

MEMORANDUM E (20) XX (C)

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

DATE: 27 May 2020

TO: EXECUTIVE COLLEAGUES

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

Introduction

1. This paper provides an update on progress since the second review of the restrictions and requirements in the coronavirus regulations; reports the conclusions of the third review; presents proposals for amendments, and makes recommendations on the amendments and on the timeframe for making those that are agreed.
2. 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."

3. The first review of the restrictions considered: the progression of the outbreak of COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland to date, and the modelling of its future progression; the effectiveness of the Regulations in ensuring social distancing; and the professional advice of the Chief Medical Officer (CMO) and Chief Scientific Adviser (CSA). The Executive agreed without amendment the conclusions and recommendations from the first review on 15 April, i.e. that the restrictions then in place should be maintained.
4. The Executive paper on the second review:

- a. reported that the scope of the reviews had been broadened since the first review, to take more account of the impacts of the restrictions on health, society and the economy;
 - b. did not propose the immediate withdrawal of any of the current restrictions or requirements;
 - c. set out 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 as soon as each is considered to be no longer necessary for the purposes of the Regulations;
 - d. provided an update on the course of the epidemic in Northern Ireland including numbers of cases and deaths, and the rate of transmission, specifically the value of the reproduction number R;
 - e. advised that following any changes to the Regulations it will take at least 2-3 weeks for the new value of R to become apparent with confidence;
 - f. reported on the capacity of the Health and Social Care system to deal with the epidemic;
 - g. advised on the development of the Northern Ireland Contract Tracing Service, as the key action to reduce the value of R;
 - h. gave an undertaking by the Minister of Health to bring specific proposals for changes to the Regulations to the Executive in week commencing 11 May;
 - i. advised that in the absence of a vaccine we will have to be prepared for a second wave of COVID-19 later in the year and possibly further waves, once restrictions are eased or lifted, and
 - j. proposed that the Executive develop messaging to give people the information and confidence they need in order to go about their lives as freely as possible within the restrictions, including a safe return to work.
5. The four guiding principles that were agreed, and subsequently incorporated into *Executive Approach to Decision-Making*, published on 12th May, are: focus on primary purposes, i.e. controlling transmission and protecting healthcare service capacity; necessity; proportionality, and reliance on evidence.
 6. On 14 and 18 May we agreed a series of substantive changes to the restrictions, to allow urgent marriages where one of the partners is terminally ill; garden centres and ornamental plant nurseries to open; people to take refuse to household waste recycling centres; places of worship to open for individual acts of prayer; outdoor gatherings of up to six people not from the same household; outdoor activities in general, and drive-in church services, live performances and cinema. A complete list of the substantive amendments to date is at Annex 2.
 7. My Department has now completed the third review of the restriction regulations. I am bringing the conclusions and recommendations to the Executive for decision.
 8. The following sections discuss the three components of decision-making which the Executive agreed should be considered at each review – evidence and analysis

relating to the pandemic; capacity of the health and social care system; and the wider health, societal and economic impacts of the restriction regulations.

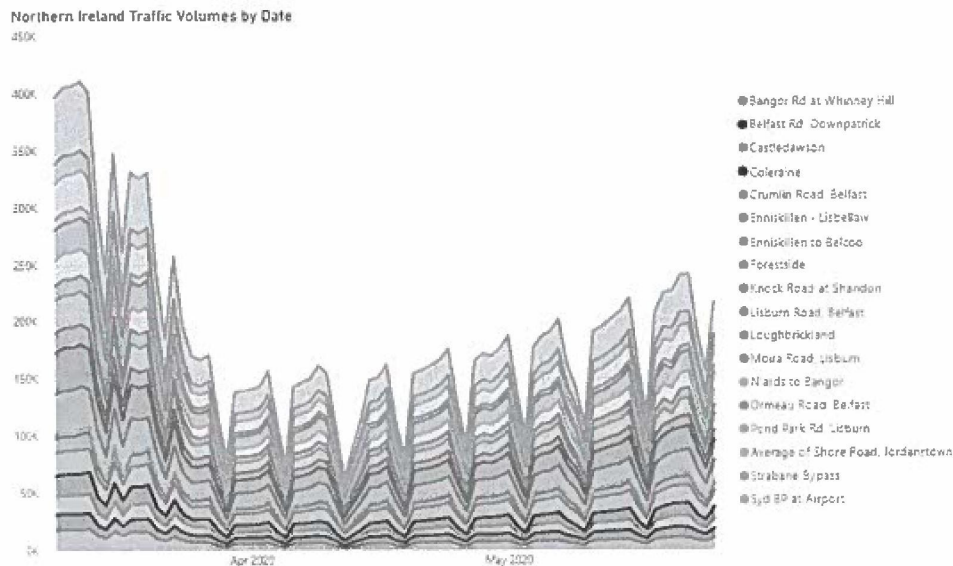
Evidence and analysis relating to the pandemic

Progress of the epidemic since the second review of the restrictions

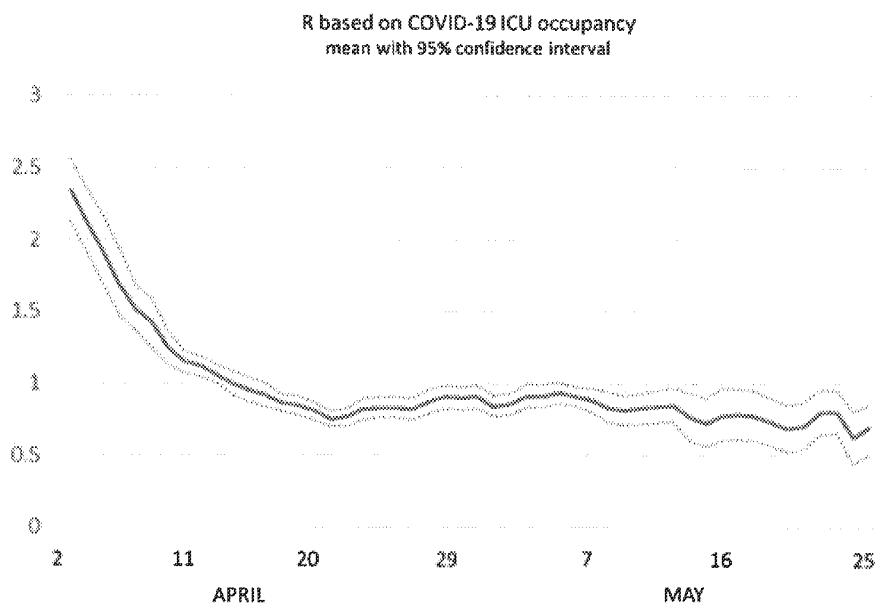
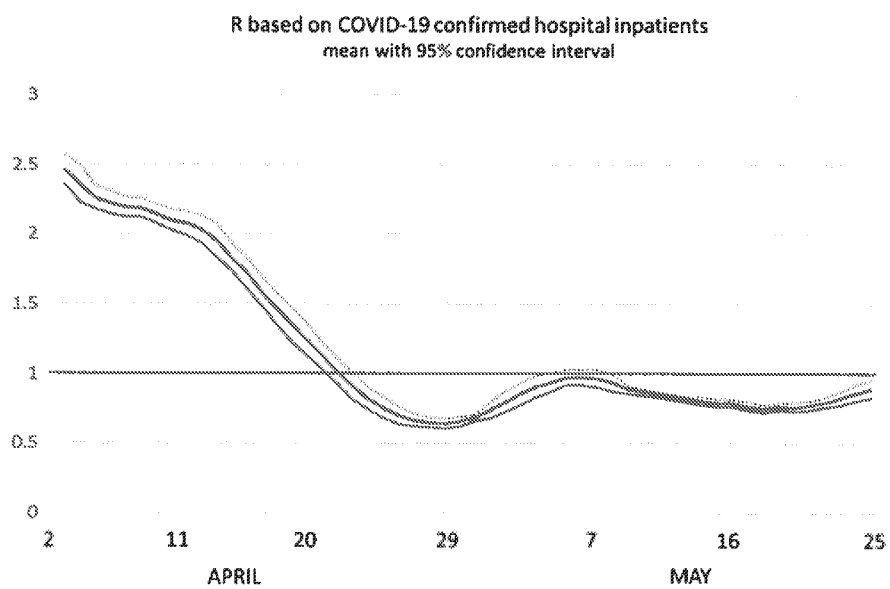
9. As of 27 May, in Northern Ireland, 48,374 individuals have been tested for SARS-COV2 Virus; there have been 4,663 laboratory-confirmed cases of COVID-19 (an increase of 26 on the previous 24 hours); and 516 deaths associated with COVID-19 have been reported. Case numbers are continuing to rise but at a slower rate than before. It should be noted that confirmed cases are a sub-set of total cases. 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.
10. At the time of the second review of the restrictions, modelling had indicated that the peak of the first wave of the pandemic in Northern Ireland occurred in early April, and there has subsequently been a gradual decline in cases, hospital admissions, hospital inpatients, ICU patients and deaths. This is in keeping with a Reproduction Number (R) of below 1 (discussed below).
11. 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.
12. In order to prevent an increase in the COVID epidemic, it will be necessary to maintain R at or below 1. Any relaxation in social distancing or other restrictions will be associated with an increase in R, with a risk that R will exceed 1 and the number of cases will start to increase again. There is no relaxation that could be made to current restrictions without risk, however the degree of risk will vary from low to high depending on the measures which are relaxed.
13. In advance of availability of an effective vaccine, it is also possible to decrease R by application of other measures. Principal among these is an efficient, extensive and robust test, isolate and trace strategy and it remains my view that the implementation of an effective system of testing and contact tracing is now the key to allowing us to ease restrictions without risking a sharp rise in transmission. Progress on this is discussed in more detail below.

Impact of recent easements of restrictions

14. A significant set of easements to the restriction regulations came into effect on Monday 18 May. There have been measurable increases in traffic volumes since these changes were made, with traffic flow on Thursday 21 May 15.1% up on the previous Thursday (compared with a rise of 3.8% the week before). The chart below, provided by DfI on 26 May, illustrates increases in traffic flow across NI over the period of the lock-down.



15. There are also anecdotal reports of groups of people meeting outdoors without observing social distancing. It is therefore likely that some increase in transmission will now be occurring, though the extent of this and seriousness is as yet unknown.
16. Following any changes in behaviour, it takes at least 2-3 weeks for the new value of R to become apparent. Given that substantive changes in restrictions came into effect on 18 May, it will not be possible to be confident about the impact on R through modelling before 8 June. We will expect to see a change in R for hospital inpatients a few days before a change in R for ICU admissions. The modelling group is currently considering possible data feeds to provide an earlier signal of change in R .
17. The modelling group assesses R on a daily basis using a compartmental model of the SIR (Susceptible Infected Recovered) type, with COVID-19 positive hospital inpatients and ICU occupancy as the main input variables. In addition, the modelling group have access to the outputs of models from leading modelling groups in the UK and ROI. Changes in R with time using hospital inpatients and critical care occupancy as the inputs are shown in the figures below, and are broadly consistent with estimates from other sources:



18. There is evidence that R has risen from a value of 0.7 – 0.8 at the time of the previous review and that R is now around 0.9. It will take up to another two weeks to be confident that recent relaxations will not lead to R greater than 1, which would result in an escalation of the epidemic.
19. **The Chief Medical Officer and the Chief Scientific Adviser remain of the view that significant relaxation of the statutory restrictions and requirements should be implemented only when it is believed that measures are in place which give a reasonable prospect of ensuring that R can be maintained below 1, although they recognise that a value of R modestly above 1 (<1.1) would result in an increase in the epidemic which would not challenge the capacity of the Health and Social Care system for several weeks.** From the perspective of risk to the progression of the epidemic, it would be reasonable to consider moving into Step 2 of the recovery plan during the week commencing 8 or 15 June providing that R remains at 0.9 or less.

Capacity of the Health and Social Care (HSC) system

20. Over the past 2-3 weeks, since the second review of the regulations, ICU capacity has been maintained at a steady state in the context of declining demand related to COVID-19, with potential capacity to care for up to 286 patients if required. Work is underway to consider capacity for a second, or potentially further surges, which will also take account of lessons learned from the first wave. Supplies of oxygen, critical care medicines and PPE remain sufficient and are being closely managed and monitored.
21. The pressure on our nursing and residential care homes has continued to be significant over the past few weeks. My Department has taken steps to protect residents and staff, as well as providing significant funding to ensure that the premises can continue to operate at this difficult time. The number of homes with active outbreaks has however been falling for a number of days now and the number of residents in homes reported as COVID-positive has also dropped. We continue to take forward work to support and protect care homes, including rolling out a wider programme of testing within homes. However, care homes remain vulnerable and we know that a small number of homes have had very significant outbreaks.
22. Community pharmacies have continued to experience high demand for prescriptions and medicines deliveries. My Department has been working closely with the HSC Board and Community Pharmacy Northern Ireland on plans for the coming months. The focus will be to maintain access to prescription medicines,

treatment and advice for common conditions and to promote physical and mental well-being.

23. Given the numbers of COVID-19 patients requiring hospitalisation are declining, it is essential that we prioritise the rebuilding and restart of non-COVID-related services and functions that have been impacted by preparations for surge. We have concluded an assessment of these impacts to inform our planning for the resumption of services in parallel to maintaining surge capacity for the treatment of COVID patients, preparing for any potential second and subsequent waves.
24. However, it is important to recognise that services will not return to business as usual in the near future. The virus will be with us for some time and will continue to impact significantly on delivery of HSC services across primary, secondary and community care. The rebuilding of HSC services will be guided by an overarching Strategic Framework, which the Department intends to publish in the coming weeks. This will incorporate service innovations that have emerged during the lockdown period. In parallel, planning for a potential second, or subsequent, wave is underway which will build on lessons learned from the first wave.
25. **I am confident that the necessary planning is underway to ensure we have sufficient capacity to meet the demands of any future second and subsequent waves, whilst ensuring a graduated return of normal services. However, it is important to recognise that COVID-19 will continue to impact on HSC service delivery and that there will not be a return to business as usual as long as the virus is with us.**

Wider health, societal and economic impacts of the regulations

26. DfE has brought forward a number of papers that outline in detail the impact of COVID-19 and the regulations on the NI economy. These have been very useful and have informed this review. While this paper will not repeat the full assessment of the impact, in summary:
- a. Output within the NI economy is 25% to 30% below normal. A similar assessment for the whole of the UK suggests that output could be 35% below normal.
 - b. At these rates, every month of lockdown will reduce annual output at the end of the year by 2% to 3%. In simple terms, each month of shutdown is akin to a large recession.
 - c. The UK economy shrank by 2% in the first three months of 2020, falling by 5.8% in March alone. However, the second quarter of 2020 is expected to be much worse.

- d. Estimates show that 75,000 workers could be furloughed at the peak of the crisis (Q2). However, if the outbreak is prolonged then this could grow to 257,000 in Q3.
 - e. There has been a considerable spike in Universal Credit applications and this points to impacts of the crisis being disproportionately concentrated in certain categories, including the young, the self-employed, those on temporary or on zero-hours contracts and those who have only been with their employers for a short time.
 - f. The unemployment rate could reach 6% which would equate to an increase of around 30,000 unemployed people. The Bank of England forecasts a UK-wide unemployment rate increase of 5 percentage points for Q2 2020; this could mean an increase in unemployment of around 50,000 in NI.
27. It is also important to note the correlation between our economic wellbeing and our health and social wellbeing: these economic impacts will be felt in every part of our lives.

Wider Impacts on health

28. To assist us in weighing up the benefits and harms of the restriction measures, my Department commissioned an initial analysis of the impact of the current regulations on wider health outcomes. This has since been 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.
29. These analyses look at the impacts of the Regulations through: the economic downturn; reduced access to public sector services and supports; interrupted access to social/family networks, and reduced access to other goods and services.
30. While there are some positive and negative impacts of the regulations on wider public health, overall the analysis sets out that the net effect of the measures (excluding COVID-19 related deaths) is negative and becomes increasingly so the longer the measures remain in place.
31. There is comparatively little research into the longer-term health impacts of economic crises. However, it is widely observed that structural changes and/or deep economic downturns tend to have very strong impacts, mainly through deprivation, which can be very long lasting. Deprivation can lead to 'deaths of despair' which have been linked to recent falls in life expectancy in the US. The literature also points to long term impacts on chronic disease prevalence due to recessions.
32. It is therefore likely that life expectancy will further stall and perhaps even flatten.

33. In terms of the social determinants of health, there are negative impacts on poverty, employment, economic security, and potentially educational attainment, however the impact on housing and social capital is unclear at this stage. There are likely to be positive impacts on air quality and water quality which will counterbalance some of these impacts.
34. It is becoming increasingly clear that the regulations are also having impacts across behaviours, such as smoking, alcohol consumption, physical activity, and road safety, and while these differ for each behaviour again the net effect of these impacts is likely becoming increasingly negative the longer the restrictions remain in place. The biggest negative impacts on disease outcomes are likely to be in respect of mental wellbeing, and the development and management of long-term conditions.
35. All the assessments particularly highlight that the regulations are likely to increase health inequalities, with those who live in the most deprived communities at increasing risk. Of particular concern is the fact that the analysis points to the potential for widening inequalities in child health and outcomes in early years, which is likely to be exacerbated by the general closure of schools and which may lead to generational inequalities being developed.
36. In summary:
- a. Overall population health is highly likely to be negatively affected by the wider impacts of the COVID-19 restrictions.
 - b. Population health and inequalities are expected to be significantly affected, with the greatest effects felt by the most disadvantaged.
 - c. Many key behavioural risk factors are likely to be worsening.
 - d. Surveillance has been significantly disrupted and this is limiting understanding of the wider impacts.
 - e. 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.
 - f. Emerging evidence suggests that the disease burden from conditions such as mental health is already rising.

Test, Trace, Isolate and Support Strategy

37. In my report to the Executive on the second review 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.

38. My Department has 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.
39. As reported previously, a pilot phase of contact-tracing operated by the Public Health Agency began on 27 April 2020 and ended on the 17 May. Since 18 May 2020 PHA staff have been contacting all people who receive a positive test result in order to trace all their high and medium risk contacts and provide appropriate information and advice. To date 99 Health and Social Care staff have been redeployed as contact tracers. In the 7 day period from 19 May to 25 May:
- a. There were 212 cases contact traced, giving an average of 30 per day.
 - b. Every positive test case is contacted, with tracers averaging 5 case calls and all their contacts per 8 hour shift.
 - c. And importantly, all calls within the last few days have been made within 24 hours when a phone number is available and when the person contacted answers their phone.
40. We are now planning to scale up the current contact tracing provision to include teams recruited directly to staff the operation for a period of two years. This will include professionals such as nurses and Environmental Health Officers for the majority of cases and health protection consultants for complex cases. There will also be a Call Centre element which will be able to provide basic information to callers on a range of COVID-19 issues using the information held on NI Direct.
41. The end of the PHA pilot dovetailed with the implementation of the expanded Contact Tracing Service. My officials are currently working on a communications and engagement plan to educate, engage and inform citizens about what they need to do if they become symptomatic, what contact tracing means and why it is important to isolate in order to break chains of infection. It is planned to begin a series of engagement events in the near future.

Specific proposals for further relaxation of restrictions

42. Using the structured process and templates agreed following the second review, my Department, at Permanent Secretary level, invited other Departments to submit amendment proposals. We have considered the following.
- i. Permit hotels to take bookings and to identify a date for opening that consumers and hotel operators can plan towards. (Proposed by DfE.)

- ii. Allow indoor visits by one person. (Carried forward and modified from 14 May)
- iii. Add as reasonable excuse to leave home: to attend to the needs or welfare of an animal or animals. (Proposed by DAERA.)
- iv. Allow marriages and civil partnership ceremonies conducted outdoors, with number of people attending limited to 10. (Carried forward and modified from 14 May)
- v. Allow the opening of outdoor sports courts but retaining restrictions on indoor facilities. (Proposed by DfC.)
- vi. Allow conduct of business by outdoor non-food retailers including new & used car retailers; retailers of light motor vehicles, lorries/trailers; retailers of caravans or motorhomes, and retailers of agricultural or other large machinery. (Proposed by DfE.)
- vii. Allow conduct of business by non-food retail outlets with lower frequency customer visits and / or with a greater propensity for larger store areas, but only where those outlets have the locational characteristics of having direct street access or direct access within a retail park. (Proposed by DfE.)

43. The risk-benefit assessment table at Annex 1 sets out the case for each of these amendments along with risk and benefit ratings.

44. Inherent in building the evidence-base for decisions are the time-lags in the sequence of causation and observation including surveillance:

intervention > effects > evidence in the data.

As described earlier in this paper, in the case of the value of R, the time-lag between an intervention, such as the relaxation of certain restrictions, and evidence of the impact of this on the value of R is typically two to three weeks. The value of R is affected by a number of factors, so attributing a change in R to a specific change in law or in policy, or to an intervention such as contact tracing, is already challenging. In order to avoid making this assessment more complex than it is and to be able to estimate R with sufficient confidence, we should allow enough time to discern the impact of a group of amendments on R before enacting further relaxations. (A continuous series of changes to the restrictions would make this cause/effect assessment extremely difficult.)

45. **On the basis of these assessments, and the need to be sure that the impact on R from the last set of changes does not mitigate against any further changes, I propose that:**

- a. we adopt proposals iii to vii in the week commencing 8 June, on the condition that the value of R remains at or below 0.9 at that time;
- b. as regards proposal i, we amend regulation 4 to allow hotels to take advance bookings in preparation for when they can accept guests, but – in line with the Executive Approach to Decision-Making and in keeping with the advice in this paper – we should not commit to any date for the resumption of hotel business; and
- c. we defer a decision on proposal ii, on grounds of risk in terms of R.

46. DoH received a further proposal from DAERA, that 'outdoor activities' should be defined by reference to a non-exhaustive list of activities. DAERA and DoH officials have agreed that it would be more appropriate to clarify this in guidance (paragraphs 50-54 below) rather than by amending the Regulations

Timeframes, sequencing and communications

47. As indicated above, I propose that any amendments agreed on 28 May should not be made before week commencing 8 June, as they are conditional on the value of R remaining at or below 0.9 at that time.

LPP/LAP

Guidance on the restrictions and requirements and the public health advice

50. In recent weeks Departments have received a large volume of correspondence on the Regulations, much of it seeking clarification about the applicability of the Regulations to specific activities, places and types of business. The need for clarity in public information and messaging is self-evident, and this is challenging because the Regulations are inescapably complex as they affect all aspects of life.
51. The potential for uncertainty and confusion is increased by the fact that the Regulations are now being relaxed incrementally (there have been four amending statutory rules to date), and also by coverage of the evolving positions in the other UK countries and RoI. In addition, it is necessary to be clear as to what is categorically prohibited or expressly permitted, and what is advisory, specifically the public health advice on social distancing, hand hygiene, respiratory hygiene and environmental hygiene. Finally, some of the proposals for amendments that my Department has received have been unnecessary because the activity in question is in fact permitted.
52. My Department is currently preparing guidance for individual citizens, for businesses and for non-commercial bodies including churches and voluntary associations. The guidance will aim to explain in clear, unambiguous terms what the Regulations prohibit, what they require people to do, and what they expressly permit. (In theory the list of permitted activities is infinite, so an exhaustive list is not possible. The guidance will be pragmatic in this regard.) As well as explaining the substantive provisions in the Regulations the guidance will set out the public health advice. The guidance will be published by Friday 5 June and will be updated each time restrictions and requirements are amended.

LPP/LAP

54. My Department will share the guidance in draft with the other Departments.

Conclusion

55. My Department has completed the third review of the restrictions and requirements imposed by the Health Protection (Coronavirus restrictions) (Northern Ireland) Regulations 2020, as stipulated under Regulation 2(2). I have concluded that, overall, these regulations continue to be necessary and proportionate to address their primary purpose, which is controlling virus transmission and protecting health service capacity in the face of the COVID-19 threat.

56. To plot the safest possible path from the response phase into the recovery phase it is clear that the continuation of rigorous social distancing – whether by mainly statutory means or to some degree by voluntary means – will continue to save lives and protect our health service from being overwhelmed. The shared view of the CMO and CSA is that it is not yet time for a rapid or comprehensive relaxation of measures provided for in the regulations or a move into Step 2 of the 5-step Executive Pathway to Recovery.
57. There has been a step-change in public behaviour following the introduction of the last set of amendments on Monday 18 May. Traffic flow has increased as has the mingling of people in public places. Anecdotally it has been reported that groups of people have not been adhering to social distancing in public places.
58. The Executive should note that there is an additional risk of upward pressure on R if, in response to the current controversy surrounding the PM's most senior adviser, there is likely to be an adverse effect on the public's patience and willingness to comply with restrictions and with public health advice. In public comments behavioural scientists including SAGE advisors have warned of this risk.
59. It is therefore a time to exercise great caution in further roll-back of the restriction regulations, until it is possible to measure the impact of the changes already made on transmission.
60. However, the restrictions imposed by the Regulations themselves cause harm to health, society and the economy. That harm increases the longer the restriction measures remain in place. This is why it is vital that as soon as the emerging evidence indicates that the harmful impacts of a restriction measures are likely to outweigh the benefits they must be reviewed and amended.
- 61. It is for this reason, balancing the risks and benefits of the relaxations proposed, that I recommend we make the amendments agreed today to come into effect week commencing 8 June, subject to R remaining at or below 0.9 at that time. We should assess this next Thursday, at our meeting on 4 June and make a final decision at that time. We should consider whether a move into Step 2 is proportionate as part of the fourth review, on 18 June.**
62. It must be recognised and accepted that in a rapidly developing situation the Executive will often be making decisions in the absence of complete information and an element of judgement will be necessary.

Recommendation / Decision sought

63. I recommend that the Executive agrees that:

- i. the requirement in Regulation 2(2) for a third review of the Regulations has been met;

- ii. the Regulations continue to be an appropriate response to the serious and imminent threat to public health which is posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland;
- iii. overall the restrictions and requirements imposed by these Regulations continue to be proportionate to what they (the Regulations) seek to achieve, which is a public health response to that infectious disease threat;
- iv. the amendments recommended in this paper should be implemented in the week commencing 8 June *subject to R* remaining at or below 0.9 at that time; and
- v. we are not yet ready to move to Step 2 of the Executive's Pathway to Recovery and will consider this as part of the fourth review on the regulations on 18 June.

LPP/LAP

ROBIN SWANN MLA
MINISTER OF HEALTH

COVID-19 restrictions – options for amendment received by DoH by 26 May 2020

Assumptions:

1. All relaxations assume that adequate social distancing can be maintained, and would be accompanied by strong advisory to maintain 2-metre social distancing measures and hand hygiene.
2. In the case of young people attending school and sporting activities and returning to the workplace, this will be subject to them minimising contact with elderly or vulnerable people.
3. Assessments assume ongoing self-isolation by people with symptoms, supported by test, track, trace system

Proposals for amendments

1. Permit hotels to take bookings and to identify a date for opening that consumers and hotel operators can plan towards. (Proposed by DfE.)
2. Allow indoor visits by one person. (Carried forward and modified from 14 May)
3. Add as reasonable excuse to leave home: to attend to the needs or welfare of an animal or animals. (Proposed by DAERA.)
4. Allow marriages and civil partnership ceremonies conducted outdoors, with number of people attending limited to 10. (Carried forward and modified from 14 May)
5. Allow the opening of outdoor sports courts but retaining restrictions on indoor facilities. (Proposed by DfC.)
6. Allow conduct of business by outdoor non-food retailers including new & used car retailers; retailers of light motor vehicles, lorries/trailers; retailers of caravans or motorhomes, and retailers of agricultural or other large machinery. (Proposed by DfE.)
7. Allow conduct of business by non-food retail outlets with lower frequency customer visits and / or with a greater propensity for larger store areas,

but only where those outlets have the locational characteristics of having direct street access or direct access within a retail park. (Proposed by DfE.)

Overall rating of risk or potential benefit: key

- 3: highest risk
- 2: significant risk
- 1: moderate risk
- 0: negligible risk or benefit, or neutral
- +1: moderate benefit
- +2: significant benefit
- +3: greatest benefit

These ratings are intended to reflect a qualitative assessment of the risks and potential benefits. They are not scores that can be summed for a particular proposal.

Possible change to restrictions / requirements	Impact on transmission leading to serious disease	Health impacts medium to long term	Society	Economy
	RISK	POTENTIAL BENEFIT		
Regulation 4 – Further restrictions and closures during the emergency period				
1) Permit hotels to (a) take bookings and (b) identify a date for opening that consumers and hotel operators can plan towards	0	+ 1	+ 2	+ 3

Notes

- 1 Proposed by DfE.
- 2 Notwithstanding the uncertainty about when the hospitality sector can resume business or in what ways, the benefits of allowing advance booking in terms of planning and preparation could be significant, at zero or negligible risk.
- 3 In due course the re-opening of hotels will help to improve wellbeing and increase the sense of normality
- 4 Protecting the jobs of those who work both in hotels and as part of the sector’s supply chain. This will contribute to restoring people’s livelihoods – this in turn will provide more people with the ability to spend money across other sectors of the economy.

5	In due course, re-opening will improve sustainability of public finances.
6	In due course, re-opening will provide hotels with the opportunity to generate essential revenue. Hotels are cash-flow sensitive and rely on consumers/visitors for income. COVID-19 hit at the end of the traditionally quiet autumn and winter seasons, and before having the opportunity to regenerate revenue during the spring and early summer. Hotels therefore face the prospect of entering a second winter without having the opportunity to generate essential income.
7	In due course, re-opening would help to protect the NI tourism market share given the highly competitive environment.
8	Conclusions (a) Allow hotels to take advance bookings - Should be adopted. (b) Identification of opening date: should not be adopted. This is not a matter for amending the Regulations at this time, but a policy decision to be taken by the Executive, taking account of the course of the epidemic.

Regulation 5 – restrictions on movement

2) Allow indoor visits by one person.	-2	+1	+1	0
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Notes

- Carried forward and modified from 14 May (previous wording 'allow visits to family members indoors').
- Consistent with Step 1 'Family and Community' in the Executive Approach to Decision Making.
- Clear benefits in terms of well-being and society but medium risk in relation to infection rate. This risk would be mitigated to some extent by limiting the number of visitors to one and allowing a gathering of only two people.
- It is not safe to assume that social distancing would be maintained generally at indoor visits/gatherings, and it would be impossible to enforce.
- Conclusion: **Decision should be deferred.**

3) Add as reasonable excuse to leave home: to attend to the needs or welfare of an animal or animals.	- 1	+ 1	+ 1	+ 2
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Notes

- Proposed by DAERA.

- 2 Reasonable excuses for travel do not include travel to address the welfare of animals e.g. to exercise, train non-farmed animals such as horses, avail of dog grooming or non-veterinary services such as hydrotherapy. The Regulations at present only permit travel to avail of the services of veterinary surgeons and pet shop services.
- 3 Regulation 5(2) could be amended to provide that 'reasonable excuse' for travel includes the need to undertake any activities which promote or ensure the needs of non-farmed animals as defined in section 9(2) of the Welfare of Animals Act 2011 are met.
- 4 This includes the need to exhibit normal behaviour patterns which would cover exercise and training of non-farmed animals.
- 5 Dog grooming, hydrotherapy services etc. would be covered by the need to ensure that animals are protected from suffering and disease.
- 6 Low risk. Social distancing could be maintained without difficulty.
- 7 Conclusion: **Should be adopted.**

Regulation 6 - restrictions on gatherings

4) Allow marriages and civil partnership ceremonies conducted outdoors, with number of people attending limited to 10.	- 1	+ 1	+1	0
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Notes

1. Carried forward and modified from 14 May (previous wording 'marriage ceremonies, religious and civil, limited to immediate participants only).
2. Consistent with Step 2 'Family and Community' in the Executive Approach to Decision Making (gatherings of up to 10 people outdoors).
3. Would offer benefits in terms of personal well-being at low risk, given that the number of such events will be relatively small and the participants will meet outdoors.
4. It would meet the current criteria for lowest risk activities: outdoor activities ... during which social distancing can be maintained for individuals who do not share a household contact and where there is no shared contact with hard surfaces.
5. While there would be some risk in terms of social distancing, the solemnisation of a marriage or civil partnership is well established, formal ritual in a relatively well controlled setting, which would lend itself to the necessary degree of control and personal responsibility and restraint.
6. Civil marriages and civil partnerships are not in themselves prohibited, but these are currently not listed as reasonable excuses to leave home and gatherings of more than 6 people are not currently permitted outdoors.

7. The limit of 10 people attending would be consistent with the limit for funerals.

8. Conclusion: **Should be adopted.**

Schedule 2, Part 2 – businesses subject to restrictions or closure

5) Allow the opening of outdoor sports courts but retaining restrictions on indoor facilities.	-1	+2	+2	+1
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Notes

- 1 Proposed by DfC.
- 2 Consistent with Step 1 (sport, cultural and leisure activities) in the Executive Approach to Decision Making.
- 3 A measured approach to a return to play has been laid out in the SportNI framework which has been aligned to the Executive's 5 Step Plan and the evolving health messages. The Document has been developed following engagement with UKSport and Sport Ireland as well as input from medical personnel from a sporting background.
- 4 The framework has been developed with input from Governing Bodies and will be published and shared with the wider sports sector providers and Governing Bodies. Each individual Governing Body has a protocol in place for clubs to adhere to which will assist with risk assessments and help manage the risk for staff and participants.
- 5 There remains a restriction on training in large groups, sharing of equipment and contact in training with no competitions taking place.
- 6 The attendance of spectators remains restricted. Indoor facilities should remain closed.
- 7 The change aligns the regulations with the announcements by the Executive for a return to outdoor activities and sport.
- 8 Conclusion: **Should be adopted.**

Schedule 2, Part 3 – types of businesses that may operate

6) Amend to include outdoor non-food retailers including new & used car retailers; retailers of light motor vehicles, lorries/trailers; retailers of caravans or motorhomes, and retailers of agricultural or other large machinery.	-1	0	+1	+3
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Commentary

1. Proposed by DfE.
2. Consistent with Step 1 (retail) in the Executive Approach to Decision Making - large outdoor based retail can open.
3. SD risks may be lower in these types of non-food outdoor retailers than in most garden centres and hardware stores as there are normally fewer customers per square metre. The sales and product display areas in these types of retailers are usually outdoors, which facilitates the management of SD. Any indoor areas in these retail outlets could feasibly be managed to maintain SD and are likely to be well suited to maintaining other protocols (e.g. multiple entrances, well-spaced customer service areas etc.). In addition, customers shopping for cars, machinery, caravans etc. tend to be less likely to be at the retail location for general browsing (as they might be at garden centres for instance).
4. It would meet the current criteria for lowest risk activities: outdoor activities ... during which social distancing can be maintained for individuals who do not share a household contact and where there is no shared contact with hard surfaces. Any hard surfaces which might experience shared contact could feasibly be disinfected on a very regular basis.
5. There is an argument that, as regards risk, these types of retailers are broadly comparable with garden centres or large hardware stores but are not being treated equitably by the regulations.
6. These types of predominantly outdoor retailers usually require smaller numbers of staff to resume operations in as normal a way as possible. Provisions could feasibly be made to make sure that each member of staff has their own work area and guidance could be followed in communal areas.
7. Consideration would need to be given to how best to manage aspects of sales in these retail outlets which require close interaction (including test drives for new cars, car collection demonstrations etc.)

8. A dramatic downturn in the number of car sales across the UK has been reported with new car sales plunging by 97% to the lowest level since the end of the Second World War. Any amendments to current restrictions will help to begin the recovery for this sector of retail and will help to support consumer discretionary spending within the Northern Ireland economy on high value products. In this context, it is important to highlight that motor vehicles generally depreciate as time passes – therefore, any opportunity to sell current stock would likely be welcomed. However, consumer demand for new cars in the short-term may not reach the forecasted levels before COVID-19 so recovery to pre-pandemic levels will likely take place in the longer term.
9. Amendments to the restrictions for these types of retailers will likely have downstream supply chain impacts driven by an upturn in sales of new cars but also the other types of vehicles/caravans/motorhomes/agricultural machinery. This will help to bring economic benefit to other sectors beyond retail e.g. manufacturing, logistics etc.
10. The purchasing of cars, other light motor vehicles and caravans/motorhomes may encourage people to travel more in the short-term. This would not support the continuing 'stay at home' message. On the other hand, the purchasing of caravan/motorhomes may facilitate more people holidaying locally (either in NI or other parts of UK and Ireland) in the medium-term, especially if the current restrictions on international travel remain in place.
11. In Republic of Ireland, retail outlets which were predominantly open or primarily outdoors and motor-related outlets were included within the first phase of the Retail, Personal Services and Commercial Activities Roadmap. Non-essential retail currently falls into Step Two of the UK Government's COVID-19 Recovery Strategy. However, at the time of writing, further details of the phased approach to reopening non-essential retail are still to be announced. The Government's current aim is that this Step Two will be made no earlier than 1st June.
12. Makes a further step in the normalisation of life and adaptation of society to living with social distancing measures.
13. Conclusion: **Should be adopted.**

Schedule 2, Part 3 – types of businesses that may operate

7) Amend to include non-food retail outlets with lower frequency customer visits and / or with a greater propensity for larger store areas, but only where those outlets have the locational characteristics of having direct street access or direct access within a retail park.	- 1	0	+1	+3
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Notes

1. Proposed by DfE.
 2. Consistent with Step 2 (retail) in the Executive Approach to Decision Making - non-food retail can open where numbers limited and social distancing and other mitigating measures in place as per risk assessment.
 3. The suggested amendments would include retail outlets where customers might visit less frequently and/or retail outlets which are most likely to have larger store areas (but only where those outlets have direct street access or direct access within a retail park). This would likely apply to retail outlets selling household electrical appliances, computer and electronic equipment, mobile phones and furniture/furnishing stores.
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1. Both "lower frequency customer visits" and "larger store area" would need to be defined and may not be useful as a criterion. Consideration may also be given to which of these factors is a higher priority e.g. a very large store with a higher frequency of customer visits may carry higher risk than a large (but still smaller) store with a low frequency of customer visits.
 2. SD risks may be lower in these types of non-food retailers than in some food or other essential retail outlets as there are normally fewer customers per square metre, and, the larger sales areas in these types of retailers can allow products to be distributed around the outlet to a greater extent. Importantly, the direct access to the retail outlet facilitates the management of SD as there will usually be more outdoor space for any entry queues as a result of capacity management. Any indoor areas in these retail outlets could feasibly be managed to maintain SD and are likely to be well suited to maintaining other protocols (e.g. multiple entrances, well-spaced customer service areas etc.).
 3. Direct access to the retail outlet allows customers to quickly and directly access the store without the need to mix with customers of other stores. This makes SD more manageable and enforceable. Stores within retail parks generally have dedicated car parking for customers, helping to reduce the amount of time required to access the store and minimizing the amount of time where there is a risk of infringing on SD guidelines with other people not from the same household.
 4. These types of retail outlets are likely to require fewer daily deliveries to restock stores and will generally have larger back room/non-sales space for deliveries where staff and drivers etc. can maintain SD.
 5. It would not meet the current criteria for lowest risk activities: outdoor activities ... during which social distancing can be maintained for individuals who do not share a household contact and where there is no shared contact with hard surfaces. However, protocols could feasibly be put in place to mitigate the risk to customers and staff.
 6. There is an argument that, as regards risk, these types of retailers are broadly comparable with garden centres or large hardware stores but are not being treated equitably by the regulations.

7. Whilst it is vital to balance the level of risk with economic benefit, any amendments to current restrictions will help to begin the recovery for this sector of retail and will help to support consumer discretionary spending within the Northern Ireland economy, particularly on high value products. However, there may be limited consumer demand for the types of products sold in these outlets in the short-term so recovery to pre-pandemic levels will likely take place in the longer term.
8. Amendments to the restrictions for these types of retailers will likely have downstream supply chain impacts driven by an upturn in sales. This will help to bring economic benefit to other sectors beyond retail e.g. manufacturing, logistics etc.
9. In Republic of Ireland, retail outlets selling homeware/furniture, IT products, mobile phones and electronic equipment were included within the first phase of the Retail, Personal Services and Commercial Activities Roadmap. Non-essential retail currently falls into Step Two of the UK Government's COVID-19 Recovery Strategy. However, at the time of writing, further details of the phased approach to reopening non-essential retail are still to be announced. The Government's current aim is that this Step Two will be made no earlier than 1st June.
10. A number of questions and distinctions need to be resolved before this proposal can be risk-assessed as fully as necessary.

LPP/LAP

12. Retail sale of homeware is already permitted under the Regulations
13. Conclusion: **Should be adopted**

Annex 2

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020: amendments agreed by Executive and made. Position at 22 May

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.

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