

OFFICIAL SENSITIVE

**Small Ministerial Group**  
**Health Measures at the Border**  
**6 May 2020**

**Summary**

1. On 29 April, the Foreign Secretary chaired a deep-dive on possible measures to be introduced at the UK border to reduce the future risk of imported cases of Covid-19 once the UK has got on top of its own domestic infection rate.
2. The recommendations emerging from this deep-dive, and subsequently endorsed by the Prime Minister were to:
  - a. Step up communications, in the UK, overseas and by carriers, about new measures being brought into force in the UK, and about the existing social distancing measures in force, which all those entering the UK must comply with.
  - b. Require all passengers arriving in the UK, at any port and by any means of travel to give their contact details digitally to aid any subsequent need to trace them in the event that they or a fellow passenger displays symptoms
  - c. Advise all travellers at the border to download and use the NHSX contact tracing app, pending agreement amongst the Devolved Administrations that this app will be adopted UK-wide; and
  - d. Introduce a legal requirement for all non-exempt arrivals to the UK, including British citizens, to self-isolate in suitable accommodation for 14 days and that if travellers are unable to submit to this measure, they may only enter the UK if they enter a facility selected by Government, albeit at their own expense. It was agreed that such an approach would need to be defined carefully to avoid disproportionate economic damage or wider adverse consequences and that a number of issue required further work:
    - i. Whether this should be limited to travellers from high risk countries, or whether exceptions should be made for lower risk countries
    - ii. Further advice on when this measure will have a material effect on the domestic incidence of COVID-19, given domestic and international rates of transmission and passenger numbers
    - iii. A list of categories of travellers who would be exempt
    - iv. An economic assessment of the measures
    - v. The impact of any reciprocal measures that other governments may impose on UK nationals travelling abroad in response
    - vi. An approach to exiting the measure
3. Following this meeting, Departments have been working at pace across Government to further develop these measures. Good progress has been made in a number of areas including: by DFT on the next steps of communications ramp up implementation; initiation of the development of the digital locator forms/database for PHE to access in relation to “track and trace”; defining the full end-to-end process for self-isolation measures; initial discussions with Devolved Administrations, including critically on the legislative approach to ensure a “one nation” adoption of the measures; refining the exemptions list (albeit further work will be required with the Devolved Administrations); diplomatic implications; and the high level economic impact of the measures. Subject to continued support from the Devolved Administrations, no show stoppers have been identified to date.
4. This paper invites Ministers to take decisions/confirm positions on a number of outstanding areas, in order to confirm how the measures will be implemented, assuming Ministers decide to progress. As such, Ministers are now invited to note/agree:
  - a. Note the overall model set out at paragraphs 10 - 25 and **Annex [A]**

- b. Agree that, to ensure that both the provision of the locator information and the 14-day self-isolation requirement are mandatory, HMG should make regulations under the Public Health (Control of Disease) Act 1984 in England. The Devolved Administrations will need to legislate in a similar manner if this is to be applied across the UK.
- c. Agree the key elements of the model, including enforcement approach:
  - i. we continue to explore all options but we do not envisage being able to require carriers to make completion of the form a condition of carriage, but we should request that carriers check passengers' locator details ahead of departure
  - ii. Border Force officers will carry out spot checks on arriving passengers to ensure they have completed the form (noting that many will pass through e gates without seeing an officer)
  - iii. criminal offences will be created for breaching the requirements, plus the use of fixed penalty notices, as well as the possibility of refusal to enter or removal (foreign nationals) from the UK, which will form strong incentives in their own right and are expected to lead to broad compliance
  - iv. it is recommended that initially all travellers are required to self-isolate for 14 days **LPP/L**

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  - v. we do not recommend seeking to exempt "low risk" people or to "quarantine" high risk individuals as this would require clinical assessments of each traveller and not only could such assessment have deficiencies e.g. the traveller not being symptomatic at that moment of assessment, but clinicians needed for these assessments would be drawn from organisations like the NHS and PHE, taking them away from more impactful roles in local health system. Identifying individuals as "low risk" or "high risk" on the basis of the countries they have travelled is also not recommended at this stage because COVID-19 is prevalent worldwide and there are limitations in some countries' incidence reporting.
  - vi. it will not be possible to create systematic compliance checking once passengers have entered the UK but the police and a number of organisations, including local authorities as is the case with measures under the Coronavirus Act, should have the power to enforce;
  - vii. that the police should not have an active role, but still benefit from the powers if called upon to enforce;
  - viii. we need to do more work on the level of penalties and offences. A more detailed enforcement plan is developed rapidly in advance of any announcement.
- d. Indicate a preferred approach for dealing with individuals who themselves present as symptomatic that we will then work up in more detail.
- e. Consider the options for implementation timing (paras 26-27) and how these may factor scientifically and presentationally into ensuring that the UK "R" value is maintained below 1.
- f. We initially proposed that, for intra-CTA travel, only journeys across the land border between NI and Ireland would be exempt (which is what Ireland has done). There is however pressure from the DAs to exempt all intra-CTA travel. We therefore recommend exempting all intra-CTA travel.
- g. Agree that in considering our exit strategy, we should signal at this point in the announcement that the position will be **kept regularly under review (every three weeks)**, and an indicative range of factors that might be taken into account going forward, including that SAGE will be asked to consider the scientific position as part of those considerations..
- h. Note the current status of work to develop an exemption list and steps to finalise, including engagement with DAs.
- i. Note the current draft communications narrative, international and industry engagement plan (paragraphs 38-40 and **Annex B&C**).
- j. Decide if the DfT plan on stepping up communications in the UK, overseas and by carriers, on new measures being brought into force in the UK, and about the existing social distancing measures in force should now form part of any imminent announcement.
- k. Note the economic impact and emerging implementation costs. Broadly, the impacts will be minimised provided a blanket approach is limited in duration and refined as travel becomes more frequent.

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## **Discussion**

### **MANDATORY REQUIREMENTS FOR MEASURES**

5. At the 29 April deep dive, Ministers decided that the approach that should be taken to implementing both the health locator details and the self-isolation requirements should be mandatory. Departments have rapidly considered what would be the most effective and timely legislative approach to achieve this.
6. Although there are some powers in immigration legislation covering medical examination and possible refusal of leave to enter on medical grounds, these are not suited to the proposals currently under consideration for information-gathering, screening, assessment, self-isolation and quarantine at the border.
7. DHSC have recommended that HMG make regulations under the Public Health (Control of Disease) Act 1984 in England making it mandatory for travellers to provide contact information and to self-isolate/quarantine for 14 days. The Devolved Administrations would need to legislate in a similar manner if this is to be applied across the UK. Health is a devolved competence in Wales, Scotland and Northern Ireland, but immigration and borders are reserved to UKG. We will therefore need to balance working with the Devolved Administrations to encourage and persuade them to adopt the same overall approach will need to be balanced against being careful not to concede UKG reserved powers. The Welsh Government would make equivalent Public Health regulations in Wales, also under the Public Health (Control of Disease) Act 1984; Scottish Government and NI Executive making regulations using their equivalent powers in Scotland and Northern Ireland. The PM agreed to discussions with the DAs and, to date, there appears to be some support for such an approach.
8. The alternatives to such an approach would be to enact new primary legislation which is assessed both to be more lengthy to enact unless done on an emergency/fast track basis, and would have significant Devolved Administration handling issues.
9. Whilst the current expectation is that measures will not come into force until mid-late May, the timetable for legislation means that a decision is required now on our legislative approach, with a view to regulations being made urgently.

### ***Are Ministers content with this legislative approach?***

### **OUTLINE MODEL**

10. The key elements of the passenger process for both the completion of passenger locator data and the self-isolation processes are set out below.

#### **Submission of passenger locator details**

11. All travellers to the UK (with certain exemptions – see para 37) would be required to provide their locator (contact) details using a light-touch online system to include:
  - a. Personal details.
  - b. Contact details
  - c. Flight/ train service etc used
  - d. Date and time of entry to the UK
  - e. Address staying in the UK
  - f. Contact details for the address

12. The information provided will be made available to Public Health England (and Devolved Authorities as appropriate) in case it is necessary to get in touch with any arriving persons, for example if we have reason to believe they have been in contact with someone who has tested positive for Covid-19; or if somebody develops symptoms within 9 days of arrival and we need to contact those on the same flight/train/vessel.
13. To require all travellers to provide this data will require the introduction of negative resolution regulations under the Public Health (Control of Disease) Act 1984. It would be an offence under the regulations to fail to provide the requisite details.
14. The end to end process for the passenger's perspective is outlined at **Annex A** and would involve:
  - a. Passenger fills out a web form (alternatives to self-filing will need to be provided to aid those who are unable either at a port of embarkation or arrival at the UK border).
  - b. Once form is complete, they receive a digital certificate containing the answers they gave including passport number.
  - c. Carrier checks the certificate, or print-out if passenger does not have a smartphone, before boarding.
  - d. At the UK border, a Border Force Officer undertakes a light touch regime of spot checks, that would entail checking that the passport of the traveller matches that on the form and does a visual check of data – any obvious errors would trigger a requirement for the passenger to complete another form in situ, or potentially be rejected.
  - e. The data is shared with PHE or one of the DA public health bodies by providing their staff with access to an extract of the database against which they can run queries. We are also working through making this available to enforcement bodies.

#### **Upstream Enforcement**

15. The measures cannot be applied extra-territorially so we cannot insist that people fill in the form before arrival in the UK. However, as carriers are keen to get the industry moving again, we will ask carriers on a voluntary basis to check that their passengers have completed this form. Where they discover passengers, who have not done so, they cannot refuse them permission to board but they can encourage them to comply, on the basis that they could be fined or, in some cases, be refused entry to the UK if they do not do so when they arrive in the UK. Given our relationships with carriers on similar upstream requirements, we judge they will act positively. To put this on a mandatory footing, we would however need to change primary legislation and therefore it is not recommended at this point. We are continuing to explore legislative avenues.

#### ***Are Ministers content with this approach to the health locator data?***

#### **Self-isolation / quarantine**

16. Ministers asked for consideration to “quarantine” individuals arriving from high risk countries. The Coronavirus Act provides the Health Secretary with the power to declare a country as being an ‘infected area’ and to screen individuals arriving from this area before quarantining them, if necessary. Under the current legislation, in order to forcibly quarantine individual clinical assessments would be required of each traveller. Such assessment may also have deficiencies e.g. the traveller not being symptomatic at that moment of assessment. The clinicians needed for these assessments would be drawn from organisations like the NHS and PHE, taking them away from more impactful roles in local health system. Similarly, given where we are with comparative overseas incidence rates, it continues to make sense that any initial implementation should be done on a uniform basis, rather than on “high risk” countries. These approaches are therefore not recommended. We should also be mindful that any current list of ‘high risk’ countries would likely include some of our closest partners and allies (e.g. USA).

17. It is therefore recommended that initially all travellers are required to self-isolate for 14 days, with only those who are unable or refuse to do so being offered a choice of accommodation that they choose and pay for. This position should be kept under review as the pandemic continues to develop. The UK could consider adopting, over-time, a stratified approach which advises or requires people travelling from 'infected areas' to self-isolate or to be quarantined for 14 days, but allows those from lower risk countries to travel freely
18. Proposals are being developed to introduce a requirement for all arrivals (bar some limited exceptions) to the UK to self-isolate in suitable accommodation for 14 days. It is proposed that self-isolation will operate on the following basis:
  - a. Self-isolation will apply to all persons, unless covered by an exemption, arriving in the UK. They will be required to self-isolate for a period of 14 days from arrival. This can be in either accommodation provided by the individual (e.g. a domestic residence) or, where they have no suitable accommodation, in accommodation provided by the Government at the expense of the individual. Whilst it will be a legal requirement to self-isolate, the Government provided accommodation will operate on the same basis as if the individual was self-isolating at private accommodation i.e. it will not be secure accommodation.
  - b. If after 14 days, they are not displaying any symptoms of coronavirus illness they are no longer required to self-isolate.
  - c. If anyone in the household, starts to display any symptoms, however mild, then they should comply with the existing guidance on self-isolating with symptoms.
19. The CMO has advised that travellers who are not symptomatic should self-isolate for 14 days – this will be the majority. However, in line with domestic advice, travellers who are symptomatic when they arrive, or who become symptomatic early in self-isolation, should self-isolate as a symptomatic individual for 7 days, or until they no longer have symptoms. Therefore, if we applied the exact same rules applied in the UK this would allow some travellers who are symptomatic to potentially exit self-isolation before the end of the 14-day period. So, we must decide whether to stick to a blanket 14 days or qualify the requirement for those that are or become symptomatic, to either decrease or increase their isolation if and depending on when they become symptomatic.
20. Strictly following the clinical advice and allowing symptomatic travellers to exit self-isolation early risks ambiguity for travellers and makes enforcement challenging. There is a risk that people may self-declare themselves as symptomatic (when they are not) in order to leave isolation early. We would therefore argue that diverging from clinical guidance given to those in the UK, to make 14-day self-isolation a requirement for all travellers, including those who are symptomatic when or soon after they arrive, will reduce the risk of abuse and legal challenges related to the enforceability of mandatory self-isolation. To allow symptomatic travellers to stop isolating before 14 days would – legally and practically - undermine the overall self-isolation measure. However, we acknowledge that this essentially creates a dual system that would present its own communication challenges

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***Are Ministers content that 14 day self-isolation should apply to all travellers, except those exempt?***

**Enforcement at the border**

21. As with arrivals to the UK, individuals in this scenario would fall into one of the following categories:
  - a. British citizens, EEA-EUSS and non-EEA permanent residents. A sanction could be issues if they fail to comply (detail tbc). This may require them to be dealt with by Police or Public Health Officers.

- b. In addition to fixed penalty notices, non-EEA nationals failing to comply with mandatory self-isolation or quarantine after having been granted entry to the UK may be considered to also meet the threshold for their leave to be curtailed on non-conducive grounds. They would then be liable to administrative removal under immigration powers. There is no right of appeal or administrative review against a decision to curtail leave although any human rights claim brought following that curtailment could attract a right of appeal (which could suspend removal).
- c. Also in addition to fixed penalty notices, EEA nationals failing to comply with mandatory self-isolation or quarantine. The limitations and restrictions set out at paragraph 21(b) relate also to our ability to enforce compliance in country under the EEA Regulations and immigration powers.

***Are Ministers content with this approach?***

**In-country enforcement**

- 22. The regulations being proposed will create a criminal offence if an individual does not comply with the measures, punishable by a fine and in some cases removal from the country. As with the existing social-distancing we expect the vast majority of individuals to be heavily influenced by these consequences and largely lead to compliant behaviour.
- 23. We are therefore proposing to create a similar framework to that used for enforcing the current social distancing measures, we do not recommend giving the police an active role in the enforcement of this. However, the powers will be available to the police should they encounter anyone during the course of their usual duties. We expect demands on the police will increase as social distancing measures are eased and crime levels begin to rise back to their pre-Covid levels. New enforcement responsibilities may therefore compete with and limit the police's capacity to respond to likely increases in crime. Furthermore, police enforcement will be subject to a number of practical limitations. For instance, it will be extremely difficult for the police to identify or locate foreign nationals who may have breached self-isolation orders "in country" (it is more likely to be easier to do for British citizens and residents). Nor will they have the resources to do so on any meaningful scale.
- 24. We therefore propose exploring alternative enforcement mechanisms. This could include the use of others, including local authorities to check on compliance and report to the police for enforcement. Technology and data gathering could be used to identify those who have breached self-isolation requirements. More detail will be provided once we have engaged fully with the police.

***Are Ministers content that:***

- a. the criminal offences created, the fixed penalty notices, as well as the possibility of removal form strong incentives in their own right and are likely to lead to broad compliance;***
- b. a number of organisations, including local authorities as is the case with measures under the Coronavirus Act, should have the power to enforce;***
- c. that the police should not have an active role, but still benefit from the powers if called upon to enforce;***
- d. a more detailed enforcement plan is developed in advance of any announcement.***

**Accommodation**

- 25. The introduction of measures to require arrivals to self-isolate for 14 days requires consideration of accommodation needs. There are four relevant categories of arrival to consider for accommodation purposes:
  - I. Regular arrivals who have pre-arranged accommodation that meets self-isolation requirements (this will be the vast majority of arrivals into the UK). There is no role for UKG to play for this cohort.
  - II. Regular arrivals who do not consider that their planned accommodation will be appropriate for self-isolation. This is assumed to be a minority of arrivals. UKG is looking to provide a choice of hotel

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accommodation to these customers who will be expected to pay for all services that they use during their stay. No additional security or guarding is assumed.

- III. Arrivals who claim asylum or are picked up by Immigration officers. These arrivals will be screened using existing protocols and taken to existing asylum accommodation sites. Symptomatic cases will be first taken to our London sites for the quarantine period and then transferred to standard accommodation.
- IV. Regular arrivals who present as symptomatic upon arrival. This is assumed to be a very small amount of arrivals. Currently, a symptomatic individual is asked to self-isolate, and make their own way to accommodation unless they are too sick to do so and in which case there is procedure for involving the health authorities. Given the wider measures being put in place we could revisit the arrangements for dealing with symptomatic arrivals. There is a choice to enhance the current measures by checking they have premises they are going on to that are fit for self-isolation. Under this voluntary approach the UKG could arrange transport to their self-isolation point where we deem it is appropriate, this is likely to be the case with British Citizens. We recommend using the Public Health Act powers for any individuals that were not cooperative or where the accommodation would not allow for self-isolation. In these cases, accommodation is likely to be funded in part by UKG and in part by the customer. An alternative approach is a more mandatory blanket approach from the start where a symptomatic individual is dealt with under the Coronavirus Act and medical assessment is undertaken by PHE and quarantining is imposed. This approach is dependent on PHE and health resource being reallocated to ports and would see British Citizens needing to pay for isolating in Government accommodation when they could do so at home.

***Are Ministers content with this approach to dealing with symptomatic and non-symptomatic passengers??***

### **TIMING OF INTRODUCTION**

- 26. Ministers considered previously that these measures will be introduced at an agreed “tipping point” when domestic cases of transmission are low, and thus imported cases could represent a heightened impact. CMO has been clear that defining such a tipping point is difficult. However, the rate of transmission in England is now relatively low  $R$  at c. 0.6-0.9 and measures that may be introduced shortly to relieve the burden on the economy have the potential to raise domestic incidence of COVID-19. Ministers may therefore consider it arguable that implementing border measures can play a part in helping to suppress domestic incidence.
- 27. There are a number of options here, and DA handling will be a factor. One of the DA considerations is the need to have a strong evidence base for the self-isolation and quarantine measures and are likely to push for that before agreeing to follow our lead and agree to a 4-nation approach. A strong evidence-based narrative had also been the position taken by Government so far in its approach to COVID. The options are:
  - A. Wait until the impact of border measure are material to domestic transmission: Prepare and implement all the necessary secondary legislation and the operational preparations needed for passenger data and self-isolation measures, introduce the passenger data requirement as soon as possible but wait for the SAGE advice before implementing the self-isolation measures and offer to share that with DAs on the condition we take a 4-nation approach.
  - B. Implement the measures to tie in with loosening restrictions: The rationale behind this is that the Border needs to play a part as the country starts to prepare to come out of lockdown. The ‘ $r$ ’ value for England is already very low and measures to open up will mean the ‘ $r$ ’ value is likely to go up and so the border needs to play its part to ensure the ‘ $r$ ’ number is kept within the manageable range. Implementation would therefore be as soon as reasonably practicable which is likely to be the end of May to allow for secondary legislation to be ready and we have communicated plans to all those likely

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to be impacted. Implementation would therefore be lined to the measures taken to open up certain restrictions. Under this option we would prepare and implement all the necessary secondary legislation and the operational preparations needed for both passenger data and self-isolation measures and introduce both measures late May.

- C. Implement as soon as reasonable practicable: This would see the passenger data requirement being implemented mid to late May and the self-isolation following a similar time frame but subject to DA engagement and mirroring. There is a risk this option ends up being delivered in late May but without benefiting from the rationale of linking to the opening up of restrictions in the country.

### ***Do Ministers have a preferred approach?***

#### **DEVOLVED ADMINISTRATION**

- 28. The Devolved Administrations will need to legislate in a similar manner if this is to be applied across the UK. We have engaged with DAs on the proposed measures at official level and a letter setting out the initial proposals and the working draft on exemptions has gone out to them, in preparation for a likely GPS MIG meeting involving DAs on Thursday, 7<sup>th</sup> May.
- 29. The DAs raised a number of material points that are a helpful indicator of where they may support and provide some challenge. There was a desire for the DfT planned communication to align with the DAs for maximum impact. There seemed to be little push back on the passenger data requirements and were keen to ensure that like PHE, their equivalents also had access to the data. They had more questions about
- 30. The areas they expected to be more contentious were the self-isolation measures where they were keen for the scientific advice to be shared on this policy and how/when it would be applied. They were particularly keen to understand the exemptions to ensure that critical trade could continue unaffected. The draft list has been shared and we intend to discuss this in more detail with them tomorrow.
- 31. Finally, they were concerned about how this policy would be applied to the CTA and expressed reservation about the prospect of the CTA not being exempt. See below.

#### **COMMON TRAVEL AREA**

- 32. There is an outstanding question around whether the new measures should cover anyone travelling via the Common Travel Area (including British and Irish Citizens, and arrivals from the Crown Dependencies), apart from those coming via the land border (which has already been agreed as out of scope) as originally proposed to No 10. This remains under discussion with the DAs, who have expressed serious reservations about not exempting restrictions on CTA routes. There is a particular risk that the Northern Ireland Executive may find it difficult to agree to implement a measure without an exemption for CTA routes.
- 33. There are also Union implications by indirectly impacting on intra-UK travel where people of NI need to travel to the rest of the UK via Ireland (for example, in light of reduced air capacity in Northern Ireland or because it is geographically more convenient). Exempting CTA routes would ensure that these journeys do not become subject to the proposed restrictions. But as these are health measures rather than immigration measures, there is an argument that such journeys should not be exempt. This would not technically be a tightening of the CTA: immigration controls are only conducted on an intelligence-led basis, and we would not expect Border Force to use such controls for the purposes of identifying compliance with health measures. We also do not have the same ability to refuse people under immigration legislation on arrivals from Ireland. So any enforcement would need to be undertaken in country.

34. However, it may be simpler to exempt all intra-CTA journeys, to ensure that we do not miss specific cohorts that are of importance to this specific area from the more detailed list of exemptions, including those seen by the Crown Dependencies as particularly key. Doing so would be a relatively low risk of guaranteeing no adverse impacts on transit and supply chains with the island of Ireland and make agreement with the Northern Ireland Executive considerably easier. Visible demonstration of our commitment to the CTA would also carry presentational benefits of exempting CTA routes following a number of years of a more strained relationship with Ireland.

***Do Ministers consider that all journeys via the Common Travel Area, not just those across the land border, should be exempt from the requirements?***

### **EXIT STRATEGY**

35. SAGE has not yet been asked to consider the question of when the UK should 'exit' from these measures, particularly self-isolation. If option A above is pursued SAGE would be asked to provide advice on both when the measures would have a significant health impact and therefore introduced as well as the 'exit' indicators.

36. If option B is pursued we would still ask SAGE to focus on the factors that they consider appropriate to consider in any exit plan. This is unlikely to be in place when the policy is announced and also the scientific advice is unlikely to be the only factor that would need to be taken into account as part of an exit strategy. So we could make clear that any exit would be dependent on a range of factors, including but not limited to: the domestic and international incidence of COVID-19, whether scientific evidence emerges for antibody testing and other health screening measures being effective in screening cases at the border and preventing onward transmission. This is also likely to include differentiated routes and the likelihood of any reciprocal action from other countries and the impact. SAGE will be asked to consider high level criteria for exiting from these measures when it reviews their effectiveness.

***Are Ministers content with this approach?***

### **EXEMPTIONS**

37. To ensure these measures can be applied proportionately and to ensure the continued flow of trade and critical supplies, a list of proposed exemptions to the measures has been drafted with cross-Government input. These considerations of course need to be carefully weighed against preserving the public health benefits of the measures. Some of the principal exemption categories for consideration are:

- ☐ Diplomats
- ☐ Crew
- ☐ Hauliers
- ☐ Transit passengers
- ☐ Unaccompanied minors
- ☐ HMG officials whose travel is critical to crisis response and to facilitation of flows (e.g. Border Force officers at the juxtaposed controls)
- ☐ HMG officials returning from critical international official business (i.e. negotiations) that is not linked directly to Covid work.
- ☐ Key workers, such as scientists and medical staff, whose travel is critical to the Covid response.
- ☐ Offshore workers
- ☐ People arriving on compassionate or medical grounds

There is broad agreement on the indicative list, but further work is taking place to refine the list to ensure it only includes truly exceptional cases where there is an economic or social imperative. A final version that has been discussed with DAs will be available to Cabinet on Thursday 07 May. More information is available at **Annex G**.

***Are Ministers content with the reasoning and justifications to date, recognising that further rapid work is being progressed?***

## **COMMUNICATIONS AND ENGAGEMENT PLAN**

38. **Annex B1** sets out a proposed narrative for the announcement and Industry Engagement at **Annex B2**. A full plan has been produced by the Home Office that details of out how audiences will be made aware of, and take the necessary steps to comply with, the health measures being introduced at the UK border.

39. International engagement will be critical to ensure that the measures land constructively and we are not subject to unhelpful retaliatory measures from other countries. The plan is at **Annex C, which is** primarily focussed on those areas of most contention, including France and Gibraltar.

40. Once new measures are launched, a significant success criteria for implementation will be the communication campaign that will need to target those intending to travel to the UK to make sure they are aware of the requirement to provide travel and accommodation information and the need to comply with new self-isolation / quarantine measures.

***Are Ministers content with the outline communications plan?***

41. DfT Ministers have agreed that DfT should take forward the following measures immediately after the announcement of the broader package on a voluntary basis, to ensure immediate implementation, while in parallel developing the regulations needed to mandate implementation:

- i. Work with transport operators to require them to issue public health advice to all passengers as they book and immediately before they travel.
- ii. Aircraft to report a General Aircraft Declaration (GAD) of illness on board as default.
- iii. Work with ports, rail operators and carriers to ensure that people travelling can maintain a safe distance from others, where possible and commercially viable.

42. A mandatory approach across all transport modes requires regulations under s.45B of the Public Health (Control of Disease) Act 1984. DfT has had initial discussions with DHSC lawyers, and will provide detailed policy instructions by the end of the week. DfT will use emergency procedures to compress Parliamentary timetables, this is likely to take 2-3 weeks

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43. DfT will also reintroduce the use of the GAD for all flights, a process whereby flight crew must report on the health of the passengers on board before arrival in the UK. This is already a requirement under Public Health (Aircraft) Regulations 1979 (Amended 2007). An implementation plan for this activity is set out at **Annex F**.

***Are Ministers content with DfT implementing this plan now or would you prefer for this to form part of the full announcement?***

## **ECONOMIC IMPACT & COSTS**

44. HMT has been asked to assess the economic implications of the requirement for all arrivals at the UK border (subject to exemptions) to self-isolate for 14 days, or enter quarantine if they are either at high-

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risk of transmitting Covid-19 or are unable to demonstrate their ability to self-isolate effectively. Please see Annex D for more information.

45. This assessment assumes that among those to be exempted will be all road haulage and freight workers and that there will be no impediment to the free flow of goods. It also assumes that the measures will be introduced subject to a public commitment to regular review points to ensure the UK remains internationally competitive. **HMT should be involved closely in these reviews**
46. Based on these assumptions, the economic implications of these measures are expected to be minimal in the short-term given that so little travel is currently being undertaken. **The main economic risk from these measures will arise when NPIs are removed and economies start opening up**, when they are likely to discourage the resumption of business travel and tourism which will be important components of the recovery. **This could have serious implications for the viability of airlines, airports and Eurostar and may lead to increased demands for taxpayer support from these sectors.** It is important therefore that the measures do not remain in force longer than necessary.
47. These measures should be accompanied by continued **HMG work to make international travel safe**. This could for instance work towards new entrants being allowed to quickly enter the country on the condition that they come from a low-risk country, have downloaded the track and trace app or have been tested at the border (once this capacity exists).
48. An early assessment of **costs of implementation** has been made at **Annex E** and will be kept under review as we move to implementation.

***Ministers are asked to note the economic impact and emerging implementation costs.***

### **Annexes**

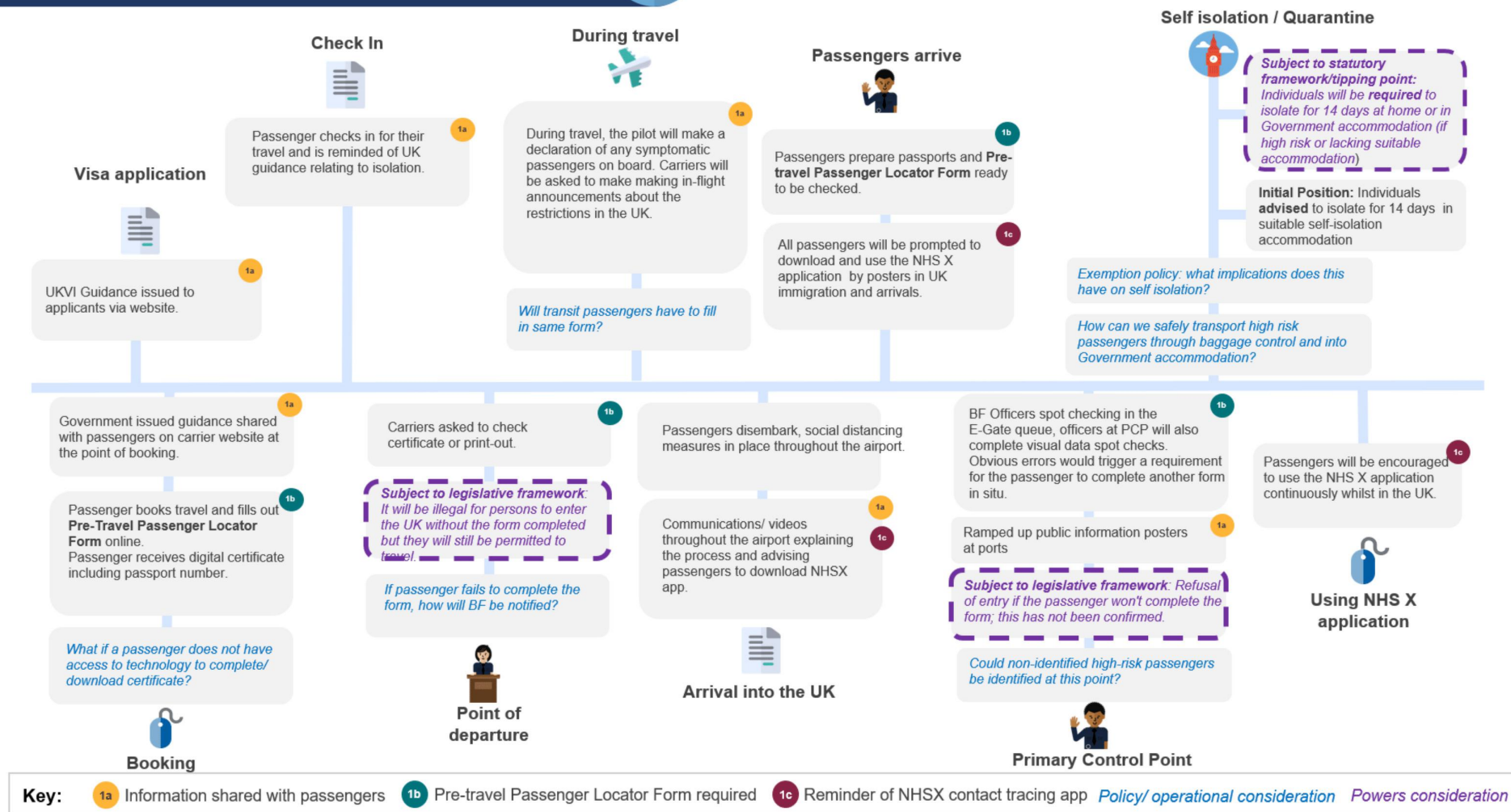
Annex A: End to End Journey  
Annex B1: Communications narrative  
Annex B2: Industry Engagement Plan  
Annex C: International Engagement Plan  
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**Annex A: End to End Journey**

# Health Measures at the Border

Please note: devolved administration will follow the same process across countries



## **Annex B1: Communications narrative**

### **CHANGES AT THE BORDER**

First, from XXX we will require all passengers arriving in the UK, at any port and by any means of travel, to provide us with their contact details in the UK, as well as their flight or train number and port and date of arrival.

This will mean we can contact you if there is a need for you to self-isolate, for example, because someone on your flight has tested positive.

The details will be collected through a digital form which passengers will need to complete before travelling to the UK. It will be checked before boarding a plane and again at the UK border.

Second, we will advise all incoming passengers to download the NHSX contact tracing app when it goes live on XXX, for the duration of their stay in the UK. This will support contact tracing and testing, allowing us to quickly trace and isolate potential new cases.

As UK infections decline further the impact of people entering the UK carrying the virus will increase. We will therefore keep further measures under review for the future. This includes requiring all travellers coming into the UK to self-isolate for 14 days.

We will take steps now to prepare for that possible future requirement. We will introduce new legal powers under Public Health Act to give us the ability to enforce new arrivals to self-isolate. And we will prepare quarantine facilities for those unable to self-isolate or those displaying symptoms on arrival.

There will be exemptions for hauliers, air crew and marine crew to keep supply routes open. And movements across the Ireland / UK land border would be exempt. But otherwise, these self-isolation measures would apply to all passengers coming to the UK – British, EU and non-EU nationals – and be a mandatory requirement for anyone wanting to enter our country.

We are not proposing to introduce temperature screening at the border because it is not proven to be effective or accurate at spotting passengers carrying the virus. Many people infected with the virus do not have a temperature and would not be detected by such checks.

Our policy throughout this pandemic has been to take decisions based on the best scientific evidence. That remains the case and forms the basis of the announcements we are making today.

The purpose of these measures is neither to close our border, nor to catch every single person infected with the virus at the border. Rather, our aim is to put in place additional measures which will protect the public, help us to trace and isolate new cases, and keep the rate of infection in the UK below 1.

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## Annex B2 - Industry Engagement Plan

This provides a summary of our plans for industry engagement. To note our engagement plans are based on a set of assumptions which we will be testing with colleagues in the coming days and which will be reviewed / resolved prior to the formal announcement and press briefing later this week.

Stakeholder	Action/method of communication	Timing
<b>Priority stakeholders</b>		
Airlines UK BAR UK UK Chamber of Shipping Airport Operators Association BA easyJet TUI Virgin Eurostar Eurotunnel	Direct ministerial-led call to brief major operators and industry associations  Follow up email full details and share communications material.  Messaging to include relationship management & cascading messaging to members	To be notified directly and immediately prior to / following the No 10 announcement. Ongoing discussions with DFT are taking place on sequencing and ministerial leads.
<b>Important stakeholders</b>		
<b><u>Aviation</u></b> HAL MAG Stansted Gatwick Edinburgh Glasgow Cardiff Other UK airports International Air Transport Association	Direct ministerial-led call to brief  Follow up email full details and share communications material.  Messaging to include relationship management & cascading messaging to members	To inform immediately following the announcement / within 24 hours of announcement. Ongoing discussions with DFT are taking place on sequencing and ministerial leads.
<b><u>Maritime</u></b> Maritime UK Maritime Pilots Association UK Harbour Masters Association British Ports Association UK Major Ports UK Major ferry operators		
<b><u>Haulage</u></b> FTA RHA Road haulage associations/ International Road Transport Union		
<b><u>Travel / Tourism</u></b> Visit Britain / Welcome Britain Business Travel Association Association of British Travel Agents		

**Annex C: International Engagement Plan**Border measures (engagement before Sunday 10 May announcement)

On border measures, we are awaiting final clearance from a series of Ministerial meetings, concluding with a Cabinet meeting on Thursday 7 May. Existing engagements before this point will be provided with a broad 'warming up' line. Once the policy has been finalised, we will be pursuing a small number of senior capital-to-capital engagements with prioritised countries/territories (France, Ireland, Gibraltar). Other countries' engagement will be done by HoMs, using a Home Office drafted script. We will limit this to Five Eyes, selected EU, G20 and key airline hub posts pre-announcement, and extend to all posts after the announcement.

<b>Country/Countries</b>	<b>Timing</b>	<b>Minister/Official (including counterpart)</b>
France	TBC (Fri 8 May or Sat 9 May)	PM – Macron
Ireland	TBC (Fri 8 May or Sat 9 May)	David Quarrey/No10 – John Callinan (Irish Sherpa)
Government of Gibraltar	TBC (Fri 8 May or Sat 9 May)	Minister Morton – GoG CM

## Annex D: Advice on economic implications of health measures at the border

### Assessment

This note comments on the economic implications of proposals to introduce health measures to those entering the UK, and in particular the requirement for passengers to self-isolate for 14 days on arrival and enter quarantine if they are either at high-risk of transmitting Covid-19 or are unable to demonstrate their ability to self-isolate effectively.

The economic implications of these measures are expected to be minimal in the short-term. This is because there is very little travel underway currently, due to the NPIs in place in the UK and restrictions on travel globally. This would mean that only a very small group of people would be forced to self-isolate or quarantined.

This view is contingent on the exemptions that have been proposed for haulage workers, for seasonal workers and for key workers such as scientists.

It is essential that there should be no frictions introduced for movement of goods at the border, which would potentially be hugely costly. We note that the economic justification currently set out for haulage workers is to protect the flow of critical goods; to reiterate, our view – consistent with this policy intention – is that all goods should be allowed to flow freely if economic costs are to be minimised.

The main risks will arise if the measures are maintained for longer than is strictly necessary and/or after NPIs are released and the economy begins to start opening up. At that stage there would be two areas of potential economic risk, to services exports and to the tourism and hospitality industries (Explored in more detail below).

It is essential therefore that there are regular review points to ensure that the measures do not remain in force longer than necessary. These measures should be on the condition that **it is made clear publicly that there will be regular formal review points (at least as often as reviews to the NPIs) and HMG will continue to work to make international travel safe**. This could for instance work towards new entrants being allowed to quickly enter the country on the condition that they come from a low-risk country, that they have downloaded the track and trace app or have been tested at the border (once this capacity exists). Reviews should also ensure that any restrictions are not putting the UK at a competitive disadvantage to other nations where border restrictions are less strict and/or eased more quickly. **HMT should be involved closely in these reviews.**

### Business travel and services

**Restrictions applying to UK travellers returning from other countries could act as a large barrier to services exports.** [Experimental ONS estimates](#) suggest that in 2018 12.5% of UK services exports, worth £35.5bn, were delivered by UK suppliers' personnel travelling to overseas customers.

Travel to overseas customers is particularly important for exports of business services (18.4% of exports, worth £15bn) and personal, cultural and recreational services (57.5% of exports, worth £2.8bn) and the extent to which these services can be delivered remotely is uncertain.

### Tourism and Hospitality

**Restrictions could have a significant impact on UK tourism and hospitality.** Those industries can also be geographically clustered or represent a high proportion of a region's GVA, meaning that the impact would be felt more significantly.

Areas that would be particularly vulnerable include the South West (Cornwall and Isles of Scilly, Devon, Dorset and Somerset) with a higher reliance on hospitality and tourism. Hospitality and tourism has 1.8m workers under 35, 1.6m lower income workers, 1.8m female workers.

While tourism is currently depressed, these costs would become more significant as NPIs were removed.

The lack of stratification between travel from countries that present different levels of risk in terms of the onward transmission of Covid-19 risks exacerbating the economic damage. **Placing restrictions on travellers coming from low-risk countries within the scope of the measures would be disproportionately costly** as there would be greater demand to travel to and from those countries, as well as a lower potential benefit from limiting the spread of Covid-19. Over time, as more countries succeed in containing Covid-19, relax travel restrictions and allow greater economic activity, **the costs of a policy that is not stratified would rise.**

### Travel operators

Combined with social distancing measures and reduced consumer confidence, the proposed border measures could make some routes unviable and/or airlines may need to raise prices to make sure lower passenger/freight volumes per aircraft cover costs. This could result in increased ticket prices as airlines look to offset impact of lower load factors. For the week commencing 12 April, passenger arrivals at UK airports were around 3,000-4,000 per day, compared to 350,000 passengers per day in normal times (one-way flow for international passenger). However, **the ability for these airlines and airports to recover their revenue is dependent on passenger confidence, which may lag behind the opening up of travel.**

Implementing quarantine measures for all passengers could result in demand taking much longer to return and a delay in the restart of the sector. If the policy is utilised during corresponding UK wide restrictions, such as current lock down restrictions, then there would be limited additional impact. However, **if the policy is in place for a tipping point period whereby the risk of imported transmission is greater than community transmission likely meaning the policy is used when demand could be increasing again.**

**A reduction in tourism, inbound and outbound, would reduce Air Passenger Duty (APD) revenues** and other tourism revenues levied on spending such as VAT, but could result in increased taxable spending in the UK if disposable income is spent elsewhere in the economy or on 'staycations'.

A further prolongation of the period of time where demand is heavily reduced will exacerbate the financial impacts of Covid-19 on both Eurostar and Eurotunnel – particularly if these measures are in place for a number of weeks or months. For **Eurostar, this will entail very substantial risks to the company's future viability** beyond the end of June, if it is not able to start generating revenue in the next two months (in line with its current business forecast). Increased revenue is highly unlikely while these measures are in place. This may increase demands for taxpayer support from this industry.

### Goods

The assessment above is contingent on there being no additional frictions on the cross-border movements of goods. Were this to be the result then the impact could be huge: the UK imports £500bn of goods every year, including £40bn of food. There could also be unintended consequences on the response to Covid-19: imports are responsible for the vast majority of PPE, where domestic production capacity is limited.

It is essential that any measures are introduced in such a way that they do not disrupt international freight movements which are vital to the UK's supply of critical goods including food and medicine.

- Previous analysis has shown us that even minor additional demands at ports can lead to significant delays and disruption for the freight sector
- The UK is highly reliant on maritime freight for the delivery of essential goods, including food and medicine. For example:

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- The UK imports 46% of its food, making it the third largest net importer of food in the world
  - 50% of UK's medical devices and 75% of medicines arrive via the Short Straits
  - 94% of veterinary medicines and their ingredients are imported from the EU
  - 91% of raw materials needed for water chemicals are imported into the UK
- Road freight is a fundamental economic enabler, essential for almost all economic activity involving movement of goods within the UK, imports from and exports to mainland Europe, and onward movement of freight arriving at the UK's ports and airports. Road freight accounted for 78% of all goods moved in 2018-19.

We note that the economic justification currently set out for haulage workers is to protect the flow of critical goods; to reiterate, our view is that all goods should be allowed to flow freely if economic costs are to be minimised.

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### Annex E: Implementation Costs

1. Please find below a table of estimated costs for BICS to implement the introduction of health checks at the border.
2. **Overall the Home Office cannot absorb the financial impacts of COVID and will be seeking additional resources responding to the imminent HMT commission. This is driven by losses of income for visas and passports and Asylum costs. Compared to the scale of the overall losses these figures are marginal. Without a wider resolution to funding we can't say these measures can be absorbed.**
3. **Caveat:** these costs are estimates made with best endeavours and are based on the analysis and assumptions available.

Item	Explanation	Dependencies and Caveats	Duration	Estimate
Border Force increased transaction times effects on staff costs	Spot checks will increase individual transaction times by an average of <b>1 minute per passenger</b> ; we have assumed <b>10% passenger loads</b> compared to 2019.	<p>Extent of spot checking – estimates are 10% spot checks; 25%; 50%; 75%; and a full checks regime.</p> <p>The estimate was conducted on the basis that a) electronic passport gates were turned off at all locations; and b) that as the aviation industry returns to more normal traffic flow costs and disruption would grow exponentially to an unacceptable level.</p> <p>These estimates are for the aviation industry only. Further work is required to assess the impact on the rail and</p>	Until 31 March 2021	<p>10% - £150K</p> <p>25% - £375K</p> <p>50% - £750K</p> <p>75% - £1.125m</p> <p>Full checks - £1.5m</p>

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		maritime industry and costs will increase as the analysis of the impact on these modes is completed.		
Full provision of PPE for Border Force Officer dealing with arriving passengers	<p>Currently PHE advice is that face masks to deal with arriving passengers are not required unless the passenger is symptomatic. Should that advice change or the perceived risk changes due to border health provisions face masks for all staff will be required.</p> <p>Masks per day (1 per hour) 8  Number of days per week 5  Number of weeks in year 39  Number of Staff (frontline staff) 5000  price per mask 0.9  <b>Total FY2021 cost (£) 7,02m</b>  Plus £400K provision for juxtaposed controls contractors</p>	PHE advice	Until 31 March 2021	£7.42m
Programme Costs	<p>A Programme Team is required within BICS to start up, establish and monitor the Border Health Provisions; estimated staff and associated costs: £360K</p> <p>We have not yet estimated the costs of legislation, legal and associated services.</p>		Until 31 March 2021	£360K
Costs of providing the Health Certificate App	DDAT – provision of a web form on the AccessUK1 platform and ongoing support.		Until March 2021	£5.05m

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	<p>Form build - £300k  Application build - £1.5m  Package test and deploy into HO iphone build - £600k  Test and release - £150k</p> <p>Additional one off or annual costs (hosting, DB scaling, security, pen test etc all things not included) - £500k</p> <p>24/7 technical and operational support at £200k per month - £2m</p>			
Loss of visa and EVW income.	<p>Tourists and business travellers will be discouraged from travelling to the UK.</p> <p>International income from visas per annum is £974m We have forecast a range of scenarios of lost income which run up to the vast majority of this income. These additional health measures would push the lost revenue towards the worst-case scenario.</p> <p>Border Force generates £22.8m through premium products in 2019 – the introduction of health provisions at the border would push assumptions to the worst-case scenario for loss of revenues of £17.2m.</p>	We cannot estimate how much loss of income would be directly or indirectly lost as a result of the introduction of health provisions at the border.		
Strategic Communications campaign	Undertake a strategic communications campaign aimed at travellers in the UK and abroad.		ASAP until 30 November 2020	£300K

## **Annex F: Communication Campaign for Travellers on existing restrictions**

This note only refers to the DfT-specific measures being implemented immediately. Further work will be needed to operationalise the broader set of measures.

### Background

2. DfT is required to take forward the below measures recommended under 1A in the paper that was discussed at the First Secretary of State deep dive.
  - i. Work with transport operators to require them to issue public health advice to all passengers as they book and immediately before they travel.
  - ii. Aircraft to report a General Aircraft Declaration (GAD) of illness on board as default.
  - iii. Work with ports, rail operators and carriers to ensure that people travelling can maintain a safe distance from others, where possible and commercially viable.

### New regulations

3. DfT Ministers have agreed that DfT should take forward the measures immediately after the announcement of the broader package on a voluntary basis, to ensure immediate implementation, while in parallel developing the regulations needed to mandate implementation.
4. A mandatory approach across all transport modes requires regulations under s.45B of the Public Health (Control of Disease) Act 1984. DfT has had initial discussions with DHSC lawyers, and will provide detailed policy instructions by the end of the week. DfT will use emergency procedures to compress Parliamentary timetables, this is likely to take 2-3 weeks,
 

LPP/LAP
5. The territorial extent of the 1984 legislation covers England and Wales. DfT will work with Scotland and Northern Ireland to encourage them to implement their own versions, and a Welsh Minister will have to make Regulations under s. 45B.
6. DfT will also reintroduce the use of the GAD for all flights, a process whereby flight crew must report on the health of the passengers on board before arrival in the UK. This is already a requirement under Public Health (Aircraft) Regulations 1979 (Amended 2007). In parallel DfT will develop regulations under s.45B to require a similar procedure for Eurostar (although DfT will engage with Eurostar to implement this voluntarily in the first instance). All vessels entering UK ports are already required to notify harbour authorities if any individuals on board are unwell, but DfT will extend this to requiring positive declarations of health.

### Voluntary application of the measures – full implementation target date of 25 May

#### **Aviation**

7. Through the CAA's database, within 24 hours of the announcement DfT will contact all airlines providers that operate to/from the UK, as well as UK-based travel operators, and request that they include a link to the latest PHE health advice on their website, as part of the booking process, emails post-booking, and with documentation issued immediately before travel e.g. at the check in desk or departure gate. DfT will also give them advance warning of the other measures that DfT will be asking them to implement, namely the onboard announcement and use of the GAD. DfT will engage directly with UK and other major carriers to support implementation. DfT expects all major carriers to implement within 1-2 weeks (with website changes taking the longest time) and will ask for explicit confirmation from all that they have done so.

8. DfT will ask the CAA to re-issue a NOTAM (notice to airmen) on Monday 11 May morning (it's not possible to publish after 14:00 and would not receive full attention if published over the weekend or on a bank holiday) to request pilots to make an announcement with the latest public health advice on all flights into UK airspace. DfT expects widespread compliance as the NOTAM procedure is followed by the vast majority of commercial pilots. DfT will work with the DAs to ensure the announcements reflect the nuances in public health advice across the UK.
9. DfT will use the same NOTAM to instruct all carriers to make a GAD for all flights. PHE has confirmed that it would be feasible to reintroduce the GAD process for all flights into airports in England within a week. DfT will work with the DAs to encourage the same action, as their respective health authorities would need to apply the GAD process. While the number of flights is low this is feasible for all flights, however as volumes increase, for capacity reasons the GAD process would need to revert to a by exception basis (as is currently the case). DfT will also work with PHE to further develop the process for managing symptomatic passengers at airports.

#### **Maritime**

10. Prior to the announcement DfT will engage with priority stakeholders to direct travellers to PHE guidance and UK border measures online at the point of booking; which includes all major international ferry operators. This will ensure they have an opportunity to respond rapidly to meet these requirements. DfT will also guide operators to provide an announcement to all passengers, when they enter UK territorial waters, about the current PHE guidance and border control measures in place.
11. In addition, and within 24 hours of the announcement, DfT will contact all remaining important stakeholders to ensure key port operators and maritime pilots are equally aware of the new guidance.
12. DfT expects high levels of compliance from all our operators. Time to implement will be determined by time to include on web-based ticket booking services, although not expected to exceed 1-2 weeks. In terms of health declarations, the master of a vessel is already required to routinely provide a medical health declaration prior to arrival, so no change is required.

#### **International Rail**

13. Within 24 hours of the announcement, DfT will ask Eurostar and Eurotunnel to provide a link to PHE guidance online at the point of booking (both operators have extensive Covid-19 guidance pages on their websites). The majority of Eurostar and Eurotunnel passengers book direct through their own websites. Early engagement with both Eurostar and Eurotunnel suggests that this will be feasible for both carriers (a small amount of Eurotunnel Shuttle passengers are turn-up bookings but DfT will discuss with Eurotunnel on-site guidance to passengers, including electronic/physical signage and public announcements throughout the terminal).
14. Time to implement will be determined by time taken to incorporate changes on websites, and to adapt media content on trains/at stations, but is expected to be 1-2 weeks.
15. On both Eurostar and Eurotunnel Shuttle services, train managers will be able to make announcements during the journey. As this would be a new process for rail carriers, DfT will work closely with them to develop a procedure, emulating the aviation model and would look to agree this with both operators to begin with (to avoid further legal challenge risks), but would ultimately rely on s.45B if mandatory requirement is needed. It is likely to take 1-2 weeks to develop, agree and implement a formal, on-board announcement process with both operators. In terms of on-arrival controls, both Eurostar and Eurotunnel have established procedures and facilities for managing symptomatic passengers on arrival and intervening where necessary (including providing emergency medical assistance or providing onward

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travel advice), although DfT will work with PHE to ensure that any new mandatory measures developed are consistent with these processes and take account of Eurotunnel's unique operations.