

MEMORANDUM E (20) XXX (C)

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

DATE: 8 July 2020

TO: EXECUTIVE COLLEAGUES

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

Introduction

1. This paper provides an update on developments since the fourth review of the need for the restrictions and requirements in the coronavirus regulations; reports on the fifth review, and makes recommendations for changes to the regulations.
2. Proposals for specific, immediate amendments are being 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. In the second review 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 the *Executive Approach to Decision-Making*, i.e. focus on controlling transmission and protecting healthcare service capacity; necessity; proportionality, and reliance on evidence. The third review 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. We agreed a series of amendments and delayed implementation to allow time to monitor the impact of previous relaxations on transmission.

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5. Since the conclusion of the fourth review, four further sets of amending regulations have come into operation, i.e. No.s 7 to 10. The purposes of all the amending SRs are summarised in Annex 1.
6. Guidance on the Regulations has been updated, with the most recent edition published on 6 July. The guidance has been translated into Polish, Lithuanian, Portuguese, Mandarin, Arabic and Romanian and the updated guidance is being translated.
7. The fifth review has again considered the need for each of the general restrictions and requirements but has considered in particular whether regulation 5 – the prohibition on leaving where one is living – is still necessary, and, if not, how it could be withdrawn with minimum risk. Such is the significance of regulation 5 that it should not be withdrawn without a fundamental review of the structure of the Regulations, so this has been an integral part of the fifth review.

Progress of the epidemic

8. As of 8 July, in Northern Ireland, 147,174 tests have been carried out; 116,954 individuals have been tested for SARS-COV2 Virus; there have been 5,765 laboratory-confirmed cases of COVID-19, of which 25 have been confirmed in the last 7 days. There have been 554 deaths associated with COVID-19. It is not possible at this stage to know how many people have been infected but it is safe to assume the true number of cases is significantly higher than the number of confirmed cases.
9. It remains unclear how long those who have recovered from COVID-19 will retain immunity. Furthermore, at present best estimates continue to suggest that less than 5% of our population are likely to have had the infection and recovered, which is not a sufficiently high level of population immunity to confer protection from further spread of the virus. Therefore, the absence of a vaccine means we will continue to have to plan for a potential second wave of COVID-19 cases later in the year, and possibly further waves, once restrictions are eased or lifted and normal life gradually resumes.

Modelling the epidemic: the Reproduction Number and number of cases

10. The key indicators of the epidemic are currently as follows.
 - a. Current estimate of R: 0.5 - 1
 - b. Average number of new positive tests per day last 7 days: 4

- c. Current community incidence estimate (new cases per day): < 30
- d. Current community prevalence estimate (total infectious individuals):
25 - 150

11. It is important to model the epidemic in order to plan the delivery of Health and Social Care services and to inform decision-making with regard to social distancing and other restrictions which may be required. The Reproduction Number (R) has been central to modelling the course of the epidemic to date. R is the number of individuals who, on average, will be infected by a single person with the infection. R does not have a fixed value but varies with time, and is likely to be different every day. When R is above 1, the transmission of the epidemic will increase, resulting in more cases, hospital admissions and deaths. The greater the value of R above 1, the more rapid the increase. When R is below 1, there will be a fall in the number of cases, hospital admissions and deaths. The further R is below 1, the more rapid the fall will be.

12. We have agreed that keeping R below 1 is a key objective as we move forwards in the epidemic. However, when community transmission of the virus is very low, as it is currently in NI, R will no longer be the most important number for the purpose of policy decisions. In particular, once the number of new cases is sufficiently low in the presence of a robust testing programme and the test/trace/protect strategy, the number of positive tests per day is likely to be a more important parameter in the context of planning. The point has now been reached when R will show a high degree of volatility and be heavily influenced by small local clusters. In these circumstances the Chief Scientific Adviser and the Chief Medical Officer have advised that there is very limited value to continuing to publish a weekly value for R, and that it may give a misleading impression of the state of the epidemic. This position will be reviewed in the event of any significant increase in markers of community transmission such as numbers of new positive cases or hospital admissions. **For the present I recommend that the Executive suspend its use of R as the overriding indicator of the risk associated with further changes to the Regulations, though we will continue to keep it under review.**

Capacity of the Health and Social Care (HSC) system

13. The Department is continuing to plan for further possible waves of COVID-19 to ensure that there are comprehensive surge plans in place for critical care, hospital beds and care homes. Whilst the timing of any further wave remains unpredictable, and may coincide with colder weather and winter pressures, capacity planning is now informed by increasingly more robust

data in comparison to the initial surge which occurred in mid-April. 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. In the meantime, COVID-19 patients are being cared for within current HSC capacity, whilst Trusts continue the important work of rebuilding other services under the Strategic Framework which I published in May.

Wider health, societal and economic impacts of the regulations

14. My Department has continued to liaise with DfE on the economic impacts of COVID-19 and the regulations. In summary:
 - a. DfE continues to report that output in the NI economy was running at 25% to 30% below normal during lockdown. This has been supported by recent UK GDP figures which estimate that in April 2020 the economy was around 25% smaller than in February 2020.
 - b. April is expected to prove to be the worst month for economic output, as we started to relax the restrictions in May.
 - c. UK-wide Gross Value Added figures for March and April show that nearly all sectors of the economy have been affected by the regulations.
 - d. Accommodation & Food Service activities was the most affected sector, with output reducing by almost 92%.
 - e. Other Services (-51.6%), Arts, Entertainment & Recreation (-47.0%), Construction (-43.5%), Education (-43.2%), and Transport & Storage (-38.3%) all experienced substantially lower levels of output when compared to the more normal levels in February.
 - f. Locally, around 212,000 workers have been furloughed under the HMRC Job Retention Scheme and almost 70,000 under the Self-Employed Income Support Scheme.
 - g. The Claimant Count currently stands at 65,151 in Northern Ireland. Further job losses and the upcoming outflow of education leavers mean the Claimant Count could plausibly exceed 100,000 before the end of 2020 or shortly afterwards. The Claimant Count has not exceeded 106,000 since the 1980s.
15. While an economic recovery appears to be underway in Northern Ireland, with many sectors and businesses being reopened, there are still significant risks if recovery of output and jobs is not swift.

Wider impacts on health

16. You will recall from the fourth review that my Department had commissioned an initial analysis of the impact of the current regulations on wider health outcomes. This was supplemented with a number of pieces of work being taken forward at 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 – including life expectancy growth - 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.
 - Public health resources had been re-prioritised towards support on the direct impacts of COVID-19, which limited the system's capacity to address the wider impacts. However, work is now underway to restart a range of services though some may operate at reduced capacity.
 - Emerging evidence suggests that the disease burden from conditions such as mental health is already rising.
17. There has been no substantial change to this analysis since the fourth review, however a further update on real world impacts will be available to inform the sixth review, with more detailed information on potential inequalities in specific domains such as the impact on maternal and infant health.

Testing and contact tracing

18. In my reports on previous reviews of the Regulations I highlighted the critical importance of a robust testing and contact tracing system to drive down virus transmission, reduce the risk or magnitude of a second wave and support the easing of restrictions. You will be aware that testing continues to be a vital tool in our response to the COVID-19 pandemic. The current position is that everyone over the age of five years of age in Northern Ireland is eligible for a COVID-19 test if they are showing symptoms of infection. The details of how to get a test are available via the PHA website. The groups eligible for testing are kept under constant review and our testing programme continues to expand as required in line with emerging scientific and medical advice. There is currently sufficient testing capacity to ensure that everyone in Northern Ireland who needs a test can be tested.
19. Testing for surveillance purposes is critical to determine the level of COVID-19 in circulation in the wider community. There are a number of strands of

surveillance testing currently underway, and more in development, the results of which inform decision-making as we progress through the pandemic response and in planning for a potential second surge.

20. My Department has also continued to take forward urgent work to develop and implement a Northern Ireland Contact Tracing Service. This work is a combination of traditional public health practice (testing potential cases, identifying their contacts and providing them with information on the symptoms to be aware of, and what to do if symptoms develop and if they need to self-isolate), and utilising digital support as appropriate to support the process.
21. You are aware from previous discussions that the PHA began a pilot on 27 April to test its capacity to respond at scale to the requirements for contact tracing during this pandemic. This involved tracing the contacts of a sample of cases who had tested positive. On 18 May the Agency began the transition to a programme of tracing contacts of all positive cases. Northern Ireland was the first part of the UK to have this service established and operational.
22. The current focus for my Department is to oversee the scaling up of the contact tracing operation which is likely to be required for the next two years until a vaccine is available and a mass vaccination programme is in place. This involves a manual contact tracing centre where skilled clinical contact tracers will call all positive cases and their contacts to advise and guide on next steps. Public health consultants will provide medical advice and clinical leadership to the centre as well as deal with complex cases and manage outbreaks or clusters of COVID-19. Other staff will be recruited to support the analysis of the information and intelligence gathered in order to advise on the progression and management of the disease.
23. A Call Centre is also being established, through NI Direct, to provide information and support to members of the public who do not have access to the internet, on various aspects of checking symptoms, booking tests and providing signposting to sources of social and community support. In addition a suite of digital products will be introduced as a further option for citizens to engage with the contact tracing process.
24. There has been a wide ranging programme of engagement with stakeholders throughout this process which is on-going. You will also be aware from media reports this week that a new Public Information Campaign is underway which seeks to raise awareness of the symptoms of Coronavirus and encourages individuals who are symptomatic to follow the appropriate steps including booking a test quickly; helping with contact

tracing; and self-isolating when advised. The campaign, which will include TV, Radio, Digital, Social and Print, will run for 3 weeks.

25. Weekly information on the contact tracing service is now available on the PHA website [<https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing-service-management-information>].

Fifth review of the need for the restrictions and requirements

Scope and focus of the review

26. The fifth review has focused on:
- a. overall necessity and proportionality of the regulations;
 - b. whether regulation 5 should be withdrawn;
 - c. other restrictions and requirements;
 - d. how the Regulations should be restructured;
 - e. whether the option of amending the Regulations by ministerial direction should be retained, and
 - f. how to provide for new restrictions, should they become necessary, for example to impose localised restrictions.
27. As I indicated in my report on the fourth review, the Regulations provide for four general restrictions and requirements:
- a. the requirement imposed on businesses and other organisations to close certain premises during the emergency;
 - b. the restrictions on certain operations by businesses and other organisations;
 - c. the restriction on individual movements in regulation 5 which requires each person not to leave the place where they are living unless they have a reasonable excuse to do so. Regulation 5(2) sets out an illustrative list of reasonable excuses, and
 - d. the restriction on gatherings in public and outdoor places.
28. The main outcomes of the four reviews completed to date have been to confirm that the regulations remain a necessary and proportionate response to the pandemic, the establishment of a process for amending the Regulations, and ten sets of amending regulations, the most recent of these having been made on 3 July. There have been numerous specific relaxations, for the most part permitting the reopening of certain categories of premises; the resumption of certain activities, and additions to the reasonable excuses listed in regulation 5(2), however none of the general restrictions or requirements has yet been withdrawn.
29. I advised in my fourth review of the Regulations that the fifth review would consider regulation 5 in particular, and would consider also how the Regulations might be restructured to make them clearer. The following analysis considers both the overall necessity and proportionality of the

regulations and the particulars of each restriction and requirement contained within the regulations.

Necessity and proportionality

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LPP/LAP	The review has also considered the usefulness and fitness for purpose of the key parts of the Regulations, and their proportionality in seeking to achieve a public health response to the epidemic.

31. My conclusion is that a regulatory approach is still necessary to control the pandemic. However there are significant amendments that could now be made to ensure that the regulations remain proportionate in the context of a much reduced rate of virus transmission.

Regulation 5

32. Regulation 5 states: "During the emergency period, no person may leave the place where they are living without reasonable excuse." Illustrative reasonable excuses are listed in regulation 5(2). The list has been extended several times, in some cases to complement other amendments such as the reopening of certain categories of business. There are now 34 reasonable excuses.
33. There are two general difficulties with regulation 5. The more obvious one is practical in nature. Less obvious but more fundamental are problems relating to how regulation 5 is framed.
34. The main practical problems are concerned with clarity of the law and with enforcement. As the list of reasonable excuses has grown (and conversely the list of implicit offences has shrunk), many ordinary reasons for leaving where one lives are now reasonable excuses. In effect, the number and the range of reasonable excuses have to a large extent restored the normal default, i.e. a general freedom of movement with a limited number of implicit exceptions. Navigating the Regulations has become an issue: the length of the list makes it difficult for people to keep track of the excuses; makes it difficult to enforce regulation 5, and makes it difficult for officials including lawyers to maintain consistency within the Regulations when drafting amendment regulations. Certain inconsistencies have also crept in, where analogous reasons to leave home are not always added to the list of reasonable excuses when a change is made to accommodate a certain activity

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35. One inherent difficulty is that regulation 5 in effect reverses the normal assumption that an activity is lawful unless it is expressly prohibited. Regulation 5 makes any absence from one's dwelling an offence, and lists the exceptions to this rule. As a result, the gradual relaxation of regulation 5 has taken the form of the ever-growing list of reasonable excuses. In theory this list could be infinitely long, and the complement to this list would be an ever-diminishing list of implicit offences. This inversion of a basic tenet of law, with all its consequences in terms of human rights and civil liberties, was deemed necessary when the pandemic was growing exponentially and required an urgent blanket response, but could only ever be a temporary departure from fundamental norms and as brief as possible.

36. In addition, the intention of the list was that it would be *illustrative*, yet over time it has been interpreted on occasion as a comprehensive list of all permitted activities. This has led to some confusion as to the nature and extent of the permitted activities. In order that the Regulations may be effective, it is of fundamental importance that members of the public are clear as to what they may or may not do in any given circumstances – not only because criminal penalties may be imposed for non-compliance, but also because public cooperation is a crucial element of the public health response.

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38. As regards the requirement on my Department to review the need for the restrictions and requirements in the Regulations, it is arguable that at this stage in the epidemic regulation 5 is no longer necessary. It is arguable also

that the accretion of so many amendments has resulted in regulation 5 being no longer fit for purpose. Most importantly we should be concerned that regulation 5, as amended, could now be *ultra vires*. For all of these reasons, and the last one would probably suffice, **I recommend that regulation 5 be revoked.**

39. There are two broad risks associated with withdrawing regulation 5. The first is that its purpose as a measure to limit transmission is still pertinent, so it will be necessary to ensure that the withdrawal of regulation 5 does not have unintended consequences in the form of particular activities becoming legal while they still carry a high risk in terms of transmission. The second risk is in the fact that regulation 5 is a key component of the regulations which gives effect to 'lockdown', and evidence of public behaviour from across the UK (e.g. crowding on beaches) suggests that significant numbers of people may assume that the pandemic is over or nearly over. A decision to withdraw regulation 5 would need to be supported by clear and persistent public messaging about the continuing threat of a second wave. As we rely less on regulation and more on people doing the right thing, messaging needs to emphasise the importance of civic responsibility and enlightened self-interest.

40. On the other hand, the current complexity in the law is causing an unwarranted focus by the public and media on what people can and cannot do, what activities are and are not permitted. This is adding to confusion and detracting from the very important public health messages that are as important now as they were at the beginning of the pandemic. In terms of shaping the behaviour of individuals and groups, public health messaging at this stage is likely to be more important than legal measures in limiting the further spread of the virus.

Other restrictions and requirements

41. The fifth review has also examined regulations 3, 4, 4A, 6, 6A and 6B.

Regulations 3 and 4: closure of premises and businesses, further restrictions

42. Regulation 3 is headed: "Requirement to close premises and businesses during the emergency", and regulation 4: "Further restrictions and closures during the emergency period". Both 3 and 4 have been amended several times and in the process the original logic for having two separate regulations has been weakened. Combining these two regulations could make the law clearer and sharpen the focus on those businesses and premises in respect of which we agree that restrictions are still necessary.

Regulation 4A: Restriction applicable to burial grounds

43. This regulation was inserted to impose a social distancing requirement, in relation to specific circumstances, on district councils responsible for burial grounds. Breach of regulation 4A was not made an offence as this was considered likely to be *ultra vires*. Regulation 4A is the only provision which imposes such a duty and is an anomaly. In addition is probably both disproportionate and unenforceable. I propose to revoke 4A.

Regulations 6, 6A and 6B: restrictions on gatherings

44. Under regulations 6, 6A and 6B the restrictions are now as follows.
- a. Up to 30 people in a "public place" (which could be indoors or outdoors) may gather for the following purposes: work; funerals or places of worship (for drive in services or some religious services/readings); house moves, care, emergency assistance, legal purposes; drive-in cinemas, concerts, performances; childcare; elite sport; visitor attractions; restaurants, bars etc. and summer schools/schemes.
 - b. Up to 30 people may be part of an outdoor gathering.
 - c. Up to 30 people may be present for an outdoor marriage/civil partnership ceremony.

45. As part of the review, and in response to representations, my Department has considered the existing limits and the conditions, purposes, built environment features etc. that are associated with them. In doing so, officials have looked at the position in other jurisdictions to see whether alternative approaches can bring greater clarity without compromising health protection. The eventual preferred option will be based primarily on any identified risks which may arise following the revocation of regulation 5 and the further amendments to regulations 3 and 4, i.e. any particular activity or location which is considered to be relatively high risk.

46. I propose that we update and seek to simplify the restrictions on gatherings.

The detailed policy intent is still being developed but I envisage that the new Regulations would:

- restrict to 30 the number of people participating in gatherings taking place in a private dwelling or in certain categories of place (to be defined in the Regulations) or on a ship or a boat other than those used for public transport, with exceptions for elite sportspersons, their coaches, and parents (if a minor), and if the gathering is necessary for training or competition;

- permit gatherings of more than 30 people when reasonably necessary for [this list is illustrative at this stage] work, voluntary or charitable services; to provide emergency assistance; to avoid injury or illness or escape from harm; for education or childcare (or as part of supervised activities provided for children), or to fulfil a person's legal obligation;

and

- impose a duty on bodies (to be defined in the Regulations) organising a gathering (purposes to be listed or defined in the Regulations) to take account of relevant guidance, but would not limit the number of people who may attend.

47. My Department is also considering the current restrictions on indoor visits and overnight stays. **I propose that we ensure that the new Regulations (i) allow up to 30 people to gather in a private dwelling and (ii) allow people to stay overnight in a private dwelling other than their own and that my Department prepare a new regulation to this effect to be agreed by the Executive on 23 July.**

48. As regards controlling public behaviours which raise the risk of transmission, legislation is one instrument of policy, used in parallel with public information and guidance. In the sphere of legislation, if regulation 5 is withdrawn we will be relying primarily on controls on gatherings to limit transmission. Therefore the restructuring of regulations 6, 6A and 6B will take into account the effects of the withdrawal of regulation 5 and seek to identify and minimise any unintended consequences as regards risk of transmission. My Department will also take into account the possible future need to reinstate restrictions on movement.

Use of ministerial direction to amend the Regulations

49. Regulation 2(3) requires the Department of Health to publish a direction when a restriction or requirement should be terminated. Paragraphs (4) and (5) of regulation 2 are about the use of directions. These direction-making powers were introduced in all four UK jurisdictions at the beginning of the emergency period when it was unclear if and when the legislatures would be able to act in the constitutionally conventional ways and quickly enough to respond effectively to the epidemic. Since then it has become clear that, using the Assembly's existing procedures, my Department has been able to make amendments as and when agreed by the Executive.

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LPP/LA In practice, all changes made to date have been agreed by the Executive. Withdrawing regulation 2(3) would remove any ambiguity in this regard and would better reflect the fact that these are collective Executive decisions and not taken solely by the Health Minister.

51. In addition, using means other than Statutory Rules to amend the Regulations can make it more difficult to keep track of changes to the Regulations. The growing body of law around COVID-19 would remain clearer and more coherent if future changes were to continue to be made by amendments rather than by directions.

52. I have concluded that Regulation 2 paragraphs (3) to (5) should be withdrawn, as they are not needed; they do not reflect our collective approach to decision-making, and they have practical disadvantages.

53. Wales and Scotland have removed their equivalent provisions. England has retained them.

Imposition of new restrictions

54. Until a whole-population COVID-19 vaccination programme is established it is likely that there will be further waves of this epidemic. It is possible also that we will have to respond to local outbreaks. My Department is monitoring developments in respect of Leicester and other parts of England where incidence is high, and in Scotland where there have been local clusters managed through voluntary approaches.

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I will bring forward separate proposals on how we might approach localised outbreaks and clusters.

Restructuring the Regulations

55. It will be clear from the preceding paragraphs that the fifth review has been a radical examination of the restrictions and requirements. A further set of amending regulations to make all the changes that I am proposing would be extremely difficult to read or enforce. I propose therefore that we make a fresh start, i.e. prepare a new Statutory Rule which would:

- a. revoke the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020, and

- b. retain certain restrictions on gatherings and possibly restrictions on certain businesses and premises.

The replacement Regulations can be amended to make provision for the imposition of new restrictions in the event that such are needed and, like the current Regulations, they would have an expiry date written into them.

- 56. My Department will also consider whether 21 days remains the appropriate interval for the statutory review of the need for the restrictions and requirements.
- 57. In preparing the replacement Regulations my Department will consult with DoJ and the enforcement agencies (PSNI and district councils) to take their views on the operation of the enforcement procedures so far in order to identify any concerns and bring forward amendments to regulations 7 – 14 accordingly.

Conclusions of the 5th review

- 58. My Department has carefully considered each requirement and restriction for which the Regulations provide and, in light of (a) the current state of epidemic; (b) the capacity of the Health & Social Care services to meet current and expected pressures; (c) progress to date in establishing and expanding the Test, Trace, Isolate and Support Strategy; (d) the relaxations that have been agreed; (e) the wider health, societal and economic impacts of the Regulations; (f) the impact of recent relaxations on the rate of transmission, and (g) the continued absence of an effective vaccine for COVID-19, has concluded that:
 - a. overall a regulatory approach continues to be necessary;
 - b. regulation 2(3) to (5) should be revoked;
 - c. regulations 3 and 4 should be combined;
 - d. regulation 4A should be revoked;
 - e. regulation 5 should be revoked;
 - f. restrictions on gatherings should be updated and simplified, together with any residual restrictions on businesses and premises;
 - g. to make these changes a new, restructured set of regulations would be preferable to a further set of amending regulations.
- 59. The Chief Medical Officer and the Chief Scientific Adviser support the continuing need for certain restrictions and requirements in relation to the epidemic and agree the approach set out in the paragraphs above, with particular attention to public messaging on more people doing the right thing

as in paragraph 39 above. This messaging needs to emphasise the importance of civic responsibility and enlightened self-interest.

Timeframe for making new regulations

60. The changes that I am proposing will need substantial and complex policy and legal drafting work, especially on the part of officials in my Department and DSO. They should be made as quickly as can be done safely. I propose therefore that we should aim to bring the new regulations into operation on Thursday 23 July, subject to ratification by the Executive on that date.

Recommendation / Decision sought

61. I recommend that the Executive agrees that:

- i. the requirement in regulation 2(2) for a fifth review of the need for the restrictions and requirements in the Regulations has been duly met;
- ii. we should suspend the use of R as the overriding indicator of the risk associated with further changes to the Regulations;
- iii. regulation 2 paragraphs (3) to (5), which allow the Department of Health to make changes by means of directions, should be revoked;
- iv. regulations 3 and 4 should be combined into a single regulation;
- v. regulation 4A (restrictions in respect of burial grounds) should be revoked;
- vi. regulation 5, the requirement to remain where one is living, should be revoked;
- vii. a fresh set of regulations should be made, for the purpose of saving those restrictions and requirements that are considered still to be necessary, and clarifying powers for the imposition of new restrictions should the need arise;
- viii. the new regulations should update and simplify the restrictions on gatherings, together with any residual restrictions on businesses and premises;
- ix. the new regulations should allow up to 30 people to gather in a private dwelling and allow people to stay overnight in a private dwelling other than their own;

and
- x. the Department of Health should aim to make the new regulations by 23 July.

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**ROBIN SWANN MLA
MINISTER OF HEALTH**

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020: ten sets of amendment regulations made. Position at 8 July

This list summarises substantive amendments to date. Consequential amendments such as adding to the list of reasonable excuses to leave home, technical amendments and changes to enforcement provisions are not included.

Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020

Purposes:

- remove the requirement to close burial grounds to members of the public and
- clarify the circumstances in which a person may leave the place where they are living to take exercise.

Health Protection (Coronavirus, Restrictions) (Amendment No. 2) Regulations (Northern Ireland) 2020

Purposes:

- allow a place of worship to open for marriage ceremony where a party is terminally ill;
- add as reasonable excuse the need to access services provided by a district council or other public body, including household waste or recycling centres;
- allow garden centres and ornamental plant nurseries to open and
- clarify that "Auction houses" does not include livestock markets, whether for slaughter or breeding.

Health Protection (Coronavirus, Restrictions) (Amendment No. 3) Regulations (Northern Ireland) 2020

Purposes:

- allow places of worship to open for acts of private worship and the broadcast of services to people attending on the premises (drive-in services);
- add as reasonable excuse the need to take part in an outdoor activity or an outdoor gathering and
- allow outdoor gatherings consisting of up to six people who are not members of the same household.

Health Protection (Coronavirus, Restrictions) (Amendment No. 4) Regulations (Northern Ireland) 2020

Purpose:

- allow drive-in live performances of music and theatre and drive-in cinema.

Health Protection (Coronavirus, Restrictions) (Amendment No. 5) Regulations (Northern Ireland) 2020

Purposes:

- permit businesses providing holiday accommodation to take advanced bookings (but not a firm opening date)
- allow people to leave home to attend to the needs or welfare of an animal or animals
- allow marriages and civil partnership ceremonies conducted outdoors, with number of people attending limited to 10.
- allow the opening of outdoor sports facilities but retaining restrictions on indoor facilities.
- allow the opening of animal care or welfare services, retailers or wholesalers of motor vehicles and retailers of certain items which are situated in premises with direct street access or in a retail park or which are not themselves enclosed or substantially enclosed within other premises.

Health Protection (Coronavirus, Restrictions) (Amendment No. 6) Regulations (Northern Ireland) 2020

Purposes:

- allow the general opening of the retail sector, with a small number of exceptions;
- allow the re-opening of the housing market;
- permit 'bubble' arrangements, whereby a person living alone may visit and stay with one other household;
- allow places of worship and community centres to provide daycare;
- increase the maximum number of people permitted at outdoor gatherings from 6 to 10, and
- allow elite athletes to train and allow operators of holiday accommodation to provide accommodation for elite athletes, coaches, and parents of elite athletes under 18 years.

Health Protection (Coronavirus, Restrictions) (Amendment No. 7) Regulations (Northern Ireland) 2020

Purpose:

- allow visits to another person's private dwelling, either alone or accompanied by others, provided the maximum number of persons in the dwelling does not exceed 6;

Health Protection (Coronavirus, Restrictions) (Amendment No. 8) Regulations
(Northern Ireland) 2020

Purposes:

- allow travel to holiday homes and second homes from 26 June;
- reopen indoor training facilities for use by elite athletes from 26 June;
- reopen places of worship to resume religious services (other than baptism ceremonies and certain marriage ceremonies) and bible readings, from 29 June;
- reopen self-catering tourist accommodation from 26 June and hotels and other catered accommodation from 3 July;
- reopen visitor attractions (excluding museums and galleries) from 3 July;
- reopen restaurants, cafes and coffee shops from 3 July;
- reopen pubs and bars, with restrictions, from 3 July;
- reopen hotel restaurants, hotel bars, with restrictions, and outdoor hotel spaces from 3 July; and
- reopen certain close contact services including nail, beauty or hair salons, barbers shops or shops providing tanning, electrolysis or acupuncture services from 6 July. allow certain food and drink businesses and premises to open, subject to restrictions on service;

Health Protection (Coronavirus, Restrictions) (Amendment No. 9) Regulations
(Northern Ireland) 2020

Purpose:

- allow for gatherings of up to 30 people in public places and outdoors.

Health Protection (Coronavirus, Restrictions) (Amendment No. 10) Regulations
(Northern Ireland) 2020

Purposes:

- permit the re-opening of museums, galleries and betting shops from 3 July;
- permit the re-opening of massage, tattooing & piercing businesses from 6 July;
- permit the re-opening of spas from 6 July, but not insofar as they provide services relating to water or steam;
- permit the restricted opening of restaurants and bars in registered clubs from 3 July;
- ensure that funerals are no longer restricted to close family or friends;
- allow for attendance at a summer school or scheme; and
- correct the numbering of sub-paragraphs and ensure that beer gardens can sell intoxicating liquor without food.