



Cabinet Office

**HIGH PREVALENCE PLANNING: SUMMER RESPONSE
COVID-19 TASK FORCE - 21 JULY 2021**

Introduction

The Small Ministerial Group meeting on 7 July provided a preliminary view of the major cross departmental risks of high prevalence. This discussion aims to take stock of progress on mitigating the risks identified, discuss new risks that have emerged since, re-assess the strength of mitigations in place and highlight emerging policy plans.

Session objectives

The aim of the meeting is:

- i. For Ministers to set out severity of the risks identified;
- ii. For Ministers to clarify any wider impacts of identified issues and risks, and to what extent departments have sufficient processes/plans in place to mitigate them;
- iii. To test to what extent departmental mitigation measures are adequate and proportionate for the associated issues and risks; and
- iv. To provide departments with the opportunity to obtain collective agreement for urgent decisions and discuss interdependencies.

Issues and key questions

1. DHSC:

a) NHS workforce

i) How confident is DHSC/NHSE in the surge plans for NHS over August, and that everything to maximise workforce capacity has been done in order to address the expected peak in hospitalisations?

b) ASC workforce

i) To set out what specific action DHSC is taking to drive up recruitment and retention over the Summer, and whether that will be sufficient to mitigate the risk of staff absences?

c) TTI capacity

i) What would the consequences be of a reduction in adult social care PCR testing? How would this affect our ability to meet growing symptomatic demand?

ii) What is the confidence level that testing capacity mitigations will be in place in time to ensure capacity outpaces demand? What will the impacts be if we are unable to implement capacity mitigations fully and when would these impacts manifest?

iii) What measures will UKHSA pursue to ensure continued usage of the NHS Covid-19 app, given this is a key public health tool?

iv) What will the key challenges be in maintaining compliance with self-isolation policy? What is UKHSA's intended strategy to mitigate this risk?

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d) Long Covid

i) What is the proposed strategy to address the cumulative impact of long covid on public and private sector workforces, and what mitigations do DHSC / DWP have on sickness absence?

e) Vaccine uptake:

i) What are the incentives and levers that HMG could use to rapidly increase uptake in the young?

2. DfT

a) Critical infrastructure (workforce)

i) What mitigation measures (other than self isolation exemptions) are planned to limit the impact of critical workforce absences? Particularly with large numbers of transport and port operators self isolating?

3. DfT, Defra, HO, FCDO and DHSC: Travel and borders

i) How will sufficient MQS capacity be guaranteed over the summer taking into account tourism and the arrival of international students?

ii) What are the mitigation measures for inbound and outbound disruption and long queues at the borders?

iv) How will significant border delays be managed, including where these could impact on UK essential goods deliveries (e.g., food supply)?

4. BEIS: Private sector (workforce)

i) What mitigations are in place to support businesses, including critical national infrastructure to continue operating with staff off due to sickness and isolation?

5. DCMS and BEIS: Nightclubs, live music venues and indoor crowded settings

i) What more can venues do to mitigate transmission before September, and how are depts, LAs and HSE engaging with them on this?

ii) Have there been any instances of local DPH's objecting to the reopening of specific venues or events in Step 4? How can this be managed?

6. MoJ and Home Office:

i) Police and fire service capacity - what contingencies are in place if these reach service-jeopardising levels?

ii) What is the level of workforce absence that courts can absorb before they will be forced to move to remote hearings. Ask about the implications of this for working down backlogs.

iii) What is the extent to which workforce absence will necessitate the restriction of prison regimes? How widespread is this likely to be, and for how long will such restrictions need to be in place?

7. DfE

a) Reopening schools and universities

i) What are the possible consequences for provision open over the summer? Are we able to keep summer schools, summer camps, childcare going at

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sufficient scale for working parents if significant numbers of students and teachers are self-isolating?

ii) What are the risks for the autumn term and the key mitigation measures? Are there any conditions in which the government should consider reinstating some of the NPIs for schools, colleges and universities? If so, what, and in what order? What would the impact be on other government priorities such as education recovery?

8. DWP

i) What is DWP's mitigation strategy to ensure job centres can continue to operate at sufficient capacity to meet demand, and what contingency is in place if industrial action materialises?

9. MHCLG

i) Can all statutory obligations continue over the summer and what contingency plans do LAs have in place if statutory obligations look at risk of being breached?

ii) What is being done to ensure essential services continue to be delivered?

10. Ventilation (DfE, BEIS, MHCLG, DHSC, other relevant depts)

i) What can be done to improve ventilation to limit transmission in autumn/winter?

ii) What actions are planned in critical public settings?

Departmental issues and risks

1. Departments are experiencing issues on TTI capacity, nightclubs, travel and borders, workforce absence and vaccine uptake.

Current issues	
<i>Risk description</i>	<i>Departmental response</i>
<p>TTI capacity: There is concern around TTI's ability to meet demand for symptomatic and asymptomatic testing, and PCR lab capacity. UKHSA are implementing mitigations but if any of these are delayed or unsuccessful there is very little buffer and we may run out of PCR capacity, given lab utilisation is capped at 80% weekly to avoid samples spoiling or the lab network breaking down.</p> <p>UKHSA forecast peak demand for general public PCR testing (pillar 2) at c.519k daily mid-late August, with this utilising c.75% of lab capacity. This is based on retaining current demands on capacity (e.g. asymptomatic PCR testing in care homes and prisons, and general symptomatic public demand). Further SPI-M modelling is due this week which will update the</p>	<ul style="list-style-type: none"> • The increase in capacity will be driven by short-term expansion of Lighthouse Lab capacity which will be replaced with longer term increase in commercial capacity, and the full on-streaming of the Leamington Spa Megalab from September. • UKHSA have proposed to manage down demand by reducing asymptomatic PCR testing and VOC surge testing. The former could reduce demand by up to 100k tests a day in settings with currently very low positivity rates, but carries reputational risks for HMG and health risks for detection of positive cases. A decision to change the approach in ASC would need Ministerial agreement. • UKHSA are increasing Trace staff capacity from 15k to 25k. Current trace

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<p>demand forecast.</p> <p>High prevalence is likely to impact trace staffing - with large numbers of people isolating making it harder to consistently increase staff numbers, another risk to scaling up capacity.</p> <p>SRO: Jenny Harries SofS: Sajid Javid</p>	<p>capacity is 48k cases per day. Maximum daily case tracing capacity would be 89k when this staffing increase is completed.</p> <ul style="list-style-type: none"> Trace has already taken measures to manage capacity (e.g. not calling Amber arrivals). More substantial changes to trace measures may be needed as demand rises.
<p>Nightclubs, live music venues and other indoor crowded settings: these are high risk environments, where certification will be mandated at the latest from September. International experience / evidence highlights the transmission risk and there is also domestic evidence on the night-time economy being linked to superspreading. The Netherlands has seen an adverse impact of opening nightclubs.</p> <p>High prevalence could damage consumer confidence and result in reduced mobility and lower consumer spending. This would likely affect close proximity settings that remove all forms of social distancing measures and may see increasing outbreaks.</p> <p>SRO BEIS: Jessica Skilbeck SofS: Kwasi Kwarteng</p> <p>SRO DCMS: Nico Heslop SofS: Oliver Dowden</p>	<ul style="list-style-type: none"> PM announcement on the use of certification from September, and possibly before Push with HSE and LA resources to engage businesses on better ventilation Consider encouraging clubs to open with reduced capacity in the near term Work through sector concerns on Certification to support implementation and encourage uptake of regular asymptomatic testing more widely. sector consistency - ie. ensuring that restrictions are seen to be applied across indoor unstructured settings where people are gathering (eg. in the light of JVT comments on indoor settings with close proximity and poor air flow, why highlight nightclubs and not pubs?)
<p>Travel and borders: inbound and outbound disruption and queues at the border, issues with MQS capacity, including wrap around of care (hotels, staff, paramedics); this includes self-isolation at the point of origin and certification checks, and number of red terminals in the country; risks in managing arrivals of international students and those returning from holidays. Hauliers are not exempted from MQS so an exemption will need to be added if certain countries are considered for red listing.</p> <p>SRO MQS DHSC: Mike Driver SofS: Sajid Javid</p>	<ul style="list-style-type: none"> COVID-O decisions on traffic light system, and work with JBC to refine overall risk methodology Further work cross-HMG on the further rollout of our vaccination-enabled policy, and the evolution of our current model Continued work with MQS team to ensure efficacy of the system, especially in light of staff shortages. Work with Border Force on ensuring robust approach at the border, upstreaming checks and mitigating resourcing pressures.

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<p>SRO Border Pressure HO/BF Paul Lincoln SofS: Priti Patel</p> <p>SRO Defra: Rebecca Shrubsole SofS: George Eustice</p>	
<p>Vaccine uptake: Improving vaccine uptake is a key mitigation for other non health protection risks e.g. workforce absence.</p> <p>SRO: Keith Willet SofS: Sajid Javid</p>	<ul style="list-style-type: none"> • By 19 July, 65% of 18 – 29 year olds in England had received a first vaccine dose and 22% had received a second dose. Among 30 – 39 year olds, 79% had received a first dose and 41% had received a second dose in England. • DHSC, NHSE/I and PHE are undertaking significant work to drive up vaccine uptake, with a particular focus on the 18-29 year old cohort. Driving uptake of second doses in the groups most at risk (by age and underlying health conditions) is critical alongside this. We need to ensure no groups are left behind, excluded from the opportunity to be vaccinated. • There is a major programme of work underway to try and encourage young people to come forward for the vaccine, focusing on choice and convenience to make it an easy choice for people to get vaccinated. Additional pop up vaccination sites are being set up, including on buses, at football stadiums, and in shops such as Primark. • We have placed more emphasis on communication outlets targeted at younger audiences, cascading messages through channels such as Reddit, Snapchat and TikTok, partnering with influencers, content creators and large retail corporations in combination with more scientific and clinical voices. • There is work underway to incentivise vaccine uptake. The PM announced on 19 July that vaccine only certification will be required in high risk settings from the end of September. The role of vaccination in opening up travel has been emphasised to the public via texts sent to people encouraging them to get

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	vaccinated. DHSC is assessing evidence of the role of that incentives have played in other countries.
<p>Workforce (public services) Workforce shortages given sickness, self-isolation and fatigue, including the NHS; delays to key public services such as courts, prisons, police, water, waste, etc.; further contribution to courts and other public service backlogs.</p> <p>Police (Home Office) The Police are facing workforce challenges, which are currently manageable and being monitored. They are acutely concerned with self isolation and its impact on some specialist units - i.e. Armed Response teams, or Counter terrorist elements.</p> <p>Fire Currently fire services across the country are experiencing a high number of absences due to Covid self-isolation. Of Covid-related absences, 76.01% are self-isolating There has already needed to be reduced FRS appliance/fire engine availability in some services, e.g. Tyne & Wear FRS and 5 English FRS are reporting amber status as we enter holiday season. This time of year, also brings added risk due to weather and wildfires, in which FRS would be required to support.</p> <p>Courts (MoJ) HMCTS are removing social distancing post 19th July, and this will increase courts footfall and throughput. The main risks of this are:</p> <ul style="list-style-type: none"> • High levels of staff absence limiting court capacity 	<p>Police (Home Office)</p> <ul style="list-style-type: none"> • Police will reprioritise work within force areas so far as possible. • Forces may apply to each other for mutual aid although capacity for this may diminish. • May need to cease mutual aid to ambulance service or others. • For some logistical issues (although not core policing) MAC may be appropriate subject to MOD pressures. • Work is ongoing on the case for targeted reasonable excuses. Currently passing through the Covid-O process. • A DCT solution would be preferable – aware of ongoing work on this <p>Fire</p> <ul style="list-style-type: none"> • FRS may reduce non-essential services or consolidate available resources across areas. • May seek mutual aid – but all FRS are stretched so limited capacity for this. • May seek military assistance but subject to MOD capacity. • Work is ongoing on the case for targeted reasonable excuses. Currently passing through the Covid-O process. • A DCT solution would be preferable - aware of ongoing work on this. <p>Courts (MoJ)</p> <ul style="list-style-type: none"> • Courts continue to have ministerial attention via the NERT process. • Remote hearings can continue to be utilised where necessary • HMCTS modelling indicates a high level of resilience to high COVID prevalence

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<ul style="list-style-type: none"> • Outbreaks necessitating temporary closures of court buildings • Capacity constraints inhibiting our ability to work down court backlogs <p>No escalation required at this stage owing to courts being part of the NERT process.</p> <p>Prisons/IRC (MoJ & HO) Custodial environments are high risk settings for outbreaks due to their dense populations, lower vaccine uptake, and clinical vulnerability. Combined with isolations as a result of contact within the community, this may contribute to high levels of staff absence. The main risks of this are:</p> <ul style="list-style-type: none"> • In the extreme, prisons will be unable to operate safely owing to a significant shortage of staff • With high absence levels, prison regimes may need to be restricted. This may lead to prisoners feeling that restrictions are illegitimate, especially when these are out of line with the wider community. This could lead to unrest. • Prisons may not be able to move to less restricted regimes, which require greater resourcing <p>At present absence rates in prisons are half that of wave 2 at 10%, but are being closely monitored by both the MoJ and CO TF.</p> <p>NHS (DHSC) NHS staff are cancelling leave or stretching staff ratios to manage pressures in the short term. At the peak of the second wave, 4.1% of hospital staff were absent due to COVID-related reasons; overall sickness absence levels were 7.9%. Nationally, COVID related absences remain low at 1.8% as at 18 July, but in some areas absence rates are rising in line with rising Covid cases. North West Covid related absences are currently 2.7%</p> <p>Adult social care (DHSC) Continued pressures driving recruitment/retention issues and</p>	<p>Prisons/IRCs (MoJ & HO)</p> <ul style="list-style-type: none"> • Work is ongoing on the case for targeted reasonable exemptions and MoJ are developing guidance following sign off at Covid-O. • Targeted comms to improve vaccine uptake amongst prisoners • Maintenance of SD where necessary to prevent and control the risk of outbreaks • Continued ambition to progress prison regimes as quickly as possible, where safe to do so. • Work is ongoing with DHSC on a solution for mass testing at outbreak sites • Measures to mitigate risk of isolation as result of workplace contact, including proactive communications, and contact tracing leads in prisons. <p>NHS (DHSC)</p> <ul style="list-style-type: none"> • [Self-isolation exemption criteria clarified/expanded for NHS staff.] • Continued delivery of 50k nurses and the people plan. <p>Adult social care (DHSC)</p> <ul style="list-style-type: none"> • Self-isolation exemption criteria clarified/expanded for ASC staff.
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<p>dependence on agency staff which in turn may impact patient safety.</p> <ul style="list-style-type: none"> Figures from Skills for Care which rely on self reporting show 2.7% days lost to sickness pre covid. Post covid this figure is 5.3% for period March 2020 - April 2021. <p>Local Authorities (LAs) (MHCLG) LAs are likely to have to make trade-offs given increased workload and workforce challenges. This is unlikely to be proportionate across the country; some LA areas will need additional support through enhanced response. LAs reported that they continue to carry above average unfilled vacancies and that absence is above averages seen during the pandemic to date, with more staff absent due to fatigue/poor mental health than usual and any future requirements on LAs for COVID-19 activity could increase pressures on the LAs workforce.</p> <p>Statutory services currently at risk include: social work, social care, environmental health, public health, refuse collection, and planning/building control.</p> <p>Greater workforce pressures as more staff are obliged to self-isolate would trigger workforce gaps in key statutory services, specifically within roles that cannot adequately or rapidly be backfilled by redeployed staff or agency/bank staff.</p> <p>Reduction in statutory service provision would lead to interdependent cascade impacts Local C19 testing stations may be forced to reduce hours/close, undermining public confidence, alongside in-year budget pressures.</p> <p>Jobcentres (DWP) Increased risk with face-face interactions can lead to workforce absences due to self-</p>	<ul style="list-style-type: none"> Continuing to promote recruitment into Adult Social Care jobs. Supporting providers to pay staff to self-isolate. Regular collection and monitoring of data to identify early signals/ trends in workforce capacity including creation of Workforce capacity working group to oversee work and propose interventions <p>Local Authorities (LAs) (MHCLG)</p> <ul style="list-style-type: none"> Salaries have been increased for unfilled vacancies (e.g. social work, HGV refuse drivers); Redeploying and upskilling staff (where possible); Using overtime and using agency workers/bank staff (where possible); Examining a place-based public sector staff pool (LA, CCG, NHS Trusts); Continuing to use Covid-secure guidance; Ongoing working from home – where possible; Suspension of non-statutory services (e.g. leisure centres, garden waste collection). From our current engagement with LAs, most statutory obligations can be delivered. There are a growing number of examples of LAs that have suspended refuse collection (which is a statutory service. Although pressures are growing, with more service obligations at risk from increased workforce absence. <p>Jobcentres (DWP) Business Continuity plan in place, currently part invoked due to the recent consultative ballot. Recent recruitment and IT deployment will</p>
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<p>isolation. In addition there is the concurrent risk of industrial action which could impact service delivery.</p> <p>The removal of the temporary £20 a week uplift to Universal credit in October from 5m households is likely to drive a pulse of contact into the delivery network.</p> <p>SROs: Home Office: Tricia Hayes SofS: Priti Patel Courts: Kevin Sadler Prisons: Jo Farrar MoJ: Shaun McNally SofS: Robert Buckland DHSC: Gavin Larnier (whilst DG is recruited) SofS: Sajid Javid MHCLG: Catherine Frances SofS: Robert Jenrick DWP: Neil Couling SofS: Thérèse Coffey</p>	<p>enable relocation of colleagues to support on sites during Industrial Action and switching to working from home will ensure service delivery.</p> <p>Over the next week or so DWP Analysts will be working with Cabinet Office C19 taskforce colleagues. Taskforce is about to commission Departments on workforce absence modelling, supporting assumptions, etc. This will be extremely helpful in our understanding of likely future scenarios.</p>
<p>Workforce (critical infrastructure) DfT monitoring has noted an upward trend in transport staff absences, with operators indicating that this is partly due to increasing numbers of staff self-isolating when identified as a close contact of a positive case by NHS TTI. Operators have indicated there is a major risk to the resilience of the transport network, with an increasing number of localised service cancellations or “near misses” on rail and at ports. There is a growing risk that could impact at short notice on the network’s ability to transport critical goods and essential workers in the coming days and weeks, impacting on wider pandemic response.</p> <p>Food Supply chain: a number of key stakeholders (production companies and large distributors) have indicated that their level of absences (mostly due to self isolation as contacts) is reaching worrying level.</p> <p>SRO: Emma Ward (DfT) SofS: Grant Shapps SRO: Rebecca Shrubsole (DEFRA) SofS: George Eustice</p>	<p>For critical network control rooms and signalling, work is ongoing on the case for targeted reasonable excuses like having a major detrimental impact on the availability, integrity or delivery of essential services. Currently passing through the Covid O process, with a ministerial meeting on 19/7.</p>

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<p>Workforce (private sector) risks to overall workforce numbers and business provision due to sickness and isolation - includes critical business such as food supply, CNI and hauliers; related risks to migrant labour needed to maintain business levels.</p> <p>SRO:Labour Markets SofS: Kwasi Kwarteng</p>	<ul style="list-style-type: none"> • For critical supply chains, work ongoing on the case for targeted exemptions. • Clear workplace guidance is in place. 'Good practice' business case studies to help other businesses consider what actions they could take as part of their business risk assessment, which include Covid-19 as a risk, could be helpful to reinforce messaging.
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2. Key upcoming risks identified include: schools, ventilation and Long Covid. Further detail is set out below.

Immediate upcoming risks	
<i>Risk description</i>	<i>Response</i>
<p><u>Schools reopening; summer schools</u></p> <p>High student/pupil absence: attendance falls below expected levels due to:</p> <ul style="list-style-type: none"> • COVID related and respiratory illness • Lack of parental confidence in safety • Children remaining abroad <p>Reduced public confidence in the safety of settings: Sustained high prevalence may lead to safety concerns and low parental/ workforce confidence. This could result in increased absence and pressure to reinstate NPIs.</p> <p>Workforce absence, capacity and wellbeing: Increased workforce absences due to illness and lack of confidence in safety of settings, which could lead to operational challenges in settings that do not have sufficient staff to operate safely and effectively and a low risk of industrial action.</p>	<p>Confidence in settings:</p> <ul style="list-style-type: none"> • Back-to-School comms campaign with strong scientific narrative and evidence base. • Encouraging and facilitating testing. • Contingency framework to dial up control measures and established offer for enhanced response areas. • Back-to-School comms campaign with strong scientific narrative and evidence base. <p>Workforce absence, capacity and wellbeing:</p> <ul style="list-style-type: none"> • Updated contingency framework and schools opening guidance published. • Workforce fund under consideration. • Encouraging vaccination take up

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There is a need to ensure that operational communications to the workforce on the CEV position are clear with collaboration from DHSC/CO, including assurances around safety in return to the school amongst large groups of unvaccinated children.

Challenge to maintain support for and protect VCYP

Increased absence increases risk of harm to vulnerable children and young people and likely to see continued backlogs in CSC and SEND, leading to poorer outcomes.

National / local escalation of protective measures across all education settings
If a reasonable worst case scenario materialises, education settings may need to step up protective measures very quickly – either locally or nationally.

SRO: Julia Kinniburgh
SofS: Gavin Williamson

Returning higher education

HE drop in international students:
Admissions fall below expected levels due to:

- Lack of sufficient places to quarantine on arrival (red and amber list countries)
- A lack of confidence in safety in settings

Returning higher education:

Risk of outbreaks as students return and increased pressure on local areas with high prevalence

SRO: Julia Kinniburgh/Hannah Sheehan
SofS: Gavin Williamson

through comms to workforce.

- Regular stakeholder engagement including Perm Sec Stakeholder Group.
- Industrial action – departmental action focuses on advising schools how to mitigate impact and try to keep provision open for as many pupils as possible.

Challenge to maintain support for and protect VCYP

- Attendance interventions including NERT work and additional REACT resource.
- Supporting VCYP through prioritisation of certain services and resolving system pressures.
- Monitoring hidden harms through hotspot activity and data monitoring.

National/local measures

- Contingency framework
- National escalation processes
- Engagement with stakeholders

HE - international students:

- Ensuring sufficient quarantine capacity (raised at ministerial level).
- Comms to students to inform on travel rules, quarantine requirements and vaccinations.

Returning higher education:

- Naturally staggered return over 4/5 weeks, sufficient quarantine capacity, effective comms and cross-Whitehall coordination.
- Testing before travel and on return.
- Work to drive up vaccinations

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	<p>amongst students and how HE can support this; encouraging use of certification by HE sector.</p> <ul style="list-style-type: none"> • All settings will have outbreak management plans.
<p>Indoor gathering/ventilation</p> <p>Ventilation is a key mitigation as people move back to indoor settings for work and socialising, but could be undermined by:</p> <ul style="list-style-type: none"> • a lack of understanding of how to use it effectively • the lack of capabilities or low motivation of key actors (e.g. landlords, building managers) • the cost and time involved in updating mechanical systems, along with materials shortages • uncertainty on the effectiveness of different technologies <p>At present, a lack of clarity on the scale of the challenge across the public and private estate risks leading to gaps in the strategic approach.</p> <p>No x-HMG SRO</p>	<ul style="list-style-type: none"> • <u>Finalise key opportunities and define strategy</u> ahead of autumn/winter and beyond (e.g. schools, healthcare, prisons) • <u>Continue to drive comms campaign with the public and SMEs</u>, which is showing encouraging cut-through (86% of the public believe that opening windows or doors regularly is an effective way of stopping the spread; 72% claim to do so in their own homes when they have visitors; 59% of SMEs say they are aware of the guidance, with 46% operating ventilation in operating hours) • <u>Further scope the issue</u>; surveys of central government estate and businesses have been initiated. • <u>Target guidance at building owners/operators</u>, building on the recommendations of Royal Academy of Engineering Review • <u>Scope the case for incentives and further funding</u> for the private and public sector. As a first step, CO2 monitors can identify settings with poor ventilation standards and support guidance.
<p>Long Covid: risk that prevalence of long Covid will increase due to higher Covid prevalence; this includes long Covid in children and young people. This could add to the demand for NHS support and post-covid services into autumn/winter and longer term. Current unknowns include the duration of symptoms/syndromes, the impact of vaccines, the impact on people's ability to work and of lost learning. SAGE are expected to discuss w/c 19 July.</p> <p>SRO: Elin Jones SofS: Sajid Javid</p>	<ul style="list-style-type: none"> • The most effective way to reduce prevalence of long COVID syndromes is to reduce the prevalence of COVID-19 (SAGE 25 Feb 21). The impact of vaccination on reducing prevalence of these syndromes is not yet known; post-COVID syndromes can occur after mild disease and the impact of vaccination on mild disease is not yet entirely clear. • Government messaging advises continued caution to avoid contracting covid. • DHSC to continue to work with NHSEI to ensure support in place for those that need it (and that this is

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	appropriately signposted)
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Next steps

5. The Taskforce will continue to work and engage with departments over the summer, in particular on mitigation plans that have been identified as requiring further work.

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Annex

Star Chamber actions

On 13 July, a Star Chamber to focus on the risks of high prevalence going into Step 4. The session focused on the following five themes:

1. Workforce issues including staff absence, fatigue, and knock on impacts e.g. on recovery
2. Testing and wider impacts of capacity issues (e.g. genomic surveillance to identify a VoC) on other departments
3. Health and wellbeing impacts which will cover the impact on the vulnerable, long covid, non-vaccinated (including children)
4. Borders and international including supply issues
5. Fiscal issues including the impact on businesses

Work had already begun on the actions from the Star Chamber (below) and includes:

- Completion of xWH WG on Workforce Absence Data and subsequent xWH commission;
- Covid-O on self-isolation exemption; and
- Further ministerial engagement planned to understand mitigations further.

Star Chamber	Timelines
Ministerial engagement: Ensure Ministers are sighted on the aggregate impact and the disruption that could happen across the piece - potential follow up Ministerial session in w/c 19th July.	21/7 further ministerial SMG - attending departments to be notified
Comms: Engage with relevant comms teams to ensure we communicate to the public and businesses on the likely scale of disruption and what they can do to help manage	TF to set out wider guidance for this w/c 19 July
Workforce absences: Departments to model workforce absences (no central modelling will be done) to support mitigations. Cross-WH analytical group to support.	16/7 xWH Working Group on Workforce Absence Data
TTI: Develop a process, criteria and guidance on prioritising a very short list of exemptions for self-isolations.	19/7 Covid-O on self-isolation exemption

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Industrial action: Understand and mitigate the collective risk across public services of industrial action	TF to set out wider guidance for this w/c 19 July
Sectorial mitigations: Departments to design and implement robust mitigations to deal with high prevalence, learning from each other. This could include continuing social distancing and covid secure measures on a voluntary basis.	Departments to lead on this work individually initially for their specific sectors
Borders: Ensure the collective impact of opening up, border requirements, staff absences on borders and supplies is incorporated into XO/Covid-O on borders	To be brought into the Covid-O/XO drumbeat
Concurrent risks: Incorporating concurrent risks (e.g. flooding) into summer planning	TF to set out wider guidance for this w/c 19 July
High risk regions: Understand cumulative risks (e.g. ports of entry; weaknesses in public services; areas of low vaccine uptake) for particular regions/local areas and develop plans to support them (e.g. Kent).	TF to set out wider thinking for this w/c 19 July
Autumn/winter planning: Continue and bring in learning to Autumn/Winter planning.	Sessions to continue at later date with lessons learned incorporated from wargaming