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COVID-19 OPERATIONS COMMITTEE XX(XX)

3 JULY 2021

COVID-19 OPERATIONS COMMITTEE

COVID-19 RESPONSE: STEP 4

PAPER BY THE COVID-19 TASKFORCE

SUMMARY

1. This paper seeks agreement on the policy content for step 4 ahead of an announcement on Monday 5 July. The decision on whether to proceed to step 4 of the roadmap on 19 July will be taken after a full assessment of the latest data against the four tests on 12 July.

CONTEXT

2. The pandemic is not over and risks remain. Positive cases are now rising rapidly, doubling every nine days. ONS data also shows a rapid rise, with prevalence increasing to 1 in 210 people in England in the w/c 22 June, up from 1 in 440 the previous week.
3. Hospital admissions are also rising but remain low. The pace of growth is slower - currently doubling every 21 days - and admissions are tracking most closely to some of the modelling from last month, suggesting that we are unlikely to see unsustainable pressures on the NHS though uncertainty remains. SPI-M will provide updated modelling next week. Deaths remain very low, with the seven-day average hovering around 15 daily deaths.

Commented [WC1]: For now....

Commented [WC2]: Doubling is 21 days. How many doubling times until we reach the Jan peak? (less than 5)

MESSAGING

4. The pandemic is not over and the risks remain. While restrictions will be lifted, we still want people to behave sensibly to manage the risks to themselves and others.
5. Subject to agreement from this Committee, the policy outlined below will be communicated through five principles:
 - a. **Reinforce our vaccine wall of defence** through booster jabs and driving take up;
 - b. **Enable the public to make informed decisions** through guidance, rather than laws;

- c. **Retain proportionate test, trace and isolate plans as important baseline measures to manage the virus and identify potentially dangerous variants;**
- d. **Manage risks at the border and support a global response** to reduce the risk of variants emerging globally and entering the UK;
- e. **Retain contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as we learn to live with COVID.

RECOMMENDATIONS

6. **The Committee is asked to agree that at Step 4, we will remove the majority of legal restrictions and prescriptive guidance and shift to an approach of voluntary guidance that enables individuals to manage their personal risk and risk to others.** This package is developed based on ministerial steers and the outcomes of the social distancing and certification reviews. Specifically the Committee is asked to agree to the proposals in paragraphs 7 to 21.
7. **There will be no limits on general social contacts, and therefore no more gathering offences, restrictions on attendees at life events, or limits for support groups and parent and child groups, as set out in the roadmap.**
8. **All remaining businesses can reopen**, including nightclubs, dance halls, discotheques, dance floors/spaces for dancing, sexual entertainment venues/hostess bars, and shisha bars, **and all capacity caps will be lifted.**
9. **All guidance on social distancing (1M+) will be lifted.** There will be an **exception for a finite number of settings and circumstances** with unique risks, for example ports of entry. 1M+ could be advised by Directors of Public Health, in partnership with relevant departments, for individual settings in response to an outbreak in limited high-risk settings (see Annex D).
10. **All legal requirements to wear face coverings will be removed.** The Face Coverings (Public Transport) regulation will be allowed to expire and the Face Coverings (Relevant Places) regulations will be revoked. Voluntary guidance will be published advising their use in enclosed, crowded places including public transport. The guidance will read: *COVID-19 spreads through the air by droplets and aerosols that are exhaled from the nose and mouth of an infected person. When used correctly, wearing a face covering can reduce the spread of COVID-19 droplets, helping to protect others. Think about wearing a face covering indoors where you may come into close contact with people you do not normally meet. This makes more of a difference in enclosed and crowded spaces, such as on public transport.*
11. **The 'Work from Home if you can' message will be discontinued.** Guidance to help employers manage risks within their workplace, support staff with physical or mental health conditions, and meet Health and Safety obligations will remain. The public line to support this position will be: *"It is no longer necessary to ask people to work from home; employers can now start to plan a return to workplaces".* [DN: final position awaits steer from the PM].

12. **Legal requirements on certain businesses will be revoked** through allowing the Steps regulations to expire, and repealing the COVID-Secure (Obligations of Undertakings) and Collection of Contact Details regulations. There will be no legal restrictions on service of food and drink, including no requirement for customers to eat and drink while seated in certain venues, nor for full table service in these venues where alcohol is served; no legal requirement to manage group limits and prevent mixing between groups; ensure appropriate distance between tables; display signage and information on face coverings or prohibit rules that enforce the removal of face coverings; and no legal requirement to collect and retain the contact details of customers, visitors, and staff (although this will remain in guidance).
13. **“COVID-Secure” guidance will be discontinued**, and replaced with shorter, more generic “Working Safely” guidance. Sector-specific guidance will continue to be provided, but will be slimmed down to more generic sectors. This will give employers more discretion on whether and how to use mitigations like perspex screens, queuing systems and enhanced ventilation.
14. **[Singing restrictions will be lifted]**, including on congregational singing, and the “safer singing” guidance will be discontinued.
15. **The five named visitor limit per care home resident will be lifted, as agreed by COVID-O on 2 July.** A number of controls will remain in Adult Social Care. Residents will be allowed one Essential Care Giver and only two visitors on any one day. Indoor visits will continue to be restricted for 14 days (excluding Essential Care Givers) when a care home is in outbreak status, increased to 28 days when a variant of concern is identified (excluding Alpha and Delta variants). Directors of Public Health will continue to have additional powers to restrict visiting when needed, in the face of a variant of concern or high community transmission. All PPE and staff IPC measures in the sector will remain including the existing testing protocol.
16. **There will be no legal requirements on the use of COVID-Status certification as a condition of entry for visitors to any setting.** Businesses are able to voluntarily adopt certification and the Government will make the NHS COVID Pass available in the NHS app, so that individuals can easily prove their status. Guidance will be published to support this. Certification will be discouraged in essential settings and if businesses choose to implement they will have to consider any equality impacts.
17. **The Local Authority Enforcement powers will be allowed to expire.** These regulations enabled enforcement against a wide range of regulations we are revoking and business breaches of Test, Trace and Isolation requirements (i.e. employers forcing their employees to come to work after being instructed to isolate).
18. **The No. 3 regulations will be extended until 26 September.** These remain an important part of our response package to Variants of Concern and give local authorities power to respond to events and venues (and to close them down if necessary) which pose a serious and imminent threat to public health. The Secretary of State can overrule local application of the powers which have been used rarely in the last year, but are a **useful** tool to quickly address severe local outbreaks.

EDUCATION

19. From Step 4, a **more liberal set of controls will apply in early years, schools, colleges and higher education institutions** that will maintain a baseline of protective measures while maximising attendance and minimising disruption to children and young people's education. Proposals are to: maximise vaccination uptake in parents, teachers and other education staff; removing bubbles and contact tracing in early years settings, schools and colleges, focusing on household and close social contacts only, significantly reducing the number of pupils asked to isolate; continuing the asymptomatic testing regime in secondary schools and colleges - including two tests in person on return - until the end of September with a review at that point; and returning to a full school day with a plan for driving up attendance in the Autumn. Guidance on mitigations such as cleaning and ventilation will remain, as will local outbreak management approaches. **The Education Secretary will outline the plan for education later this week.** [The Taskforce is working with DHSC and DfE to finalise the process for exempting from isolation all u18s identified as close contacts by the start of the Autumn term. Exempting u18s from isolation would be in line with the proposed approach for fully vaccinated adults and would increase access to face-to-face education, but would increase the risk of more cases in schools.
20. **Advisory guidance will be published on how people can manage the risks of themselves and others.** It will set out the following list of key beneficial behaviours:
- Meeting in well-ventilated areas where possible, such as outdoors or indoors with windows open;
 - Wearing a face covering in enclosed, crowded places such as public transport and shops;
 - Regular hand-washing or using hand sanitiser;
 - Covering your nose and mouth when you cough and sneeze;
 - Staying at home if unwell, to reduce the risk of passing on other illnesses onto friends, family, colleagues, and others in your community; and
 - Considering individual risks, such as clinical vulnerabilities and vaccination status.

TEST, TRACE AND ISOLATE (TTI)

21. TTI will be one of the few remaining interventions post-step 4 and it is important that core aspects continue to manage the threat of the virus, including reducing transmission and helping to spot potentially dangerous variants. **We recommend that:**
- Symptomatic testing continues as currently.** UKHSA are rapidly expanding their PCR testing capacity in order to meet the increasing demand from the current wave..
 - Free asymptomatic testing will be extended until 30 September**, and all individuals who wish to order lateral flow tests will be able to do so, though the provision of free tests to employers will end. Communications will be targeted based on prevalence, to those at highest risk, and the universal message of 'get

tested twice a week' will be reframed around individuals managing their risk. Community testing and asymptomatic testing in the highest risk settings will continue until further notice, with a review point in September.

- c. **Tracing will continue, but the Collection of Contact Details regulations will be repealed** to lift the requirement for certain businesses to display QR codes, and collect and retain the details of customers, visitors and staff to assist NHS Test and Trace. Businesses will still be strongly encouraged in guidance to display QR codes and collect details to enable backward contact tracing and help support individuals who want to manage their personal risk.
- d. **Self-isolation for those who have COVID symptoms or test positive will continue.** The Self-Isolation regulations will therefore be retained.
- e. **[Double vaccination: COVID-O on 1st July agreed in principle to introduce an exemption from isolation for fully vaccinated individuals who are identified as a contact of a COVID positive case.** The Health Secretary will make an announcement later in the week to set out the details of how this will be implemented.] Necessary changes to the self-isolation regulations will follow. We expect to advise through guidance that fully vaccinated contacts take a PCR test and daily lateral flow tests for 7 days instead of self-isolating, [from 16th August.]

CONTINGENCIES AND PERIODS OF RISK

22. We recommend that we set out our approach to contingencies, including that:

- a. **We may need to strengthen our controls in the autumn and winter** to account for seasonal pressure from COVID-19. We will prioritise strengthened guidance and light-touch measures other than economic or social restrictions. Mandatory certification could also play a role.
- b. **In the event of a dangerous variant we may need to reimpose economic and social restrictions.** All possible steps will be taken to avoid needing to do this; we have a range of tools and capabilities at our disposal to mitigate and manage variants. [We may need to apply measures on a precautionary basis to manage risk while we understand more about the characteristics of a VoC. For example, it is possible that COVID-status certification could provide a means of keeping events going and businesses open if the country is facing a difficult situation in autumn or winter.]

DEVOLVED ADMINISTRATIONS AND PARLIAMENTARY ENGAGEMENT

23. Our expectation from engagement is that the Devolved Administrations are likely to adopt a more cautious approach at this time than UKG, more incrementally relaxing restrictions, and keeping more social distancing and work from home guidance in place after 19 July.

REGULATIONS

24. A statutory instrument will be laid during the week commencing 12 July to implement the proposed changes. Parliament will be required to debate and approve the regulations within 28 sitting days of being made.

25. This SI will extend the No3 regulations to expire on **26 September** and amend the Self Isolation Regulations to exempt double vaccinated individuals from the requirement to isolate as close contacts, as well as make minor amendments to enable someone to leave the home to post an antibody test and to clarify rules for daily contact testing. The SI will revoke the Face Coverings (Relevant Place) Regulations, Obligation of Undertakings Regulations; and the Collection of Contact Details Regulations.
26. The following regulations will be allowed to expire at the end of 18 July: the Steps Regulations; the Face Coverings (Public Transport) Regulations; and the LEAP Regulations.

IMPACTS

27. With the gradual easing of restrictions through Steps 1 to 3, the economy has begun to recover and is currently outperforming the Office of Budget Responsibility's (OBR) March 2021 outlook. Monthly UK GDP grew by 2.3% in April 2021, 4.0% below its January 2020 peak,¹ compared to 8.7% below as projected by OBR.² However, any short-term recovery is likely to be constrained by continuing restrictions, including social distancing, and some types of businesses remaining closed.
28. Removing current restrictions will have benefits for all sectors that are able to return to work, open to the public, and operate at or close to full capacity.
29. Young people, those on lower pay, women, and ethnic minority groups are overrepresented in the sectors most severely disrupted by restrictions, such as social distancing^{3,4}; the reopening of these sectors at Step 4 should therefore benefit these groups.
30. A return to offices could provide a boost to direct- and indirect-office related spending in city centres, although this will depend on working patterns.
31. Removing restrictions on socialising is likely to result in a positive impact on mental health and well-being, particularly for those who have been disproportionately affected by restrictions such as younger people, ethnic minority groups and those on lower incomes. The extent of the impact will depend on how people choose to exercise new freedoms.
32. The anticipated economic benefits would be offset by the implications of high prevalence including: a reduction in labour participation and worker shortages due to illness, isolation or reluctance to return to workplaces; reductions in demand in contact intensive sectors (e.g. in restaurants, pubs, retail); and reduced consumer and business confidence. Removing restrictions will also benefit the delivery of public services. For example, social distancing has led to a shift to remote hearings in courts, putting pressure on court resources.⁵ The total backlog of cases in the Magistrates Court and Crown Court in England and Wales now exceeds 510,000, as of 23 May 2021. This is around 65,000

¹ ONS, [GDP monthly estimate, UK: April 2021](#), June 2021

² OBR, [Economic and fiscal outlook – March 2021](#), March 2021

³ ONS (February 2021) - [Estimates of the number of people aged 16 years and over in employment by occupation, sex and ethnicity, England, January 2017 to December 2019](#)

⁴ ONS (August 2020) - [Employment by detailed occupation and industry by sex and age for Great Britain, UK and constituent countries 2019](#)

⁵ Covid-19 and the Courts (March 2021) <https://publications.parliament.uk/pa/ld5801/ldselect/ldconst/257/257.pdf>

higher than pre-pandemic levels.⁶ Removing social distancing restores capacity and allows the backlog to be addressed.

33. The relaxing of all social distancing measures will have implications for some vulnerable groups i.e. those that can't be vaccinated for medical reasons, and potentially increase the risk for clinically extremely vulnerable (CEV) individuals, for whom the level of vaccine efficacy is not yet clear. Furthermore, many CEV and older people still feel social distancing is important. A quarter of CEV people who work from home remain concerned about working outside the home, with social distancing and other restrictions making them feel more comfortable⁷, and recent polling suggests three quarters of older people say they will continue to socially distance where they can after COVID-19 restrictions end.⁸
34. Younger adults who have not yet been vaccinated or may only have received their first dose will be unfairly disadvantaged. Certain groups who are less likely to have been vaccinated, including deprived communities and some ethnic minority communities,⁹ may also be at a greater risk of adverse health outcomes.
35. This approach does have risks attached to it. While vaccination has changed the hospitalisation to case ratio:
- a. High prevalence can still have a significant impact on the public, businesses and wider public services**, both through large-scale illness (including long COVID) and the burden of self-isolation. The exemption to self-isolation and change to systems of controls in schools set out above will mitigate the extent to which people lose days of school or work, at the cost of higher levels of infection.
 - b. High prevalence increases the chance of a Variant of Concern emerging in the UK.**
 - c. Unvaccinated populations will be disproportionately impacted,**
36. Existing control measures in education settings have been highly disruptive and costly. Children lost up to 14 weeks of school time during Spring and summer 2020, with lost learning highest in primary maths, in the North East, and in schools with high numbers of pupils eligible for Free School Meals.¹⁰ Current bubbling policy means all children in bubbles and contacts are sent home, even if currently children with COVID remain low (0.3% or 13,000 children). This has a much bigger impact on overall attendance, with 4.6% of children having to miss face-to-face learning since returning after the Easter holidays - equivalent to 243 thousand children a week (approx 18 times as many as those confirmed as having COVID). The impact is greatest in those areas with higher prevalence, these are also typically areas of enduring transmission, so children in these areas have been consistently affected throughout the pandemic.

⁶ HMCTS (June 2021) - [Weekly Management Information during Coronavirus March 2020 to May 2021](#)

⁷ ONS (8 June 2021) [Coronavirus and clinically extremely vulnerable people in England: 17 May to 22 May 2021](#)

⁸ YouGov polling (15-16 June 2021). [Behavioural Sitrep 1st July](#) (not for public use)

⁹ OpenSafely (June 2021). [NHS Covid-19 Vaccine Coverage](#)

¹⁰ DfE - Understanding Progress in the 2020/21 Academic Year

37. Easing controls in early years, schools, colleges and higher education institutions is likely to have a positive impact on education outcomes and help minimise economic disruption from children being sent home. There will be less disruption to learning and more face-to-face teaching will be able to take place. With fewer children being sent home, there will be less disruption for working parents.

NEXT STEPS

38. Subject to agreement from the Committee, the Prime Minister will host a press conference today, 5 July, to announce the shape of step 4.
39. The Summer Response will be published (Annex X) on 5 July alongside the reports for the Certification and Social Distancing Reviews (Annex X-X).
40. [There are [three] additional areas that we recommend announcing later in w/c 9 July, and which have been considered in other meetings of the Covid Operations Committee.]
- a. **Education:** COVID-O has agreed the majority of the five point plan for education, to be announced in full later next week by the Education Secretary.
 - b. **Self-isolation exemption for fully vaccinated individuals:** The Health Secretary will set out further detail next week on how and when fully vaccinated people will be exempt from contact isolation. COVID-O has agreed to the overarching policy, and will discuss the details again before it is announced.
 - c. **Travel:** from [19 July] arrivals from 'amber' list countries should not face any isolation, or day 8 test requirements if they are fully vaccinated, but a pre-departure test and a day 2 PCR test will still be required.
41. The final decision on whether to proceed to step 4 will be subject to assessment against the four tests and agreement at COVID-O on 12 July.
42. We recommend that a public data review against the four tests is conducted on 20 September prior to the remaining regulations sunseting. We will continue to assess the position against the tests at regular intervals.

Annex A: Step 4 Publication

Annex B: Certification Review Report

Annex C: Social Distancing Review Report

Annex D: 1M+ and Exemptions

1. There are some settings where guidance should set out that 1m+ should continue. These are:
 - **People self-isolating (including positive cases and contacts when legally breaking self-isolation, e.g. to attend a funeral):** given the high risk of transmission all positive cases and contacts should observe social distancing when breaking isolation for permitted reasons.
 - **Ports of entry, for passengers between disembarkation and border control:** as passengers from higher risk countries can mix with other lower risk travellers, this would protect against the importation of VoCs. The majority of imported infections, potentially including VoCs, come into the UK from amber countries, presenting a risk of infection of green arrivals who do not go on to isolate. Whilst some separate red list terminals exist, indirect arrivals from red list countries still use the same terminals as amber and green passengers.
2. **Healthcare and adult social care** settings continue to apply 'infection prevention and control' (IPC) policies, including social distancing where appropriate, based on local operational and clinical discretion. A review of IPC has been commissioned by No10, and the Health Secretary is determining the scope and timing of when it will report. Ministers will need to be sighted on future policies given implications on productivity in the healthcare sector.
3. A number of other settings have been identified as 'high-risk' due to the vulnerabilities within their communities or the risk an outbreak could pose to the wider community. These settings have a legal duty of care to employees and service users so there are concerns that lifting 1m+ prematurely and failure of duty of care could result in legal challenges against operators.
 - **Prisons, Approved Premises and Youth Custody:** PHE and SAGE advise that the closed environment and vulnerable population mean prisons are

high-risk. Risk varies significantly based on individual demographics, population churn, vaccination levels and testing rates.

- **Immigration removal centres:** similar to prison settings, compounded by users who have often travelled through multiple, unknown countries.
- **Homeless shelters:** users have multiple complex needs and health vulnerabilities, within communal facilities and high daily footfall. Outbreaks could close centers, resulting in more people on the streets.
- **Domestic cruises:** often involve a more vulnerable cohort of the population (e.g. often older and less mobile), compounded by the length of time people are on board with limited medical services.

4. Continuing to apply 1m+ in these settings risks an inconsistent approach at step 4, confused public messaging about the safety of lifting 1m+, and continued pressure on public service backlogs.
5. **We recommend that 1m+ is lifted in these settings, but 1m+ is retained as a tool for local Directors of Public Health to reinstate as part of local outbreak management**, in partnership with relevant departments, local authorities and setting operators. We will emphasise that lifting 1m+ is the default, and retaining it beyond step 4 or reinstating is a time limited, risk-based option only if necessary. DHSC will monitor how frequently 1m+ is deployed going forward.
6. Domestic cruises are not included in this approach. However, operators must have agreed plans in place with local port health for embarkation and disembarkation of passengers, in particular agreed plans for disembarkation in the event of an outbreak. The Ministerial Task and Finish Group on Cruise Restart agreed (on 16 June) to rely on well established pre-existing public health legal backstops for ensuring safety on ships and at ports for outbreak management.

Implementation

7. Subject to Ministerial decisions, these changes will be announced on 5 July. Government will set clear expectations that 1m+ should be lifted from 19 July, However, this could be delayed across limited sectors, particularly for custodial environments which will likely seek additional support from local public health teams to ensure they lift 1m+ in a considered manner. MoJ and HO will monitor this going forward.

OFFICIAL SENSITIVE - DRAFT - NOT GOVERNMENT POLICY

8. DHSC should issue guidance on how these changes can be implemented, and work with local partners to ensure that these options for outbreak management are understood. Local Outbreak Managements Plans should be updated with the refresh of the Contain Outbeak framework.

Enforcement

9. Departments suggest that these high risk settings will choose to implement 1m+ if needed or advised. Subject to final decisions on wider enforcement regulations, enforcement would rely on the No3 regulations (resulting in closure as last resort) or wider Health and Safety legislation.