



*Cabinet Secretary*

**PRIME MINISTER**

**C19: NEXT STEPS**

1. This pack of papers, produced by the Cabinet Office C19 Strategy Unit with key departments, sets out the strategic choices for the re-start. The First Secretary and key senior ministers have been through and approved it. It is not the complete forward strategy: No10 and Cabinet Office teams are developing proposals for long-term recovery and renewal. Meanwhile, as my 5 April minute (attached) set out, until a vaccine or effective treatment turns this into an unpleasant but not dangerous disease, the big handfuls are capacity in NHS and social care, shielding the vulnerable, and the lockdown to minimise the re-infection rate.
2. As you know, much of our bandwidth has been consumed by NHS capacity: beds and ventilators (both now fine) and latterly PPE, which remains a significant risk but for which we have the right systems and people in place. The shielding programmes are in reasonable shape and will have to be refined as the lockdown for the most medically vulnerable is maintained. I am worried by the situation in care homes and other “incubator” institutions which now account for a disproportionate number of hospitalisations and deaths. There are some tough ethical issues here.
3. The papers are in good shape and set out the full complexity of the re-start, which boils down to the intersection between three measures: population segmentation, safe environments and phasing. There are big political choices on which we need your steer and on which the Cabinet expects to be engaged. It is also worth keeping in mind the shape of the British economy as you consider priorities: 60% of private sector jobs are in SMEs, 70% of GDP is consumption and over 80% in services.

4. First the good news. The lockdown is working. With infectious incidence on track to fall below 0.1% of the population by mid-May, the track, trace and test programme offers the prospect of locking down individuals and their immediate contacts rather than most of the public. However, this is effective only in conjunction with other measures to keep incidence that low. By contrast, antibody testing (still being developed) is most useful once incidence and thus immunity are high.

5. So far, we have segmented the population into the shielded 1½m and everyone else, and, in practice, since everyone has locked down, the distinction has been more about support than behaviour. As we re-start, the differential impacts will become evident, particularly if we segment according to risk: only 15% of hospitalisations are from the under-50s. One of the big questions therefore is whether we should target low general incidence, which requires R to stay well below 1, or low serious incidence, ie minimise the number of those who have a dangerous not just unpleasant bout. Except for the shielded, this would probably not affect our decisions about workplaces, but it might, for example, affect decisions about access to retail and recreation, and the speed with which some restrictions, even just advisory, for some groups are lifted. There is also the question of whether an extended lockdown would so reduce the quality of life of the elderly that many would rather take their chances and see their grandchildren.

6. Whether you decide to target general or serious incidence, we must keep the re-infection rate under control to shift the disease from pandemic to epidemic to endemic. The safer places programme is critical. We kicked it off a few weeks ago, and ministers are now engaging business, unions and other groups across the public and private sectors in the co-design of new operating models for workplaces, schools, transport, public and recreational spaces. SAGE have issued initial guidance, which boils down to a mixture of hygiene, low density occupancy, PPE and testing. A key question is when businesses where proximity is unavoidable between workers or with the customer (eg a dentist) can re-open and how they operate.

7. A full public transport timetable with access rationed to maintain the 2m social distance would provide 20% of the usual passenger capacity. Country-wide, two-thirds of commutes are by car, only a sixth by public transport and the remainder by healthier means. So this is mostly a London and urban constraint.

8. Schools is the trickiest issue. SAGE advise that full re-opening would likely tip R back above 1. Ministers mostly favour re-opening primary schools to permit parents to return to work or work more effectively from home. While it would not be practical for primaries, DfE are also exploring whether secondary schools could operate a low density model through a mixture of remote and shift schooling. The key question is whether to re-open (some) schools after Whitsun half-term or keep them all closed until September.