

ACTION

APPROACH TO 30 DECEMBER REVIEW

Date: 29 December 2020

From:

Deadline: 29 December

1. The Government's priorities are: A) to vaccinate the vulnerable, allowing us to ease restrictions and B) to suppress the virus in the interim, in order to manage the pressure on the NHS. This paper provides an update on both of these issues.
2. The paper seeks your steers on the approach to suppressing the virus, which will form the basis of a COVID-O discussion on Tuesday afternoon. The options, described in detail below, are:
 - a. to pursue a further escalation of areas into tiers 3 and 4, and to follow the Education Secretary's preference to allow schools to return in January but with a short delay and for universities to return as planned; or
 - b. to try to get ahead of the virus, with a more expansive deployment of tier 4 and a longer delay to the return of secondary schools (except for exam years, vulnerable children and children of critical workers).

Commented [VP(S1)]: Short term priorities. Longer term we may want to vaccinate a much wider group

Commented [VP(S2)]: And universities?

VACCINATING THE VULNERABLE

3. **The vaccine rollout continues at pace.** From the 8th to the 20th December, a total of 616,933 people had the first dose of the Pfizer/BioNtech vaccine. We are expecting an MHRA decision on the AstraZeneca vaccine in the coming days. If the vaccine is approved, it will allow a significant expansion in the speed and scale of the vaccination programme. Vaccine roll out is proceeding at pace, with the aim of vaccinating the most vulnerable (over 80s and care home residents) by late January. Over 70s and the clinically extremely vulnerable should be vaccinated by the end of February and the NHS are looking at options to go faster if possible. Until sufficient numbers of the most vulnerable are vaccinated, we need to continue to suppress the virus to protect mortality and the risk of the NHS being overwhelmed.

Commented [VP(S3)]: I think we need some clear indication of what the fastest is that can be achieved. Especially with a protocol that allowed more people to get a first dose quickly and a delayed second dose

SUPPRESSING THE VIRUS

4. **The Government's winter plan stated that the Government's objective was to hold R below 1** to protect hospital capacity until the vaccine rollout enabled an easing of restrictions. The rest of this paper covers:
 - a. The latest information on the spread of the variant West and North, and the prospective impact of new South African variant.
 - b. Options to expand tier 4 and delay the return of schools.

- c. The approach to testing.
 - d. The approach to shielding.
5. **The situation is deteriorating rapidly.** The UK reported over 41,000 cases on 28 December. The ONS survey covering the week to 18 December estimated that 1.18% (645,800 or 1 in 85) of the community population in England had COVID-19, an increase of c.23% on the week to 28 November, when the rate was 0.96% (521,300, 1 in 105).¹ The situation in hospitals is worsening across the country- across England there are now 20,246 beds occupied with COVID patients (~20%) - higher than the peak in April of approximately 19,000. Pressure will increase in line with rising admissions, particularly in the East of England (WoW admissions growth: 45%), London (41%) and the South East (31%). In response, DHSC are looking at reopening the London Nightingale this week and mutual aid has been triggered with the wider South East and London regions to alleviate pressure in Kent. In the North, although admissions are growing less quickly, 15% of beds are still occupied by COVID patients. Nationally, non-COVID emergency and elective occupancy pressures are also significantly greater than in Spring (accounting for 83,060 beds- up ~75% vs Spring). Given the 2-3 week lag in cases turning into admissions, it is likely that several weeks of further growth in the hospitalisation rate are now unavoidable.
6. **These areas are those in which concurrent winter risks are especially high.** Kent is a transition-critical Local Authority which is also balancing: tier 4 enforcement; vaccine rollout; community testing and vulnerability to poor weather conditions. In London, the strain on NHS capacity will be felt alongside transition period passenger disruption and higher likelihood of protests/civil unrest.

7. [PLACEHOLDER: in light of this worsening situation... Alert Level 5 update]

A. the latest information on the spread of the variant, and the South African variant

8. **NERVTAG and PHE have high confidence that the new variant is spreading faster** than the previous ones, consistent with an increase in transmissibility. There is currently no evidence to suggest that the new variant alters the severity of the virus, changes the transmission profile across settings, or alters the immunity profile.
9. **The new variant has become the dominant variant across London, the South East, and East of England**, where it now accounts for 65-68%² of the cases, driving a sudden and rapid rise in cases from the start of December. The new variant has been found in all regions of England [and Nations of the UK], and the latest data suggest that it is growing in recent weeks in the South West, Midlands, and North East. As the

Commented [VP(S4)]: There may be updated ONS data showing a further significant increase. Also "cases" means those detected by test and trace. The true number is likely now to be closer to 80,000 per day or more

Commented [VP(S5)]: Latest ONS data beginning to show an uptick of new variant in most places.

¹ ONS COVID-19 Infection Survey, 24 December.

² Estimated percentage of positive cases which are compatible with the new variant (ORF1ab & N-gene positive) based on people who have tested positive for Coronavirus (COVID-19) on nose and throat swabs for period 14-18 December. ONS COVID-19 Infection Survey, 24 December.

likely transmission advantage of the new variant plays out, it may become the dominant variant across the country.

10. Analysis continues on the South Africa variant as a matter of urgency.

NERVTAG concluded on 23 December that it features a different set of mutations to the Kent variant, so has arisen independently, and may spread even more quickly (with high transmission rates being seen in the South African summer). There is not yet enough evidence to determine the variant's severity or impact on immunity. As this picture develops it will be important to consider the international handling / communications plan to mitigate any potential international response.

B. Options to expand tier 4 and delay the return of schools

11. It is too early to say if Tier 4 is working. Tier 4 measures were introduced on 20 December. We would ordinarily expect to see their impact reflected in case numbers from the end of this week, but this will be obscured by the impact of Christmas. The latest results from the ONS survey, due on 29 December and covering the week to 25 December, will come too early to capture a change derived from tier 4. While each passing day improves the data picture, we are unlikely to have clarity on the initial impact of tier 4 measures (with the education sector and workplaces largely closed for the holidays, and more social contact over the Christmas period) before 8 January, which should cover tests up to 2 January and infections from 28 December. The following week, on 15 January, we will get a more reliable view from the ONS. Even then we will continue to face greater uncertainty than in recent weeks due to the new variant.

12. SAGE judge it is highly unlikely that measures with stringency and adherence in line with the measures in England in November (i.e. Tier 4, with schools open) would be sufficient to maintain R below 1 in the presence of the new variant.³

This is supported both by preliminary modelling and empirical evidence that tier 4 type restrictions were insufficient to halt growth in Kent in November.⁴ Case rates in Kent rose by nearly 85% during November lockdown (5/11 to 2/12), and then rose by 177% in the subsequent weeks after being placed in tier 3 (2/12 to and 20/12). SAGE also said that it was too early to conclude whether measures with similar stringency and adherence as Spring, with both primary and secondary schools closed, would be sufficient to bring R below 1 in the presence of the new variant.

Commented [VP(S6): It all depends on adherence.

Commented [VP(S7): "as adhered to"

³ "It is highly unlikely that measures with stringency and adherence in line with the measures in England in November (i.e. with schools open) would be sufficient to maintain R below 1 in the presence of the new variant. R would be lower with schools closed, with closure of secondary schools likely to have a greater effect than closure of primary schools. It remains difficult to distinguish where transmission between children takes place, and it is important to consider contacts made outside of schools." Minutes of SAGE 74, 22 December.

⁴ Minutes of SAGE 74, 22 December.

13. **At present, 44% of the population are in tier 3 and 43% are in tier 4**, together accounting for 87% of the population and 89% of national GVA. The Government's winter plan also stated that the Government would prioritise keeping schools and other education settings open; the options presented below therefore prioritise an escalation through the tiers *before* reaching for the most significant intervention on schools.

Option A: escalate through the tiers, proceed with DfE's recommended schools plan

14. **We expect Gold to present a choice to COVID-O:** a 'steady escalation' approach - with all of England (possibly excluding the Isles of Scilly) to Tier 3 and much of the Midlands in Tier 4; or a 'precautionary' approach which would see much of the South West, North East and areas of the North West also escalated to Tier 4.
15. **Even under the steady escalation approach, it is likely that the proportion of the country in Tier 4 will rise up to [60%+]**. The pace at which areas are being recommended to move up through the tiers is stark. Northamptonshire was only escalated to Tier 3 last week and is now being moved to Tier 4; Cornwall and Herefordshire were only escalated up to Tier 2 last week and are now being recommended for Tier 3. Tier 4 coverage is also spreading across the country - across much of the Midlands and the North East. In the more precautionary approach, it is likely that the vast majority of England would be in Tier 4 with only a handful of areas left in Tier 3 - and they would likely move in the next 2-3 weeks.
16. **This would be combined with a further week of delay to the full return of secondary schools and colleges**, as recommended by DfE. Early Years and Primary settings would remain open to all children in all circumstances. Only vulnerable children and children of critical workers would return to face-to-face education in w/c 4th January, with exam years learning remotely. Schools would rollout their testing programme in w/c 11th January and exam cohorts would return to face to face teaching, with a full return of other groups by 18/1.
17. **This approach is consistent with what we see in the data currently, but may mean that spread continues** in the South East and London as schools return in the same way it did in Kent during November. This minimises the time that pupils are not in school and the educational and developmental impacts, but the risk is that it does not go far enough, or that the situation is bad enough in w/c 18 January that we have to make another change.
18. **The approach relies on robust delivery of testing with maximal take up by schools and pupils**, on which we have significant concerns. Even with the extra week's delay in the return of secondary schools it is an ambitious timetable. DfE have been commissioned for further advice, but key delivery challenges will include the competency and willingness of schools in setting up testing arrangements and

Commented [VP(S8)]: This process of "escalation" is essentially one of playing catch up. If you wait until numbers are rising then you play catch up as there is a lag in getting the data through

Commented [VP(S9)]: The constant lesson is "go earlier, go harder and go broader" than you think you want to.

Commented [VP(S10)]: What does "consistent with what we see in the data currently" mean? This approach is a political choice, not something driven by data (see above)

establishing a robust workforce (especially challenging for larger schools) as well as the extent to which families participate. Given the current rates of the virus in some areas (e.g. London), the number of serial tests that will be required will be high and might have a significant impact on the viability of other testing use cases - as will extending weekly testing of students to secondary pupils as well as staff.

19. **There would be no change to the existing plans for universities**, where students on practical courses (c.700k) return on their normal start dates from 4/1 and students on non-practical courses will learn online until 25th January, then return on a staggered basis over two weeks. This position will be reviewed in w/c 18th January, which could lead to a further delay to the return of non-practical students if needed. All students will be asked to take a test on return or self-isolate if not. There are still risks with this approach. Any large outbreaks will make any change of approach later along the line more difficult as some students will have already moved, and will pose a greater risk to returning to older or more vulnerable family members.

Commented [VP(S11)]: Important also that they do not return to their accommodation and do on line learning from there. They should stay put until universities are given the green light for them to return to their university towns.

Option B: November-style intervention, with stronger restrictions on education

20. **The Government could go further than even Gold's anticipated precautionary approach and introduce a nationwide escalation to tier 4**, effectively replicating the national intervention of November. We do not recommend attempting to strengthen the measures of tier 4, e.g. with tighter restrictions on social contact (creating a tier 4+ or tier 5). The differences between tier 4 and the interventions of March and November are all adjustments to mitigate the most damaging impacts of lockdown. Reversing those changes would cause increased social and economic disruption for a minimal impact on transmission.
21. **This would be combined with additional measures for secondary schools and FE colleges**: a longer delay to the return to face-to-face education until February half-term for all but priority groups (exam years, vulnerable children and children of critical workers). This could be applied nationally, or only in tier 4 areas. We could commit to review at the end of January to see if an earlier return is possible. Early years and primary schools would remain fully open and external Vocational and Technical Qualifications exams would go ahead in colleges. DfE developed a similar proposal, which would see all but priority groups on a rota of 2 weeks in-person/2 weeks remote, which the Education Secretary is likely to put back on the table if the above option is favoured.
22. **This approach should allow us to hold our position on exams** (although given the high rates in some areas, some of these pupils will almost certainly be required to isolate for a period). We know that the quality of remote education is variable across the school sector and not possible for practical FE courses and is not a direct replacement for face-to-face education, so this option will more negatively impact

Commented [VP(S12)]: We should have a clearer view of effects by end of 3rd week of Jan and would also know how vaccination rollout is going by then.

Commented [VP(S13)]: May want to strengthen mitigation measures there as well.

educational development in years that are educated remotely, and we might want to think about further support for those pupils that fall behind the most.

23. **DfE are concerned that this additional delay will inevitably mean the delay is extended to after the Easter holidays**, unless we are able to prove that it is safe for schools and colleges to open again after the February half term. Vaccine rollout, increased testing capability and period of greater restrictions will be crucial to allowing us to increase access to face-to-face education at that point.
24. **We could combine these measures on tiers and schools with further steps on Higher Education.** We could decide now to require all non-practical students to learn online from their family home for a longer period (e.g until March or the end of term), rather than returning from w/c 25th January. In addition, we could tighten the definition of practical students to reduce the number who return from 4th January from c.700k students to i) c.523k students (clinical, teaching and STEM courses only) or ii) c.223k students (clinical and teaching courses only), whilst the rest learn online. But there is a risk that many students will still move back to their university town where they are paying for accommodation and engage in unsafe social activity. The demand for rent and tuition fee rebates will likely increase for those students who are asked to stay at home and learn online as they largely deem the quality of online learning to be lesser than face to face, and will not be able to access other University facilities. There is no guarantee that restricting the return of students would not displace unsafe social activities elsewhere.
25. **The choice of approach is based on risk appetite.** Option B (tier 4 nationally, a further delay to secondary schools) is more cautious, going further now in order to get ahead of the curve. Option A (fewer escalations through the tiers and DfE's recommendation on schools) continues to try and get more children back to face to face education sooner, particularly in areas of the North where incidence of the new variant is much lower, but risks ending up behind the curve if and when the new variant grows across the rest of the country. In the short term, delaying school return further also provides a better greater chance to reduce the rate of growth and reduce the chances of the NHS being overwhelmed in London and the South East where the pressures are greatest.

C. Testing

26. **Both of the options above should be combined with additional measures on testing.** Testing should be more targeted to reduce the risk of activity that is still taking place outside the home and drive prevalence down further. Testing should be targeted on:
- Schools and Universities:** this could involve weekly testing of pupils (as well as staff) in secondary schools and colleges, as well as the previously agreed testing programmes for universities. HMG would need to reinforce to

universities that students should only be allowed to attend in-person teaching after they have received two negative tests. DfE are keen to offer weekly testing to universities for all students who do return. However, there remain concerns whether this could be delivered by universities at the required scale and level of uptake to be effective. DfE are also keen to expand staff - and possibly pupil - testing to primary schools, if home tests can be made available for distribution by schools.

- b. **Workplaces:** we should prioritise the use of lateral flow tests to support testing for those workplaces which, in tier 4 areas, cannot enable working from home. Pilots are already ongoing to support this in some sectors such as food production, and preliminary analysis by BEIS suggests that many of the highest-risk and largest sectors (e.g. construction, manufacturing) would have strong appetite for this sort of testing, including running and funding the testing themselves.

27. **We recommend commissioning DHSC** (NHS Test & Trace and the Community Testing Programme) to produce a combined plan by 31 December for enabling the regular testing of the largest possible cohort in Tier 4, aiming to test everyone who needs to work or attend education settings outside the home. This plan should include a recommended target for the proportion of the population that can be tested at least weekly by the end of January. All of this is in addition to symptomatic PCR testing capacity, which is projected to reach over 1m tests a day in January, and existing Winter Plan commitments on asymptomatic testing.

Commented [VP(S14)]: Also make sure that simple clear guidance on reducing risk in buildings is widely distributed and understood. Mask wearing inside in line with earlier advice could be pushed harder.

Commented [VP(S15)]: Worth stressing that the fastest vaccine rollout possible should remain the priority

D. Shielding

28. **We recommend that, subject to agreement by the DCMO, shielding should be reintroduced in all tier 4 areas.** We are considering whether there are stronger shielding measures that could be put in place to better protect the most vulnerable until their vaccine, but these will not be ready this week.

Economic and social impacts and equalities considerations

29. **The impact of escalating our response will be significant.** As previously presented at COVID-O, the economic cost of more areas being escalated to higher tiers (Option A) or nationwide restrictions (Option B) is likely to be severe and disproportionately felt by young people and ethnic minorities who are employed in higher than average numbers in sectors that face new restrictions including retail, personal care, accommodation and food services (hospitality). New restrictions on schools (Option B) will compound this impact, particularly in the long run prospects of those students with access to quality online teaching, plus some children who are eligible to attend school might be held back due to concern from their families. Additionally, a large proportion of working parents and single parents may also struggle to work while having to look after children at home. More widely, persistent restrictions on social

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contact and interaction will continue to contribute to an increase in poor mental health outcomes across society, but particularly for the most vulnerable and disproportionately impacted groups.

Next steps

30. Following your steers, these issues will be put to COVID-O on 29 December.

These resultant decisions will be announced on Wednesday afternoon in Parliament, with any SI likely laid on Thursday. This SI would then come into force from 2 January. As Parliament is not due to return until after that date, this would need to be brought into force before a vote, unless Parliament is to be recalled or the entry into force data is delayed. The Commons will, on Wednesday, debate all the SIs which were passed before Christmas, including the creation of the new Tier 4 (the Lords will debate the most recent three of those SIs).

Commented [VP(S16)]: Is there a risk that this delay will simply lead to a buy new year's eve party?