

Gesprek (10)(2a) (10)(2a) (10)(2a) (10)(2a) vorige week

Geen dingen dubbel doen. Aanvullend op OCW.

Verantwoordelijkheid goed invullen. Wat is absoluut noodzakelijk voor het voortbestaan. Wat is noodzakelijk om ze in stand te houden.

Gesprek (10)(2a) (10)(2a) (10)(2a) 18 mei 2020

Wat is de ondergrens van niet omvallen, andere mogelijkheden, voorwaarden stellen.

Technisch: geld in een fonds storten staatssteuntechnisch moeilijk.

Generiek of specifiek.

Wat is er nodig, ondergrens. Op welke periode concentreren we.

Situatie tot 1 juni: korte termijn. Samen met het Vfonds. Noodleningen. Wat is nodig. Lange termijn.

Wat doen andere partijen? Provincies.

Onderscheid gesubsidieerd, niet gesubsidieerd. Verschillen tussen de musea.

Ophogen instellingssubsidie, binnen het kader. Vaste lasten en personeelskosten. Checken aan de hand van de begroting. Onderscheid HC's en musea. Wat zou je dekken uit de inkomsten voor personeelskosten x vaste lasten voor 4 maanden. Als kader. Naar rato.

Daarna: wat is noodzakelijk in anderhalve meter samenleving.

FEZ claimen (10)(2a). Wellicht voorfinanciering, en hopen dat we het terug krijgen.

Iedereen 1 bedrag:

- risico dat het geld op de verkeerde plek komt

- Hoeveel geld is er dan nodig?

- ene zal te kort komen, andere krijgt er juist iets bij. Welke rechtvaardigheid dek je daarmee?

Veroorzaakt ophef.

Gesprek SMH 19 mei 2020

Consolideren. Eerste periode, proces van tweede periode verder uitzoeken.

Liquiditeit: inkomstenderving kaartverkoop (zoals museumvereniging het ook doet), dus niet winkerverkoop en horeca. 2 miljoen dan nodig. Wie wat zou kunnen vergoeden. Provincies, gemeenten dan later weer terug geven. Later verrekenen en checken. Snel handelen en geef gul.

Niet het MF budget plunderen. Ook kijken naar hele sector binnen de begroting. Budgetten bij NC bijvoorbeeld. Is alles nodig van de 7 miljoen. Te schuiven, beschikbaar.

Belang: musea niet omvallen.

Overzicht: liquiditeit: faillissement ligt op de oer. Niets meer garanderen. Held de eerste groep (gaat vaak ook om degenen die nieuwbouw hebben gepleegd) en later de tweede groep. Die hebben een potje opgebouwd voor iets anders, dus vallen niet om, maar kunnen het dan ook niet besteden voor het goede doel.

Voorbeeld (10)(2a): krijgt de minste subsidie, (10)(2b) van de gemeente. Scholen zitten ook in de bezoekersaantallen.

Toegangspreizen verschillen. Overloon is veel meer een onderneming.

Goede reserve, gemeentelijke steun. Exploitatie kan heel verschillend zijn.

Standaardbedrag kaartje, gemiddeld tarief?

Ook contact gaan leggen met provincies en gemeenten.

JKC er uithalen?

SZW-maatregel overheid: aantal heeft die gekregen, aantal ook niet. Regeling houdt ook op. Langere termijn gaan er waarschijnlijk toch ontslagen vallen (najaar).

Alle beetjes helpen. Verschillen per instelling.

Langere termijn. Digitalisering is geen verdienmodel. Gewend het gratis te krijgen. Wel goed voor je zichtbaarheid. Er zijn educatieve uitgevers. Gaat ook om authentiek object zien en voelen. Het zijn geen onderwijsinstellingen, niet hun corebusiness.

Checken of gemeenten / provincies die subsidie geven niet gaan afrekenen op bezoekersaantallen.

Op korte termijn: VWS en vfonds, op langere termijn gemeenten / provincie.

Lange termijn: najaar ontslagen. Personeel behouden in gezamenlijkheid. Soort servicepunt, van overheidswege gefinancierd. Hoe behoud je kwaliteit?

Fasen overbruggen, personeel behouden, efficiënter en verbeteren.

Acute nood lenigen. Verzoek hoe je dan verder met het probleem, hoe ga je dat oplossen, actief zoeken.

Themajaar gaan we niet doen. Richten op samenwerking en efficiency. Extra impuls hieraan geven in het nieuwe jaar.

Helpt als financiers oproep doen, voorwaarden koppelen aan waarmee de hele sector is gediend.

Bedenk een plan. Koers verder uitzetten.

Eerste periode gebaar, daarna met elkaar om tafel over de tweede periode.

Maandag directeurenoverleg, 2 juni overleg (10)(2e)

Herschikken middelen: (10)(2e) is daarmee eens.



Department
of Health &
Social Care



Monitoring the wider health impacts of COVID-19

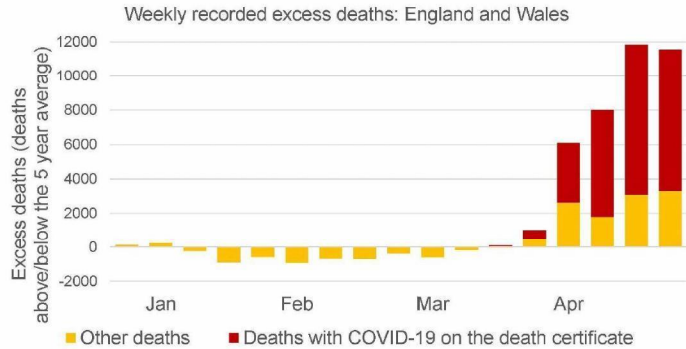
(10)(2e)

UK Department of Health and Social Care

Presentation to OECD Health Committee, 6 May 2020

The UK is focused on minimising excess deaths and balancing four categories of health impacts

- A:** Deaths directly due to COVID-19
- B:** Potential additional “indirect” COVID-19 deaths in the event of critical care capacity becoming overwhelmed
- C:** Medium-term impacts due to changes to healthcare activity, such as cancellation or postponement of elective surgery
- D:** The implications of “lockdown” - both short-term impacts on mental and physical health, and long-term impacts due to economic deprivation



The UK Government is looking at **total excess deaths**, not solely those recorded as covid-related, and has been explicit with the public about the health trade-offs it is seeking to manage.

Source: Office for National Statistics

Category C: medium-term impacts due to changes to healthcare activity

The National Health Service (NHS) has prioritised treatments to ensure capacity to deal with COVID-19, other emergency activity and critical elective and cancer care. This has meant de-prioritising non-urgent care and postponing routine elective operations, with a strong focus on risk management.

This has helped to minimise short-term deaths by ensuring the NHS has not been overwhelmed.

But we are mindful of medium-term health issues due to delayed activity and are carefully monitoring a range of operational metrics, including:

- Emergency attendances
- Emergency admissions
- Non-emergency operations and waiting lists
- Cancer referrals and starts
- Ambulance response times

As COVID-19 hospitalisations are falling, the NHS is resuming postponed activities.

Category D: short-term impacts of lockdown on mental and physical health

Air pollution & road traffic accidents

- Reduced road traffic levels, due to school closures, home working and social distancing, is reducing pollution (and the number of people in polluted areas. PHE attributes 28,000-36,000 UK deaths per year, as well as other health impacts, to air pollution). Road traffic accidents are also being monitored.
- During lockdown, levels of nitrogen dioxide are down by over 40% in many UK cities, compared with the five-year average for the time of year (Univ of York).

Mental health

- The British population is more anxious than in September 2019 but less anxious than a month ago. On a scale of 0-10 (0=not at all anxious yesterday; 10=completely anxious yesterday) the mean for all adults was 2.9 in September 2019, 5.3 from 20-22 March 2020 and 4.2 from 17-19 April. (ONS)
- 10% of 18-29 year olds reported some self-harming in the UCL COVID-19 Social Study, which suggested self-harm may be increasing amongst this group .
- School closures may be having an impact on mental health. 50% of respondents who were home schooling their children said it is negatively affecting the well-being of their children, and 30% saying it is negatively affecting their own well-being (ONS Opinions and Lifestyle Survey, 3-13 April).

Domestic Abuse

- Average weekly calls to the National Domestic Abuse Helpline have increased by over 50%. (Refuge)
- The Counting Dead Women project reported 16 suspected domestic abuse killings since lockdown (23 March to 12 April) – more than double the average.

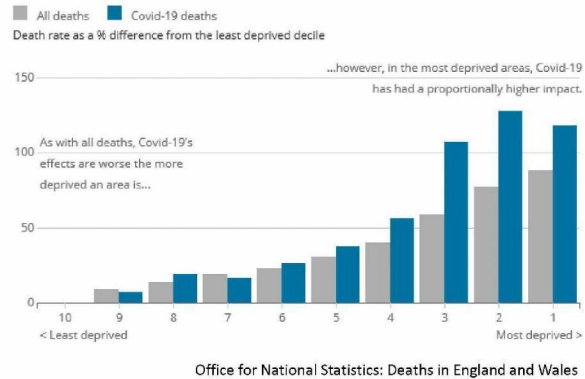
Exercise

- 45% of adults are finding it harder to stay fit and healthy compared to before the outbreak (10% are finding it easier) (IPSOS MORI survey 10-13 April)
- 25% of adults have tried a new form of exercise, or are exercising more. (IPSOS MORI survey 10-13 April).
- 36% of individuals report doing less exercise than before the outbreak began, while 27% say they are exercising more. (YouGov poll from 7-9 April)

Category D: long-term impacts due to increased deprivation

We are monitoring a variety of economic indicators – mindful of the long-term link between any *sustained* economic downturn, deprivation and health.

Even in the short-term, COVID-19 is hitting deprived communities hardest:



Studies on the impact of deprivation on health

Chronic health conditions (Janke et al, 2020)

- Evidence suggests that a 1% fall in employment is associated with a 1.7% increase in the prevalence of chronic health conditions. The biggest impacts are on mental health, followed by musculoskeletal, cardiovascular and respiratory conditions, taking at least two years to feed through.

Economic downturn and life expectancy (Autor et al, 2016, 2019; Pierce and Shott, 2020)

- Structural change and deep economic downturns shown to have very strong impacts through deprivation which can be very long lasting – e.g. the ‘China shock’ on US manufacturing employment had knock on effects on mortality.
- Additionally, deprivation can lead to ‘deaths of despair’ which have been linked to recent falls in life expectancy in the US (Case and Deaton, 2020).

Mental health (Ruhm, 2015)

- A strong link has been established between recessions and mental health. For example, a 1 percentage point growth in unemployment is associated with a 1.7% rise in suicides. Depression and poor mental health are also risk factors for future physical health and mortality.

The UK Office for National Statistics has rapidly put in place new data collections, analyses and surveys to monitor wider health impacts

More rapid reporting of deaths and other data

- Daily reporting and enhanced weekly reporting of all deaths registrations
- Care Quality Commission reporting on deaths in care homes
- Analysis by protected characteristics and deprivation levels

Opinions and Lifestyle Survey

This survey looks to understand the impact of COVID-19 on people, households and communities in Great Britain. This 10-day collection period is the first to be based wholly after the government Stay At Home measures were introduced.

Survey on the economic impacts on the UK

Social impacts on vulnerable groups

Social impacts on disabled people

Swabbing survey

Personal and economic wellbeing estimates

Coronavirus (COVID-19) roundup
Catch up on the latest data and analysis related to the coronavirus (COVID-19) pandemic and its impact on our economy and society.

Office for National Statistics

Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020

Figure 1: Average anxiety ratings were at 5.18 (out of 10) over the period 20 to 30 March 2020
Average anxiety ratings, UK and Great Britain, Quarter 2 (Apr to Jun) 2011 to 13 April 2020

If we ask you to take part in an ONS survey or study, it's never been more important to help.
Thanks from everyone at the Office for National Statistics.