

FROM: Name Redacted
Health Protection Branch

Trim Ref:HE1/20/92730

DATE: 18 March 2020

TO: 1. Dr Michael McBride
2. Minister Swann

BRIEFING FOR COBR MEETING – WEDNESDAY 18 MARCH 2020

ISSUE: Briefing for COBR meeting re COVID-19.

TIMING: Wednesday 18 March

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.

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 lines to take (Tab A) and background (Tab B)

Introduction

1. The ongoing Covid-19 pandemic will be discussed at the COBR meeting this afternoon.
2. On 12 March, based on the advice of the UK Chief Medical Officers, the risk to the UK was raised from moderate to high. The UK has now moved out of the contain phase and into the delay phase. The latest forecasts indicate that a peak in cases is likely to occur in the UK as early as April 2020.
3. On 16 March, PM announced significant changes to Government approach to social distancing and advice to vulnerable groups. People with symptoms should continue to self-isolate for 7 days, those in households with symptoms should isolate for 14 days, and the public should avoid all but essential travel and contact with others. In addition, people aged over 70 and those with major underlying health conditions should self-isolate for 12 weeks from Saturday.
4. According to media reports it is expected that all schools will be closed in Scotland and Wales from this Friday.
5. The RoI government announced on 12 March that schools, colleges and childcare facilities will close from Friday 13 March until Sunday 29 March. It also advised that indoor gatherings of more than 100 people and outdoor gatherings of more than 500 people should be cancelled and where it is possible to work remotely people should do so.
6. Operationally, current HCID capacity in the UK has now been exceeded. 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. 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.

7. At present testing is being carried out as follows.
 - Members of the public advised to self-isolate at home will not be routinely tested.
 - Testing will be carried out as appropriate on individuals admitted to hospital.
 - Testing can also be carried out to support management of outbreaks or clusters of disease in residential or care settings.
 - Testing capacity is urgently being expanded in order to enable testing of essential healthcare workers. More information will be released shortly.

Reasonable Worst Case Scenario planning

8. Cabinet Office is currently working to the 2019 National Security Risk Assessment pandemic flu planning assumption as the Reasonable Worst Case Scenario (RWCS). 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.
9. 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.
10. A press release was issued on Friday 13 March which explained that health service activity across Northern Ireland will have to be significantly curtailed as resources are diverted to care for coronavirus patients.

11. 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. A CCG meeting was held today, 18 March.

Recommendation

12. You are invited to note this briefing including lines to take at **Tab A** and background at **Tab B**.

Gerard Collins

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LINES TO TAKE

- I am very grateful for the ongoing expert advice and support being provided by DHSC and PHE.
- As of 18 March in NI, 1,482 individuals have been tested and there are 62 confirmed cases, including cases that are due to community transmission.
- We are working to significantly increase our testing capacity so that we can support testing of health and social care workers. We are currently confirming what groups of staff this is likely to include. We plan to release further information on this later this week.
- I issued a press release on Friday 13 March which explained that health service activity across Northern Ireland would have to be significantly curtailed as resources are diverted to care for coronavirus patients.
- In conjunction with the Health and Social Care Board, HSC Trusts are finalising their surge plans for the predicted significant increases in Covid-19 cases in Northern Ireland. These will be published next week.
- 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.
- We must continue to 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.
- The Rol has also moved from contain to delay. I, along with the First Minister and deputy First Minister, had a useful meeting with the Taoiseach, Health Minister Harris and the Tanaiste on Saturday, during which we discussed the

approach being taken in our two jurisdictions. We all agreed to work closely to ensure that our response to Covid-19 – north and south – is as effective as possible.

- 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.
- 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.

Background

1. As of 17 March at 12.00, DHSC has reported confirmed cases of 179,288 with 7,108 fatalities, mainly in China including 2,158 in Italy.
2. There are now 62 confirmed cases of Covid-19 in Northern Ireland. Some of the cases are connected and the patients are all receiving the appropriate care. As of 18 March, 1482 people have been tested in NI. All the tests carried out are analysed at the Belfast Regional Virology Lab. In line with agreed protocols any positive results have to be verified by a PHE lab. Daily updates on the number of tests completed and positive results in NI are released at 2pm.
3. As of 17 March, there have been 57 COVID-19 related deaths in the UK. All patients had underlying health conditions.
4. As of 17 March, 361 further people in England have tested positive for COVID-19, bringing the total number of cases in England to 1,557. The total for the UK now stands at 1950, which includes 195 in Scotland, 136 cases in Wales, and 62 in Northern Ireland. Contact tracing is underway for all cases including where the route of transmission is not yet clear.
5. There are now 223 confirmed cases in the Republic of Ireland and two deaths. There are no known implications for NI at this stage.

UK-WIDE DRAFT CORONAVIRUS (EMERGENCY) BILL

6. Working closely with DHSC, DoH officials have been developing NI input to the 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 Coronavirus Bill at the Executive meeting on 17 February.

7. The list of areas where 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).
8. DHSC is leading on the Bill and have indicated the Bill is likely to be laid before Parliament on 19 March 2020 with Royal Assent expected on 31 March 2020. The timings remain tentative.