

6. We can simplify the future development of the epidemic into two scenarios:
 - i. Cases peak in the near future (e.g. within a fortnight) and subside without the need for further intervention (for example, on account of increasing immunity – through vaccination roll-out and increasing infection-acquired immunity – and through positive behavioural change in response to rising cases).
 - ii. Cases continue to rise in the absence of further intervention until a point where they risk overwhelming the NHS and causing intolerable health harm.
7. While the future course of the epidemic remains uncertain, on balance I judge it is more likely that we are in the second of these scenarios – and it is certainly more prudent to assume so from a COVID health outcomes perspective. In any event, the fact that case numbers exceeded 6,000 (by specimen date) last week means that we are likely to breach the 800 COVID bed threshold within around a fortnight and will need to plan accordingly as there will be displacement of other health needs (separate advice on hospital pressures has been provided).
8. The Strategic Framework update of June set out our revised strategic intent, signalling a shift in focus from suppression of the virus to the lowest possible level, to one in which the wider harms of the epidemic are alleviated, while we recover and rebuild for a better future. This remains our intent.
9. It also highlighted the potential challenges of managing the delta variant while reopening the economy and society and completing our vaccination programme and reiterated the need for continuing caution.
10. Even as vaccines continue to deliver significant protection from the very worst health harms caused by the virus for most people, the risk of severe disease from Covid-19 cannot be eliminated entirely and this risk increases as background prevalence rises, as it is currently doing; we are seeing this reflected in the trend of increasing hospitalisations. We now have solid evidence that the delta variant is significantly more transmissible than previous strains of Covid-19 and increases the risk of hospitalisation compared to the Alpha variant (although this risk is significantly reduced by vaccines). The heightened transmissibility is one driver of the steep increases in cases observed in recent days. While our focus rests across the four harms of Covid-19 we continue to pay close attention to the pressures the virus is causing on our NHS services to ensure that sufficient capacity remains in place to treat all cases appropriately while not causing excessive pressure in the system and to plan for our needs in the longer term.
11. Based on scenario ii, the relevant questions become: how much intervention is required, what types of intervention, and at what stages? These link closely to the legal questions of what would be necessary, justified and proportionate?
12. Guiding the answers to these questions, fundamentally, is the need for the reproduction number (R) to return below one (as it did following the peak in late June/early July) to reduce incidence and then prevalence. As noted above in relation to the first scenario, part of the downward pressure on R that may lead to this would come from increasing immunity – through vaccination and the recent increase in