Cabinet discussion on possible regulatory interventions over the winter 16 November 2020

Introduction and context

This paper aims to set the context for different scenarios over the course of the winter period, dependent on the outcome of the firebreak and the public response to the new rules and calls for less social mixing. The degree of intervention considered by Ministers will need to consider the balance of risk over the winter season in order to save lives and livelihoods.

Planning for different options can help shape further work on mitigating harms and prepare the public for a potentially difficult period. Some possible actions, such as those related to shielding policy, have long lead in times (e.g. up to four weeks).

Cases will rise over the winter which will very likely require further intervention to restrict people's freedoms to slow the spread of the virus and prevent NHS capacity being overwhelmed. This could take a number of forms and may be influenced by changes in behaviour, advances in testing, or local responses. It is uncertain at what point such interventions might be needed given:

- the full impact of the firebreak is not yet known,
- whether there will be any behavioural response from the public in adjusting behaviours, and
- the impact of different environmental conditions (e.g. colder weather, flu, NHS continuing to deliver normal services as well as coping with additional demand from COVID).

The discussion below focusses on the ways in which regulatory restrictions and other interventions might be used in responding to differing scenarios. It is assumed that previously discussed mitigations continue and capacity continues to be built up where possible. Each of these individually and cumulatively are intended to slow the spread of the virus:

- Behavioural change programme and associated communications
- Strengthening TTP, including opportunities from new technologies
- Options to utilise testing approaches to support policy objectives,
- Strengthened local response to deal with local outbreaks.

Four harms

There are different harms associated with any course of action. Allowing high levels of infection will have direct harms through deaths and 'long-COVID', as well as indirect harms from cancelled elective and other NHS services. The pressures on the NHS are set out in Annex A (pages 1-5 on the current position, pages 8-10 on modelled scenarios). Tolerating a higher rate of community infection is likely to need the suspension of some NHS services, adding to the backlog and likely to lead to indirect harms from those not able to access treatments for non-covid related illnesses. More services continuing at the same time as high community transmission is likely to lead to much more nosocomial transmission (i.e. within

hospitals). Staff pressures in the NHS are likely in any scenario that doesn't involve low community prevalence of coronavirus, and there is already clear evidence in England of the impact of the virus on NHS workforce capacity. Closed settings such as care homes and prisons are also showing signs of strain. These patterns are evident in Wales and will need to be closely monitored.

There are socio-economic harms from both high levels of community transmission (fear leading to changing behaviour) and forms of restriction that further constrain social and economic activity. The Christmas period is traditionally one of the most important social and economic times of the year, so the impacts of restrictions on those wider harms will be felt more keenly during this period. Some elements of retail in particular are dependent on the Christmas trading period for a substantial part of their income. Hospitality would also normally expect to benefit from the festive period, in particular over new year. The extension of furlough is helpful but will not compensate for these losses and many more businesses may become unviable if required to close over this period. Socially, the Christmas holiday period is associated with visiting family and friends and larger gatherings over that period. Students returning home from University would use the time to reconnect with friends from school and college, rather than solely spending time with family.

While this paper and Annexes focus primarily on the health impacts, it is worth noting the socio-economic subgroup of TAC has identified the benefits and costs of restrictions depend on their severity, length and impact. Where, for example, a firebreak is introduced in a way that very probably averts the need for a subsequent one, but which involves a much more severe or prolonged, package of restrictions, benefits are highly likely to exceed costs and there will be no "trade-off" between health and the economy. On the other hand, if the only effect were to postpone harms for a short period, the case for such a firebreak would be much weaker.

Approach to managing the virus

The ambition for the post-firebreak period is to embed a long-term strategic approach of behavioural change supported by simpler national rules that people can understand, recognise as reasonable and adhere to. The public need to understand the risk of Covid-19 to themselves and others, take responsibility for their actions and work together to minimise both Covid and non-Covid harms. This approach is a marked shift from the previously heavily regulated set of complex restrictions pre-firebreak.

However, the challenge in achieving behavioural change at pace and the risk of not succeeding is acknowledged, and therefore legislation has been made in order to support compliance with the measures, with the overall aim of minimising risk.

The approach adopted when coming out of the firebreak was to:

- **Aim for stability of restrictions.** The proportionality of restrictions needs to be kept under review, but where possible we should avoid making changes in order to maintain a consistent message and approach. Frequent changes can lead to confusion as evidenced in the pre-firebreak regime.

- **Emphasis on communication around behaviours not rules.** The benefit of stability would be to free up communication bandwidth for communicating what people should do to manage risks.

- **Recognise there is a cost of change.** Changes to restrictions can create confusion and ultimately undermine adherence. In addition, exceptions made in one area create new demands in another. A perception of relaxation could elicit a relaxation in behaviours.

- **Support IMTs to strengthen the local response.** To ensure national action is not a first resort and local actors have the powers they need and are willing and able to act early.

The local response is a critical mechanism to respond to specific local issues and outbreaks before they become systemic problems that need a national response. Targeted local responses will also help ensure that, as far as possible, proportionate action is taken to address specific issues. The local response via IMTs is described further in Annex B, including new reporting arrangements that place a much stronger focus on local actions underway to contain the spread of the virus. Other critical elements at a local level will include:

- Community transmission - More pre-emptive enforcement and monitoring at a local level, supporting people to self-isolate, local communication

- Care home transmission - More emphasis on practices and processes to minimise impacts of any community transmission into care homes

- Hospital transmission – More emphasis on the management of nosocomial transmission, in particular where non-Covid activity continues, and considering where activity may need to be suspended

The emergence of new opportunities for testing also offers the possibility of using them as a new and useful tool to use pre-Christmas to potentially prolong the Firebreak gains as well as contain specific outbreaks (e.g. within Care homes and hospitals).

Lessons learned

Firebreak in Wales

Work is underway to consider the policy lessons from the firebreak, including the degree and depth of engagement with industry. In learning lessons from other parts of the UK and beyond it may not be necessary for such widespread closures in the future, if acting early. For example Northern Ireland keeping non-essential retail open or Scotland targeting closures around leisure and hospitality.

We are now getting some indication of the early effects of the firebreak which appear to show it was effective in reducing Rt below 1 and this is now translating into falling incidence across Wales. Different models have different estimates with PHW putting

Rt below 1 and SPI-M having a range that goes either side. The modelling set out below by Swansea University is on the basis of Rt being 0.8 during the firebreak.

In time this should translate into fewer hospital admissions and ultimately deaths than would otherwise have been the case. At the same time, however, the firebreak has ended so we can expect new chains of transmission that will act against those declines and begin to be reflected in the data towards the end of November onwards. If the benefits of the firebreak do not translate into lower confirmed C19 patients occupying hospital beds the NHS would be further impacted, plans would have to be enacted to open more field hospital capacity, elective activity may have to be postponed and staffing ratios reduced. This change in trend is not yet evident.

Local health protection areas in Wales

Further work has also been carried out to learn lessons from the local lockdowns where greater data and longer time-series are available. This broadly show that they have an early effect, but this wanes over a period of 21-28 days after which growth returns even as restrictions remain. This emphasises the importance of people's behaviours and acceptance of the rules over the setting of restrictions themselves.

National vs local interventions

Comparing the local interventions and firebreak the national approach appears to have had a greater impact over a shorter period of time. This may be due to the more severe nature of the national restrictions. It is not clear if national interventions would wane over time and become less impactful if sustained in the same way the local interventions did.

English Tiered approach

More substantive analysis has been carried out by others on the impact of the different Tiers in England. These appear to illustrate that there is a modest (approximately) 10% reduction in R when moving from Tier 1 (medium) to Tier 2 (high) – with Tier 2 the minimum intervention required to maintain any degree of control on transmission. There is strong evidence from two independent analyses that Tier 3 (very high) restrictions have reduced local transmission, particularly in the North West and North East & Yorkshire regions. These are unlikely to be sufficient for some parts of the country however and more stringent conditions may be needed for higher prevalence areas. Annex C compares the Tiers in England.

As a comparison the current Welsh restrictions are a mix of Tier 2 (high) and Tier 3 (very high) type restrictions in the most significant areas related to transmission:

- In relation to mixing in the home and garden current Welsh rules are equivalent to Tier 3 in that it is limited to a support bubble only

- Meeting outdoors in Wales is stricter that Tier 3 in England, which retains the rule of 6 (four or extended household in Wales)

- The businesses allowed to remain open in Wales is equivalent to Tier 2 in England. To move to Tier 3 equivalent would require the closure of 'wet' pubs (other Tier 3 closures are varied, but may include some leisure facilities)

- Meeting indoors in regulated settings has no direct equivalent. In Wales it is stricter that Tier 1 (rule of 6 in England), but more permissive than Tiers 2 and 3 (household or bubble only).

All this might imply that equivalent outcomes to Tier 3 restrictions in England may be possible by limiting people meeting indoors in regulated settings (suspending the rule of 4) and considering some targeted business closures (e.g. 'wet' pubs). What is not clear from the SPI-M analysis is whether temporal or behavioural effects have been considered. Given the weakening of effects over time from Welsh Local Health Protection Areas we may not want to pursue a long-term Tiered approach, though this may provide some consistency. Guidance in Wales is also focussed not on the regulatory maximum numbers for the purpose of gatherings, but on limiting contact.

The SPI-M findings indicate that there are 'edge effects' whereby applying measures to larger spatial areas is likely to be more effective to recognise travel between smaller local areas (as small areas will lead to people travelling anyway). There is also a need to ensure growth rates are considered alongside prevalence rates, so that intervention takes place early enough.

Effects of different interventions

It is difficult to disentangle the relative actual effect from different interventions. It is the cumulative effect of the package of measures that is reflected in indicators. The clear signal that action is being taken is also likely to have a behavioural effect.

We will also hopefully soon be able to tell more about the impacts of different approaches across the UK. Northern Ireland had a longer lockdown, kept schools closed longer, but did not close non-essential retail. Scotland has focussed on specific geographical areas and closed hospitality and prevented household mixing. Both have had an effect and may provide some indications about the accuracy of the SAGE modelling on different NPI effectiveness.

Scenarios over the winter

Moderate transmission (Rt at 1.2 or below)

This scenario would allow for the behaviour change we are seeking as a result of the Welsh firebreak and new rules. In this scenario the recent reductions in positive cases continues and this feeds through to lower hospital admissions and pressure on the NHS. If a change in behaviour keeps Rt below or around 1 no further changes or interventions would be necessary until after Christmas. The effects of additional social mixing over the Christmas period may then require compensatory actions following Christmas – particularly if relaxations on social mixing push Rt back into exponential growth. Modelling (Annex A, pages 6-10) implies this may not be necessary if a pre-Christmas firebreak was implemented and particularly effective.

Planning under this scenario would thus focus on the restrictions to be put in place post-Christmas. There are broadly two options for intervention with variations in between:

1. A short sharp intervention, potentially supported by mass testing, spanning 7-10 days. For greatest effect this could include extending the school holidays for one week (potentially regaining that week in the summer).

2. A longer, but less restrictive set of interventions. As a minimum this might look like the Scottish interventions or Tier 3 (Very High) in England, such as banning household mixing (except extended households) and closing hospitality and leisure businesses. The less restrictive the interventions the longer they are likely to be needed.

High transmission (Rt at 1.4-1.5)

Recognising that behaviour change is unlikely to take effect as quickly as needed we may see a return to similar behaviours as existed pre-firebreak. This behaviour represented an Rt of around 1.3, leading to exponential growth. This could be exacerbated by additional winter pressures. We may get early signs of whether declines in transmission rates are sustainable in the next week (and at least before the end of November).

The nature of exponential growth means that once cases and other indicators begin to grow quickly, they accelerate such that one or two weeks delay can have profound effects. The firebreak was seen by many as precautionary at the time, but the rapid acceleration of cases (now seen in hospital admissions) is testament to the fact that delays would have had much more significant impacts.

It is therefore prudent to plan for the situation that some form of intervention *may* be needed at short notice prior to Christmas. Early action before Christmas, if needed, is likely to be preferable to having to put in place emergency action over that period. The options for any intervention will depend on the situation at the time and the relative rates of change, but would be similar to the response after Christmas set out above:

3. A short sharp intervention, ideally linked to an earlier finish for school and mass testing for case finding. This might cover the 7-10 day period from 11 December to fit with schools and could be communicated as a period of self-isolation for children and families before they form Christmas bubbles with potentially vulnerable grandparents or friends.

4. A longer set of less restrictive interventions throughout December in the run-up to Christmas. This might aim to reduce household mixing. In line with the Tier 3 / Scotland approach this might also stop some hospitality (e.g. wet pubs) or leisure – though prolonged restrictions on those businesses will be damaging over what would otherwise be a more profitable period.

A precautionary short sharp intervention (as per (1)) prior to Christmas might avoid the need for one afterwards. Modelling shows that regardless of transmission rate, a precautionary firebreak before Christmas would have significantly more effect on case numbers than a firebreak afterwards. This is illustrated in the scenarios modelled on page 16 of Annex A, where higher case numbers would translate into differing levels of hospital occupancy and ultimately deaths.

There is some indication about the potential effects from the modelled options of (1) and (3) in Annex A (pages 6-10, for example charts on page 10), but further work would be needed to look at any potential alternative options or variations to provide a reasonable comparison of potential effect.

Risks and harms

- Acting earlier will have greatest health benefits as described in the models. The modelling and evidence from previous interventions benefit is lower for Covid harms and lower for other indirect health harms from an intervention after Christmas.

- Socio-economic harms are most likely dependent on the length, timing and effectiveness of restrictions. Retail will be heavily affected by any restrictions in the run up to Christmas. Restrictions after Christmas will affect those businesses that rely on sales periods. Hospitality would also expect significant trade over the whole period, with new year celebrations particularly lucrative for some parts. Furlough will not compensate for the lost income during these periods.

- Behavioural change is needed over the medium to long-term, so taking the public with us will be critical. The effectiveness of the interventions relies on the public adhering to them.

- Trust in government is an important part of advice being adhered to. There is a risk intervening before Christmas is seen as a breach of trust as many people expected the firebreak to take us to Christmas (even though it was conditional on people changing their behaviour). Communicating any pre-Christmas intervention as a period of national self-isolation before getting together with potentially vulnerable family members may mitigate this.

UK Planning for Christmas

A UK-wide approach is being considered to support families getting together safely at Christmas. Each part of the UK may be in very different situations. Wales may be seeing rising rates of infection, ahead of other parts of the UK where stricter restrictions are in place for longer.

It appears thinking is for some amendments to rules to household mixing and travel around the dates 24-28 December. Travel will need to be consistent across the UK to allow for movement of people, should such mixing be allowed. Other areas may

vary but could lead to some displacement. A family-oriented Christmas could see a temporary bubble being formed that allowed for 3-4 households maximum to come together. Polling by YouGov suggests across the UK that might accommodate 75-85% of 'normal' Christmas day arrangements. While numbers of respondents from Wales are low there is some tentative indication that it might be more likely for larger groups to get together in Wales compared to areas in England.

There are key commercial dates following Christmas (boxing day sales) and for new year's eve (hospitality). These present risks and early engagement with industry could seek to mitigate them should places remain open over those periods.

Key dates

It is worth bearing in mind some of the key dates that will affect decision-making

- England due to revert to Tiers: 2 December
- University students going home: 4-9 December
- School break up for Christmas: 18 December
- Schools return in January: 4 January
- University students returning: from 4-25 January in Wales

The ending of the firebreak on 9 November may see impacts from new chains of transmission by the end of November (by which time the follow through into lagging indicators from the firebreak will also be clearer). This suggests any pre-Christmas interventions may require a decision at the end of November for implementation in early December. A period of self-isolation and transit immediately prior to Christmas (in the same way students are being asked to respond) may be an option.

The longer the time taken to announce any decision (if it goes beyond the point at which intervention is required), the lower the benefit will be for economy and wellbeing, and the greater the harms. The evidence shows that the longer people have to prepare for a period of lockdown, the easier it is for them to plan and organise their affairs, cancel bookings and rearrange key social events.

Creating new behaviours: change programme

Whatever our approach over the next few months, the more that we are able to create the conditions where people across Wales understand and find it easy to follow safe behaviours, the more effective our control of coronavirus will be. Our communication programme is essential in reaching people and giving them the right information.

There are further interventions we are making to support people to adopt the right behaviours. The support payment, available from 3pm on 16 November backdated to 23 October, of £500 to people who are required to self-isolate with a positive test or a close contact of someone who has a positive test, who cannot work and will lose income and suffer hardship as a result will address a potential financial barrier to self-isolation. Other barriers to adhering to the rules can addressed through cross-cutting action, or incentives which could be provided to encourage behaviour change. We have reinforced the self-isolation payment by placing a duty on

employers who among the reasonable measures they must take are required to enable and encourage people, who should be self-isolating, to do so. We are developing a community response to ensure people required to self-isolate have easy access to food deliveries and ensuring that any caring responsibilities they have are addressed.

New interventions that could be trialled to encourage and amplify safe behaviours, and to discourage and dampen risky actions. We are working with Y Lab, Public Health Wales, universities and the Behavioural Insights Team to consider the potential of rapid, low cost experiments of behavioural change measures. Some of these options would have financial implications, in which case detailed advice will be necessary for the relevant Minister to consider.

Communications

A decision to introduce another national fire-break or other restrictions would need clear communications that explain both the rationale and the new restrictions. While the Welsh public have already experienced both a fire-break and extensive restrictions on their lives in 2020, such a move would encounter opposition and a general feeling of 'covid fatigue', with a subsequent impact on compliance.

Through our communications we would need to address the sense among many that past sacrifices and restrictions achieved little and we have made little progress on halting the spread of the virus through a cycle of lockdowns and easing that were accompanied by social and economic damage.

The key aims of our comms would be building support and understanding for a second fire-break and we should not underestimate how challenging this would be.

Being able to offer a comprehensive, detailed announcement for any new firebreak would be an advantage. Any ability to offer a full package for the second one, covering issues such as business support, clear advice on which sectors are to remain open, and FAQs and guidance published in advance with as much notification to the public as possible, is recommended.

Legal Advice

Legal advice is attached at Annex D.

Annex A: Epidemiological and capacity analysis, including critical points

Annex B: Local vs National response: IMTs, responsibilities and triggers

Annex C: English Tiers or Levels descriptions

Annex D: Legal Advice