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MEMORANDUM E (20) 144 (C)

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

DATE: 18 June 2020

TO: EXECUTIVE COLLEAGUES

**FINAL EXECUTIVE PAPER: PLANNING FOR RECOVERY: FOURTH REVIEW OF
HEALTH PROTECTION (CORONAVIRUS, RESTRICTIONS) REGULATIONS
(NORTHERN IRELAND) 2020**

Introduction

1. This paper provides an update on progress since the third review of the restrictions and requirements in the coronavirus regulations and reports the conclusions of the fourth review.
2. Specific proposals for amendments will be 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.
5. In the second review, completed on 7 May, 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 *Executive Approach to Decision-Making*, i.e. focus on controlling transmission and protecting healthcare service capacity; necessity; proportionality, and reliance on evidence.
6. The third review, completed on 28 May, 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 agreed that implementation should be delayed

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until week commencing 8 June to allow time to monitor the impact of the previous relaxations on the transmission rate, and that these amendments should be implemented only if R did not exceed 0.9.

7. We agreed also that we were not yet ready to move to Step 2 of the *Pathway to Recovery* and that this would be considered as part of the fourth review. Step 1 of the *Pathway* had been completed.

Progress since 28 May

8. The amendments agreed on 28 May came into operation during the week commencing 8 June.
9. In my report on the third review I undertook to publish guidance for individual citizens, for businesses and for non-commercial bodies including churches and voluntary associations, to explain in plain English what the Regulations prohibit, what they require people to do, and what they expressly permit. My Department published the guidance on Friday 5 June. The guidance was updated on Monday 8 June and Friday 12 June. My Department is currently exploring options for having the guidance translated into a number of minority ethnic and migrant community languages and ensuring it is accessible to those with particular needs.
10. We agreed further sets of amendments on Thursday 11 June. A list of the amending Regulations made to date and the substantive amendments in them is attached at Annex 1.

Change in process

11. Last week the lead role of coordinating and presenting specific proposals for amendments was transferred from my Department to The Executive Office.
12. My Department will continue, as required by regulation 2, to carry out the 21-day reviews of the need for the restrictions and requirements.

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18. This paper is therefore more explicit than the first three Executive papers in terms of recording the need for the restrictions and requirements.

19. The Regulations contain four general restrictions and requirements:

- a. the requirement imposed on businesses and other organisations to close certain premises during the emergency;

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- 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.
20. As originally drafted, the requirement and the restrictions were subject to certain qualifications. Since the Regulations came into operation on 28 March those qualifications have been refined and revised, but the first three reviews concluded that the overall need for the requirement and restrictions remained.
21. This fourth review has again considered the need for each of these restrictions and requirements.

Evidence and analysis relating to the pandemic

Progress of the epidemic since the third review of the restrictions

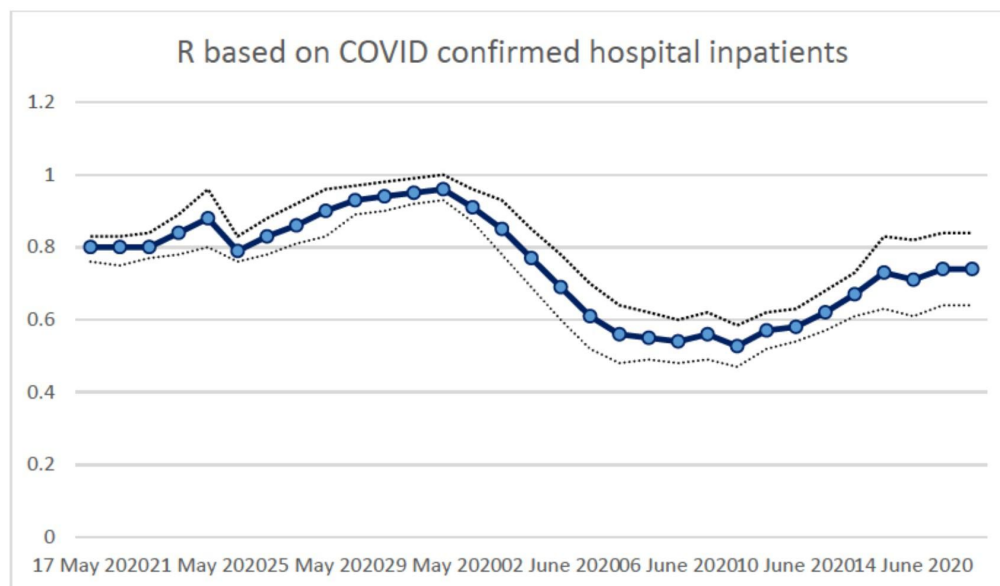
22. As of 17 June, in Northern Ireland, 67,714 individuals have been tested for SARS-COV2 Virus; there have been 4,862 laboratory-confirmed cases of COVID-19 (an increase of 8 on the previous 24 hours); and 543 deaths associated with COVID-19 have been reported (an increase of 1 on the previous 24 hours). 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.
23. 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).
24. 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.

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25. 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 further 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.
26. 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

27. Several easements of the restrictions have now come into effect. Following any changes, it takes at least 2-3 weeks for the new value of R to become apparent. It is therefore now possible to say that earlier easements in restrictions did not increase R to above 1, and as yet there is no signal in relation to more recent easements though in some cases it remains too early to measure the impact.
28. 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 as the input is shown in the figures below, and is broadly consistent with estimates from other sources. R is currently estimated at between 0.6 and 0.9.



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29. **The Chief Medical Officer and the Chief Scientific Adviser remain of the view that significant further 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 (<1.2) would result in an increase in the epidemic which would not challenge the capacity of the Health and Social Care system for several weeks.**
30. While it is possible to grade the impact of individual relaxations as they are proposed, it is not possible to judge the cumulative impact when wide ranging changes are proposed. Due to the very low levels of community transmission at present, it would be possible to proceed with more significant changes only if it is recognised that this is at risk. However, we are confident that any rise in the epidemic would be detected sufficiently early to give several weeks warning of any substantial demand being placed on health care services.

Capacity of the Health and Social Care (HSC) system

31. It is likely that there will be a second wave of COVID-19 later in the year. At this stage the timing and scale of a second wave is unpredictable as it will depend on a range of factors, including the future approach to social distancing and other mitigations and population adherence to these measures.
32. Given that a second wave could potentially coincide with colder weather and winter pressures, it is important that there are comprehensive surge plans in place for critical care, hospital beds and care homes.
33. The planning for the initial surge was carried out at a time when there was limited data available on the trajectory of the pandemic. In this context, plans were put in place to deal with an extreme level of surge, much higher than the HSC could sustain.
34. 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.

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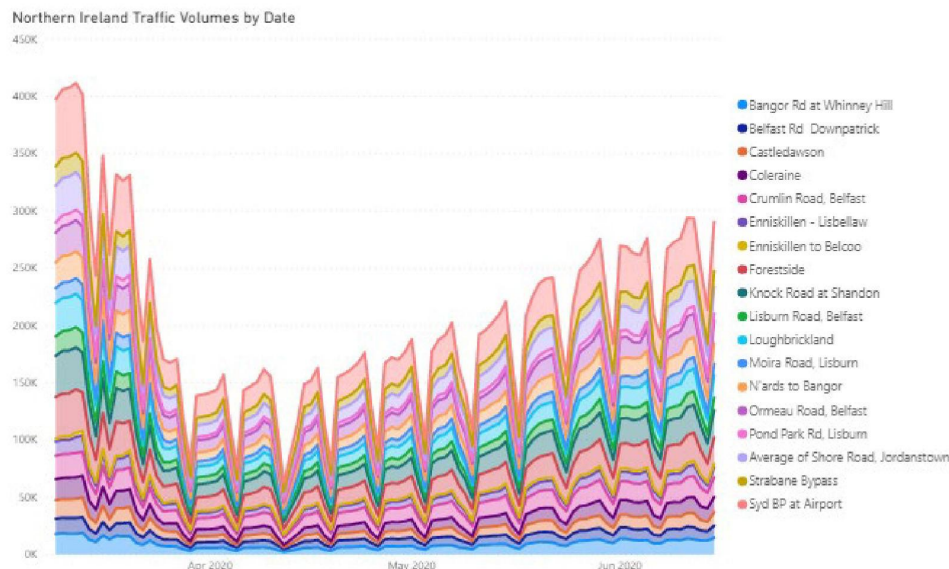
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35. Community pharmacies will continue to focus on maintaining access to prescription and over-the-counter medicines. In addition plans have been developed that will enable pharmacies to begin to re-introduce services that will provide treatment and advice for common conditions and promote physical and mental well-being

Wider health, societal and economic impacts of the regulations

36. My Department has continued to liaise with DfE on the economic impacts of COVID-19 and the regulations. In summary:

- a. DfE continues to assess that output within the NI economy was running at 25% to 30% below normal during lockdown.
- b. The UK economy shrank by 2% in the first three months of 2020, falling by 5.8% in March and a further 20.4% in April. This recession is shaping up to be every bit as unprecedented as predicted.
- c. The number of furloughed workers are just over 210,000 in Northern Ireland. In addition, a further 69,000 claims were made to the corresponding self-employed scheme (SEISS).
- d. Since the onset of the crisis, over 35,000 more people in Northern Ireland are on the Claimant Count, having lost their job. In the space of two months the NI Claimant Count has more than doubled, wiping out around a decade of labour market progress. Indications are that the rise in the Claimant Count is slowing of late, however, suggesting that it took the form of an initial wave.
- e. Encouragingly, indicators on people movements (mobility) day-to-day are now showing a slight uptick on activity at workplaces and retail & recreation since April 2020. However, activity is still at lower levels than before the outbreak began. The graphic below shows changes in traffic volume since before the epidemic.



Source: DfI Dashboard Return to the NI Hub.

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Wider Impacts on health

37. You will recall from the last review that my Department had commissioned an initial analysis of the impact of the current regulations on wider health outcomes. This was further 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. 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.
38. There have been no substantial changes to this analysis since the last review, but we will continue to monitor this information as the real world impacts start to be captured.

Test, Trace, Isolate and Support Strategy

39. In my reports to the Executive 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.
40. 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.
41. As I 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. Northern Ireland is the first part of the UK to have this service established and operational. There are around 80 trained staff who work on a rota to contact the

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person who has tested positive; identify those people with whom they have had contact and may therefore be at risk of developing the disease; and in turn contact them to advise them on the appropriate next steps. These staff have mostly been redeployed from within the Health Service to support this work.

42. In the period since 18 May 2020 there have been:

- 363 cases added to the contact tracing database;
- 300 successful telephone encounters with cases (83%); and
- 565 contacts identified.

43. Weekly information on the contact tracing service is now available on the PHA website. In the 7 days up to 9 June 2020 there were:

- 101 cases added to the contact tracing database;
- 81 cases successfully contacted (80%);
- 146 contacts identified; and
- 125 contacts successfully contacted (86%).

44. My Department is 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. Recruitment for these permanent professional contact tracers is underway with interviews due to take place later this month. 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.

45. My officials have developed a communications and engagement plan to 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. Engagement with a range of stakeholders has begun. Executive colleagues will have seen some of the recent print and broadcast media coverage of the programme which has received a positive response.

Conclusions of the 4th review

46. 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

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effective vaccine for COVID-19, has concluded that, at this time, each of the restrictions and requirements is still needed.

47. The Chief Medical Officer and the Chief Scientific Adviser support the continuing need for the restrictions and requirements in the Regulations, as amended.

48. The Regulations are a carefully constructed and inter-dependent package of required measures. I am satisfied that each element of the package has been duly assessed as required by the Regulations and is both proportionate and necessary.

49. With each set of amendments the Regulations have inevitably become more complex. For example, in regulation 5(2) the illustrative list of reasonable excuses for leaving where one is living is now much more wide-ranging than it was in the first edition of the Regulations. In particular, with the general opening up of the retail sector the first reasonable excuse has changed from "to obtain basic necessities" to "to obtain goods from any business listed in Part 3 of Schedule 2". Arguably, in effect this has changed the default setting from a general restriction on movement (with a growing list exceptions), to a general freedom of movement (with an implicit list of restrictions). Even with clear guidance the law is becoming more difficult to navigate. However, we are not yet at the stage where it would be safe to withdraw regulation 5, which is the lockdown provision. In addition, partly because of the pace at which restrictions have been relaxed, a growing number of apparent inconsistencies are being cited, including differences between the economic sphere and the private sphere and differences between places of worship and other public spaces which may be difficult to defend.

50. My Department is working with DSO and other Departments to restructure the Regulations with a view to making them clearer and making it easier to identify and resolve inconsistencies. I hope to present a paper on this work at our meeting on 29 June.

Recommendation / Decision sought

51. I recommend that the Executive agrees that:

- i. the requirement in regulation 2(2) for a fourth review of the need for the restrictions and requirements in the Regulations has been duly met;
- ii. the Regulations as amended to date continue to be an appropriate and necessary 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; and

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- iii. overall the restrictions and requirements imposed by these Regulations continue to be proportionate to what the Regulations seek to achieve, which is a public health response to that infectious disease threat.

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**ROBIN SWANN MLA
MINISTER OF HEALTH**

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Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020: amendments agreed by Executive and made. Position at 12 May

This list summarises substantive amendments to date. Consequential amendments such as additions 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 a marriage ceremony where a party is terminally ill;
- add as a 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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Health Protection (Coronavirus, Restrictions) (Amendment No. 5) Regulations (Northern Ireland) 2020

Purpose:

- 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

Purpose:

- 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.

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