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**LOCAL ACTION COMMITTEE (GOLD) RECOMMENDATIONS FOR COVID-O**

**SUNDAY 13 DECEMBER 2020**

**TRAJECTORY IN LONDON, SOUTH EAST AND EAST OF ENGLAND**

**PAPER FROM THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE**

1. Following the reintroduction of tiers in England on 2 December, the Government is required to formally review the geographical areas in each tier at least every two weeks, with the first review taking place by 16 December. However, the latest data shows a very significant rise in confirmed cases in London, parts of the South East and parts of the East of England, necessitating emergency action ahead of the scheduled review point. Without immediate action, the situation will only worsen. This paper outlines the recommendations from the Local Action Committee (GOLD) for discussion and collective agreement by the COVID-O committee.
2. Given a median incubation time of 5 days, the latest confirmed cases data are the first reflecting the impact of the ending of national restrictions on 2 December. These data are not yet featured in public-facing rate maps. **London, parts of the South East and parts of the East of England, show large exponential increases in case detection rates,** commensurate with a significant increase in transmission at the end of national restrictions. These increases extend beyond the current high incidence areas of North East London and Kent.
3. Although these data are incomplete and so still subject to upwards revision for the last few days recorded, they indicate **doubling times for new COVID-19 infections of 7 days or less** in some areas. This is extremely concerning as some of these areas, such as Kent and Essex, are areas where the national restrictions had least impact and as such have a high base level of COVID-19 infection in the population. This rapid rise in case numbers was last seen (outside a defined outbreak within in a closed setting or workplace) in such a wide geographic area of community transmission in March 2020.
4. This worsening picture for London and the East of England is reflected in the latest ONS data (up until 5 December, published on 11 December) which shows increased rates in school age children and parents.
5. Operational pressure is already being felt by NHS Trusts in North East London, Kent and Essex, with mutual aid arrangements being utilised across the region. This was highlighted in a letter to the Prime Minister for NHS Providers, the representative body for NHS Trusts, which set out significant concern regarding current pressures in the NHS and further increases that the Christmas relaxation will likely bring. The Medical Director for England briefed the following key points into the Local Action Committee this afternoon:
  - a. **London:** The most resilient area in terms of mutual aid and the ability to move patients around. COVID19 positive patients are currently at circa 40% of the

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spring peak in general and acute beds, however, London's hospitals didn't see the drop in admissions experienced by most of the country during the period of national restrictions in November. Whilst London can provide mutual aid to others, as London gets busier, it is harder to meet the demand from Kent, Essex.

**A doubling time of 5-7 days in infection rates will be mirrored in admissions and it will only take a couple of doubling times to exceed the spring peak.**

Numbers of COVID19 positive patients are rising in all London's STPs, with pressure being highest in East London. Overall, the position in London is "high but more stable".

- b. **Mid and South Essex:** The same pattern as London with numbers of COVID19 positive patients rising. The pressure is highest in Basildon and Southend which are under strain.
  - c. **Kent and Medway:** There is significant pressure in Kent and Medway's hospitals; they are receiving mutual aid. East Kent, Maidstone and Tunbridge Wells are all seeing rises in cases. A 4-week decompression plan is in place for Kent's hospitals.
  - d. **Hertfordshire:** A slightly different picture. The situation here is "high but more stable."
6. If the current infection rates trajectory persists and we do not take very rapid action, these areas may see an eightfold increase in prevalence by from the end of national lockdown to the 23 December – when the Christmas bubble period begins. The planned 5-day easing of household mixing restrictions over Christmas will inevitably further accelerate transmission. In addition, the Christmas temporary easements provide a significant potential for COVID-19 positive individuals, from what are likely to be very high prevalence areas by 23 December, to transmit COVID-19 to households in areas with lower case rates across the country via Christmas travel – in particular, those areas that have spent significant time under more severe restrictions (such as Liverpool and Manchester). Large numbers of students are also returning home.
  7. There was an average of 90 daily COVID-19 deaths across the three regions in mid-November during national restrictions. With case rates now already higher than that point and continuing to rise, we should expect a minimum of 100 deaths per day in these regions over the next two weeks and very likely considerably higher. Deaths are a lagging indicator of outbreak severity and so this situation would persist throughout Christmas and into the New Year.
  8. In light of this early warning signal, the public health recommendation is to act quickly, proactively, and decisively. The next formal review of the tiering allocations is due on the 16 December, but decisions made at this point will not come into force until the 19<sup>th</sup>. Given the pace with which case rates are rising, the recommendation from the Local Action Committee is to take emergency action ahead of that review and **move the following Local Authority areas immediately into Tier 3:**
    - **Greater London Authority**

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- **West Essex - (nine Essex districts – Basildon, Brentwood, Harlow, Epping Forest, Castle Point, Rochford, Maldon, Braintree, Chelmsford – and two unitary authorities Thurrock and Southend-on-Sea Borough Councils)**
- **South Hertfordshire - (Broxbourne, Hertsmere, Watford and Three Rivers)**

As the accompanying data pack (Annex A) shows, these are the areas across the East and South East of England with the largest increases and/or persistent highest rates and reflect human geography

9. Moving these areas to Tier 3 could be done under the existing powers, with regulations written and laid tomorrow (Monday 14 December) to **come into effect at 00.01 on Tuesday 15 December**.
10. In addition, we are asking that COVID(O) considers whether to move four UTLAs in Bedfordshire immediately into Tier 3. These areas are also seeing similar exponential increases as the areas above however engagement with local leaders is further behind. Whilst local engagement is now taking place and MPs briefed tomorrow morning, we risk a wider abreaction to the change than if done as part of the Tuesday Gold cycle to allow more time for engagement. The areas that are being proposed for COVID(O) to consider are:
  - **Bedford, Central Bedfordshire, Luton and Milton Keynes**
11. London Leaders have raised the possibility of taking further actions to close schools, given that we have seen cases rise amongst school age children recently. This was considered by the Local Action Committee but is not being recommended due to schools being used to test children, the complexity of implementing and the fact that schools only have four days remaining before Christmas holidays. There has also been discussion about acting to close non-essential retail or restrict travel, as an escalation measure and given the reports of crowded shopping areas. **Does COVID(O) agree that further enhancements to Tier 3 should be brought forward as part of a cross-government led process this week?**
12. Significant effort is already being put into surging testing in these areas via NHS Test and Trace and the Community Testing Programme. We are already surging testing into parts of London and Essex primarily focused on secondary schools, and we have been working with London leaders on their community testing plans. These should be signed off on Monday 14 December so that we can rapidly scale up testing beyond this surge across the capital starting this week, focused on asymptomatic testing in the capital. We have seen an increase in demand for testing in North East London and South Essex already with some testing sites booking out and a 100% increase in demand for home test kits.
13. Case rates in other parts of Essex and Hertfordshire as well as other areas in the South East, notably parts of Bedfordshire, East Sussex, Surrey, Buckinghamshire, Berkshire and Hampshire are also rising quickly, although from a lower base. Emergency intervention is not proposed in these areas, but they will need to be considered carefully by Ministers as part of the planned 16 December review. In addition, whilst taking the recommended action

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now may bring R below 1 across the affected areas, or at least slow growth, equally those measures may not be enough to bring R below 1 in all cases, and either way the number of new cases per day will not fall quickly. It is also important to note that case rates in Kent have continued to increase rapidly during tier three restrictions in December. Therefore, further options for wider restrictions on areas such as non-essential retail and transport which would drive a greater reduction in R will also be brought forward as part of a cross-government led process this week.

14. There are risks associated with taking 'out-of-cycle' emergency action. We know from experience over the past 6 months that local political support for measures is essential to driving compliance and understanding amongst the population, and hence essential to maximising the impact of any intervention. Although there has been considerable engagement with local authority leaders and MPs over recent days, many remain opposed to the introduction of further restrictions. Ensuring that local and national political leaders and members of the public can see and understand the rationale for the decisions, and have access to the underlying data, is therefore vital.
15. To this end, Ministers committed to publishing data on the five lead indicators<sup>1</sup>. Because the actions recommended here have been made based on trends seen in incomplete, and some as yet unpublished, data, communicating these decisions and securing the buy-in needed to realise compliance will be difficult. This will be further complicated by the fact that the trends will only just be feeding through into the confirmed data which will underpin the formal 16 December review. Furthermore, given the pace with which these emergency decisions have been proposed, the Joint Biosecurity Centre has not been able to conduct its usual detailed due diligence and analysis, and so there is a risk of inconsistency with subsequent escalation or de-escalation proposals made on 16 December.
16. There are, however, significant risks associated with delaying action for London and parts of the South East and East of England with regards to worsening case rates. There is already much public speculation about these areas moving to Tier 3 and as noted there has been pre-engagement with local leaders. From an epidemiological perspective there is a need to take swift, decisive action and to be clear with the public. Given that these actions are being recommended out of cycle, we believe it is better to restrict immediate action to those areas where the data is definitive hence why we are recommending Tier 3 for only some parts of Essex and Hertfordshire and leaving the wider geography for the planned 16 December review. It is highly likely if the current epi increases continue that these areas would also be recommended for Tier 3 in the next review. The Local Action Committee has considered these risks and on balance recommends that the Government should take these emergency actions now.
17. There are equalities issues to consider when moving further areas to Tier 3. In particular, through its impact on labour, the restrictions and closures imposed by Tier 3 could

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<sup>1</sup> These are: Case rates per 100,000 per week in all ages and in particular, those over 60; weekly positivity; the rate of change of these measures and the current and projected pressure on the NHS.

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disproportionately impact young people as we know they are twice as likely to be working in an impacted sector compared to older workers aged 45-64 and are most likely to be furloughed, be assigned reduced hours of work, or to be taking obligatory temporary leave. Furthermore, the additional business restrictions on the hospitality sector may have disproportionate impacts on women and those from lower income groups. Men from minority groups are also more likely to be affected by the business restrictions and closures and may also be disproportionately affected if they lead to increased levels of furlough or redundancies. A full equalities assessment was undertaken recently in the development of the new Tiers and a further analysis will be provided to the Secretary of State prior to signing the proposed amendments to the Regulations.

18. Any decision to move areas to a more restrictive tier will attract scrutiny and risk of legal challenge given the impact of Tier 3 measures, especially on the hospitality sector and in the pre-Christmas period. Risk of a legal challenge being brought therefore remains High (>70%). However, the risk of successful legal challenge would be Low (<30%) where the measures are supported by data to show that the areas are experiencing high infection rates and by expert advice from CMO and others.
19. Any decision to move away from the current large Upper Tier Local Authorities (UTLAs) geographical areas will attract particular attention. There are already legal challenges regarding the use of UTLAs which assert that the approach fails to properly have regard to certain areas within Tier 3 having significantly lower rates of infection. We will need to be able to justify a change of approach in relation to these changes (such as moving to Lower Tier Local Authorities) in a way which supports the proportionality of imposing restrictions based on larger and smaller units of geography. Such a change is likely to attract calls from other areas in Tier 3 (and Tier 2) alleging that less restrictive measures are appropriate for them. Without knowing the justification for a change of approach for each area under discussion, it is not possible to assess accurately the risk of successful challenge but doing so will likely increase the legal risks of maintaining Tier 3 restrictions in other UTLAs.

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