

Message

From: McBride, Michael [/O=NIGOV/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9999965]
Sent: 07/03/2020 00:58:38
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]; [REDACTED] [REDACTED]@executiveoffice-ni.gov.uk; Sterling, David [david.sterling@executiveoffice-ni.gov.uk]; [REDACTED] [REDACTED]@executiveoffice-ni.gov.uk; [REDACTED] [REDACTED]@executiveoffice-ni.gov.uk; [REDACTED] [REDACTED]@education-ni.gov.uk; Mawhinney, Mark [mark.mawhinney@education-ni.gov.uk]; [REDACTED] [REDACTED]@education-ni.gov.uk; Hepper, Fiona [fiona.hepper@education-ni.gov.uk]; McNally, Anne (DoH) [anne.mcnally@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 notwithstanding 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>, NR <@education-ni.gov.uk>

Mawhinney, Mark <Mark.Mawhinney@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

Sent with BlackBerry Work
(www.blackberry.com)

From: Stewart, Chris (TEO) <chris.stewart@executiveoffice-ni.gov.uk>

Date: Friday, 06 Mar 2020, 6:39 pm

[See recipients listed above]

Subject: RE: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Derek

Thank you, this is very helpful.

C

From: Baker, Derek

Sent: 06 March 2020 18:28

[See recipients listed above]

Subject: RE: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Chris,

We spoke.

It's stating the obvious that these questions are impossible to answer with anything remotely approaching any degree of certainty or accuracy, and any response must be caveated in those terms. Furthermore, I believe the questions are unanswerable (certainly from a DE perspective) because, for each of the three potential interventions, they are asking for some quantification of the numbers affected and the level of risk. I have precisely no idea, nor could I have, how many symptomatic cases may present in the wider education "community", be that staff and pupils.

That said, some off the cuff impressions from an education perspective.

By way of numbers, the school population (including nursery and pre-school) is 340,000, and the wider education workforce, including teaching and non-teaching staff and youth services, numbers approximately 60,000 headcount (40,000 FTE) , of whom approximately 19,000 FTE are teachers.

I really can't differentiate between measure 1 and 2. Measure 2 is an extension of measure 1 in terms of the period of isolation and the number of people involved. Obviously, measure 2 will automatically involve children of adults who present with symptoms, but really the difference boils down to the numbers affected.

In general terms, from a broad education/youth services perspective, the potential impacts of home isolation, be that adults or children, for 7 days or 14 days, are as follows:

- Teaching staff unavailable, resulting in a loss of teaching provision in schools in the run up to high stakes public examinations – GCSE and A Levels. This could provoke a large number of cases of pupils applying for “exceptional circumstances”;
- Substitute teachers being required in large numbers resulting in added costs for the education sector (I’ll provide tomorrow the average daily cost of a substitute teacher);
- Disruption to the location of examination centres (normally schools) for public examinations if absences of teachers and/or invigilators mean that centres cannot function properly;
- Loss of learning for pupils in the run-up to public examinations if large numbers of pupils are absent from school, probably resulting a large numbers of applications for “special circumstances”;
- Special measures having to be introduced – and this would be on a UK wide level because of the nature of GCSEs and A Levels – to facilitate the taking of GCSEs and A Levels if large numbers of pupils were not available to take them according to the planned timetable because of self-isolation. In an extreme scenario, this might mean delaying such examinations. This in turn could have a knock on impact on acceptances to university.
- Difficulty in providing some critical services to the education and youth sectors, such as the school meals service, home to school transport (particularly for special needs pupils), if large numbers of non-teaching staff are self-isolating and unable to work;
- Some pupils having to remain at home if there are insufficient staff to supervise them in schools and pre-school settings. This could particularly impact on special needs pupils who require particular levels and intensity of support;
- All of the above impacting on the wider economy and provision of services if parents are having to remain at home to look after self-isolating children.

This is a very rough and ready, off the top of my head assessment of the potential impacts.

I should add that our standard business continuity plans have regard to all of the above issues, including the examinations issues. All the UK examinations awarding and regulatory bodies work, and are working, closely together on this to develop plans for every scenario. The main issue here is the sheer scale of what may occur with so many individuals having to self-isolate simultaneously.

I’ll have another look at this tomorrow and add to this when I have time to reflect. I’m about to get locked into Rathgael House!

Derek

From: Stewart, Chris (TEO)

Sent: 06 March 2020 17:47

To: Baker, Derek <Derek.Baker@education-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 <[\[redacted\]@executiveoffice-ni.gov.uk](mailto:[redacted]@executiveoffice-ni.gov.uk)>; Sterling,

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Subject: FW: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Derek, Tracy

Brace yourselves.

Please see the request below from Cabinet Office, requesting information on the effects of potential mitigation measures in respect of coronavirus. A return is sought by 1.00pm tomorrow on the first two actions, and by 6.00pm on the third (on which more information is to follow). I have just finished a teleconference with CCS, which did not enlighten much beyond what is given below.

Any information you could provide would be helpful, even brief qualitative / descriptive material, particularly if there are any unique NI features that we could provide.

C

From: gethin.jenkins@cabinetoffice.gov.uk [mailto:gethin.jenkins@cabinetoffice.gov.uk] **On Behalf Of** CCS Control Mailbox

Sent: 06 March 2020 16:39

To: NR @no10.gov.uk; Imran Shafi <Ishafi@no10.gov.uk>; NR @no10.gov.uk;
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Subject: COMMISSION - IMPACTS OF NON-PHARMACEUTICAL INTERVENTIONS - BY 1300 SAT 7 MARCH

Good afternoon,

Please could all Departments provide a return **by 1300 on Saturday 7 March**, with a named contact and number that the Cabinet Secretariat can liaise with on Saturday and on Sunday for any further details.

Please email returns to NR @cabinetoffice.gov.uk; NR @cabinetoffice.gov.uk and NR @cabinetoffice.gov.uk, copying in ccs.control@cabinetoffice.gov.uk

Measures:

1. Home isolation of symptomatic cases (7 day duration)
2. Whole household isolation where there is a symptomatic case (14 day duration)
3. Social distancing for vulnerable groups [in line with DHSC description of policy options]

DHSC will circulate a description of each of these measures via CCS Control, including scope, duration and what activity would be limited, by 6pm Friday. Departments should apply the assumption about effect of the measures that are being circulated by CCS this evening.

ALL DEPARTMENTS to set out, for each of the 3 potential interventions (or their variants):

- What are the impacts of these measures? As relevant, please consider these:
 - on people and families - e.g. on health, income, benefits, education, childcare, wellbeing, medical treatment, food supply, leisure activity?
 - On public service delivery (e.g. on welfare, health and social care, education, policing?)

There will clearly be interaction between these e.g. the effect on vulnerable elderly person in receipt of social care at home, would intersect with the wider effect on social care provision, through measures affecting the workforce.

These impacts should be quantified wherever possible in terms of the numbers affected and the level of risk.

- Where relevant, please break these down by impact on particular cohorts, including by age, household type (including care homes) and income;
- Are there specific regional impacts?
- Are there specific implications for devolved policy areas and the Devolved Administrations?

We want to create case studies to illustrate the impacts on individuals and households. To enable this, please consider the impacts for specific cohorts, for example:

- Over 70 years old single household with care needs
- Over 70 in good health and still working or volunteering
- Working age adults cohabiting

- Family (eg two parents two children school age)
- Multi-generational household (over 65, working age, children)
- Low income households (children on free-school meals)

Mitigations

- What actions could be taken to mitigate each of these impacts, including public sector, private sector and voluntary sector options?
- What would the effect of each mitigation measure be?
- How would these actions be delivered? How much would they cost and how quickly could they be delivered?

With thanks,

CCS Control

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CCS Control
 Civil Contingencies Secretariat
ccs.control@cabinetoffice.gov.uk

I&S

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