FROM THE MINISTER OF HEALTH

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1. Following on from our earlier discussion, and by way of response to Minister Long's latest proposal, I have attached an updated Annex A from my previous paper. This seeks to help colleagues understand the implications of the latest proposal – although I would again emphasise the limitations of the modelling when considering partial easing of restrictions in any area.

2. In considering this proposal, and our current position, I want to take this opportunity to highlight one other important consideration, which risks being lost in our discussions.

3. In our document "Coronavirus – Executive Approach to Decision-Making", published on 12 May 2020, we publicly confirmed that controlling transmission and protecting healthcare capacity as guiding principles when considering specific restrictions and stated our key principle in terms of controlling transmission:

   "Progress on the path of recovery depends primarily on controlling the rate of transmission. The key metric for this purpose is the reproduction number 'R'. A restriction or requirement should only be relaxed when there is a reasonable prospect of maintaining R at or below 1."

4. This is important – not just because of its own merits - but also because, in line with para 2.8 of the Ministerial Code, we all carry an obligation to "support, and to act in accordance with, all decisions of the Executive". Accordingly, I must emphasise that our actions and decisions today must be in accordance with this important principle.

Personal Data

Robin Swann MLA
Minister of Health

Update on modelling of Executive scenarios:

1. We have been asked to comment on scenarios which have been considered by the Executive, focussing on the impact on transmission of COVID-19 and pressures on the Health and Social Care system. The scenarios are as follows:

    a) a two week extension of the current restrictions;
    b) a number of relaxations from 13th November, in particular in relation to close contact services and parts of the hospitality sector (cafes etc); and
    c) reversion to the number 2 regulations from 13th November
    d) proposal from Minister of Justice

2. Before commenting on these in more detail, we would like to summarise some basic principles which have been discussed previously:

    a. any intervention which increases interactions between individuals, particularly in indoor settings, will increase transmission of the virus
    b. any increase in transmission of the virus will result in increased hospital admissions, ICU admissions and deaths from the virus in the short term
    c. there is increasing evidence that even younger individuals are at risk of long term consequences of COVID. The extent of this is difficult to quantify at the moment but will impact on individuals and increase medium to long term demands on the health care system
    d. if the hospital system is in danger of being overwhelmed, capacity to deliver other services will be adversely impacted. This will lead to increased morbidity and mortality from other conditions in the short, medium and long term
    e. restrictions which reduce transmission of the virus will reduce the harms described above, but come at the cost of economic and societal damage
    f. this will increase mental health morbidity and mortality in the short term and through poverty and educational impacts will increase morbidity and mortality in the medium and long term
    g. the short term impacts of increased COVID will be obvious and visible, whereas the medium and long term effects of both COVID and restrictions will be more hidden but may be just as important

h. it is extremely difficult to balance short and medium/long term harms, and it is not possible to avoid harms, including deaths, regardless of the decision made. The harms are an inevitable consequence of the epidemic and will continue until a high degree of population immunity is achieved

i. it is not possible to balance health, economic and societal harms from a medical or scientific perspective. This needs to be a political decision.

3. In relation to the scenarios above, b) will have less impact on transmission of the virus than c) (reversion to the number 2 regulations). In both of these scenarios, it is likely that further intervention will be required before Christmas.

4. For scenario d) (Minister of Justice proposal), Rt is likely to be between 0.9 and 1.0 from 13th November until 20th November, and to rise a little further after 20th November. Any subsequent rise will depend on decisions taken about relaxing other restrictions after 27th November. Transmission of the epidemic between 13th – 27th November will be less than under proposal b) or proposal c), and more than with two weeks extension of the current restrictions (proposal a). It is more likely than not to require a need for further intervention before Christmas, although as indicated before this will depend on decisions made about relaxations from 27th November and the extent of adherence after that time.

5. Scenario a) (two week extension) offers the best chance of getting beyond Christmas without the need for further restrictions. However, even under this scenario it remains possible that further intervention before Christmas may be required. This will depend on the extent of adherence to public health measures and mitigations which are in place.

6. It is important to continue efforts to ensure maximum adherence to mitigations as the economy opens up. However, it appears almost inevitable that periods of further restriction will be required as we go through the winter, until a vaccine is available. The only measures which have been proven to be effective to date in terms of reducing Rt below 1 include complete lockdown (as in April) or the full restrictions which are currently in place. In the latter case, it is not yet clear whether Rt can be kept below 1 with schools fully open; we will not know this for at least another 10 days.

7. The Executive has previously been shown the modelling impact of a two week extension of current restrictions in the paper of 5th November. It is not possible to model the impact of the other scenarios above with confidence. However, the figures below illustrate potential impacts.

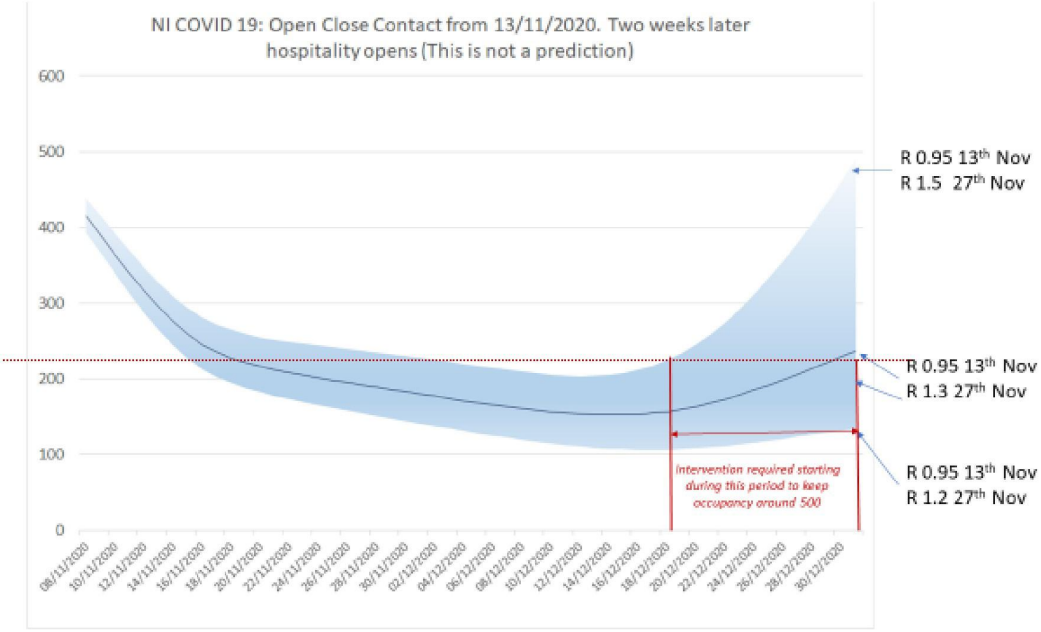
8. Figure 1 shows the likely impact of opening hospitality alone. Scenario b) is likely to be associated with Rt a little above 1.0 for two weeks, followed by R around 1.3 or above. It is therefore most like the middle line on the Figure 2, or a little higher. Scenario c) is likely to be close to the upper boundary of Figure 2. Scenario d) is likely to be around the middle line of Figure 2 or somewhat lower. There is significant uncertainty around all of these estimates.

9. Figure 3 shows the range of hospital deaths in the various scenarios illustrated in Figure 2, projected to the end of January. Community deaths and deaths as a consequence of the downturn in other services will be additional to this.

10. The advice of CMO and CSA remains that from the perspective of transmission of the epidemic, and associated immediate direct and indirect health consequences that, a two week extension of current restrictions would be best. Any less than that significantly increases the likelihood that pre-Christmas intervention will be required, although even with a two week extension a pre-Christmas intervention may still be necessary. We recognise that the Executive will need to weigh this advice against economic and societal considerations in reaching a decision about the way ahead.

11. Currently hospitals are operating at, close to or above full capacity in providing COVID and non COVID care. Any easing of current restrictions will be associated with upward pressure on Rt. The earlier and more that the current restrictions are eased the sooner and greater the upward pressure on Rt will occur. A return to Rt above 1.0 will result in a return to exponential growth in community transmission, admissions and the associated health and health service consequence. The further Rt is above 1.0 the more rapid the growth in cases and admissions. The longer Rt remains above 1.0 before further intervention the greater the interventions likely to be required.

Figure 1



Scenario c) above is likely to be closest to the upper boundary of Figure 2).

Figure 2

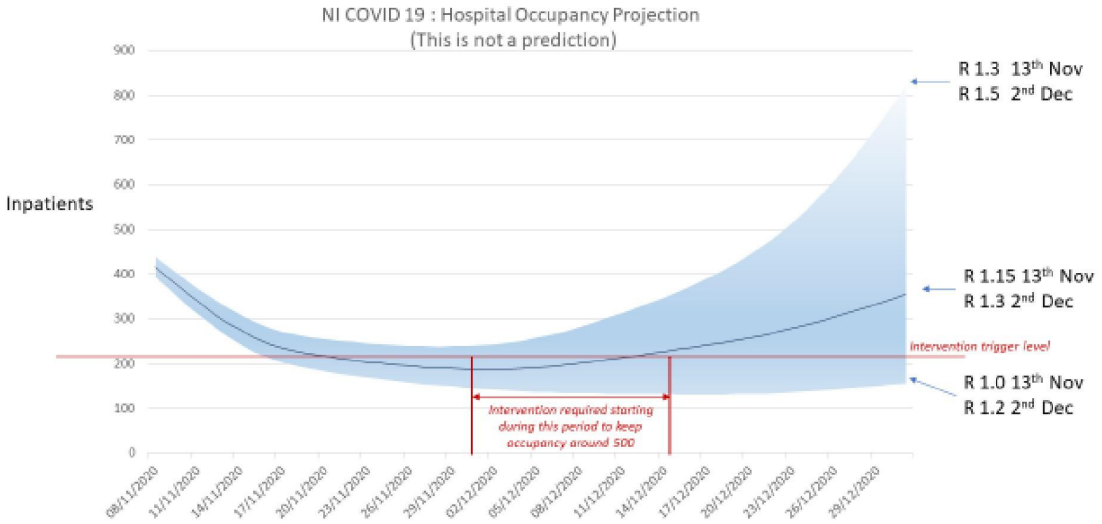
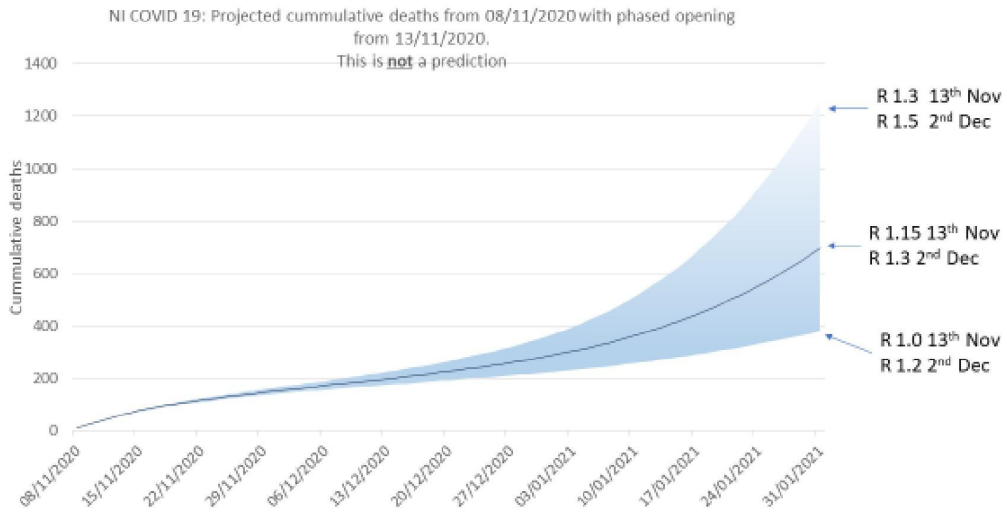


Figure 3


NI COVID 19: Projected cummulative deaths from 08/11/2020 with phased opening from 13/11/2020.
This is not a prediction
Cummulative deaths
1400
1200
1000
800
600
400
200
0
08/11/2020
15/11/2020
22/11/2020
29/11/2020
06/12/2020
13/12/2020
20/12/2020
27/12/2020
03/01/2021
10/01/2021
17/01/2021
24/01/2021
31/01/2021
R 1.3 13th Nov
R 1.5 2nd Dec
R 1.15 13th Nov
R 1.3 2nd Dec
R 1.0 13th Nov
R 1.2 2nd Dec