorities

7. In this crisis, the way we will transition from response to recovery is through a series of steps to relax the current restrictions in place. That will be discussed further in the week beginning 4 May as part of the review of the Regulations. To support that review, work will come forward setting out the public health assessment of the future trajectory of the disease. In addition, there will be a wider public health assessment of the impact of the crisis on the health of the population and on those needing medical assistance for non-COVID reasons. As the restrictions affect all parts of life, the review will consider where the case for relaxation is strongest. Departments will be invited to draw out the areas where the impact of the restrictions has been great and where there are means of ameliorating public health concerns (for example by social distancing). That request should not be taken as signalling relaxation of the restrictions will follow – rather it is the means of building a shared view on where relaxation should apply first when it is decided to move down that

path. While we will not have all of the information we might want, officials will be drawing together an evidence pack to inform decision making

Executive engagement

8. We are proposing that it would be sensible for us to take some time to discuss planning for recovery separately from our usual Executive meetings. Ahead of that your officials will be invited to provide inputs to assist in the preparation of the key issues we collectively will need to address.

9. It is also clear that we will need to build our wider understanding of the issues and how we can best address them. The following paragraphs set out a short snapshot of the current position with relevant supporting data but this is not designed to be a comprehensive picture. An important area of the work on recovery will be to identify the critical data streams and ensure they are properly analysed and used to support decision making. This emergency underlines the need for a wider recalibration of the relationship between government and the sector, and in particular the current funding models. Those organisations who have been key to the emergency response in supporting the most vulnerable, are also likely to have selfgenerated income significantly reduced in the period. DfC has begun to look at this through the Emergencies Leadership Group. Similarly, there will be a huge shift in relation to our creative and cultural sectors. The need to protect against the loss of unique, culturally creative and historic institutions, among them the Grand Opera House, the Lyric, the Orchestra, our libraries and museums. This sector that will have a huge role to play in regenerating societal wellbeing, as well as economic benefits, however, the impact on many of the organisations and individuals will be severe.

Societal impacts

10. The crisis has impacted on the social fabric of society in wholly unprecedented ways with many of our citizens asked to self-isolate and everyone encouraged to stay at home, not to mix with those outside the immediate household and to exercise social distancing when out of the house on one of the purposes specified in law. In addition, many people's personal circumstances have changed for reasons outside their control.

- Since the lockdown there have been 43,800 Universal Credit claims, an average of 10,950 per week, over 5.5 times higher than the weekly average. UC advances have averaged 4,700 per week compared to 1,400 pre-lockdown.
- Since the lockdown Jobseekers Allowance claims have seen an average of 478 per week. This is about three times higher than the weekly average in January 2020 of 171.
- Mental health & wellbeing surveys are underway but some worrying trends are emerging. For example analysis of calls to the Domestic and Sexual Violence Helpline for last week show a 21% increase in call volumes against the average;
- School attendance is low with on average 392 pupils attending school per day last week across Northern Ireland. This is less than 0.2% of all school children.
- By 24 April, 24,000 food boxes will have been delivered.
- A COVID-19 Discretionary Support payment has been introduced to assist with short term living expenses. Between 30 March and 22 April, approximately £329k has been awarded.

11. In recent weeks there has been a corresponding surge in community support for those who are vulnerable or in need. A wide variety of voluntary and community organisations combined with substantial individual and other acts of kindness have sought to mitigate the harm to wellbeing from the public health regulations. Moving forward, it will be important to build on these strengths and involve sector representatives in discussions about the future direction of travel.

Economy

12. A wide range of economists have already begun to make projections about the impact on the economy of the COVID-19 pandemic. It is clear from all that there will be a slowdown in economic activity leading to recession unparalleled in the past century. There are differing views on the speed of recovery from that slowdown and of course all of these projections rely on assumptions about the course and duration

of the pandemic as well as the response made by Governments around the world. Our success will be determined by the extent to which we have clear, coherent and integrated priorities to inform and shape the future.

13. It is clear that there will be lasting and profound impacts on the economy. Already we have seen a number of sectors and a wide range of firms in significant financial distress. Actions taken to date on a national and regional level have been designed to provide protection to future business potential and to employment. Those measures will not be sustainable in the long term. We need to be clear about what our economic priorities so that we can act quickly as we emerge from the public health crisis. The slides at Annex A highlight the emerging thinking on what those priorities should be.

14. In developing the new economic strategy for the Executive one of the critical considerations will be to identify which sectors are seen as critical to future prosperity and growth. Nearly all sectors are facing major challenges and there is widespread vulnerability of business failure. The speed of recovery will be dependent on wider national and international trading conditions and supply chains. Some sectors will face longer term challenges as a result of continued restrictions or changed behaviours.

15. Just as the community and voluntary sector have made a major contribution to addressing community vulnerability so the business and trade union organisations have worked to facilitate changes to working practices, the repurposing of whole organisations and the definition of essential services. There are clear examples already of sectors planning for recovery and it would be sensible to join that work up with the Executive's to maximise the impact.

Health and wellbeing

16. Currently confirmed cases show that 0.15% of the population have had the disease. While it is anticipated that many of those with mild or no symptoms will not have had tests taken and therefore the true level of those who have been infected is higher, there are no accurate estimations of the scale and most expert analysis suggests that a relatively small part of the population has had the virus.

17. The wider health and social care system has had to adapt to meet the challenge. Prior to COVID-19, our health and social care system was already facing huge strategic challenges in the form of an ageing population, increasing demand, long and growing waiting lists, workforce pressures and the emergence of new and more expensive treatments. All of these pressures have been exacerbated by Covid-19. Elective and diagnostic services have had to be curtailed with adverse impacts on existing waiting lists. At the end of December there were some 305,000 patients on the outpatient waiting list, more than 90,000 waiting for inpatient and day case admissions and more than 141,000 patients waiting for diagnostic tests. As of 22 April 2020 more than 9,000 elective care and inpatient admissions had been cancelled, of which more than 2,000 were red flag referrals. In addition, it is likely that some 75,000 screenings will have had to have been deferred over the next three months (including cervical, breast and bowel cancer screenings). The Department of Health previously estimated that up to £1 billion, over 5 years, of funding was required to address the waiting list backlog and maintain recurrent waiting time targets. The impact of Covid-19 will mean that additional funding will now likely be required to achieve this.

18. The impact of Covid-19 on our health service will be profound and long lasting. Services will not be able to resume as normal for some time due to the continued need to adhere to social distancing. In addition, the resilience of the health and social care workforce, which was already under significant pressure, is likely to have been eroded further. These issues will likely adversely impact the pace of stabilisation across primary, secondary, community and social care services. The Department of Health and the wider service will also need to plan for potential further outbreaks of the virus, which will require a significant reallocation of resources across the sector. Furthermore, precious time has been lost in moving forward the 'Delivering Together' transformation and reform programme such as the reform of stroke services, which is urgently needed to address the long-standing strategic challenges facing our health service. Within this context opportunities exist to build upon the new ways of working which have emerged across the redesign of service delivery necessitated by the need for a quick response to the emergency.

19. The COVID-19 response will therefore fundamentally affect our health and social care services. The combination of significant strategic challenges and the uncertainty in the future path of the pandemic will all mean that there will a need for a sustained focus on future investment, transformation (initially to stabilise the delivery

of services) and recognition of the work of our health and social care workforce, including the independent adult social care sector.

Learning

20. To support the overall work on recovery, we will need to understand from around the world what has and has not worked – looking particularly at those who are further on in time terms in addressing the disease. While no one nation or region will map precisely to our situation, there will be a strong evidence base on which we can draw in reaching our own way forward.

Opportunities

21. It is apparent across many areas that there are opportunities to use the new ways of working and opportunities from the current crisis and not simply to return to the way things were done previously. This will be a feature of the future thinking on recovery.

Next steps

22. The scale and nature of the challenges which COVID 19 gives rise to means that traditional approaches where Government identifies solutions to problems itself will not be effective. So while we want to ensure that the Executive retains primacy for decision-making, we need to broaden the range of inputs which will inform our consideration.

23. We have asked the Head of the Civil Service to establish a Strategy Recovery Panel (SRP) to provide advice to the Executive as we move beyond the need for immediate response and into the recovery phase. This panel will operate initially in parallel with CCG although it will meet much less often. In addition to Government Departments, the panel will also have representatives from local government, business, trade unions, the voluntary community sector and the PSNI.

24. We envisage that the Executive would devote one meeting each week to addressing recovery issues and that the Panel would ensure the decisions required were supported by the necessary data and impact analysis. The principle of subsidiarity will continue to apply with Departments resolving those issues that they

can and only major and cross-cutting issues can report to the Executive. Nonetheless it is likely that during this period there will still be the need for some central reporting to make sure that everything is joined up.

25. The Panel will establish a number of work streams under the headings of Societal, Economic and Health Impact. These will be presented to the Executive strategic discussion on recovery for agreement. Those work streams will draw in experts from across Government and more widely.

Conclusion

- 26. The Executive is invited to agree:
 - i. We will hold a Strategic discussion about Recovery in May;
 - A Strategic Recovery Panel will be established to advise the Executive on the key decisions needed;
 - iii. The Executive will meet weekly to address recovery issues.

FIRST MINISTER

DEPUTY FIRST MINISTER