



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Health Protection (Coronavirus, Restrictions)
(No. 2) (Amendment) Regulations (Northern
Ireland) 2021

28 January 2021

NORTHERN IRELAND ASSEMBLY

Committee for Health

Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2021

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Mr Pat Sheehan

Witnesses:

Mr Richard Duffin Department of Health
Ms Liz Redmond Department of Health

The Chairperson (Mr Gildernew): Officials are here to brief the Committee on the provisions of this SR. I welcome Liz Redmond, director of population health and Richard Duffin, who is from the health protection branch.

Liz or Richard, I invite you to give us a briefing on this SR.

Ms Liz Redmond (Department of Health): Thank you for adding us to your agenda at short notice. We are considering the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2021. That is SR 2021/3. This is the first and most recent amendment to those regulations.

I will set the context and briefly summarise the statutory rule, and then I will be happy to take any questions that members may have.

You will recall that, last week, we discussed how the modelling of the epidemic, considered by the Executive on 17 December, anticipated that cases would increase following the relaxations to the restrictions on 11 December. If the reproductive rate of the virus — that is, the R value — were to rise and be consistently above 1, additional restrictions would be required around Christmas to manage the pressure on our health system that would flow from an increase in the number of cases.

The Executive, therefore, agreed at their meeting on 17 December to a six-week period of restrictions, starting on 26 December, which we are still in now, to reduce the rate of transmission of the virus that causes COVID-19. It included those enhanced restrictions between 8.00 pm and 6.00 am, between 26

December and 2 January, with an accompanying power for the PSNI to direct persons home, where they were engaged in a prohibited activity or intending to be so engaged.

At an Executive meeting on 5 January, Minister Swann gave an update on the state of the epidemic that demonstrated that the case numbers had risen significantly over the Christmas period. The reproductive rate of the virus, the R value, had risen to the upper end of the modelling limits, and was close to 1.8, based on recorded case numbers, with a significant increase in positive tests.

It was clear that there had been a substantial increase in virus transmission as a result of behaviours during the pre-Christmas relaxations and the Christmas social interactions and mixing. That was in line with the modelling projections that we had had before.

The impact of the restrictions put in place on 26 December was not yet being seen. However, it was expected that their impact would become apparent in the data during the following one to two weeks, and we can certainly see their impact now.

In the meantime, hospital pressures and pressures on critical care were expected to continue to intensify and worsen from that date, 5 January, when the Executive were considering this.

Given the level of infection at that time, the consequent and mounting pressures on the hospital system, and in order to ensure that our health and social care system could manage peak levels of disease, the Executive agreed that additional restrictions should be introduced with effect from Thursday, 7 January. The amendment regulations that we are discussing today gave effect to the changes agreed by the Executive at that time.

The amendment regulations, that is SR 2021/3, included the reintroduction of the power for the PSNI to direct persons home, which, as I mentioned, had been in place from 26 December to 2 January.

General restrictions were placed on movement similar to those used during the first lockdown and were adapted to take account of those activities not currently permitted. Indoor and outdoor gatherings were restricted to six persons from two households with some exemptions. That was a reduction from the previous 15-person limit.

Gatherings in private dwellings were restricted both indoors and outdoors to one household or one household and its linked household up to a maximum of 10 persons. That was an alignment of the restrictions on outdoor gatherings in private dwellings with the restrictions on indoor gatherings in private dwellings.

Amendments were also made to permit exercise alone, with your own household, with a member of your bubble, or with one other person from a different household. Those regulations came into operation at midnight on 7 January and remain in place.

I hope that that provides you with a summary of the context in which the regulations were made and an outline of their content. I am happy to take questions. As always, members should bear in mind that the scope of the regulations is far-reaching across all Departments, so if we cannot provide an answer to a question for you today, we will take it away and come back to you.

The Chairperson (Mr Gildernew): Thank you, Liz. First of all, under regulations 5 and 5A, can you explain the difference between where the six from two rule applies to indoor gatherings and where other gatherings of 30 people indoors are permissible. Can you set out the circumstances in which each of those regulations applies?

Ms Redmond: The key thing to say is that there are exemptions to the restrictions on gatherings. There are some general provisions in the regulations that go right back to the time that the (No.2) regulations were made in July. The six from two gathering numbers have exemptions related to certain activities where a risk assessment would still need to be applied. That might occur in a work setting or in an educational setting, for example.

Some easements on weddings and funerals still apply. Funerals, weddings and civil partnership ceremonies can still have up to 25 people, but 15 is the number over which a risk assessment is needed. To be clear, the six from two is a general restriction with exemptions.

Ms Bradshaw: My question is on the slightly separate issue of click and collect. There has been a bit of discussion this week that the restriction on that might be reviewed by the Department of Health. Can you give us an update on that because I know a lot of florists who are very concerned with Valentine's Day coming up?

Ms Redmond: Thanks for that question. It is an active consideration. Click and collect was permitted for non-essential retail during the two-week restriction period at the end of November and early December. It was decided that this time it would only be permitted for essential retail. The big concerns that arose in November/December were about significant congregations of people in shopping centres and certain non-compliance issues with people being let into non-essential retail shops.

As we did not get a significant reduction in the number of cases as a result of that two-week restriction, we felt that that could be a factor. However, there is a concern, and this came up at the Committee last week too, about inequity. That is why the Department for the Economy is, with our support, engaging on the issue again. We do not have any outcome from that yet, but I am aware of the concerns.

Ms Bradshaw: So, just to clarify, is there not even a timeline for when the Executive will get a paper on reversing or upholding the decision?

Ms Redmond: I cannot give you that at the moment, no.

Mr Carroll: Thanks for the presentation. My question is a general one as well, more about looking forward. I, and many others, are concerned that there will, possibly, be a repeat of lockdown and surge, and that lessons that should have been learnt last year may not have been learnt. Do you have a view as to whether this regulation and other general regulations will become ineffective and will have to be replaced? Is that solely dependent on the R number dropping below 1 or is it based on an accumulation of things, including the R rate, hospital admissions and new cases? What is the Department's thinking about when it might lift this and other regulations about people gathering and about being forced back into work? It is a general question, but a bit of clarity would be helpful.

Ms Redmond: It is more about the latter approach. It is fair to say that no single indicator has ever been taken on its own to make decisions. There is always a consideration of the totality of things. For example, at the moment, this week, the estimate of R for new cases is less than 1. However, we have still got a very high level of occupancy of COVID-positive patients in our hospitals. In particular, the critical care parts of our hospitals are very fully absorbed in caring for COVID patients, and that has an impact on other treatments.

We are very keen to make sure that we suppress and reduce the number of inpatients in our hospitals. The figures that I have been given today show that, this week, hospital admissions are just below 1, but we have had an increase in ICU patients. You can see that ripple from a spike in the number of cases through to people becoming terribly ill and needing admission to hospital through to being admitted to the critical care unit. All of those things need to be taken into account. One of our stated objectives has always been to maintain capacity and to protect our health service so that it can perform all the functions that it needs to perform for us and not just deal with COVID patients. That is very much kept under review and, at the moment, the judgement is that we are not in a state to relax the restrictions, because we would just get another surge on top of what is already considered to be a very high baseline for pressures on our system. There is obviously a process that we are going through to look at that, which is the weekly review of all the key data. *[Interruption.]* Pardon me.

The Chairperson (Mr Gildernew): We lost you there, Liz. We did not hear anything after "Pardon me".

Ms Redmond: Can you hear me now?

The Chairperson (Mr Gildernew): Yes, thank you. Go ahead.

Ms Redmond: I was not going to go on after that.

The Chairperson (Mr Gildernew): OK, that is fine. Is that OK with you, Gerry? Yes? We will go to Jonathan Buckley. Go ahead, Jonathan.

Mr Buckley: I think that the "Pardon me" was probably the end of the conversation.

I want to go back to Paula's comments. I raised the click and collect issue at the last Health Committee meeting and the uneven playing field between small independents and the multinationals. I also raised it in the Chamber this week. I welcome the fact that Health and Economy are working together to see whether there can be a sensible way forward. Was there any evidence that click and collect was being carried out in a way that was not safe and in keeping with the spirit of the regulations to ensure that, while we did not have the shops open, they could still operate in some form of limited structure? Is there evidence to suggest that click and collect was a problem? Independent retailers are finding it hard to get their head around why multinationals can bring people into a single building that runs the risk of causing much more community transmission. Are there any thought processes on that? I recognise that the conversation is still going on between Health and the Economy. I reiterate that time is ticking on this and I, for one, want to see movement sooner rather than later.

Ms Redmond: Certainly, it is in the Executive's sights, because they see it as an issue as well. I can reassure you on that. It is very difficult to pin down exactly where transmission occurs. However, we know that, where more people are gathered, there is going to be more transmission. That is clear. The big concern about all of retail using click and collect in the way that it was used was that it did result in a lot more footfall in shopping centres than was ideal. We did not get the response to that two-week shutdown that we wanted, although it is very difficult to say that a cluster or a significant amount of transmission was associated with a particular shopping centre. From questions I have asked on that, I understand that it is very difficult to ever pin that down. As a lot of people go to shopping centres, there is going to be an association with a lot of cases. It is very difficult to untangle that, unfortunately. However, we know that we need to reduce social interactions, and, given how it played out during those two weeks, that is a way to do that. We do not want to have a repeat of those two weeks, and that is why we are engaging with the Department for the Economy to see if it can come up with other proposals. I do not have any numbers or specific data to show if people were behaving outside the requirements of the regulations. My understanding was that was happening, from talking to colleagues in other Departments.

Mr Buckley: My concern was not shopping centres but high street retailers. In my opinion, those people who were using the click and collect service — probably in a very restrictive way, because the very nature of it meant that it was restrictive — have now gone to the multinationals and are doing that excess shopping there. Effectively, that means that what you have done is you have pushed people into a more confined environment, as opposed to allowing a managed click and collect service. I am open to suggestions on how that could be better managed. In closing that service, you have effectively funnelled people into a more restrictive environment that I think risks being counterproductive in the long term. Those are just some concerns that I have had on this issue.

Ms Redmond: Thanks for expressing those concerns; that is certainly the sort of thing we need to look at.

The Chairperson (Mr Gildernew): Thank you for engaging with us this morning, Liz. We can continue with our consideration, but you and Richard can go now. Thank you.

Ms Redmond: Thank you.

The Chairperson (Mr Gildernew): Members, we will now formally consider this SR. I will remind you that the SR makes further adjustments to current restrictions as discussed and is subject to the confirmatory process. The Examiner of Statutory Rules has made her report on the SR and has no issues to raise. Have members any further issues they wish to raise on the SR? No? Thank you.

Can members formally agree that the Committee for Health has formally considered SR 2021/3, the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (NI) 2021, and recommends that it be confirmed by the Assembly.

Members indicated assent.