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CABINET

COVID-19 RESPONSE: LIVING WITH COVID-19

PAPER BY THE COVID-19 TASKFORCE

INTRODUCTION

1. On 9 February 2022, the Prime Minister announced to Parliament that the Government would set out a strategy for living with COVID-19 on 21 February 2022.
2. The most recent data from the Office for National Statistics (ONS) shows that the proportion of the population estimated to have COVID-19 has peaked and now stands at 4.3% in England compared to 6.9% at the height of the Omicron wave. Cases are falling in all age groups except 50-69 years. Hospitalisations have peaked in London and are now flat or falling in other regions. ICU occupancy has been falling since 4 January 2022 in England and the link between COVID-19 infections and progression to severe disease is now substantially weaker.
3. The pandemic is, however, far from over. A variant of Omicron, known as B.2, is rising across the country as Omicron falls in prevalence. The Government's Scientific Advisory Group for Emergencies (SAGE) is clear there is considerable uncertainty about the path that the pandemic will take. New COVID-19 variants will continue to emerge over the next few years. Some future variants could be more severe and cause substantial disruption, particularly if they render vaccines less effective.
4. Further resurgences are, therefore, highly likely and there is a reasonable chance these will be more severe than in the previous Omicron wave.
5. **The Cabinet is asked to agree to publish the Government's living with COVID-19 strategy.** This strategy will explain the Government's approach to continuing to reduce regulations and costly interventions to peoples' lives in England on the basis that the Government will make sure it will retain the ability to stand up a response quickly in the future if needed. The strategy is structured round four principles:
 - a. **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through routine public health advice, in common with longstanding ways of managing most other infectious diseases;

- b. **Protecting people most vulnerable to COVID-19:** vaccinating guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, supporting the NHS and social care and deploying targeted vaccines, testing, and treatments.
 - c. **Maintaining resilience:** ongoing surveillance, robust contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency.
 - d. **Securing innovations and opportunities** from the COVID-19 response, including investment in life sciences.
6. As with any new strategy there are potential risks, these have been highlighted at paragraph 30. Removing restrictions will open up opportunities for people to engage with society and for the economy but it is likely that for those who have been worse affected by the pandemic, the removal of restrictions could increase the risk to these cohorts. An Equalities Assessment is available in **Annex A**.

Living with COVID-19

7. Living with COVID-19 will mean that increasingly we treat the virus like other infectious diseases. The remaining restrictions on people's lives will be removed, whilst retaining guidance to help people manage their own risk. The strategy publication will outline the following:

Removing restrictions - Self isolation

8. **Ending the legal requirement for positive cases and contacts who are not fully vaccinated to self-isolate in England from 24 February.** The £500 self-isolation payments, practical support and the medicine delivery service also end on 24 February. The specific COVID-19 provisions for Statutory Sick Pay will continue until 24 March to give employers time to determine their own policies for managing COVID-19 and ensure their employees understand those processes. The COVID-19 provisions within the Employment and Support Allowance will also continue until 24 March.
9. **Ending advice for all contacts of identified COVID-19 cases to undertake daily testing.** Routine contact tracing will also end on 24 February.
10. **Continue to advise symptomatic testing and isolation for positive cases.** The guidance will advise individuals to 'take a test if you have COVID-19 symptoms, and stay at home and avoid contact with other people if you test positive'. The guidance will set out the mitigations that people can take if they cannot stay at home or avoid contact. Guidance will also set out the precautions that those who live in the same household as someone who has COVID-19, or who have stayed overnight in the same household, are advised to take to reduce risk to other people. Other contacts of people with COVID-19 will be advised to take extra care in following general guidance for the public on safer behaviours. This is to reduce upward pressure on infections during the colder weather, and maintain public confidence in the next phase.

Guidance and behaviours

11. **Scaling back COVID-19 guidance from 1 April, and transitioning to advice led by UKHSA and the NHS.** This includes Working Safely guidance for businesses, and guidance to use voluntary certification in domestic settings. The strategy will restate the behaviours that people can follow to reduce the risk of catching or passing on COVID-19:
- a. Getting vaccinated;
 - b. Washing your hands;
 - c. Letting fresh air in if meeting indoors, or meeting outside;
 - d. **Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet;**
 - e. Trying to stay at home if you are unwell; and
 - f. Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive.
12. **For Businesses, the Government will remove the legal requirement under health and safety law** to explicitly consider COVID-19 in their risk assessments from 1 April. We will continue to encourage employers to follow best practice public health guidance.

Testing

13. As previously agreed at COVID-O, from 21 February, **the Government is removing the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.**
14. **The Government will no longer provide free open-access testing symptomatic and asymptomatic testing from the end of 31 March.** Everyone will be able to purchase tests to check their Covid status through retailers and pharmacies.
15. From 1 April, the Government will continue to provide free symptomatic testing to JCVI cohorts 1-2 (i.e. care home residents and their carers, those aged 80 and over, and frontline health and social care workers), as well as for some patients in NHS settings. Some asymptomatic testing will be available in the highest risk settings including adult social care settings for staff, care home visitors and care home residents. There will be a process for UKHSA and relevant departments to consider testing protocols for all high risk settings, with further details made public as necessary over the coming weeks, ahead of the end of open-access testing on 31 March.
16. Recognising that the publication will trigger a surge in demand for free tests before the offer is withdrawn, UKHSA will implement limits of 72 hours between access to order lateral flow tests per person to homes. This may impact workforce testing capacity in the short term.

Commented [1]: TBC based on funding discussions.

Protecting people most vulnerable to COVID-19

17. Vaccines and pharmaceuticals will be at the heart of the Government response. This is possible because in the UK over 66% of all those aged over 12 have received a booster.¹ The Government will continue to protect the most vulnerable and highest risk settings.

Vaccines and antivirals

18. **Continue to procure and deploy vaccinations**, guided by the JCVI advice. This includes continuing the evergreen offer for first, second and booster doses and Community Champions who work with local authorities to support harder-to reach communities.
19. **Further deploy antivirals selectively** and, consider whether future clinical trial results support the case for wider deployment.

Maintaining resilience

20. As the first line of defence, the Government will manage and respond to risks through public health interventions. New variants are highly likely to occur, so the Government needs to retain capabilities to identify new variants and retain the ability to ramp up quickly if required in order to respond. It is also important that the government is prepared for the possibility of more severe variants that could emerge in the future and has a tested plan for responding. The Government will:

Testing, surveillance and sequencing

21. **As a contingency**, invest in an LFD stockpile which can be drawn on in an emergency.
22. **Retain laboratory networks and diagnostic capabilities** across the UK to ensure we retain an understanding of the virus and that PCR testing could be stood back up rapidly in the event of a resurgence or dangerous new variant.
23. **Maintain critical surveillance**, including the ONS survey and genomic sequencing to ensure the Government can continue to detect the spread of potentially dangerous variants early and understand their characteristics.

Borders and outbreak management

24. **At the borders**, a contingency toolkit will be published ahead of Easter when the International Travel Regulations will be reviewed before their expiry date of 16 May. The contingency approach will be based on a more agile system than the previous 'red list', with a toolkit tailored depending on the nature and source of the threat. **Given the high costs, the infrastructure for hotel quarantine is being stood down from the end of March.**
25. **Government will revise current COVID-19 outbreak management advice** and frameworks, to set out the support that local authorities and other system partners

¹ UKHSA, Vaccination in United Kingdom, 18 February 2022.

can expect from regional and national stakeholders; the core policy and tools for contingency response.

Securing innovations, opportunities and learning

26. The Government is committed to securing the innovations and opportunities which have emerged during the pandemic, where there is long-term benefit to wider Government priorities. For example:
27. Commemorating, by remembering those that have lost their lives during the COVID-19 pandemic, and people's efforts.
28. Improving resilience and ensuring the UK remains an attractive prospect for companies to invest in our life sciences sector, including by increasing Research & Development activity and domestic mRNA capacity, and bolstering manufacturing and the supply chain.
29. Engaging in the World Health Organisation reformation, pandemic treaty to strengthen international health systems and the 100 Day Mission and early warning systems which will harness scientific innovation to reduce the impact of future pandemics.

Risks

30. **Pursuing this strategy has risks associated.** Ending open-access testing risks higher levels of workforce absences due to illness. Reducing surveillance, testing capability and expertise will slow our ability to detect, characterise and respond to future variants of concern, and will place a greater reliance on international cooperation to track new variants. This could cause an increase in infections and hospitalisations. **[The contingency response risks trade offs in the NHS with e.g. the elective backlog].**

Legislation

31. As part of the implementation of this strategy, the following regulations and legislation will be amended or revoked, subject to appropriate parliamentary scrutiny (see **Annex B** for more detail):
 - a. On 24 February, the Self-Isolation Regulations for England and the No.3 Regulations will be revoked. **[The International Travel Regulations will also be amended to reflect the lifting of the domestic self-isolation requirement.]**
 - b. On 24 March, 16 of the remaining 20 non-devolved temporary provisions within the Coronavirus Act 2020 will expire and 4 will be extended whilst they transition into permanent legislation over the Spring and Summer. They will be removed as soon as this transition has taken place. COVID-19 provisions within the Statutory Sick Pay regulations will be removed and the COVID-19 provisions within the Employment and Support Allowance regulations will automatically expire.

Commented [2]: NB. This has received public health clearance but is waiting for Lord Kamall clearance

Commented [3]: I have chased DH policy and PO this afternoon. We will need to escalate tomorrow morning if we do not have an answer.

32. Regulations to revoke the self-isolation regulations and the No.3 health protection regulations will be laid by 23 February, and debated and voted on within 28 sitting days after coming into force. The extension to the 4 non-devolved temporary provisions within the Coronavirus Act 2020 will be debated in the House of Commons and House of Lords before recess on 31 March. A Coronavirus Act 2020 status report will also be published before these debates.

Devolved Administrations

33. The Devolved Administrations (DAs) will also shortly set out how they will manage this transition in Scotland, Wales and Northern Ireland. The Government continues to consult with the DAs, particularly on issues such as vaccines, testing procurement and the UK's international approach to global COVID-19 recovery. The DAs have a similar view to the Government on the end point we are seeking. However, they are likely to want to reduce population testing more slowly and argue they are constrained in doing so by UK Government decisions.

NEXT STEPS

34. Subject to agreement from the Cabinet, the Prime Minister will announce later today the new 'Living with COVID-19' strategy in a statement to Parliament at 3pm and in a subsequent press conference at [6pm].
35. Subject to agreement from the Cabinet, the 'COVID-19 Response: Living with COVID-19' document (including further considerations and evidence to accompany this paper) will be deposited in the House Library at [1pm] and published on gov.uk at 3pm [tomorrow].
36. Guidance on gov.uk will be updated on 24 February to reflect the new guidance on self-isolation.

ANNEX A - Equalities Assessment

1. By removing restrictions, the 'Living with COVID-19 strategy' will increase opportunities for people to engage in society and the economy, and improve wellbeing. However, certain ethnic minority groups, those in deprived communities and those most vulnerable to COVID-19 have been worse affected by the pandemic than others, and the removal of all restrictions could increase the risk to these cohorts. Moreover, there will be compounding impacts of removing multiple interventions at a time when more

deprived and ethnic minority people remain over-represented in COVID-19 critical care admissions.²

- a. People living in more deprived areas³ and those from Black and Pakistani communities have the lowest third dose uptake⁴, despite Government efforts to boost uptake through targeted interventions. The relaxation of measures could put the unvaccinated at increased risk of contracting, and becoming seriously ill from the virus.
- b. The Government has prioritised protecting those who are most vulnerable to COVID-19 through clinical protections, including prioritisation for vaccination, antivirals and therapeutics. Despite these protections, the relaxation of measures is likely to put the immunosuppressed, who may not have a full immune response to the vaccine, at increased risk of exposure.
- c. Lifting restrictions will enable care home residents to feel less socially isolated and lonely. This can mean a reduction in their risk for mortality, cardiovascular disease, depression and dementia.⁵ Testing arrangements will continue in line with the latest clinical evidence to reduce the spread of COVID-19, prevent outbreaks and save lives.
- d. Sectors such as hospitality and retail, which have been hardest hit by restrictions, tend to employ disproportionately younger, lower paid and ethnic minority workers,⁶ who are more likely to have been furloughed, lost their employment or had reduced pay. Easing restrictions has very likely benefited these workers economically. At present, personal wellbeing remains stable with anxiety improving. It is likely this will further improve to pre-pandemic levels as measures ease⁷; however, some groups - those vulnerable to COVID-19, young people and women - may still continue to experience lower wellbeing as a result of the pandemic.⁸

2. *Remove the requirement under health and safety law for employers to consider COVID-19 in their risk assessments.*

- a. There will be a disproportionate impact on certain ethnic minority groups and younger people, who are more likely to work in higher risk and close contact occupations. Increased transmission risk in these settings will affect those who are less likely to be vaccinated (e.g. certain ethnic minorities), those who are less well protected by the vaccine (e.g. immunosuppressed) and those who can't have the vaccine for medical reasons.

3. *End open-access testing for both PCR and LFD tests*

² Covid Dashboard: H-08 - England: COVID critical care demographics

³ NHSE, *Monthly COVID-19 Vaccinations*, 10 February 2022

⁴ Booster uptake for: any black background; Black African; Pakistani; and Black Caribbean adults stands at around 30%, 34%, 34% and 34% respectively in the latest data (to 13 February 2022). UKHSA, *National flu and COVID-10 surveillance reports: 2021 to 2022 season*, 17 February 2022

⁵ *The adverse effects of social isolation and loneliness on psychological and physical health outcomes in care home residents during Covid-19*

⁶ DGA(21)091 - *Social distancing review analysis* | 25-May-2021

⁷ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/wellbeing>

- a. Removal of open-access testing, and privatisation of the testing market, will result in access to tests being based on capacity to pay. This will impact higher risk groups not being provided for by free testing, for example, those working in elementary occupations⁹ or living in deprived areas. These groups are amongst the most likely to benefit from testing going forward, and are the same groups who are least likely to be protected through vaccination.
4. *End the legal requirement for positive cases to self-isolate in England and remove isolation support.*
- a. Removing COVID-19 as a provision for Statutory Sick Pay and Employment and Support Allowance will increase the financial costs for those who feel they are too unwell to work because of the virus, or who feel they should self-isolate. This will have a greater impact on certain ethnic minority groups who are less able to work from home and more likely to live in the most deprived neighbourhoods.¹⁰ If removal of self-isolation requirements increases transmission risk, this would disproportionately affect these same groups who are at greatest transmission, infection and mortality risk (certain ethnic minority groups, deprived groups, immunosuppressed, unvaccinated).

Annex B - Regulations and Legislation

Self-isolation, No3 health protection regulations and international travel regulations

1. On 24 February:

⁹ [ADD\(21\)077 - The impact of enduring transmission on ethnic minority communities](#)

¹⁰ <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods>

- a. The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 - will be revoked to remove the legal requirement to self-isolate and associated employer obligations;
- b. The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 - will be amended to reflect the lifting of the domestic self-isolation requirement so that 'rest of world' international arrivals who test positive for COVID-19 in England can follow the same approach as domestic positive cases (noting this wouldn't apply automatically in a contingency scenario); and
- c. The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 - will be revoked to remove local authority powers to issue directions against individual premises, events and/or public outdoor spaces, where there is a serious and imminent threat to public health from COVID-19.

Statutory Sick Pay and Employment and Support Allowance

2. On 24 March:

- a. The Statutory Sick Pay (General) Regulations 1982 - will be amended to remove COVID-19 provisions. From 24 March, people will no longer be eligible for SSP from day 1 if they are unable to work due to self-isolation for COVID-19.
- b. The COVID-19 Employment and Support Allowance (ESA) provisions within the Employment and Support Allowance and Universal Credit (Coronavirus Disease) Regulations 2020 will automatically expire on 24 March. From this date, people will no longer be eligible for Employment and Support Allowance if they are self-isolating due to COVID-19. Anyone infected with COVID-19 may, subject to satisfying the conditions of entitlement, still be eligible for ESA on the basis that they have a health condition or disability that affects their ability to work under the general ESA regulations.

Coronavirus Act 2020

3. The Government will expire all remaining non-devolved temporary provisions within the Coronavirus Act 2020. Half of the original 40 temporary non-devolved provisions have already expired. Of the 20 remaining non-devolved temporary provisions 16 will expire at midnight on 24 March 2020. These are:
 - a. **Section 2:** Emergency registration of nurses and other health and care professionals.
 - b. **Section 6:** Emergency registration of social workers: England and Wales.
 - c. **Section 14:** NHS Continuing Healthcare Assessment: England.
 - d. **Section 18:** Registrations of deaths and still-births.

- e. **Section 19:** Confirmatory medical certificate not required for cremations: England and Wales.
 - f. **Section 22:** Appointment of temporary judicial commissioners.
 - g. **Section 38:** Temporary continuity: education, training and childcare.
 - h. **Section 39-41:** Statutory Sick Pay: funding of employer's liabilities; power to disapply waiting period limitation; modification of regulation making powers.
 - i. **Section 45:** NHS pension schemes: suspension of restrictions on return to work: England and Wales.
 - j. **Section 50:** Power to suspend port operations.
 - k. **Section 58:** Powers in relation to transportation, storage and disposal of dead bodies.
 - l. **Section 75 (2) and (3):** Disapplication of limit under section 8 of the Industrial Development Act 1982.
 - m. **Section 81:** Residential tenancies in England and Wales: protection from eviction.
 - n. **Section 82:** Business tenancies in England and Wales: protection from forfeiture
4. The remaining four provisions will be expired within six months. In each case, six-month extension is necessary in order to ensure there is no gap in the legislation that enables public service delivery. The provisions are:
- a. **Section 30:** has supported coroner services throughout the pandemic in England and Wales by enabling inquests where COVID-19 is suspected as the cause of death to take place without a jury. It is planned to make this provision permanent via the Judicial Review and Courts Bill.
 - b. **Sections 53-55:** Over 12,000 hearings per week have taken place using remote technology across 3,200 virtual courtrooms, helping courts reduce the backlog in cases and bring more people to justice. It is planned to make the provision for remote hearings permanent via the Police, Crime, Sentencing and Courts Bill.