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**MEMORANDUM E (20) 210 (C)**

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

**DATE: 10 SEPTEMBER 2020**

**TO: EXECUTIVE COLLEAGUES**

**FINAL EXECUTIVE PAPER: CONSIDERATION OF NEED FOR LOCAL OR  
GENERAL RESTRICTIONS TO REDUCE PROGRESSION OF THE COVID-19  
EPIDEMIC**

**Background and current state of epidemic**

1. There has been a progressive rise in COVID-19 cases since early July, and recently there has been a further acceleration. At present there are around 90 cases per day over the last 7 days, up from 3-4 in early July. While this can be partly explained by an increase in testing, of more significance is the fact that the percentage of positive tests has risen from less than 0.5% to between 2 and 3% over the same period, indicating a true rise in community transmission.
2. Over the past 7 days, NI overall has 33 cases / 100K population, substantially above the level where the UK currently imposes quarantine requirements on overseas countries.
3. Despite the substantial increase in cases, at this stage there is currently no indication of anything more than a small increase in increased hospital admissions, bed occupancy or deaths – however this position should be viewed with caution, as there may be a material lag effect at play.
4. Recently only 10% of cases have been in individuals aged >60 yrs, in contrast to wave 1 of the epidemic where around 50% of cases were in this age group – although the latest emerging data suggests this number is now increasing. It is

**OFFICIAL - EXECUTIVE**

## OFFICIAL - EXECUTIVE

likely that in wave 1 of the epidemic that testing did not identify the large majority of cases in younger people, who tend to be less ill or symptomatic. In this context, the current increase in cases should be viewed as the precursor of increasing cases in the over sixties with resulting pressure on the hospital system and increasing deaths.

5. There is a marked variation in the incidence of cases across NI, either at a local government district level or a postcode level. In LGD terms, Belfast is the main area of concern with over 60 cases / 100k over the last seven days.
6. More granular information is available at a postcode level, with the following table showing those postcodes with cases at or close to 80 / 100k over the previous 7 days, excluding those codes with a population of < 10000.

| Postcode                                                                      | Community | Household | 2011 Pop | Total Cases |
|-------------------------------------------------------------------------------|-----------|-----------|----------|-------------|
| <b>BT29</b>                                                                   |           |           |          |             |
| Crumlin                                                                       | 158.06    | 150.53    | 13286    | 421.49      |
| <b>BT43</b>                                                                   |           |           |          |             |
| Ballymena (Cargan, Knockanully)                                               | 18.35     | 160.57    | 21797    | 188.1       |
| <b>BT17</b>                                                                   |           |           |          |             |
| Dunmurry, Hannahstown, Twinbrook, Poleglass, Lagmore, Derriaghy, Seymour Hill | 55.64     | 43.28     | 32351    | 102.01      |
| <b>BT28</b>                                                                   |           |           |          |             |
| Lisburn, Ballinderry Lower, Ballinderry Upper, Stoneyford                     | 35.03     | 52.54     | 39970    | 95.08       |
| <b>BT9</b>                                                                    |           |           |          |             |
| Malone, Lisburn Road, Taughmonagh, Stranmillis                                | 55.83     | 27.91     | 28660    | 87.23       |
| <b>BT12</b>                                                                   |           |           |          |             |
| Sandy Row, The Village, Falls Road                                            | 62.5      | 20.83     | 28801    | 86.8        |
| <b>BT11</b>                                                                   |           |           |          |             |
| Andersonstown, Lenadoon, Suffolk, Ladybrook, Turf Lodge                       | 57.07     | 24.97     | 28034    | 85.61       |
| <b>BT10</b>                                                                   | 47.71     | 31.81     | 12575    | 79.52       |

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| Finaghy |
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7. These postcodes currently have levels of COVID cases at or above those where local restrictions have been imposed elsewhere in the UK and Ireland. Of note, the postcodes concerned in many cases tend to adjoin and include a number of densely populated areas as well as some major hospitals.
8. The pattern of a rapid increase in cases mainly in the younger segment of the population with little evidence of impact on hospitals in the initial phase is one that has been observed elsewhere in Europe, including the UK and Ireland. This is probably an inevitable consequence of the opening up of society and increased interactions between individuals in a variety of settings. It is important to note that it is not possible to attribute the increase to any one type of setting or relaxation.

### Options

9. Essentially, there are three possible options by way of response:
  - I. ***Take no action at this time, on the basis that there is no evidence of any pressure on the hospital system or significant increase in deaths.***
  - II. ***Impose local restrictions on areas with the highest incidence***
  - III. ***Impose generalised restrictions across NI.***
10. In terms of the option to take no action at this time, if the cases remain largely confined to the under 60s it is likely that population immunity would increase and consequences may be limited. However, the view of the Strategic Intelligence Group is that it is inevitable that, due to population mixing, cases will spread into

OFFICIAL - EXECUTIVE

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hospitals, care homes and the older population living in the community in time. This might be delayed if visiting to care homes and hospitals is severely limited and the older population and vulnerable individuals are advised to avoid contact with younger people. **However, I do not believe that is sustainable or would be effective other than in the short term, and on that basis I feel the imposition of some form of additional restrictions are now necessary, to reverse the current upward trend.** The possible types of restriction are discussed later in this paper.

11. In considering the question of local (option II) versus generalised (option III) restrictions, it is critical that we as much as possible take a science and evidence-based approach and the reality is that the key issue before us today is in respect of a number of “hot spots”. Equally, there are a number of areas where we do not seem to face a problem at this time. I believe that we need to adopt a differential approach between the latter and the former – not least, in the context of one of the key issues being weakened compliance with the restrictions currently in place, to clearly demonstrate to the public that there is a clear benefit from continued proactive efforts to keep rates down. A geographically target approach will create a clear incentive for better compliance, and a move out of “special measures”.
12. As any approach must be appropriate, proportionate and only applied for as long as is necessary, my preference is for a focused approach, with the starting point being the postcodes set out in the table in paragraph 6 – with two amendments. Firstly, in terms of Belfast, I feel the splitting up of our largest urban area (with significant hard boundaries and movement between areas) in such a way will be very difficult – both in terms of public understanding of the position and enforcement. Accordingly, my view is that rather than focusing on a limited number of specific Belfast postcodes, we should focus on the greater Belfast area – defined as “the Belfast City Council area plus BT28 and BT29” and as BT28 would also create a unnatural split through the City of Lisburn, I would propose that we focus on BT28 and the City of Lisburn.

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13. Secondly, I feel the narrow use of postcode BT43 would create an unnatural split through the town of Ballymena, creating the same set of issues as set out above for Belfast. Instead, I propose that we focus on “the town of Ballymena and BT43”.
14. The Executive has twice considered the option of imposing enforceable local measures in response to local increases in cases, on 23 July and 10 August. On each occasion we agreed that the time was not right for such measures, the key considerations being potential demands on PSNI; proportionality of the response; doubts about the potential effectiveness of such measures; timeliness; challenges in setting appropriate geographical boundaries; and acceptability to local communities.
15. We have noted that legislation is not the only instrument of public health policy; that responding to cases and clusters of infectious diseases is one of the core functions of the Public Health Agency; that the PHA has comprehensive plans in place for responding to COVID-19 clusters, including the Test, Track and Protect programme and the deployment of Mobile Testing Centres; and that much of the progress in bringing down the rate of transmission from the peak of the first wave could be attributed to responsible citizenship and a high level of voluntary compliance with public health advice.
16. DoH is currently considering the full range of possibilities for local responses – both statutory and advisory – to local increases in cases, including what needs to be done to put in place the conditions across Northern Ireland that would enable enforceable or advisory measures to be enacted swiftly and effectively. In doing so we are drawing on learning from elsewhere in the UK and Ireland. It is critical to properly consider the considerable resource that would be required to put in place a series of enforceable local lockdowns, at every stage from policy formulation, making and review of regulations, operationalisation of measures and enforcement, to ensure that any such policy would be feasible and that the impacts and costs are properly assessed.

### **Types of restriction**

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17. The clear purpose of introducing restrictions is to reduce the interactions between individuals, and hence to decrease transmission of the virus (and hence R). This could be achieved in a number of ways – there is no single right or wrong option. The nature of the restriction is less important than the fact that restrictions are imposed with a subsequent decrease in interactions. Options could therefore include the following:

| Possible Restriction                                                                                                                                                                                         | Likely Impact                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Prohibit home visits or indoor meetings, other than for essential interactions and possible bubbling of households for child care etc. This might extend to prohibiting outdoor meetings in private gardens. | Moderately effective and with little cost to the economy, though considerable social impact. |
| Restrictions or closure of hospitality premises, to include pubs, restaurants, hotels, social clubs etc.                                                                                                     | Moderately effective, but with significant economic costs and some social impact.            |
| Restrictions or closure of other locations where indoor interactions occur. Could include various types of leisure and entertainment venue or educational settings.                                          | Moderately effective, but with significant economic costs and high social impact.            |
| Limitations on the size of outdoor gatherings, removing the current exemptions                                                                                                                               | Limited effect, with some economic costs and social impact.                                  |

Any combination of the above will be more effective than a single intervention.

18. If we were to focus on the first type of restriction, given the lower economic impact, a potential combination of additional restrictions that could be applied in areas with high incidence is suggested below:

*In regulation*

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- No mixing of households in private dwellings, with exemptions for bubbling with one other household, caring responsibilities including childcare, essential maintenance, supported living arrangements, visits required for legal or medical purposes, or marriage or civil partnerships where one partner is terminally ill;
- No more than 6 people to gather in a private garden from no more than two households;

### *In guidance*

- Recommend to avoid all but essential travel, in particular avoid travel outside the areas with additional local restrictions;
- Discontinue visits to care homes and hospitals in these areas, with the exception of palliative care facilities and those receiving end of life care.
- Further guidance to health and care workers in respect of social interactions outside of the work place.

19. In terms of timing, any restrictions would need to be in place for a minimum of two weeks to see an impact, and could then be reviewed. Post code areas may be added and removed from the local restrictions as the patterns of infection change and further interventions and restrictions could be added as necessary.

20. This approach, as a first level of intervention, would avoid some of the drawbacks of localised restrictions outlined to the Executive previously.

### **Enforcement**

21. As indicated above, compliance with any set of restrictions has been, and will continue to be, a key factor in their effectiveness – and is a material contributory factor in the position we now face. In this context, any response to an emerging problem which simply tightens restrictions risks inadvertently sending a signal

## **OFFICIAL - EXECUTIVE**

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that non-compliance is acceptable, and may actually increase such non-compliance. Accordingly, I believe the Executive should place a renewed focus on this aspect – in particular through greater enforcement.

22. While PSNI colleagues will continue to play a very significant role in this aspect, I do not believe that they are the only players – for example colleagues in DfI, DfC and local Councils also have a significant contribution to make in ensuring that the Executive's decisions on restrictions are respected across the community. My recommendation is that the Minister of Justice urgently convenes a working group of relevant organisations, to develop a robust action plan in this regard.

### **Wet Pubs**

23. In bringing forward these recommendations today, I also want to record that I do not see them as pre-empting or undermining any consideration of the re-opening of "wet" pubs. As I have indicated earlier in this paper, the key issue from a health perspective is to minimise the number of high risk contacts, and hence spread of the virus – there are many different ways to do this, and any individual restrictions are not, in themselves, a statement that one activity is more or less risky, or important, than another. I am of the view that contact within a pub setting can be effectively managed to reduce the risk of spread. We also need to be mindful of the wider social and economic benefits that the opening of pubs will bring.

24. On that basis it is important that the issues before us in this paper should be seen as separate to our consideration of the re-opening of pubs.

### **Communications, and Wider Implications**

25. The outworking of any measures the Executive conclude on in response to this paper will require detailed engagement between departments and wider stakeholders (in terms of developing guidance, considering any ripple effect, and communicating the position) and rapid work on amendments to Regulations to give effect to them.

## **OFFICIAL - EXECUTIVE**

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26. This has started, and will continue over the next number of days, but my clear view is that we should move rapidly to announce the implementation of the headline measures as having “immediate effect” after the Executive reaches a conclusion on them, to ensure their earliest effectiveness, starting with a strong advisory approach and moving to make and commence regulations later next week when all preparatory work is completed. In addition communication will include strong reinforcement of the existing guidance and regulation throughout the remainder of Northern Ireland.

### **Recommendation**

27. It is recommended that the Executive agrees:

- a. That local restrictions are imposed on the areas identified in the table at paragraph 6, as amended by paragraphs 12 and 13 – initially for a period of two weeks, subject to weekly monitoring and review. While any of the options that are considered to be moderately effective would be possible, the option of restrictions as set out in paragraph 18 would seem to be more pragmatic and easy to deliver. In addition, in those areas with local restrictions care home and hospital visiting should be minimised and the elderly and those previously shielding should be advised to minimise their interactions with other people.
- b. That residents in relevant areas should be advised to only travel outside their area for essential purposes, including work or education. This would help to reduce the risk of spread outside the areas most effected, but would not address the spread of the virus within those areas. Hence, it is not a substantive response in its own right but should be viewed as a useful complement to the local restrictions imposed above. We suggest that this should be advisory rather than mandatory in the first instance.
- c. That a working group on compliance, chaired by MoJ, is set up.

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d. That my position regarding Wet Pubs is noted.

e. That measures are effective immediately, with regulations and other work to follow over the coming week.

28. I am copying this paper to the Attorney General and Departmental Solicitor, and to First Legislative Counsel.

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MINISTER OF HEALTH**

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