

FROM: Gerard Collins

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DATE: 6 March 2020

TO: 1. Dr Michael McBride
2. Minister Swann

BRIEFING COBR MINISTERIAL CALL - 9 MARCH 2020 - Covid-19

ISSUE:	Briefing for Ministerial COBR call on 9 March 2020 - COVID 19
TIMING:	Monday 9 March 2020
PRESENTATIONAL ISSUES	Media interest in this issue remains high. Press Office is working closely with PHA on an agreed comms approach and media handling. Press Office will continue to monitor the situation closely. <i>Cleared by Press Office PC 6/3/20</i>
FOI IMPLICATIONS	Fully disclosable
FINANCIAL IMPLICATIONS	Potential implications in terms of planning & preparation including: equipment costs, consumables and remedial capital works, training/overtime. By way of indication, the Department bid for £55m in 2009 to meet additional expected costs emerging from H1N1 (Swine Flu) in 2009/10. A similar cost (revenue and capital) in responding to COVID-19 may arise in the reasonable worst case scenario during the mitigation phase. To date £750k has been allocated to Emergency Planning Branch for any necessary expenditure.
LEGISLATION IMPLICATIONS	None.
EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS	None.

RECOMMENDATION:

You are invited to note the briefing including speaking notes and lines to take (Tab A) and agenda (Tab B)

Introduction

1. The ongoing outbreak of Covid-19 will be discussed at the Ministerial COBR call on Monday 9 March. The meeting will be chaired by the Prime Minister and CMO will accompany you.

Situation Update

2. As of 8 March at 12:00, DHSC has reported 105,874 confirmed cases of Covid-19 worldwide, 80,695 of these are in China. There have been 3,585 fatalities, the majority of these were within China while 488 fatalities have occurred in other countries.
3. Based on the advice of the UK Chief Medical Officers the risk to the UK remains at moderate. The latest forecasts indicate that a peak is likely to occur in China in March, and in the UK as early as April 2020.
4. At present the UK remains in the 'CONTAINMENT' phase (preventing the disease from taking hold in the UK), but a protocol is being worked on to agree how moving to the 'DELAY' phase (and flattening the peak of the outbreak in the UK) will be handled across the UK. In the event of the Covid-19 outbreak worsening, or a severe prolonged pandemic, the coordinated response of the UK Government and the Devolved Administrations will escalate. Following this transition the pressures on services and wider society may start to become significant and more clearly noticeable.
5. There are now 12 confirmed cases of Covid-19 in Northern Ireland. Some of the cases are connected and the patients are all receiving appropriate care. The three cases announced on 7 March are connected to travel from northern Italy. The PHA have put in place robust infection control measures to help prevent further spread of the virus and they have undertaken urgent contact tracing.

6. In the UK, as of 8 March, 278 people have tested positive for Covid-19, 244 of these have been in England while there are 18 in Scotland, 4 Wales and 12 in Northern Ireland. All the patients are receiving appropriate specialist health care and 15 have since been discharged following two consecutive negative test results.
7. On 8 March, the third Covid-19 related death occurred in the UK. Two of the patients were from the 'most at risk' older cohort and one patient in his 60's had a number of underlying medical conditions.
8. There are now 21 confirmed cases in the Republic of Ireland, one of which is believed to have been due to 'community transmission'. There are no known implications for NI at this stage. Urgent contact tracing for the latest cases is now underway.
9. The FCO is advising against all travel to Hubei Province and all but essential travel to the rest of mainland China, two cities in South Korea and eleven small towns in Northern Italy. The FCO has confirmed that on the 8th March the Italian Government extended the lock down to the whole of Lombardy region and other Northern Provinces an area of some 16 million people approximately 25% of the population.
10. Based on the scientific advice of SAGE, the UK Chief Medical Officers have extended the travel advice, regarding self-isolation if symptomatic, to include all of Italy. This advice is already extant for travellers returning from a number of countries in East Asia. A CMO letter advising the HSC system of the details was issued on 6 March and a letter to other Government Departments will follow. The advice continues to stand that people returning from - Hubei Province, Iran, special care zones in South Korea and lockdown areas of Northern Italy – should self-isolate even if they do not have symptoms.
11. Across the UK, public health professionals are carrying out enhanced monitoring of direct flights from these areas. Passengers will be told how to

report any symptoms they develop during the flight, at the time of arrival, or after leaving the airport. These areas have been identified because of the volume of air travel from affected areas, understanding of other travel routes and number of reported cases. This list will be kept under review.

12. There has been extensive media interest regarding school parties that have either returned from ski trips or are planning to go on ski trips to Italy. Covid-19 guidance for schools was initially issued on the 17 February, this has now been updated in light of developments in Italy and reissued on 28 February. FMdFM have raised with the SofS CMO the disparity in travel advice between the FCO and the Department of Foreign Affairs (DFA), Republic of Ireland.
13. In Northern Ireland, as of 8 March, 211 tests have been carried out and 12 have been positive. PHA now releases twice-weekly updates on the number of tests completed in NI on a Tuesday and Thursday. All the tests carried out in NI are analysed at the Belfast Regional Virology Lab. In line with agreed protocols any positive results have to be verified by a PHE lab. We propose to move to daily reporting of numbers.
14. Northern Ireland now has full access to the NHS 111 helpline on Covid-19, but not for non Covid-19 issues. This is available 24/7 to provide advice. More general advice about coronavirus is available at the Public Health Agency website and at NI Direct.

Patient transfer to a high consequence infectious diseases (HCID) unit

15. First cases in the UK were transferred to national High Consequence Infectious Disease Units in England. Operationally, current HCID capacity has now been exceeded. NHS England, Public Health England and the UK CMOs agreed at the 4 March Tripartite Senior Clinicians Group to manage selected people who test positive for the virus but only have mild symptoms to self-isolate at home where this is considered a safe and appropriate environment. Those who need hospital treatment will still be transferred to a hospital for appropriate treatment. This change was adopted in NI on 6 March 2020,

16. The HSCB continues to seek commercial options should a patient need to be transferred to a specialist HCID unit in England, HSCB also continues to explore options for accessing specialist units in Dublin.
17. Confirmed cases will, if considered clinically necessary, be admitted to the Regional Infectious Disease Unit, ward 7A Belfast RVH if 16 years and over or RBHSC if the patient is under age 16.

Reasonable Worst Case Scenario Planning

18. Cabinet Office is currently working to the 2019 National Security Risk Assessment pandemic flu planning assumption as the Reasonable Worst Case Scenario (RWCS).
19. This assumes that the first wave of the pandemic will last approximately 15 weeks with over 50% of the population falling ill and up to 20% off work during the peak weeks. This would lead to a huge surge in demand for health and social care services which would have a knock-on impact on current provision.
20. Besides very severe levels of stress on HSC, the level of excess deaths would stretch capacity in organisations involved in the management of deaths. In NI, DoJ, in partnership with other government departments, local councils and funeral directors, is responsible for managing excess deaths. DoJ is currently developing an Excess Deaths Framework and exploring body storage options.
21. The Imperial College and London School of Hygiene & Tropical Medicine has produced a report on the estimates of severity of COVID-19. The Key estimates include:
 - Around 1% of those infected, with or without symptoms, are expected to die. This would be equivalent to about 1.5-2% of those with symptoms dying. This is lower in those aged under 60. Less than one in a thousand under-40s would be expected to die if infected
 - Around 8% of people infected (with or without symptoms) would need hospital treatment. This would be to about 15% of those with symptoms

- Up to 15% of those hospitalised would die
 - 50% of those needing intensive care would die, if we had capacity to treat them all.
22. The government's Reasonable Worst Case planning assumptions are based on these estimates, but they will not be badged as Government planning assumptions when they are published. DHSC's Reasonable Worst Case scenario is for 80% of the UK to become infected. DHSC policy anticipate the published papers will (rightly) say that demand for the NHS will massively outstrip availability.
23. The Regional Surge Planning Subgroup of HSC Silver has been established to ensure that there is an appropriate and proportionate level of HSC preparedness across the sector in response to Covid-19. Twice weekly meetings are held and a Covid-19 Surge Planning workshop was held on 5 March. The purpose of the workshop was to consider Trust surge plans and self-assessment checklists in order to share actions and ensure regional consistency where possible. The Department has also established a Covid-19 Strategic Surge Planning Directorate.
24. Across the NICS, planning has been stepped up to ensure a coordinated response from all sectors of Government. TEO is leading the work on assessing essential services and key sectors' readiness and have convened weekly C3 (command, control, coordination) meetings. TEO led a workshop on 6 March to discuss Departmental risks and priorities.
25. On Friday 6 March, the UK government pledged to spend £46m on urgent work to tackle Covid-19, including more money to develop a vaccine and cash to help some of the most vulnerable countries prepare for an outbreak. The money will fund work on eight possible vaccines which are already in development as well as a lab in Bedford to try to create a test that could provide results within 20 minutes

THE HEALTH PROTECTION (CORONAVIRUS) REGULATIONS 2020

26. DHSC announced The Health Protection (Coronavirus) Regulations 2020 on 10 February. The Regulations are designed to provide measures to prevent the further transmission of COVID-19, including powers to detain an individual on public health grounds for the purposes of isolation and screening. These powers will apply to England only.

LPP

UK WIDE DRAFT COVID-19 BILL

29. Working closely with DHSC, DoH officials are currently developing NI input to a UK Bill which will provide additional legislative powers or flexibilities to be used in the event of a coronavirus pandemic. You gained Executive agreement to consent to Westminster legislating on our behalf by way of the COVID-19 Bill at the Executive meeting on 17 February.
30. In addition to these measures previously agreed for the COVID-19 Bill, Whitehall Departments have now identified a number of areas where they do not believe they have the necessary statutory or common law powers to respond to fully respond to a COVID-19 outbreak.
31. The list of areas where further legislation might be needed has been developed on a UK-wide basis. The needs identified vary between the different jurisdictions of the UK (reflecting the different legal landscapes). Officials in the relevant NI Executive Departments are currently reviewing these areas for any impact on NI and to determine if further Clauses are required for drafting for NI.

32. The Bill will be brought forward on a time-limited basis. The powers being sought are proportionate to the challenges we will face in responding to a severe pandemic and will only be enacted for the duration of any pandemic after which the legislation would be withdrawn by way of a 'sunset' clause. The exception to this may be the emergency public health powers, including regulation-making powers for isolation. We have asked Cabinet Office to consider not applying a sunset clause to these provisions as these powers are currently not available under any other NI legislation but are available to the other UK countries.
33. The Department of Health and Social Care are leading on the Bill and have indicated the Bill is likely to be laid before Parliament on the 19 March 2020 with Royal Assent expected on 31 March 2020. The timings remain tentative.

New approach to commencement and new power to suspend and revive provisions'

34. It is expected that all four Nations will be asked to endorse the 'New approach to commencement and new power to suspend and revive provisions' at the COBR meeting.
35. On the 3 March DHSC sought approval from DAs regarding a '*New approach to commencement and new power to suspend and revive provisions*' in the draft Covid-19 Bill. Scotland and Wales both confirmed that these new Powers for clauses pertaining to devolved administrations would be at the discretion of devolved Ministers. You agreed to this approach (Sub 1151 refers).

LPP

37. However, NI Ministers, unlike Ministers of the Crown, are appointed under a statutory procedure laid out in the Northern Ireland Act 1998. Therefore it is more appropriate that the mechanism in the Bill regarding these on-off orders for provisions within their own competence require the consent of relevant NI Department (s) where relating to devolved matters. This enables, where a function is conferred on a NI Department, whilst the Minister can exercise that function exclusively, if they see fit, so too can others in the Department; any exercise of a Function by a senior official however would always be subject to the direction and control of their Minister.
38. Moving forward, we need to ensure that the proposed mechanism respects the devolution settlement and while time is pressing, careful thought and deliberation is required and in that respect we will need to consult with other NI Departments who have contributed to the Bill to determine on how to proceed. We expect that discussions across Departments will be positive and NI legal colleagues will continue to work alongside OPC to draft and finalise these clauses as a matter of urgency.
39. As regards cross-border differences, in RoI the equivalent legislation for holding patients in isolation is the Irish Health Act 1947 – S38. It makes provision for detention, but only for named infectious diseases (equivalent of a notifiable disease). RoI added COVID-19 to its statutory list of infectious diseases on 20th February and Scotland did the same on 22nd February.
40. Here, the Public Health Act (Northern Ireland) 1967 was amended to make COVID-19 a notifiable disease and the change came into effect on 29 February 2020.
41. The Statutory Rule will mean that medical practitioners are required to share patient information with the Director of Public Health if they become aware, or have reasonable grounds for suspecting that a person they are attending has COVID-19.

Coronavirus Action Plan

42. The action plan was published by DHSC on 3 March. It is a general plan which gives a background to the nature of the virus and then outlines the UK response to the outbreak of COVID-19. The plan details the containment, delay and mitigation aspects of the UK response as well as ongoing research. The plan describes a UK wide approach and references local arrangements as appropriate such as sources of information, public health and health and social care arrangements, and local emergency planning structures.
43. The action plan was discussed and signed off by you and the First and deputy First Ministers at the COBR (M) meeting on Monday 2 March.

Repatriation of British Nationals

44. To date the FCO had repatriated 198 British nationals from Wuhan to supported isolation centres in England. They have now all left following a final negative test for Covid-19. A repatriation flight returned to the UK on Saturday 22 February from Japan with 30 British and 2 Irish nationals on board and they were placed in supported isolation for 14 days. This cohort of people ended their period of supported isolation on the evening of 7 March and all left the facility on 8 March.
45. Approximately 100 people travelled from Tenerife on 2 March, these were all considered low and negligible risk and had the appropriate testing and travel on commercial airlines with the appropriate documentation. Eight of these individuals were from Northern Ireland and were met at Aldergrove by PHA officials who provided advice and leaflets.
46. The Grand Princess cruise ship off the coast of San Francisco is under investigation for COVID-19. Two passengers (overseas nationals) on board have tested positive, one death confirmed. Approximately 140 British Nationals are on board (both passengers and crew). Further details are awaited. The ship has not yet docked. The situation is developing very rapidly. DHSC are working with FCO and Cabinet Office on options for Ministers.

47. The Viking Sun cruise ship, currently in Bali, has notified two possible COVID-19 cases. Currently, DHSC understand there maybe 31 British Nationals on board. The Costa Fortuna cruise ship has been prevented from docking in Phuket due to potential COVID-19 cases. The FCO is working with the Thai authorities clarify the situation.
48. The UK Government will continue to review its policy on repatriation of UK nationals as this is a resource intensive exercise.

Non Pharmaceutical Interventions

49. The spread of COVID-19 has accelerated in the UK and advice from SAGE is that the response to the virus will soon need to move from contain to delay. For the delay phase, the Scientific Advisory Group for Emergencies (SAGE) have considered six possible social and behavioural interventions to delay the outbreak based on the clinical evidence. These are: stopping large events; closing schools; social distancing for all; home isolation for symptomatic cases; whole household isolation; social distancing for elderly and vulnerable. Potential interventions have been considered against the following objectives:
1. **contain the outbreak** so that it does not become an epidemic (this is now unlikely to be achievable);
 2. **delaying the peak** so it occurs when the NHS in each nation is out of Winter pressures;
 3. **reducing the size of and/or extending (“flattening”) the peak** so that the response by the NHS/HSC and other sectors can be maintained more sustainably;
 4. **reducing the total number of deaths** by limiting the number of cases in vulnerable groups.
50. The Scientific Pandemic Influenza Group on Modelling (SPI-M) and Scientific Pandemic Influenza Group on Behaviour (SPI-B) have modelled the impacts of these interventions. DHSC is producing policies on the latter three recommended interventions for communication to the public.

51. Ministers will need to make a decision on which intervention, or combination of interventions, to implement based on the clinical advice and the social, economic and operational impacts of each measure.
52. Based on SAGE's current understanding of the progress of the outbreak, to maximise the effectiveness of two measures (self-isolation and household isolation) implementation would need to begin by the end of this week. A decision will be needed by Ministers on implementing these two measures on Wednesday 11 March. The third measure (social distancing for over 70s and the most at risk) can be introduced in 2-3 weeks' time. Further details are included in the attached slide deck at **Tab C**.

Recommendation

53. You are invited to note this briefing including speaking notes and lines to take at **Tab A** and agenda **Tab B**.

Gerard Collins

Ext **I&S**

Copied to:

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SPEAKING NOTE AND LINES TO TAKE

- I remain very grateful for the advice and guidance being provided by officials in DHSC and PHE and for their ongoing support, it is very much appreciated.
- In Northern Ireland, we have had 12 confirmed cases, we remain in the Containment phase at this stage of our response as we seek to prevent sustained community transmission.
- We have been planning for the first positive cases in Northern Ireland and had robust infection control measures in place which enabled us to respond immediately. The contact tracing process for the latest cases is underway and appropriate actions will be taken.
- There are now 19 confirmed cases in the Republic of Ireland, one of which is believed to have been due to 'community transmission'. There are no known implications for NI at this stage. Urgent contact tracing for the latest cases is now underway.
- NI has commissioned comprehensive and detailed population and locality based analysis and modelling of those at risk, and assessment of the wider health, social and economic implications of implementation of home isolation, whole household isolation, and social distancing as considered and advised by SAGE and UK CMOs. It is essential that such information is accurate and fully informed.
- My Department, the Public Health Agency and the Health and Social Care Board continue to work closely with the relevant authorities and public health organisations across the UK and the Republic of Ireland to ensure Northern Ireland is well prepared to deal with the situation as events unfold.

- The Health and Social Care Board in NI have been liaising with their counterparts in the Health Service Executive in RoI to ensure that, where possible, both jurisdictions can make the best use of our collective resources when responding to Covid-19.
- Across the NI Civil Service planning has been stepped up to ensure a coordinated response from all sectors of Government. The Executive Office is leading the work on assessing essential services and key sectors' readiness and have convened weekly C3 (command, control, coordination) meetings. TEO led a workshop on 6 March to discuss Departmental risks and priorities.
- As of 8 March, 211 tests have been carried out in NI. The PHA now releases a twice weekly update on the number of tests completed in NI. The frequency of reporting is currently being reviewed.
- The Public Health Act (Northern Ireland) 1967 has been amended to make COVID-19 a notifiable disease. The change came into effect on 29 February 2020.
- In addition to measures previously submitted for the COVID-19 Bill, my officials continue to work with colleagues in the NI Office of the Legislative Counsel on the list of areas where further legislation might be needed as identified by the Whitehall Departments. I am currently considering draft NI proposals for inclusion in the Bill.
- I am content to agree to the '*New approach to commencement and new power to suspend and revive provisions*' and that these new Powers for clauses pertaining to devolved administrations should rest with those devolved administrations.
- However, within NI it is more appropriate that the mechanism in the Bill regarding these on-off orders for provisions will require the consent of relevant NI Department (s) where relating to devolved matters.

- Whilst Ministers can exercise that function exclusively, if they see fit, so too can others in the Department; however this would always be subject to the direction and control of the Minister.
- I need to ensure that the proposed mechanism in place respects the devolution settlement and while time is pressing, careful thought and deliberation is required.
- My Officials continue to consult with other NI Departments who have contributed to the Bill on this matter to ensure all clauses are reflective of the new provisions and with an aim to finalising NI submission to the Bill as a matter of urgency.
- In the Republic of Ireland, the equivalent legislation for holding patients in isolation is section 38 of the Irish Health Act 1947. It makes provision for detention, but only for certain 'infectious' diseases. Ireland added COVID-19 to its statutory list of infectious disease on 20th February 2020.
- We must plan to mitigate the potential consequences for the health of the people of the UK and the impact on our health services, other public services and wider society. My priority as Minister is to ensure effective measures are in place within Northern Ireland.

LINES TO TAKE

- We had been planning for the first positive cases in Northern Ireland and had robust infection control measures in place which enabled us to respond immediately.
- We are still very likely to see further confirmed cases in the UK over coming days and weeks. We have agreed mechanisms for managing this situation, including early notification of any confirmed case and ensuring our general public remain appropriately informed and reassured to the actions being taken, as appropriate.

- The powers being sought in the UK-wide COVID-19 Bill are proportionate to the challenges we will face in responding to a severe coronavirus pandemic. These clauses will allow NI the additional legislative powers and flexibilities required to enable a rapid and effective response including public health legislation to contain the future spread of the novel coronavirus in Northern Ireland.
- My Department, along with the PHA, remains in regular contact with the relevant authorities across the UK and the Republic of Ireland to ensure any necessary precautions are in place in Northern Ireland in response to this situation.
- All 4 UK health departments are continuing to take part in daily teleconferences, 7 days a week, hosted by DHSC to ensure the whole of the UK is appropriately prepared and a consistent approach taken. I am aware that DHSC are also continuing to hold meetings of officials from communications teams of the four UK health departments daily, to ensure a consistent approach is agreed across the nations.

Novel Coronavirus - UK Preparedness

COBR(M)(8)

COBR(F), 70 Whitehall

1100, Monday 9th March 2020

AGENDA

- 1) Current Situation update
- 2) Update on interventions to delay peak
- 3) Agreement on International Engagement Strategy
- 4) Communication and Parliamentary handling
 - a) Communications on moving to the delay phase
- 5) Next Steps

**9 MARCH 2020
CABINET OFFICE**