

MEMORANDUM E (21) 137 (C)

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

DATE: 10 June 2021

TO: EXECUTIVE COLLEAGUES

**FINAL EXECUTIVE PAPER: HEALTH PROTECTION (CORONAVIRUS,
RESTRICTIONS) REGULATIONS (NORTHERN IRELAND) 2021: THIRD REVIEW
OF THE NEED FOR THE RESTRICTIONS AND REQUIREMENTS**

Introduction

1. This paper reports on the third review of the need for the restrictions and requirements in the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (“the 2021 Regulations”).
2. The paper below concludes broadly that the current restrictions should be renewed by the Executive at its meeting of 10/6/2021. Ministers will obviously be keen to discuss specific proposals for further easements. However, I would add a note of caution in relation to the significant uncertainties about Covid-19. I expect more data to be available next week on the impact on infection rates of the significant easements introduced in Northern Ireland in recent weeks. In addition, the emerging data from Great Britain on the progress of the Delta variant provide grounds for concern.
3. We are not yet at the point where we can set a date for an end to social distancing, the use of face coverings or the other public health measures that have been so important throughout the pandemic. Normality, as we knew it in 2019, is still some way off.

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4. While the number of confirmed cases of the Delta variant remain small, the evidence from Great Britain indicates that this could change very rapidly. Testing in the last few days has indicated that up to 25% of new cases here may be Delta variant.
5. Based on emerging data from GB, the current assessment is that Delta variant is likely to be 40-60% more transmissible than Alpha variant, and to be associated with a 2.4x increased risk of hospital admission. In addition, while vaccination remains effective it is somewhat less effective against Delta variant compared with Alpha variant.
6. In the event of the Delta variant becoming dominant, modelling indicates the potential for a significant fresh surge of positive cases and hospitalisations by late summer/early autumn.
7. It needs to be emphasised that this is by no means inevitable. Modelling is not a prediction and there are many uncertainties in every potential scenario. It is essential that good levels of adherence to public health advice are maintained, alongside take-up of first and second vaccine doses.
8. Intensive work – including surge testing as required – will be ongoing to respond to confirmed Delta variant cases and to prevent virus spread.
9. Vaccination remains a primary line of defence and I am pleased to report that demand remains very strong. Supply continues to be the limiting factor in the roll-out of the programme.
10. Targeted vaccinations by mobile teams will be an integral part of the vaccination programme across the summer, helping to further boost vaccine take-up. These will be deployed to higher risk locations including those with low take-up rates, higher virus prevalence and accessibility/mobility issues. This work will be extended to locations across Northern Ireland in the coming weeks and months.

11. The current situation across the UK has been depicted as a race between vaccination and the latest COVID-19 variant.
12. Certainly, the more people we can get fully vaccinated the stronger our protection will be – and the lower the potential impact of a new surge on our health service, economy and wider society.

Background

13. The 2021 Regulations require the Department of Health to review the need for the restrictions and requirements in the Regulations on or before 10 June 2021. The current restrictions and requirements are summarised in **Annex A**.
14. At the conclusion of the second review on 13 May, we agreed that the Coronavirus Health Regulations were appropriate, necessary and proportionate at that time, having taken into account:
 - a. The ongoing, albeit decreasing, hospital pressures and community transmission;
 - b. the threat of new variants emerging;
 - c. the as yet partial vaccination coverage.
15. This review has been guided by the four principles that we agreed in May 2020: focus on purpose; necessity; proportionality; reliance on evidence. The purposes of the Regulations are (i) to protect the health of the population by limiting the spread of COVID-19 infection in order to minimise the numbers of cases and deaths, and (ii) to ensure as far as possible that the health care system has the capacity to care for COVID-19 patients and care for all patients, present and future.

Developments since the second review of the 2021 regulations

16. At the time of the second review, on 13 May 2021, the Executive agreed the current set of regulations were required until 10 June 2021, with a further review to take

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place on or before that date. Changes have been made to the Regulations as a result of relaxations agreed at that review.

Coronavirus Restriction Regulations 2021 (“the 2021 Regulations”)

17. Following its meeting on 13 May 2021, the Executive agreed indicative dates for the changes contained within the following amendments. These were ratified by the Executive on 20 May.

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 4) Regulations (Northern Ireland) 2021 – SR No. 130

Commencement on 20 May 2021

- Permits the attendance of up to 1,000 spectators at the Irish Cup Final on Friday 21 May 2021.
- Introduces an exemption for gatherings in respect of lawful industrial action.

Commencement on 24 May 2021

- Unlicensed and licensed premises may re-open indoors, subject to mitigations previously in place for outdoor opening. Table numbers inside and outside are restricted to 6 people from an unlimited number of households. A maximum of 10 people are allowed to sit together if they are all from one household. The numbers do not include children aged 12 and under.
- Exceptions are made for events to celebrate weddings and civil partnerships.
- Tourist accommodation may fully reopen to allow overnight accommodation for groups of up to 6 people from 2 households, or groups of up to 10 from 2 households in a bubble or where one household has more than 6 members.
- Libraries may fully reopen, subject to mitigations.
- Indoor gatherings (not including domestic settings) are permitted subject to a risk assessment where numbers exceed 15.
- Outdoor gatherings are subject to a limit of 500, with a risk assessment where numbers exceed 30. A number of exceptions were listed.
- Restrictions on band practice and rehearsals are removed.

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- Indoor sport, except competitive sport, may resume, subject to mitigations.
- All outdoor sport may resume.
- Indoor visits between 2 households are permitted up to a maximum of 6 people, not including children. Where a household has more than 6 members a limit of 10 people applies.
- Those responsible for indoor attractions, indoor sports facilities, indoor swimming pools, and tourist accommodation must comply with visitor and attendee information requirements.
- Social distancing of one metre applies to relevant hospitality venues. Otherwise 2 metres social distancing applies.

18. In addition to the easements noted above, the Executive gave an indicative date of 28 and 31 May for activities in the following amendment, which were then ratified on 27 May:

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 5) Regulations (Northern Ireland) 2021 – SR No. 141

- Removes restrictions on indoor competitive sport apart from the requirement to conduct a risk assessment if the gathering is more than 15 people.
- Inserts the definition of a “shop”.
- Inserts an exemption to enable a couple or person to move within the premises to view the venue for the purpose of booking a wedding ceremony e.g. in a hotel.
- Clarifies requirements in relation to social distancing so that the requirements are applicable to a “relevant hospitality venue”.
- Removes the provision which permitted the attendance of up to 1,000 spectators at the Irish Cup Final on Friday 21 May 2021.
- Clarifies that 500 persons per gathering can attend an outdoor sporting event rather than 500 people in total.

Course of the epidemic since the first review of the 2021 Regulations

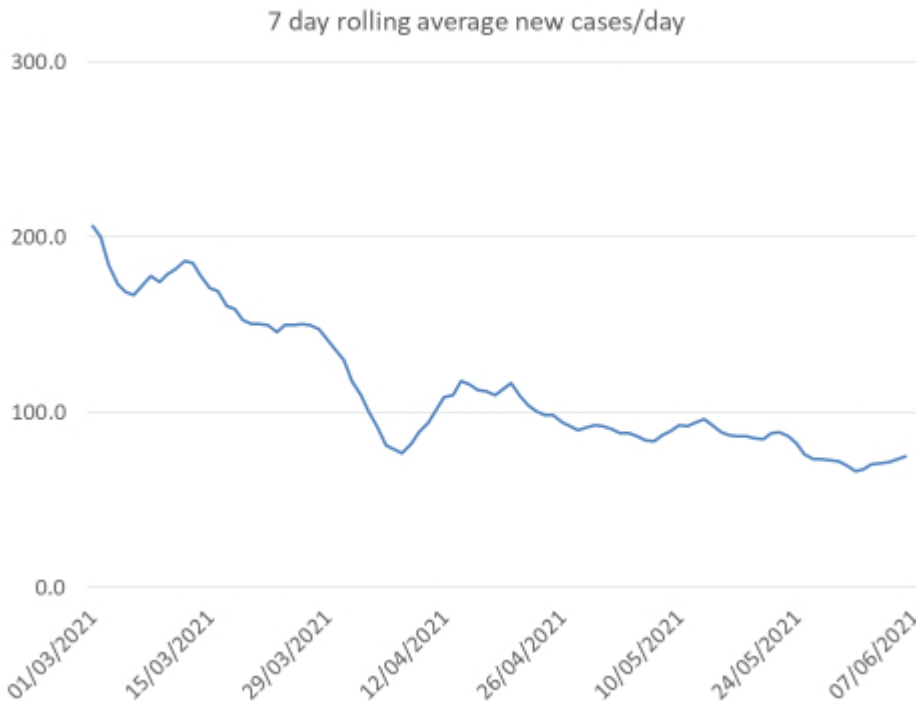
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19. The Chief Medical Officer (CMO) and Chief Scientific Advisor (CSA) have been providing frequent updates to the Executive on the progress of the epidemic. A dashboard of key data and trends is published daily on the DoH website. The CSA's weekly briefing papers on the Rt figure have been circulated separately, and the Executive receives this report each week.
20. The number of new positive cases and percentage of positive tests have increased slightly over the past week, in the context of reduced testing overall. This may reflect early signs of the impact of relaxations of 24 May along with some increase in Delta variant. Cases have mainly increased in the 11 – 30 age bands. Rt for cases is likely to be a little above 1. Hospital admissions, inpatient numbers, ICU occupancy and deaths remain at a very low level. It will take approximately 3 weeks to see the full effect of relaxations of 24 May. There are early indications of increasing transmission of the B.1.617.2 (delta) variant in NI.
21. Results from several different sources of genomic data suggest that the B.1.1.7 (Alpha) viral lineage that was prevalent and dominant elsewhere in the UK and Ireland remains common in Northern Ireland (>80% of cases). This means that under conditions of increased inter-personal contact in future, the epidemic will grow more quickly than previously. A number of cases of the B.1.617.2 (Delta) variant have been detected and reflex testing (to be confirmed by Whole Genome Sequencing) suggests that Delta may constitute up to 25% of cases. Latest data suggests this has now risen to 25%. There is no evidence of sustained transmission of the Delta variant in the community at present, unlike other parts of the UK, although it is likely that further introductions as a result of increased CTA and international travel will result in it becoming the dominant form in the future, with adverse consequences for the course of the epidemic. Recent experience of enhanced contact tracing undertaken by PHA of cases of the Delta variant suggest an increasing number are linked to travel within the CTA. Following the decision to remove the requirement in guidance for self-isolation we would suggest that the Executive seeks to emphasise the guidance on intra-CTA travel including pre-departure testing and LFD testing at day 2 and day 8. While not a substitute for self-isolation this may delay further introductions of the variant and potentially delay

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this becoming dominant until such times as more people are vaccinated and particular more have received their second dose. There is no evidence that other significant variants are established in NI at present.

Graph – 7 day rolling average of new cases in Northern Ireland



22. Cases have not risen above 100 per day since mid-April. Similarly, death levels remain extremely low, with the 7 day average either 1 or 0 since mid-April. The restrictions combined with the success of the vaccination programme have clearly led to a reduction in case numbers and deaths. The Derry and Strabane area remains a high concern area, as well as the border areas of Donegal in the Republic. Public Health and local officials continue to liaise in a bid to contain the virus in these areas. The figures in the table below indicate the changes in 7-day incidence across Northern Ireland on at the time of each review of the regulations. Each column of figures is a snapshot from one date but they reflect the general course of the epidemic since mid-September.

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Table: 7-day incidence of COVID-19 (cases per 100K population) – Snapshot at time of each reviews of the Regulations

Source: DoH COVID-19 Daily Dashboard

District council area	14 Sept	12 Oct	10 Nov	8 Dec	18 Jan	15 Feb	12 Mar	13 Apr	11 May	10 June
Antrim and Newtownabbey	49.1	254.4	187.8	143.0	321	102.3	72.9	31.5	40.7	21.7
Ards and North Down	20.5	134.9	133.6	104.4	197	67.8	72.7	27.3	6.2	9.9
Armagh City, B'bridge & C'avon	41.6	155.4	210.6	133.4	607.5	189.5	59.9	38.8	26.7	26.7
Belfast	43.6	462.4	206.0	116.3	276.4	108.7	84.4	30.8	20.2	31.1
Causeway Coast and Glens	4.2	205.2	244.0	173.3	241.9	72.8	61.7	49.2	48.5	29.8
Derry City and Strabane	27.9	969.7	248.2	179.2	209.1	81.0	51.8	96.9	92.9	59.7
Fermanagh and Omagh	13.7	226.0	131.8	178.0	325.3	43.7	38.5	30.0	29.1	14.6
Lisburn and Castlereagh	38.8	263.1	187.4	137.8	255.6	76.5	65.4	20.0	19.3	15.2
Mid and East Antrim	25.9	94.5	158.7	216.5	305.2	77.2	74.3	20.2	18.0	17.3
Mid Ulster	6.8	401.3	260.3	186.4	528.7	210.1	88.1	44.7	39.3	33.2
Newry, Mourne and Down	20.6	314.7	119.9	177.6	421.8	89.9	49.4	59.4	43.3	41.6

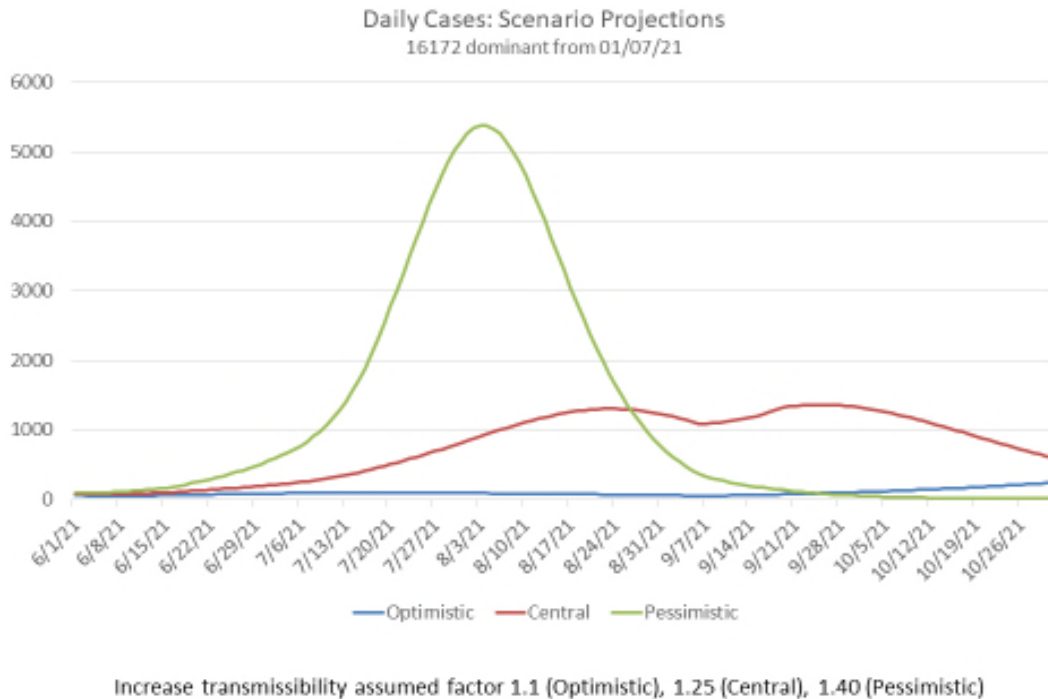
Variants of concern:

23. We continue to monitor COVID variants. At present the vast majority of COVID cases (>70%) are attributable to the alpha variant. Testing in the last few days has indicated that up to 25% of cases may be delta variant; we will continue to monitor closely, but in both England and Scotland delta variant has become dominant very quickly once established.

24. The current assessment is that delta variant is likely to be 40-60% more transmissible than alpha variant, and to be associated with a 2.4x increased risk of hospital admission. In addition, while vaccination remains effective it is somewhat less effective against delta variant compared with alpha variant.

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25. It is inevitable that the delta variant will increase as travel from the CTA opens up, given that over 50% of COVID cases in England and Scotland are now of that variant. The modelling below shows the potential of delta variant to increase cases numbers and hospital pressures, depending on when it becomes the dominant form in NI. In a central scenario with delta variant dominant from July 1st, we anticipate around 1200 cases per day.



NI, UK and Republic of Ireland comparison

26. In terms of cases reported, Northern Ireland currently has a higher incidence than Wales, and lower than England, Scotland and ROI based on dashboard figures published by relevant Governments. Numbers are increasing rapidly in Scotland and England as a result of delta variant becoming dominant. The tables at **Annex B** contrast the position at the previous review of 13 May and now, and clearly indicates how the presence of the delta variant can increase case numbers in a short space of time.

Capacity of the Health and Social Care system

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27. During the third wave of the pandemic, the acute health system faced sustained pressures which has further undermined resilience of the system. COVID positive inpatient numbers have been on a downward trend since the peak of 834 in mid-January 2021. Over recent weeks the number of COVID positive inpatients have continued to reduce, with 14 inpatients as of Friday 4th June.
28. The standard funded provision for critical care is 72 ICU beds. Any ICU beds open above this level requires the deployment of staff from elsewhere. The number of ICU patients has also reduced from the peak of 74 COVID positive patients on 24th and 25th January. As of 4th June, the current total number of critically ill patients stood at 65, with 1 of these COVID positive. It is important to recognise that the number of open ICU beds must always exceed the number of patients to ensure that there is a sufficient buffer in the system (e.g. to be able to manage unforeseen events such as a major road traffic collision). To manage the current 65 ICU patients, the HSC system currently has 77 ICU beds open, which is above the funded level of 72.
29. The HSC system is currently under severe pressure, dealing with a significant flow of patients requiring urgent and emergency care. On Friday 4th June, the hospital system as a whole was operating at 104% capacity in terms of bed occupancy, with 7 of our hospitals over capacity and 217 patients awaiting admission to a hospital. The current serious pressures facing the HSC system means that the capacity to deal with a further potential COVID-19 wave is limited and such an event would undoubtedly impact adversely on other health and social care services.
30. The wellbeing of HSC staff remains a key and pressing consideration. For a year now our staff have been under sustained and continuous pressure, with studies indicating psychological and mental impacts. As well as being of serious concern in itself, staff well-being is likely to impact patient safety, so it is vital that our staff are able to recover and heal.

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31. The Commons Health and Social Care Committee released a report on 8 June 2021 on the workforce burnout and resilience in the NHS and social care. The report gathered various data from NHS surveys and evidence given to a committee of MPs at an inquiry, highlighting the issues regarding staff shortages; the impact of workforce burnout; workplace culture; impact of Covid-19 on burnout; and workforce planning. It reiterates that the challenges surrounding funding pressures, and staff morale - as well as other issues - were present before the pandemic, but Covid-19 has added to the pressures. The problems were seen as imperative to resolve in order to attract and retain skilled staff, ensuring they are physically and mentally well, whilst ensuring high quality care is provided to patients and service users.
32. The report details the impact of burnout, pointing out the likelihood of this impacting people's health, care quality, patient satisfaction, financial performance, absenteeism, and organisational performance. This was also grouped with impacting turnover and intention to quit, including higher levels of patient mortality in the acute sector. As suggested by The King's Fund research, NHS staff were 50% more likely to experience high levels of work-related stress compared to the general working population. While this report was on HSC staff in England, I believe that the overarching findings apply equally to staff in our own HSC. Therefore as ever, I urge colleagues to proceed with caution as we further ease restrictions so as not to add increasing pressures to our already stretched staff.

Health protection services: Test, Trace and Protect

33. The Contact Tracing Service together with our COVID-19 Testing and Vaccination Programmes remain at the core of our public health response to the SARS-CoV-2 virus, and in this context contact tracing will continue to play a significant role in the weeks and months ahead. The operation of the Contact Tracing Service is kept under continuous review to ensure that it is well placed to respond positively to any increase in the number of positive cases of COVID-19.
34. A sample of recent activity levels shows that there were **481** positive cases reported to the contact tracing system in the **7** days up to **30th May 2021** and **1,835** close contacts recorded over the same period. In terms of performance, **90%** of

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cases and **89%** of contacts were reached within **24** hours, and **96%** of cases and **97%** of contacts were reached within **48** hours. Contact Tracing Management Information is published by the Public Health Agency and can be accessed at: <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing-service-management-information>

35. The data on the main settings associated with clusters and outbreaks of COVID-19 showed that during the four week period between **26th April** and **23rd May 2021** there were **36** outbreaks identified and **41** clusters. Clusters and probable outbreaks identified during this period were mainly associated with workplace and retail settings. A further number were associated with other settings including Health & Social Care, sporting events and bars. Information on clusters and settings is published weekly by the Public Health Agency and can be accessed at: <https://www.publichealth.hscni.net/publications/covid-19-clusteroutbreak-summary>. A copy of the most recent information available is also included at **Annex C** for reference.
36. The manual elements of contact tracing in Northern Ireland are complemented by a number of well-embedded digital supports including the digital self-trace platform, a texting service (HSC result and HSC tracing) and the use of the StopCOVID NI App. These digital aspects add significant value to the overall operation of the Service, ensuring it can deliver key messages to contacts and cases in an efficient and timely way.
37. In response to the potential for new variants of concern (VOCs) and mutations of the SARS-CoV-2 virus to emerge, the Contact Tracing and Health Protection teams in PHA have developed a plan which sets out the end-to-end process for their identification and management. To date this plan has been successfully deployed in response to the identification of the B.1.351 (Beta) variant (the variant originally identified in South Africa) and the B.1.617 (Delta) variant in Northern Ireland, most recently in Kilkeel, County Down. Weekly data on VOCs, including Northern Ireland, is published by Public Health England (PHE) and can be accessed at: [Variants: distribution of cases data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/variants-distribution-of-cases-data)

38. The NI Contact Tracing Service introduced the offer of a PCR test to all close contacts of confirmed positive cases (including close contacts who are asymptomatic) on **12th April 2021**. Close contacts of confirmed cases of COVID-19 are now asked to take a PCR test within **48** hours of being identified as a close contact. Previously only people with symptoms have been required to take a PCR test. This additional measure is aimed at identifying those close contacts who do not have symptoms but who could potentially be carrying the SARS-CoV-2 virus. Testing of close contacts will enable identification of more cases that would otherwise be unknown to the Contact Tracing Service; will track how the virus is spreading; and will help to break further chains of infection. Testing of close contacts is **not an alternative** to self-isolation. Close contacts still need to isolate for the full **10** days even if their tests are reported negative..
39. Enhanced contact tracing continues to improve the information and intelligence available on clusters and outbreaks of COVID-19 through identifying the source of a case's infection and asking all positive cases what settings they have visited and what contacts they have had over the seven days prior to onset of their infection. Enhanced tracing is in addition to core contract tracing, which focuses on identifying the close contacts of new cases in the period from **48** hours before symptom onset (or **48** hours before the positive test result if asymptomatic).

Health protection services: Asymptomatic Testing

40. The purpose of asymptomatic testing is to identify individuals within the population who are positive for COVID-19 but do not present with symptoms, and to create the opportunity for them to self-isolate, reducing the risk to others in the community. The expansion of asymptomatic testing in Northern Ireland is intended to introduce regular testing for the virus which causes COVID-19 amongst those employees of organisations who cannot work from home. While asymptomatic testing is available to everyone in Northern Ireland, the Department's programme specifically targets the workforce who cannot work from home across the public and private sectors in Northern Ireland.

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41. The asymptomatic testing programme is now available to organisations of any size across Northern Ireland. Asymptomatic testing is being carried out successfully across a range of organisations in the public and private sectors. Testing is also being used to facilitate large scale events such as the IFA cup final in May.
42. Workforce asymptomatic testing is an additional infection prevention and control measure, and does not replace a range of other measures in place in wider society, such as social distancing, hand hygiene and face coverings. It complements the roll out of the vaccine across Northern Ireland.
43. This programme relates solely to asymptomatic participants. Any test participants or site staff, displaying symptoms of COVID-19 should leave the site immediately and follow the national guidance for getting tested.
44. Asymptomatic testing will be delivered by organisations at their own premises, utilising their own workforce to deliver the tests. While an Assisted Test Site (ATS) remains the favoured approach in terms of the public health benefits, there is range of options available to employers.

Health protection services: COVID-19 Vaccination Programme

45. The NI COVID Vaccination Programme began on 8 December 2020, with the vaccination of priority group 1 and by 26 May 2021 the programme had been extended to the last part of the final cohort, priority group 12, therefore everyone aged 18 years and over is currently eligible to receive a vaccine. The roll out of the programme remains critically dependent on vaccine production, supply and distribution and it is estimated that it will take until the end of July to complete first doses for all eligible adults. The latest uptake information is now available at <https://covid-19.hscni.net/ni-covid-19-vaccinations-dashboard>. As of 6 June 1,790,718 doses have been administered in Northern Ireland. This includes 1,087,136 first doses and 703,582 second doses, which represents an adult population coverage of 74.72% and 48.35% respectively.

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46. Vaccination rates to date by age are shown in the table below. The pace of the programme is has slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is unlikely to be complete first doses until the end of July.

TABLE: VACCINATION RATE BY AGE GROUP AS OF 9th JUNE 2021

	80+	70-79	60-69	50-59	40-49	30-39	18-29
Vaccination Rate %	100	99.66	100	88.68	77.83	60.07	33.75

47. GPs continue to vaccinate anyone aged 50 years or over as well as anyone who is clinically extremely vulnerable (CEV) or those with an underlying medical condition who are classed as clinically vulnerable (CV). Community Pharmacies were added to the programme from 29 March and eligible cohorts can now book a vaccination at one of the 349 community pharmacy stores spread right across Northern Ireland.

48. There is robust evidence that the first dose reduces the risk of clinical disease by 70-90% within 14-21 days and there is now more emerging evidence that vaccination reduces the risk of asymptomatic carriage and transmission.

49. There is a necessary time lag between a person being immunised and them becoming protected against disease, and for a sufficient number of people in the population to be immune to alter the course of the epidemic. Our vaccination programme has helped to protect the most vulnerable in our community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to a reduction of the wider health service pressures. At present limited information is available in relation to the effectiveness of the current vaccines against new variants and this remains the subject of ongoing research, though emerging evidence suggests that vaccination may be slightly less effective against delta variant compared with alpha variant.

Wider health, societal and economic impacts of the regulations

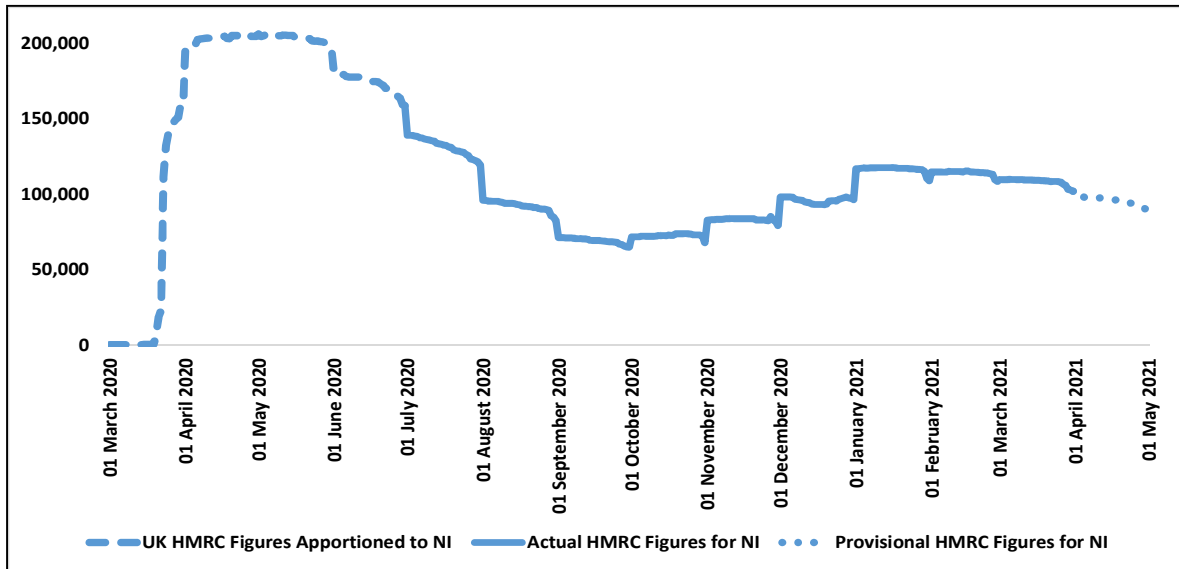
Economic impacts (provided by DfE for the purposes of this review)

50. While economic activity was severely dampened by Covid-19 and the restrictions, there are clear signs that recent steps to re-open the Northern economy are having a positive impact. Indicative data relating to PMI surveys, mobility and high street footfall etc. are showing a marked improvement, while job vacancy and furlough numbers are more promising than a few months ago. However, there is still a long way to go.
51. The reopening of close contact services (on 23 April 2021) and non-essential retail, gyms and swimming pools, etc. (on 30 April 2021) and indoor hospitality / attractions (on 24 May 2021) has ensured that thousands of businesses have now been able to welcome customers into their premises again.
52. The labour market has been severely affected by Covid-19 and the restrictions. The Claimant Count in Northern Ireland is now around 57,400 people (April 2021). Although stabilised somewhat since its initial surge, the Claimant Count is still 89% more than the figure in March 2020.
53. The employment rate (69.1%) is now 2.8 percentage points (pps) below the rate this time last year, and unemployment and economic inactivity rates are now 1.2pps and 2.1pps above. Although there were adverse changes in labour market status for men and women over the year, the changes for men were greater. Most age groups saw a fall in employment over the year with 16-24 year olds accounting for almost three-quarters of the total decrease in employment of those aged 16-64 years.
54. The sectors of manufacturing, wholesale & retail and food & accommodation appear to have experienced the highest proportions of job losses (as evident from proposed and confirmed redundancy figures).

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55. According to HMRC data, some 90,000 workers in Northern Ireland were furloughed (including partial furlough) using the Coronavirus Job Retention Scheme at 30 April 2021 (12% of eligible employees). This is a decrease from 116,900 employments furloughed at 1 January 2021, but still represents a high level. The furlough scheme has been extended to the end of September 2021.

Daily Figures for NI Employments on Furlough (Supported by CJRS)



56. HMRC data on the Self-Employment Income Support Scheme (SEISS) shows around 43,000 self-employed individuals in Northern Ireland had claimed the fourth SEISS grant up to 9 May 2021 (45% of eligible self-employed workers).

57. While many businesses were able to reopen in April and May 2021, a sizeable number of businesses and premises remain impacted by the current Regulations and mitigation measures. These can have a financial impact. It is imperative that these are lifted safely as soon as possible.

58. A number of offices are empty, with workers at home. Many large events have been cancelled. Air travel has been severely disrupted. The Executive's decision to further free up movement within the Common Travel Area have been welcomed by business and individuals. Great Britain and the Republic of Ireland are our closest and most important economic players. Greater flexibility in movement will have a positive impact on tourism, investment, trade, students and family life.

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59. A wide range of support has been provided to businesses in Northern Ireland, including employment support, rates holidays and carefully targeted grant schemes. However, the best way for these firms to thrive going forward as schemes are unwound is to continue the forward momentum in the economy, encouraging customers through the doors to ensure sustainable cash flows and to build up reserves.

60. Without a strong and sustained recovery, the risk is that the impacts of Covid-19 will live with us for the longer term – resulting in economic scars. These scars will reduce our capacity for growth and limit the life chances for the young, less educated and the less well-off members of society in particular.

61. The reduction in Covid-19 infection rates and the success of the vaccination programme means that a sustainable economic recovery is possible. It is important that we continue to build on the good progress made and are not complacent to think rapid and sustained growth in output and employment is guaranteed.

Wider Impacts on health and wellbeing

62. Evidence from sources available to us continues to show that, while there are some positive trends in areas such as smoking, in the main, population health continues to be negatively affected by COVID-19 and the wider impacts of the restrictions. Life expectancy growth and related inequalities are likely to be negatively affected, with the greatest impacts felt by the most disadvantaged, as long-standing inequalities have been exacerbated by the pandemic, particularly in relation to inequalities in education and employment.

63. Many reported key behavioural risk factors are also worsening and adversely impacting some people, in particular, increased harmful alcohol consumption, more snacking and poor diets, and increased sedentary behaviour. Fuel and food poverty rates also remain key issues. It should be noted that changes in behaviours are not universal and unfortunately are also likely to be leading to increased health inequalities.

64. Domestic violence has been a particular issue of concern. PSNI statistics show there were 19,000 domestic abuse crimes in 2020, an increase of 5.3% on 2019, and the highest 12-month total since 2004/05. This came despite a 13% fall in overall recorded crime. Crimes of violence and sexual offences rose and there was a 26% increase in harassment offences. One in five (19.7%) of all crimes recorded in 2020 was domestic abuse, up from 16.9% in 2019. The number of domestic abuse incidents rose by 0.4% to 31,848 - and was one of the highest recorded since 2004/05. There were 17 domestic abuse incidents and 10 crimes per 1,000 population. Monthly incidents were higher than in 2019 in every month except June, September and October 2020. Importantly, measures to tackle domestic abuse in NI during the pandemic included new legislation, the launch of a pharmacy code word scheme, the IRIS referral pathway via GPs, and free public transport for those fleeing abuse.

65. Public health resources have had to be re-prioritised to support management of the direct impacts of COVID-19 throughout the pandemic, and this has limited the system's capacity to address the wider impacts. A range of work is well underway to rebuild the capacity of services, though some may still be operating at reduced capacity. The increased digital delivery of services has been helpful for many individuals and has increased access and reduced non-attendance (particularly in rural areas) but may also increase inequalities for those who do not have the capacity or resources to access to such services. Further approaches are being used to mitigate this impact.

Duration of current restrictions

66. The Executive had agreed at the second review to a continuation of the restrictions, with the next formal review to be completed on or before 10 June 2021. As indicated above, the impact of the third wave of COVID-19 on the health and social care system continues to decrease, and I am pleased that we have been able to make a number of relaxations to the restriction regulations. This review provides evidence that the principle regulations are still necessary and proportionate, although with the improving disease situation there is scope for further easements

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over coming weeks. Both the Chief Medical Officer and the Chief Scientific Advisor support this position.

67. The COVID-19 Cross Departmental Working Group led by TEO continues to meet weekly and the process for bringing forward relaxation proposals to the Executive has been a success to date. This is highlighted by the large number of proposals across various sectors that have been brought to date. I welcome the collaborative working of the various departments in developing and presenting these proposals, as well as the continued engagement with stakeholders to ensure the easements are effective as we attempt to return society to a form of normality.

68. This paper does not include any proposals for easing restrictions. These are being brought forward simultaneously by TEO in a separate paper, for consideration by the Executive on 20 June, having gone through the above mentioned process in the Cross Departmental Working Group. My Department has provided health advice on the proposals made in the TEO paper.

Conclusion on the overall need for the regulations

69. On the basis of this review, taking into account in particular:

- the ongoing (albeit decreasing) hospital pressures;
- community transmission;
- the threat of new variants emerging, in particular the Delta variant;
- recent relaxations relating to the CTA, which is likely to increase the prevalence of the Delta variant;
- the as yet partial vaccination coverage; and
- the as yet unseen result of the recent easements, in particular relating to indoor hospitality of 24 May;

I have concluded that broadly the current restrictions and requirements remain a necessary and proportionate response to the epidemic at this point in time. However, I am pleased that to date significant easements have been made as we attempt to ease society out of restrictions, with further additional measures to be considered separately today.

Recommendation / Decisions sought

70. I recommend that the Executive agree that:

- i. the requirement in regulation 2 for a review of the need for the restrictions and requirements in the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (“the 2021 Regulations”) has been duly met;
- ii. the current restrictions and requirements in the 2021 Regulations, as amended, are at this point in time 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;
- 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;
- iv. the regulations are reviewed again in 4 weeks’ time.

I am copying this paper to the Attorney General, the Departmental Solicitor and the First Legislative Counsel.

**ROBIN SWANN MLA
MINISTER OF HEALTH**

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Annex A – TABLE OF RESTRICTIONS AS OF 9 JUNE 2021

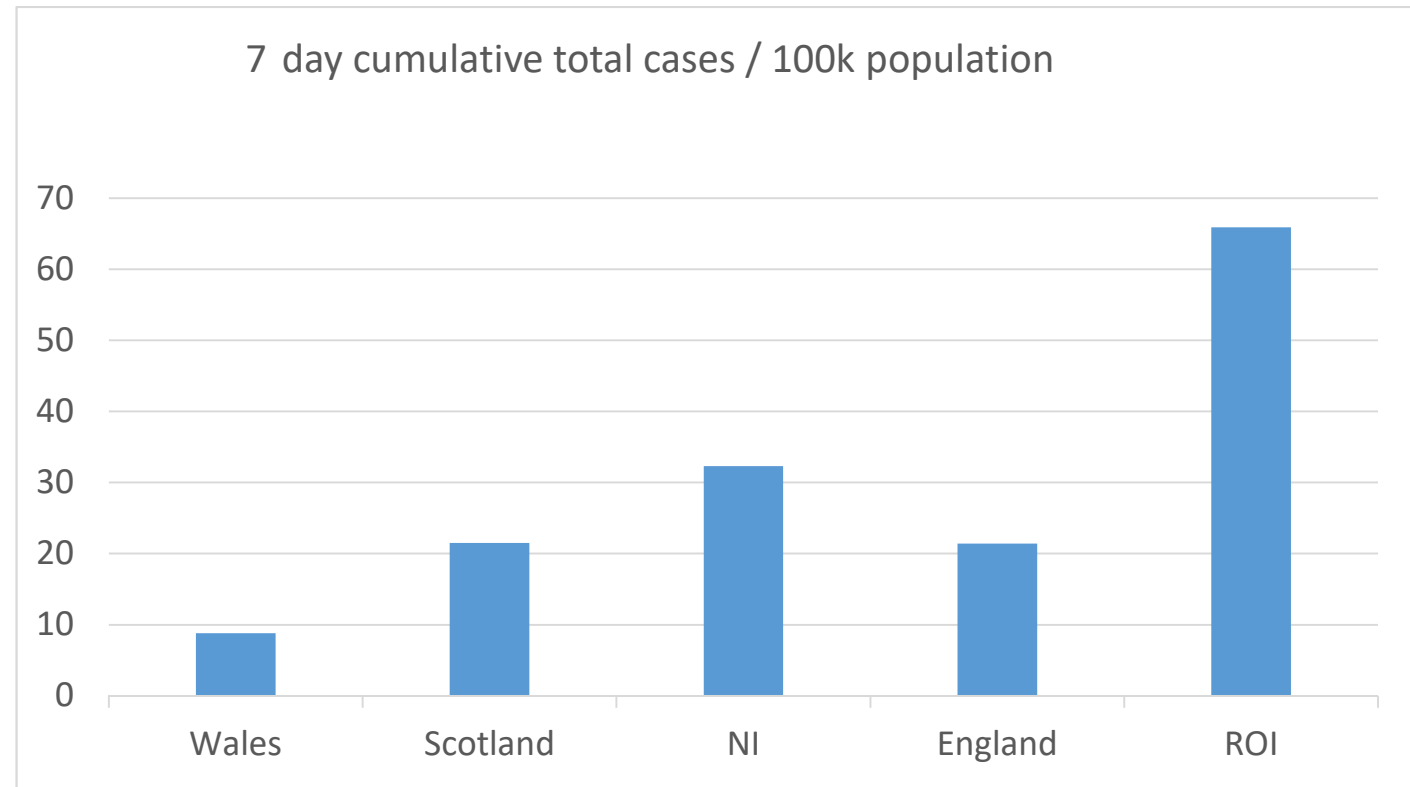
Restrictions	Restrictions in place as of 2 June 2021 (changes that took effect on 24 May 2021 are shown in red; changes that took effect on 31 May are shown in blue) change that took effect on 4 June in green
Restrictions on Movement	Enforcement powers for PSNI to order home if engaging in prohibited activity, or if they are intending to so engage
Indoor gatherings – private dwellings	Up to 6 people (not including children aged 12 or under) from a maximum of 2 households (Exemptions apply, including for linked households/support bubbles (up to a maximum of 10 people) or up to 10 person maximum (not including children aged 12 and under) from a maximum of 2 households if a single household has 6 or more members (not counting children aged 12 years or under in the total)).
Outdoor gatherings – private dwellings	15 people maximum (including children of all ages) from a maximum of 3 households
Indoor gatherings - excluding private dwellings , places of worship and sporting events	<ul style="list-style-type: none"> - No limit on the number of people that can gather indoors. - The maximum number of people that can gather indoors will be determined by a risk assessment that must be carried out by the person responsible for organising or operating the gathering. The responsible person must take all reasonable measures to limit the risk of transmission of the coronavirus. - Risk Assessment not required if the gathering is 15 people or less. - Exemptions apply for work, in PoW, marriage/civil partnership ceremonies, funerals, blood donations and vaccination sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person whereby a Risk assessment is required regardless of numbers attending including 15 people or less. - All educational activities not in a school or institute of higher/further education must be delivered by distance learning unless face to face delivery is essential.
Outdoor gatherings - excluding private dwellings, places of worship and sporting events	<ul style="list-style-type: none"> - The maximum number of people who may gather outdoors is also determined by a risk assessment carried out by the person responsible for the gathering, up to a maximum cap of 500 persons. The responsible person must take all reasonable measures to limit the risk of transmission of the coronavirus. - A risk assessment is not required if 30 people or less are attending the outdoor gathering. - Exemptions apply for work, in PoW, marriage/civil partnership ceremonies, funerals, blood donations and vaccinations sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person whereby a Risk assessment is required regardless of numbers attending including 30 people or less.
Indoor Sport	<ul style="list-style-type: none"> - Full resumption to indoor sport. - Spectators are permitted. - The maximum number of people that can gather indoors will be determined by a risk assessment that must be carried out by the person responsible for organising or operating the gathering. - Risk Assessment not required if the gathering is 15 people or less.
Outdoor Sport	<ul style="list-style-type: none"> - Full resumption to outdoor sport. - Spectators are permitted. - The maximum number of people that can gather outdoors will be determined by a risk assessment up to a maximum of 500 people. - The risk assessment must be carried out by the person responsible for organising or operating the gathering. The responsible person must take all reasonable measures to limit the risk of transmission of the coronavirus. - Spectators and event participants are regarded as 2 separate gatherings enabling up to 500 people per gathering as permitted by the risk assessment. - Risk Assessment not required if the gathering is 30 people or less.
Places of worship (excluding marriages/civil partnerships, funerals and associated events – see below)	<ul style="list-style-type: none"> - The maximum number of people that can gather indoors will be determined by a risk assessment that must be carried out by the person responsible for organising or operating the gathering and reasonable measures to limit the risk of virus transmission are put in place. - Face coverings mandatory.

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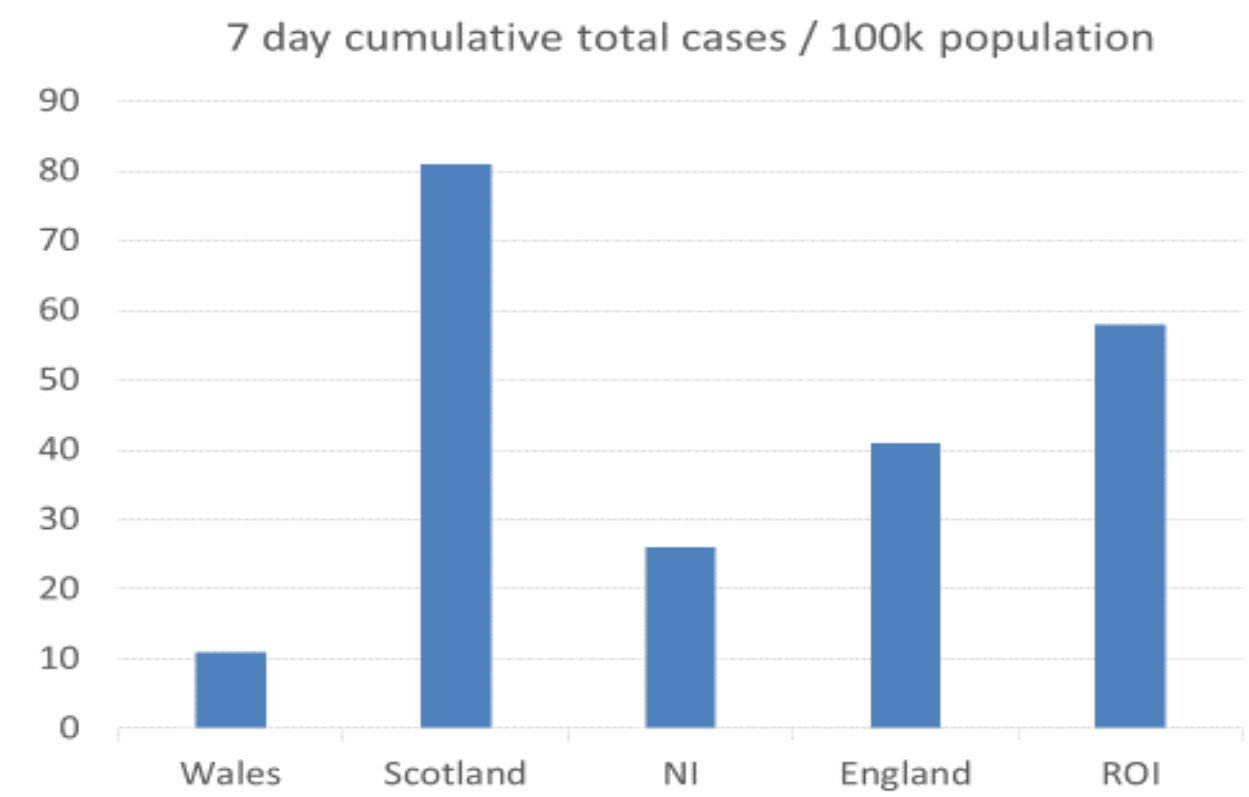
Funerals and associated events	<ul style="list-style-type: none"> - The number permitted to attend funerals, is to be informed by a risk assessment for the venue. Must comply with DoH guidance. - Not permitted in private dwellings - The remains can be brought home in non-COVID related cases however only one household or no more than 6 people from 2 households are permitted inside the private dwelling. If there are 6 people already in a household, they can gather with one other household, up to a maximum of 10 people at any one time. Children aged 12 or under are not included in these numbers.
Marriages and Civil Partnerships	<ul style="list-style-type: none"> - The number permitted to attend weddings and civil partnerships is to be informed by a risk assessment for the venue. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions are permitted in line with restrictions on indoor/outdoor gatherings and restrictions in licensed and unlicensed premises. - Lawful venues ordinarily closed may open for the purposes of hosting a wedding. - Contact details of those attending to be obtained and retained by the organiser - Customers can also view the facilities of venues used for marriages and civil partnership ceremonies, such as hotels and other venues, restricted to a maximum of four customers per visit.
Businesses required to close	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels except when used for the delivery of hearings of Courts, Tribunals, public inquiries held by a Department and Appeals Services, and for the administrative support of these services. - Theatres and Concert Halls except for the purposes of rehearsals
Visitors Attractions	<ul style="list-style-type: none"> - Indoor visitors attractions are permitted to open. Must comply with the requirements relating to Visitor and Attendee Information - Outdoor visitors attractions, including outdoor activity centres reopened.
Restrictions applicable to all hospitality Premises including private members clubs and Off - Sales	<ul style="list-style-type: none"> - Licensed premises, including social clubs, reopened indoors & outdoors, limited to 6 people from no more than 2 households and contact details recorded; - Unlicensed premises, reopened indoors & outdoors, limited to 6 people from unlimited households and contact details recorded; Maximum of 10 may sit together if from 1 household. Numbers do not include children 12 and under. - The curfew on any hospitality business is permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 lifted. Curfew on off sales removed. - Social distancing of one metre applies to relevant hospitality venues. Otherwise 2 metres social distancing applies
Hotels and Guesthouses	<ul style="list-style-type: none"> - Reopen and permit overnight stays in tourist accommodation in line with private dwelling requirements and must collect visitor information.
Restrictions specific to unlicensed hospitality premises	<ul style="list-style-type: none"> - Table service no longer a requirement, also the case in buffets/carvery's etc with mitigations
Venues at which intoxicating liquor may be consumed	<ul style="list-style-type: none"> - This restriction was removed on 26th December 2020.
Retail Sector	<ul style="list-style-type: none"> - All retail reopened. - Those permitted to open must limit numbers permitted entry at any one time in order to ensure social can be maintained by those therein.
Close contact services	<ul style="list-style-type: none"> - Resumption of driving instruction and theory tests; - Driving testing can resume; - Re-opening of close contact services including training; - Face coverings must be worn when permitted to open as per exemptions above. - Those permitted to open must collect contact details of all customers. - On an appointment only basis.
Libraries	<ul style="list-style-type: none"> - Permitted to re-open.

ANNEX B – 7 DAY CUMULATIVE TOTAL CASES

SITUATION AT 2ND REVIEW OF 13 MAY



SITUATION AT PRESENT – 8 JUNE 2021



ANNEX C CLUSTER BY SETTING SUMMARY – 6TH JUNE 2021

Note: A **cluster** is defined as two or more cases of COVID-19 within a specified setting within a 14-day period and an **outbreak** is defined as two or more cases of COVID-19 within a specified setting within a 14 day period with a clear epidemiological link between at least 2 cases.

Probable Outbreaks by Setting

During the 4 week period, between 26th April 2021 – 23rd May 2021, as of midnight 30th May 2021, there were 36 outbreaks identified (14 open, 22 closed).

Setting	Total	Open	Closed
Workplace	15	10	5
Retail	2	0	2
Health & Social Care Setting	2	0	2
Funeral / Wakes	1	0	1
Fast Food Outlet / Takeaway	0	0	0
Cinema / Theatre / Entertainment Venue	0	0	0
Restaurant / Cafe	1	0	1
Sporting Event	3	1	2
Social Setting	0	0	0
Pharmacy	0	0	0
Place of Worship	1	0	1
Wedding	1	0	1
Personal Services	3	2	1
Bar	5	1	4
Hotel	0	0	0
Gym	2	0	2
Total	36	14	22

Clusters by Setting

During the 4 week period, between 26th April 2021 – 23rd May 2021, as of midnight 30th May 2021, there were 41 clusters identified (10 open, 31 closed).

Setting	Total	Open	Closed
Workplace	27	8	19
Retail	8	1	7
Health & Social Care Setting	0	0	0
Fast Food Outlet / Takeaway	2	1	1
Pharmacy	1	0	1
Funeral / Wake	0	0	0
Sporting Event	0	0	0
Social Setting	1	0	1
Place of Worship	0	0	0
Hotel	0	0	0
Wedding	0	0	0
Cinema/ Theatre / Entertainment Venue	0	0	0
Personal Services	0	0	0
Bar	1	0	1
Gym	1	0	1
Restaurant / Café	0	0	0
Total	41	10	31

