

## MEMORANDUM E (20) XX (C)

**FROM: ROBIN SWANN MLA  
MINISTER FOR HEALTH**

**DATE: 17 June 2020**

**TO: EXECUTIVE COLLEAGUES**

### **PLANNING FOR RECOVERY: FOURTH REVIEW OF HEALTH PROTECTION (CORONAVIRUS, RESTRICTIONS) REGULATIONS (NORTHERN IRELAND) 2020**

#### **Introduction**

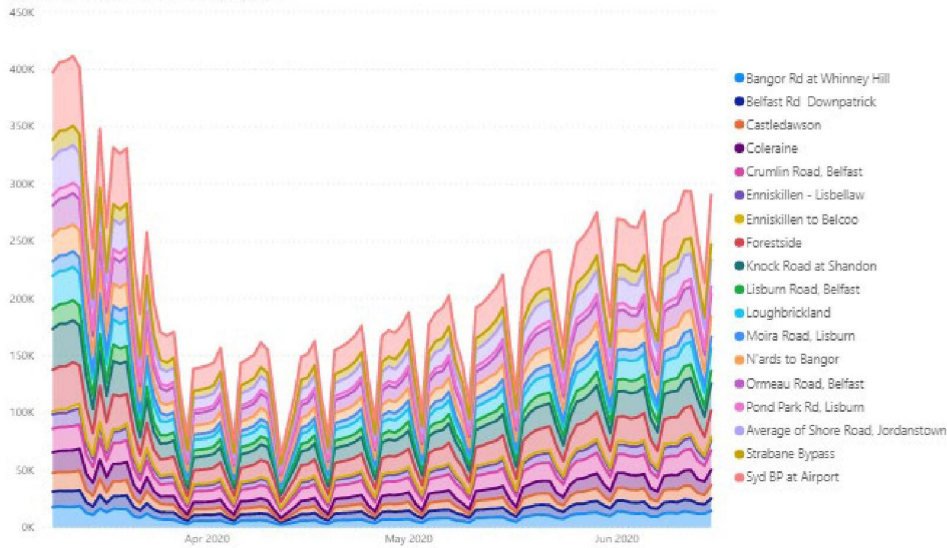
1. This paper provides an update on progress since the third review of the restrictions and requirements in the coronavirus regulations and reports the conclusions of the fourth review.
2. Specific proposals for amendments will be presented separately by the First Minister and deputy First Minister.
3. The above Regulations were made and brought into operation on 28 March 2020. Regulation 2(2) requires that:  
  
*“The Department of Health must review the need for restrictions and requirements imposed by these Regulations at least once every 21 days, with the first review being carried out by 18th April 2020.”*
4. The first review of the restrictions and requirements, completed on 18 April, concluded that the restrictions then in place should be maintained.
5. In the second review, completed on 7 May, the scope was broadened to take more account of the impacts of the restrictions on health, society and the economy. It recommended a decision-making framework including guiding principles, a risk and benefit assessment model and a structured process for assessing and withdrawing specific restrictions and requirements. The guiding principles were agreed and subsequently incorporated into *Executive Approach to Decision-Making*, i.e. focus on controlling transmission and protecting healthcare service capacity; necessity; proportionality, and reliance on evidence.
6. The third review, completed on 28 May, concluded that the Regulations continued to be an appropriate response to the emergency and that the package of restrictions and requirements continued to be proportionate and necessary.

33. The planning for the initial surge was carried out at a time when there was limited data available on the trajectory of the pandemic. In this context, plans were put in place to deal with an extreme level of surge, much higher than the HSC could sustain.
34. The modelling group established by the Chief Medical Officer has made it possible to track and monitor the trajectory of the pandemic much more effectively. Using the available data, it is intended that if the system reaches defined levels of capacity I will provide advice to Executive colleagues on the need to re-introduce measures to reduce R. Using this approach, our intention is to ensure that the system is equipped to deal with a significant increase in demand, but also to control this more effectively within defined parameters.
35. Community pharmacies will continue to focus on maintaining access to prescription and over-the-counter medicines. In addition plans have been developed that will enable pharmacies to begin to re-introduce services that will provide treatment and advice for common conditions and promote physical and mental well-being

#### **Wider health, societal and economic impacts of the regulations**

36. My Department has continued to liaise with DfE on the economic impacts of COVID-19 and the regulations. In summary:
- DfE continues to assess that output within the NI economy was running at 25% to 30% below normal during lockdown.
  - The UK economy shrank by 2% in the first three months of 2020, falling by 5.8% in March and a further 20.4% in April. This recession is shaping up to be every bit as unprecedented as predicted.
  - The number of furloughed workers are just over 210,000 in Northern Ireland. In addition, a further 69,000 claims were made to the corresponding self-employed scheme (SEISS).
  - Since the onset of the crisis, over 35,000 more people in Northern Ireland are on the Claimant Count, having lost their job. In the space of two months the NI Claimant Count has more than doubled, wiping out around a decade of labour market progress. Indications are that the rise in the Claimant Count is slowing of late, however, suggesting that it took the form of an initial wave.
  - Encouragingly, indicators on people movements (mobility) day-to-day are now showing a slight uptick on activity at workplaces and retail & recreation since April 2020. However, activity is still at lower levels than before the outbreak began. The graphic below shows changes in traffic volume since before the epidemic.

Northern Ireland Traffic Volumes by Date



Source: DfI Dashboard Return

Source: DfI Dashboard Return to the NI Hub.

### ***Wider Impacts on health***

37. You will recall from the last review that my Department had commissioned an initial analysis of the impact of the current regulations on wider health outcomes. This was further supplemented with a number of pieces of work being taken forward at the UK level by DHSC and PHE, which all show the same trend and come to similar conclusions. In summary:
- Overall population health is highly likely to be negatively affected by the wider impacts of the COVID-19 restrictions.
  - Population health and inequalities are expected to be significantly affected, with the greatest effects felt by the most disadvantaged.
  - Many key behavioural risk factors are likely to be worsening.
  - Surveillance has been significantly disrupted and this is limiting understanding of the wider impacts.
  - Public health resources have been re-prioritised to support on the direct impacts of COVID-19, which to date has limited the system's capacity to address the wider impacts.
  - Emerging evidence suggests that the disease burden from conditions such as mental health is already rising.
38. There have been no substantial changes to this analysis since the last review, but we will continue to monitor this information as the real world impacts start to be captured.

### **Test, Trace, Isolate and Support Strategy**