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COVID-19 OPERATIONS COMMITTEE 21(70)

12 JULY 2021

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COVID-19 RESPONSE: STEP 4 OF THE ROADMAP

PAPER BY THE COVID-19 TASKFORCE

SUMMARY

1. The *COVID-19 Response - Spring 2021 (Roadmap)* set out a cautious four-step process to ease restrictions. On 12 July we will announce whether to move to step 4 on 19 July.

2. **Step 4 is a significant step,** where the majority of outstanding legal controls will be removed: including on social contact, face coverings, business restrictions, and business closures, with guidance and advice to enable the public to make informed decisions based on personal risk. Step 4 includes changes on indoor mixing that potentially have a large impact.

3. **We are facing very high prevalence.** Case rates are rising at a similar rate to what was seen in the winter wave, hospitalisations are rising more slowly but exponentially and deaths are rising much more slowly. Nationally, infections and admissions have continued to increase over recent weeks. SPI-M have modelled a range of scenarios. Whilst there is a high level of uncertainty in these estimates and a great deal of variation between the different models used, all models show a period of extremely high prevalence of infection lasting until at least the end of August.

4. **Step 4 on 19 July.** While there is no perfect time to ease existing restrictions, moving to step 4 on 19 July means relaxations coincide with the end of the school term, take place over the summer when more activities can take place outdoors and pressures on the NHS are less than in the autumn and winter months. As such SAGE, while advising caution, states that the effect of a further delay would be

much smaller than the effect of the current delay and it would push the wave further towards the autumn and winter.[1]

5. **Public messaging on caution will be essential.** A rapid or immediate return to pre-pandemic behaviour and activity will substantially increase the height of the third wave's peak, risking unsustainable pressure on the NHS. We will need to be clear with the public that the risk has not passed and, even though legal restrictions have expired, they will need to continue to adopt cautious behaviour, and continue with some protective measures as we pass through this period of high prevalence. SAGE commented: 'If the aim is to prevent the NHS being under pressure the priority should be to avoid a very rapid return to pre-pandemic behaviour which could lead to a peak in hospitalisations similar to (or possibly even higher than) previous peaks. The mechanism by which this gradual change to more mixing is achieved is much less important than the fact it is gradual.'

6. **There are some additional mitigations that we can take to reduce this risk.** These include increasing vaccinations in the young, publishing additional guidance for the Clinically Extremely Vulnerable and working with departments to develop robust resilience plans to deal with periods of high prevalence.

7. This paper seeks agreement from the Committee that:

   a) on the basis that we pass the four tests, step 4 proceeds on 19 July with strong messaging that the public needs to change behaviours gradually and should continue to adhere to certain protective measures;

   b) the Department for Health and Social Care and the NHS will drive vaccination take up amongst the young and unvaccinated, through a public campaign and operational plan;

   c) the Department for Health and Social Care will publish updated guidance for the Clinically Extremely Vulnerable focused on the period of high prevalence;

   d) as agreed at SMG on 7 July, all departments will continue to plan and implement mitigations to manage periods of high prevalence;

   e) the Government will deliver a revaccination programme in the autumn, subject to final JCVI advice;

   f) UKHSA will work with departments to increase awareness of the critical worker assessment which is available to a range of settings in exceptional circumstances or whether very limited daily contact testing schemes might be possible for a small number of critical sectors.

   g) Government guidance will set out that we expect some settings may want to deploy Covid-status certification as a condition of entry, particularly whilst prevalence is high. BEIS and DCMS will publish guidance on how the NHS App and other channels can be used to facilitate such schemes.

[1] SAGE 93.

CONTEXT

8. On 14 June this Committee decided to delay the move to step 4 to provide time for more vaccinations: 3,410,121 first and 3,471,947 second doses have been administered between 14 June and 9 July. The latest SPI-M modelling indicates that this has helped reduce the expected height of the third wave peak.

9. The four tests have been passed, albeit with low confidence on test 3 due to residual risks and uncertainty:

   a. **Test One:** The vaccine deployment programme continues successfully. We met our target of offering all adults a first dose early; 86.8% have one dose and remain on track to have two thirds of adults double jabbed by 19 July. However, there are still very high numbers of unvaccinated younger people.

   b. **Test Two:** Both vaccines are highly but not completely effective against the Delta variant. While ranges of uncertainty remain, the evidence indicates that one dose of either vaccine reduces hospitalisations by ~80%, rising to 95% after two doses.[2] One dose of either vaccine offers ~35% protection against symptomatic infection for the Delta variant, increasing to ~79% after two doses, lower than the Alpha variant. Independently, it is estimated that two doses of Pfizer is ~85% effective against the Delta variant, and two doses of the AstraZeneca vaccine confers ~70% protection against the Delta variant[3], lower than protection provided against Alpha.

   c. **Test Three**: Infections will likely remain extremely high throughout the summer (the implications of which are set out below) and hospital admissions are increasing, but the relationship between the two has changed materially: specifically the ratio of infections to hospitalisations has continued to decrease in recent weeks and is significantly lower than previous peaks. SPI-M modelling suggests that the scale of the next wave in hospital admissions is highly uncertain and extremely sensitive to behaviour change, but most modelled scenarios have peaks lower than in previous waves, and show peaks in deaths well below the levels seen in January. These central modelled scenarios are not significantly different to those set out in the original Roadmap.

      However, hospitalisations are still likely to rise to levels that will challenge, if not overwhelm, the NHS. Non-COVID emergency demand is back to at least pre-pandemic levels and it is likely some elective treatment will need to be cancelled over the coming weeks. The modelling also indicates that a rapid return to pre-pandemic behaviours in step 4 could lead to a far higher peak in cases, highlighting the importance of clear messaging that the public still needs to exercise caution in exercising its restored freedoms.

[2] Values determined using PHE/ONS data, and agreed during the Vaccine Effectiveness Expert Panel meeting 02 July.
[3] Values determined using PHE/ONS data, and agreed during the Vaccine Effectiveness Expert Panel meeting 02 July.

   d. **Test Four:** Delta now accounts for c.95% of cases in England. The risk Delta

poses has not changed significantly since the last review. The assessment and modelling, notably of test 3, is therefore based on the assumption Delta will be the dominant variant. Variants excluding Delta remain at a very low level.

10. Aside from risks to NHS capacity and direct COVID-19 illness, high prevalence presents a number of challenges and risks including:

    a. **Disruption to schools, workforces, and public services** as large numbers of individuals are required to isolate, especially before 16 August, prior to the isolation exemption for double-vaccinated people coming into force. As children are an unvaccinated population, we should expect cases, and therefore the number of students, education staff, and parents required to isolate, to rise prior to the beginning of the school holidays and over the summer period. It is expected that cases among children will still be high in the beginning of the autumn term, as school controls loosen.

    b. **Variants of Concern (VOCs)** are more likely to emerge as the combination of high prevalence and high levels of vaccination creates the conditions in which an immune escape variant is more likely to emerge. Our ability to detect and control the spread of a new VoC quickly will be reduced when prevalence is high and rising.

    c. **Unvaccinated populations will be disproportionately impacted.** As of 11 July, only 62.3% of adults under 30 have received a first dose. Uptake is lower in deprived communities and some ethnic minorities, as well as among younger and ineligible cohorts.

    d. **Long COVID** cases will increase, creating an increased burden on individuals and the health-system, potentially for medium to long term. As of 6 June, ONS data indicated that 962,000 people (1.5% of the population) were experiencing self-reported "Long COVID" more than four weeks after the initial COVID-19 infection, with 385,000 reporting symptoms persisting for over a year. NSHEI estimates that 2.9% of people infected with COVID-19 go on to require post-COVID NHS support.[4] The scale of Long-COVID cases may vary as the definition of associated symptoms and as the impact of vaccination on Long-COVID become clearer.

    e. **Test Trace & Isolate services could be overwhelmed** if demand outstrips testing supply.

COMMUNICATING THE MOVE TO STEP 4

11. **Messaging:** SPI-M modelling shows that a rapid return to pre-pandemic behaviours could significantly increase the size of the summer wave, increase hospitalisations and make it more likely there is unsustainable pressure on the NHS. In order to manage this risk, direct communications and messaging with the public will be vital.

[4] Long COVID: the NHS plan for 2020-21, June 2021.

The majority of our comms and guidance asks the public to consider the risks and proposed measures individuals can take in order to reduce the risk to themselves

and others. We recommend consistent emphasis of this message, and continuing to advise that the public adopt cautious behaviours in response to the ongoing risk posed by COVID and high prevalence.

12. **Guidance:** On 12 July and in the days after, the Government will publish guidance and wider communications assets for people on how to reduce risk through practising key behaviours, including for those who are clinically extremely vulnerable. This includes clear messaging that we are keeping in place key protections:

    a. testing when you have symptoms and targeted asymptomatic testing.

    b. isolating when positive or when contacted by NHS Test and Trace.

    c. border quarantine: for all arriving from red list countries and for those people not fully vaccinated arriving from amber list countries.

    d. Cautious guidance for individuals, businesses and the vulnerable whilst prevalence is high including:

        i. whilst Government is no longer instructing people to work from home if they can, Government would expect and recommend that any return is gradual over the summer;

        ii. wearing face masks in crowded areas such as public transport;

        iii. being outside or letting fresh air in

        iv. minimising the number, proximity and duration of social contacts.

    e. supporting businesses to use certification to limit infection.

MITIGATING THE RISKS OF RAPID BEHAVIOUR CHANGE AFTER STEP 4

13. To mitigate the risks associated with high prevalence, the following activity is underway:

14. **The Health Secretary will commission the NHS to deliver a public campaign and operational plan to increase vaccination in the young.** Currently 62.3% of adults under 30 have received a first dose and 26.9% of adults under 40 have had two doses. 4.9 million adults under 40 remain unvaccinated with 11.8 million yet to receive their second dose. As we ease restrictions further, cases amongst those not fully vaccinated will continue to rise. Those not fully vaccinated will still be required to self-isolate even after 16 August, and this could have significant impacts on public services and key industries, especially as prevalence remains high.

15. **The Department for Health and Social Care will continue to work with NHSE to prepare an Autumn vaccination booster campaign.** The independent Joint Committee on Vaccination and Immunisation (JCVI) has advised that the

Government should begin preparing to offer COVID-19 booster vaccines to the most vulnerable, including those who are immunosuppressed, starting from September 2021. This would provide additional resilience against variants, and

maximise protection in those who are the most vulnerable to serious disease from COVID-19 ahead of the winter months, when there is increased pressure on the NHS as non-COVID-19 emergency demand is at its highest. The Government is planning on the basis of this advice, although the final shape of a booster campaign - including when, for whom and which vaccine(s) would be used - might change as further evidence becomes available.

16. **The Department for Health and Social Care and Public Health England will publish updated guidance for the Clinically Extremely Vulnerable on 12 July.** As we remove the majority of outstanding legal restrictions at Step 4, and enable people to make informed decisions about how to manage their level of risk, there is some concern that the published guidance will not alleviate the concerns of some Clinically Extremely Vulnerable people, particularly from those who are immunocompromised or immunosuppressed. Many within this group are likely to be apprehensive about the removal of restrictions and having to live with the virus, particularly through periods of high prevalence.

17. **BEIS and DCMS are publishing 'Working Safely' guidance on [12 July]** to support businesses at step 4. The guidance will include completing a health and safety risk assessment that includes the risk from COVID-19 and other suggested precautions to take, including prioritising ventilation, cleaning, reducing workplace contacts where possible, and communicating with staff how they are updating their safety measures.

18. **UKHSA will make changes to the Test, Trace, and Isolate System** to ensure it remains proportionate to clinical risk, whilst maintaining its function as a key non-pharmaceutical intervention and supporting the public to make informed decisions about their own risk.

    a. **From 16 August, an exemption from self-isolation for fully vaccinated contacts will be introduced, as agreed by Covid-O on 5 July.** This date was carefully chosen to avoid weakening this critical NPI as we face a third wave and to allow more people to be fully vaccinated. Even with this exemption, if there is high prevalence there may still be large numbers of people isolating as positive cases or as contacts where they are not (yet) able to benefit from the exemption (e.g. younger adults who have not had their second dose plus two weeks).

    b. **UKHSA will work with departments to increase awareness of the critical worker assessment which is available to a range of settings in exceptional circumstances, including prisons and healthcare.** The assessment process allows public health officials to undertake a risk assessment and withdraw a notification to self-isolate if a contact self-isolating, and not working, creates a greater public health risk than their attending work where appropriate mitigations are in place. UKHSA will also work closely with relevant clinical and NHS bodies to agree an effective

mitigation for direct patient and client facing and caring roles to see what more can be done in extremis where self-isolation of fully vaccinated close contacts could have a direct impact on patient safety.

c. **BEIS, DCMS, Cabinet Office and DHSC will provide guidance to organisations that want to demand certification as a requirement of entry**, learning from the evidence and experience gathered in the Events Research Programme pilots. We expect that some organisations may want to make use of the NHS COVID Pass to help manage the risk of transmission and to provide customers with additional reassurance that they are taking measures to reduce the risk of Covid-19, particularly whilst prevalence is high. This will especially be the case in crowded indoor settings and larger outdoor settings where people are likely to be in close proximity to others outside their household. This is a choice for organisations and is at their discretion.

DELIVERY READINESS FOR MOVING TO STEP 4

19. A Step 4 Delivery Readiness exercise was undertaken working with local authorities (LAs) and other government departments to consider key delivery metrics, discuss Step 4 delivery risks at LA and Task Force Delivery Boards, and use fieldwork teams to gather LA insights and challenges. This concluded:

    a. **there are sufficient plans in place to mitigate the identified implementation risks for Step 4.** However, ongoing close engagement is required with the LAs that underpin delivery across nearly all areas;

    b. **we are confident that the tools to facilitate domestic certification** (NHS COVID Pass) can be rolled out at Step 4 for organisations to use on a voluntary basis;

    c. although overall **compliance with the remaining rules and guidance is likely to be lower than at the previous steps**, we think the mitigations that are in place - including ongoing comms messaging to the public and businesses reminding them that COVID isn't over - will protect against the most dangerous breaches despite less LA enforcement action taking place, and;

    d. **we must recognise that Step 4 is being taken in a new context** of high prevalence but with a weakened link to hospitalisations. Further work is being conducted to fully scope and assess associated risks, and will be progressed through the Summer Wave analysis.

NEXT STEPS

20. Subject to agreement from the Committee, the Prime Minister will host a press conference today, 12 July, to announce that Step 4 will proceed on 19 July.

21. To support wider communications assets, we could publish a very short document to remind the public of the need for ongoing caution through this period of high prevalence.

22. The Health Secretary will further consider the evidence set out here (and other supporting evidence available at that point) to undertake the statutory review of the regulations, which will determine whether or not the restrictions remain necessary. This will then inform the final decision on whether to proceed to Step 4, laying a statutory instrument week commencing 12 July to implement the decision.

23. This SI will extend the No. 3 regulations until 28 September and revoke the Steps Regulations, Face Coverings (Relevant Place) Regulations, the Face Coverings (Public Transport) Regulations, the Obligation of Undertakings Regulations; the Collection of Contact Details Regulations and the Local Authority Enforcement Powers Regulations.

24. We recommend that we continue to assess the data position at regular intervals and that a public data review against the four tests is conducted in September prior to the remaining regulations sunsetting.

Annex A: COVID-O Data Pack