

The next chapter in our plan to rebuild:

The UK Government's COVID-19 recovery strategy

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Contents

The next chapter in our plan to rebuild	3
Introduction	3
Suppressing the Virus	3
Opening up Society and the Economy	5
Continuing our Plan to Rebuild	6
Preparing for Winter	9
Lifting Restrictions Step by Step	10

While these impacts have been widespread, they have not been equally distributed. Evidence shows the varying impacts on different groups or people with specific characteristics, including, but not limited, to BAME individuals, single parents, disabled individuals, victims of domestic abuse and low income groups⁵, many of whom have been disproportionately affected. We have taken action to mitigate the impact on these groups, for example, tailoring communications to different groups, facilitating testing for high contact professions, enabling single adult households to form support bubbles, providing funding for charities working with vulnerable people, such as the victims of domestic abuse, and assisting disabled people to access employment opportunities via the Access to Work scheme. We will build on this work to understand the key drivers of these disparities, tailor our interventions and better target communications to ensure they reach all communities across the country.

By following the roadmap we set out on 11 May we have been able to start reviving our society and economy, while continuing to suppress the virus. We have made it possible for people to see their friends and family again, and enabled single adult households, who have often been the most isolated, to form support bubbles. We have also ensured that public services have continued to provide support to those who need it, with a return to normal service levels now underway. We have reopened shops, restaurants, bars and pubs, accommodation, visitor attractions, hairdressers, beauticians and other close contact services, and leisure businesses and facilities. We are now advising people that they may use public transport, while encouraging them to consider alternative means of transport where possible. Gyms and other indoor sports facilities are due to open on 25 July. We have allowed outdoor performances and are working with the creative industries to pilot indoor performances in theatres to get audiences back to our vibrant cultural sector as quickly as is safe.

We have been able to do this thanks to the sacrifices of the British public, who have done the right thing and adhered to the guidance that has been put in place. Businesses, organisations, charities and public sector bodies have taken the necessary steps to make the places and services they provide COVID-19 Secure, ensuring that people can work, shop and enjoy leisure time and holidays safely. This has been made possible through the COVID-19 Secure guidelines, developed in close collaboration with PHE, the Health and Safety Executive, industry and trade unions. As we increasingly rely on local action to suppress the virus, these guidelines will be enforced by local authorities, using their new powers, as outlined above.

Continuing our Plan to Rebuild

Everyone must continue to play their part by following advice and guidance on how to limit the spread of the virus. It is essential that people maintain good hygiene practices: hand washing and regular disinfection of surfaces touched by others and social distancing. Since 11 May the Government has encouraged people to wear face coverings in enclosed spaces where they have close contact with people they do not normally meet. In England, face coverings have been mandatory on public transport since 15 June, and they will be mandatory in shops and supermarkets from 24 July.

⁵ IFS (2020), The idiosyncratic impact of an aggregate shock: the distributional consequences of COVID-19

Preparing for Winter

Despite the success in reducing the burden of the virus significantly from its peak in the spring, the coming winter will present further challenges⁷. Coinfections between seasonal coronaviruses and other respiratory viruses are common. While interactions between COVID-19 and other viruses are not fully understood, they have the potential to be negative and are likely to be more common in winter. There are unknown factors in how colder weather may impact the virus; there is some evidence that UV light means surfaces exposed to sunlight are less hospitable to the virus in the summer⁸, and some outbreaks have occurred in cold, damp settings, such as meat-packing factories. As the weather becomes colder and days become shorter, we would also expect people to spend more time indoors, where the risk of transmission is higher.

There are also secondary risks. The pressure on the NHS and other health infrastructure is already higher in winter due to other seasonal illnesses, such as flu. This risk could be exacerbated by the postponement of non-urgent care, which was necessary to cope with the initial wave of infections in March and April. This will also present challenges for the capacity of the NHS Test and Trace programme, given the potential for a rise in other respiratory viruses with similar symptoms. These risks are not exclusive to the UK; we will need to consider the impact of any further outbreaks in neighbouring countries, including the impact on supply chains.

The Government is undertaking preparations to make sure that we are as ready as possible for the risk of a resurgence in the virus between November and March. Our collective understanding of the virus, and how it spreads through the population, is vastly improved since the initial wave of infections at the beginning of the year. In the coming months, we will continue to assess what the UK can learn from other nations, and carry out a series of exercises to test the Government's winter plans.

As part of these preparations, the Government has provided an additional £3bn to the NHS. This includes additional funding to the NHS to allow them to continue to use additional hospital capacity from the independent sector, and to maintain the Nightingale hospitals, in their current state, until the end of March. We will also fund a new enhanced discharge policy to ensure that patients can be quickly and safely discharged from NHS hospitals, freeing up beds for other patients. We will continue to test all patients being discharged into a care home before admission. This comes on top of the over £30bn of additional health and social care spending announced already this year, and the Government remains committed to ensuring that the NHS gets the support it needs through this period.

⁷ https://acmedsci.ac.uk/file-download/51353957 The Academy of Medical Sciences: Preparing for a Challenging Winter 2020/21.

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892043/ S0484 Transmission of SARS-CoV-2 and Mitigating Measures.pdf

- Enable the restart of indoor performances to a live audience, in line with COVID-19 Secure guidelines, subject to the success of pilots that are taking place as soon as possible.
- Enable all close contact services to resume, including any treatments on the face such as eyebrow threading or make-up application, working closely with the sector and public health experts to ensure this can be done as safely as possible and in line with COVID-19 Secure guidelines.
- Carry out pilots in venues with a range of sizes of crowds, particularly where congregating from different places, including sports stadia and business events. The pilots, some of which will begin in late July, will be carefully monitored and evaluated to inform future decisions on any further relaxation of the rules. If plans progress in line with expectations, pilots will expand to build up to and prepare for a full, socially distanced return in the autumn.
- Enable wedding receptions; sit-down meals for no more than 30 people, subject to COVID-19 Secure guidelines. Over time, we will assess whether gatherings of this type for other purposes can be made possible and when larger wedding receptions can take place.

In September, schools, nurseries and colleges will open for all children and young people on a full-time basis. Schools, nurseries and colleges will put in place protective measures to minimise the risks to children and teachers and reduce the risk of transmission. This includes keeping children and young people in consistent class or year groups and encouraging older children to keep their distance from each other and staff where possible. This is alongside protective measures such as regular cleaning and handwashing. We will also provide schools and colleges with home testing kits for children and staff who would otherwise be unable to get a test. While our plan is for all pupils to be back at school in September, local outbreaks may require classes, year groups or even whole schools to isolate or be sent home temporarily, so every school will also need to plan for how they will ensure continuity of education in those circumstances. Universities are also working to reopen as fully as possible.

If prevalence remains around or below current levels into the autumn, we will bring back audiences in stadia, and allow conferences and other business events to recommence in a COVID-19 Secure way, from 1 October. This step will only take place once we have a reliable scientific understanding of the impact of reopening schools on the epidemic.

If prevalence falls very significantly, we will review the necessity for the outstanding measures and allow a more significant return to normality. This would start with removing the need to distance people, while retaining limited mitigations like face coverings and plastic screens in shops. Our ambition is that this may be possible by November at the earliest, however this would be contingent on a number of factors, including consideration of the specific challenges as we move into winter, as described above.

This timeline represents our ambition to return to normality, however we are ready to apply the handbrake on the plan set out above, if required. In parts of the world, cases of the virus are rising rapidly and we want to avoid that in the UK. People and businesses should be prepared for the eventuality that we pause our timetable for reopening, or reverse changes in a targeted way to respond to new outbreaks. This would only be done if absolutely necessary.