

OFFICIAL SENSITIVE - DRAFT - NOT GOVERNMENT POLICY

# COVID WINTER STRATEGY PLAN

Commented [1]: Henry will have a better title

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**Commented [HC2]:** Would tweak structure and not tie directly to objectives. Suggest:

Foreword  
1/ Introduction  
- Global context [show we are not alone]  
- UK approach [need to cover off the fact that most of the doc is England only by outlining HMG role for whole UK]  
- Strategy & objectives  
2/ Controlling the virus  
- Tiers  
- Behaviour & compliance  
3/ Protecting the NHS and the vulnerable  
- NHS  
- Vulnerable  
4/ Keeping education and the economy going  
- Economy  
- Education (schools & universities)  
5/ Route back to normality  
- Testing (incl. international arrivals)  
- Therapeutics  
- Vaccines

Possible annex:  
- Table of global responses to 2<sup>nd</sup> wave

## FOREWORD FROM THE PRIME MINISTER

Commented [HC3]: [NR] and No 10 speechwriters to review

*As we approach the end of what has been an extraordinarily difficult year, I continue to be humbled by the tremendous sacrifices that each and every one of you has made. This year, more so than any other in my lifetime, we have suffered together as a nation, and we have not been alone in our strife.*

*For far too long we have been separated from our loved ones. We have had to adjust to a new way of life that has made considerable demands of us all. For many people, this has meant not being able to come together during the times that we cherish the most, times of celebration but also sadly, in times of grief.*

*We have lost too many lives to this pandemic. As of [X]th November, [X] people have died having tested positive for COVID-19. Every one of these lives is precious, and their loss a tragedy for their loved ones who remain. From nurses to bus drivers, to teachers to shopkeepers, fathers to daughters, these losses have unpicked at the very threads that make up the fabric of our society. To all those lives that have been taken from us too soon and their loved ones who remain, I pay tribute.*

*In these extraordinary times, I am grateful for the collective and continued resilience of the British people. This winter will challenge us further, of that there is no doubt. Winter always puts additional pressures on our health services and this year will be particularly difficult. The Government has prepared for this, we have expanded the capacity of the NHS to become more resilient to the epidemic whilst ensuring that those who need care for non-covid related concerns receive the treatment they need.*

*Our shared goal across the UK has not changed - we must suppress the virus, protect the NHS and save lives. Each and every one of us must continue to play our part, we must maintain the right behaviours and ensure that this winter can be as safe as possible.*

*The recent news on vaccines is a source of hope. The route out of this epidemic is now visible. But it will take some months before those vaccines can be deployed at sufficient scale to manage the virus. We must face those months with caution and with a clear-eyed appreciation of the challenges which we still face. Our winter strategy presents the Government's plan for managing this epidemic into the Spring.*

## EXECUTIVE SUMMARY

1. COVID-19 represents a moment of national crisis, but the response and sacrifice of the British people has been extraordinary. It is due to our collective resilience that the virus has been brought under control. As we look ahead through the winter and into spring, we are in no doubt that significant challenges remain.
2. This publication presents the Government's plan for the future, recognising the responsibility that each and every one of us has, and the steps we need to take to continue to protect each other.
3. The Government's objectives are to:
  - a. **Return to and keep Bring R below 1 and keep it there, suppress the virus, protect the NHS and save lives.** This means that on average, each infected person will infect fewer than one other person and the number of new infections will fall or remain broadly static over time.
  - b. **Find new and more effective ways of managing the virus using: vaccines; enhanced medical treatment; and targeted population mass testing.**
  - c. **Minimise damage to our economy and society, jobs and livelihoods. Safeguard education by keeping schools, colleges and universities open.**

**Objective 1: Return to and keep R below 1, suppress the virus, to protect the NHS and save lives.**

4. COVID-19 is twice as infectious as seasonal flu and its mortality rate is significantly higher. It spreads extremely quickly: between 1 September and 31 October, England went from 1,339 people testing positive per day to 22,522. The current hospital admissions rate of those infected now is broadly similar to March, with a current 7-day rolling average of 1,691 admissions per day (as of 9th Nov), which means that it is inevitable that unchecked growth would, at some point, overwhelm the NHS.
5. The Government is expanding NHS capacity, making it more resilient to the epidemic and ensuring that non-covid capacity is not compromised [insert stat]. However, this no expansion cannot keep pace with the spread of a virus that can double in days or weeks: by definition, the benefits of even a doubling of NHS capacity could be exhausted within a single doubling time of the virus. Furthermore, while we are doing everything we can to protect the vulnerable, we could never protect them fully in the face of a growing epidemic, given that we cannot separate them entirely from the rest of society where the virus is transmitting. We therefore need to suppress the virus.
6. The most important way to suppress the virus is if we all continue to maintain the right behaviours:
  - a. washing hands frequently for at least 20 seconds.
  - b. wear a face covering in enclosed environments;
  - c. maintain space, including social distancing when in public; and

**Commented [HC4]:** We don't need an exec sum for a short doc like this – makes it repetitive

As discussed with Ollie I, replace with an intro of a few paragraphs and integrate any unique content here later in the document

**Commented [HC5]:** I don't think "targeted population testing" will catch on as a phrase

**Commented [6]:** isn't this also about reducing prevalence? An R of just below 1 with a high prevalence is still very risky. Think this needs to be spelled out more clearly.

**Commented [7]:** Scientists would agree - we need to get prevalence down (DCMO often talks about a positivity rate of less than 5%)

**Commented [8]:** I agree that this objective would draw some criticism if we don't include mention of prevalence - but I don't think we would be comfortable targeting a prevalence figure?  
@ben.cropper@cabinetoffice.gov.uk has recently discussed with SPI-M?

**Commented [9]:** Yes - they would be very clear that we need to drive prevalence down to a sustainable level and not just stopping once we get R to 0.9. I would couch the overall objective in less specific terms: "To drive down the infection to protect the NHS...etc". Then talk about R and prevalence in the text. We don't mention GDP in the econ objective for instance.

**Commented [HC10]:** Resolve this by "suppress the virus"? We have already committed to this in joint statement with DAs

**Commented [HC11]:** As per proposed structure above, should add international stats and context

**Commented [HC12]:** Add a series of facts to quantify this, incl on PPE, ventilators etc

**Commented [13]:** Do we mention wfh as a behaviour anywhere in the document? It's a consistent proposal across all the Tiers so maybe worth bringing out here as well.



- c. ~~\_\_\_\_\_~~
- a.d. ~~reduce-minimise~~ the number of ~~indoor~~ contacts, ~~especially indoors,~~  
~~and~~ avoid crowded poorly ventilated areas. ~~Gather outdoors if possible;~~
- b.e. ~~getting~~ a test immediately if you have any symptoms and share  
contacts to enable effective tracing; ~~and~~
- e.f. self isolate if you have symptoms or have been notified that you were in close  
contact with someone who has symptoms;
- d.a. ~~wear a face covering in enclosed environments;~~
- e.a. ~~maintain space, including social distancing when in public; and~~
- f.a. ~~washing hands frequently for at least 20 seconds.~~

7. The Government will continue to target ~~regional~~ transmission ~~on a local and regional~~  
~~basis, according to the state of the epidemic in each area,~~ but will ~~make some key~~  
~~changes to modify~~ its ~~previous~~ approach ~~based on the evidence of what worked~~  
~~previously.~~

Commented [HC14]: Add here evidence on previous tiers – they worked to some extent but not enough

7-8. ~~\_\_\_\_\_~~ From 2 December, a new, stronger, **Local Covid Alert Level (LCAL)**  
~~tiered~~ system will be ~~deployed to keep R below 1~~ ~~introduced.~~ The changes to the  
LCAL ~~tiering~~ system have been designed to ~~make it suppress the virus~~ more  
effectively, ~~with the aim of avoiding easier to understand and aim to prevent the need~~  
~~for another set of national restrictions in the future.~~ In practice, this means tighter  
restrictions ~~in the areas where infections are high in each tier, with more parts of the~~  
~~country in higher tiers.~~

8-9. ~~\_\_\_\_\_~~ The early signs are that, through the extraordinary efforts of the public, the  
restrictions introduced in November have helped to suppress the virus. Despite this,  
prevalence remains high and the challenges of reducing it will be significant over the  
next few months. This is why, from 2 December much of the country will face tougher  
restrictions than in October; this will enable us to suppress growing rates of infection  
at a local level. As described below, we ~~will are now~~ ~~assessing~~ areas on a range of  
indicators and, where necessary, move them into more stringent restrictions. ~~We will~~  
~~set out shortly which areas are in which tier.~~ Where we have confidence that infection  
has been suppressed we will move these areas into a lower LCAL. ~~We will set out~~  
~~which areas are in which LCAL [26 November].~~ We anticipate that we will continue to  
manage the virus through the ~~LCAL-tiered~~ system for the foreseeable future.

Commented [HC15]: Feels out of place here – should include in an intro – the positive impact of the national restrictions is the reason why we can now move back to tiers on 2 Dec, and plan for the remainder of the winter with confidence

9. ~~By bolstering this part of our response, we can suppress the rate of infection and~~  
~~keep R below 1.~~

**Objective 2: Find new and effective ways of managing the virus using: vaccines;  
enhanced medical treatment; and targeted population testing.**

Commented [16]: Do we want to swap round the order of the paras below to match the order in this objective? Similarly - should we swap round the order in the Part B to match this?

10. ~~As we approach Christmas and move into next year, progress on a series of scientific~~  
~~fronts will come to our aid, allow us gradually to ease restrictions. Over the next few~~  
~~months, the Government hopes to shift the focus of its strategy. As vaccines are~~  
~~deployed and population testing comes online, we will be able to reduce the need for~~  
~~heavily restrictive LCALs.~~

11. This use of **population-Mass testing** will help reduce prevalence of the virus by identifying asymptomatic cases and prompting them to isolate. It will also give communities and individuals a route out of restrictions. ~~give people back a greater sense of normality and minimise disruption caused by LCAIs.~~ In the near term, mass testing will be used to support the Government's regional strategy concentrated in those areas where prevalence has been highest for longest. We will focus tests on tier 3 areas in the North of England, which has been worst hit. Many parts of the North have effectively been in lockdown since the summer and mass testing offers a way out. We will offer at least two tests before Christmas to 13 million people in the North of England, helping bring down prevalence and providing a greater degree of reassurance that they can spend Christmas together safely. ~~the most heavily impacted areas. It is only when we repeatedly test a population that we should expect to suppress the virus in a way which allows us to displace the existing restrictions.~~
12. In December, we will also use **population-additional testing capacity** to allow people to visit loved ones in care homes, ~~to test NHS and care staff more twice weekly, to protect against the spread of infection from abroad and to allow offer~~ students in high prevalence areas tests before they ~~to return home at Christmas and to replace isolation for contacts with daily testing.~~ Working with the aviation industry, we will introduce a test and release scheme for travellers, replacing the need to quarantine for 14 days on arrival in the UK. ~~In time, we may be able to expand this use of population testing to allow those with a negative test a greater set of freedoms, though more work is required to ensure this can be done safely.~~
13. **Vaccine** development is proving effective and promising. Recent news on the Pfizer and Moderna vaccines means that we now know that vaccines can deliver a period of immunity. The duration of protection, and the impact on the transmission of the virus, remain unclear. The Government's ambition is to start vaccinating parts of the population towards the end of 2020, with age, risk profile and profession being key factors in determining priority.
14. As more of the population are vaccinated we will be able to decrease our reliance on local restrictions. Eventually, vaccines should be able to deliver wider population immunity and this will help ~~facilitate life~~ return ~~close to a new~~ normal.
15. Improved medical knowledge and treatment of COVID-19 has been key in reducing the risk of death following hospitalisation. **Enhanced medical treatments, such as dexamethasone**, is now ~~given a~~ frequently ~~as a~~ therapeutic ~~given~~ to those suffering from severe afflictions of COVID-19 and more treatments are being developed ~~to further assist our efforts.~~

**Objective 3: Minimise damage to our economy and society, jobs and livelihoods.**  
**Safeguard education by keeping schools, colleges and universities open.**

16. ~~We all know the heavy toll that s~~ Social and economic restrictions ~~can have take a heavy toll~~ on our lives and livelihoods. For ~~too~~ much of this year, people have been distanced from loved ones, businesses have been shut off from their customers, and the mental wellbeing of everyone has suffered as a consequence.

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17. The Government recognises the need for support to help bear the weight of these restrictions. We continue to provide historic levels of **financial support** to individuals and businesses, totalling £200bn of assistance in the form of the Coronavirus Job Retention Scheme, Self-Employment Income Support Scheme as well as a number of support schemes for businesses. We have introduced policies such as 'support bubbles' to mitigate impacts on ~~those of us~~ the most socially isolated, and people across the country have rallied magnificently to support one another.
18. We have **prioritised education** given the ~~significant social, health and economic benefits of doing so~~ devastating impact each lost day of school has on children's life chances. We are committed to keeping early years childcare, schools, colleges and universities open.
19. We know that Christmas is an important time of year for many people in the UK. Regardless of faith, the Christmas period ~~sees schools and offices closing time and people travelling~~ is a chance for people to see family and friends over the bank holidays. The fact that this has been a difficult year for everyone means that time with loved ones is more important than ever. But the continued threat of the virus means that Christmas will be different this year. ~~It is also important that, given people will want to see their family and friends, they do so in as careful, controlled and safe way as possible.~~
20. It is for this reason that we have carefully considered ~~with the Devolved Administrations~~ how we can allow some increased social contact over the Christmas period. [TBC on policy - From the 23rd to 27th December, everyone will be able to form a three household 'Christmas bubble'. People will be able to socialise within their bubble, and to travel across the country to join the other households in their bubble. This position has been agreed on a UK-wide basis, meaning that friends and family can visit one another across Wales, Scotland, England and Northern Ireland].
21. The Government [has/will] publish detailed guidance on how to stay safe this Christmas. ~~It is likely that, whatever policy the Government adopted, there would be an increase in social contact during this time, which in turn could lead to an increase in transmission. We will do everything possible to mitigate that impact. We are asking the public to remain vigilant and follow the guidance. We will also take the right precautions now. [TBC universities and schools]. If the data in early January suggests that this has not been sufficient to prevent significant growth, we may need to impose heavier restrictions by moving more of the country into the highest tier of restrictions.~~



## A. OUR STRATEGY

22. We have learned a lot about the virus in the past year. ~~We have also learned a lot about the spirit and resilience of the people of this country.~~ That knowledge has informed the objectives and key areas of work that constitute our strategy. Scientific advances give us clear reason to be hopeful that, ~~in time~~~~before long~~, life will ~~reach return close to a new~~ normal. ~~But in that interval~~~~Until then~~, we must continue to use some restrictions to suppress the virus, protect the NHS and save lives. We will also continue to minimise disruption to everyone's lives and ensure the momentum of scientific progress is maintained.

23. The Government's strategy will be guided by three objectives.

### A1. OBJECTIVES

24. **The first objective is to ~~keep bring~~ R below 1, ~~keep it there and suppress the virus in order~~ to reduce the impact on the NHS.** This means that on average, each infected person will infect fewer than one other person and the number of new infections will fall over time. If we do not suppress the virus, exponential growth will, at some point, exceed fixed and surge NHS capacity. As a result, there would be a greater number of direct covid deaths, and a higher number of indirect covid deaths due to the impact on healthcare provision.

25. **The second objective is to find new and more effective ways of managing the virus.** We will achieve this through: developing and rapidly deploying vaccines; enhanced medical treatment to reduce mortality; and ~~targeting~~ ~~population-mass~~ testing to quickly identify and isolate cases.

26. **The third objective is to minimise damage to our economy and society, jobs and livelihoods. We will safeguard education by keeping schools, colleges and universities open.** This means ensuring the right support is available for jobs and that schools, further education university providers continue their excellent work in ensuring a safer environment for students to learn.

27. We will pursue these objectives in a way that works for the whole of the UK. It is right that the administrations of Scotland, Wales and Northern Ireland ('the Devolved Administrations') have adopted restrictions which best suit the nature of their epidemic. However, the crisis has also shown the power of the Union, for example, the UK Government's furlough scheme supports jobs across the UK. The Government will continue to coordinate with the administrations of Scotland, Wales and Northern Ireland to protect the lives and livelihoods of all people in the UK.

28. ~~Picking Pursuing~~ these objectives means making difficult choices. The Government has ~~not prioritised short-term economic gains~~~~sought to strike the right balance between protecting lives and livelihoods~~, believing that our economy will be better served in the long run by robust measures to manage the virus now. The Government recognises that these priorities incur restrictions on people's liberty. However, with this virus, individuals cannot eliminate their own risk or their risk to others, so the Government has a duty to act to protect the public. ~~We believe that~~

Commented [17]: do we include more on TTCE to date here?

Commented [HC18]: This feels tokenistic – should expand as part of intro, and then refer to govt action for whole UK throughout the document



there is a greater liberty to come when we arrive at a new normal and the threat of the virus has been managed. We must continue to be frank in describing the consequences of the actions that we have had to take to manage the virus. But that does not diminish the necessity of those actions. The Government's action over the coming months will be guided by these three objectives.

## OBJECTIVE 1: RETURN TO AND KEEP R BELOW 1 AND MINIMISE THE IMPACT ON THE NHS

### A2. LOCAL COVID ALERT LEVELS-A TARGETED APPROACH

29. ~~The Government's strategy~~ Since the ~~summer~~ the Government has ~~March lockdown~~ ~~was eased~~ has been to ~~targeted~~ regional growth in infections, taking the necessary measures to contain the virus ~~where it is most prevalent~~ while minimising disruption ~~across the country~~. To do this, the National Institute for Health Protection was created, which combines the Joint Biosecurity Centre (JBC), Public Health England and NHS Test and Trace to lead local responses to outbreaks under one leadership team. In October, the Government launched ~~Local Covid Alert Levels (LCALs)~~ ~~the tiered system~~ to simplify and streamline our regional approach.
30. ~~Despite the success of the British people in bringing the virus under control over the summer, as we entered autumn, I~~ Like many countries across Europe, we saw that ~~these measures~~ ~~this approach was~~ were not controlling transmission sufficiently, with the virus growing ~~fast~~ in most areas of the country. At the end of October, the Government was presented with clear evidence that ~~if stronger action was not taken, trajectory of the virus meant that~~ the NHS was at imminent risk of being overwhelmed in parts of the country by early December. In England, the ONS' survey indicated that 618,700 - or 1 in 90 - people had COVID-19, with over 50,000 new cases per day. Forecasts from the SAGE group of scientists estimated that R climbed to between 1.3 and 1.6. The Government therefore acted through implementation of ~~a second lockdown~~ ~~national restrictions~~.
31. The Government believes that as we exit national measures on 2 December, ~~it is right to return to~~ a regional approach ~~is still the right way~~ to tackle the virus through the winter period. We still need to suppress the virus by restricting people's social interactions, both inside and outside the home, and we will always aim to do this over the smallest reasonable geography, stopping outbreaks at source and minimising the impact of the measures as far as possible. However, we also want to learn from ~~our approach in the autumn~~ ~~the implementation of the regional approach previously~~ and ensure we are not in the position where the NHS is at risk.
32. **Therefore, the Government will launch new, stronger, Local Covid Alert Levels (LCALs) tiers from 2 December.** These will be the same and consistent across each geographical area they apply to, and will involve stronger restrictions in ~~LCAL tier 2 (High alert)~~ and ~~LCAL tier 3 (Very High alert)~~ to ensure effective suppression of the virus. The following table summarises the measures that will apply.

Commented [19]: Outstanding q on whether we use 'lockdown' in publication

Commented [20]: 'National measures'?

Commented [HC21]: Add evidence on previous tiers not being sufficiently strong

Table x - Summary of measures under Local Covid Alert Level

	LCAL 1: Medium	LCAL 2: High	LCAL 3: Very High
<b>Meeting friends and family</b>	Do not meet in groups of more than six indoors or outdoors, unless you live with them or have formed a support bubble.	Do not meet anyone indoors, unless you live with them or have formed a support bubble. Do not meet in groups of more than six outdoors - this includes gardens.	Do not meet anyone indoors or in most outdoor places like private gardens, unless you live with them or have formed a support bubble. You can meet in groups of up to six in some outdoor public spaces like parks, sports courts, or public gardens.
<b>Bars, pubs and restaurants</b>	Venues must be table service only. They must stop serving alcohol at 10pm and must close by 11pm.	In addition to LCAL1 restrictions, venues may only serve alcohol with a substantial meal.	Hospitality must be takeaway and delivery only.
<b>Travelling</b>	If travelling outside your area, check the rules which apply in your destination. Avoid high risk areas.	You can continue to travel to venues that are open, for work or for education, but should reduce the number of journeys you make where possible.  You must continue to follow High alert level rules when you travel to a Medium alert level area. Avoid unnecessary travel to Very High alert level areas.	You can continue to travel to venues that are open, for work or for education, but should reduce the number of journeys you make where possible.  Avoid travelling out of the area, other than where necessary, such as for work, education, youth services or because of caring responsibilities.  Avoid staying overnight in another part of the UK, except if you need to for work, education or caring responsibilities.

**Commented [HC22]:** 2<sup>nd</sup> person in this table should be 3<sup>rd</sup> person (does not work in a policy document)

**Commented [HC23]:** This table seems to be missing measures – EG closure of indoor entertainment and (possibly) personal care in tier 3

**Commented [24]:** What about curfew/opening times? Stops at 10pm?

**Commented [25]:** Think it makes sense for the same restrictions as LCAL 1 to apply as the policy intent is the same - stopping bottlenecks at 10pm  
@michael.livingston@cabinetoffice.gov.uk  
@NR @cabinetoffice.gov.uk views?

**Commented [26]:** My view is that we should keep the curfew but ditch the substantial meal requirement. The additional social contact restrictions will do far more to restrict virus transmission without the associated economic impact.

**Commented [27]:** I'm not sure there are additional social contact restrictions are there? I don't necessarily disagree with you, but this has been to the PM and a decision on this (closing wet pubs) will be at Ministerial level now. I think we would still keep the restriction that venues will have to stop selling alcohol at 10pm, and close at 11pm, as currently drafted. But please shout if that's not the case.

**Commented [28]:** yes, as in hospitality venues in T2 only one household can be inside together, rather than Rule of Six. We shouldn't underestimate the significance of this on an industry that massively relies on people from different households meeting socially. I agree with the 10pm/11pm point, but feel strongly that we should pull back from the wet led pub closure in T2. BEIS and the sector have pulled together economic data that would justify this in economic terms, and I have not seen epidemiological data that suggests that this measure is significant enough in reducing transmission to justify the economic harm caused

**Commented [HC29R28]:** It was previously the case that only households could be together indoors in T2 - we know T2 wasn't strong enough so it needs to be strengthened, as here

**Commented [HC30]:** This is loose. Do we mean tier 2 and tier 3 or just tier 3? Previously we only advised against travel into tier 3

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<b>Work and business</b>	Work from home if you can.  Businesses can continue to operate, in a COVID-secure manner, other than those that remain closed in law.	Work from home if you can.  Businesses that remain open can continue to operate, in a COVID-secure manner, other than those that are closed in law.	Work from home if you can.  Businesses that remain open can continue to operate, in a COVID-secure manner, other than those that are closed in law.
<b>Education</b>	Schools, colleges & universities remain open [update following Covid on HE].	Schools, colleges & universities remain open [update following Covid on HE].	Schools, colleges & universities remain open [update following Covid on HE].
<b>Places of worship</b>	These remain open, but do not interact with more than six people when there .	These remain open, but do not interact with people from outside of your household or bubble when there.	These remain open, but do not interact with anyone outside of your household or support bubble when there.
<b>Weddings and funerals</b>	Up to 30 guests for weddings and civil partnerships, 30 for funerals, 15 for wedding receptions or wakes.	Up to 15 guests for weddings and civil partnerships, 30 for funerals and 15 for wedding receptions or wakes.	Up to 6 guests for weddings and civil partnerships, 30 for funerals and 15 for wakes. Wedding receptions not permitted.
<b>Exercise</b>	Classes and organised adult sport can take place outdoors, but must follow the rule of six indoors.  There are exemptions for organised activities for under-18s and disabled people.	Classes and organised adult sport can take place outdoors, but cannot take place indoors if there is any interaction between people from different households.  There are exemptions for organised activities for under-18s and disabled people.	Classes and outdoor team sports are permitted, but people should avoid contact sport. [TBC]

**Commented [HC31]:** Needs updating following policy meeting with Michael L earlier today. Think we agreed 15 in all tiers

33. The Government will announce **shortly** which **LCAL-tier** apply in which areas on [x date]. Decisions will continue to be based on a range of indicators, including:



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- Case detection rates (in all age groups, and particularly in the over 60s);
- How quickly case rates are rising or falling;
- Positivity rate (the number of positive cases detected per a given sample of population (usually expressed in a percentage);
- Current and projected hospital occupancy and capacity; and
- Case rates among care home occupants

34. [These will be considered alongside broader economic and other considerations.]

35. The Government will not hesitate to deploy the more restrictive LCALs when an area returns to growth and will deescalate areas to lower levels when it is safe to do so. The increased strength of the highest alert levels means that areas should spend less time in these restrictions, which should have a swifter and more decisive impact on infections.

### A3. BEHAVIOURS & COMPLIANCE

36. The British public have done a remarkable job of changing their behaviour to combat the virus. Wearing face coverings in enclosed environments, maintaining social distancing in public, and self-isolating from people who have come into close contact with the virus or tested positive are just some examples of the tremendous adaptations we have made to our behaviour in order to do what is necessary to stop the spread of the virus.

37. The response from businesses has been exceptional have responded too. Embracing working from home has been a behavioural shift that has undoubtedly reduced transmission and we want to see more employers enabling working from home this winter than were doing so before national restrictions were introduced in November. In industries and sectors where working from home is not possible we have witnessed businesses are taking take every possible step to protect the health and safety of staff and customers through risk assessments that enable measures enabling staff to observe hands, face, space and other behaviours that will reduce transmission.

38. We will continue to expect these behaviours among the general public, those with and without symptoms, and businesses as we reopen the economy. We will be continuing our communications through campaigns such as Hands, Face, Space to help people understand how to keep themselves and their communities safe. We are also examining additional support options to increase adherence to behaviours that are particularly challenging for those in challenging circumstances, such as self-isolation for those who cannot work from home. Lastly, where there is flagrant breach of the rules we will be enforcing through appropriate measures such as fines and other measures.

### A4. PROTECTING THE VULNERABLE

39. At the outset of the pandemic, we protected those assessed to be clinically extremely vulnerable to the worst effects of the virus by advising them to shield, minimise contact with others and stay at home. Working with local authorities, supermarkets, health and care service providers we were able to put support in place for those

**Commented [33]:** Update later in the week when position is finalised

**Commented [34]:** We'll likely need to expand on this section to explain what metrics are used, the thresholds/guides against each metric, and how decisions are taken in practice (e.g. when you hit a threshold we will consider a decision, but it's based on epidemiological judgement). Don't yet have a clear proposition so it's hard to even sketch this out at this stage.

**Commented [35]:** Agree with this entirely, one of the key issues from focus groups (both pre and post implementation) is the required transparency of the decision points/factors between tiers. Appreciate that they likely seek more simplicity than we can achieve - but we should absolutely try to gain transparency and action through accessible and localised data.

**Commented [36]:** Update later in the week when position is finalised

**Commented [37]:** We'll likely need to expand on this section to explain what metrics are used, the thresholds/guides against each metric, and how decisions are taken in practice (e.g. when you hit a threshold we will consider a decision, but it's based on epidemiological judgement). Don't yet have a clear proposition so it's hard to even sketch this out at this stage.

**Commented [38]:** Agree with this entirely, one of the key issues from focus groups (both pre and post implementation) is the required transparency of the decision points/factors between tiers. Appreciate that they likely seek more simplicity than we can achieve - but we should absolutely try to gain transparency and action through accessible and localised data.

**Commented [HC39]:** Definitely need to expand this section as per the other comments. How do we balance between these indicators? What relative importance do they have?

Also need to pitch roll in this document that more areas will be in tougher tiers than before - and explain why that is (previous tiers were too weak, we want to avoid more national restrictions)

**Commented [HC40]:** Add para here on ventilation and the importance of the campaign we are running on this. Explain the science (aerosol more important than previously thought)



~~shielding. As the virus receded over the summer, we advised that nationwide shielding was no longer necessary.~~

40.39. Under recent national measures the clinically extremely vulnerable have been advised to take extra precautions and stay at home as much as possible. Local Authorities have led an integrated programme to again ensure the right support was available. We have also gained a better understanding of the factors contributing to clinical risk, enabling the removal of most children from the Shielded Patient List and the addition of adults with Down's Syndrome and those with Chronic Kidney Disease Stage 5 to the list so that they and their clinicians can give them the best advice on protecting themselves.

41.40. As we move forward into winter, we will continue to protect the most clinically vulnerable by providing them with appropriate additional advice on how to stay safe. We will also continue to refine our understanding of clinical risk, so that we individuals are receiving the right level of guidance tailored to their degree of clinical vulnerability.

42.41. In September we published a Social Care Winter Plan and provided over £1.1bn to implement infection prevention and control, including testing all care recipients and staff and paying self-isolating staff. We launched the Adult Social Care COVID-19 Dashboard to help local authorities to identify care homes not following testing policy. The flu vaccine has been made available, free of charge, to all care staff, personal assistants and unpaid carers.

Commented [HC41]: Be specific on how often for each

43.42. The Government is determined to address the disproportionate impact of COVID-19 on certain groups. We have invested up to £25 million to establish a network of Community Champions to help vulnerable and hard-to-reach communities access and act upon Government COVID-19 guidance, and to give these communities a greater voice in public health. We are also creating a new fund to help implement and scale health interventions in affected communities, supporting schemes designed and led by communities themselves.

Commented [HC42]: Add detailed description of what are now doing on discharge (isolation units), staff movements (banned), visits (testing by end of the year)

44.43. Improving our understanding is vital in informing the action we take. We continue to improve our data collection which helps to build a clearer picture of how COVID-19 affects different groups. Businesses and organisations have made great strides in protecting disproportionately impacted employees and we will continue to support them by providing better data, clearer guidance, and a toolkit to help them protect individuals at higher risk when they are in the workplace. We are also considering what further action is needed to protect disabled people.

45.44. [Add here (?) Wednesday Covid O agreement on testing for ASC domiciliary care workers]: We are rolling out weekly regular testing to domiciliary carers across England, using PCR tests [from the 23rd November] and moving to LFT once clinically validated for self testing.

## A5. NHS CAPACITY

46.45. The response of the NHS in this crisis has shown the service, and our country, at its best. All the brave and resilient staff - in hospitals, care homes, GP clinics and visiting the vulnerable - who have worked with compassion and diligence throughout the epidemic deserve our deepest gratitude. Recognising all it has given

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us, the Government has made clear its commitment to support the NHS as it responds to the virus. This support is not just to assist in efforts to treat those afflicted by COVID-19. It is to preserve the essential and necessary functions of our healthcare system for all those who need it. No one needing care should be deprived of it.

47-46. In July, we announced up to £3 billion of additional funding to support the NHS in preparation for the winter. This included keeping the Nightingale hospital sites until the end of the year and maintaining the rented independent sector capacity, together with expanding eligibility for free flu vaccinations and the NHS's enhanced discharge policy. We have also provided funding for opening new surge capacity in Trusts, remodelling 159 emergency departments to make it easier to keep Covid and non-Covid patients separate.

**Commented [43]:** This doesn't feel too powerful in November.

48-47. The NHS **have-has** increased staff numbers by 70,000 since last year and have plans in place to allow for local peaks in Covid patients to be safely managed. This involves reallocating staff temporarily to areas of high demand, increasing productive clinical time and minimising absences (e.g. staff flu jabs, focus on wellbeing). The NHS are continuing to recruit, making use of the returning NHS staff who volunteered their services in the spring. Over 12,000 of these individuals remain in contact with the NHS and while we expect the bulk of them will be deployed to support the rollout of any Covid vaccine, thousands are already working in the NHS.

**Commented [HC44]:** Should explain in capacity section what overall NHS capacity is, what can be freed up (electives), why other activity can't be freed up (emergencies etc)

49-48. Initiatives have been put in place to make use of existing capacity across the NHS, such as 111 First to provide more effective triaging, and accelerated discharge to support patients safely leave hospital more quickly. Further, we are providing funding to increase eligibility for free flu vaccinations to all 50-64 year olds. Vaccinating this cohort, in addition to those groups who are already eligible to receive the flu vaccine free of charge, will reduce pressure on the NHS during the winter months as well as providing additional protection to a group of people who are vulnerable to Covid. The expanded cohort will receive their free vaccines later in the winter, but so far we have seen the highest ever rates of uptake among people aged 65+, as well as higher uptake than last year among at-risk groups.

50-49. We will continue to stockpile PPE with a 4-month supply. Enough PPE stock has been secured to reach 120-day stock level by the end of November 2020. We have also secured stocks of dexamethasone and other potential therapeutics, such as Hydrocortisone and Remdesivir.

**Commented [HC45]:** Add more detail on this

51-50. [Placeholder text here on additional funding for capacity, if any is agreed].

**Commented [46]:** @sapana.agrawal@cabinetoffice.gov.uk  
Assigned to Sapana Agrawal

**Commented [47]:** @will.taylor@cabinetoffice.gov.uk  
NR

**Commented [48]:** content needs to be checked once tiers policy is finalised

**Commented [49]:** James set this out in previous emails as: 1) Testing for care homes, NHS etc. ; 2) Mass testing - e.g. Liverpool; 3) self-isolation - test to release at borders + contacts? . Again I would also suggest that vaccines and treatments come first and then we go on to testing.

**Commented [HC50]:** Not sure I trust this number. Compared to the number of tests overall it looks wrong

## OBJECTIVE 2: FIND NEW AND EFFECTIVE WAYS OF MANAGING THE VIRUS

### A6. POPULATION MASS TESTING

52-51. By expanding testing capacity almost 100-fold since March, with plans to go even further by the end of the year, we can now ensure that anybody who develops symptoms can quickly be tested. Altogether, **11 million people** have been tested at least once since the beginning of the pandemic, and we have conducted over **35**



million tests, more per head than other comparable European countries. In parallel, we have opened over 650 test sites, reducing the average distance travelled for a test to just 2.7 miles. Utilising new testing technologies and building new "megalabs" we will significantly increase the scale of testing to target key groups such as schools, universities, cities and regions.

**Commented [HC51]:** What can we say about turnaround times? If they are still bad, we should acknowledge that and set out what we're doing about it

53-52. This testing capacity has been supplemented by our work to improve contact tracing. Almost 16 times more people were transferred to our contact tracing system in the last week of October compared to the last week of August, and of those, 85% were reached and asked to provide information about their contacts. In addition, the NHS Covid-19 app has been downloaded over 19 million times, and this has extended the speed, reach and precision of contact tracing. Our testing thus far has focused on symptomatic testing and protecting those most at risk. That Those efforts will continue: that's why we've scaled up testing capacity at such pace. But alongside that, our programme demonstrates our ambition to lead the world in population testing: we are aiming for 3.5 million tests a day by the end of the year, with a view to going much further in 2021, but we also want to widen our use of testing to identify asymptomatic people who would otherwise infect others unwittingly.

**Commented [52]:** The number won't mean much without a frame of reference. Think it's something like 40% of smartphone users...?

**Commented [53]:** @cabinetoffice.gov.uk Are you able to address this point?

**Commented [54]:** @helen.jeffries@cabinetoffice.gov.uk do you know on this point?

**Commented [55]:** People will focus down on this. Has it? If we have some appropriate and robust data, it would be good to use it here.

**Commented [56]:** @cabinetoffice.gov.uk ditto with this one.

**Commented [57]:** @helen.jeffries@cabinetoffice.gov.uk do you have a view here too?

**Commented [HC58]:** Can we give a more comprehensive list, perhaps in bullet point form, alongside details of each including delivery timescales

NHS  
Care homes  
Universities  
Domiciliary care  
Schools  
High transmission workplaces  
Etc.

**Commented [HC59]:** Explain this in more detail. How it happened, what it involved, lessons learned. Perhaps in a text box

54-53. This Greater testing capacity will enable us to test more frequently and in more settings like domiciliary care and high-transmission workplaces, to find cases before they become clusters and clusters before they become outbreaks. On top of this, the work we have done certifying new technologies should allow us to enable a wider range of economic activity through testing as we move through the winter.

55- All of this capability will help us to target measures to find cases more quickly than previously and break chains of transmission. However, we know that the big issue with tackling this virus is the sheer number of asymptomatic people. That is why we're going even further, with population mass testing at a scale unseen anywhere else in the Western world of communities. Building on our pilot in Liverpool, those regions in Tier 3 following the end of the lockdown will receive a surge of population-wide asymptomatic testing for eight weeks we will expand mass testing to many more areas. We will offer 2 tests before Christmas to 13 million people in tier 3 areas in the North of England. If this testing is successful in reducing prevalence and R, this may enable a greater range of economic activity and for these regions to enter Tier 2. This technology is new, but we know from international examples that population testing assists in identifying and isolating infection quicker. Furthermore, the speed of turnaround times means we can provide results far quicker.

**Formatted:** Space After: 6 pt

**Commented [60]:** should we include more on updates to self-isolation policy?

**Commented [61]:** Think we definitely need an 'and so...' rather than leaving this hanging. Isolation support payments, can we say we're considering what more physical and financial support we're considering. And, finally, a line on compliance.

**Commented [62]:** I don't think we can say this given where we are in the process without plausibly overcommitting

**Commented [HC63]:** Can Ollie Munn / Jessie Owen provide wording consistent with what was agreed this evening (18/11)

56-54. This has three benefits. First, the simplicity of most of the tests means they do not require labs and can provide results within 30 minutes. Second, this should allow us over time to enable the return of some activities which are impossible at present. Third, as the vaccine comes online, deploying testing in parallel will allow a gradual return to life as we used to know it. However, self-isolation is absolutely essential to all of this. Currently, self-isolation compliance is low. Mass testing is only useful if infected people do self-isolate.

57-55. In parallel to our population-level testing in LCAL 3, we will continue using our early-warning mechanisms like waste-water testing, utilise our increased PCR

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capacity for symptomatic testing, improve localised contact tracing, and deploy flexible testing sites where outbreaks occur. This should help reduce prevalence further in areas of lower prevalence, enabling a greater range of activities overall.

**A7. TESTING TO RELEASE FOR INTERNATIONAL ARRIVALS**

58.56. It is also important that we make sure that as we manage transmission within the UK, we also need to take steps to reduce the cases seeded from abroad, which is why we introduced the system of quarantine with travel corridors to countries where prevalence is lower, whilst enabling people to travel internationally, both for business and leisure. Following recommendations made by the Global Travel Taskforce, we will deliver a test to release scheme for international arrivals from mid-December. This will allow travellers to opt into take a test after five days of self-isolation, with a negative test to releasing them to get on with their daily lives.

59.57. The Government will also develop a tourism recovery plan and aviation recovery plan, and implement a phased approach to cruise restart when the public health advice is that it's safe to do so. We will continue to work with international partners to deliver a shared global understanding of how to integrate a range of measures to support international travel, and advocate for the development of a global framework for the validation of tests and vaccination records.

**A8. VACCINES AND THERAPEUTICS**

60.58. As our understanding of the virus has improved, so has our understanding of how to treat it. This benefits all Covid patients, including those with the most severe illness. The deployment of new treatments such as dexamethasone is also enhancing the NHS's ability to treat those patients who become seriously ill with Covid and the NHS is working to ensure that all patients for whom these patients are clinically appropriate can receive them.

61.59. The Government is supporting efforts to research, and produce, an effective, safe and widely available vaccine as early as possible. Seven candidates have been secured across four different vaccine types to ensure the UK has adequate supply should any prove safe and effective. In total, the Government has secured access to 355 million doses from seven vaccine developers. We have secured 40 million doses of the Pfizer vaccine and 5 million doses of the Moderna vaccine. Once authorised, the NHS has been tasked to be ready to begin a vaccination programme from 1 December. This includes: workforce, training, guidance, equipment and infrastructure – warehousing, transport, logistics and end-destination 'clinic' storage. This will all need doing alongside other vaccine programmes.

62.60. People will be able to access vaccines through four different routes: from bespoke large-scale vaccination centres, smaller community centres, mobile sites and through existing NHS services. It will take time for vaccines to be deployed and for immunity to accrue in the population. As such, the Government expects that some restrictions will need to persist even after vaccines have been deployed.

63.61. We will also continue to recruit into clinical trials to further global understanding of what is or is not an effective therapeutic, including potential read-outs for tocilizumab and convalescent plasma (hospitalised patients); azithromycin

**Commented [HC64]:** Shouldn't be in its own section – this is just one extra use of testing

**Commented [HC65]:** Pay tribute to VTF

**Commented [HC66]:** This section is v thin – should be at least 1 page and possibly 2. Should go into more detail on the vaccine candidates, why we're chosen the portfolio we have, what this means for timescales, much greater detail on how distribution will work, explain in detail the JCVI prioritisation etc



and doxycycline (primary care and care home patients) and we will expand clinical trials programme to encompass early phase trials; prophylactics and Long COVID.

64-62. Since the start of September, the proportion of patients in intensive care who receive advanced respiratory support, including mechanical ventilation, has fallen to 36.5% since 1st September, compared to 72.6% in the spring. Mortality rates have also decreased, with the percentage of deaths among Covid patients in intensive care falling from 39.4% in the period up to 1st September to 23.1% since. We now use ventilators less than half as frequently as in the first wave, and mortality rates have decreased.

65-63. [Prioritisation update - DHSC to provide].

### OBJECTIVE 3: MINIMISE ECONOMIC DAMAGE AND THE IMPACT ON EDUCATION

#### B9. MINIMISING ECONOMIC IMPACT

66-64. We know that the impact on the economy and individual's livelihoods has been severe, despite our actions. GDP grew by 15.5% in Q3 2020 as restrictions on movement eased.<sup>1</sup> Monthly GDP grew by 1.1% in September 2020, which is the fifth consecutive monthly increase following a record fall of 19.5% in April 2020. However, GDP remains 8.2% below the levels seen in February 2020. Since March 2020, the number of payroll employees has fallen by 782,000; however, the larger falls were seen at the start of the pandemic.<sup>2</sup> The impact will have been felt hardest by those who own businesses or work in the hospitality, entertainment and close personal services sectors.

67-65. The Government has moved swiftly to support the economy and protect jobs with the Coronavirus Job Retention Scheme, Self-Employment Income Support Scheme as well as a number of support schemes for businesses. This will help support individuals and businesses through the necessary measures we have had to take to control the virus and thrive once again when we have beaten it. Despite this support, the impact the virus will have had cannot be underestimated. 9.6 million workers have been supported by the furlough scheme, at a value of £41.4bn, and more than £65 billion has been provided in government-backed support for businesses. Overall, the Government has acted with speed to protect lives and safeguard jobs with an unprecedented £200 billion support package. [Will need to include text with HMT that sets out what our best data is]

#### B10. PROTECTING EDUCATION

68-66. The long-term health of the economy depends upon students continuing to learn and develop vital skills at schools, colleges and universities across the country. The Government has been clear that protecting education is our highest priority in our response to COVID-19, ensuring that our children and young people can

<sup>1</sup> ONS, GDP Monthly estimate, September 2020.

<sup>2</sup> ONS, UK Labour Market, November 2020.

Commented [67]: Are there other public services that we need to include?

Commented [68]: @NR @cabinetoffice.gov.uk  
NR @cabinetoffice.gov.uk - can we cite an of the BEIS stats here to emphasise impact on these sectors?

Commented [HC69]: Set out how this is UK wide, how much we have given to DAs etc

Commented [70]: @NR @cabinetoffice.gov.uk  
NR

Commented [71]: Great - as well as more information on schemes and money injected, it would add some reality to look at individual aspects (numbers of jobs protected through furlough), and also some 'real' economic impacts - mitigated by the interventions. The CX comment of 'we won't be able to save every business' is possibly worth repeating here.

Commented [72]: @NR @cabinetoffice.gov.uk  
NR @cabinetoffice.gov.uk  
@hans.m.shad@cabinetoffice.gov.uk

We should probably also include macro GDP/labour market stats too before going to HMT?

Commented [73]: @NR @cabinetoffice.gov.uk  
NR @cabinetoffice.gov.uk

Probably worth putting in a line on disproportionately impacted groups too

Commented [74]: and disproportionate impact on SMEs

Commented [75]: Is the intention to add a section on next steps here?

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continue to learn and develop. We know that the March lockdown had a huge impact on the education, development, wellbeing and health of our children, particularly among the most disadvantaged groups. This is why we have prioritised keeping schools open, including during the November national restrictions. Thanks to the enormous effort by teachers, headteachers and support staff who have worked so hard to implement protective measures, 99% of schools have been open throughout the term so far, with attendance at 89 to 90%. We have ensured that schools and teachers have access to COVID-19 tests, with every school sent an allocation of tests for those that are not able to access testing via other routes.

**69-67.** When it is necessary for children to isolate, schools are required to provide remote education. The Oak National Academy launched in April to provide online lessons and curriculum resources to schools and pupils. The Department for Education has sent hundreds of thousands of laptops to schools for disadvantaged children, as well as helping to ensure that they have access to the internet via wireless routers. To support children and young people to catch up, we have launched the National Tutoring Programme and provided catch up premium funding to all schools to ensure they have the support they need to help all pupils make up for lost teaching time.

**70-68.** Further Education providers have worked tirelessly to remain open for face to face provision, giving young people the opportunity to master the practical and academic skills that are crucial to the UK's economic recovery. Universities have worked just as hard to make campuses as safe as possible and provide blended learning to enable university students to return to campuses in the autumn.

**Commented [HC76]:** Can we expand on this – how we are going to use testing to avoid having to send home whole bubbles. This means keeping many more children in school

**Commented [HC77]:** Need to say a lot more than this about universities. Talk about what happened in September and how we are learning from it. Explain what we are doing with testing and options for January.

## B. THE NEXT FEW MONTHS

~~74.69.~~ The approach set out above represents a long-term approach to the virus. However, the next few months pose immediate challenges.

### B1. EXIT ON 2 DECEMBER

~~72.70.~~ England will exit the current national restrictions on 2 December into the new regional policy described above. This policy has been designed to control the virus while minimising social and economic disruption. This means keeping cases low and R below 1.

~~73.71.~~ The Government will remain vigilant to changes in transmission across the country and we will not hesitate to move areas into more restrictive tiers if the evidence suggests this is necessary. Yet, where the infection is consistently suppressed and the virus is brought under control we will restore freedoms to people by moving areas into less restrictive tiers. Broadly speaking, however, we expect most areas to remain in the same Alert Level for the duration of December.

### B2. CHRISTMAS

~~74.72.~~ We know that Christmas is an important time of year for many people in the UK. Regardless of faith, the Christmas period sees schools and offices closing and people travelling to see family and friends over the bank holidays. The fact that this has been a difficult year for everyone means that time with loved ones is more important than ever. It is for this reason that we have carefully considered how we can manage transmission risk while allowing some increased social contact over the Christmas period.

~~75.73.~~ This will not change the fact that Christmas will be different this year. COVID-19 will continue to pose a very real threat to the UK population throughout the end of the year and into 2021. It will not be possible to celebrate a "normal" Christmas this year and everyone will need to continue to take responsible action to limit the spread of the virus.

~~76.74.~~ Nevertheless, we understand how much people value being able to gather with friends and family. This is why we are planning a time limited relaxation of social restrictions to occur over the Christmas period. [insert agreed Christmas policy].

~~77.75.~~ We recognise the huge importance of visits to people in care homes and their loved ones. We want to go further than the current guidelines as soon as we can do it safely and effectively. **That is why [we are committing to rolling out regular testing for one family member or friend of every care home resident, starting from XX December. We are also ensuring that homes have access to the extra PPE they need to support these visits,** which combined with other infection control measures, will mean that people can be reunited with their loved ones as safely as possible.

**Commented [HC78]:** Not convinced by this section – should delete and integrate any bits of new substance in this section earlier in the document (eg testing of care home visits should be in care home section and / or testing section; universities should be in the education section)

**Commented [79]:** I think this announcement should feature higher up in the text



### B3. JANUARY / FEBRUARY

~~78.76.~~ We know that Christmas will involve an increase in social contact, and that this could cause an increase in transmission. If, in January, that increase is sustained, we will look to move the most heavily-impacted areas into more stringent Alert Levels, consistent with the framework set out above.

~~79.77.~~ It will be particularly important to be cautious at this time because, historically, the period after Christmas is when the NHS sees the greatest pressure on services such as Accident & Emergency and the highest rates of bed occupancy. During the busiest week of winter, hospital bed occupancy often goes above 95% in many Trusts. Hospitals take steps to manage this demand by opening surge capacity, and if necessary, postponing planned surgery. This year, the NHS is dealing with COVID-19 in addition to these usual winter pressures. The potential impact of people gathering over the Christmas period is likely to play out from mid-Jan onwards on hospital beds. The NHS must be prepared to make best use of all capacity - old and new. Clear escalation plans have been set out at local, regional and national levels. Pressure on NHS services will be closely monitored over this period to ensure the system is working well as one NHS and patients are able to receive the care they need.

~~80.78.~~ While we are committed to expanding eligibility for the free winter flu vaccine and social distancing measures should help reduce the spread of this and other respiratory conditions, the coming winter may still be difficult and is potentially the peak for Covid transmission. [TBC and needs justification: In that light, **the Government will postpone the return to universities unless prevalence has fallen very low.** All provision should move online. Terms may resume in March, conditional on the state of the virus].

**Commented [80]:** Given the likely focus on 'the next few months' section, think this is where we ought to be talking about plans for deployment of CV vaccine....

### B4. MARCH

~~81.79.~~ March, and the onset of spring, holds promise for us all in our fight against the virus. At this point we will be past the worst of winter, a season that favours the virus. Warmer weather will make outdoor social lives more possible and increased daylight hours will mean more UV light to reduce the viability of the virus.

~~82.80.~~ Scientific countermeasures to the virus are being rapidly developed. Their chance of success is cause for great hope and this delivery of success looks likely to arrive sooner rather than later. Whilst we cannot guarantee the date by which vaccines, new therapeutics and mass testing will be fully deployed to assist us, we have more reason than ever to believe that some new scientific tools will be at our disposal by spring 2021. However, arrival of these tools will not mean we can drop our guard. Immunity via vaccination takes time to build and does not guarantee that the virus will not pass between individuals. Use of population testing will need continual refinement.

### B5. LOOKING AHEAD

~~83.81.~~ Beyond spring 2021, we can expect scientific advances to continue. We hope to be able to provide vaccination to an increasing proportion of the population and



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use mass testing to more effectively identify and isolate infection outbreaks when they occur. Both should enable us to be less reliant on the more disruptive restrictions, such as broad business closures and limits on household mixing, that we have experienced this year.

84-82. Summer of next year should, therefore, be one of greater freedom for all of us. However, we will reopen the economy carefully and use our system of tiers judiciously, to avoid the need to return to national restrictions in the future. We will also continue to prioritise that which we know is most important to society, and reiterate our commitment to delivering a full set of exams next summer.

85-83. All of the above means next winter should be better than the one we have just entered. But we cannot take anything for granted. This war against the virus is one that we need to carry on fighting together.

**Commented [81]:** Freedom is always picked out as a very emotive word in focus groups. We often fall into 'greater freedom, restore some degree of freedom' etc. The word, when used, needs to be done without caveat, as it will be interpreted as 'back to normal'. Are we happy saying this, in this context, here?

## ANNEX A: THE VIRUS

**86-84.** This section summarises the latest science on COVID-19 and the risk that it poses to people in the UK. We use the latest information to inform the government's decisions and [guidance on staying safe](#).

**87-85.** The key attributes of the virus have not changed since the initial outbreak:

- a. **It is extremely infectious:** COVID-19 has a basic case reproduction number (R) R of around 3. This means that, in a population where all are susceptible and no control measures are in place, each person will, on average, infect approximately 3 other people. To put this in context, COVID-19 is twice as infectious as seasonal influenza (flu).
- b. **It can quickly spread exponentially:** in September, infections grew at a slower rate than in March as a result of measures taken to suppress the virus (although improved testing capacity has impacted the number of recorded cases, mortality rates provide a basis for comparison). However, the growth was still significant, increasing from 1,339 people testing positive per day to 22,522 per day between 1 September and 31 October. This growth risks putting pressure on the NHS and subsequently on non-Covid treatment and care.
- c. **Uncontrolled, it leads to significant hospitalisations and deaths:** The current hospital admissions rate of those infected now is broadly similar to March, with a current 7-day rolling average of 1,691 admissions per day (as of 9th Nov). The mortality rate for COVID-19 is significantly higher than for seasonal flu, especially in the elderly and vulnerable. However, the mortality rate is slightly lower than in the first wave of infections thanks to the outstanding work of our world-leading scientists and clinicians, and the unprecedented efforts internationally to find out more about the virus and how to better treat it. We now have new drugs and treatments available for those in hospital, such as dexamethasone, which was pioneered in this country as a treatment for COVID-19.

**88-86.** The virus seems predominantly to be spread from person to person by those with symptoms (symptomatic). This can include those with only mild symptoms (paucisymptomatic). However, it is also possible for the virus to be spread by (i) those who feel well but have been infected and are incubating the virus before they develop symptoms (pre-symptomatic); and (ii) by infected people who may never display any symptoms (asymptomatic) and who therefore can more easily and unwittingly enable the virus to spread undetected.

**89-87.** There are two main ways in which the virus can spread from person to person:

- a. **Respiratory droplets and/or 'aerosols' (tiny particles),** when infected people expel saliva containing the virus when they cough, sneeze, talk or sing; and

Commented [82]: **NR** @cabinetoffice.gov.uk: **NR** has drafted, links to broader updates and the work Emily is leading on xmas guidance.

- b. **By touch or from contaminated surfaces**, transferring via the hands when people touch their mouth, eyes or nose, from where the virus can easily enter the body.

90:88. The Government is building a better understanding of the drivers of community transmission, including what behaviours and environments present a higher risk of infection:

- a. **Environmental factors play a significant role in transmission.** The virus spreads much more easily indoors and poor ventilation in confined indoor spaces is associated with increased transmission. In common with other similar diseases it spreads better in cold winter weather.
- b. **Some demographics are at greater risk than others.** Although no one is completely safe from the risks of COVID-19, the most important factor in determining risk for individuals is age (elderly people), weight (with overweight people being more at risk) and certain pre-existing health conditions;
- c. **The virus has disproportionate impacts on black and ethnic minority groups, and those with disabilities** who have a comparatively high risk of hospitalisation and death compared with others. The Minister for Equalities' first quarterly report in October<sup>3</sup> provided an update on the action being taken across Government to address the disproportionate impact of COVID-19 on ethnic minorities. The report highlighted a range of socioeconomic and geographical factors that contribute to the higher infection and mortality rates for ethnic minority groups, such as, occupational exposure, population density, household composition and pre-existing health conditions; and
- d. **Superspreaders and superspreading events are relatively uncommon but are likely to be responsible for a high proportion of transmission.** Due to the factors described above as well as the nature of the virus (overdispersed) individual people and events do not have an equal impact on transmission. In certain environments, that are most conducive to virus transmission, widespread infection will be caused by relatively few people.

94:89. There are still gaps in our understanding of the virus. It remains very challenging to pinpoint outbreaks to be able to say with sufficiently high confidence exactly where transmission may have taken place. As we seek to fill the gap in knowledge, it is important that we rely on a common sense approach to reduce the risks of transmission. For example, activities which bring different households together, for prolonged periods, in close proximity and indoors, in poorly ventilated areas, are more dangerous in enabling the virus to advance than where social contacts are reduced, we wash our hands, wear a face covering and keep our distance.

92:90. We know that some people gain a level of immunity after exposure, and although research is underway, we do not yet know if the strength and duration of immunity. We are also working to better understand the long-term health impacts of

3

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/928646/First Covid Disparities report to PM Health Secretary Final 22-10-20.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928646/First_Covid_Disparities_report_to_PM_Health_Secretary_Final_22-10-20.pdf)



what has come to be known as "long-covid". We have commissioned further research as a priority, including into how many people are impacted, who is more likely to suffer from the illness and its symptoms.

## ANNEX B: STAYING SAFE

### All existing LCAL restrictions on hospitality/businesses remain in place (link)

It is important you follow these rules and guidance on this page to reduce the spread of the virus between households, and to keep yourself, your family and your friends safe.

Every interaction carries some risk of coronavirus transmission. There is no way to meet family and friends that does not increase the risk of coronavirus transmission, which could lead to serious illness. You should think about the risks associated with household mixing for you, your friends, and your family. This is particularly important if you are considering spending time with anyone who is clinically vulnerable.

If you are [clinically extremely vulnerable](#), you should continue to reduce social contacts as much as possible. You will minimise your risk of infection if you limit all your contacts, particularly with people that you do not live with.

### STAYING SAFE INSIDE YOUR HOME

This guidance sets out the principles you should follow to ensure that time spent with others inside your home is as safe as possible (unless you are clinically extremely vulnerable in which case you should follow separate advice on GOV.UK). It is your responsibility to adopt these principles wherever possible. The Government is also using these principles as the basis of discussions with businesses, unions, local government and many other stakeholders to agree how they should apply in different settings to make them safer. All of us, as customers, visitors, employees or employers, need to make changes to lower the risk of transmission of the virus. The Government has consulted with its scientific advisers to establish the principles that will determine these changes.

We know that it is easier to catch and spread the virus in an indoor space, especially if it has poor ventilation.

The virus can spread in several ways

- **By touch**, for example if an infected person rubs their face and later shakes hands with another person who then touches their own face.
- **On surfaces**, for example if an infected person rubs their face before opening a door and another person then uses the same door handle before touching their own face.
- **In small droplets** that generally travel less than 2m between people, for example if an infected person has a face to face conversation with a friend who stands less than 2m away.
- **In tiny airborne particles** that can form an invisible cloud in still air that can travel further than 2m. For example, over time the virus can spread from one person to another even if both are working silently and facing away from one another at opposite ends of a large, poorly-ventilated room.

This is why it is important that when meeting indoors, you should:

- maintain social distance from anybody you do not live with at all times;

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Commented [84]: Text from xmas guidance - to review/align/update <https://docs.google.com/document/d/117CH0819aAqv6PgG9AaZMzmh-iBlcuFUF9dQJeJLZ0/edit?usp=sharing>

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- open windows and doors to increase ventilation;
- wear a face covering if ventilation is poor or it is hard to keep social distance in the space;
- wash your hands frequently;
- clean touch points such as door handles and surfaces regularly.

**STAYING SAFE OUTSIDE YOUR HOME**

This guidance sets out the principles you should follow to ensure that time spent with others outside your home is as safe as possible (unless you are clinically vulnerable or extremely vulnerable in which case you should follow separate advice on GOV.UK). It is your responsibility to adopt these principles wherever possible. The Government is also using these principles as the basis of discussions with businesses, unions, local government and many other stakeholders to agree how they should apply in different settings to make them safer. All of us, as customers, visitors, employees or employers, need to make changes to lower the risk of transmission of the virus. The Government has consulted with its scientific advisers to establish the principles that will determine these changes.

Keep your distance from people outside your household, recognising this will not always be possible. The risk of infection increases the closer you are to another person with the virus and the amount of time you spend in close contact: you are very unlikely to be infected if you walk past another person in the street. Public Health England recommends trying to keep 2m away from people as a precaution. However, this is not a rule and the science is complex. The key thing is to not be too close to people for more than a short amount of time, as much as you can.

Keep your hands and face as clean as possible. Wash your hands often using soap and water, and dry them thoroughly. Use sanitiser where available outside your home, especially as you enter a building and after you have had contact with surfaces. Avoid touching your face.

Work from home if you can. Many people can do most or all of their work from home, with the proper equipment and adjustments. Your employer should support you to find reasonable adjustments to do this. However, not all jobs can be done from home. If your workplace is open and you cannot work from home, you can travel to work.

Avoid being face to face with people if they are outside your household. You are at higher risk of being directly exposed to respiratory droplets released by someone talking or coughing when you are within 2m of someone and have face-to-face contact with them. You can lower the risk of infection if you stay side-to-side rather than facing people.

Reduce the number of people you spend time with in a work setting where you can. You can lower the risks of transmission in the workplace by reducing the number of people you come into contact with regularly, which your employer can support where practical by changing shift patterns and rotas to match you with the same team each time and splitting people into smaller, contained teams.

Avoid crowds. You can lower the risks of transmission by reducing the number of people you come into close contact with, so avoid peak travel times on public transport where possible, for example. Businesses should take reasonable steps to avoid people being gathered together, for example by allowing the use of more entrances and exits and staggering entry and exit where possible. If you have to travel (to work or school, for example) think about

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<https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy#annex-a-staying-safe-outside-your-home>

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how and when you travel. To reduce demand on the public transport network, you should walk or cycle wherever possible. If you have to use public transport, you should try and avoid peak times. Employers should consider staggering working hours and expanding bicycle storage facilities, changing facilities and car parking to help.

Wash your clothes regularly. There is some evidence that the virus can stay on fabrics for a few days, although usually it is shorter, so if you are working with people outside your household wash your clothes regularly. Changing clothes in workplaces should only normally be considered where there is a high risk of infection or there are highly vulnerable people, such as in a care home. If you need to change your clothes avoid crowding into a changing room.

Keep indoor places well ventilated. Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors. In good weather, try to leave windows and doors open in places where people from different households come into contact – or move activity outdoors if you can. Use external extractor fans to keep spaces well ventilated and make sure that ventilation systems are set to maximise the fresh air flow rate. Heating and cooling systems can be used at their normal temperature settings.

You must wear a face covering in a range of indoor public settings in England which are set out in guidance published on [GOV.UK](https://www.gov.uk). Face coverings should also be worn in indoor places, not listed, where social distancing may be difficult and where you will come into contact with people you do not normally meet. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms. If you have symptoms of COVID-19 (cough and/or high temperature) you and your household should isolate at home: wearing a face covering does not change this. A face covering is not the same as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers; these supplies should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers and those in industrial settings like those exposed to dust hazards. Face coverings should not be used by children under the age of three or those who may find it difficult to manage them correctly, for example primary school age children unassisted, or those with respiratory conditions. It is important to use face coverings properly and wash your hands before putting them on and taking them off.

You can make face coverings at home; the key thing is it should cover your mouth and nose. You can find guidance on how to do this on [GOV.UK](https://www.gov.uk).

You should follow the advice given to you by your employer when at work. Employers have a duty to assess and manage risks to your safety in the workplace. The Government has issued guidance to help them do this. This includes how to make adjustments to your workplace to help you maintain social distance. It also includes guidance on hygiene as evidence suggests that the virus can exist for up to 72 hours on surfaces. Frequent cleaning is therefore particularly important for communal surfaces like door handles or lift buttons and



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communal areas like bathrooms, kitchens and tea points. You can see the guidance on GOV.UK and can ask your employer if you have questions.