

**Pandemic Diseases Capabilities Board (PDCB)**

**Capabilities Review: Acute-Phase COVID-19 Emergency Response**

**DHSC and UKHSA; April 2022.**

**Board members are asked to:**

- Agree the seven recommendations on p.2.

**Summary and recommendations**

1. The COVID-19 pandemic has clearly illustrated the propensity for a wider range of novel pathogens beyond a pandemic influenza to cause massive societal and healthcare disruption. This is true even if some pathogens fall short of the technical definition of a pandemic.
2. Further, the government's response to the acute phase of COVID-19 has demonstrated that the **UK's risk appetite has moved on from the 2011 pandemic influenza strategy**. A broader range of interventions, and thus response capabilities, are now within possible scope of a pandemic response and we need to prepare to intervene earlier and harder to reduce infection rates and prevent the modelled acute RWCS impacts on the health system from materialising.
3. **We must not make the mistake of preparing for the last pandemic.** This paper, however, makes the reasonable assumption that capabilities developed and deployed as part of the COVID response may be required in some format as part of a future pandemic response. Societal norms, changes in the nature of a pathogen (e.g. high rates of asymptomatic transmission) and the ready availability of effective clinical countermeasures (e.g. PPE, vaccines, and antivirals) are just some of the factors that may drive significant changes in the government's response to a future pandemic. **These recommendations therefore do not assume capabilities should be prepared for deployment in the same way as they have been in the COVID response. Rather, we recommend that HMG should retain some ability to access capability in these areas with a view to being able to flexibly deploy it as required.**
4. Furthermore, all preparedness planning is a balance of time and resourcing versus real-world impact. The recommendations within this paper do not assume that all capabilities will need to be held in a high or consistent level of preparedness in order to ensure we are better prepared for the next pandemic. Likewise, not all of the recommendations within this paper will drive equal amounts of work or real-world impact on the next pandemic response. **Careful prioritisation will be required to achieve optimum impact over a multi-year workplan.**
5. Finally, wherever possible, work to prepare the UK for the extensive impacts of a pandemic should align with wider emergency planning across government. Responses should seek to draw on pre-existing capabilities, including capabilities that can be used in day-to-day business-as-usual wherever possible to avoid duplication of effort and provide maximum value-for-money. On this basis, **recommendations within this paper have sought to reference pre-existing work that is underway already, including under DHSC's Pandemic Influenza Preparedness Programme (PIPP) and the conversations on the future of the Vaccines Taskforce (VTF).**

**Non Pharmaceutical Interventions (NPIS): Social Distancing**

14. This commission highlighted **57 capabilities** across departments that enabled the government's social distancing response. The commission also identified a **further 11 capabilities** designed to provide financial and economic support that enables compliance with NPIs and addresses the secondary and tertiary impacts of NPIs and high rates of sickness absences in the workforce. Finally, a **further 8 capabilities** were identified that relate to departmental business continuity arrangements such as staff redeployment and emergency contact systems. Whilst not specific to the use of NPIs, these capabilities will have played a supporting role in enabling departmental business to continue whilst restrictions were in place.
15. The basic number of capabilities in this area does not account for resource allocation or spend, however, **the scale of the cross-government response to enable deployment of NPIs is nonetheless evident**. Prior to COVID-19, the PFRB's workplan included only limited activity to prepare social distancing capabilities and so much of this capability was built from scratch during the response.
16. Further, in line with the National Security Risk Assessment (NSRA) methodology, revised pandemic reasonable worst case scenario models (RWCS) represent unmitigated scenarios and so do not include a full risk assessment for the use of NPIs. Given that the imposition of lockdown in part accounted for a 25% drop in GDP between February and April 2020<sup>1</sup>, the largest drop on record, and numerous secondary and tertiary impacts on all sectors, this represents **a significant gap in the UK's assessment of pandemic risk**. Noting that, even without government intervention, we would anticipate spontaneous behaviour change and subsequent economic damage. What is more, the secondary and tertiary impact of these measures will have been unevenly spread throughout society, highlighting - and in areas exacerbating - pre-existing inequalities.
17. A consistent challenge throughout the COVID-19 pandemic has been disaggregating the individual impacts of a given NPI on rates of transmission. In part because it is an individual's behavioural reaction to an NPI that impacts rates of transmission and so the same NPI may have different impacts if used at different points in a pandemic or in response to a different pathogen. Furthermore, NPIs were deployed for COVID in packages, making it challenging to isolate the individual impact of a given measure. The same challenge holds for secondary and tertiary impacts that will have multiple influencing factors. The Chief Medical Officer for England has commissioned an external evaluation of the social distancing measures deployed in England for the COVID-19 pandemic and we anticipate numerous domestic and international academic studies will further enhance our understanding over time.

**Recommendation 2:**

**DHSC with UKHSA** to produce a paper outlining the potential public behaviour changes expected during a pandemic. The paper should provide qualitative description of a range of possible behaviour changes, both spontaneous and in response to government interventions, including the use of NPIs and border restrictions. The paper should consider the impact of these behaviour changes on rates of transmission for relevant pandemic diseases.

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<sup>1</sup> [Coronavirus: Economic impact - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-briefings/2020/04/2020-04-29-coronavirus-economic-impact/)

**Recommendation 2.1:**

**All departments** to use the outputs of recommendation 2 to produce a supplementary risk assessment to the NSRA that assesses the impacts of public behavioural changes on their sectors. The outputs of this work should be reviewed by ministers with a view to determining which behavioural changes fall within an agreed 'Response Ambition' that will provide clear planning assumptions to enhance cross-government preparedness arrangements for future NPI deployment.

**Non-Pharmaceutical Interventions and Behavioural Changes: Financial and Economic Support**

18. The unprecedented use of NPIs and significant changes in public behaviour seen during the COVID-19 pandemic required the provision of far greater economic support than pre-COVID planning assumptions suggested.
19. The planning assumptions in the 2011 UK Influenza Pandemic Preparedness Strategy focussed on the economic impacts of sickness absences. As a result, the strategy did not include many of the significant economic impacts we have seen during this pandemic, such as the dramatic drops in economic activity, significant shifts and reductions in consumer spending and disruption to global supply chains. The OBR's Fiscal Risks Report from July 2021 suggests the UK's real GDP declined by an unprecedented 9.8% in 2020<sup>2</sup> and as of September 2021, the NAO estimated the lifetime cost of government spending on COVID-19 will reach £370 billion<sup>3</sup>.
20. Clearly then, in line with **recommendation 2.1**, our economic risk assessment for pandemics must be updated to include a broader range of impacts, including the significant potential impacts of NPIs and behavioural changes on different sectors of the economy.

**Testing and contact tracing**

21. The Living with COVID Strategy is significantly scaling back the UK's active COVID-19 diagnostics capability. Following discussion at the DHSC Pandemic Influenza Preparedness Programme (PIPP) Board, it was agreed that a long-term scalable strategy for UKHSA-led pandemic diagnostics is essential to ensure that we have sufficient capacity to rapidly respond to future outbreaks, including pandemic influenza. An options paper has been commissioned from UKHSA for discussion at the next PIPP in Summer 2022.
22. Outside of the population-level test and trace infrastructure owned by UKHSA, this commission has highlighted a significant role for specialist testing capabilities in the education, justice, environment, and farming sectors. This includes wastewater and animal testing, as well as specialist surveillance in schools and secure estates.

<sup>2</sup> <sup>2</sup> Fiscal risks report – July 2021. Office for Budget Responsibility. Available here: <https://obr.uk/frr/fiscal-risks-report-july-2021/>

<sup>3</sup> [COVID-19 cost tracker - National Audit Office \(NAO\)](#)