

OFFICIAL SENSITIVE - DRAFT - NOT GOVERNMENT POLICY

COVID-19 RESPONSE - SPRING 2021

22 February 2021

Command Paper No: 398

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EXECUTIVE SUMMARY

1. ~~This COVID-19 Response sets out a roadmap out of the current lockdown for England. The Devolved Administrations are setting out approaches for Scotland, Wales and Northern Ireland.~~
2. The UK Government's overriding goal is to protect the lives and livelihoods of citizens across Scotland, Wales, Northern Ireland and England. ~~Throughout the pandemic the UK Government has worked closely with the Devolved Administrations in pursuit of this shared goal, and will continue to do so. The consistent "Stay at Home, Protect the NHS, Save Lives" message across all parts of the UK in the last few months reflects the common ask that has been made of all UK citizens and the common challenges we face. Whether it is the delivery of~~For the benefit of the whole UK, the Government has delivered an unprecedented world-leading vaccine programme, the largest testing infrastructure in Europe~~the strong checks at the borders to safeguard against new variants, or and an the~~ unprecedented level of financial support provided to for businesses and individuals, the UK Government has sought, and continues to ensure, that every citizen, no matter where they live in the UK, is supported through the pandemic,
- 2.3. ~~This COVID-19 Response sets out how the Government will continue to protect and support citizens across the UK and provides a roadmap out of the current lockdown for~~in England. The Devolved Administrations are setting out approaches for~~how lockdown will be eased in~~ Scotland, Wales and Northern Ireland.
- 3.4. ~~Vaccines remain at the heart of the UK Government's strategy to manage COVID-19. The UK is deploying the most ambitious vaccination programmes in history. So far, over 176 million first doses have been provided~~people have received a vaccine and over 500 thousand second doses provided across the UK.¹
- 4.5. ~~The Government has achieved its ambition to offer a first dose by 15 February to all those in the four most vulnerable highest priority cohorts identified by the Joint Committee on Vaccination and Immunisation (JCVI 1 to 4), at least one dose of the vaccine by 15 February. This includes the most vulnerable elderly care home residents, those over 70, those with conditions that would leave them clinically extremely vulnerable to serious illness and death as a consequence of COVID-19, and frontline health and social care staff. The Government NHS has already now started to vaccinate the next cohorts (JCVI~~

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¹ <https://coronavirus.data.gov.uk/details/vaccinations>

5 to 9), including adults over 50 and people whose underlying health conditions make them more likely to suffer serious disease. The Government aims ~~to have offered them for everyone who is over 50 or at risk to have been offered~~ a first dose of the vaccine by ~~mid-15~~ April, and ~~for everyone over the age of 18 to have been offered the a~~ first dose ~~by 31 July of the vaccine to the whole adult population by xxx~~.

~~5.6.~~ The success of the vaccination rollout, alongside falling infections and hospitalisations, is paving the way for the safe and gradual lifting of restrictions. Vaccines will mean that fewer people will get COVID and that those who do are far less likely to go to hospital or to die. However, not everyone can have the vaccination ~~–~~, for example ~~it is not currently regulated for almost all children –~~, and even when vaccinated, there is still a chance people can contract the virus and pass it on. No vaccine is 100% effective and, like all viruses, COVID-19 can mutate. As a result, as lockdown is lifted, ~~there will sadly be more cases, will rise and hospitalisations and deaths will still sadly occur. As a result, t~~The Government will take a cautious approach to easing lockdown, guided by the data in order to avoid a ~~sharp risesurge in cases and infections which would put unsustainable pressure on the NHS.~~

Commented [HC1]: Not sure if this is the right phrase? Want to include something like this as MHRA could allow it for children in future

~~6.7.~~ Increased vaccination reduces the risk of social contact leading to ~~infection, severe disease or death.~~ However, ~~as with other diseases like the flu,~~ some degree of risk will always remain. ~~As social and economic restrictions are lifted, There will be a moment when the risk has decreased sufficiently that the Government will ask it will be increasingly important for people to consider the risks for themselves, taking into account whether they and those they meet have been vaccinated, and whether there are or have any pre-existing vulnerabilities.~~

~~7.~~ ~~The sequence of the roadmap reflects this and seeks to find a balance between our key social and economic priorities, with preserving the health and safety of the country. Education has always been a key priority and so it opens first. Outdoor settings are known to be lower risk than indoor so they also come first in the sequence. The rest follows according to what we know about risk. Taking the next step of our roadmap will be informed by the latest available science and data and each step will be five weeks apart in order to consider this carefully.~~

8. The Government has taken the best scientific advice from SAGE and its working groups on the ~~speed pace and sequence of reopening.~~ This has also ~~involved running modelling scenarios under different assumptions hundreds of times.~~ This analysis ~~has been is being~~ published by SAGE to inform the public of ~~some of~~ the scientific and evidential basis that has helped to shape the Government's ~~plan~~ roadmap.

~~9. Due to the relatively uniform spread of the virus across the country, the Government will can take a national approach to easing restrictions in England, through four steps, ensuring no region is left behind. The sequencing of easing will seek roadmap seeks to balance health, including mental health, economic and social factors and how they disproportionately impact certain groups, as well as epidemiological evidence and advice. At every,~~

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~~9.10. The roadmap outlines four steps for easing restrictions. Before proceeding to the next step, the Government will be guided by examine the data to assess the impact of the previous step. This assessment will be based on four tests:~~

- a. The vaccine deployment programme continues successfully.
- b. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- c. Infection rates do not risk a surge in hospitalisations, which would put unsustainable pressure on the NHS.
- d. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

~~11. It takes around four weeks for the data to reflect the impact of the previous step and the government will provide a further week's notice to individuals and businesses before making changes. The roadmap therefore sets out indicative, "no earlier than" dates for the steps which are 5 weeks apart. These dates are wholly contingent on the data and subject to delay if the four tests are not met.~~

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~~12. [ADD A PARA EACH ON CHAPTERS 4-6]~~

~~10. The Government appreciates how the vast majority of citizens have adjusted and adapted to life with COVID-19, accepting the need to abide by restrictions for the greater good. As restrictions are eased in England, and a more familiar future is within reach, it will remain important to follow the right behaviours.~~

~~11. It will be important to continue to research the virus and our responses to it so that we can continue to protect citizens in the UK and globally.~~

1. INTRODUCTION

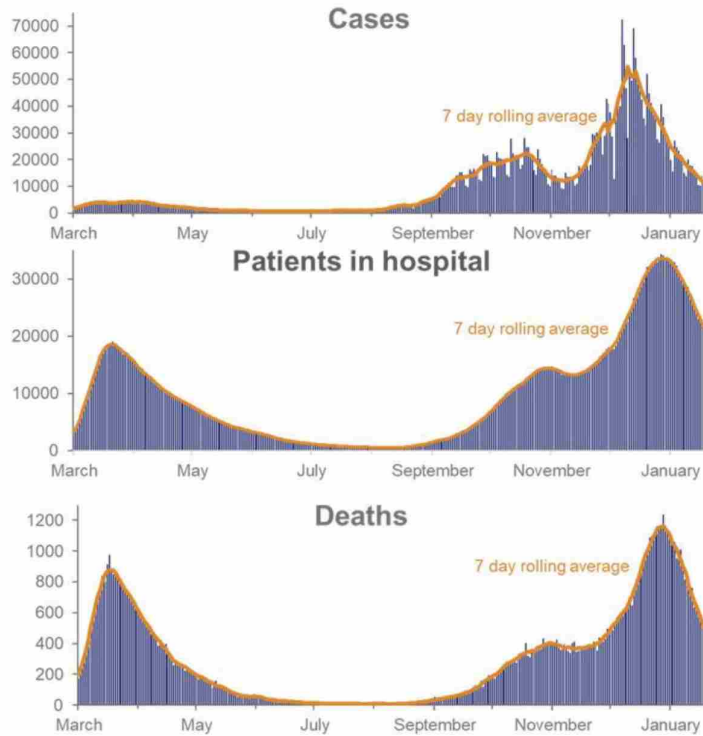
New variant cases, hospitalisations and deaths

~~12.13.~~ At the end of 2020, a new and more transmissible variant of COVID-19 (B.1.1.7), began to spread very quickly across the United Kingdom. The Government responded by reintroducing the ~~national~~ Stay at Home order ~~first in the regions most affected and then nationally, and placing England into lockdown including restricting attendance in schools.~~ The Devolved Administrations took similar approaches.

~~13.14.~~ The new variant B.1.1.7 – which is now the most dominant strain of COVID-19 across the UK – is thought to be ~~around 50 percent more transmissible than the original strain of COVID-19.~~ Both strains can be spread by people with no symptoms. As a consequence, ~~since the B.1.1.7 variant took off in November 2020, the number of further surges in cases, hospitalisations and deaths have peaked again in England.~~

Commented [HC2]: Is this definitely NERVTAG's latest assessment?

Figure X: Rolling 7 day average of cases, hospitalisations and deaths since 1 March 2020.



14.15. ~~As a result of the lockdown, those numbers indicators are now falling following the start of lockdown.~~ Between 6 to 12 February 2021, 1 in 115 people have tested positive for COVID-19 in England compared to a peak between 3 to 9 January 2021 when 1 in 50 tested positive for the virus.² As of 16 February 2021, 20,156 are in hospital with COVID-19 ~~down from a peak of X,~~ and ~~average daily~~ deaths have fallen from a high of 1,820 to 799.³ ~~These rates, although still comparatively high, are expected to continue to fall to a sufficient level and will be closely monitored, along with other key data prior to further easements of restrictions.~~

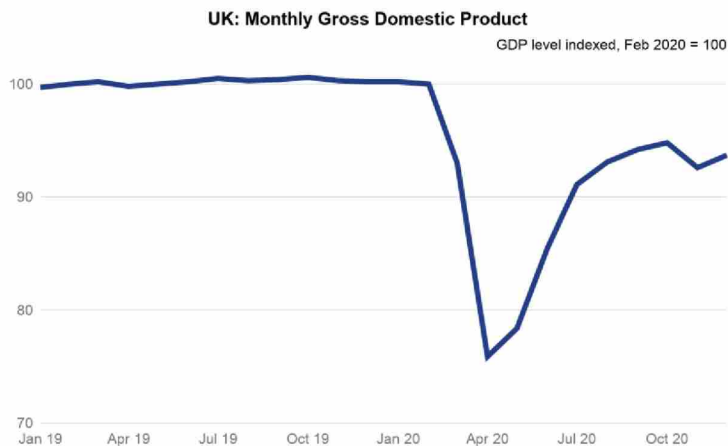
²<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/pilot/12february2021>

³<https://coronavirus.data.gov.uk/details/healthcare>
<https://coronavirus.data.gov.uk/details/deaths>

Impact on economy and society

~~15-16.~~ While restrictions across the last 12 months have helped control the virus, they have also had a significant impact on the economy, society and education. The latest data show that the UK economy shrank by 9.9 percent in 2020, as the pandemic and associated public health restrictions drove the largest annual fall in UK GDP on record.⁴ GDP in December remained 6.3 percent below February 2020 levels.

Figure X: UK GDP Growth January 2019-2021



~~16-17.~~ Businesses are suffering from ~~both enforced closures and~~ restrictions on social contact ~~and lockdowns~~ - particularly hotels, restaurants, arts, entertainment and recreation - and ~~so are~~ their suppliers. Even though the Government has provided £280 billion financial support through business loans and the furlough scheme since March 2020, jobs have inevitably been lost given the unprecedented challenge of the pandemic⁵. The number of employees on payroll fell by 828,000 between February and December 2020.⁶

~~17-18.~~ The pain has not been felt equally. Staff in those hardest-hit sectors, such as hospitality, are more likely to be young, female, from an ethnic minority, and lower paid. The unemployment rate among those aged 18 to 24

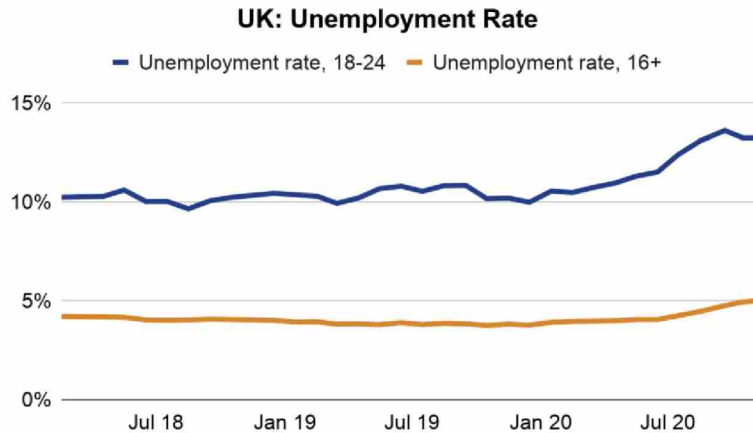
⁴ [ONS UK Quarterly GDP, December 2020.](#)

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938052/SR20_Web_Accessible.pdf

⁶ [ONS, UK Labour Market, January 2021.](#)

and from ethnic minorities has increased faster than the average UK unemployment rate since March 2020.⁷⁸

Figure X: Impact on unemployment July 2018-2020



~~18-19.~~ Around the country, some regions have fared worse than others. Jobs have been lost everywhere but more so in London, the West Midlands and the South East.⁹ The longer restrictions are in place, the greater the risk of businesses becoming insolvent.

~~19-20.~~ The damage to society can be seen in the figures for violent crime and drug offences: these have risen above pre-pandemic levels in deprived areas ~~which had high numbers of benefits claimants~~. Mental health and wellbeing have also suffered during spring and winter restrictions according to the UCL COVID-19 Social Study, with anxiety and depression levels ~~are~~ now consistently higher than pre-pandemic averages, ~~albeit not as high as those seen at the start of the first lockdown~~.¹⁰ This coincides with school closures that have ~~severely damaged children's education [insert stat to demonstrate]~~. ~~School closures have also impacted parents' ability to work from home, most acutely felt by parents of early years and primary aged children as they have had to oversee remote learning at the same time as working from home~~.¹¹

⁷ ONS, A05 SA: Employment, unemployment and economic inactivity by age group (seasonally adjusted), January 2021

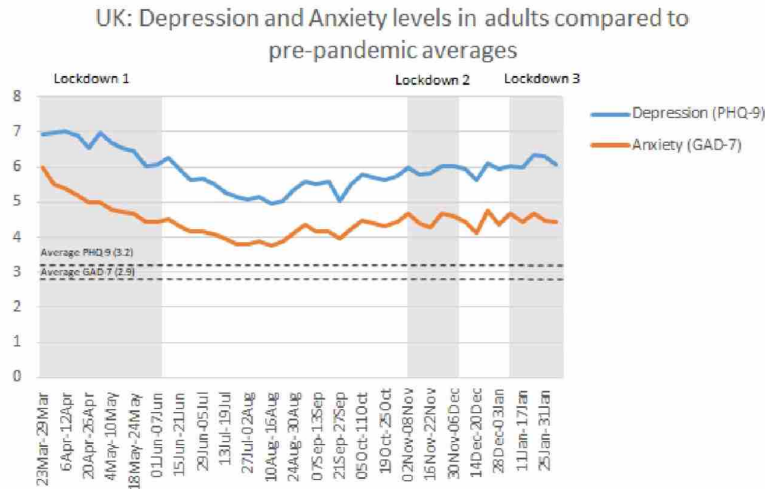
⁸ ONS, A09: Labour market status by ethnic group, November 2020

⁹ ONS, Labour market in the regions of the UK: January 2021

¹⁰ UCL, COVID-19 Social Survey Week 46-47, 11 February 2021

¹¹ Parent Ping Survey, January 2021

Figure X: UK Depression and Anxiety levels in adults compared to pre-pandemic averages March 2020 - January 2021¹²



20.21. The Prime Minister and the Chancellor of the Exchequer have pledged that the Government will do whatever it takes to support ~~the country's citizens/individuals~~, businesses and public services through the COVID-19 pandemic. ~~That~~– support ~~that~~–will continue as the economy reopens and life returns, step-by-step, to a more familiar normality. Without the decisive financial interventions from the Government, ~~the Office of Budgetary Responsibility (OBR) and the Bank of England have confirmed~~ the outlook would be far worse, ~~as the Office of Budgetary Responsibility (OBR) and the Bank of England have confirmed~~¹³. Further detail of the support the Government has provided to businesses and people is set out in Chapter 5.

Government objectives

21.22. ~~The first duty of any Government is to keep its citizens safe and the country secure. The route out of lockdown will be cautious and steady. The success of the vaccination rollout, and the fall in infections, mean that restrictions can be eased gradually from 8 March 2021. This strategy The Government's approach~~ is based on the following ~~Government~~ objectives:

- a. **To restore freedoms sustainably, equitably and as quickly as possible without ~~overwhelming putting unsustainable pressure on~~**

Commented [HC3]: We discussed how we should move away from "overwhelming" and towards "unsustainable pressure". Now matches the 4 tests

¹² UCL COVID-19 Social Study: Depression and anxiety 23 March 2020 - 7 February 2021.

¹³ [Bank of England, Monetary Policy Report - November 2020. OBR, Economic and fiscal outlook – November 2020](#)

the NHS ~~and while~~ avoiding a further lockdown. The Government will take a gradual and cautious approach to reopening in England, guided by science and the data, with schools the priority.

- b. **To deploy the vaccine as quickly as possible to maximise protections as restrictions are eased.** The quicker people are vaccinated, the lesser their risk of developing the kind of serious infection that requires hospital treatment and may lead to death. ~~A fast vaccine rollout will enable the economy to open up sooner.~~
- c. **To protect the public and the NHS in England by having effective long-term contingency plans.** The Government will ensure it has the tools to manage local outbreaks, as well as the means quickly and effectively to combat new dangerous Variants of Concern, both ~~within the UK~~domestically and at the border. ~~[The Government will work closely with the Devolved Administrations on this.]~~
- d. **To plan and deliver a national recovery.** As the country recovers ~~from the crisis~~, the Government ~~promises~~is committed to building back better, supporting the key public services on which citizens and businesses depend, and working with global partners to overcome the pandemic.

Commented [HC4]: Could be unhelpful if people push to bring forward the steps due to vaccine rollout

2. THE HEALTH CARE RESPONSE: THE NHS, VACCINES AND THERAPEUTICS

Supporting the NHS

22-23. The people of the UK owe much to the NHS and its brilliant staff, who throughout the pandemic have drawn deeply on their professionalism, skills and training to do their very best for patients.

23-24. The Government stepped in during this time of unprecedented pressure – providing £3 billion in funding to support the NHS in England during winter. This helped expand capacity to support both COVID-19 and non-COVID-19 patients by using the independent sector and the Nightingale Hospitals to ensure smooth operation of the NHS.

24-25. Additionally, thanks to effective recruitment and returners coming forward, last year the NHS workforce increased by over 48,900 staff, including over 25,200 professionally qualified clinical staff. The Government quickly put in place the measures needed for around 28,000 nursing students and 5,500 medical students to support their colleagues on the frontline.

25-26. This helped to protect non-COVID-19 services, such as cancer services, urgent elective surgery and diagnostics, as far as possible. Despite high levels of COVID-19 over the winter, the NHS carried out more than 79 percent of elective operations in December 2020 - compared to the previous year.¹⁴ Nonetheless, elective care waiting times have increased for some patients.

26-27. The vaccination programme will continue to ease pressure on the NHS but given the unpredictable nature of COVID-19, there is no room for complacency.

Commented [HC5]: Add a sentence about the success of the NHS in deploying the vaccine

27-28. **[DN: pending HMT approval]** The Government can confirm that it will provide an additional £7.5 billion to the NHS for April 2021 to September 2021. This will enable the NHS to manage continuing COVID-19 pressures and infection prevention measures, while maximising routine non-COVID-19 services and elective care. Along with the £1.5 billion already committed by the Chancellor of the Exchequer at the 2020 Spending Review, this will start to bring down longer waiting times for mental and physical health services.

¹⁴NHS Digital HES monthly data:
<https://app.powerbi.com/view?r=eyJrIjoiZjQ2MjhmZTEtZDViOS00OWY0LTg3OGQtYmI0NWU5ODZhODM3IiwidCI6IjUwZjYwNmZmLWJiZmUtNDAxYS04ODAzLTk3Mzc0OGU2MjIiLmIiOjI0Mjg5>

Cancer waiting time statistics: <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

~~28-29.~~ The Government will continue to work with the NHS, to ensure that it has what it needs to deal with the impact of COVID-19 over the next 12 months. The Government is also committed to ensuring that NHS staff continue to have the comprehensive emotional, psychological and practical support they need.

~~29-30.~~ Given the supply and logistical challenges at the start of the pandemic, the Government has made significant strides to ensure adequate quantities of Personal Protective Equipment (PPE) for staff on the frontline. Around 32 billion of PPE have been purchased and over 8.4 billion PPE items have been distributed. As a result, there can be free provision of PPE to health and social care staff until at least June 2021: a stockpile equivalent to approximately 120 days' usage at COVID-19 levels in the UK will cushion any fluctuations in demand. In addition, more PPE is now manufactured in the UK, creating hundreds of jobs.

Vaccines

~~30-31.~~ Vaccines are at the heart of the Government's strategy to manage COVID-19. The Government is working with the Devolved Administrations to implement the UK's most ambitious vaccination programme in modern history, helping to pave the way for restrictions to be safely lifted.

~~31-32.~~ The UK was the first Western country to approve a COVID-19 vaccine that had been tested in large-scale trials: the Pfizer/BioNtech vaccine was approved by the independent Medicines and Healthcare Products Regulatory Agency (MHRA) on 2 December 2020. This was followed with approval the same month for the AstraZeneca vaccine developed by Oxford University; and the Moderna vaccine in January 2021. Millions of UK citizens have already received the Pfizer/BioNTech and AstraZeneca vaccines; and the Moderna vaccine will be deployed later this year.

~~32-33.~~ The UK has ordered enough doses to vaccinate all of the eligible adult population – a total of 457 million doses, comprising ~~the~~ eight different vaccines listed below.

Table X: UK vaccines purchased and status¹⁵

Vaccine type	Vaccine	No of doses	Status
Adenovirus	Oxford/AstraZeneca	100 million	Approved and in deployment

¹⁵ Vaccine Task Force

Adenovirus	Janssen	30 million	Encouraging preliminary phase 3 safety and efficacy data
mRNA	Pfizer/BioNTech	40 million	Approved and in deployment
mRNA	Moderna	17 million	Approved
Protein Adjuvant	GlaxoSmithKline/ Sanofi Pasteur	60 million	Phase 1/2 trials
Protein Adjuvant	Novavax	60 million	Encouraging phase 3 safety and efficacy data
Inactivated whole virus	Valneva	100 million	Phase 1/2 trials
mRNA	CureVac	50 million (initial order)	Phase 2b/3 trials

Phase 1 rollout

~~33-34.~~ The goal of the vaccine programme is to reduce illness, deaths and hospitalisations. The Government sought advice from the Joint Committee on Vaccination and Immunisation (JCVI) about which groups of people should be vaccinated as a priority ~~during Phase 1 of the rollout~~. The JCVI identified nine cohorts for prioritisation ~~in Phase 1 of the rollout~~ – a total of 32 million in the UK – on the basis of age, residential setting, occupation and clinical vulnerability.¹⁶

¹⁶ These figures, and the figures in the table below, do not account for the further prioritisation of some people identified as high risk through the QCovid risk prediction model.

Figure X: Number of people in each cohort for vaccination under JCVI priorities.¹⁷

	JCVI Category	England	UK	% deaths attributed to cohorts	
1	Residents in a care home for older adults	0.3	0.3	88%	
	their carers	0.4	0.5		
2	All those 80 years of age and over	2.8	3.3		
	Frontline health and social care workers	3.2	3.8		
3	All those 75-79 years of age	1.9	2.3		
4	All those 70-74 years of age	2.7	3.2		
	Clinically Extremely Vulnerable (under 70)	1.0	1.2		
Total priority cohorts 1-4		~12m	~15m		
5	All those 65-69 years of age	2.4	2.9		11%
6	All individuals aged 16 years to 64 years with underlying health conditions	6.1	7.3		
7	All those 60-64 years of age	1.5	1.8		
8	All those 55-59 years of age	2.0	2.4		
9	All those 50-54 years of age	2.3	2.8		
Total priority cohorts 5-9		~14m	~17m		
Total priority groups		~27m	~32m	99%	
Rest of adult population		~18m	~21m		
Total		~44m	~53m		

Commented [HC6]: Can this table add the % of hospitalisations attributed to cohorts?

Shows it's not "job done" after 1-4

34-35. The Government's ~~met its~~ ambition to offer everyone in JCVI cohorts 1 to 4 at least one dose of the vaccine by 15 February ~~was met 2 days early~~. To date ~~46.8~~ more than 17 million people have had their first

Commented [HC7]: Add a sentence paying tribute to the NHS's deployment efforts

¹⁷ As at 10 January 2021, based on NHSEI data for England, extrapolated to UK. DHSC, [UK COVID-19 vaccines delivery plan](#), 11 January 2021.

vaccine dose and ~~589,594~~ around 600,000 people have also received their second dose across the UK.¹⁸ The UK has vaccinated a higher proportion of its population than any other country in the G20.

Figure X - Worldwide countries' vaccination rates (with a population over 1 million)

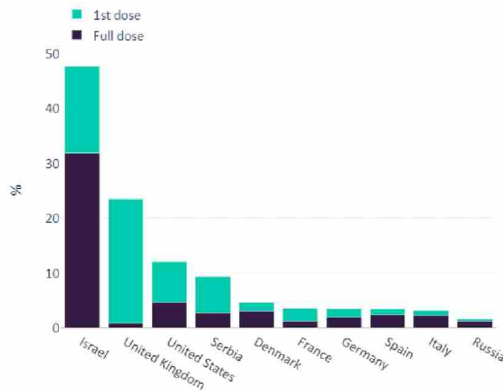


Figure X - Rollout in phase 1 to publication date January - February 2021



35-36. Everyone in JCVI cohorts 1 to 4 will be offered their second dose no more than 12 weeks after their first dose. This means that **the Government's aim is to offer those in JCVI cohorts 1-4 who received their first dose by mid-February will be offered a second dose by early mid-May.**

¹⁸As of 19th of February - <https://coronavirus.data.gov.uk/details/vaccinations>

n

~~36-37.~~ The ~~Government-NHS~~ has already begun offering vaccinations to people in cohorts 5, 6 and 7. These include adults over 65, people whose underlying health conditions make them more likely to suffer serious disease, and unpaid carers as defined in the PHE Green Book.

~~37-38.~~ The Government aims ~~to have offered people for everyone in cohorts 5 to 9 to have been offered a first dose of the vaccine by 15 mid-April, and in turn, a second dose by mid-July.~~ At the same time, the Government urges those in cohorts 1-4 who have not yet taken up the offer of a vaccination to do so, and ~~the NHS~~ will continue to enable them to receive the vaccine. ~~Around 1.7 million Clinically Extremely Vulnerable individuals are currently being identified through a new risk prediction model, QCovid, which takes into account health and personal factors, and can identify someone who is at a higher risk from COVID-19. Those under 70 within this group are now being prioritised for vaccination.~~

Commented [HC10]: This is repeated later so is unnecessary here

Vaccine uptake

~~38-39.~~ High vaccine uptake is crucial in enabling restrictions to be lifted safely; every person who gets the vaccine will help reduce the impact of the virus on themselves and society, ~~and improve the ability to reopen sustainably.~~ Everyone who is eligible for a vaccine should make all efforts to get vaccinated.

~~39-40.~~ There has been excellent uptake of the vaccine in those ~~over 705 years of age - over [90] percent.~~ The Government's aim is to continue to see high uptake through all age groups and for all communities so that no-one is left behind. There are early signs of lower vaccine take up in lower income and some ethnic minorities which we are taking steps to address. We know there is higher vaccine hesitancy in some Black and Asian communities and understand the need to encourage uptake in these groups specifically. We can see early signs of this hesitancy translating into lower uptake in some ethnic groups and lower income communities.

Commented [HC11]: Better to give over-70 figure as covers most of 1-4

~~40-41.~~ As set out in the COVID-19 Vaccine Uptake Plan,¹⁹ the Government is taking steps to address any- vaccine concerns - in part through the new Vaccination Equalities Committee, which brings together Directors of Public Health, local authorities, voluntary organisations and the faith sector to understand and find ways to overcome the specific barriers facing different communities. This includes engagement at local level via trusted religious and community leaders, sharing examples of what is known to work well in nearby areas, and encouraging community-led efforts to address vaccine disinformation. The Department of Health and Social Care, NHS and Public Health England are also providing information and advice on vaccines, and

¹⁹ DHSC, [UK COVID-19 Vaccine Uptake Plan](#), 13 February 2021

the Government's Counter-Disinformation Unit, led by DCMS, works to tackle disinformation and misinformation relating to COVID-19.

41.42. This community-led response can draw on accurate, detailed uptake data from the NHS to direct efforts where they are most needed. First and second doses administered by English region are published on a daily basis; this information is further broken down by age, ethnicity and Sustainability and Transformation Partnerships (STPs) on a weekly basis. Local Authority directors of public health receive daily updates on vaccine uptake in their areas, broken down to small areas (MSOAs) and by ethnicity.

42.43. By allocating £23 million to 60 local authorities and voluntary groups across England to fund a network of Community Champions, the Government is offering extra support to those most who will help boost vaccine uptake in hard-to-reach communities.

43.44. Recognising that accessibility can be a factor, the NHS in England is supporting the work of local vaccination services to offer accessible services to all - such as a mobile delivery model for people who are housebound. It is also taking steps to promote vaccine uptake among those caring for some of the most vulnerable in our society, including health and social care staff, and continues to monitor the effectiveness of these measures.

Phase 2 rollout

44.45. Adults under 50 who do not fall into any of the JCVI's priority cohorts 1 to 9 will receive their vaccinations in the ~~next-second~~ phase of the rollout. This covers around 18 million people in England, and 21 million in the UK.²⁰ **The Government expects Phase 2 of the vaccine rollout to begin by ~~May mid-April~~ and aims to offer every adult a first dose of the vaccine by ~~the end of~~ 31 July.**

45.46. In line with the Government's wider priorities, the objective for the next phase of vaccine rollout is to bring down further the number of people dying, becoming seriously ill and being admitted to hospital. This will help to protect those more at risk, reduce pressure on the NHS, and support the reopening of the economy. The practical approach must also be easy to operationalise and not so complex that it delays speed of deployment. **[The Government and Devolved Administrations are aligned on this objective.]**

46.47. **The Government has asked the JCVI to advise on the best strategy for achieving this aim.** The JCVI's advice will be based on the latest clinical, epidemiological, scientific and public health evidence. This

²⁰ These figures, and the figures in the table below, do not account for the further prioritisation of some people identified as high risk through the QCovid risk prediction model. Source: DHSC, [COVID-19 Vaccine Uptake Plan](#), 13 February 2021

includes: considering whether there are groups that remain at an increased risk of being admitted to hospital, of infection and of death; whether particular occupations or settings involve a greater risk; and also looking at current data on vaccination of children.

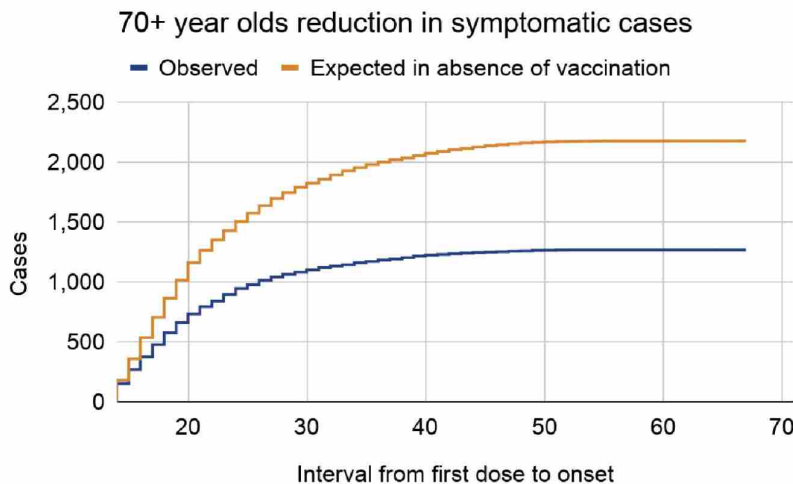
Commented [HC12]: What is this referring to? Could trigger suggestions we're going to extend vaccines to children, which I don't think we yet can? Don't want to set hares running prematurely so should probably delete

Vaccine efficacy and effectiveness

47-48. Evidence so far from clinical trials shows that vaccines are highly effective against symptomatic infection caused by COVID-19 - which means they protect against severe disease and hospitalisations. This is corroborated by emerging real world evidence from the Pfizer/BioNTech vaccine rollout in both the UK and Israel. This suggests a positive impact of vaccination. Real world evidence of the AstraZeneca vaccine deployment will be available soon.

48-49. Preliminary studies by PHE indicate hospitalisation and death rates within the 70+ cohort have fallen more steeply than in younger cohorts since mid-January 2021. There is also a reduced number of reported symptomatic cases in the over 70s who have been vaccinated, compared with rates that would be expected in the absence of vaccination. Whilst it is too early to definitively tell, this may be a result of the vaccination programme, which began in December.

Figure X: 70+ year olds reduction in symptomatic cases



Commented [HC13]: This is quite a complicated graph to include without much explanation

Figure X: 7 day rolling average of hospitalisations per 100,000 since vaccination rollout took off December 2020 - February 2021

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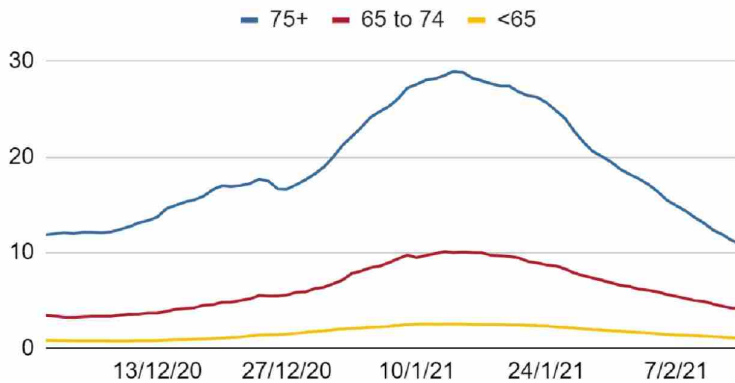
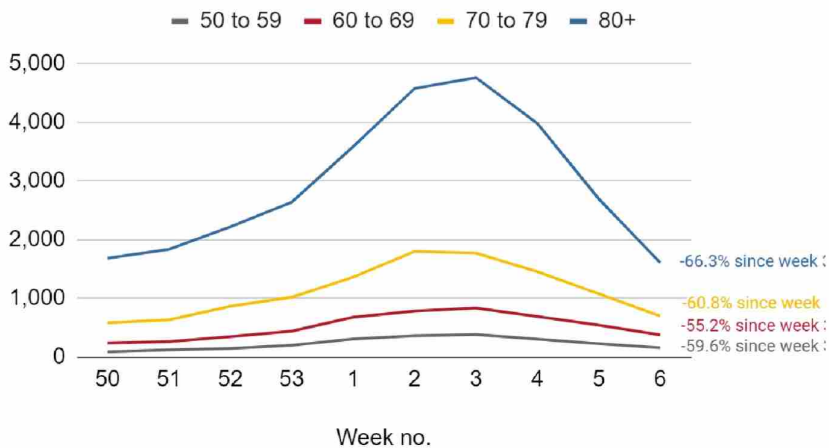


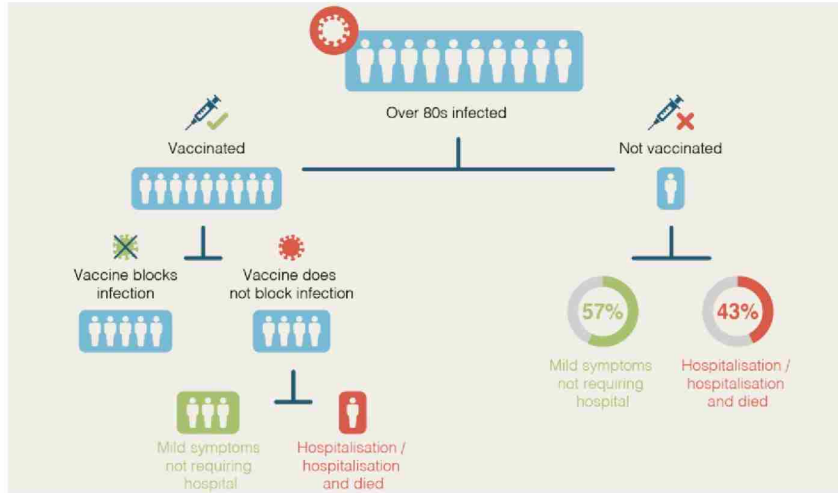
Figure X: Mortality figures within 28 days of a positive test



49-50. [CHART [X] demonstrates the positive impact that vaccines could have. Without vaccines, for every 100 people aged over 80 who contract Covid, [43] would be expected to have either needed hospitalisation, or would have died. The effect of vaccines is that we now estimate that for every 100 vaccinated over 80s who are exposed to Covid, [10] would die or require hospitalisation.

Figure X: Impact of vaccination on deaths and hospitalisation in the over 80s. [MOCKUP not final]

Commented [HC14]: Is this how PHE are framing it on Monday?



Commented [HC15]: It may be better if this roadmap just has one or two sentences on PHE's findings on efficacy plus the updated version of this graphic

Commented [HC16]: This section needs to be 100% aligned with whatever PHE publish on Monday

EG we shouldn't use charts here which aren't published by PHE first

Some of this language is potentially confusing. Can this section instead draw on the narrative which Imran and Mary Ramsay were liaising over?

51. Despite these encouraging signs, for now it is important that everyone, including those who have been vaccinated, continues to abide by all restrictions and guidance in order to safeguard people, communities and the NHS.

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50.

Impact of vaccination on the epidemic

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54-52. Although the vaccines have transformed our efforts to beat Covid and will prevent many deaths, they will not provide protection to everyone. Vaccines will not be given to 100 percent of the population. This could be nearer to 60 percent because the vaccine is currently not authorised for some groups, such as children, and some people will not take up the offer of a vaccine.

53. Vaccines will not be 100 percent effective against symptomatic infection in everyone, nor will they be 100 percent effective against severe disease and death. Preliminary data indicate the current estimates are ~50-55% after one dose in the over 70s, but these are very early estimates on efficacy from a limited cohort, and the Government will learn more about vaccine effectiveness and duration more information will become available in the coming months. This will include more evidence on the extent to which vaccines are effective against Variants of Concern.

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52. For these reasons, a significant proportion of the population could still be infected, either because they have not been vaccinated or because the vaccine is not effective for them. The Government will also carefully monitor vaccine effectiveness, including in response to as new variants.

~~53-54.~~ For the reasons outlined above, there may be a need for easing restrictions cautiously while the NHS continues to deploy the vaccine. It may also ~~This could~~ mean that some ~~restrictions~~ measures to limit transmission are still needed ~~have to remain in place even once~~ after all adults have been offered a vaccine. These could include ~~guidance on hygiene such as "hands, face, space", social restrictions such as 'hands, face, space' and distancing, and maintaining in the longer term~~ the Test, Trace and Isolate system and ~~strict controls at the border policy~~ (see Chapter x). The extent to which ~~these restrictions~~ such measures will be required after all adults have been vaccinated in the longer term is still unknown. As set out below, the Government is exploring what measures may be required. ~~Decisions will be taken later and be led by the evidence.~~

Commented [HC17]: Grateful if Imran plus senior taskforce team check they are happy with this section NR

Preparing for revaccination

~~54-55.~~ It is unknown at present for how long people are protected by the COVID-19 vaccines. As is the case with many vaccines, protection may weaken over time. In addition, ~~existing vaccines may be less effective against~~ new virus variants ~~may begin to reduce the efficacy of existing vaccines~~. As well as working closely with manufacturers, Government scientists are seeking to better understand the impact of some ~~more dangerous new variants~~ - variants of concern - on the vaccines currently in deployment.

~~55-56.~~ Both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines are safe and effective, and appear to work well against the strains of COVID-19 currently dominant in the UK. Continuing to administer these vaccines at scale remains key to bringing the virus under control, ~~and~~ enabling restrictions to be lifted safely.

~~56-57.~~ Nonetheless, to ensure the country is prepared for every scenario and until further evidence is available, the Government is planning for a revaccination campaign, which is likely to run ~~later this year~~ in Autumn or Winter 2024. Any revaccination is likely to consist of a single 'booster' dose of a COVID-19 vaccine: the ideal booster may be a ~~new~~ vaccine specifically designed against a variant form of the virus. ~~In time~~ Over the longer term, revaccination is ~~expected likely~~ to become a regular part of the Government's plan for managing COVID-19.

~~57-58.~~ Accordingly, the UK will need continuing access to appropriate vaccines. Domestic capacity for vaccine production is being bolstered across the whole country: since the beginning of the pandemic, the Government has invested over £300 million to secure and scale up UK manufacturing. This includes £93 million to accelerate the completion and expand the role of the Vaccines Manufacturing Innovation Centre at Harwell, and £127 million to establish a site in Braintree as a Cell and Gene manufacturing and innovation centre. The

Government has also funded - through upfront payment for vaccines - the expansion of the Valneva factory in Livingston, Scotland and secured a 24-month "fill and finish" reservation with Wockhardt in Wrexham, North Wales.

~~58-59.~~ A new partnership has also been established with vaccine manufacturer CureVac. The ~~new~~ agreement will leverage the UK's world-leading expertise on genomics and virus sequences to allow new varieties of vaccines based on messenger RNA (mRNA) technology to be developed quickly against new strains of COVID-19 should they be needed. An initial order of 50 million doses of this vaccine has been made for delivery later this year if required. This will help ensure the Government can rapidly develop and deploy vaccines against any new variants, or similar new diseases, in the future.

International vaccines strategy

~~59-60.~~ The Government wants to be at the forefront of spreading the benefits of COVID-19 vaccines around the world. The health of every country depends on the whole world having access to safe and effective vaccines, therapeutics and diagnostics.

~~60.~~ The Government has pledged it will share the majority of any future surplus coronavirus vaccines from our supply with COVAX

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61. As well as the G7, the UK is working closely with global bodies and international partners such as the Coalition for Epidemic Preparedness Innovations and Gavi (the Vaccine Alliance that delivers vaccinations to half the world's children) to ensure that developing countries can access COVID-19 vaccines, treatments and tests. The UK has made commitments to ACT-Accelerator partners worth £813 million, supporting truly global collaboration to develop new vaccines, therapeutics and diagnostics that will be needed to bring the pandemic under control. The UK will share the majority of any future surplus coronavirus vaccines from our supply with the COVAX procurement pool, in addition to the UK's £548 million funding for the international initiative to deliver equitable access to two billion vaccines to protect a billion people in 2021.

Therapeutics

~~62. Vaccines, however, are only part of the medical management of COVID-19.~~ Effective treatments continue to be vital in reducing the risk to lives and of serious illness. Therapeutics are also invaluable for those who cannot be vaccinated, for example because they are immunocompromised.

63. For this reason, the Government is supporting a world-leading programme of clinical trials of therapeutic treatments, including AGILE, RECOVERY, PRINCIPLE, and REMAP-CAP. Thanks to patients who have enrolled onto clinical trials to test potential therapeutics, and the NHS working with the NIHR,

the UK has led the way in the discovery of life-saving treatments, which have been made available to patients in the UK and across the world. Last year, trials discovered the benefits of dexamethasone, which the RECOVERY trial found to reduce risk of mortality by 20% for patients on oxygen and reduce risk of mortality by 35% for ventilated patients. This year, the REMAP-CAP and UK RECOVERY trials have demonstrated that tocilizumab further reduces mortality and length of hospital stays. The benefits of tocilizumab are in addition to dexamethasone and these treatments are now being used in hospitals across the UK to save lives and reduce pressures on the NHS.

64. More results are expected for immunomodulatory drugs, anticoagulants, anti-virals, and therapeutic antibodies for use by patients in different stages of the illness and various care settings, including hospitals and intensive care, primary care and care homes. The Government is also monitoring whether prophylactic therapies reduce the number of vulnerable patients who may not respond sufficiently to a vaccine, as well as therapies for those who continue to suffer the effects of COVID-19 beyond their time in hospital, including the cluster of symptoms known as Long Covid.
65. The UK Government has worked closely with the Devolved Administrations throughout the pandemic to ensure the UK has access to effective treatments for COVID-19, and will continue to do so. This includes through RAPID C-19, a multi-agency initiative that includes the Devolved Administrations, which has enabled rapid access to safe and effective treatments for patients right across the UK.

Commented [HC18]: Are we not ready to talk about the anti virals taskforce CSA has mentioned?

3. ROADMAP

59. This ~~Government's~~ roadmap is a step-by-step plan to ease restrictions in England cautiously, starting with ~~educationschools~~. The Devolved Administrations ~~will set~~ are setting out ~~individual-separate~~ plans for Scotland, Wales and Northern Ireland.

60. Lockdown has had a significant impact on our economy and businesses. As set out in Chapter 1, it has also had a damaging impact on people's quality of life and mental health. ~~Important~~ Decisions on when to lift restrictions, and in which order, ~~will~~ seek to strike a balance between the epidemiological evidence and advice, the impact lockdown is having on people's health (including mental health and disproportionate impacts on certain groups), wellbeing, and the economy.

~~61. The roadmap seeks to find this balance. We are aided in this effort by t~~ The success of the vaccine programme means we can begin to chart a course out of lockdown. However, ~~no vaccine is 100% effective and, like all viruses, COVID-19 can mutate. As lockdown is lifted, cases will rise and hospitalisations and deaths will still sadly occur. As a result,~~ the Government will take a cautious approach to easing lockdown, ~~which is~~ guided by the data, in order to avoid a ~~sharp risesurge~~ in cases and which would put unsustainable pressure on the NHS ~~and claim more lives before people have had the chance to take a vaccine.~~

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~~64.62.~~ In order to inform the pace and sequencing of the roadmap, the Government commissioned advice and modelling from SAGE and its sub-groups. This is being published so that the public can see the evidence which has informed the design of the roadmap.

Commented [HC19]: Can Imran NR and senior TF team check they are happy with this? And is Amy happy it meets Cab Sec's ask?

Principles for easing

~~62.63.~~ The design of the roadmap has been guided by five ~~the following~~ principles.

- a. Easing ~~In the absence of significant regional disparity,~~ **restrictions will be eased at the same time across the whole of England.** Partly as a result of the current lockdown, COVID-19 rates are relatively uniform across England when compared with previous points in the pandemic. The four steps out of lockdown set out in the roadmap ~~should~~ are designed to apply to all regions.
- b. **Decisions on removing easing restrictions will be led by data not dates.** It takes ~~at least~~ around 4 weeks for the data to reflect the impact of changes to restrictions. The Government will give businesses a week's notice before the next step, meaning ~~there~~ needs to be at least

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5 weeks between each step. The indicative, 'no earlier than' dates in the roadmap are all contingent on the data and subject to change.

- c. **Starting with reopening schools and colleges is a national priority.** The Government has always been clear that ~~the education of children and young people~~ reopening schools is a national priority, and has taken the difficult decision to restrict attendance in education settings only when it has been absolutely necessary to control the virus and save lives. Returning face-to-face education in schools and colleges must therefore be the first step in exiting this lockdown.
- d. **The sequencing of easing will be driven by evidence on sources of transmission.** Outdoor activity has been prioritised because the likelihood of coronavirus transmission is substantially lower in the open air than indoors. This restores ~~the maximum~~ more freedoms to people more quickly while ~~keeping the risk of~~ minimising the impact on transmission ~~low~~.

~~63. Protective measures will remain important, to ensure that restrictions are eased safely. These include maintaining and updating COVID-secure guidance in business premises and, in the future, the use of testing to mitigate the risks of certain activities, such as sporting, arts, cultural and entertainment events. These measures will be subject to review.~~

Commented [HC20]: Insufficient explanation here, suggest just covering in the later sections

The Four Tests

~~64. The Government will be led by the data, rather than fixed dates. The sequencing is crucial: moving too fast, too soon, risks a surge in hospitalisations which would cause more suffering put unsustainable pressure on the NHS. Before taking each step, the Government will review the latest data on the impact of the previous step against the four tests. A final decision will be taken closer to the indicative date of each step, and there will be 7 days' notice of any change.~~ The tests are:

- a. The vaccine deployment programme continues successfully.
- b. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- c. Infection rates do not risk a surge in hospitalisations, which would put unsustainable pressure on the NHS.
- d. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

[Graphic - public facing tests]

The Roadmap steps

~~65. SAGE has published modelling to inform the public of some of the scientific and evidential basis that has helped to inform the government's plan²¹. This has also involved running modelling scenarios under different assumptions hundreds of times.~~

~~66. The Government has taken the best scientific advice from SAGE and its working groups on the speed of reopening. Using the best balanced evidence base possible and the principles above, our planned roadmap for easing is set out below.~~

Step 1

[Insert Step 1 infographic - example below]

~~67.65.~~

~~66. On the basis of our assessment of the current data against the four tests, Step one 1 can proceed. Step 1 will begin start with the reopening of schools on 8 March and include some further limited changes on 29 March to allow families to meet outdoors as most schools break up for the Easter holidays. At this point, JCVI cohorts 1-4 will have received protection from their first dose of the vaccine.~~

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~~68.67. Pupils and students in all schools and Further Education settings can safely return to in-person education from 8 March. Wraparound childcare can reopen and other children's activities can restart for all children where it is needed to enable parents to work, attend education or seek medical care from 8 March.~~

~~68. The Government has always said that reopening schools and colleges is a national priority. The education of children and young people is our national priority. The decision to restrict face-to-face attendance in education and wraparound childcare settings has been taken only where it has been absolutely necessary to control the virus and save lives. The Government knows that being in education is the best place for pupils and students. Returning children and young people to face-to-face education is, therefore, the first step in easing this lockdown.~~

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~~69. Pupils and students in all schools and Further Education settings will return to in-person education from 8 March. Wraparound childcare can reopen and other children's activities can restart for all children where it is needed to enable parents to work, attend education or seek medical care from 8 March.~~

²¹ ~~Link to SAGE modelling with full details of modelling assumptions.~~

~~70. Staff in education and childcare settings, parents and carers have gone to extraordinary lengths to deliver for the nation's children and young people during the coronavirus (COVID-19) pandemic. The education and childcare workforce has drawn on its skills, expertise, tenacity and tireless commitment to enable all children, young people and adult learners to access the help they need to continue learning and developing wherever they are. Likewise, parents, carers, children and young people, and adult learners continue to show exceptional resilience and patience in difficult circumstances.~~

~~71.~~

~~72.70.~~ In addition to schools and Further Education settings, sStudents on practical Higher Education courses at English universities who would be unable to complete their courses if they did not return to take part in practical teaching, access specialist facilities, or complete assessments will also return on **8 March**.

~~73.71.~~ Higher Education students who do not need to take part in practical teaching, access specialist facilities, or complete assessments must continue to learn online. We will keep this under review and announce a decision as part of **step 2** on whether all higher education students can return in **step 3**. The Government recognises the difficulties and disruption that this may cause for many students and their families where they remain unable to return to Higher Education settings, but ~~it is necessary~~~~need~~ to limit the number of students who return to university at this stage to minimise travel and manage the risk of transmission.

~~74.72.~~ The successful return of more learners to ~~all~~ education and childcare settings will be supported by a range of new measures, designed to minimise the spread of coronavirus (COVID-19). The risk of transmission will be reduced by a system of controls endorsed by PHE ~~which~~: the Department for Education will work with schools to implement ~~these~~. ~~The Government applauds the huge efforts made by pupils and students, early years practitioners, teachers, lecturers and support staff to implement protective measures.~~ In addition to the already established rapid testing regime and regular testing of staff, ~~the Government will introduce~~~~there will be~~ twice-weekly testing of secondary school and college pupils, initially with on-site testing and then home testing. Families, childcare bubbles and those in related occupations will also be encouraged to get tested regularly ~~so that the return to school can be managed as safely as possible~~.

~~75.73.~~ The Government will also recommend that the use of face coverings in Higher Education, Further Education and secondary schools is extended for a limited period to all indoor environments - including classrooms - unless 2m social distancing can be maintained. Face coverings are now also

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Commented [HC22]: I don't think this is the final agreed language?

recommended in early years and primary schools for adults in indoor communal areas and corridors where social distancing cannot be maintained between adults, but not where adults are interacting with children.

~~76.74.~~ From **8 March**, the stay at home regulation will be amended so that people can leave home for recreation outdoors - with their own household or support bubble, or with ~~h~~one person from another household.. Social distancing and other safe behaviours should be followed.

~~77.75.~~ Safe and secure elections are the cornerstone of our democracy and the Government has confirmed that COVID-secure council, mayoral and police and crime commissioner elections will go ahead on 6 May 2021 in England and Wales. The Government has published a ~~clear~~ Delivery Plan for the May elections [[link to delivery plan](#)], setting out how ~~the Government will support~~ local elections teams ~~will be supportd~~ to deliver effective polls that are COVID-secure for voters and staff. We will amend the regulations to enable a broader range of campaign-related activity from **8 March**, but it is essential that this still takes place in a COVID-Secure way, in line with the guidance and the law. The Government will be publishing further guidance for candidates, their agents and political parties on campaigning in the elections in due course, and will be engaging with the Parliamentary Parties Panel on this guidance shortly to ensure the views of political parties are taken into account.

~~78.76.~~ [Care home visits - to add]

~~79.~~ ~~No further changes will be made on 8 March and restrictions requiring people to stay at home will remain in place.~~

Commented [HC23]: Already covered a couple of paragraphs previously

From 29 March

~~80.77.~~ From **29 March**, ~~as most schools start to break up for the Easter holidays,~~ there ~~will be~~is an opportunity for some further, ~~limited~~ changes as part of Step 1, ~~albeit minimal in scope because the available evidence on the impact of schools returning will be limited. At this point most schools will start to break up for the Easter holidays.~~

~~81.78.~~ By then, lockdown will have been in place for twelve weeks, during which time people will have been unable to see their extended family and friends or spend much time outside the home. At this point, we will enable people to meet up in limited numbers outdoors, where we know they are less likely to ~~pass the infection on to others~~catch the virus or pass it on-.

~~82.79.~~ From **29 March**, outdoor gatherings of 6 people (the Rule of 6) or 2 households will be permitted. This will apply in all outdoor settings, including private gardens. Applying either limit provides greater flexibility, recognising the different situations faced by families and individuals. 2 households will enable greater mixing for families, while the Rule of 6 is likely to help families in different

households to reunite outdoors, as well as those living alone or in shared accommodation.

~~83.80.~~ Guidance will set out how people can see others safely: the evidence is clear that this is safest to do in the open air, at a safe distance, while minimising the frequency of social gatherings and the numbers present wherever possible. It will remain critical - with most people still unprotected by vaccines ~~and case rates potentially still relatively high~~ - that people continue to ~~comply with these rules, follow the guidance~~ and socially distance from other households.

~~84.81.~~ The Government will also allow outdoor sports facilities to reopen, broadening the options for outdoor exercise and recreation. These facilities, such as tennis and basketball courts, and swimming pools, can be used by people in line with the wider social contact limits. Formally organised outdoor sports can also restart and will not be subject to the gatherings limits, but should be compliant with guidance issued by national governing bodies. This means that close contact (such as martial arts or rugby scrums) should not take place at this time.

~~85.82.~~ As a result of these changes, people will no longer be legally required to stay at home. Many of the lockdown restrictions, however, will remain in place. Unless an exemption already applies, it will not be possible to meet people from other households or bubbles indoors and many business premises will remain shut. ~~It will be too soon to allow domestic or international holidays, so p~~ People should ~~continue to work from home where they can and minimise domestic travel where possible~~ ~~stay local and not stay overnight away from home~~. Travel abroad for holidays will not be permitted and outbound travellers will be legally obliged to provide their reason for travel on the Declaration to Travel form.

~~86.83.~~ Existing rules around funerals and other life events ~~will not change~~. Funerals can proceed with 30 mourners, and wakes and ~~weddings can go ahead~~ ~~with six people~~.

Commented [HC24]: We agreed these would be dropped in step 1b

Commented [HC25]: I thought we were changing this to drop the "in exceptional circumstances" condition for weddings? Following Nikki intervention

Commented [HC26]: At the moment they can only be exceptional circumstances?

[Pull-out box on scientific analysis showing outdoors is safer]

- Airborne transmission is a significant route by which coronavirus passes between people. Particles of the virus can build up and circulate in the air in the form of aerosols in enclosed spaces (even if they are large) especially where air exchange is poor²². This makes indoor settings more risky than outdoors, where the fresh air quickly dilutes the virus to safe levels. This is confirmed by observational studies tracing people infected with coronavirus which show the majority of transmission occurs in indoor settings and that 'super spreader'

²² PHE Transmission Group: S0921 [Factors contributing to risk of SARS-CoV2 transmission associated with various settings](#) 18th December 2020

events (where many people are infected at one time) are more likely indoors than outdoors²³.

- Though the airborne risk of coronavirus transmission is much lower outdoors than inside, the risk of infection via larger droplets remains high if people engage in prolonged, face-to-face close contact with others²⁴. Therefore, maintaining 2m distancing and wearing masks is still advisable in crowded outdoor areas and where close contact cannot be avoided. Outdoor surfaces may also still become contaminated with the virus, so it is also important to be mindful of what shared objects, e.g. playground surfaces and gate handles, you touch and to maintain regular hand washing.

[Pull-out box on socio-economic analysis that underpins this step:

- School closures have had significant and adverse impacts on children's learning, development and mental health. By this February half term, the total loss in face-to-face learning has amounted to around half a school year, with two thirds of a normal year lost if school reopening is delayed to after Easter²⁵.
- As well as benefiting students directly, parents will no longer have to balance childcare and working from home. Around 53% of parents report a reduced ability to work as a result of school closures; this is more acutely felt by parents of early years and primary aged children²⁶.
- Sports, amusement and recreational activities were worth an estimated £12.8 billion in the UK in 2019,²⁷ employing around 471,000 people.²⁸ The easing of measures could enable some of these activities to return and take advantage of the Spring/Summer season and recover lost revenues. These businesses are particularly important employers for young people, with 37% of their workforce between 16-24 years old (compared to a national average of 11%)²⁹.
- Opening outdoor sports settings will help to reduce the adverse physical and mental health effects experienced by large parts of the population, in particular children and those living alone. Exercise and outdoor sports are well documented to reduce individuals' risk of major illnesses, such as heart disease, stroke, type 2 diabetes and cancer by up to 50% and lower risk of early death by up to 30%³⁰. Physical activity is also known to help with improving

²³ SAGE: [Analysis of SARS-CoV-2 transmission clusters and superspreading events](#), 3rd June 2020

²⁴ SAGE EMG: [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 virus in public, workplace and community](#), 14th January 2021

²⁵ [IFS, The crisis in lost learning calls for a massive national policy response, February 2021](#)

²⁶ Parent Ping Survey, January 2021

²⁷ [ONS, GDP output approach – low-level aggregates, February 2021](#)

²⁸ [ONS, Industry \(2, 3 and 5 - digit SIC\) - Business Register and Employment Survey \(BRES\): Table 2.](#)

²⁹ ONS, Employment by detailed occupation and industry by sex and age for Great Britain, UK and constituent countries 2018, May 2019

³⁰ [NHS: Benefits of exercise, June 2018](#)

mental health through better sleep, happier moods, and managing stress, anxiety or intrusive and racing thoughts.³¹

- Restrictions on socialising have had an adverse impact on people's well being and mental health with nearly half of the adults (49%) reporting boredom, loneliness, anxiety or stress arising due to the pandemic.³²

Step 2

[Insert Step 2 infographic]

~~87.84.~~ As set out above, around 4 weeks is required to see the impact of the previous step in the data and the Government has committed to provide a further week's notice to businesses. Given the need to review the data after 4 weeks and the further need to give businesses a week's notice, Step 2 will therefore take place **no earlier than 12 April**. ~~The Government will announce at least 7 days in advance whether Step 2 can proceed, following subject to an assessment against of the data against~~ the four tests. If Step 2 is delayed, subsequent steps will need to be pushed back in order to maintain the necessary five week period to gap in which to properly assess the impact of each easing and provide notice.

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~~88.85.~~ This step will reopen some sections of our indoor economy and more outdoor settings, restoring jobs and livelihoods and enabling people to access some of the activities and services which are most important to them.

~~89.86.~~ Social contact rules will not change further at this point - meaning outdoor gatherings must still be limited to 6 people or 2 households ~~as in step 1~~, and no indoor mixing will be allowed.

~~90.87.~~ Non-essential retail: ~~can reopen but people will only be able to shop alone, or with others from their household.~~ Personal care premises such as hairdressers and salons; and indoor leisure facilities such as gyms, can **also** reopen but ~~you should also people should~~ only visit these settings alone ~~or within household groups with others from their household.~~ **[DN policy decision: [Self-catered/contained] accommodation such as campsites and holiday lets can also reopen, though must only be used by members of the same household.** The Government will **open public buildings** such as libraries and community centres. Wider social contact rules will apply in **all of these settings**, and therefore indoor mixing between different households will not generally be permitted.

³¹ [Mind: Physical activity and your mental health, March 2019](#)

³² ONS, Coronavirus and the social impacts on Great Britain: 13 November 2020

~~91.88.~~ The majority of outdoor settings and attractions will also reopen, including outdoor hospitality, zoos, theme parks, outdoor cinemas, and drive-in cinemas. The rules on social contact outdoors will apply in these settings.

~~92.89.~~ Hospitality venues will be able to open for outdoor service, with no requirement for a substantial meal to be served alongside alcoholic drinks, and no curfew. The requirement to order, eat and drink while seated ('table service') will remain.

~~93.90.~~ All newly open settings must abide by the social contact rules. The Government will continue to enforce restrictions and require businesses to demonstrate robust strategies for managing the risk of transmission and to ensure social distancing rules are followed. Local authorities and the police will continue to provide support and advice to newly reopened settings, enabling them to operate safely. Where businesses do not follow the rules, the appropriate enforcement action will be taken.

~~91.~~ This will be accompanied by mitigations including ~~the rollout of~~ workforce testing and continued social distancing guidance.

~~94.92.~~ People should continue to minimise domestic travel where they can and international holidays will still be prohibited.

~~95.~~ ~~Stay Local guidance will be lifted in step 2 and domestic overnight stays within England will be allowed, but you should continue to minimise the number of journeys you make where possible, and try to avoid travelling at the busiest times and routes. Travel abroad will continue to be prohibited, other than for a small number of permitted reasons. These will not include holidays, given it will remain important to manage the risk imported variants and protect the vaccination programme, maintaining low volumes of travel can support this.~~

~~96.93.~~

~~97.94.~~ We will continue to examine whether it is possible for some or all students in Higher Education who do not require access to specialist facilities or equipment as part of their studies to resume in-person teaching and learning as part of Step 3. This will be subject to the public health situation and the progress of the vaccine rollout. We will announce whether this is possible at Step 2. This will allow students and universities sufficient time to prepare for the return to in person teaching and learning if it is possible - including the regular testing of all returning students - or certainty if it is not.

~~98.95.~~ At this point, funerals can continue to proceed with up to 30 mourners. Weddings, receptions, and commemorative events like wakes will be able to take place with up to 15 people.

Commented [HC27]: Do we know if "outdoors and table service only" works for any hospitality businesses? I don't think we have done this combination before and it's quite limiting

Commented [HC28]: This is repeating the HE review already discussed in Step 1. Can we refer to this review in one just place in the document and remove other references?

[Pull-out box on socio-economic analysis that underpins this step]

- Non-essential retail was estimated to be worth £44.6 billion GVA, employing around 1.2 million people in 2019. Closing this sector has led to a high take-up of the furlough scheme in the wider Wholesale and Retail Sector – where use of the furlough scheme peaked at 1.9 million in April, and 740,000 in November.³³ People from ethnic minorities are overrepresented in this sector, making up 16% of workers, as are young people (35% are 16-24). Women also make up a greater proportion of employees (66% compared to 47% nationally)³⁴.
- Hospitality is a core part of the UK's economy. The whole Accommodation and Food services sector was estimated to be worth £57.6 billion in the UK 2019, employing 2.4 million people. The overall sector has been one of the hardest hit by the pandemic. GVA output in this sector fell by 91% in April and 89% in May 2020, compared to February 2020³⁵. The November restrictions also hit the hospitality sector hard, with GVA falling back to 65% below its pre-pandemic level. This sector has also had large parts of its workforce on furlough – in the first wave 1.7 million jobs were furloughed; in November 1 million jobs in this sector were on furlough³⁶. Between 25 January and 7 February, 62% of businesses in accommodation and food services had paused trading³⁷.
- The Arts, Entertainment and Recreation sector (excluding Sports, Amusement and Recreation) has been very hard hit by the pandemic. Pre-Covid, this sector was worth £18.3 billion GVA UK wide and employed 314,000 people. GVA output compared to February fell by 46% in April, and subsequently to 33% in November – in no month since March has output been above 77% of pre-pandemic levels³⁸. The sector has also had a high take-up of the furlough scheme – with 455,000 furloughed at peak in spring, and 293,000 furloughed in November. Between 25 January and 7 February, 44% of businesses in the arts, entertainment and recreation sector have paused trading³⁹. Reopening these sectors can allow these businesses to recover revenues and bring back employees.
- Personal Care Activities accounted for £21.1 billion in the UK in 2019, employing around 356,000 workers. Women are significantly overrepresented in this sector, making up 85% of the workforce.
- Public buildings and spaces play a vital role in the economic and social life of communities. Libraries, museums, and other community centres are valuable

³³ [HMRC, Coronavirus Job Retention Scheme statistics: January 2021](#)

³⁴ [ONS, Estimates of the number of people aged 16 years and over in employment by occupation, sex and ethnicity, England, January 2017 to December 2019](#)

³⁵ [ONS, GDP monthly estimate, UK: December 2020](#)

³⁶ [HMRC, Coronavirus Job Retention Scheme statistics: January 2021](#)

³⁷ [ONS, Business insights and impact on the UK economy: 11 February 2021](#)

³⁸ [ONS, GDP monthly estimate, UK: December 2020](#)

³⁹ [ONS, Business insights and impact on the UK economy: 11 February 2021.](#)

and safe places, often to the most vulnerable groups in society. They provide both services to local communities and spaces to socialise. All public spaces have important benefits that help create local attachments and sense of belonging to a community.

Step 3

[Step 3 infographic]

~~99.96.~~ Step 3 will take place no earlier than **17 May**, and at least five weeks after Step 2, following a further review of the data and the four tests. Again, the Government will announce at least 7 days in advance whether restrictions will be eased as planned.

~~100.97.~~ ~~As more people are vaccinated, social mixing will become less risky and the level of safe contact will rise.~~ ~~At~~ Step 3 ~~will be the moment when~~ the Government ~~seeks to~~ will further ease limits on social contact ~~as much as possible, leaving it to~~ enabling the public ~~instead~~ to make informed personal decisions. It will remain just as important for pPeople ~~will need~~ to consider the risks for themselves, taking into account whether they and those they meet have been vaccinated, ~~and whether there are any pre-existing vulnerabilities or are at greater risk.~~

~~101.98.~~ The Government will continually review the evidence of vaccine efficacy, including its impact on transmission. As soon as possible, and no later than Step 3, the Government will update its advice on social distancing between friends and family, such as whether hugging is safe. Until then, people should continue to keep their distance from anyone not in their household or support bubble and keep up habits such as regular hand washing and letting in fresh air, particularly until the vaccination rollout to the most vulnerable is completed.

~~102.99.~~ The Government will lift most legal restrictions on meeting others outdoors but in order to prevent the riskiest behaviour, gatherings of more than 30 people outdoors will remain illegal. Indoors, 6 people or 2 households will be able to meet, though it may be possible to go further than this at step 3 depending on the data. People will be asked to follow guidance on how to meet safely, for example by minimising the size of gatherings and meeting outdoors where possible. ~~At a minimum, at this step, the Rule of 6 or 2 households will apply indoors, allowing household mixing in all indoor settings.~~

~~103.100.~~ ~~Domestic overnight stays within England will be allowed but t~~The Government will continue to advise the public to minimise travel where possible. The ban on international holidays will remain, ~~though~~ and we will keep under review how and when it can be relaxed.

~~104.~~ ~~Everyone should continue to work from home where possible.~~

Commented [HC29]: Can we not be more specific than this, tied to the travel taskforce?

Commented [HC30]: Random to refer to this here when we haven't in previous steps – have added reference to WFH to the social distancing review instead

405-101. In Step 3, all but the most high-**contact risk** sectors will be able to reopen. In most sectors, COVID-secure guidance will remain in place and **businesses premises** must not cater for groups larger than the legal limits. Sectors which will reopen include:

- a. **Indoor hospitality**, with no requirement for a substantial meal to be served alongside alcoholic drinks, and no curfew. The requirement to order, eat and drink while seated ('table service') will remain;
- b. **Indoor entertainment**, such as cinemas and children's play areas;
- c. **Remaining accommodation**, such as hotels, hostels and B&Bs;
- d. **Adult indoor group sports and exercise classes**;
- e. **Remaining higher education settings subject to outcome of previous review**, enabling all students to return; and
- f. **Some large events, including performances and sports events.** We will permit controlled indoor events with a capacity of up to 1000 people or 50%, whichever is lower, and outdoor events with a capacity of either 50% or 4,000 people, whichever is lower. We will also make a special provision for large, outdoor, seated venues where crowds can be safely distributed, allowing up to 10,000 people or 25% of total seated capacity, whichever is lower. Testing may be used to facilitate the re-opening of these events safely, subject to further evaluation.

Commented [HC31]: HE references currently a bit all over the place in the roadmap – can we find one place to refer to what we're doing on HE and only talk about it there? Probably in step 1a...

Commented [HC32]: Need to refer to pilots here? Or do they start in step 2?

406-102. At this step, weddings, receptions, funerals, and commemorative events like wakes can proceed with up to 30 people. A broader range of life events will also be permitted at this step, including bar mitzvahs and christenings.

[Pull-out box on socio-economic analysis that underpins this step]

- As set out in the previous step, hospitality is an important sector contributing jobs and GVA. Lifting further restrictions will help recover economic activity.
- Following university closures and a movement to online learning, students have recorded a deterioration in wellbeing; two thirds of university students stated their mental health has been negatively impacted, identifying COVID-19 as one of the key reasons for this⁴⁰. Opening universities will help to alleviate the accumulated pressures and stresses that have resulted from a prolonged disruption to higher education.
- The relaxation of **rule-of-six social contact rules** is likely to have a positive wellbeing impact as people will be able to socialise and meet friends and family

Commented [HC33]: This is v short compared to previous socio-economic sections, which is likely to upset the hospitality sector. Can we add details so it is more like previous entries for other sectors?

Commented [HC34]: This should move if we set out the full HE position in step 1

⁴⁰ Save the Student, COVID-19 UK student survey (follow up), November 2020

for the first time in several months. Restrictions on social contact have had adverse mental health and well being impacts. Moreover, for almost a year, single people or couples who don't cohabit have been unable to meet, form new relationships and/or date.

Step 4

~~407~~~~103~~. Step 4 will take place no earlier than **21 June**, and at least five weeks after Step 3, following a further review of the data ~~and against~~ the four tests. As before, the Government will announce at least 7 days in advance whether restrictions will be eased as planned.

~~408~~~~104~~. With appropriate mitigations in place, by Step 4, the Government expects to be able to:

- a. Remove all legal limits on social contact, publishing accompanying guidance on how best to reduce the risk of transmission and protect ourselves and loved ones;
- b.
- c. Introduce new guidance on working from home;
- d. Reopen nightclubs and enable large events, including theatre performances, above the Step 3 capacity restrictions, subject to the outcome of the scientific Events Research Programme;
- e. Remove all limits on weddings and other life events, subject to the outcome of the scientific Events Research Programme.

Commented [HC35]: Why is this here...? We should park WFH in the social distancing review and not talk about it in the steps (apart from 1b)

~~105~~. As set out above, some measures may be required even after all adults have been offered a vaccine, because neither coverage nor efficacy of the vaccine will be 100%. As a result, a significant proportion of the population will remain vulnerable to infection, some of whom will also be vulnerable to severe disease and death. This is reflected in the modelling of different scenarios for unlocking, which shows that the risk of further cases, hospitalisations and deaths remains after the adult population has been vaccinated – though modellers advise there is considerable uncertainty in these figures.

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~~409~~~~106~~. The Government is therefore establishing four programmes of work to consider different aspects of how the UK should handle Covid from summer onwards. However, it is too soon to say certainly whether it will be safe to reopen all of these sectors, therefore, the government is committing to ~~[3/4]~~ reviews:

COVID-status certification

110. [DN policy decision:] COVID status verification involves using testing or vaccination data to confirm to institutions that people have a lower risk of passing on COVID-19 to others. This has the potential to support the relaxation of restrictions once it is safe to do so, to encourage further uptake of both vaccination and testing and to add an additional layer of protection to the most risky settings. The associated risks relating to exclusion, discrimination and privacy, however, need to be carefully considered.

107. The Government proposes to establish a Review of the potential role for Covid-status certification and the role it could play in reopening our economy, reducing restrictions on social contact and improving safety. This will include the potential use of an individual's vaccine status, COVID-test status and COVID-immunity status to grant them access to settings (such as hospitality or workplaces), or a relaxation of elements of COVID-secure mitigations. The Review will also consider the ethical, legal and operational aspects of introducing such a scheme. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security. [DN policy decision:] COVID status verification involves using testing or vaccination data to confirm to institutions that people have a lower risk of passing on COVID-19 to others. It is possible this approach could support the relaxation of restrictions once it is safe to do so and provide a means of opening the most risky settings without the need for social distancing. The associated risks relating to exclusion, discrimination and privacy, however, need to be carefully considered.

108. The Government will review whether COVID status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. This will include assessing to what extent certification would be effective in reducing risk, the potential use of an individual's COVID-vaccine status, COVID-test status and COVID-immunity status to grant them access to settings (such as nightclubs or theatres), or a relaxation of elements of COVID-secure mitigations. The Government will also consider the ethical, legal and operational aspects of this approach and what limits, if any, should be placed on organisations which wish to check the COVID-status of their employees or customers. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security.

109. The Government will set out its conclusions in advance of step 4 in order to inform the safe reopening of society and the economy.

111, 110.

Commented [HC36]: This is the wording agreed with Nikki

Large Events

442.111. [DN Policy decision]: To explore when and how remaining large and higher risk events will be able to return safely, the Government will launch an external-led Opening Up Taskforce, with representation from industry and civil society, to consider the results from the scientific Events Research Programme.

443.112. This Events Research Programme will include a series of pilots through the spring and summer using enhanced testing approaches and other measures to run events with larger crowd sizes and reduced social distancing, including in riskier settings, to evaluate the outcomes.

444.113. The Taskforce will make recommendations on the safe return of these kinds of events before the move to Step 4. Subject to the outcomes of the Events Research Programme and the broader review of long-term mitigations, the Government hopes to be able to lift restrictions on remaining sectors, such as theatres, nightclubs, live performances, business events and larger life events like wedding receptions and other celebrations [in Step 4].

Commented [HC37]: From which step? Should be specific here, and add to the relevant step above

International Travel

445.114. [DN: policy decision]: The Government's ~~overarching~~ objective on travel is ~~clear~~: to see a safe and sustainable return to international travel, for business and pleasure, to and from all destinations, and for the UK once again to be the destination of choice for international visitors from around the world. In the shorter-term, this must remain balanced against our continued efforts to protect our vaccine rollout and mitigate against the risk posed by imported cases and variants. We must not risk the progress we have made to date by removing restrictions at the border too soon.

446.115. In the longer-term, vaccinations could offer the route to that safe and sustainable return. Once we know more about the evidence of vaccines on transmission and their efficacy against new variants, we can look to introduce a system to allow vaccinated individuals to travel more freely in the UK and abroad.

447.116. The UK intends, working with other countries who have started similar efforts, to develop such a system and champion global efforts to adopt a clear international framework with standards that provide consistency for passengers and industry alike. The Government will make this a reality through our ongoing work with the World Health Organisation and other multilateral organisations, our presidency of the G7 this year, and with other like-minded international partners.

448.117. However, it is clear any such system will take time to implement. It will be heavily dependent on improved scientific understanding about the role vaccination plays in reducing transmission. Introducing such a system also

Commented [HC38]: This section needs to refer to the international holiday ban, and can we say how long it's likely to be in place for? Until Step 3 at least? Or step 4..? Or is it indefinite

needs care not to create an undue impact on those who have yet to be offered - or gain access to - a vaccine. That being the case, the Government does not expect this solution to be available quickly, and restrictions like those in place across the world are likely to continue for the near future.

119.118. The Government recognises that international travel and tourism bring many economic and other benefits to communities across the UK, particularly in our gateway cities - supporting jobs in hospitality, in retail and in our world class museums, theatres and visitor attractions. It is also the case that global restrictions have hit airlines and travel operators particularly hard. The resumption of safe travel will be particularly important for these businesses, and also for sectors supported by tourism and travel, which are among the hardest hit by the pandemic.

120.119. Therefore, the Government is keen to try to find ways to gradually and sustainably ease restrictions on international travel gradually and sustainably, in line with our overall roadmap above. Our ambition is to do so later this year. But this decision will be dependent on the global and domestic epidemiological picture, the prevalence and location of any variants of concern, the progress of vaccine rollouts here and abroad, and what more we have learned about the efficacy of vaccines on variants, and the impact on transmission, hospitalisation and deaths.

121.120. While it is not possible to say for certain now what that decision will be, the Government is keen to work hand-in-glove with industry in considering how to ease restrictions, and what interim measures could be deployed to better facilitate travel before longer-term solutions arrive. Therefore, the Department for Transport will lead a successor to the **Global Travel Taskforce**, with an ambition to develop a framework that can be ease to facilitate greater travel when the time is right, while still managing the risk from imported cases and variants. This will look to take a risk-based approach, making use of the suite of measures the Government already has in place such as testing and isolation, while also building on the recommendations from the first Global Travel Taskforce last year.

122.121. The Taskforce will keep people regularly updated, and publish at least its first interim report by the **29th March**, setting out its progress to date and the direction of travel. It will intend to set out any final recommendations on how best to facilitate travel in good time for both Government and industry to implement them before the resumption of travel. In addition, the Global Travel Task Force committed the Government to publishing a Tourism Recovery Plan in support of the sector. We intend to set out proposals in the Spring, including plans for a world class marketing campaign to welcome back visitors to the UK as soon as it is safe to do so.

Commented [HC39]: Is this too soon? Would it be better to say we'd publish it before step 2?

123.122. Our hope - working in partnership with industry - is that this Taskforce and the framework it delivers will set a baseline from which to build, to see a return to safe international travel over this year and beyond.

Social Distancing

124.123. [DN: policy decision]: The Government wants the UK to return to as near normal as quickly as possible and as sustainably as possible, and this publication sets out that plan. As the vaccination rollout continues, the level of risk will decrease for individuals and the population as a whole over time. However, the Government will continue to have a duty to protect the small minority who aren't able to benefit directly from the vaccine but will benefit from reduced transmission in the population. When onerous restrictions are lifted, some ongoing protections to mitigate the risks from COVID-19 may therefore need to remain in place until at least the end of winter 2021.

Commented [HC40]: Covered this in the new para ahead of the 4 reviews, as it's relevant to all of them

125.124. Ahead of Step 4, the Government will conduct a review of social distancing measures and other long-term measures that have been put in place to limit transmission. The results of the Review will help inform [decisions on] the timing and circumstances under which we may be able to lift rules on 1m+, face masks social distancing advice and other measures. The review will also inform guidance on working from home - people should continue to work from home where they can until this review is complete.

4. KEEPING PEOPLE SAFE AND RESPONDING TO THREATS

Behaviours

125. Even ~~when-as~~ restrictions are lifted, it is essential that everyone carries on with the good habits that ~~make the difference~~reduce transmission: remembering 'hands, face, space' and letting fresh air in, getting a test on the first sign of symptoms and self-isolating if it is positive. It is safer to meet outdoors and to avoid large gatherings.

[insert graphic/comms messaging on safe behaviours]

126. Businesses must also continue to take necessary precautions as restrictions ease. The overwhelming majority of the businesses that remained open during the pandemic did so in a COVID-secure way. The Government will update COVID-secure guidance to provide further advice on how businesses can improve fresh air flow in indoor workplaces and introduce regular testing to reduce risk. Local authorities will also continue to offer advice.

127. As England moves through the Roadmap steps, the Government will continue to monitor existing enforcement powers and modify them if necessary. The police and local authorities are able to take action against people who break the law and apply sanctions, for those businesses that are not operating safely.

Test, Trace and Isolate

128. The ~~Government has developed a highly effective~~ test, trace and self-isolate system ~~which~~ will help to support the easing of social and economic restrictions and keep people safe.

129. NHS Test and Trace, working in partnership with Public Health England, local authorities, businesses, schools, universities and others, now has capacity for around 800,000 PCR tests a day⁴¹. As the virus becomes less prevalent, the test, trace and self-isolate system will become ever more important in identifying local outbreaks rapidly; allowing the Government to take swift action to manage them and respond to new Variants of Concern.

Box X - Current test, trace and isolate system

Current Test, Trace and Isolate system

⁴¹<https://coronavirus.data.gov.uk/details/testing>

So far, over 80million PCR tests have been conducted - more than one for every person living in the UK. More than 85 percent of in-person tests now return results the next day, an improvement of more than 52 percent since December, and the median distance travelled to one of over 850 test sites is now 2 miles.

As around 1 in 3 people with COVID-19 do not have symptoms, the Government has established widespread asymptomatic testing. This is conducting around 2.4 million rapid tests per week, including to all NHS and Adult Social Care staff and, since January, all school staff. ~~Between 28 January and 3 February, 2.4m rapid tests were conducted in England, a figure over 17 times higher than in mid-December.~~

Tracing performance has also ~~been transformed~~improved. ~~Between 4 and 10 February,~~ 93.6 percent of close contacts were reached and told to self-isolate, compared to 60 percent in October. ~~Contacts are reached quickly with o~~Over 90 percent of reached within 72 hours of the person they were in close contact with testing positive. This work is done in close partnership with local authorities, with over 300 local contact tracing partnerships in place.

The NHS Test and Trace COVID-19 App has been downloaded over 21 million times and, since September, has notified over 1.7 million users across England and Wales to isolate. Developments continue in response to user feedback, including the introduction of a 'book a test' venue alert. The app also helps the public understand how best to protect themselves, makes it easy for users to check in to venues and sends alerts that users may have been exposed to coronavirus at a venue they have visited.

The Government has also deployed new tools to support people to self-isolate, including making available £110 million for the Test and Trace Support Payment.

Responding to Variants of Concern (VoCs) and intervening locally

130. All viruses regularly mutate to create new 'variants' as they replicate. Most mutations have no effect and are not a cause for any concern. Some, however, pose an increased risk to public health due to changes in transmissibility, infection severity, ability to evade immune responses, or the virus's susceptibility to therapeutic treatments. These variants can be detected within the country - as with the one found in Kent (B.1.1.7) - or imported from abroad.

131. The UK is a global leader in genome sequencing, which in positive cases allows the identification of variants of concern (VoCs), and continues to scale up its capacity. The Government is also working with diagnostics providers to

adapt PCR tests to detect specific VoCs once they have been identified, and ~~†~~This, combined with whole Genome Sequencing, should enable dangerous mutations to be detected more rapidly, enabling action to be taken. The UK will also provide sequencing support for other countries should they need it, helping to track variants wherever they appear in the world and in turn shaping the UK's border policies. Despite this progress, the risks posed by VoCs remain significant. The higher infection rates are, the harder it is to detect new variants and identify cases before there has been some level of community spread. Determining the extent of the risk posed by a variant may also take some time, making it essential that we are able to act in a sensible and proportionate way as the evidence is still emerging.

132.

133. Where a dangerous VoC is identified and is likely to pose a real risk to the vaccination programme or public health, Government will take ~~firm action.~~ ~~The Government will take~~ a highly precautionary approach, acting ~~hard and~~ fast to address worrying outbreaks, ~~and The Government~~ is developing an enhanced toolkit of measures to address VoCs, ~~This includes~~ surge PCR testing, enhanced contact tracing ~~and~~ enhanced support for self isolation, ~~and where necessary, stringent restrictions.~~

Commented [HC41]: Is this agreed?

Commented [HC42]: Covered in next para. Not sure about "stringent"

134. The Government cannot rule out reimposing economic and social restrictions at a local or regional level if evidence suggests they are necessary to contain or suppress a variant which escapes the vaccine.

135. Where an area sees unmanageable virus growth or the NHS is at risk, the Government will ~~also~~ act swiftly. Local intervention will be centred on enhanced surge testing, communications and targeted enforcement. Where it proves necessary to reimpose restrictions, the Government will continue to do whatever it takes to protect and support individuals and businesses, including protecting the vulnerable and enhanced support for self isolation.

136. **[DN policy decision: In March, the Government will publish an updated COVID-19 contain outbreak management framework for local areas, which will set out how national and local partners will continue to work with the public at a local level to prevent, contain and manage outbreaks. This will include detail on the enhanced toolkit of measures to address variants of concerns.]**

Testing: going further

[Infographic: summary of testing channels]

137. Rapid testing in education settings is now well established, with more than 3 million rapid COVID-19 tests conducted in schools and colleges in

England since 4 January 2021. This included two tests for those secondary school pupils and college students who returned and regular testing for all staff. At universities, 600,000 tests have also been taken on site since last year; they are encouraged to offer twice-weekly tests to everyone attending. When more pupils and students return to schools and colleges [on XXX] the Government will introduce twice-weekly testing of secondary school and college pupils, starting with testing on site in the first two weeks and then home testing. Families, childcare bubbles and those who work in proximity to school children will be encouraged to get tested regularly to reduce the risk of increased transmission as schools return. In January the Government offered regular asymptomatic testing for people who have to leave home for work. A major effort across the private and public sector has already resulted in interest from over 12,000 UK organisations, with over 3 million tests distributed to employers. [The Government's offer of free test kits to workplaces for staff who cannot work at home will be extended to until the end of June. Organisations, including those yet to open, will need to register interest before 31 March.]

Workplace testing case study:

apetito was an early adopter of workplace testing. While testing is voluntary, early engagement with staff has meant an extremely high participation rate: only one member of the cohort of staff initially invited has opted not to take part. Having begun with 500 staff involved in manufacturing and distribution, they have now expanded to their delivery drivers. Having conducted over 5,000 tests, positivity is around 1.2% - meaning they have found 66 asymptomatic cases they would otherwise not have found, allowing their business to continue functioning effectively, and to continue providing meals to vulnerable groups, with greater safety for both customers and staff.

138. The Community Testing Programme is also being extended until at least the end of June. Launched in December 2020, this rapid testing scheme was expanded in January for all local authorities in England to use, targeting in particular communities that have been disproportionately affected by the virus. As of 10 February, the Community Testing programme has already identified over 44,000 positive symptomatic and asymptomatic cases already.⁴²

139. A new Community Collect model will be launching so that families, small businesses and the self-employed - who have found it harder to access regular testing - can take away rapid tests from Government sites. People will soon be

⁴²<https://www.gov.uk/government/news/9-in-10-local-authorities-in-england-now-enrolled-into-community-testing>

able to have rapid Lateral Flow Tests delivered straight to their home, allowing them to carry out tests when most convenient. This will provide ready access to rapid lateral flow tests for those who require access to regular testing.

140. NHS Test & Trace will continue to improve the already high performing Tracing system, based on feedback from users and even stronger partnerships with local authorities.

Measures at the border

141. Managing the risk of new cases entering the UK has become even more important with the rise of new variants across the world. We already have in place a strong set of measures. All passengers, from any country, must have completed their passenger locator form and comply with an extensive programme of testing. Every inbound passenger is now required to provide proof of a negative test result before departure, to take a test on days 2 and 8 after arriving in the UK and before they end quarantine. Genomic sequencing of all positive tests is undertaken to seek to catch any new variants.
142. In addition, from those "red list" countries which pose the highest risk of importing new variants, only residents of the UK and Ireland are allowed entry, and on arrival must isolate for 10 days in the new Managed Quarantine Service. They are also subject to the same testing requirements as other arrivals. We also have in place - in partnership with carriers - a strong set of checks to ensure that everyone is complying with these requirements and doing their part to keep people safe when travelling to the UK.
143. Combined, this regime gives us a n-incredibly-strong toolbox with which to manage the risk of importing new cases and new variants, while ~~And with~~ Test to Release, which enables international arrivals to end self-isolation early if they pay for a private COVID-19 test, ~~the Government also has available all of the tools to will help to~~ reopen international travel in due course.
144. ~~The Government will act swiftly if evidence emerges showing more countries should be added to the red list. Likewise, if evidence emerges that vaccines deployed in the UK are sufficiently effective against Variants of Concern, countries may be removed. Should tighter measures be necessary, there will be no hesitation: in the short term, more countries may need to be added to the list of those to whom the tightest measures must apply. The intention is that countries may also be removed, as the evidence grows about the impact of vaccines on variants of concern. The overriding priority, however, will always be to protect the plan to reopen and the overall effectiveness of the vaccination programme.~~
145. **A successor to the Global Travel Taskforce will be created to develop a transparent, risk-based framework to facilitate travel this**

OFFICIAL SENSITIVE - DRAFT - NOT GOVERNMENT POLICY

summer. It will consider the Government's existing measures and also look to identify any additional measures that could be put in place. It will look to report back no later than xxx

Commented [HC43]: This needs to refer back to the earlier section on the travel review

5. ECONOMIC & SOCIAL SUPPORT

146. Since the emergence of COVID-19, the Government has taken swift action to save lives, support the NHS and mitigate damage to the economy. The Government has put in place an unprecedented economic package which has provided businesses and individuals with support and certainty over the course of the pandemic.
147. The Government has spent over £280 billion to support people's jobs, businesses, and public services across the UK. At the Summer Economic Update, the Government announced further support for businesses, individuals and public services, and in response to the public health restrictions put in place over the winter, the Government announced additional measures at the Winter Economy Plan and the Spending Review.
148. The Government's world-leading economic response to COVID-19 is the largest package of emergency support in post-war history. As highlighted by the OBR and the Bank of England – without the action taken by the government, the outlook would be much worse.
149. For example, the furlough scheme has helped to pay the wages of people in 9.9 million jobs, with £46.4 billion being paid out in grants, protecting jobs which may otherwise have been lost, while grants for the self-employed have paid out £18.5 billion. The Government has also provided a wide range of loan schemes, business grants, business rates relief, tax cuts, mortgage holidays, increased welfare support, tax deferrals, and the Kickstart and Restart schemes.
150. This is all part of a comprehensive Plan for Jobs – protecting, creating and supporting employment in every region and nation of the United Kingdom. As the public health situation has developed with new variants emerging, the Government has also ensured that businesses and people have certainty by extending furlough and business grants

Economic support

151. As the Prime Minister and Chancellor of the Exchequer have said previously, the Government is committed to do whatever it takes to support the country through the COVID-19 pandemic and support will continue.
152. The March 3 Budget will outline the next stage in the Government's Plan for Jobs including further detail on economic support to protect jobs and livelihoods across the UK.
153. The approach will reflect the steps set out in the roadmap - as restrictions ease and the economy is gradually and safely reopened, the

Government will carefully tailor the level of support to individuals and businesses to reflect the changing circumstances.

154. Despite unprecedented levels of financial help, the Government also recognises that it will not be possible to preserve every job or business. So the Government will continue to help people to find new jobs, acquire new skills or start new businesses as we build back better from the pandemic.
155. The Government was able to provide significant economic support because we came into this crisis with strong public finances. As the Chancellor of the Exchequer has set out previously, it is not sustainable to borrow at this current level over the medium term. This means the Government has a responsibility, once the economy recovers, to return to a sustainable fiscal position

Support for businesses and workers

156. Despite unprecedented levels of financial help, the Government recognises that it will not be possible to preserve every job or business. The Government will continue to help people to find new jobs, acquire new skills or start new businesses as the country builds back better from the pandemic.
157. The existing Local Restrictions Support Grant for businesses that are closed will be extended until 31 March 2021. The 2021 Budget will set out how the grants will evolve beyond that. There will be continued sectoral support for the businesses most severely impacted by the pandemic. This includes many social, sporting and creative activities that simply cannot operate normally due to social distancing rules. The Government will therefore continue to support sectors with the most challenging path to reopening [and extend a range of regulatory easements for businesses that have been introduced since the beginning of the pandemic.]
158. The Government will also expand support for those self-isolating. While self-isolation is critically important to halting the spread of the disease, it is never an easy process. The Test and Trace Support Payment Scheme will continue [until at least the end of June], will be expanded to cover parents who are unable to work because they are caring for a child who is self-isolating, and an additional £20m per month will be made available for local authorities to make discretionary support payments. There will be more funding too for practical local support: food deliveries for people who are isolating, or help with their caring responsibilities and other wellbeing issues. In addition, the Medicines Delivery Service that has been established to help clinically extremely vulnerable people will be extended to cover anyone who has to self-isolate.

159. The Chancellor of the Exchequer will announce the details of ongoing support for businesses and workers at the upcoming 2021 Budget on 3 March, including how the national furlough other schemes will underpin the phases of our roadmap.

Support for public services

160. Throughout the pandemic the Government has stood behind essential public services. The 2020 Spending Review (SR) confirmed total financial support for public services of £113 billion in 2020-21 and a further £55 billion for next year (2021-22).⁴³ The Government will continue to provide the financial resources that public services need to combat the pandemic, including to Local Government and the Devolved Administrations. The 2021 Budget will set out the details of funding allocations in 2021-22.
161. The Government is taking steps to address public service backlogs that have arisen because of the pandemic. For example, efforts to deliver speedier justice have been stepped up with the announcement on 17 February 2021 of 14 more temporary courtrooms and a first 'super courtroom' to hear large, complex cases. The new temporary courtrooms are the latest step in that effort to minimise delays and ensure justice is served for victims, defendants and the public. Hundreds of millions are being invested to drive this recovery further, deliver swifter justice and support victims. The 2021 Budget will set out more information on the Government's plans to address further public services backlogs.

162. [DN: add content on eviction ban and similar measures]

Support for the most vulnerable

163. There are around 4 million people in England identified as Clinically Extremely Vulnerable (CEV) and therefore at high risk of serious illness or death should they become infected with COVID-19. This includes 1.7 million CEV individuals ~~who have been currently being~~ identified through a new risk prediction model, QCovid, which takes into account health and personal factors, and can identify someone who is at a higher risk from COVID-19.⁴⁴ This group ~~is now being~~ ~~has been~~ prioritised for vaccination.
164. Everyone who has been made aware they are CEV is currently advised to follow shielding guidance, limiting time outside the home to exercise and attending medical appointments only. There is separate advice for people who are CEV who live in Scotland, Wales or Northern Ireland. The Government anticipates that it will no longer be necessary to advise shielding beyond the

⁴³ HMT, Spending Review, 2020.

⁴⁴ Factors include: as age, ethnicity and BMI, as well as certain medical conditions and treatments.

end of March 2021. The Government will confirm advice and next steps nearer the time to keep CEV people safe.

165. There is a further group of people who have been identified as Clinically Vulnerable (CV), and as such at moderate clinical risk of serious illness or death should they become infected with COVID-19. People who are CEV or CV are prioritised for vaccination. The Government's expectation is that vaccination will offer vulnerable people increased protection from becoming seriously ill. The Government is considering the long-term support that may be needed for this cohort, particularly for those who cannot be vaccinated or do not receive a significant increase in immunity from the vaccine.

Support for care home residents and staff

166. Protecting care home residents from COVID-19 has been a huge challenge domestically and internationally; the extra pressures this year has brought can not be underestimated. The Government has provided £3.7 billion of emergency grant funding to local authorities to address the pressures on local services caused by the pandemic, and over £1.1 billion has been paid out through the Infection Control Fund to support providers to reduce the rate of transmission of COVID-19.⁴⁵

167. The Adult Social Care Winter Plan set out the steps the Government is taking to ensure people in care, including those with learning disabilities, are protected from the worst outcomes of COVID-19. Care home staff are now being tested three times per week and free Personal Protective Equipment (PPE) is being provided to the social care sector until the end of June, with this offer now being extended to unpaid carers.⁴⁶ [The Government will continue to work closely with the sector to ensure it has the support it needs to protect staff, residents and carers from Covid-19.]

168. The success of the vaccine programme means that [94%] of eligible older care home residents in England have now been vaccinated.⁴⁷ Combined with the impact of the current restrictions and adherence to infection control measures, the number of outbreaks rates have been falling steadily since the middle of January [in residential care and in the community]⁴⁸

169. This means that from 8 March 2021 the Government will enable visiting for a 'single named visitor'. Every care home resident will be able to nominate someone who can come in for a regular visit. The visitor will have to take a

⁴⁵<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

⁴⁶<https://www.gov.uk/government/news/free-ppe-for-unpaid-carers>

⁴⁷<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

⁴⁸<https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports>

lateral flow test every time they visit, wear PPE and keep physical contact to a minimum. People will be able to hold hands – but people will need to stay safe by not hugging.

170. With the agreement of the care home, the Government will provide the same additional testing and PPE to those visitors whose visit is essential to the resident's immediate health and wellbeing, for example, to help with washing and dressing or eating. [Additional testing will also be provided to facilitate greater access to visits for residents in high risk Supported Living and Extra Care settings]. All of this is a stepping stone. When the data shows it is safe, the Government will want to allow more visiting. [At Stage 2 of the roadmap on **XXXI**] the Government will look carefully at the effect of the vaccination for people living in care homes, as well as levels of infection, and will take a decision on extending the number of visitors and frequency of visits for people in care homes.

Commented [HC44]: Must add in here an aspiration to get back to December style visiting – 2 people with a negative test

Can we say we'll aim to do this for step 2?

Disproportionately impacted groups

171. The Government recognises that some groups within society have felt the impact of the pandemic more acutely, and that ongoing restrictions and requirements will fall unequally. This bolsters the case for levelling up across society and communities. Groups which have been disproportionately impacted include: **ethnic minorities**, with deaths for Black males 3.3 times greater than for White males of the same age in the first wave⁴⁹, and continued high rates of mortality among Bangladeshi and Pakistani communities in the second wave⁵⁰; those in **high-risk occupations** such as taxi drivers⁵¹; **those living in the most deprived areas** where first wave mortality rates for men and women were more than double those in the least deprived areas⁵²; and those with **disabilities**, where indicative estimates suggest that more-disabled women were 1.4 times, more-disabled men 1.1 times, and men and women with a medically diagnosed learning disability 1.7 times more likely to die from Covid 19 than non disabled people of the same sex. These estimates take account of factors such as underlying health conditions and geographical circumstances but as yet no single factor can be identified to explain the increased risks. Across all of these groups, multiple underlying socio-economic factors contribute to high case and death rates⁵³.

⁴⁹ ONS: Coronavirus related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020

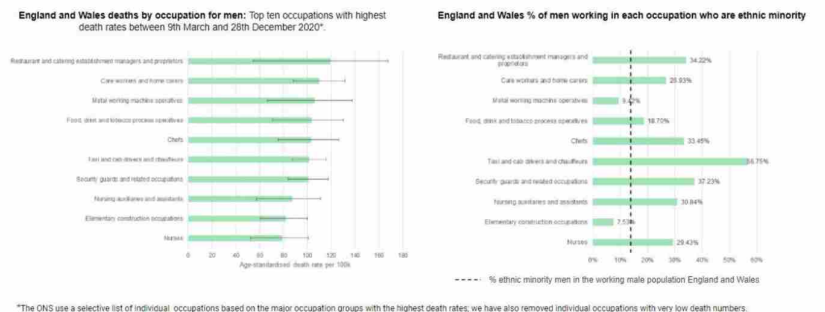
⁵⁰ Nafilyan et al. Ethnic differences in COVID-19 mortality during the first two waves of the Coronavirus Pandemic, February 2021

⁵¹ ONS: COVID-19 deaths by job sector, August 2020

⁵² PHE: Disparities in the risk and outcomes of COVID-19, August 2020

⁵³ ONS: Updated estimates of coronavirus (COVID-19) related deaths by disability status, February 2021

[Graph - showing publicly available data on ethnicity impacts]⁵⁴



172. The Government has **already** put in place a number of measures to mitigate disproportionate impacts. As the Government eases restrictions, it will ensure that those who have been worst hit by COVID-19 are protected and supported, and that the unequal impacts of COVID-19 continue to be addressed. This includes:

- a. **Increasing community testing in disproportionately impacted groups and for the employees of small businesses and workforce testing** in higher risk occupations;
- b. **Providing local authorities with key vaccine data to help them to counter mis- and disinformation around vaccines in communities.** Mis-information disproportionately impacts some ethnic minority groups. The Government will also encourage the voluntary sector to support the vaccine rollout at the community level.
- c. **Introducing additional safety measures for private hire and taxi drivers [pending HMT agreement].** The Government will shortly publish guidance on the safe installation of safety screens in Taxis and PHVs to help reduce transmission rates between passengers and drivers. The Government will support self employed drivers through an in-vehicle partition grant scheme which will be introduced shortly.
- d. **Protecting those in high risk institutional settings such as prisons, residential settings for asylum seekers, immigration detention centres.** The Government will expand testing capacity in prisons, provide guidance in a range of languages for asylum seekers to support for self-isolation and introduce safety measures in institutional settings or accommodation for vulnerable people.

⁵⁴ ONS: Coronavirus (COVID-19) related deaths by occupation, England and Wales, January 2021

- e. **Providing additional support for those facing indirect impacts of COVID-19** including supporting domestic abuse and safeguarding services, and disadvantaged students recovering from lost-learning.
- f. **Ensuring support is available for individuals facing disproportionate impacts on their mental health and wellbeing.** In addition to the Wellbeing and Mental Health Support Plan for COVID-19, published last year, the Government will publish an Action Plan setting out further measures to respond to and mitigate the impacts on mental health across the population.
- g. **Protecting rough sleepers.** The Government has committed funding to 2022 for local authorities to protect rough sleepers. The focus is on providing long-term sustainable support to local authorities, through the Rough Sleeping Initiative and the Rough Sleeping Accommodation Programme.

[DN: policy still being finalised with DWP] Supporting vulnerable families. The £170m Covid Winter Grant Scheme was announced on 8 November and is now being delivered by local authorities to support vulnerable families in need this winter and beyond. This will be extended until the end of the Easter holidays (16 April 2021). This Government will also support disabled families as we exit lockdown.

6. LONG TERM

Transition from pandemic to endemic

173. Over time, scientists expect COVID-19 to become endemic, meaning the virus will reach a stable, and hopefully manageable level. It may have seasonal surges. Scientists do not yet know how or when that transition will occur, ~~except that it may take years and that the Government should do what is necessary to prepare.~~

174. Vaccines will be key to managing the transition from pandemic to endemic state. Therapeutics, antivirals and non-pharmaceutical interventions will also have a vital role to play.

Living with the virus

175. Like some strains of flu, COVID-19 is a relatively mild illness for much of the population, but it is more dangerous to vulnerable groups. Both viruses can also rapidly mutate to form strains that are more transmissible, immune-resistant, or which cause more severe disease.

[INFOGRAPHIC - Covid compared to Flu]

176. The Government will do what is necessary to enable the country to live with the virus in the longer-term without imposing costly restrictions. In addition to a comprehensive revaccination programme, set out in Chapter [x], the Government will also use the Test, Trace and Isolate system to keep the virus in check. This includes regular asymptomatic testing in sectors with the highest risk of transmission, as well as testing in the workplace to help protect employees from infection and keep businesses open. The UK has already stepped up domestic production of lateral flow tests. As set out in Chapter 2, the Government is also investing in bolstering domestic vaccine production capacity across the whole of the UK.

Building a test, trace and isolate system for the future

~~177. Test, trace and self-isolate will carry on changing to support our reopening and recovery in the coming months. Testing may be among the measures used to open up venues for sports, arts, culture and business events. A number of pilot events will form part of a Government research programme looking at how testing can be used in this way, and inform decisions on when larger crowds may be allowed to return to venues.~~

~~178.~~ 177. As regular testing will have a key role to play in future, the Government is working to establish an effective **private market for tests**. Providers must meet a regulatory framework so that the public can have confidence in these

Commented [HC45]: Refer here to the reviews set out at the end of step 4

Or move the 4 reviews here as they're all about working out how we "live with the virus"?

Commented [HC46]: Messy to repeat this on pilots

tests and the Government will set up new validation processes for new tests to the private market.

~~179-178.~~ In time, it is possible that testing becomes a viable alternative to self-isolation for contacts of infected people. The emergence of new variants has meant this is not yet feasible, but the testing programme is being primed to deliver this when the time is right. The evaluation, which has thus far involved around 12,000 people across 21 organisations and 180 sites, will be expanded in the coming months and include a large-scale programme with schools.

Commented [HC47]: Move this to the testing chapter

~~180.~~ ~~COVID-status certification involves using testing or vaccination data to confirm to institutions that people have a lower risk of transmitting COVID-19 to others. This has the potential to support the relaxation of restrictions once it is safe to do so, to encourage further uptake of both vaccination and testing and add an additional layer of protection to the most risky settings. However there are also risks relating to exclusion, discrimination and privacy that need to be carefully considered.~~

~~181.~~ ~~The Government will establish a review of the potential role for COVID-status certification to enable the reopening of the economy, reduce restrictions on social contact and improve safety. This will include the potential use of an individual's vaccine status, COVID-test status and COVID-immunity status to enable access to settings (such as hospitality or workplaces) or a relaxation of elements of COVID-secure mitigations. The review will consider the ethical, legal, public health and operational aspects of introducing such a scheme and draw on external advice to develop recommendations that take into account social and economic impacts, implications for disproportionately impacted groups and individual privacy and security.~~

Commented [HC48]: This is repeating earlier section on reviews

Transition measures and longer-term mitigations

~~182-179.~~ Beyond [XXX], even once the majority of the population has been vaccinated, the public will still need to follow key behaviours. However, the approach to these in England will change, emphasising personal responsibility over legal restrictions. The Government will ask the public to think about how risky a situation is, and encourage them to continue practicing safe behaviours to minimise the risk of infection where possible.

~~183-180.~~ Initially, these transition measures could include [face coverings, COVID-secure, 1m+ and other COVID-secure guidance for business, however, they may change to adapt to the virus as it and the Government's understanding of it changes.] It is envisaged that these measures will be in place [while the vaccine is rolled out to the rest of the population]

~~184-181.~~ Over time, as prevalence decreases, the risk of infection will decrease, thereby allowing restrictive measures to be eased in place of long-term baseline

protections. This includes encouraging enduring behavioural change such as improved hygiene, more frequent handwashing, continued wearing of facemasks and maintaining a responsive and effective Test, Trace and Isolate system. This should minimise health risks and allow a return to a relatively normal lifestyle to occur until the impact of the virus in the community stabilises.

~~185.~~182. [As vaccination rollout continues, the Government will continue to have a duty to protect the small minority who are not able to benefit directly from the vaccine but will benefit from reduced transmission in the population. As set out in Chapter 3, the Government will conduct a review of social distancing measures and other long-term measures that have been put in place to limit transmission. The results of the Review will help inform [decisions on] the timing and circumstances under which we may be able to lift 1m+ social distancing advice and other measures.]

~~186.~~183. To ensure the NHS will be able to deliver high-quality COVID-19 and non-COVID-19 care for winter 2021 and beyond, the Government will work closely with the NHS to assess what support is needed to respond to heightened pressure, drawing on learning from the pandemic so far and emerging best practices.

~~187.~~184. The Government will also work with the social care sector to develop and set out measures that should be maintained in residential and community care settings. This will include good practice developed during the pandemic such as PPE procedures, testing protocols, and cleaning regimes in individual care settings. The system will be supported by local authorities and the Care Quality Commission (CQC) to ensure high quality care and safe infection prevention and control procedures are maintained.

~~188.~~185. While for many people COVID-19 is a mild illness, for some, regardless of age, the effects of COVID-19 can linger into the long-term. The NHS and partner organisations are already implementing initiatives to support people with prolonged symptoms following COVID-19 infection, including that which has been referred to as 'long COVID' and help the system to handle any additional pressure from long COVID related conditions effectively. In addition, research announced by the National Institute for Health Research (NIHR) and UK Research and Innovation (UKRI), will see £8.4 million invested in one of the world's largest comprehensive research studies into the long-term health impacts of COVID-19 on hospitalised patients. In addition, the NIHR and UKRI announced a further £18.5 million on 18 February 2021 to fund a number of ambitious studies that will help the Government learn more about the long-term effects of the virus, including among people who have not been hospitalised.

Commented [HC49]: This covered earlier in the document – its unhelpful to repeat it in a slightly different way. Suggest deleting, or moving any bits earlier in the document if it hasn't yet been said

Commented [HC50]: Move these paras into the previous NHS and social care chapters

Recovery

~~189~~.186. The UK must also start to build its recovery from COVID-19. A Recovery Programme will look to address the social and economic losses incurred by restrictions over the last year, the lasting physical and mental health impacts, tackling the inequality along regional, ethnic and socioeconomic lines exacerbated by the virus, and building a sustainable, resilient economy that is levelled-up across regions.

Commented [HC51]: What's this...? Sounds like a major new announcement but I don't think the PM is aware! Is it part of build back better? Suggest deleting this paragraph unless this "recovery programme" has been signed off – if the latter, can someone send me details?

~~190~~.187. The Government is committed to addressing the longer-term implications of COVID-19 for communities that have been disproportionately affected, some of which were already disadvantaged before the pandemic. The Government is drawing on the knowledge and expertise of medical professionals and the best available evidence to develop and test new approaches to control the spread of the virus in order to protect affected individuals, communities and the NHS.

Commented [HC52]: Move this to earlier section on those who have been disproportionately affected

~~194~~.188. On 27 January 2021, the Prime Minister committed to providing a huge programme to help recover lost learning, recognising that the disruption of this year has had a major impact on children. This will involve a further £300 million on tutoring programmes, building on last year's £1 billion Covid Catch Up fund, as well as potential plans for summer schools developed in partnership with the education sector. The Government has also announced the appointment of Sir Kevan Collins as the Education Recovery Commissioner, to oversee a comprehensive programme of recovery aimed at young people who have lost out on learning due to the pandemic. He will be addressing factors such as curriculum content and quantity of teaching time in the coming months, to ensure the impact the pandemic has had on learning is addressed as quickly and comprehensively as possible.

Commented [HC53]: Move to earlier education section

Building resilience to future pandemics

~~192~~.189. To build resilience in the health system for any future pandemics, the Government is on track to establish the National Institute for Health Protection (NIHP) in April 2021. This new organisation will be responsible for monitoring, identifying and ensuring our nation's readiness to respond to public health hazards. Combining the health protection capabilities of Public Health England with NHS Test and Trace, including the Joint Biosecurity Centre (JBC), and building on the experiences of tackling COVID-19, we will transfer staff and systems into the new organisation over the following months. At a local level, local authorities and Directors of Public Health, working with Public Health England, will continue to work to manage local outbreaks engaging closely with their communities. They are supported by the national COVID-19 contain outbreak management framework, which sets out how national and local partners work with the public to prevent, manage and contain outbreaks.

~~193.~~190. The Government will also continue to ensure that any plans for future pandemics are multi-sectoral. Although the health and social care system is central to responding to a pandemic, all Departments and partners are critical to a response and will continue to improve resilience for any future pandemics.

International leadership

~~194.~~191. On the international stage, the UK is leading on a global approach to preventing future pandemics. At the UN General Assembly in September 2020, the Prime Minister set out the UK's Five Point Plan focusing on:

- a. A global network of zoonotic research hubs to spot new pandemics before they begin, by identifying pathogens before they leap from animals to humans;
- b. Increased research and development and manufacturing capacity for treatments and vaccines to ensure tried and tested treatments are ready to deploy against emerging threats;
- c. Improved horizon scanning and early warning systems making best use of data and cutting-edge technology;
- d. Strengthened protocols and guidance for dealing with health emergencies and strengthened ability to share evidence and devise new guidance during a crisis;
- e. Reduced trade barriers that have impeded the COVID-19 response.

~~195.~~192. This year, the UK will use its G7 Presidency to lead the global recovery from COVID-19, by calling for a new, global approach to pandemics including further international cooperation on vaccine distribution, while strengthening the nation's resilience against future pandemics.

~~196.~~193. As set out in Chapter 2, the health of every country depends on the whole world having access to safe and effective vaccines, therapeutics and diagnostics (VTDs). As set out in Chapter 2, the UK is supporting international efforts to widen access to new vaccines, therapeutics and diagnostics for COVID-19, and to deliver equitable access to vaccines to people living across the globe. The UK will continue to work closely with global bodies to ensure that developing countries can access COVID-19 vaccines, treatments and tests, and will use its G7 presidency to encourage other countries to do likewise.