

FROM: Gerard Collins
Health Protection Branch

Trim Ref: HE1/20/97683

DATE: 22 March 2020

TO: 1. Dr Michael McBride
2. Minister Swann

BRIEFING FOR COBR (M) CALL – MONDAY 22 MARCH 2020

ISSUE: Briefing for COBR call re COVID-19.

TIMING: Monday 23 March at TBC

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 Coronavirus Bill - The action plan which was published on 3 March set out measures to respond to the COVID-19 outbreak.

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 on Monday 23 March. It is expected that the meeting will focus on social shielding. On Sunday 22 March 2020 the PM announced plans for 'shielding' of extremely vulnerable people.
2. Shielding is a measure to protect people who are clinically extremely vulnerable by minimising all interaction between those who are extremely vulnerable and others. The Government is strongly advising people with serious underlying health conditions which put them at very high risk of severe illness from COVID-19 to rigorously follow shielding measures in order to keep themselves safe. They are strongly advised to stay at home at all times and avoid any face-to-face contact for a period of at least 12 weeks. Visits from people who provide essential support such as healthcare, personal support should continue, but carers and care workers must stay away if they have any of the symptoms of COVID-19.
3. Extremely vulnerable (those at high risk) people within the BSO scheme recipients would include: anyone who has a liver or other transplant (due to the immunosuppressant medication they will be taking).
4. The 'extremely vulnerable' group will receive a letter in the next week with specific advice.
5. Across NI at least 40,000 people are expected to fall into the 'extremely vulnerable' group.

Social distancing for vulnerable people and the wider population

6. Some BSO scheme recipients will fall into the vulnerable category (listed below). Anyone in any of these categories does not need to completely self-isolate (although obviously can if they feel more comfortable doing so), but

should carefully follow government advice on social distancing to minimise their risk of infection.

7. Vulnerable (Those at increased risk (but not in the extremely vulnerable / high risk category):
 - Anyone with hepatitis c who has not achieved a sustained viral response (SVR)
 - Anyone who has achieved SVR following treatment, but has liver cirrhosis
 - Anyone with hepatitis B.
 - Anyone who is HIV positive with a CD4 count less than 350/mm³
 - Anyone with other risk factors, such as being aged over 70 years old or pregnant or who is offered the annual flu jab for any other reason
8. For those who are coinfectd with hepatitis C and HIV, they should focus on the HIV advice above.
9. BSO scheme recipients not in the vulnerable or extremely vulnerable categories:
 - Anyone who had HCV, but has achieved SVR and doesn't have cirrhosis
 - Anyone who has HIV, but with a CD4 count >350/mm³ and an undetectable viral load
10. People in these categories should follow the general public health advice on minimising risk, but are not at particular risk if they contract covid-19. Advice from HCV experts is that previous treatment (such as interferon) is not known to impact on people's risk from covid-19.

NI 'shielding' plan

11. Through GPs we will be writing to all "high risk" people in NI to give advice on shielding starting this week. We will follow the text of the NHS letter as closely as we can.

12. This is based on the nationally agreed list of conditions, with some adaption to take account of NI specific issues. We will also ask GPs to consider writing to additional people on their patient lists that they judge to be at higher risk.
13. We are developing arrangements across government to support vulnerable and isolated people. This includes a dedicated helpline, deliveries of food and medicine; and access to mental health support.

Medication ordering and home delivery

14. For people who do not currently have prescriptions collected or delivered by a community pharmacy we will be advising them to:
 1. Ask someone to pick up their prescription from the local pharmacy;
 2. Contact the pharmacy to arrange delivery; or
 3. Contact the pharmacy to ask them to help find a volunteer to deliver it.
15. Arrangements are also being put in place for collection or delivery of any specialist medicines that may be prescribed for you by hospital care teams.

Hospital appointments and treatment

16. All non-urgent elective care treatment has already been cancelled and patients have been notified.
17. We are rapidly reaching the point where difficult decisions will need to be taken with regard to the cancellation of urgent and red-flag elective care.
18. My officials are currently working on identifying critical services which need to be maintained for as long as possible.

Food delivery

19. [DFC APPROACHED FOR INPUT - NOT CLEARED BY DFC] Department for Communities is leading on the provision of food for vulnerable and isolated people. This will involve large scale mobilisation of the voluntary and community sector and the establishment of a dedicated helpline.

Domiciliary care

20. Health and Social care Trusts in NI, who both provide and commission domiciliary care, have been asked to update their vulnerable client lists including working with private providers to identify individuals who may be paying for their own support.
21. Trusts will work with providers on resource planning and provision of PPE. We have provided guidance setting out when PPE is – and is not – needed when providing domiciliary care. Recent media activity (18th March) by the Chief Social Worker included encouraging people to continue to let carers into their homes.
22. Trusts have also been asked to consider what information they have about those in receipt of informal care and identify the possible impacts on formal care if informal care is impacted by illness or self-isolation.
23. All schools across the UK will be closed to most pupils from Friday 20 March, although they will be required to cater for the children of key worker's in years 8-10 who cannot make suitable alternative childcare arrangements.
24. In RoI, schools, colleges and childcare facilities closed on 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.

ICU & Ventilators

25. 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.

26. There are currently 88 adult ICU beds in NI. The Critical Care Network have plans to expand this to 126 adult beds if necessary. There are currently 139 mechanical ventilators available across NI Health and Social Care Trusts and to cope with this possible increase in beds an extra 40 have been ordered (30 adult units and 10 paediatric units), which will bring the total to 179 by the end of March.
27. NHS England is procuring additional ventilators on a UK basis to ensure that all regions, including Northern Ireland, will have access to additional ventilators as required

PPE

28. Supplies of Personal Protective Equipment (PPE) are in stock and are being issued to the HSC with more orders placed. There is very high demand for these products and our focus is on providing supplies for staff in front line services to be used in line with clinical and scientific evidence. It is essential that PPE products are used in line with advice and that supplies are not over-ordered, stockpiled or wasted. Constant vigilance will be needed across the HSC to support this.
29. GP and Central Pharmacy PPE Packs have been issued these packs included essential PPE items for GPs & Pharmacists should a patient present with symptoms.
30. DoH is in daily contact with Business Services Organisation Procurement and Logistics Service (BSO PaLS). A demand management strategy is in place whereby BSO PaLS are working closely with Trust Emergency Planner Leads over allocation of PPE stock within the Trusts.
31. DoH have released quantities of PPE items from the Pandemic Influenza. Preparedness Programme stockpile (PIPP) to support BSO PaLS Business as Usual stockpile.

32. The Department of Health and Social Care in England is leading a daily 4 Nations Supply Chain group involving relevant NHS organisations and the Devolved Administrations to monitor the supply situation on a UK basis. DoH staff are participating in these calls along with colleagues from Business Services Organisation.

Testing

33. Testing capacity will be expanded to around 800 per day. This is a significant increase on the current 200 per day. Work is also ongoing to significantly increase our testing capacity so that we can support testing of health and social care workers.
34. Testing of all individuals with mild illness not requiring hospitalisation has ceased, to ensure laboratory resources are ring-fenced for testing hospitalised patients, for whom the result will influence clinical management and infection prevention and control decisions.
35. Current approach to testing:
- 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

Reasonable Worst Case Scenario planning

36. 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.

37. 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 phase one of the surge plan was published on 19 March.
38. 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.
39. 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

40. 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 2pm on Saturday 21 March, testing has resulted in 22 new positive cases, bringing the total number of confirmed cases in Northern Ireland to 108.
- To date 1 person who tested positive has sadly died.
- The total number of tests completed in Northern Ireland is 2,186.
- While the public have responded to our call to isolate or socially distance themselves, we now need to do more in order to save more lives, protect the vulnerable and to protect the NHS we must now go even further and put in place further measures across the UK to reduce the spread of the virus.
- In relation to advice to high risk individuals regarding these more stringent measures, my officials are preparing for letters to start issuing Monday or Tuesday. We will need to factor in HSCB and GP capacity.
- 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 Health and Social Care staff this is likely to include.
- Surge plans for the predicted significant increases in Covid-19 cases in Northern Ireland were published on 19 March.
- 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 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 21 March at 13.00, DHSC has reported confirmed cases of 329,911 with 11,082 fatalities, 4,032 of these deaths have been in Italy which has now surpassed the total number in China.
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 in the UK as early as April 2020.

Current situation in Northern Ireland

3. As of 2pm on Saturday 21 March, testing has resulted in 22 new positive cases, bringing the total number of confirmed cases in Northern Ireland to 108.
4. To date 1 person who tested positive has died.
5. The total number of tests completed in Northern Ireland is 2,186.

Current situation in the UK

6. There have been 230 confirmed COVID-19 related deaths in the UK.
7. The total number of laboratory confirmed cases of COVID-19 in the UK is 5,018* which includes 4,257 * cases in England, 322 in Scotland, 280 in Wales, and 108 in Northern Ireland.
8. 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.

Current Situation in Republic of Ireland

9. There are now 785 confirmed cases in the Republic of Ireland and 3 deaths. More than 10,000 people in Ireland have now been tested for the virus.

Coronavirus Bill

Legislation

10. The Public Health Act (Northern Ireland) 1967 has been amended to make coronavirus disease (COVID-19) a notifiable disease. The changes came into effect on 29 February 2020.

Emergency Bill

11. The action plan which was published on 3 March set out measures to respond to the COVID-19 outbreak.
12. Some of these measures require changes to legislation in order to give public bodies across the UK the tools and powers they need to carry out an effective response.
13. Some of the proposed changes deal with easing the burden on frontline NHS and adult social care staff, some help staff by enabling them to work without financial penalty, and some support people and communities in taking care of themselves, families and loved ones.
14. The legislation will be time-limited for two years and not all the measures will come into force immediately
15. The Bill allows the four UK Governments to switch on these new powers when needed and crucially to switch them off again when they are no longer necessary based on advice of CMOs of the four nations.

Contents of the Bill:

16. The Bill enables action in five key areas:
- Increasing the available health and social care workforce
 - Easing the burden on frontline staff
 - Delaying and slowing the virus
 - Managing the deceased with respect and dignity
 - Supporting people