UPDATE:

COVID-19 Response Strategy

Department of Health

April 2021

Introduction

The Department of Health's COVID-19 Emergency Response Strategy was developed in April 2020, to outline progress against delivery of the Department's strategy in response to the COVID-19 emergency.

This is a living document and, as such, has been updated to reflect the rapidly changing environment since the start of the pandemic, and the actions that have been taken by the Department and the wider HSC to manage it.

This strategy focuses on seven broad strategic aims, and highlights the underpinning actions which have been undertaken to achieve these.

It is important to note that this report does not represent the HSC's response to the pandemic in its totality, but rather gives a detailed reflection of the breadth and depth of the dynamic activity ongoing at this time, across the Department and wider Health and Social Care system, to manage the pandemic and its impacts.

In this update, progress against aims 1 and 3 are reported collectively - as are aims 2 and 7 - given the symbiotic relationship between these and the resultant difficulty in effectively separating the actions to be attributed to each.

Whilst the response to the COVID-19 emergency is a NICS-wide effort, with many linkages across Departments, only those actions which are DOH-specific are captured within this strategy.

Detailed updates, including the Department of Health's COVID-19 Dashboard, are routinely produced to complement this strategy.

Aims

1. Understand the likely path of the curve	**2. Measures to flatten the curve**	**3. Understand the current outbreak**
To effectively tackle the pandemic, it is important that the likely path of the curve is understood. A modelling group will be established, and testing increased, in an effort to inform surge planning, public health policy, and risk management decisions.	*The term 'flattening the curve' relates to the actions taken to reduce the predicted peak in cases over a period of time. The goal is to delay the number of infections, ideally keeping the peak below the threshold of capacity for Northern Ireland's Health and Social Care system. Northern Ireland's approach is in line with the UK "Contain, Delay, Research, Mitigate" Strategy.*	*To effectively tackle the pandemic, it will be important to understand the current outbreak; through population exposure levels, those most at risk and most affected, and to inform the development of an exit strategy for relaxation of control measures.*

4. HSC - Enhance capacity and build resilience	**5. Influence behaviour / provide assurance to the public**	**6. Enhance and evolve treatment options**
Enhancing the HSC's capacity whilst building resilience within the system are key to tackling the pandemic. Significant action will be undertaken to support the system's ability to meet the challenges it currently faces, and those it will face in the weeks and months ahead.	*The single biggest enabler in managing the spread of COVID-19 is public behaviour. That, and the Department's responsibility to the people of Northern Ireland creates the need to provide clear, concise and transparent information to the public at this challenging time.*	*It is imperative that every effort is made to enhance and evolve treatment options to tackle COVID-19 as quickly as possible. As such activity will be progressed across a number of areas to pursue testing, trials and research to combat the disease.*

7. Review impact of control measures and update Regulations
Work should be undertaken to understand the long-term impacts of the control measures on the health of the population, and on the NI economy, to include the relative impacts on the most and least deprived.

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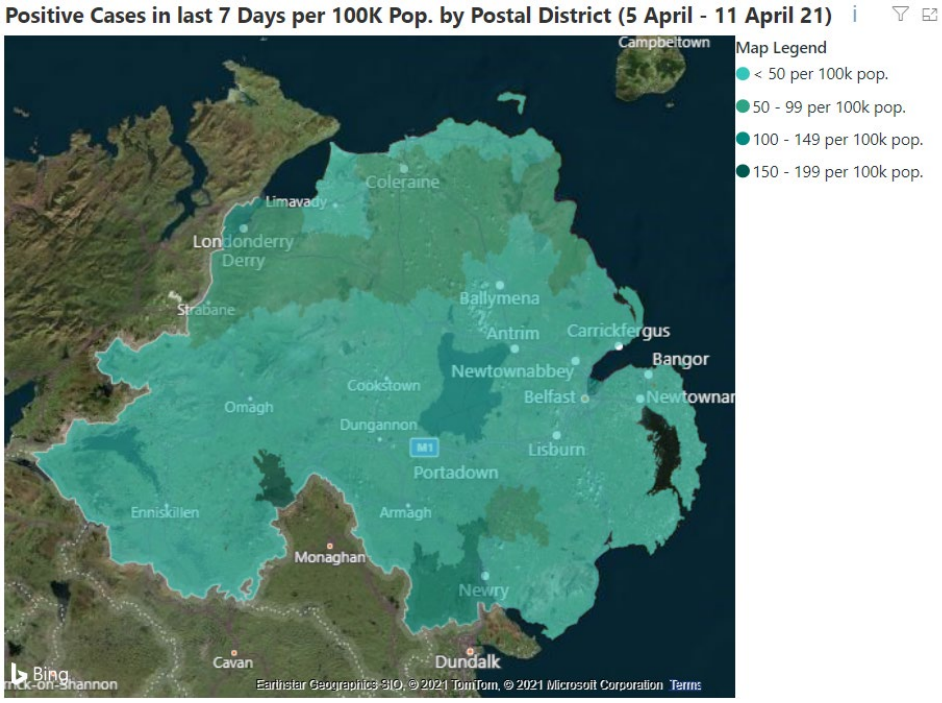
AIM 1 - Understand the likely path of the curve.
AIM 3 - Understand the current outbreak.

To effectively tackle the pandemic, a number of tactical interventions were put in place in an effort to understand the likely path of the curve, and to understand the various outbreaks as the pandemic progressed.

These interventions included, but were not limited to, the establishment of a modelling group and work to understand population exposure levels.

The detail of this work, and other important interventions is set out below:

Modelling



1.1 The COVID-19 modelling group, has continued to review the trajectory of the virus in Northern Ireland throughout the pandemic. The group is comprised of academics from local universities as well as public health experts.

1.2 Each week the group discusses the emerging evidence and latest data on the number of COVID-19 tests, cases, hospital admissions, and deaths and agrees a range for the reproduction number 'R'.

1.3 This range is then published by the Department of Health as part of the R Number Paper.

1.4 The analysis produced by the modelling group informs the public health response by the Northern Ireland Executive, as well as service planning decisions by the Health and Social Care system.

1.5 Modelling has also helped the Department of Health to establish a new regional approach to ensuring that any available theatre capacity across Northern Ireland is allocated for those patients most in need of surgery.

1.6 The Regional Prioritisation Oversight Group (RPOG) has been established to ensure that the relative clinical prioritisation of time critical / urgent cases across surgical specialities and Trust boundaries is consistent and transparent, and to ensure the utilisation of all available capacity.

1.7 This regional approach, whilst remaining agile, will minimise the risk of a postcode lottery and ensure allocation of capacity on a clinical prioritisation basis.

Reproduction Number, R_t based on COVID-19 Confirmed Hospital Admissions

Antibody Testing

1.8 An antibody test is a blood test to check if you've previously had coronavirus (COVID-19) before. HSC staff continue to take part in an antibody testing programme to support surveillance studies across the UK (the SIREN study - Sarscov2 Immunity and REinfection EvaluatioN).

1.9 The first report from the SIREN study was published on 14 January 2021 and initial findings are proving extremely useful in helping us understand more about the disease and disease management. It is important to note that, as COVID-19 is a new disease, our understanding of the body's immune response to it is limited. We do not know, for example, how long an antibody response lasts, nor

whether having antibodies means people cannot be infected again or transmit the virus to others.

1.10 As well as the national SIREN study, as part of a separate national programme, a local HSC Serology Group has also undertaken an antibody surveillance programme. The study has been extended to include staff groups in secondary care; primary care, as well as staff working in care homes and in domiciliary care.

Testing for new variants of the SARS-CoV-2 virus

1.11 Another important intervention progressed by the Department is work to identify and track new variants of the SARS-CoV-2 virus in Northern Ireland.

1.12 This intervention includes the complex and specialized field of whole genome sequencing which allows examination of the DNA of viruses. This is an established method of identifying and tracking new variants of SARS-CoV-2, including for example the B.1.1.7 variant otherwise known as the UK Variant.

1.13 Expansion of whole genome sequencing in Northern Ireland represents a targeted response to the concerns that have arisen in relation to specific new variants of the SARS-COV-2 virus.

1.14 Whole genome sequencing has been in place in Northern Ireland from an early stage of this pandemic. In April 2020, the clinical laboratory team in the Regional Virus Laboratory initiated a work stream on whole genome sequencing of the SARS-CoV-2 virus, as part of the national COVID-19 Genomics UK Consortium (COG-UK) sequencing programme.

1.15 The COG-UK sequencing programme is a partnership of NHS organisations including the four Public Health Agencies of the UK, the Wellcome Sanger Institute and a number of academic partners, all providing sequencing and analysis capacity. Northern Ireland plays a key role in this partnership.

1.16 The Department continues to deliver significant enhancement to Northern Ireland's whole genome sequencing capability and capacity. This work is strengthening our public health response to the pandemic in a number of ways - enhanced surveillance capacity to detect variants and to describe the characteristics, spread and associations of variant and mutation infections; to inform targeted public health assessment and action in the investigation and management of outbreaks; and to enable greater surveillance at population level.

Wastewater surveillance and sample testing

1.17 Working together with colleagues in DAERA, and with a range of delivery partners including Queens University Belfast, the Regional Virology Laboratory and the Public Health Agency, the Department is committed to playing a key role in developing a programme of wastewater testing and surveillance in Northern Ireland.

1.18 Wastewater surveillance can detect the SARS-Cov-2 virus in both symptomatic and asymptomatic populations. As such, testing will become an important part of the overall approach to the long-term management and tracking of the virus. Wastewater surveillance complements clinical surveillance by providing information on the prevalence and spread of disease in the population and will have an important role in monitoring overall viral activity and in identifying any new variants that may emerge.

1.19 Two wastewater treatment sites in Northern Ireland are currently undergoing sampling and testing, with plans developing for further sites to be monitored in the coming months.

1.20 This important work will help create a long-term tracking system for SARS-Cov-2 virus levels in the community through wastewater surveillance. This programme also opens up the possibility of tracking a range of other harmful pathogens of importance in terms of both public and animal health.

Education Support Cell

1.21 In September 2020, the Public Health Agency established a dedicated team to support schools and other educational establishments to manage confirmed cases of COVID-19 in school settings. The School Cell is available seven days a week during term time.

1.22 A key aim of the Cell is to reduce the transmission of COVID-19 within schools when a positive case is identified, and to work collaboratively with and support education partners as they develop and refine arrangements to manage COVID-19 in schools.

1.23 As well as providing support for the management of individual cases, the Schools Cell actively monitors and advises schools on disease activity within and across schools. If the number of cases increases or significant in-school transmission is suspected, a detailed risk assessment is undertaken jointly with education partners to determine if any further public health actions are required.

PHA Acute Response team

1.24 Throughout the COVID-19 pandemic, the key source of health protection advice and guidance within Northern Ireland has been provided by the Public Health Agency Acute Response team.

1.25 Staffed by specialist health protection consultant, nursing and surveillance staff, the team has provided advice and guidance to a wide range of professional staff across the HSC, including the care home sector.

1.26 The team has been scaled up during the pandemic to ensure a commensurate and robust response as required, including 24/7 emergency cover throughout the year. The team has been monitoring and controlling clusters and outbreaks

across Northern Ireland. This includes establishing and leading an Incident Management Team working with other government and arm's length bodies and employers to manage outbreaks in specific settings.

Next steps

The COVID-19 modelling group will continue to review the trajectory of the virus in Northern Ireland and will continue to discuss the emerging evidence and latest data in respect of the pandemic, to inform the public health response by the Northern Ireland Executive, as well as the service planning decisions by the Health and Social Care system.

AIM 2 - Measures to flatten the curve

AIM 7 - Review impact of control measures / update regulations

The Department of Health and wider HSC undertook a number of tactical interventions to 'flatten the curve' and reduce the peak in predicted cases.

These interventions included, but were not limited to, a significant focus on increasing Northern Ireland's testing system, the establishment of a Contact Tracing Service, and putting in place a number of control measures and regulations in response to the path of the pandemic.

The detail of this work, and other important interventions is set out below:

Testing

2.1 The Department of Health has had a significant focus on COVID-19 testing to date.

913,276

Individuals tested for Covid-19 as at 14 April 2021 (an individual may have been tested for Covid-19 once or more than once)

2.2 Available Polymerase Chain Reaction (PCR) testing capacity has been scaled up from 40 tests per day in January 2020, to in excess of 15,000 per day in January 2021. Testing capacity is flexible and can be increased in response to demand.

2.3 In the early stages of the COVID-19 emergency, testing was reserved for the highest priority areas including the most ill and vulnerable patients in hospitals, care home settings and for health and care workers. However, access to testing rapidly expanded and now **everyone** in Northern Ireland is eligible for a COVID-19 PCR test **if they are showing symptoms of infection**.

2.4 The Department's Expert Advisory Group (EAG) on Testing is responsible for overseeing implementation of the Northern Ireland Testing Strategy for COVID-19, including co-ordination of testing arrangements. Testing policy is kept under constant review by the EAG and priority groups for testing are extended in line with both the scale up in testing capacity, and also in line with emerging scientific and medical evidence.

2.5 Testing in Northern Ireland for people with symptoms of COVID-19 is currently delivered through two routes. Firstly, through the Health and Social Care laboratory network which is primarily used to test patients and healthcare workers. This is known as Pillar 1 of our testing programme.

2.6 Testing capacity within the Pillar 1 network has been supplemented through collaborative working arrangements with an Academic Consortium established by the Department. The consortium involves Queen's University Belfast, University of Ulster, Western Health and Social Care Trust / Clinical Translational

Research and Innovation Centre, the Agri-Food and Biosciences Institute and local industry partner, Almac.

2.7 Through joint-working with a number of key stakeholders and delivery partners across the health and social care sector, local universities and industry, testing capacity in Pillar 1 has increased significantly since the pandemic started. The Department of Health is extremely grateful to all partners for their significant efforts and collaborative working.

2.8 Secondly, testing in Northern Ireland is delivered through the National Testing Programme which has been established and is led by the Department of Health and Social Care (DHSC) in London and operates through collaborative working with the Department of Health and the Public Health Agency here. This is known as Pillar 2 of our testing programme.

2.9 Testing capacity through the National Testing Programme (Pillar 2) is flexible and, as was the case in the pre-Christmas period, can be increased rapidly to meet periods of increased demand for testing across Northern Ireland.

2.10 Testing through Pillar 2 is delivered in a number of ways. There are currently five fixed, drive-through testing centres operating in Northern Ireland. These are located at the SSE Arena in Belfast, LYCRA Company Carpark in Derry/Londonderry, Central Sports Arena in Craigavon, St Angelo Airfield in Enniskillen, and most recently Antrim Business Park.

2.11 There are 9 mobile testing units currently deployed across Northern Ireland in response to local need, with flexibility to deploy more vehicles as required. There are seven permanent walk through testing centres located at Stranmillis, Magee and Coleraine Ulster University campuses, Ballymena, Newry, Lisburn and Omagh.

5	**9**	**7**
Drive-through testing centres	**Mobile testing units**	**Walk-through testing centres**

2.12 Home Test Kits are also available for people who are unable to attend a test site; with satellite testing kits currently used to support the programme of testing in care homes.

Testing in Care Homes

2.13 Protecting residents and staff in our care homes continues to be a key priority for the Department throughout all phases of the COVID-19 pandemic. Testing in care homes has been facilitated from the earliest opportunity.

2.14 In recognition that care homes are distinct from other care settings - they are enclosed environments and have a specific and particular risk profile – the Department of Health has implemented comprehensive COVID-19 testing arrangements for care home residents and staff.

2.15 On 18 May 2020, the Minister announced that the COVID-19 testing programme was to be extended with testing made available to all care home residents and staff across Northern Ireland. This included testing in care homes which had not experienced a COVID-19 outbreak.

2.16 The initial phase of this extensive programme successfully completed in all care homes across Northern Ireland at the end of June 2020.

2.17 This programme was made possible through a collaborative and robust multi-agency partnership between the Department, the Public Health Agency, Health and Social Care Trusts, the NI Ambulance Service and importantly the dedicated staff in care homes across the region.

2.18 From 3 August 2020, the care home COVID-19 testing programme for residents and staff included two components:

(i) regular testing through the National Testing Programme in 'green' care homes which do not have a COVID-19 outbreak, with all asymptomatic care home staff tested on a weekly basis and residents tested every 28 days; and

(ii) testing in care homes with a suspected or confirmed COVID-19 outbreak, with this testing undertaken through our local HSC Laboratories (Pillar 1) and care homes supported by Health and Social Care Trusts to complete this testing.

2.19 Our programme of regular testing in care homes across Northern Ireland has undoubtedly reduced the impact of COVID-19 on care home residents and staff throughout the course of this pandemic.

2.20 The regular programme of testing is central to identifying asymptomatic cases, in managing the spread of infection, helping to prevent and control outbreaks, and allowing the appropriate steps to be taken at the right time to protect some of our most vulnerable citizens in our society.

2.21 Our care home testing programme is kept under active review and is refreshed in line with new and emerging scientific and medical evidence.

2.22 As an additional mitigation to assist and support visiting in care homes, a New Testing Intervention using lateral flow devices commenced in early 2021 and this

testing continues to expand. The Department also continues to support the Care Partners' Scheme by making regular testing available to nominated care partners.

Supported Living

2.23 Recognising that some service users who reside in a supported living setting may be at greater risk of infection in view of their age and / or underlying health conditions, early in the pandemic the Department of Health established COVID-19 testing arrangements for supported living settings where there is a potential cluster or an outbreak of COVID-19.

2.24 In late 2020, Minister Swann asked officials to prioritise the provision of routine asymptomatic testing in supported living settings. A planned programme of weekly asymptomatic testing of staff in supported living settings has now commenced.

New Testing Technologies

2.25 The Department's Expert Advisory Group (EAG) is fully linked in to the national Population Testing Programme led by the Department for Health and Social Care in England, which aims to significantly increase testing for COVID-19 of people across the UK **who do not have any symptoms** (or are asymptomatic). This is a rapidly evolving and expanding testing programme in Northern Ireland.

2.26 This testing is undertaken using new and emerging testing technologies, such as Lateral Flow Device (LFD) and LAMP testing (Loop-mediated Isothermal Amplification), which are validated at both national and local level before being deployed for use in Northern Ireland. The programme will continue to expand to use additional new testing technologies as they become available and are validated for safe use.

2.27 Under the guidance and direction of the EAG, and working as part of the UK-wide programme, Northern Ireland is continuing with implementation of a series of New Testing Interventions (NTIs) to test asymptomatic people across a range of settings.

2.28 These includes testing of frontline healthcare workers, as well as testing in schools, special schools, universities and in care homes.

2.29 The Department is also currently progressing a significant expansion of asymptomatic testing using LFDs to enable increased targeted testing for communities, private sector business and the public sector (including emergency services) across Northern Ireland.

2.30 This expanded testing will run in parallel with the asymptomatic testing programmes already operating in our health and education sectors. New testing technologies play an essential role economically, educationally and socially within the overall package of measures available to drive down infection and keep rates of transmission low.

Testing in Schools and in Special Schools

2.31 Working with a range of partners, the PHA Education Support Cell has led the development and implementation of asymptomatic testing programmes in our schools and special schools. This regular testing is an important additional measure alongside the range of existing safety measures in place in school settings.

2.32 Around one in three people who are infected with COVID-19 have no symptoms and could be spreading the disease unknowingly. The introduction of regular asymptomatic testing in schools using lateral flow devices will assist to identify positive cases in those showing no symptoms. This will mean finding cases more quickly and assisting in breaking chains of transmission.

2.33 A programme of regular, weekly testing of asymptomatic pupils and staff is also ongoing in special schools across Northern Ireland.

2.34 All asymptomatic staff and pupils are offered regular testing using a new testing technology called LAMP (loop-mediated isothermal amplification). LAMP is a saliva based test and is easier to administer than swab testing for children attending special schools.

2.35 This important intervention is being led by the Public Health Agency working collaboratively with delivery partners in the Education Authority and Queen's University Belfast, and is jointly sponsored by the Departments of Health and Education.

Emergency Departments

2.36 A new rapid test for COVID-19 (LumiraDX™) was introduced to all HSC Trust Emergency Departments (EDs) in January 2021. LumiraDX™ delivers results within 12 minutes of the test being taken.

41,316

Rapid Tests administered in Emergency Departments this year

2.37 This significant development in testing capability enables EDs to very quickly identify patients who do not have COVID-19, thus enabling faster decision-making in relation to patients' care and treatment.

2.38 This new testing technology is supporting the management of significant demands on our EDs and on our HSC system as a whole. On average 4,200 LumiraDX™ tests are carried out weekly in EDs. The total number of LumiraDX™ tests undertaken between 9 January and 9 April 2021 was 41,316.

2.39 The LumiraDX™ new testing technology was validated and trialed locally by scientists in the Regional Virology Laboratory, working collaboratively with staff from the Royal Victoria Hospital, as one of only five early adopter sites across the UK.

Contract Tracing Service

2758

Cases reported to the contact tracing service, in the three weeks up to the 4 April 2021

8268

Close contacts identified in the three weeks up to the 4 April 2021

2.40 The key aim of the Contact Tracing Service is to slow the spread of the SARS-CoV-2 virus and to lessen its impact on HSC services in Northern Ireland, through preventing community transmission of the virus.

2.41 A Contact Tracing Steering Group was established on 1 May 2020 by the Chief Medical Officer to oversee the establishment and implementation of a Contact Tracing Service for Northern Ireland. The Service commenced in April 2020 with a pilot phase operated by the Public Health Agency (PHA). With effect from 18 May 2020 the Service was expanded further involving PHA staff contacting everyone who received a positive test result in order to provide them with advice and to identify and trace all their high and medium risk close contacts.

2.42 The Contact Tracing Service involves a manual contact tracing function in addition to a number of innovative digital solutions. These elements are all now well embedded in the contact tracing pathway and include the digital self-trace platform, a texting service (HSC result and HSC tracing) and use of the StopCOVID NI App. These digital aspects have added significantly to the overall operation of the Contact Tracing Service and help it to deliver key messages to contacts and cases in an efficient and timely way.

2.43 The introduction of enhanced contact tracing has added significantly to the intelligence available on individual clusters and outbreaks of COVID-19 and in particular in their early detection which helps inform appropriate early interventions by the PHA. Information on clusters and outbreaks is also now published by PHA on a weekly basis and can be accessed at: COVID-19 cluster/outbreak summary | HSC Public Health Agency (hscni.net).

2.44 In response to the potential for new variants and mutations of SARS-CoV-2 virus to emerge, the Contact Tracing and Health Protection teams in PHA have developed a plan which sets out the end-to-end process for identification and management of new variants, as they emerge in Northern Ireland.

2.45 The Contact Tracing Service is kept under continuous review to enhance the service provided and to ensure that it remains well positioned to deal with any increase in case numbers and with any challenges that are presented by the emergence of new variants.

2.46 The Contact Tracing Service remains at the core of the public health response to COVID-19, and in this context contact tracing will continue to play a significant role in the weeks and months ahead.

Vulnerable Groups

2.47 At the outset of the pandemic, Clinically Extremely Vulnerable (CEV) people were advised to adhere to extra, stringent precautions to avoid exposing themselves to the virus, including avoiding leaving their homes for work, shopping, socialising or exercising, known as shielding.

200,000

The number of people who had been included on the Shielded Persons List by 31 July 2020

2.48 By the time shielding paused on 31 July 2020, more than 200,000 people had been included on the Shielded Persons List.

2.49 Since shielding was paused, advice for CEV people has been kept under continual review by a dedicated CEV Cell in the Department of Health. Shielding has not been reinstated since then, however advice in relation to attending the workplace was strengthened after Christmas 2020 in response to increasing levels of virus activity, and the emergence of the new variant of COVID-19.

2.50 With effect from 12 April 2021, advice for CEV people regarding attending the workplace has been eased. Further easing of advice will be linked to the easing of restrictions more generally.

2.51 In the early stages of the pandemic, all HSC Trusts established an integrated service for patients who were shielding across Northern Ireland to provide the practical, emotional and social support needed to aid self-isolation.

2.52 The Department for Communities (DfC) led on the creation of a wider delivery partnership with the community and voluntary sector and local government, offering a single point of support for CEV people and anyone else left vulnerable by the lockdown.

2.53 In addition, the Department has worked with the Departments of Justice, Education and Communities to develop a cross-departmental / inter-agency Vulnerable Children and Young People's Plan, to address vulnerabilities that children, young people and their families may be facing due to the pandemic.

2.54 The plan aims to keep children safe and well within their homes and in the community, with targeted support for specific groups of children/families, built upon support that is already in place for families, through statutory, voluntary and community organisations, including through the network of Family Support Hubs across Northern Ireland.

5,731...

Families referred to Family Support Hubs between 1 April and 31 December 2020

2.55 Between 1 April and 31 December 2020, 5,731 families were referred for support services to the Family Support Hubs. In addition 2,094 telephone enquiries were responded to.

2.56 The Department of Health has also closely monitored and routinely revised guidance on visiting care settings, the most recent update taking effect from 1 March 2021. The Public Health Agency has recently been tasked with developing, in a spirit of co-production with a range of stakeholders, a new approach to returning to normal visiting for care homes. This is expected to be completed by late April 2021.

2.57 This work will also inform the approach to returning to normal visiting in hospitals and other care settings.

Coronavirus Regulations

Amendments to regulations made – 2020 / 2021		
The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (SR 2021 No. 93)	Operative from 9 April 2021	**1** Subsequent sets of regulations
Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020 (S.R 2020 No. 150)	Operative from 23 July 2020 Revoked 9 April 2021	**32** Subsequent sets of regulations
Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2020 (S.R. 2020 No. 151)	Operative from 23 July 2020	**4** Subsequent sets of regulations
Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2020 (S.R. 2020 No. 90)	Operative from 8 June 2020	**33** Subsequent sets of regulations
The Health Protection (Coronavirus, Public Health Advice for Persons Travelling to Northern Ireland) (No. 2) Regulations (Northern Ireland) 2020 (S.R. 2020 No. 215)	Operative from 31 October 2020	**2** Subsequent sets of regulations

The Health Protection (Coronavirus, International Travel, Pre-Departure Testing and Operator Liability) (Amendment) Regulations (Northern Ireland) 2021 (S.R. 2021 No. 10)	Operative from 21 January 2021 (1 February for some provisions)	

2.58 In May 2020, the NI Executive agreed four principles for implementation of restrictions; focused on purpose, necessity, proportionality, and reliance on evidence. These restrictions are set out within regulations which are brought to the Health Minister by the Department for agreement, and subsequently approved by the Health Committee and confirmed by a resolution of the Assembly.

2.59 The purpose of the regulations introduced is (i) to protect the health of the population by limiting the spread of COVID-19 infection in order to minimise the numbers of cases and deaths, and (ii) to ensure as far as possible that the health care system has the capacity to care for COVID-19 patients and care for all patients, present and future.

2.60 An eighth review of the need for the restrictions was completed on 16 March 2021. This review, carried out by the Department and agreed by the NI Executive, concluded that the current restrictions and requirements were a necessary and proportionate response to the epidemic at that time. It was agreed the restrictions would be extended until 1 April 2021, with some small amendments.

2.61 The previous 2020 regulations were revoked and replaced with the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021. They make no policy changes to the Regulations.

2.62 The first review of the 2021 Regulations (SR 2021 No. 93) took place on 15 April 2021. The Department continues to monitor the population health impact of COVID-19 and the related regulations to reduce transmission.

Long term impact

2.63 We are still in the early stages of our understanding of the long term effects of COVID-19.

2.64 The rapid guideline produced by NICE in December 2020 described different phases for patients experiencing symptoms:

- Exhibiting signs and symptoms for up to 4 weeks following infection is defined as Acute COVID-19
- Ongoing Symptomatic COVID-19 refers to the signs and symptoms from 4 weeks up to 12 weeks post infection

- Post-COVID-19 syndrome refers to symptoms that have not resolved by 12 weeks.

2.65 Although the recording of data on the condition continues in Northern Ireland, there will be insufficient data to conduct analysis for a number of months. In the interim, the available evidence and research on prevalence at the UK level continues to be monitored.

2.66 A recent publication by the Office for National Statistics (ONS) estimated that 1.1 million people in private households in the UK reported experiencing long COVID. This relates to self-reported long COVID, rather than clinically diagnosed ongoing symptomatic COVID-19 or post-COVID-19 syndrome. Of those people, 932,000 lived in England, 56,000 in Wales, 79,000 in Scotland, and 26,000 in Northern Ireland.

2.67 It is accepted that the pandemic is, and will, have an impact on the mental health of the population. Increased low level depression and anxiety is seen widely across the whole of society.

2.68 In April 2020 a rapid review was commissioned by the Mental Health and Capacity Unit of the Department of Health and funded by the Mental Health Foundation. The main aim was to identify, analyse and present evidence to inform the response to mental health needs arising and / or being exacerbated by the COVID-19 pandemic and examine the international evidence beyond the UK and Ireland. The outcome indicated an increase need in mental health support, in particular for low level depression and anxiety and for those with existing mental illness.

2.69 HSC Trusts are now reporting evidence of a start of a mental health surge in response to the pandemic and the restrictions to normal life. It is expected that this surge will continue to grow for a significant period of time, potentially for a number of years, as the psychological impact of the pandemic becomes a reality.

2.70 There is also evidence of an increase in specific mental health needs, including increased level of first time psychosis, a significant increase in mental ill-health among children and young people, increased self-harm among under 18s, higher level of acuity among the in-patient population and higher levels of detention under the Mental Health Order. This has led to difficulties maintaining capacity for in-patient admissions in both adult acute mental health and CAMHS, with bed occupancy levels continuously over 100%. It is expected that the mental health impact of the pandemic will continue to affect people in Northern Ireland for a number of years, with incremental year on year increases.

2.71 In response, on 19 May 2020 Minister Swann published the Mental Health Action Plan which included a dedicated COVID-19 Mental Health Response Plan in an effort to mitigate and address the impact on mental health. The response plan is based around seven strategic themes, and aims to ensure that people's mental health in at the fore of the response to the pandemic. The Covid-19 Mental Health Response Plan saw the creation of a cross sectoral group leading on the

emotional wellbeing response to the pandemic and has guided the mental health response to the pandemic since publication.

2.72 One of the actions in the Mental Health Action Plan was to put in place a Mental Health Champion. In June 2020, Professor Siobhan O'Neill was appointed interim Mental Health Champion and the recruitment process for a permanent Champion is ongoing.

2.73 The role of the Champion – amongst many others - will include acting as a public advocate for mental health, participating in the public debate around mental resilience, suicide, mental health and recovery, and encouraging Government to think about mental wellbeing, to help integrate the ideas of mental resilience and mental health in all public policy.

2.74 In February 2021, Education Minister, Peter Weir and Health Minister, Robin Swann jointly launched a Children and Young People's Emotional Health and Wellbeing in Education Framework.

2.75 The Framework will be supported by a number of initiatives including:

- REACH Programme which provides schools with support to promote good mental health;
- Pilot of counselling service in primary schools;
- the Text-a-Nurse service providing young people with a secure and confidential text messaging service to a school nurse; and
- Wellbeing strategy for school staff to help them take action and invest in their mental and physical wellbeing.

2.76 In implementing the Framework, £5m recurrent funding has been made available by the Education Minister to support mental health and wellbeing within the education sector, and the Health Minister has agreed to provide an additional £1.5m on a recurrent basis from 2021/22 onwards.

Next steps

Looking ahead, the Department is continuing to work with colleagues in the Public Health Agency to further refine the operational model for the contact tracing service in NI. The service will consider the impact of the vaccination programme to ensure that, as the overall impact of the virus begins to reduce, all of the programmes including testing and contact tracing are sufficiently aligned.

The National Institute for Care and Health Excellence (NICE) published a rapid guideline on post-COVID-19 syndrome last December. This guideline will be considered alongside the wider body of emerging evidence and research, to inform future policy and service decisions.

The Health and Social Care Board have been tasked with developing proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of Covid-19 infection. In developing the proposals, HSCB is

engaging with the primary and secondary care sectors as well as other stakeholder groups. In addition, it is reviewing the different approaches being taken in England, Scotland and Wales to ensure that we have the right service to meet the needs of people in Northern Ireland. Once a service model has been identified, work will be undertaken to rapidly develop the appropriate services.

Testing policy will be kept under constant review by EAG, and priority groups for testing will be extended in line with both our scale up in testing capacity and also in line with emerging scientific and medical evidence.

Mental health surge planning work is being prepared and is being delivered through a COVID-19 mental health and wellbeing group jointly chaired between the Department and the Health and Social Care Board. The Health and Social Care Board, together with the Department, PHA and the Trusts is also leading on a specific piece of work to consider immediate increase in capacity for mental health in-patient services.

In response to the increasing demand across mental health, the expected future year on year increase in demands, and in response to the need for wider systemic changes, a 10 year Mental Health Strategy was launched for public consultation on 21 December 2020. After expected publication in summer 2021, this will drive the work on the reform of mental health services through mental health promotion, prevention and service delivery, including the long term response to the pandemic.

The DoH will shortly be publishing a Cancer Recovery Plan “Building Back; Rebuilding Better”. The plan will stabilise cancer services as we continue to emerge from the most recent surge period. Cancer services were already worryingly stretched before Covid-19 so the plan will also make recommendations and set key actions needed to put cancer services on a long-term sustainable footing. The Recovery Plan will be aligned with the longer-term Cancer Strategy being developed for NI and will focus over a three year period. It is envisaged that the Cancer Strategy will go out for formal consultation in the summer of 2021.

AIM 4 - HSC: Enhance capacity and build resilience

Enhancing the HSC's capacity whilst building resilience within the system have been key to tackling the pandemic. A number of tactical interventions have been undertaken to support the system's ability to meet the challenges it has faced, and will continue to in the weeks, months and years ahead.

These interventions include, but are not limited to, the publication of a Surge Planning Strategic Framework, development of a regional critical care plan, the cancellation of elective care procedures, and the utilisation of capacity across the Northern Ireland independent sector hospitals.

Importantly, tactical interventions also included a focus on support in primary care, and in the capacity of our workforce. The detail of this work, and other important interventions is set out below:

Whole system response

3.1 The Department established a Bronze / Silver / Gold mechanism, which involved daily sit-reps submitted from Health and Social Care Trusts to the Health and Social Care Board, and then to the Department.

3.2 This sit-rep process was underpinned by 24 integrated policy and operational cells, which were designed to respond quickly to any issues escalated by Trusts.

3.3 The Minister also established a joint Silver/Gold COVID-19 Command Group, chaired by Permanent Secretary.

3.4 This Group comprised senior departmental officials along with the Chief Executive of the HSCB and PHA. This group met daily during the height of the pandemic. The key purpose of this Command Group was to provide strategic oversight to the COVID-19 response and to consider any issues escalated from the integrated policy and operational cells. These mechanisms provided effective strategic oversight and support to the system in responding to the COVID-19 pandemic.

3.5 Whilst these structures have now been largely stood down as we are emerging from the third surge, they can rapidly be stood up again should it be required.

Strategic approach to surge planning

3.6 The Department published a Surge Planning Strategic Framework on 6 October 2020. This provided a high level overview of learning from the first wave and the regional approaches taken across key areas, such as critical care, elective care, orthopaedic services and care homes.

3.7 The Framework highlighted the key strategic issues involved with planning for further COVID-19 surges to help ensure HSC is prepared. The Surge Planning Strategic Framework also set the context for individual Trusts surge plans, which were also published on 6 October 2020.

Critical Care

3.8 Modelling of acute bed capacity, critical care capacity and enhanced respiratory care (including oxygen availability) is routinely carried out to support Trust and system planning.

3.9 The Critical Care Network for Northern Ireland (CCaNNI) updated its surge plan in advance of the third COVID-19 wave. A new Command and Control Hub was established to operationally manage critical care on a regional basis.

3.10 This Hub also managed respiratory services, again as a regional resource. CCaNNI continued to play a central role in advising this Hub on the implementation of the critical care surge plan and continues to report daily to the Department.

3.11 The revised critical care surge plan provides the ability to flex critical care capacity to an absolute maximum of 177 ICU beds across the region. The plan requires Trusts to work collectively to ensure that critical care capacity is maximised, while making the most of available staffing resources.

3.12 Within this overarching plan, decisions were taken on the need to transfer patients to the Belfast City Hospital Nightingale facility.

3.13 It is important to note that the level of staffing required to deliver ICU capacity above circa 140 ICU beds would be extremely challenging to sustain for anything but a short period. The latest CCaNNI critical care plan is replicated below:

REGIONAL COVID-19 CRITICAL CARE SURGE PLAN VERSION 3 WORKING DRAFT

		Altnagelvin	Antrim	Causeway	CAH	BCH	BCH Regional Pods	MIH	RICU	CSICU	SWAH	Ulster	L3-equivalent beds	Pandemic CRITCON-2020
Local escalation	BASELINE	8.5	7	3	7	7		4.5	23	(14)	4	8	72	CRITCON 0
	1	10	9	3	9	4		9	27	(14)	4	10	73-85	CRITCON 1
	2	OP/IP/DC ROUTINE NON-ESSENTIAL ACTIVITY SUSPENDED (MAINTAIN P1 AND P2 SURGERY)											86-110	CRITCON 2
		13	10	3	12	24		0	30	(14)	5	13		
		ACTIVE DECISION TO HOLD/ESCALATE/DE-ESCALATE												
	3	PROGRESSIVE EXPANSION - OP/IP/DC URGENT ACTIVITY SUSPENDED (MAINTAIN P1 SURGERY AS LONG AS POSSIBLE)											111-137	CRITCON 3
		16	14	3	16	32		0	32	(5)	8	16		Maximum mutual aid including requests to ROI/GB
		UNITS REVIEW FURTHER LOCAL EXPANSION POTENTIAL - ACTIVE DECISION TO HOLD/ESCALATE/DE-ESCALATE												
Regional escalation	4	ALL NON-EMERGENCY ACTIVITY SUSPENDED											138-141	
		16	14	3	16	36	1	0	32	(5)	8	16		
		ACTIVE DECISION TO HOLD/ESCALATE/DE-ESCALATE INCLUDING CMO/DoH AUTHORITY TO MOVE TO CRITCON 4												
		WHOLE-SYSTEM TRIAGE CRITERIA AND ACTIVE GOALS OF CARE REVIEW TO BE CONSIDERED WITH EMBEDDED ETHICAL SUPPORT												
	5	16	14	3	16	48	2	0	32	(5)	8	16	142-153	CRITCON 4
	6	16	14	3	16	60	3	0	32	(5)	8	16	154-165	Resources likely to be overwhelmed. Possibility of triage by resource (non-clinical refusal or withdrawal of critical care due to resource limitation)
	7	16	14	3	16	72	4	0	32	(5)	8	16	166-177	Implemented on regional directive from DoH/CMO

3.14 In the third wave (January 2021), critical care moved to level 4 which included opening of the first 'pod' at the Belfast City Hospital Nightingale.

3.15 Work over the Christmas period focused on ensuring effective acute respiratory care, including having in place resilient oxygen supplies at all acute hospital sites. Respiratory physicians from across the region collaborated closely on optimising enhanced respiratory care in line with available oxygen supplies.

3.16 By the end of January 2021, acute hospital sites had improved oxygen availability and patients had been diverted appropriately to smooth probable pressure on critical care.

3.17 With pressures easing from the most recent wave of COVID-19, the Belfast City Hospital Nightingale was de-escalated and closed on 8 April 2021, with the final two remaining patients transferred to the RVH ICU facility. While regional complex surgery is now being delivered on the site, BCH Tower will remain a key part of the Critical Care Surge Plan and will be recommissioned again if required in future; however, in the event of a future surge, regional complex surgery will be protected for as long as possible.

3.18 Since March 2020, 180 intensive care ventilators and 24 advanced patient transport ventilators has been purchased to supplement existing devices in treating our most sick patients.

3.19 All of these orders, have been received, allocated and commissioned for use in HSC Trusts. In addition, 145 non-invasive ventilation devices have been procured for use by respiratory services in the region as well as 300 high-flow oxygen devices.

3.20 Each Trust has identified local surge plans to meet additional surge demand for both COVID-19 and non-COVID-19 patients, and the regional inventory of 348 invasive ventilation devices exceeds the currently anticipated demand.

3.21 While it is vital that we have the necessary ventilators and other equipment in place to meet the needs of patients, this equipment is unlikely to be a limiting factor in the provision of critical care to patients in Northern Ireland.

3.22 The most considerable stress on the Health and Social Care system has been and continues to come from pressures on staff resources, including those absent because of COVID-19.

Whiteabbey Nightingale Facility

3.23 An additional Nightingale facility on the Whiteabbey Hospital site was commissioned by the Department as an intermediate care facility, providing up to 100 additional 'step down beds'. Designed to be brought online on a phased basis, the first phase opened on 20 November 2020 and initially provided 23

regionally available beds; however, in light of pressures faced by the third wave of COVID-19, the Northern Trust rapidly increased this number to 28 beds.

3.24 The Whiteabbey Nightingale facility focused on patients who had recovered beyond the acute phase of COVID-19 infection, but still required intense rehabilitation.

3.25 As the regional COVID-19 enhanced rehabilitation facility, Whiteabbey Nightingale treated a total of 145 patients from across all Trust areas, easing pressures on acute and ICU beds across the region. With case numbers easing as we come out of the most recent surge, the Whiteabbey facility has now turned its focus to provide a regional enhanced rehabilitation service for non-COVID-19 patients. It is important to note, however, that the Whiteabbey facility will retain the ability to flip quickly back to a COVID-19 focus, should the need arise again in the future.

Cancellation of elective care procedures

3.26 Waiting times for patients have deteriorated further as a consequence of the pandemic.

3.27 As a result of the rise in the number of reported positive COVID-19 cases, and the increase in hospital admissions operating capacity across all Trusts has been significantly reduced to allow clinical staff to be redeployed to the front line.

Cancellation	As at 11/04/2021
Elective day-case admissions	15,665
Elective inpatient admissions	1,661
Regular attender	491
TOTAL	**17,817**

*Since monitoring began on 18/03/20

3.28 Surge three was undoubtedly the HSC's biggest challenge to date, with unprecedented levels of COVID-19 admissions in January.

3.29 As noted above, a Regional Prioritisation Oversight Group (RPOG) has been established to ensure the utilisation of all available capacity, both in-house in the HSC and in the Independent Sector, and this Group continues to meet on a weekly basis.

3.30 HSC Trusts are working with clinicians and the Health and Social Care Board to prioritise the care needs of patients and also to ensure that all available capacity is utilised as effectively and equitably as possible across the region.

3.31 In order to support the delivery of core health service activity and the rebuilding of HSC services, capacity has been secured from local independent sector healthcare providers and work continues to seek ways to optimise this.

3.32 Whilst 17,817 surgeries have been cancelled since monitoring began in March 2020, as a result of the HSC having access to theatre capacity in the three local independent sector hospitals, approximately 5,170 cancer or time critical patients have been treated by HSC consultants between 1 April 2020 and 4 April 2021.

Elective Care Rebuild

3.33 The elective care rebuild is likely to be a gradual process. As a first step, the initial emphasis will be on de-escalating ICU and ensuring a managed return of theatre staff back to their usual roles to allow cancer and high priority elective surgery to recommence.

3.34 This de-escalation will be carefully planned to ensure that staff involved in surge work have some time to recover. With regard to imaging services, these have continued throughout the pandemic, primarily supporting the emergency and acute cancer pathway. Although productivity remains lower than normal due to enhanced infection control requirements, imaging services continue to support the wider elective system in terms of green pathways for rebuild and recovery as well as ensuring safe acute and emergency access.

3.35 As part of the elective restart, HSC Trusts are working to designate a number of hospital sites as ‘green’ sites by ensuring complete separation of elective and unscheduled services. At the same time, HSC Trusts will be required to put in place ‘green’ pathways at major acute hospitals to ensure that cancer and complex elective surgery that can only be provided on these sites can be kept separate to complex unscheduled surgery.

3.36 As outlined in the Department’s Rebuilding Health and Social Care Services: Strategic Framework, HSC Trusts will be expected to prepare three monthly rebuilding plans setting out how routine activity will be restarted. The latest Trust Rebuild plans, covering April to June 2021, were published on 13 April.

3.37 While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

No More Silos

3.38 The Department published its COVID-19 Urgent & Emergency Care Action Plan, No More Silos, on 16 October 2020.

17%

Of attendances at Urgent Care Centres have been managed with advice

3.39 Since then, significant progress has been made to implement its 10 key actions which include introducing Urgent Care Centres, keeping emergency departments for emergencies, Rapid Access Assessment and Treatment Services, and the introduction of a 24/7 Telephone Clinical Assessment Service, Phone First.

3.40 While the HSC has been facing extreme pressure due to the current surge in COVID-19 cases, early indications suggest that the implementation of these key actions have been able to mitigate the worst of these pressures in the areas that they are already operational.

3.41 Urgent Care Centres are now in operation at the Belfast Royal Victoria Hospital, Craigavon, Antrim, and in both the Western and South Eastern Trusts with early data showing that 17% of attendances have been managed with advice, 48% have been sent to scheduled slot at the Urgent Care Centre and 35% have progressed to the emergency department.

3.42 Since the Royal Victoria Hospital Urgent Care Centre has opened, the Belfast Trust has reported its unscheduled care four hour performance has significantly improved, when urgent care centre data is combined with emergency department performance, with less emergency department incidents and complaints, due to less overcrowding.

3.43 The 24/7 Telephone Clinical Assessment Service, Phone First, has also been a successful tactical intervention in managing the capacity of the HSC in its response to the pandemic.

3.44 Phone First provides the opportunity to divert patients away from emergency departments, scheduling appointments for alternative pathways as appropriate.

3.45 Now operational across in the Northern, Southern and Western Trust areas, early data shows that 21% of callers are being managed with advice, 12% are advised to contact their GP, 50% are being sent to a scheduled slot on an appropriate pathway, 12% are progressing straight to an emergency department and 5% are supported with an ambulance request.

COVID-19 Centres

3.46 There are currently 10 primary care COVID-19 Centres across Northern Ireland, located in Belfast, Ballymena, Coleraine, Newtownards, Downpatrick, Lisburn, Banbridge, Dungannon, Altnagelvin and Enniskillen.

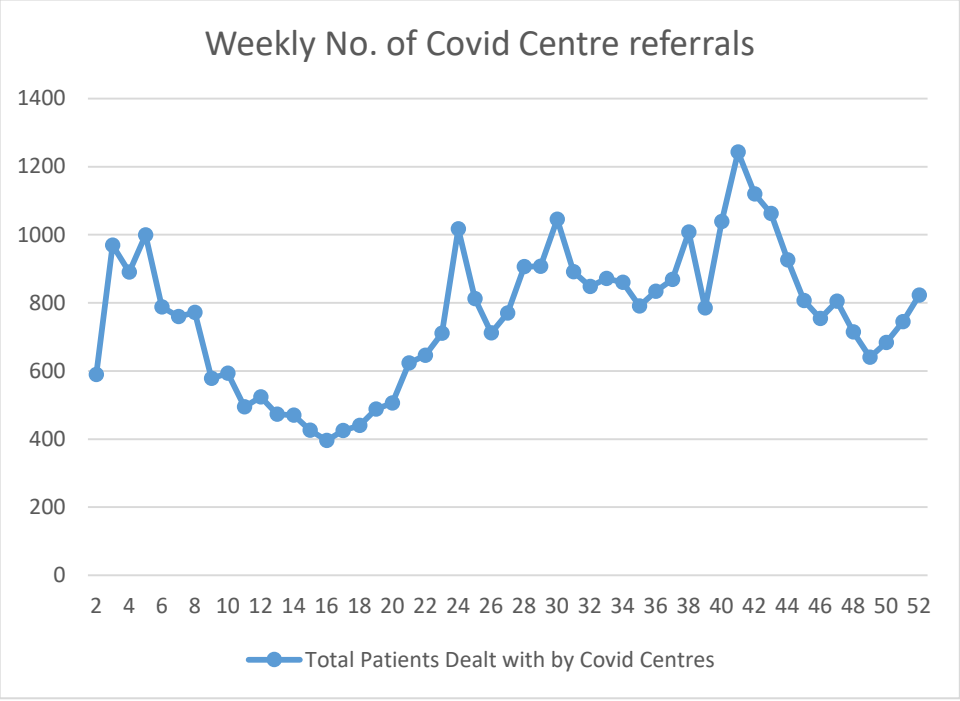
3.47 It is estimated that there have been 170,221 COVID-19 related queries in General Practice across Northern Ireland from 6 April 2020 to 28 March 2021; this figure is subject to ongoing validation.

3.48 During that time, it is estimated that 38,852 patients were triaged and referred to Primary Care COVID-19 Centres across Northern Ireland, with 15% of patients assessed at these centres referred to secondary care.

3.49 It is clear that Covid Centres had a significant positive impact in appropriately diverting patients away from secondary care and ensuring that the maximum possible capacity was available for more acute cases of COVID-19.

3.50 In addition, Covid Centres also allowed mainstream Primary Care services to continue by protecting practices from infection. General Practice was able to maintain the vast majority of general practice services during the pandemic, due to the operation of Covid Centres.

3.51 Most recent figures show that, from 22 March – 28 March 2021, 823 referrals to Covid Centres were made. The 1,243 referrals to Covid Centres experienced during week commencing 4 January 2021 was the highest number of weekly referrals since the centres were established in April last year.



Financial support

3.52 The Department of Health had received a total of £1,062.7m to deal with the COVID-19 emergency in 2020/21 – of this total £992.7m has been resource funding and £70m has been capital funding.

3.53 The funding received has enabled the Department to respond to the pandemic supporting the HSC and providing financial support across Family Health Services, our Arm's Length Bodies and the Voluntary and Community Sector.

3.54 In addition, on 10 February 2021, the reallocation of funding to help boost PPE stocks and enable capital projects to move forward was welcomed by Minister Swann.

3.55 This reallocation of funding, made possible due to a concession by Treasury to waive the normal budgeting treatment for COVID-19 PPE stock, will allow the Department to spend £175m in this financial year on PPE supplies that can be used in the 2021/22 financial year.

3.56 Examples of the type of financial support provided by the Department in response to the pandemic includes, but is not limited to:

Financial support in the COVID-19 response:
• Additional workforce costs including returning workers, students supporting the HSC workforce, retirees coming back into the service, and increased nursing and specialist support.
• Increased PPE requirements including providing PPE to Dentists, Pharmacists, Ophthalmic services, GPs, Care Homes and the Community and Voluntary Sector.
• Support services to HSC staff including access to free care parking, catering and occupational health services.
• Increased support to Mental Health services such as additional staff, support to tackle psychological therapies waiting lists, introduction of regional in-patient bed management and additional nurses for Belfast Mental Health Acute In-patient Centre.
• Financial support for care homes to enable them to cover the additional costs associated with dealing with COVID-19 including facilitating safe visiting, covering additional staff costs, facilitating a regular programme of testing, upgrades to ICT, and additional management overheads.

• Support for pharmacists including interventions to protect pharmacy staff and keep community pharmacies open.
• Support to GPs for example in respect of extended opening.
• Funding to support the Domiciliary care sector including income guarantees for domiciliary care providers.
• Financial support to the Voluntary and Community sector including Hospices and core grant funded organisations.
• Enhanced capacity for testing for COVID-19 and support for other testing services impacted by COVID-19 such as Digital STI testing.
• Costs to support Coivd-19 vaccine delivery and support to extend established flu vaccination programmes.
• Support for Dentists including the Financial Support Scheme to offset the impact of reduced activity levels.
• A one off acknowledgement payment to healthcare workers and students.
• A range of IT solutions to enable the HSC resume services through new ways of working to protect patients and staff.
• Capital works to allow the Health Service to reset and rebuild in a COVID-19 safe environment.

General Dental Services

3.57 It was necessary to suspend the majority of dental care and treatment across the UK in March 2020 to minimise the spread of the COVID-19 virus and to protect dentists, their staff and patients. As a result, in April - June activity levels dropped to around 3% of normal levels and there was a significant risk to the ongoing viability of practices without urgent financial support.

3.58 A Financial Support Scheme (FSS) was immediately established to address these significant challenges and has allocated £47.2million of government funding since April 2020.

3.59 All levels of dental treatment have been permitted since 20 July 2020 and from September 2020 onwards activity levels have averaged around 40% of those seen prior to the pandemic. Practices are required to prioritise patients on the basis of need irrespective of whether they are registered with a dentist; providing emergency and urgent treatments ahead of routine oral healthcare, with additional treatment capacity provided by Urgent Dental Care Centres (UDCCs). This service currently runs at weekends on three sites in Armagh, Belfast and Ballymena, and on two weekdays at the Ballymena site only.

3.60 Updated operational guidance was issued to General Dental Practitioners in October 2020 (& further updated February 2021) which allows for an increased

number of appointments per day, but overall patient throughput is expected to remain below normal levels for the foreseeable future.

Rebuilding Agenda

3.61 The Department of Health published the Rebuilding Health and Social Care Services Strategic Framework on 9 June 2020 which aims to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions.

73%

More activity in October 2020 than in April 2020

3.62 The Framework also sets out that the aim of work to Rebuild services will be to maximise service activity within the context of managing the ongoing COVID-19 situation; embedding innovation and transformation; incorporating the Encompass programme; prioritising services; developing contingencies; and planning for the future all at the same time. It adds that specific service activity targets will be developed for each programme of care.

3.63 The Rebuilding Management Board (RMB), chaired by the Permanent Secretary and reporting to the Minister has been established to advance the aims set out within this Framework.

3.64 The Management Board includes all of the Trust Chief Executives; the Chief Executives of the HSCB, PHA and BSO; and senior clinical advisors representing primary care and surgeons in Northern Ireland.

3.65 The Rebuilding Management Board oversees the rebuilding programme, taking a regional approach to prioritising service delivery. The Board is overseeing the development of surge and rebuilding plans across 28 work streams including, for example, day-case centres and orthopaedic surgery hubs.

3.66 These plans are proving successful; the Health and Social Care system delivered 73% more activity in October than it did in April 2020 which included many more outpatient, inpatient and day case procedures.

3.67 Work to develop “Intermediate Care – A Regionalised framework” was endorsed by RMB in December 2021. The work will seek to build on the Northern Ireland experience and learning from participation in the National Audit of Intermediate care. The core aim is to improve outcomes for patients who receive intermediate care services to ensure that people are supported to lead the best life possible. This will be through ensuring we have equitable provision across Northern Ireland which includes the Care Home sector. These services will be responsive, efficient and effective in supporting hospital admission avoidance, patient flow through timely discharge, ensuring that any potential future COVID surges and core business can be dealt with effectively. Key deliverables will be streamlined processes and structures – ‘A One Model Approach’ to provide safe, effective and person centred intermediate care,

aligning with No More Silos and adoption of NICE guidance for Intermediate care and reablement.

3.68 Another one of the key work streams endorsed by the Rebuilding Management Board is to coproduce a new framework for enhancing clinical care for residents in care homes, working in partnership with the Independent Sector. The aim of the project is to ensure that people who live in care homes are supported to lead the best life possible and that their right to access equitable healthcare provision is fully observed. The outcome will enable continuing safe, high quality and person centred clinical care within care homes. It will include developing optimal clinical pathways that are integrated across the community, primary, independent and hospital sectors with the benefit of a stronger clinical model, and a robust partnership approach post COVID-19. The Project is also one of the ten Key Actions under the No More Silos Action Plan, which aims to develop an enhanced range of safer and more effective elective and unscheduled care services.

3.69 The Minister has agreed that the de-escalation of ICU and rebuild of elective care will follow a number of principles. These principles underpin Trust rebuild plans published on 12 April 2021 for the three month period April - June 2021:

• Principle 1: We de-escalate ICU as a region, informed by demand modelling and staffing availability.

• Principle 2: Staff are afforded an opportunity to take annual leave before assuming 'normal' duties.

• Principle 3: Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity).

• Principle 4: All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput.

• Principle 5: The Nightingale should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible. This should initially focus on the development of green pathways within the site. As the number of COVID-19 patients reduce further, the BCH will become a green site serving the region.

Access to medicines

3.70 With the support of the Department and HSC Board, community pharmacies responded rapidly to the COVID-19 crisis earlier this year, adapting their businesses to maintain essential access to medicines whilst protecting staff and patients.

3.71 In June 2020 the Department, HSC Board and Community Pharmacy NI agreed a new contract for community pharmacies for the remainder of 2020/21 with an investment of an additional £13.25m.

3.72 The aim was to deliver community pharmacy services that would support the HSC response to the pandemic. This led to the introduction of a range of new services which are now available in pharmacies across NI. These include, an emergency medicines supply service, medicines delivery service, pharmacy first service and seasonal flu vaccination service.

3.73 The contractual arrangements for 2021/22 are now under consideration which will aim to build on the experience of this year to optimise the contribution of pharmacies to the rebuilding of the HSC in the post-COVID-19 period.

3.74 General Practices faced a number of challenges during the COVID-19 pandemic relating to medicines. The rapid increase in demand for prescription medicines required the establishment of new ordering and collecting arrangements with community pharmacy. In terms of the supply of medicines, a large logistical operation with regards to repeat prescriptions was undertaken. This removed some of the administrative burden and relied heavily on rigorous electronic systems.

3.75 As COVID-19 cases rose in Northern Ireland the number of people requiring hospital treatment increased. This posed several challenges including the need to provide dedicated facilities with adequate critical care beds that had full access to the required oxygen supply, critical care medicines and devices. In order to prioritise the treatment of COVID-19 patients, a number of routine services were reduced. This permitted the redeployment of staff across services and the reallocation of physical space and beds across the HSC estate.

3.76 In a number of areas Trusts were able to provide enhanced clinical pharmacy services, such as pharmacist prescribing for discharge, as there was a reduction in patient numbers. In one Trust, down turn of services and changes to the hospital estate to facilitate social distancing allowed redeployment of clinical pharmacists to areas that don’t have funded services and as a result rates of completed medicines reconciliations increased to 80-90% (baseline less than 50%).

3.77 COVID-19 also presented a number of challenges for critical care. A key challenge was the availability of medicines required in the critical care setting as global demand for such products had soared. Mathematical modelling, using real world data to help inform likely product volume and medication choices was undertaken.

3.78 This information was provided to the HSC Critical Care Medicines Acute Surge Workstream core team. This group had membership including pharmacists, procurement and commissioning experts and public health and critical care

clinicians from across the HSC and the information provided helped inform medicines procurement both regionally and nationally.

Personal Protective Equipment (PPE)

3.79 Since week ending 6 March 2020 until 1 January 2021 over 343 million items of core PPE have been distributed across the entire health service in Northern Ireland, including to primary care services and the independent care sector.

3.80 Core PPE items include masks, eye protection, aprons, gloves, gowns. Significant volumes of offers of assistance in supply and production of PPE were received from many organisations and individuals at the outset of the pandemic and every one of these was considered and followed up by Business Services Organisation, where there was the potential to realise actual PPE supply for the health service.

3.81 In June 2020 a new dynamic purchasing system was introduced for sourcing PPE of a suitable quality. This was set up by the Business Services Organisation and provides access for all public sector procurement for respective PPE needs.

3.82 A PPE Supply Strategy was agreed in June 2020 and a key requirement of this was to work towards securing 12 week stock in hand for future surges of the pandemic and to support the health service over the winter period. By late November 2020, 12 week stock in hand was secured for the vast majority of PPE items.

Supporting our workforce

3.83 The workforce appeal is just one but an important tactical intervention deployed by the Department to support the HSC to tackle the COVID-19 pandemic.

3.84 Proving hugely successful during the first wave of the pandemic, the workforce appeal was reopened in October 2020 in an effort to try and build capacity again with particular focus on certain roles and positions across hospitals and community care.

3.85 Across both campaigns the appeal has handled over 35,000 expressions of interest which has generated over 22,000 formal applications which has resulted in over 2,721 appointments of which 1,672 of these appointments have been to health and social care posts.

3.86 The Department made an appeal to specifically recruit for the vaccination programme which has proven successful. As at 25 January 2021, over 800 healthcare professionals had applied to support the vaccination programme of which 365 had been approved for appointment.

3.87 Significantly, COVID-19 has placed an enormous strain on HSC staff. Advice and guidance is available for staff on the Public Health Agency's website and

psychology helplines are open to staff from within the Trust, local GP practices, and independent care providers to offer advice and support, and practical assistance has been made available to staff, in the form of meals and car parking.

3.88 All HSC Trusts have in place a variety of measures to support staff emotional health and wellbeing. These range from psychological support helplines, reading resources, videos, and mindfulness relaxation exercises, to opportunities to come together as teams, to reflect on the challenges and losses they have experienced, and continue to face, to the potential to seek individual support as required.

3.89 A new framework has been developed and produced in partnership with the Trusts, PHA, HSCB, Department of Health and the Health Trade Unions which guides leaders and managers of services to respond positively to the demands being placed on their staff.

3.90 As part of this framework, in partnership with HSCB and BHSCT, Department of Health have commissioned a new programme (Thrive) to enhance existing occupational healthcare services for staff working in health and social care. This service will monitor for emergence of psychological disorder and, where indicated, offer more intensive interventions, using empirically validated treatments. This programme will be piloted in BHSCT initially and made available to all staff (professional and technical) who have worked in BHSCT ICU at any point from the beginning of the pandemic, with a view to gradual roll out across the region (if indicated), guided by emerging need and evidence. Staff can self-refer to this service.

Infection Prevention and Control (IPC)

3.91 An Infection Prevention and Control Cell has been established to oversee the co-ordination of infection prevention and control across the HSC, primary care, and services provided by community, voluntary and independent sectors care providers.

3.92 Since the beginning of the pandemic this group has contributed to the emergency response in a number of ways.

3.93 This has included the co-ordination of the local response to regional COVID-19 infection prevention and control issues, and influencing, informing, translating and the dissemination of national policy guidance into local practice. The co-chair of the Regional IPC Cell also represents Northern Ireland on the National IPC Cell.

3.94 This group also played an important role in predicating and securing supply of PPE and established a product review group who review and assess PPE quality to ensure it is fit for purpose. To date over 250 product samples have been reviewed by the group.

Next steps

Trust rebuilding plans for April to June 2021 have now been published and it is envisaged that the rebuilding of HSC services will now continue at pace.

The HSC Healthier Workplaces Network has been re-established to examine a regional and consistent approach to share and disseminate good practice and learning relating to workplace health and wellbeing and support HSC organisations to take forward their workplace health and wellbeing strategies.

It is recognised that there are global challenges in securing supplies of the highest standard face mask FFP3. Business Services Organisation continues to explore every viable option to maintain supplies of FFP3 masks.

In line with the wider UK MAKE Initiative, the Business Services Organisation's Procurement and Logistics Service has secured local manufacturing capability and has placed contracts with a number of new local suppliers who have entered into product development to deliver HSC standard masks and visors, including the introduction of a brand new FFP3 mask. BSO has developed a more responsive and flexible supply base for PPE and will continue to use this during the course of this pandemic.

AIM 5 – Influence behaviour / provide assurance to the public

The single biggest enabler in managing the spread of COVID-19 is public behaviour. That, and the Department's responsibility to the people of Northern Ireland, creates the need to provide clear, concise and transparent information to the public at this challenging time.

A number of tactical interventions have been progressed to support this aim, including, but not limited to strategic messaging, the use of social media, and the development of a proximity app.

Detail of these and other important interventions are set out below:

Ongoing / timely engagement with public / media

4.1 Working closely with colleagues across the Health and Social Care system and Executive Information Service, the Department's communications team has ensured a continuous flow of vital information to the public on COVID-19, with core priority given to public health advice on saving lives and protecting the health service.

18,802

New Twitter followers for the Department of Health (end of 2019 to end of 2020)

4.2 These include the central messages on preventing the spread of the virus, as well as detailing the many actions taken across the HSC system during the course of the pandemic.

4.3 The Department's communications team and HSC colleagues have also handled significant workloads dealing with unprecedented levels of media enquiries.

4.4 A range of communication channels and tools have been effectively and proactively deployed.

4.5 These have included weekly press conferences, weekly media briefings and extensive use of social media, as well as a significant increase in Freedom of Information requests, Assembly Questions and correspondence seeking information from the Department.

2019 v 2020 Social media analysis

	2019	2020	Difference
Followers			
Average new followers per month.	254	1,567	1,313
Total followers at year end.	11,508	30,310	18,802
Activity			
Average tweets per month.	26	86	60
Total tweets for year.	316	1,035	989
Total videos.	46	160	114
Engagement			
Average impressions per month.	283,675	1.8M	1.5M
Total impressions for year.	3.4M	21.9M	18.5M
Average retweets per month.	401	1,900	1,499
Total retweets for year.	4,815	23,758	18,943

4.6 Twitter and associated graphics and videos have been used by the Department to engage with and inform stakeholders and the general public.

4.7 By way of illustration, in 2019, the Department's communications team dealt with 919 media queries; this increased to 3,937 in 2020 - an increase of 328%. This does not include queries which were dealt with verbally / informally, and were all managed within the team's existing staffing resources.

4.8 Engagement on social media via stakeholders has also increased exponentially in the last year. Twitter and associated graphics and videos have been used to increase engagement with stakeholders and the general public, and this is demonstrated by the number of retweets, which have increased by 18,943 since 2019.

4.9 The amount of information formally published via press release by the Department has also increased significantly in the last year, from 170 in 2019 to 474 in 2020, an increase of 179%.

4.10 As part of the Minister's commitment to the principles of Open Government the Department has also provided an evidence bank of material on the Departmental website, covering a range of publications, information and scientific evidence either produced by or used by officials and the Minister in responding to the pandemic. This resource continues to grow.

Develop and launch COVID-19 NI mobile app

4.11 In July 2020, Minister launched the new StopCOVID NI proximity app and unveiled a new TV advertisement promoting its use. Since then the app has been downloaded 573,270 times, as at start of April 2021. The proximity App complemented the existing symptom checker app – COVIDCare NI.

4.12 The mobile phone app informs users if they have been in close contact with other users who have tested positive for COVID-19.

4.13 The app is another important tool in the ongoing battle against the virus and supports and supplements the Public Health Agency's (PHA) existing telephone based contact tracing operation**.**

Next Steps

A wide range of communication channels and tools will continue to be proactively deployed by the Department and wider HSC to ensure all stakeholders receive the information from the health service that they need.

The STOPCovid NI and COVIDCare NI apps will continue to be developed while a requirement for proximity awareness remains.

The NI Executive has a collective core objective to encourage widespread adherence to both COVID-19 regulations and public health advice on preventing the spread of the virus. This is reflected in the fact that adherence has been identified as a key strand of work for the NI Executive's cross departmental COVID-19 taskforce going forward.

AIM 6 – Enhance and evolve treatment options

It is imperative that every effort is made to enhance and evolve treatment options to tackle COVID-19 as quickly as possible.

As such, activity will be progressed across a number of areas to pursue testing, trials and research to combat the disease.

Vaccine

5.1 Vaccination deployment began week commencing 8 December 2020 based on the priority groups recommended by the JCVI (Joint Committee on Vaccination and Immunisation) in order to protect the most vulnerable and those at greatest risk.

5.2 On 12 January 2021, the Department of Health published the phased plan for NI's COVID-19 vaccination programme. This was updated on the 15 March 2021.

5.3 The Northern Ireland model for vaccine deployment has been designed to be pragmatic, agile and flexible. The rate of progress will be dependent on the availability of vaccines, supplied as part of UK-wide arrangements.

5.4 The Northern Ireland vaccination programme is progressing involving seven regional vaccination centres and GP practices, since the 29 March a large regional vaccination centre was opened at the SSE Arena and 348 Community Pharmacy stores started to offer vaccination to eligible cohorts. All 9 priority groups as recommended by JCVI as part of Phase 1 have now been reached. In addition priority group 10, which forms part of JCVI's phase 2 is now also eligible to receive the vaccine.

At 14 April 2021:

1,081,565 vaccines administered

844,284 first doses

237,281 second doses

5.5 The vaccination rollout is support by a dedicated management system which provides online booking facilities, pre-attendance eligibility checks, captures required information to reduce time in the clinics, updates medical records with vaccination information and provides statistical information to inform the programme.

5.6 The vaccines are received via Public Health England before being stored in a distribution hub. From there, the vaccine is delivered, as required, to Trust pharmacy sites, GP practice or Community Pharmacy store.

5.7 The initial focus of the programme in NI had been the JCVI number 1 priority group (care home residents and staff) followed by those in group 2 (Health and Social Care Workers and the over 80s) before moving to the other eligible groups in February and March 2021.

5.8 By 25 January 2021, 100% of the 483 care homes in Northern Ireland had been visited to receive their first dose, while by early March all Care Homes had been fully vaccinated with two doses. District Nursing teams have continued to visit any residents who were unwell or absent during the vaccination visits by the Trust mobile teams. Uptake rates in the over 80s and over 70s is in the high nineties while the uptake rates in the over 60s and is close to 90%. As the vaccine management system comes on line it will be able to produce more accurate uptake figures and allow any pockets of lower uptake to be identified and corrective action taken.

5.9 The vaccination programme will continue to be expanded as vaccine supplies increase. In the coming months every adult will be offered a vaccine.

5.10 A telephone booking line for vaccination appointments has now been introduced for those unable to use the online system to make an appointment at one of the seven regional vaccination centres.

5.11 The telephone booking line is 0300 200 7813 and people are asked to reserve capacity for those who cannot avail of the online booking facility. The service is available from Monday to Friday 8.30am to 5.30pm. The call centre can handle up to 200 concurrent calls.

Therapeutics

5.12 There are thousands of clinical trials around the world investigating potential treatments and preventative measures for COVID-19. Current approaches to COVID-19 therapies generally fall into two categories: antivirals, which prevent the virus from multiplying, and immune modulators, which help the immune system to fight the virus or stop it from overreacting dangerously. Some potential therapies act in a different way or via multiple mechanisms.

5.13 Patients in Northern Ireland have been able to quickly benefit from advances in therapeutics as the evidence base develops and new treatments become available. Remdesivir was the first COVID-19 treatment to be made available for use in the UK outside a clinical trial in July 2020, and since then a number of other treatments have been shown to improve outcomes in hospitalised patients and have become part of accepted clinical practice in the management of COVID-19. These include tocilizumab, which is normally used for rheumatoid arthritis, and corticosteroids.

5.14 Research is ongoing in this area and it is hoped that treatments will be found that are able to be used in the community setting and which can reduce the incidence of hospitalisation or death in the out of hospital setting.

Next steps

The average weekly rate is likely to change and increase as larger cohorts of the population come forward to be vaccinated. However, it must be stressed that vaccination deployment is an ongoing programme and subject primarily to the availability of vaccine.

The plan is that priority groups will continue to be vaccinated through spring 2021 with the mass vaccination of the general adult public, not already vaccinated, scheduled to complete in summer 2021.

A booster dose vaccination programme is likely from the autumn of 2021 and a routine vaccination programme is considered highly probable from 2022 onwards but this will be guided by further recommendations from JCVI. The roll out of the programme remains critically dependent on vaccine production, supply and distribution.

The Northern Ireland programme to date compares very favourably with the rest of the UK and is well in advance of most other European countries.