

Together for a safer future: Wales' COVID-19 transition from pandemic to endemic (March 2022)

Ministerial Foreword

We have been living in the shadow of the coronavirus pandemic for two long years.

It has touched all our lives – people across Wales have made many sacrifices to keep themselves and their loved ones safe. Families and communities have followed the rules.

But sadly, too many families have experienced the pain of losing a loved one or a close friend. My thoughts are with them all.

As we approach the second anniversary of the pandemic, we can look to the future with growing confidence that the next year will be one in which we have a different relationship with the virus.

Thanks to the efforts of everyone and the success of our fantastic vaccination programme, the course of the pandemic has changed for the better. The link between the virus, serious illness, hospitalisation and death has been weakened significantly.

We have weathered the storm of the omicron wave, which struck so suddenly over the Christmas and New Year period and cases are once again declining.

We can now begin to plan to move beyond the initial emergency phase, which has characterised our response to the pandemic so far and begin to plan a future in which we live with coronavirus, just as we live with many other infectious diseases.

This plan sets out how we will do that and what that will mean for the many services and protections we have put in place, including our NHS Wales Test, Trace Protect service. The change will be a gradual process and we will continue to put the protection of everyone, especially the most vulnerable, at the heart of these plans.

There is no doubt we have reached a significant moment in this pandemic and the end of legal protections is clearly in sight.

But this is a virus full of nasty surprises – in preparing for a different future, we must also be ready to respond quickly to future outbreaks and new variants as we learn to live with coronavirus in the long-term.

As we publish this plan, this is a good time to reflect on the extraordinary achievement of our vaccination programme, which has delivered so much in such a short time – protecting millions of people and saving lives.

I also want to pay tribute to staff working in our NHS and care services, who have done so much to keep us safe during these exceptionally difficult times, and to all those working in the wider public sector and to everyone who has volunteered their time to help others.

The pandemic isn't over but we can look forward to a brighter future together.

1. Introduction

Since April 2020¹ the Welsh Government has published a series of policy documents detailing our strategic response to Covid. In August 2020 we published our first Coronavirus Control Plan². This was supplemented in December 2020 with our alert levels framework³ which we have regularly updated. In turn these overarching documents have been underpinned by published scientific evidence and by more detailed plans covering different areas in our management of the virus, such as testing, contact tracing, vaccines and NHS winter planning.

The Covid-19 situation is currently stable and improving. The winter 2021-22 omicron wave was navigated without recourse to the most harmful legal restrictions, supported by a strong voluntary public response. As a result of the protective actions everyone took over the winter, we did not reach levels of harm seen in previous waves. Current immunity levels, from both vaccination and infection, are high and could mitigate future waves unless there is a more problematic variant or rapid waning of immunity.

With high levels of vaccination in the population and fewer hospitalisations and deaths from Covid, it is now the right time to refocus our resources and efforts on how best we can transition from an emergency footing to managing Covid-19 alongside other respiratory infections and vaccine-preventable diseases. We must also recognise we have a special responsibility to those most vulnerable if they contract Covid-19. Contingency planning, however, will be key in order to respond effectively and quickly should a more harmful and/or an immune escape variant emerge.

2. The transition from Pandemic to Endemic

Covid-19 has not gone away and will remain with us globally. In the long-term we expect the virus to become one of several respiratory infections, including flu and respiratory syncytial virus (RSV), all of which can be mitigated by effective public health interventions to reduce the risk of infection when outbreaks arise. At some point in the future, Covid-19 will be 'endemic', meaning it is still with us but the spread of disease has become more predictable. For example SAGE⁴ suggests waves in the future are more likely to happen in the autumn/winter, which would be similar to the patterns of many other respiratory viruses like flu and RSV. We would also expect the level of disease and serious illness to be benchmarked against other vaccine-preventable disease. We will know we have reached an endemic stage when these patterns become established and predictable, which may take years.

¹ Leading Wales out of the coronavirus pandemic: a framework for recovery | GOV.WALES

² Coronavirus control plan for Wales | GOV.WALES

³ *Coronavirus Control Plan: alert levels in Wales*

⁴ SAGE 104 minutes: Coronavirus (COVID-19) response, 28 January 2022 - GOV.UK (www.gov.uk)

How long it will take us to reach an endemic state remains uncertain, and until then we may have less predictable waves to deal with due to new variants emerging or waning immunity. For example a variant of Omicron, known as BA.2, is currently growing in different parts of the UK. This appears to be contributing to higher case rates in Northern Ireland, and could potentially lead to an increase (or at least a plateau) of cases in Wales once it becomes established here. This does not necessarily mean returning to the various restrictions in place over the last two years, but it does mean we will need to retain the ability to escalate our response if needed.

We have been operating on an emergency footing for nearly two years. We introduced emergency legislation to protect and keep everyone safe in Wales at a time when we were learning about the virus and its rapid evolution. We have mobilised unprecedented resources across Wales and the rest of the UK to focus on identifying and managing the specific risk from Covid-19. Our staff in the NHS and in other public services including our schools and local authorities have worked tirelessly through each wave of the virus to keep everyone safe and minimise the impact on those at risk. Despite additional costs and disruption, businesses have repeatedly adapted to support and retain their staff and keep their customers safe. And the vast majority of people have made immense sacrifices by adapting the way we have worked, lived and socialised in order to help and protect each other. These combined efforts gave us the time needed to learn more about the virus and how to protect ourselves from it. It is these combined efforts which now put us in a strong position to be able to move away from our emergency footing to an approach and set of principles that can keep us safe against a range of respiratory infections and still protect us during any future Covid-19 waves.

We have seen over the last two years how quickly the virus has been able to evolve. In Wales and the rest of the UK. We have seen significant waves from the original strain, and variants known as Alpha, Delta and Omicron. Internationally, other variants, such as Beta, have also driven large waves of infection. Despite Omicron being less severe than previous variants, it could just as easily have become more severe. Alpha, Beta and Delta were all linked to higher rates of hospitalisation and death compared to previous variants. There is no guarantee the next variant will not be more severe. So far, however, the vaccines have proven effective against all variants (albeit to differing degrees) and we have an increasing number of other available treatments (e.g. COVID antivirals); which together offer us the necessary tools to continue to protect the most vulnerable during future waves.

Partnership has been an essential feature of our response to the pandemic. Partnership between government, the public health providers, employers and the public themselves, each taking responsibility for creating new protective behaviours. Recognising that coronavirus does not respect borders and that local communities, the UK nations and others across the world are interdependent in managing diseases, we will continue to engage with partners to make sure Wales has as many levers as possible at its disposal.

Our planning, summarised in this document, is based on two core scenarios. This builds on the scenario planning we set out in the autumn and winter update to our Coronavirus Control Plan. That plan set out how we intended to get through the

challenging winter period by retaining certain baseline measures (known as 'alert level zero') and the contingency arrangements we had available if needed. As we manage this new period of transition from a pandemic to an endemic state in Wales we will continue to draw on these scenarios:

- **Covid Stable:** We still expect to encounter additional waves of infection. We expect new variants to emerge, and some may become dominant. But these waves will not put unsustainable pressure on the NHS. Vaccines and other pharmaceutical interventions are expected to remain effective in preventing serious illness. We consider this the most likely scenario.
- **Covid Urgent:** This is a possible but less likely scenario. A new variant could emerge that has a high level of vaccine escape or other advantages that puts large numbers of people at risk of severe illness, for example similar to the levels we saw during the Alpha wave in December 2020. This may require all of us to work together to take actions to protect others.

Under Covid Stable we expect to integrate Covid-specific approaches into our public health response for communicable diseases, and in particular respiratory infections. This will mean surveillance and reporting of Covid-19 will take place alongside other respiratory infections, in turn providing greater context and comparators. The public health response to outbreaks will follow well-established protocols for communicable diseases. The infrastructure supporting our wider response to Covid-19 will be scaled back so that it remains proportionate to the ongoing risk and enable resources to be redirected accordingly. As with other respiratory illnesses, our focus will be on protecting the most vulnerable prior to and during any waves of infection; targeting efforts rather than seeking to intervene across the whole population.

Under Covid Urgent we could need to respond collectively to lower rates of infection to slow growth enough for interventions such as targeted vaccinations or rapid deployment of treatments. The way the public responded to the threat of Omicron over the winter, adapting behaviour to protect one another, illustrates how much we have all learned about protecting ourselves and others from respiratory infection. We expect that under Covid Urgent we would provide clear guidance in areas such as wearing face coverings, working from home, taking extra care when visiting vulnerable people and taking other precautions. This will buy us time, if needed, to make sure we can protect the most vulnerable.

As we are currently under a Covid Stable scenario we expect, by the end of March, to remove the last remaining domestic restrictions and requirements set out in *The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020*. This will remove the alert levels framework from law and the legal basis for our continued public health response will revert to that in place prior to the Coronavirus pandemic. We will also allow the majority of the devolved provisions in the Coronavirus Act 2020 to expire on 24 March 2022, which would otherwise need to be extended.

The remainder of this plan sets out how our approaches will change under these scenarios in relation to our public health response, vaccination programme, testing and contact tracing, and wider support, including for businesses and vulnerable people. This means, under Covid Stable, a period of transition to a new long-term

approach, whilst also having contingency plans in place where needed under Covid Urgent.

Principles

- We will move towards a more **targeted response** to manage the transition to endemic Covid-19, prioritising protecting the most vulnerable and on maintaining strong sentinel surveillance.
- We will continue to adopt a **gradual, phased and evidence-based approach** to adapting our response, demonstrating transparency and acting in line with the clear scientific advice and public health consensus.
- We will continue to assess the **proportionality** of our response so we can quickly reallocate resources to the many non-Covid challenges across Wales without putting at risk the hard fought gains.
- We will retain and build on the strengthened **partnership** working that has built up during the pandemic, applying it in all policy and delivery areas.
- We will maintain our priority of **protecting children's rights** and the education of children and young people in our ongoing response, including any Covid Urgent actions.
- We will renew our focus on **tackling inequalities**, including those exposed and exacerbated by the pandemic.
- We will **learn** from the experience of our pandemic response, building lessons learnt into our business as usual activities and strengthen our capability for responding to any future crises or public health emergencies.
- We will continue to promote, and support, **protective behaviours and environmental adaptations**, in order to keep individuals and communities as safe as possible.

3. Maintaining protective behaviours for the long-term

[DN: Section to be reviewed by Specialist Disability Policy Adviser]

A range of protective behaviours, such as self-isolating, wearing face coverings, and meeting others outdoors, which we have had to adapt to over the last two years in our response to the threat from Covid-19 are equally effective against a range of other respiratory infections and other diseases. If we keep doing what we have been doing, we can help protect ourselves and each other. The measures taken to minimise the impact of Covid-19 have meant very low impacts from other respiratory infections like flu during the pandemic.

Evidence for Wales suggests that while the perceived threat (both personal and to the country) from COVID-19 has gradually fallen, the high degree of (self-reported) adherence to a range of protective measures throughout the pandemic has been maintained in recent weeks. For example, Ipsos MORI survey data⁵ collected over the period 18-21 February 2022 suggest three in four (76%) continue to report wearing a face covering, just under half (48%) report keeping their distance when out and two in three (66%) report regular hand washing. Furthermore, one in three (32%) continue to report the use of lateral flow tests before meeting other people and of those in work, three in ten (30%) report working from home where feasible.

Given the evidence around trust in government and lower infection rates⁶, it is reassuring to note that some seven in 10 (71%) continue to report Welsh Government doing a good job in its handling of the pandemic. By continuing to work in partnership we can all work together to continue to keep Wales safe from Covid-19, as well as improve health outcomes from other respiratory infections.

Maintaining the key protective behaviours we have become familiar with, alongside appropriate environmental protections, can have significant benefits that go beyond Covid-19. We are therefore still advising that everyone:

- **Get vaccinated** and stay up to date with their Covid-19 vaccinations.
- [Include testing and self-isolating dependent on position]
- **Stay at home if possible when ill**, and wear a **face covering** in crowded indoor areas if you do need to leave home.
- **Meet outdoors** where possible, or **ensure good ventilation if indoors**.
- Taking **additional precautions when visiting vulnerable people**, especially if experiencing any symptoms of respiratory infection.
- Maintain **good hand** and **respiratory hygiene**.

⁵ Survey of public views on the coronavirus (COVID-19): 28 to 31 January 2022 | GOV.WALES

⁶ See for example Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020,

We will support people to keep taking these protective measures where we can. [DN: Describe the support available as part of 'Protect' offer under our Test, Trace, Protect, supported by community hubs and the third sector] We will also continue to public the latest evidence and data we have available and keep our public health guidance and communications up to date to keep the public informed.

4. Surveillance and Responding to outbreaks of Covid-19

We are moving towards accepting coronavirus as a vaccine-preventable disease where immunisation is the most critical first line of defence. This is similar to many other communicable diseases we have known and learnt to live with over the years.

As with those other diseases, vaccination programmes need to be complemented by targeted testing of symptomatic individuals where appropriate. We set out later in this plan further detail on how our approach to testing will change over the coming months while ensuring we can still monitor and respond to the ongoing risks from Covid-19.

Domestic surveillance

Increased risks of coronavirus are mostly likely to arise through the introduction of a new variant or the waning of effectiveness of vaccines over time. Critical to our collective response is our surveillance programme. Surveillance enables us to identify infection early and respond promptly to cases and clusters and guide preventive actions. It enables us to measure the burden and spread of infection in our communities and identify groups at most risk of poorer outcomes.

The ONS Covid-19 Infection survey will continue to provide an estimate of infections in the community, and change over time in positive cases at a national level.

The burden of *symptomatic disease* and the impact of interventions (such as vaccination) on symptomatic disease will continue to be monitored through community testing and primary care surveillance systems, including sentinel surveillance in adult care homes.

As we continue to safeguard the most vulnerable in the transition period the twice weekly testing of social care staff and health care staff who care for the most vulnerable will also provide insight into the prevalence of infection in local communities.

Severe disease will continue to be monitored through the real time assessment of hospitalisations and ICU admissions via Severe Acute Respiratory Illness (SARI) surveillance in emergency departments scheme and through the Intensive Care Network.

As we move to steady state, the majority of intelligence will come from the established sentinel surveillance schemes and testing within health service clinical

pathways. Multiplex assays, which are now widely available across the NHS estate, will provide insight into the various respiratory viruses in circulation at any given time.

Welsh Government intends to monitor up to 50 Waste Water Treatment Works catchments across Wales in order to assist in the early detection of changing viral levels and the potential scale of outbreaks to help inform any public health action taken in the management of the pandemic and beyond.

Genomic and variant analysis will continue to focus on surveillance, incident management and to support treatment decisions.

Through our networks, we will actively monitor international trends in order to best anticipate and plan for any future waves.

Responding to outbreaks

Our approach to testing and wider surveillance will ensure we can detect and subsequently contain any clusters or outbreaks of infection. A key part of our response will be effective communication and guidance for individuals and communities. This includes, for example, advising self-isolation if people have symptoms, reminding people of the heightened risks to more vulnerable groups and the factors that will lead to increased spread, and encouraging good hand and respiratory hygiene. Additional actions could, for example, also include advising face coverings on public transport and in crowded indoor places. Such action is more likely to be advised in the autumn and winter as people move indoors, where the risks of transmission are much greater.

Through our targeted testing and surveillance programmes, underpinned by our excellent genome sequencing capability, we have the ability to identify new variants of concern and understand and predict changes in the make-up of the virus. Early identification of a new variant of coronavirus will ensure a prompt health protection response if necessary, as we seek to understand the effectiveness of vaccines against the variant or its severity. While this intelligence is being gathered, the health protection response will aim to limit transmission through management of incidents and outbreaks; protect the most vulnerable and provide both therapeutics and vaccination as advised by our expert advisory committees. All of this action will be supported by effective public communication.

Clusters and outbreaks of coronavirus will be managed in line with The Communicable Disease Outbreak Control Plan ('The Wales Outbreak Plan'⁷), which will be updated to reflect learning from the pandemic. The Wales Outbreak Plan sets out in detail the arrangements for managing all communicable disease outbreaks with public health implications across Wales. It describes how an outbreak will be managed and the roles and responsibilities of the different organisations. It also ensures prompt reporting of outbreaks to the Welsh Government.

We have an effective and well-established public health infrastructure across Wales, built on local knowledge and expertise. Throughout the pandemic local authorities, the NHS and other local partners have come together to maintain oversight of, and

⁷ The Communicable disease outbreak plan for Wales, July 2020: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/the-communicable-disease-outbreak-plan-for-wales/>

manage risks from coronavirus through regional teams. We are committed to maintaining and strengthening these very effective working collaborations and convening these regional teams at pace should the local risk of coronavirus increase.

Data and Analysis

Throughout the pandemic we have drawn heavily on data and analysis to inform the approach we take. Working with partners in Public Health Wales, the Office for National Statistics, the UK Health Security Agency and beyond, a large range of new data and analysis has been published, providing transparency on the evidence used to inform decisions. The Public Health Wales rapid surveillance dashboard has provided daily headline data on testing, cases, mortality and vaccination. Alongside this, the Welsh Government has published regular scientific advice, modelling, daily data on hospital activity and analysis on school attendance, care homes, contact tracing, the ONS COVID-19 infection survey and more.

As we progress through the transition from pandemic to endemic, we will review what data and analysis is needed for future surveillance approaches. This will likely mean a move away from daily data reporting and instead moving toward approaches more in line with surveillance of other respiratory diseases. It will also be essential to monitor and understand the full range of harms that have resulted from the pandemic, including non-communicable diseases and the broader health and socio-economic harms. Many of these harms will not yet be fully known and will continue to play out over many years. We continue to undertake research and work with our partners across Wales, including active surveillance of these harms and build a rapid evidence-base of what works to tackle them. We will continue to work closely with academic partners and others to build on the best practice during the pandemic in the use of evidence, including working closely with the Wales Covid-19 Evidence Centre (WCEC) which has identified gaps in research evidence to be addressed and is funded until 2023.

Risk communication and behavioural insights

We have seen throughout the pandemic that people have changed their behaviours based on their understanding of the risk posed at any given time. Building on risk communication principles and behavioural insights, we will continue to be open and transparent in explaining the clinical and scientific evidence and risk from coronavirus so that everyone will understand what actions they may need to continue or resume in order to protect themselves and the most vulnerable and the support available to assist them to do so. We will provide key information in accessible formats, including easy read information, as well as tailored advice for different groups, such as vaccination information for children.

We will adapt our communications in line with advice from the behavioural science group informing SAGE⁸. Messaging will emphasise the importance of continued

⁸ SPI-B: Social and behavioural impacts for lifting remaining restrictions, 10 February 2022 - GOV.UK (www.gov.uk)

adherence to specific personal protective behaviours and critically, the rationale behind the behaviour and the benefits it will bring. We recognise the importance of voluntary adherence to these behaviours as a contribution to collective wellbeing, as well as reducing risks for the more vulnerable in society. We also recognise the different risk appetites in the population and will take action to minimise the potential for stigma and division as people respond to these risks.

The policies we introduce with partners to promote, and support, protective behaviours and environmental adaptations necessary to keep people safe will be informed by robust evidence from the behavioural sciences.

Developments in therapeutics/future proofing

We are retaining and building capability/capacity to rapidly deploy increasingly complex therapeutic agents (e.g. antivirals for COVID and Influenza) to large numbers of the [most] vulnerable patients within five days of infection or whatever window of opportunity as determined by the evidence) where they may be unsuitable for prescribing in primary care (i.e. a digitally enabled National Antiviral Service and health board antibody services). This will be supported by a digitally driven approach to identify those at risk and offer treatment promptly. This will include the need to ensure testing capacity is available to those most at risk.

We will be maintaining continuity of supply of medicines critical to emergency response (e.g. COVID therapies, antibiotics, critical care and palliative care medicines) with capability to deploy these quickly anywhere in Wales.

[To consider including text on the need for increased diagnostic capability for both Long Covid and Backlog]

[Add more on available treatments, and expediting proving them to the most vulnerable in a Covid Urgent situation.]

5. Vaccination

[DN: To be checked against the now published vaccination strategy, updated where relevant, and include approach to the potential for surge vaccination under Covid Urgent scenario]

Vaccination will continue to be the cornerstone of our response to coronavirus going forward. It has been critical in protecting us during the pandemic and in enabling restrictions on our lives to be eased; and will continue to be important in protecting us into the future.

Almost three-quarters of eligible adults came forward to be boosted before the New Year which is a huge testament to the confidence people in Wales have in vaccination and the vaccination programme here in Wales.

Some 70% of people aged 12 and above have received a booster or a third dose

and this continues to rise, as people keep coming through the doors of clinics throughout Wales. We are also continuing to see people coming for their first and second doses too. It is never too late to be vaccinated in Wales.

On 24 February we published the latest in our series of Covid-19 vaccination strategies⁹. The strategy lays out the detail of our vaccination campaigns currently underway, including the recently introduced universal offer of vaccination for five to 11 year olds and an offer of a spring booster to the eldest and most vulnerable people in Wales.

Beyond the current campaigns, planning is underway on the basis of the most likely scenarios for the remainder of 2022, pending further advice from the Joint Committee on Vaccination and Immunisation (JCVI). This includes planning for an autumn booster programme, which we expect will feature annually going forward and which our NHS is already building into future planning. An annual booster programme will be essential in enabling us to live with coronavirus by maintaining high levels of immunity within our communities and protecting us against new variants of concern. We are also planning for the need to “surge” capacity should we need to increase our response, as we did at the end of 2021 in response to the Omicron variant.

Our vaccination programme will continue to be guided by the latest clinical and scientific evidence and by the latest advice from the JCVI and the Chief Medical Officer for Wales.

Our latest strategy also begins to set out our future approach to vaccination as we cautiously move away from an emergency pandemic footing towards a time when coronavirus becomes endemic. We are looking at all our vaccination programmes and considering what we have learned during the pandemic and if this can be applied to other vaccination programmes to ensure our services are fit for purpose and for the future.

A focus on equity and inclusion, use of data and digital solutions and innovative delivery models have been central to the success of our Covid-19 vaccination programme. These principles will be the core pillars of our new National Immunisation Framework for Wales, which will aim to deliver world-leading outcomes in vaccine preventable disease.

6. Test, Trace and Protect

[To be drafted subject to separate advice on transition for the programme]

Test

Trace

⁹ COVID-19 vaccination strategy 2022 | GOV.WALES

Protect

7. Adaptions in key sectors

Education and Child Care

The COVID-19 pandemic has created significant challenges for children and young people's learning experiences and development opportunities in Wales. School leaders have also told us that although they and their staff have felt very tired and, at times, overwhelmed during the pandemic, their priority has been to keep everyone safe and to maintain the wellbeing of staff and pupils. There is consistent evidence that the pandemic, and in particular the disruption to childcare and education and the move to remote learning, has had significant detrimental effects on wellbeing, development, learning, and future prospects. Evidence illustrates that children and young people have been particularly badly impacted, including younger children missing developmental windows, mental health issues and anxiety, as well as the emerging attendance and attainment gap between eFSM and nFSM learners. Leaders in special schools and PRUs have also shared concerns about not being able to develop learning experiences fully, such as exposing pupils to new and unfamiliar experiences outside of the familiar classroom. Learners in these settings in particular have struggled to reintegrate and conform successfully to new expectations and routines. The events of the past two years have exacerbated and entrenched many existing inequalities, including geographical ones across Wales. The balance of harms has been an important consideration in prioritising access to childcare and in-person learning for our children and young people during the pandemic. We will continue to place children's rights and the right to access childcare and education at the centre of our plans.

As part of our transition plan, we will continue to expect childcare and play settings, schools, colleges and universities to be fully operational. As we gradually return to a business as usual model for dealing with Covid, we can do so safely in the knowledge that the close working relationships developed during the pandemic will support childcare and education settings, PHW and local authorities to quickly deploy necessary measures to help keep all children and young people safe from future public health risks. This will include supporting respective partners to develop local outbreak control plans so they know how, when and why they need to seek help quickly when necessary.

The ongoing importance of having adequate ventilation, as well as good baseline infection prevention and control will continue. The use of risk assessments will remain important measures for informing mitigating measures at local level.

We have learnt from and will build on our experiences during the pandemic so that our childcare and education sectors have robust systems in place and can respond appropriately and proportionately to any future virus threat, while also minimising disruption to care, learning and development. Contingency planning in response to partial or full school closure should include arrangements for the provision of high quality remote learning and provision for vulnerable learners.

Effective partnership working has been a critical element of our Covid response and this will continue as we move forward.

For both childcare and education provision, the challenges have varied during the pandemic. Alongside the operational arrangements for transition and in recognition of the impact of the pandemic on our children and young people we will work with our partners to ensure our current and future policies recognise and embed the impacts of this period, including positive experiences. Our Renew and Reform education recovery programme has brought together childcare, schools and post-16 education to enable all learners to improve their wellbeing and learning. Over £500m of additional funding has been invested to support schools, colleges and settings to address pandemic impacts. This includes the Summer of Fun and Winter of Wellbeing activities across all local authorities in Wales, focused support for learners in qualifications years to enable them to progress confidently to their next steps, and the continued support for the Recruit, Recover and Raise Standards funding for schools. This support includes A-level revision resources to help learners reinforce their classroom learning and prepare for assessments, as well as further digital resources to support learners with their applications and transitions to university. Dedicated funding also continues to be used by providers to deliver additional provision to post-16 learners.

Overcoming the disruption to learning caused by the pandemic is a long term challenge that requires considerable support for our children, young people and teachers in the years ahead.

Healthcare Settings

[To follow. To consider CCFW comments on services returning not just back to BAU, but to where we would want them to be.]

Social and Care Settings

Social Care Transition Plan

In our transition, we will need to consider the vulnerability of many individuals accessing social care services, the higher risks associated with closed and indoor settings such as care homes, and the impact of transition arrangements on the sector itself.

We will build on what we have learnt and what we have achieved over the last two years. We have rolled out a successful vaccination programme with excellent uptake by care home residents and most social care staff. Those working in social care have worked tirelessly to establish improved infection prevention and control practices.

Some safeguards and good practices [examples] will continue to be advised moving forward, but we will also encourage care home providers to move confidently

towards re-introducing a far greater sense of normality in their care homes and in the day-to-day lives of the people they care for.

People working and living in social care settings have experienced very significant challenges throughout the pandemic and we do not underestimate the impact this has had on people's mental and physical health and their well-being. Our social care transition plan [\[link\]](#) strikes a balance between supporting people's well-being and keeping people safe. We will continue to keep the situation under review and will act on the latest Public Health Wales advice.

Supported Living

Supported living settings for adults with neurodevelopmental conditions, such as a learning disability or autism, should now be returning to relative normality.

Commissioners and care and support providers must do everything in their power to ensure that people in supported living are supported and encouraged to exercise their right to go out and to participate in family and community life, and that this right is not restricted or inhibited in any way.

Likewise, we expect routine indoor visiting to continue to be supported by providers with as few restrictions as possible when the public health risk is stable. We do not expect unnecessary or unreasonable restrictions on visitor numbers or on the length and frequency of visits. If an outbreak occurs, providers should act in accordance with Public Health Wales advice and guidance.

Care and support staff working in social care should continue to follow public health guidance relevant to their employment.

We will continue to keep the situation under review and will act on public health advice.

Workplaces

Through the pandemic, we introduced emergency public health legislation which required an enhanced approach to risk assessment and control in workplaces and other settings open to the public.

With the Covid-19 situation currently stable and improving, the usual (pre-pandemic) arrangements to enforce Health and Safety law in these settings will be applied by Health and Safety Executive and local authorities.

Legal duties under Health and Safety law will apply to manage occupational risks from Covid-19 which are created in the workplace or by work activities; for example, staff working with those infected with Covid-19 in health and social care, or through research activities. In these settings, health and safety control measures will continue to be a legal requirement. Health and Safety law also requires employers to ensure premises are well-ventilated and sufficiently clean. The extent and choice of controls is determined by the term 'so far as is reasonably practicable'.

Public health advice will continue to be provided to complement Health and Safety law and to support employers and businesses to mitigate Covid-19 risks going forwards. This will cover measures which have been effective in mitigating risks during the pandemic, for example infection prevention and control, good hygiene practices, social distancing, home working, excluding symptomatic individuals and supporting vaccination. We will continue to work closely with the Health and Safety Executive and will continue to support employers to carry out risk assessments that take into account and mitigate the Covid-19 risks to the public health of employees and customers, alongside their obligations under Health and Safety legislation.

Should an infection cluster, incident or outbreak of public health significance occur, investigating officers will continue to refer to, and act in accordance with, the Communicable Disease Outbreak Plan for Wales¹⁰. If necessary, officers can use enforcement powers under public health protection legislation to support investigations and require actions to manage risks. In the longer-term, we will explore whether other powers can add value to the health protection legislative framework – building on what we have learned during the pandemic.

In future, businesses and other settings open to the public may need to implement extra, time-limited, control measures if there is evidence of increasing community transmission risks and especially new variants of concern. Any escalation of this kind would be communicated with businesses and regulators through well-established partnership routes which have evolved and strengthened through the pandemic.

Remote working

The pandemic has changed the way we work, with many people working from home to help reduce the transmission of Coronavirus and keep everyone safe. But as the risks associated with the pandemic subside, there will be a mix of employers and employees keen to both retain the flexibility of homeworking, but also to return to the workplace for a variety of reasons. Not everyone can work effectively from home, with particular challenges for younger people who are less likely to have suitable spaces, and there are other sectors where it is not practical. There are a range of benefits from working together in the same place, even if only for some of the time. There are also increased risks for some people in working from home, such as increased 'coercive control' linked to violence against women or domestic abuse.

However, there remain good reasons to encourage remote working, with many people identifying this as one of the key benefits to emerge from the pandemic. Changes to the way we work can also help us to meet our climate change commitments and ambitious targets on carbon reduction, for example through less time spent commuting or the use of shared working spaces.

We will help business and organisations to capture these wider benefits by supporting a long-term shift to more people working remotely. Remote working includes working from home and close to home in local communities. This might

¹⁰ <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/the-communicable-disease-outbreak-plan-for-wales/>

mean working at a local hub or shared working space. The advantages for local economies, businesses, individuals and the environment include:

- a reduction in travel time and expense
- more flexibility and better worklife balance
- increased productivity
- less traffic, especially at peak times, and safer journeys for people who cycle and walk to work
- less air and noise pollution and fuel consumption
- access to more job opportunities and to an increased workforce
- the opportunity to redesign our towns and city centres to deliver economic and social benefits for high streets

Our long-term aim is for 30% of Welsh workers to work flexibly at or near to home¹¹. This is an overarching ambition and the opportunity for remote working will vary according to the needs of employers and their workforces. But many people and businesses have been proactive in pursuing a more flexible approach – and we will encourage others to follow their example.

8. International Travel

Throughout the pandemic, we have been cautious in our approach towards international travel because of the risks of contracting coronavirus while abroad and importing new strains or variants of the virus into the UK.

As a result of the vaccine success, we now see a greater opportunity for people to return to making decisions based on their own circumstances.

But with the pandemic not over, we do want everyone planning trips abroad to think of their own personal and family circumstances and how best they can keep themselves safe if they decide to travel abroad. We urge all those who are vulnerable to take extra precautions to stay safe.

Our advice to anyone planning on travelling abroad, is to:

- Check the Foreign, Commonwealth and Development Office website for the specific entry requirements for the country you are travelling to – these include Covid-19 vaccines and testing requirements.
- Check the specific requirements for children and young people under 18 in the country you are travelling to.
- Check the coronavirus situation in the country you are travelling to before you travel.
- Stay safe while you are away by following the same measures which help keep you safe while you are at home.

¹¹ Remote working | GOV.WALES

- Check and follow the entry requirements for returning home to the UK – these are available on the Welsh Government website.
- Once you return home, consider taking some extra precautions to keep you, your friends and family safe, including taking a [lateral flow test] before visiting vulnerable family members; space out visits and social events and if you experience coronavirus symptoms, [isolate] and take a test.

In view of the significant use by Welsh travellers of English airports and ports, we will continue to seek to work closely with the UK Government, as well as the other devolved governments. This will include considering any surveillance linked to travel.

9. Equalities

[DN: consider additional suggestions for impacts on LGBTQ+ and on vulnerable people in the workplace (specific issue raised on pregnant women). Also mitigations in the support available via advice services, DAF and from faith communities]

Our aim throughout the pandemic has been to keep everyone in Wales safe, and to achieve this we have put equality at the heart of our response. Only weeks after the first lockdown was announced, our recovery plan set out principles – grounded in distinctively Welsh values – to evaluate changes to the restrictions which we had introduced to protect the population. The principles included:

- Does the measure have a high positive equality impact?
- Is the measure consistent with the requirements of the Future Generations Act, and other legislation?
- Does the measure have any biases to the detriment of vulnerable or marginalised groups?
- Does the measure provide any opportunities for widening participation and a more inclusive society?

Coronavirus restrictions and other policies have been subject to a range of impact assessments which led to mitigating action. For example, we prioritised face-to-face education where possible to minimise the disruption to learning and development among children and young people; we prioritised vaccinations by age and risk of serious illness; we introduced a self-isolation financial payment scheme; and we launched a workplace risk assessment tool to help people consider their personal risk factors.

As we move beyond the emergency phase and remove the remaining restrictions, we will continue to apply the above principles to any actions we take and any guidance we produce, including to address future outbreaks and variants and ensure that our approaches in vaccination uptake engage with people and communities to reduce inequalities in uptake across all of our population groups. We will do this by working with our partners across public, private and third sectors which have been strengthened by the shared endeavour of managing the pandemic.

A range of evidence, including work by our Technical Advisory Cell on health inequalities and the five harms arising from Coronavirus and the report of the Socioeconomic Subgroup of the First Minister's Black, Asian and Minority Ethnic Covid-19 Advisory Group indicates that inequalities have been exposed, compounded and even exacerbated by the pandemic. Research on strengthening and advancing equality and human rights in Wales and on mortality across geographic and socioeconomic groups in England and Wales, as well as the Wellbeing of Wales report, also support these findings.

Health inequalities in the pandemic have arisen where people have been:

- more vulnerable (e.g. owing to pre-existing health conditions);
- more susceptible (e.g. owing to poor living conditions or stress);
- more exposed (e.g. owing to where they live or work).

Examples of specific impacts identified as affecting particular groups include:

- **Children and young people's** educational outcomes and employment prospects have been put at increased risk, as noted above, by the disruption Coronavirus has brought to schools, universities and other settings. This disruption has also affected socialisation, communication, emotional and mental health, physical activity and, for some, the potential for an increase in adverse childhood experiences. Isolation has been shown to increase demand for mental health services including for post-traumatic stress. Poor emotional health in childhood is linked to long-term mental and physical health difficulties, and poor academic and occupational functioning – it is the number one predictor of adult life satisfaction. We have already led the way in promoting children's rights, and we will continue to take a rights based approach, in line with our commitment to the United Nations Convention on the Rights of the Child.
- **Older people** have higher mortality rates and are reported to be more likely to suffer from long Covid. Greater reliance on technology to deliver public and other services is also likely to have had an impact on older people, as digital exclusion increases with age. The Institute of Fiscal Studies has also predicted increased numbers of older jobseekers and anticipates that many may face significant challenges when it comes to finding new jobs.
- **Disabled people** have experienced restricted access to public services and social support, which for some people has led to restrictions on independent living and a feeling of being excluded during the pandemic. Some disabled people have felt the positive aspects of large parts of the workforce working from home, demonstrating the effectiveness of this way of working and looking towards beneficial longer term changes to the workplace.
- **Race** inequalities in Wales have meant that the lack of or poor quality of ethnicity data has resulted in poor health decisions, and Black, Asian and Minority Ethnic communities faced a higher risk of catching and dying from Coronavirus. Experiences of racism from specific BAME groups have been exacerbated by Covid-19. There was also evidence at the start of the pandemic

of ineffective communication of health information, cultural unsuitability of health and social care services, income and employment insecurity, housing overcrowding and environment, the financial burden created by migration status, and the role of structural and systemic racism and disadvantage. Anecdotally, the combination of lockdowns and international racial events appears to have increased young people's anxiety around their futures, with the third sector and community hubs identified as important for youth engagement.

- **Women** were more likely to be furloughed, and to spend significantly less time working from home, and more time on unpaid household work and childcare, the Office for National Statistics found.
- People entering **marriage or civil partnership** and with **religion or belief** have been affected by being unable to access public and community facilities and services. The experience of **pregnancy and maternity** during the pandemic has been challenging, and it may have been difficult for people needing support with **gender reassignment** or their **sexual orientation**, for example, to access the help they needed.
- **Deprivation** has led to poorer outcomes around mortality and long Covid. Lower paid workers are likely to have been less able to work from home and to self-isolate, less aware of their responsibilities and the central and local support available, and at higher risk of losing their jobs. Lower income households are also less likely to be able to afford the technology to access services remotely; the face coverings and other mitigations necessary to protect themselves and others; the additional costs of using personal rather than public transport; and higher costs of working from home. There is evidence of pronounced inequalities between socioeconomic and geographic groups in England and Wales resulting from Coronavirus.
- **People experiencing homelessness:** The pandemic has highlighted the fundamental importance of a suitable home to keep people safe and the plight of those who do not have one. Throughout, we have adopted an inclusive 'no-one left out' approach, which we are committed to continue. This has resulted in over 17,000 people being supported into temporary accommodation. The pandemic highlighted the significant level of previously unmet support needs and as a result, significant additional investment has been made and an action plan [\[link\]](#) has been published, supported by our Programme for Government commitment to deliver an additional 20,000 social homes for rent in this Senedd term.

The pandemic has exposed low levels of resilience in many especially poorer communities. Improving health and reducing health inequalities by tackling issues such as poor diet, lack of exercise, smoking, alcohol and substance use will not only improve the health of people across Wales but will also increase our resilience to any future threats from Covid or other communicable diseases. Such historically intractable issues requires us to actively encourage and enable health improving and sustainable economies and discourage those that harm health and the environment. We will be working with Public Health Wales, and the wider public

health system, to tackle these challenges with our communities and accelerate policy and interventions to address these key facets of health and resilience.

People experience multiple, interacting aspects of inequality at any one time, such as age, gender, occupation, deprivation or race/ethnicity. This is known as “intersectionality”.

To inform the transition and future contingency planning, we will continue to investigate, in an intersectional way, the short-, medium- and long-term impacts of the pandemic, in the context of the historical position, on groups with protected characteristics and on different communities across Wales. This will integrate the lessons we have learnt so far which include:

- Continuing to keep education as a priority and avoid closing schools, so that learners can continue to access their rights to education and to achieve their full potential, and can also access the wider human rights provided for by education settings. These include children’s rights to play, participate in culture, arts and sports, and to be kept safe from harm
- Recognising complex social support networks, particularly for disadvantaged groups, by avoiding regulating in people’s homes via complex legal restrictions and trusting people to follow guidance.

This will help us to ensure that the policies we design to manage Coronavirus and our response to future emergencies both maximise the protections for more vulnerable people and minimise the adverse impacts on those people as far as possible, and are in line with the Well-being of Future Generations Act.

We will continue to seek further understanding about which innovations could work to address inequalities experienced by people in particular groups; for example innovations for women and girls across work, health, living standards, personal security, participation and education domains.¹² [Impact assessment for this plan to follow.]

10. Support for business

[DN: to review text on impact on businesses from Covid-19 (not just from restrictions) and the changing approach. Describe role for Welsh Government in supporting businesses to continue to take responsible steps to protect their staff and customers and practical implications. Consider preparing and publishing an Employer FAQ]

Throughout the pandemic, we have supported businesses to enable them to cover certain operating costs (excluding staffing which was covered by UK Government schemes) – not lost turnover – given they have had to close or have been severely impacted by the restrictions needed to keep Wales safe.

¹² RR00027_ Wales COVID-19 Evidence Centre. A rapid review of innovations to address inequalities experienced by women and girls due to the COVID-19 pandemic. January 2022.

That's why, since the start of the Covid pandemic, we've provided over £2.6bn of support to businesses throughout Wales to help them manage their way through difficult circumstances. This has safeguarded over 160,000 jobs in Wales. The sectors which have generally been impacted the most during the pandemic are those in retail, hospitality and leisure.

As announced in the draft budget, there will be an additional £116m package of non-domestic rates relief for retail, leisure and hospitality ratepayers in Wales. They will receive 50% non-domestic rates relief for the duration of 2022-23. Our Retail, Leisure and Hospitality Rates Relief scheme will be capped at £110,000 per business across Wales. Our approach means that businesses in Wales will receive comparable support to that provided in other parts of the UK.

11. Communication, Public Health Promotion and Partnership working

Throughout the pandemic, we have worked closely with partners across Wales and the UK to ensure everyone in Wales receives clear, consistent advice and information on the latest public health situation and regulations. We have used a vast range of communication channels, including television and radio advertising, multiple social media and digital channels, and regular press conferences and statements.

This approach will continue as we transition from a pandemic to an endemic phase of living with the coronavirus, and we ease away from regulations towards greater personal responsibility among the public, and businesses and organisations to help prevent transmission.

The Keep Wales Safe campaign, which has a very high population reach (98.3% of all adults in January 2022), will adapt throughout the transition period to encourage ongoing desired behaviours, such as regular hand washing and ventilation in homes and businesses, as well as providing vital information on any TTP and vaccination programmes. It will be flexible to respond to any future events, including any serious threats posed by new Coronavirus strains or variants of concern, and will link in, where appropriate, with other winter illness campaigns.

So that everyone can access high quality care from the NHS, we will continue to signpost people to receive the right help, at the right place and at the right time through the Help Us, Help You campaign. We will also focus on supporting people's physical and mental health and wellbeing by promoting small lifestyle steps we can all take to make a positive difference to our own and other peoples' lives.

Ministers and public health spokespeople remain important messengers and our well-established relationships with the media in Wales remain as strong as ever. These relationships enable us to communicate any developments with the Welsh public quickly and effectively through press conferences, interviews and statements.

We recognise that people in Wales receive news and information from beyond Wales, and so we will work on a four nations basis to deliver, where possible, UK-

wide messages which are consistent and joined up. We will also continue to tailor our communications to reach diverse audiences, recognising the need to engage with, for example, children and young people and ethnic minority communities through specific channels, tailored communications and trusted voices.

12. Looking ahead

Looking ahead, we want to continue to enable the types of rapid innovation, transformation and collaboration that we've seen in tackling Covid over the last two years.

[Integrating lessons learnt into future pandemic planning. Approaches to partnership working across sectors, speed of development, speed of innovation in key sectors – vaccine, testing, treatment pathways. More people from more sectors involved in providing more evidence and support for policy making, including research. Possible opportunity to highlight opportunities for life sciences sector.]