In view of Michael's advice we can stand this down. Apologies if I have generated some nugatory work, but the position was not clear yesterday evening, and the commission (and teleconference) appeared to suggest that a response was expected from devolved administrations.

C

Sent with BlackBerry Work (www.blackberry.com)

From: "McBride, Michael" <Michael.McBride@health-ni.gov.uk>
Sent: 7 Mar 2020 00:58
To: "Baker, Derek" <Derek.Baker@education-ni.gov.uk>; "Stewart, Chris (TEO)" <chris.stewart@executiveoffice-ni.gov.uk>; "Meharg, Tracy" <Tracy.Meharg@communities-ni.gov.uk>; "Pengelly, Richard" <Richard.Pengelly@health-ni.gov.uk>
Cc: "Chada, Naresh" <Naresh.Chada@health-ni.gov.uk>; "Rooney, Bernie" <Bernie.Rooney@executiveoffice-ni.gov.uk>; NR @executiveoffice-ni.gov.uk>; "Sterling, David" <David.Sterling@executiveoffice-ni.gov.uk>; NR @executiveoffice-ni.gov.uk>; NR @executiveoffice-ni.gov.uk>; NR NR @education-ni.gov.uk>; NR @education-ni.gov.uk>; NR @education-ni.gov.uk>; "Hepper, Fiona" <Fiona.Hepper@education-ni.gov.uk>; NR @health-ni.gov.uk>
Subject: RE: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Derek,

Sorry just now catching up on a day of emails. These communications in my experience have previously been largely directed to Whitehall Departments. I interpret this no differently.

In NI as you indicate we simply do not have the modelling capability to replicate and provide such granularity and have not previously sought to provide same.

Given the unrealistic timeframes it is not possible to provide any meaningful analysis. I am unclear as to why this has now been interpreted and escalated as a "must do." In that this is a marathon not a sprint we all have a responsibility to look out for each other and respective teams while respecting the extraordinary effort now required which many of our teams have already been delivering for some many weeks.

These timeframes are driven by the rapidly changing epicurve (epidemiological evidence of community transmission & spread) and the need for imminent implementation of behaviour interventions in England - "social distancing interventions" - to flatten and delay the peak in disease and minimise the pressures on the NHS.

In NI not withstanding the evidence of deeply troubling and significant community transmission in RoI which is our other risk of wider community spread, we are probably some few weeks behind.

I would suggest that we await further modelling by SAGE - in which I participate- and extrapolation by NHSE & PHE as to the "numbers" given their capacity and capability to do so. We can then superimpose/model NI specific considerations and factors such as you have already helpfully provided. DoH team will consider in the morning.

Our first consideration remains our policy and professional responsibilities for the population of NI and in particular wider considerations in relation to the interface within a UK and wIder NI/RoI dimension from a public health perspective.

It is a matter of fact that this epidemic/pandemic will vary in its impact and consequences across regions of England, the DAs and RoI over time. Our priority across government is to ensure that we remain focused on our priorities at this time while still in the containment phase, recognising other parts of the UK are in a different place and preparing for "surge" with plans to mitigate impacts on public services and wider society.

That said in a matter of weeks we will be all in the same place. We have however some time - not a great deal - to fully and accurately consider and quantify the implications and any unique impacts in NI as opposed to us responding to unrealistic deadlines and risk providing less than fully informed analysis and information.

I understand Julie is preparing a paper with options including a "soft stand up" of NICCMA arrangements for David's consideration to ensure we have a dynamic, flexible and nimble approach to next steps and phases. This would be much appreciated in health given our particular focus on mitigation of health consequences.

Separately I have also noted Chris's email in relation to FMdFM approach to SoS NI in relation to the incongruity between DFA RoI and FCO advice re travel to Italy. I will provide my professional advice as CMO prior to Monday's COBR(M).

My professional advice will be in the context of the UK position that the responsibility for authoritative competent advice on the safety of travel remains with the FCO which has UK wide responsibility. To provide advice other than this has significant financial implications. I do however fully recognise the complexity and incongruity of current advice to schools in NI and the RoI and I am giving due consideration to both the individual health and wider public health implications of FCO current advice.

Michael

Sent with BlackBerry Work
(www.blackberry.com)

From: Baker, Derek <Derek.Baker@education-ni.gov.uk>
Date: Friday, 06 Mar 2020, 11:20 pm
To: Stewart, Chris (TEO) <chris.stewart@executiveoffice-ni.gov.uk>, Meharg, Tracy <Tracy.Meharg@communities-ni.gov.uk>
Cc: McBride, Michael <Michael.McBride@health-ni.gov.uk>, Chada, Naresh <Naresh.Chada@health-ni.gov.uk>, Rooney, Bernie <Bernie.Rooney@executiveoffice-ni.gov.uk>, NR @executiveoffice-ni.gov.uk>, Sterling, David <David.Sterling@executiveoffice-ni.gov.uk>, NR @executiveoffice-ni.gov.uk>, NR @executiveoffice-ni.gov.uk>, NR @education-ni.gov.uk>, NR @education-ni.gov.uk>, NR @education-ni.gov.uk>, Hepper, Fiona <Fiona.Hepper@education-ni.gov.uk>
Subject: RE: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Chris,

Just to add to this, the average daily cost of a substitute teacher in a mainstream school (of which there are 1,100) is approximately £200, including direct pay and employers' costs, such as NI and pension; and £250 in a special school (of which there are 39). I really don't think this helps very much as I have no way of modelling likely absence rates under any of the scenarios. I suppose the best you can say is that typically each 7 day isolation of a teacher who is replaced by a substitute teacher will cost the education budget an additional £1,000.

Derek