

FROM THE MINISTER OF HEALTH

From: Robin Swann, MLA



To: Executive Colleagues

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1. Following on from our discussions yesterday, and in advance of the continuation of those later today, I thought it would be useful to clarify our position.
2. Firstly, by way of context, there appears to be three options for the immediate way ahead:
 - a) My original proposals – a two week extension of all existing restrictions;
 - b) The amended proposals as tabled by Minister Dodds, and amended following discussion;
 - c) A “do nothing” approach – where, in the absence of a clear decision as to a new form of restrictions to be put in place for midnight on Thursday, we default to the position prior to 16th October.
3. The attached paper from the Chief Scientific Adviser and Chief Medical Officer (Annex A) seeks to articulate our assessment of each option, from the perspective of the impact it is likely to have on the health and social care sector. While this analysis, as ever, is of huge value and importance to us, I must again emphasise – as I have done above, and on many occasions previously – that it cannot and does not seek to consider the full picture. In arriving at any decision on these matters, the Executive must take into account the wider socio economic impact of any

interventions – and we all recognise that there is no similar model to help us understand that.

4. Two further complicating factors must be considered:

- a) I do not believe it would be possible, in the time available, to turn Minister Dodds' proposals into effective and workable regulations that would apply from midnight on Thursday;
- b) The emerging reporting this morning that the hospitality sector feels they are now unable to re-open this weekend, and would prefer a continuation of the current position.

5. Building on this, and also highlighting my strong view that option (c) (in paragraph 2) is, by a considerable measure, the worst possible scenario (and indeed would be a failure of our collective responsibility as an Executive), and must therefore be avoided at all costs, I would like to propose that we move immediately to extend the current restrictions by one week. This would provide certainty to the community, and create a window for us to return to other proposals over the next number of days – and in particular to consider:

- a) Whether additional measures could be put in place to de-risk a limited (but potentially growing) re-opening of the hospitality sector;
- b) What additional financial support we could provide to those affected by any measures in place;
- c) What further measures we, as an Executive, could take to create significant change in public behaviour. I have raised this issue on many occasions (including my original proposal for the Enforcement Working Group, a suggestion of some form of "Compliance Czar" including the establishment of a separate "Adherence" (compliance) Group). Such a group needs to be cross-departmental and involve community representatives, academics in behaviour science and the Public Health Agency. In Northern Ireland we have highly effective community networks as was demonstrated in our response to the first wave as coordinated by DfC. The use of community champions to act as a bridge between government, organisations and local communities to promote adherence

has been recommended by SAGE. I am still frustrated that, at best, this work is stuck in engagement or consideration mode, as opposed to articulating a clear set of actions that will effect change. I cannot overstate the importance of this issue, as societal behaviour is central to the spread, or containment, of the virus. Improvements in adherence are likely to depend on a combination of effective communication, provision of support and enforcement.

PD

Robin Swann MLA
Minister of Health

Update on modelling of Executive scenarios:

1. We have been asked to comment on scenarios which have been considered by the Executive, focussing on the impact on transmission of COVID-19 and pressures on the Health and Social Care system. The scenarios are as follows:
 - a) a two week extension of the current restrictions;
 - b) a number of relaxations from 13th November, in particular in relation to close contact services and parts of the hospitality sector (cafes etc); and
 - c) reversion to the number 2 regulations from 13th November

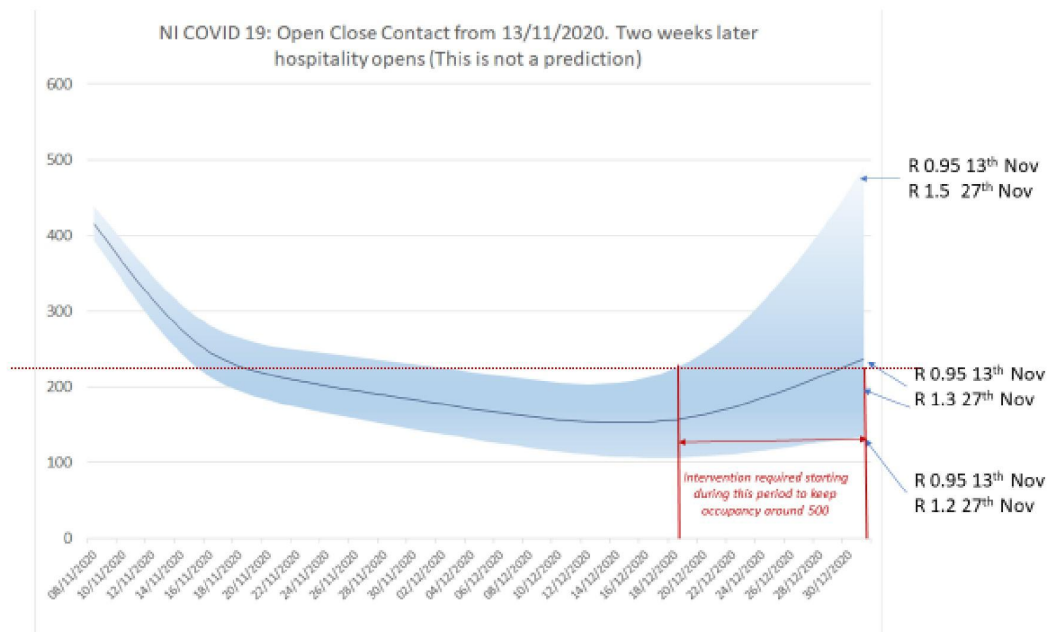
2. Before commenting on these in more detail, we would like to summarise some basic principles which have been discussed previously:
 - a. any intervention which increases interactions between individuals, particularly in indoor settings, will increase transmission of the virus
 - b. any increase in transmission of the virus will result in increased hospital admissions, ICU admissions and deaths from the virus in the short term
 - c. there is increasing evidence that even younger individuals are at risk of long term consequences of COVID. The extent of this is difficult to quantify at the moment but will impact on individuals and increase medium to long term demands on the health care system
 - d. if the hospital system is in danger of being overwhelmed, capacity to deliver other services will be adversely impacted. This will lead to increased morbidity and mortality from other conditions in the short, medium and long term
 - e. restrictions which reduce transmission of the virus will reduce the harms described above, but come at the cost of economic and societal damage
 - f. this will increase mental health morbidity and mortality in the short term and through poverty and educational impacts will increase morbidity and mortality in the medium and long term
 - g. the short term impacts of increased COVID will be obvious and visible, whereas the medium and long term effects of both COVID and restrictions will be more hidden but may be just as important
 - h. it is extremely difficult to balance short and medium/long term harms, and it is not possible to avoid harms, including deaths, regardless of the decision made. The

harms are an inevitable consequence of the epidemic and will continue until a high degree of population immunity is achieved

- i. it is not possible to balance health, economic and societal harms from a medical or scientific perspective. This needs to be a political decision.
3. In relation to the scenarios above, b) will have less impact on transmission of the virus than c) (reversion to the number 2 regulations). In both of these scenarios, it is more likely than not that further intervention will be required before Christmas.
4. Scenario a) (two week extension) offers the best chance of getting beyond Christmas without the need for further restrictions. However, even under this scenario it remains possible that further intervention before Christmas may be required. This will depend on the extent of adherence to public health measures and mitigations which are in place.
5. It is important to continue efforts to ensure maximum adherence to mitigations as the economy opens up. However, it appears almost inevitable that periods of further restriction will be required as we go through the winter, until a vaccine is available. The only measures which have been proven to be effective to date in terms of reducing R_t below 1 include complete lockdown (as in April) or the full restrictions which are currently in place. In the latter case, it is not yet clear whether R_t can be kept below 1 with schools fully open; we will not know this for at least another 10 days.
6. The Executive has previously been shown the modelling impact of a two week extension of current restrictions in the paper of 5th November. It is not possible to model the impact of the other scenarios above with confidence. However, the figures below illustrate potential impacts.
7. Figure 1 shows the likely impact of opening hospitality alone. Scenario b) is likely to be associated with R_t a little above 1.0 for two weeks, followed by R around 1.3 or above. It is therefore most like the middle line on the Figure 2, or a little higher. Scenario c) is likely to be close to the upper boundary of Figure 2.
8. Figure 3 shows the range of hospital deaths in the various scenarios illustrated in Figure 2, projected to the end of January. Community deaths and deaths as a consequence of the downturn in other services will be additional to this.

9. The advice of CMO and CSA remains that from the perspective of transmission of the epidemic, and associated immediate direct and indirect health consequences that, a two week extension of current restrictions would be best. Any less than that significantly increases the likelihood that pre-Christmas intervention will be required, although even with a two week extension a pre-Christmas intervention may still be necessary. We recognise that the Executive will need to weigh this advice against economic and societal considerations in reaching a decision about the way ahead.
10. Currently hospitals are operating at, close to or above full capacity in providing COVID and non COVID care. Any easing of current restrictions will be associated with upward pressure on Rt. The earlier and more that the current restrictions are eased the sooner and greater the upward pressure on Rt will occur. A return to Rt above 1.0 will result in a return to exponential growth in community transmission, admissions and the associated health and health service consequence. The further Rt is above 1.0 the more rapid the growth in cases and admissions. The longer Rt remains above 1.0 before further intervention the greater the interventions likely to be required.

Figure 1



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

Figure 2

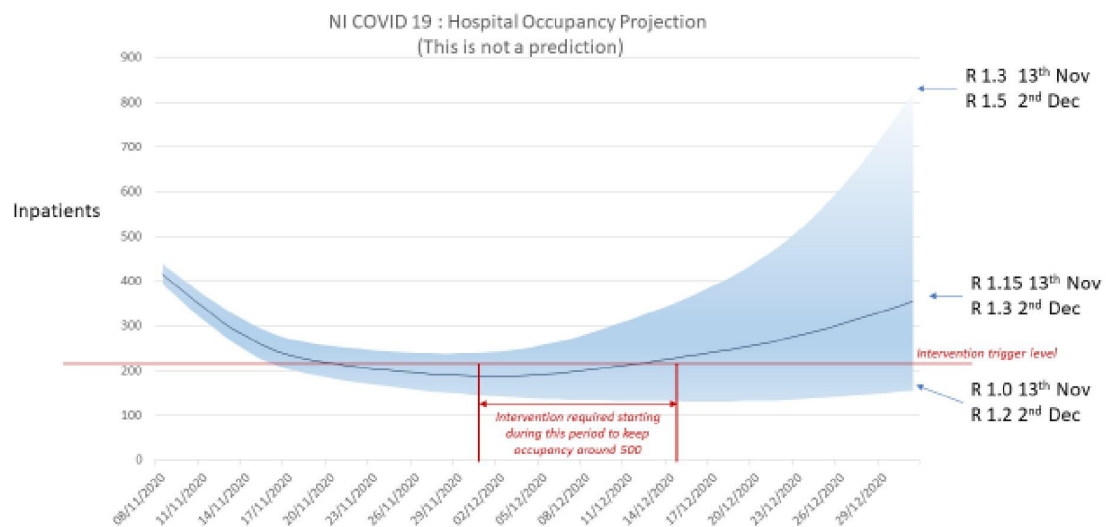


Figure 3

