

FROM THE MINISTER OF HEALTH



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Your Ref:

Our Ref: SUB 1265//2020

Date: 8 April 2020

To: eccmc.secretariat@executiveoffice-ni.gov.uk

I am responding to your request of 7 April 2020 for update from my Department to the Executive's draft COVID-19 strategy.

As you will be aware, my Department has developed a strategy to oversee our response to COVID-19 in a holistic and co-ordinated manner. The Executive Strategy should reflect the key actions from this strategy to ensure that the same actions, metrics and timeframes are being used across all key documentation.

In order to avoid duplication I would ask that one key action is put in the Executive Strategy, as per the below, and we will then update as appropriate. I have also provide update assumptions.

Yours Sincerely

Personal Data

Robin Swann MLA
Minister of Health

Ref	Description	Action	SRO RAG	Metrics	Owner	Timescale
	Protect the health and wellbeing of our citizens	Deliver the DoH Covid-19 Strategy		As per the DoH Strategy	Richard Pengelly DoH	Short term, medium and Long Term

Updated assumptions 8.4.2020

1. DOH modelling reasonable worst case scenario assumptions - Social distancing measures producing a 66% reduction in contacts outside the home and workplace. In addition, 70% of symptomatic cases would adhere to case isolation.
 - The peak of the first wave of the epidemic is expected between 6-20 April 2020 with a potential second wave later in the year.
 - 140 Covid-19 patients will require ventilation and critical care beds during the first wave of the epidemic.
 - The peak number of Covid-19 hospital admissions would be 500 per week.
 - The projected number of cumulative Covid-19 deaths in Northern Ireland over 20 weeks of the epidemic would be 1,500.
 - There is currently sufficient Personal Protective Equipment (PPE) for healthcare workers. Work continues to ensure additional demand is met.
2. There will be disruption to supply chains which will have implications for the supply of food and critical goods including oxygen, critical medicines, clinical consumables and devices, chemicals and a shortage of parts, and could lead to rationing. Action will be required to maintain connectivity to GB and support food supply chains. There are supply barriers to the testing regime.
3. There will be additional demand for ventilators to treat the projected number of critically ill patients. There is also an increase in demand for oxygen in hospitals and the community requiring systems to operate up to their maximum capacity.
4. Workload pressures and staff absences on community pharmacies may result in closures.
5. Staff absence in public service during the peak weeks, and as the crisis continues, will cause strain on provision of public services.
6. There will be significant job losses for business across NI. Hospitality, tourism and transport will be badly affected although sectors such as supermarkets and food processing will see a short-term increase in business.
7. Many businesses will not recover in the short-medium term. The decline in manufacturing will continue. Economic output across most sectors will see a decline in the ability to deliver. Uncertainty and cash flow problems will significantly reduce future investment.
8. Economic interventions will be required to support businesses and farmers of beef, pork and others in food supply chain.

9. There is a possibility of public disorder, anti-social behaviour, a lack of social responsibility and impacts for domestic violence and vulnerable children.
10. Schools and nurseries will provide childcare to a limited number of children of key workers.