



Llywodraeth Cymru
Welsh Government

Coronavirus Control Plan: autumn and winter 2021 update

October 2021



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Ministerial Foreword

The last 18 months have been difficult and challenging for us all, especially for all those who have lost loved one and for those who are suffering from long-Covid.

The pandemic is still with us – as we publish this latest update of the *Coronavirus Control Plan*, we are approaching what we believe to be the peak of the delta wave in Wales. Infections are at their highest level in the community since the dark days of December 2020, but the effectiveness of our fantastic vaccine programme means fewer people are developing and suffering severe illnesses and, fortunately, the number of deaths from this terrible virus are lower than in the earlier waves.

As we publish this autumn and winter update of the plan, more than 85% of people aged 16 and over in Wales have received two doses of a Covid vaccine and our autumn booster campaign is underway.

Thanks to the vaccination programme and the efforts that everybody continues to make to keep Wales safe, we have been able to lift most of the legal restrictions on our lives – there are fewer restrictions in place today than at any time during the pandemic.

We have retained some important measures, which we expect to maintain as we move through the autumn and winter as key defences to keep us safe:

- A continued focus on vaccination as our most effective defence against harm.
- Self-isolation on symptoms and following a positive test.
- Businesses must carry out a Covid risk assessment and put in place reasonable measures to minimise risks.
- Wearing face coverings in indoor public places.
- Working from home where possible.
- A framework for education that allows for escalation and de-escalation of protective measures depending on the local context.
- The use of the NHS COVID Pass to gain entry to certain events and venues.
- Personal behaviours, including hand-washing; meeting people outside whenever possible, keeping indoor spaces well ventilated and keeping your distance from other people.

The winter period is always a difficult time for our NHS, because of the increase in demand for healthcare, caused by a combination of emergency pressures, a rise in seasonal illnesses and people's underlying health problems made worse by colder, wetter weather. This year the challenges are greater than ever – we are facing the prospect of Covid and influenza combining together, as scientists predict this year could be a bad flu season. The NHS is trying to recover treatments and care which had to be delayed during 2020-21 and is already dealing with an increased demand for healthcare. We are doing an enormous amount of work to support the NHS and social care with these pressures and will publish a detailed winter plan on 21 October.

This will be a challenging winter. We need to work together over the autumn and winter to keep ourselves safe and well and to support our health and care services.

There are many things we can do to help, starting by saying yes to our flu and Covid vaccinations – it's never too late to have your first or second Covid vaccines. The booster will be offered to everyone in priority groups one to nine, at least six months after they had their second dose. It's also important that we all carry on doing the small things which keep us and our loved ones safe – washing our hands regularly; meeting outdoors where possible; working from home if we can; wearing a face covering in indoor public places and keeping indoor spaces well ventilated.

If you have any symptoms of coronavirus, whether you've been vaccinated or not, it is really important that you stay at home, isolate and arrange to get tested. If the test is positive you should isolate for 10 days. Staying at home and isolating remains the best way to break the chain of transmission and stop this virus spreading further.

There are things we can all do to improve our general health and wellbeing, and these are especially important during the winter months. Keeping active, eating healthily, limiting our alcohol intake and quitting smoking are all ways in which we can improve our health as a nation and keep the pressure off NHS services.

We want to keep Wales open and keep Wales safe. We don't want to go back to the cycle of imposing strict restrictions to control the spread of coronavirus over the autumn and winter. But this is an unpredictable virus and we cannot rule this out completely.

If we are faced with a scenario that poses a real risk to public health and people's lives, such as the emergence of a new variant that does not respond to current vaccines, we have the system of alert levels in place, which are flexible to allow us to respond in a proportionate way.

We hope the systems we have in place will keep us all safe through the autumn and winter months and we will not need any tougher restrictions. But we need your help.

If we all do our part – as organisations, employers and individuals – we can look ahead to a much brighter future.



Mark Drakeford MS
First Minister of Wales



Eluned Morgan MS
Minister for Health and Social Services

Introduction

Since the beginning of the pandemic in March 2020, we have published a number of frameworks setting out the data, the approach and the principles we have taken into account when reviewing restrictions which have been put in place to manage the spread of coronavirus.¹ Our aim has always been to balance the direct and indirect harms of different responses and restrictions.

In July 2021, we set out our approach to moving to alert level zero and the baseline measures.² That document set out that the following measures would remain in place as key defences over the autumn and winter, recognising the likelihood of increased pressures emerging during that time:

- A continued focus on vaccination as our most effective defence – the aim is to reach as many people as possible with the first, second and booster doses.
- A legal requirement to self-isolate for 10 days following a positive test. People who have not been fully vaccinated who are identified by Test Trace Protect as a close contact of a positive case must also isolate.
- A legal requirement to carry out a coronavirus risk assessment and put in place reasonable measures to minimise risks.
- A legal requirement to wear face coverings in indoor public places.
- Working from home wherever possible to help reduce the number of contacts between people.
- A framework for education which allows for the escalation and de-escalation of protective measures depending on local circumstances.

The NHS COVID Pass will be compulsory for all adults aged 18 and over to gain entry to certain events and premises, such as nightclubs, from 11 October.

The move to alert level zero in August reflected a change in the balance of harms – the high levels of vaccination has helped to weaken the link between COVID-19 infections and serious illnesses, hospitalisations and deaths. In this third, delta wave, we have not seen the same level of COVID-19-related hospital admissions as in previous waves. However, the link has not been broken.

¹ Leading Wales out of the coronavirus pandemic: a framework for recovery (April 2020); Unlocking our society and economy: continuing the conversation (May 2020); The Coronavirus Control Plan for Wales (August 2020); The Coronavirus Control Plan: Alert Levels for Wales (December 2020); Coronavirus Control Plan: Coming out of lockdown (February 2021); Coronavirus Control Plan: Revised Alert Levels in Wales (March 2021); and Coronavirus Control Plan: Alert level zero (July 2021)

² Coronavirus Control Plan: alert level 0 gov.wales/coronavirus-control-plan-alert-level-0-zero

Throughout September, as cases in the community have risen, we have seen a slow but steady increase in the number of people in hospital with COVID-19 and a rise in the number of deaths. There is increasing concern about waning vaccine immunity, as a growing proportion of people admitted to hospital with COVID-19 have been fully vaccinated.

It is clear that a collective, focused response to the continued threat of coronavirus is still needed. This is particularly true as we approach the winter, which is always a difficult period for the health service. This year we anticipate – and are planning for – challenges will be exacerbated for a number of reasons, including a potential resurgence of other respiratory diseases, including influenza.

Our response to these challenges will not be to simply return to lockdown measures or to impose new restrictions. A wide range of plans are being put in place to prepare for the winter period, from the health and social care sectors to schools and higher education providers.

This update to the *Coronavirus Control Plan* focuses on the options available to us over the autumn and winter period. It reaffirms the baseline measures, which we have been living with and using since August and which we expect to keep in place until next year. It also describes the two main scenarios – Covid Stable and Covid Urgent – which could lead to different responses.

Under the first of these, our **Covid Stable** scenario, we would not need to re-impose the significant restrictions, which we have had to live with over the last 18 months, such as legal limits on who can meet or which have required many businesses to close.

Pressures on the NHS will be managed as part of normal NHS planning for winter, recognising a number of increased risks.

The other main scenario, **Covid Urgent**, recognises that new and unexpected Covid pressures could emerge, in which case we may need to take more significant action to protect public health and people's lives. This would include a new, highly-transmissible variant establishing itself in Wales, or a variant which does not respond to the vaccine. We could also face unsustainable pressure if the protections we have gained from the vaccine wane more quickly than expected, causing higher levels of hospital admissions.

In these circumstances, we already have a suite of options set out in our alert levels framework. We will therefore retain the coronavirus restrictions regulations, which set out the alert levels and enable us to move up and down the levels, depending on the specific risk to public health that is identified.

Strategic Aims and principles

The strategic aims and principles, which will guide our approach to coronavirus for the coming months are to:

- Maintain coronavirus at manageable levels, so COVID-19 cases do not overwhelm the NHS.
- Balance the five harms in any response to COVID-19 pressures³. These are:
 - The direct harms arising from coronavirus;
 - The indirect health harms, such as cancellation of non-urgent treatment;
 - The social harms, for instance related to closures or inability to attend education;
 - The economic harms including reduced business income and unemployment;
 - The harms from coronavirus or the response exacerbated existing or creating new inequalities.

We are clear that introducing legal restrictions, which have far-reaching consequences for our economy and society, are emergency measures to deal with the pandemic and to save lives – these are not measures we take lightly.

We are retaining the alert level system, with their measures and interventions, including restrictions, to give us options for the future, in case we face new and unexpected scenarios as a result of the pandemic, which threaten public health and people's lives.

³ Technical Advisory Group: 5 harms arising from COVID-19 | GOV.WALES
gov.wales/technical-advisory-group-5-harms-arising-COVID-19

Preparing for a challenging winter

Work is underway to prepare the NHS, social care and wider public services for a particularly challenging winter. We will publish a more detailed winter plan on 21 October.

While the pandemic pressures on the NHS are not as severe in this third, delta wave, than in previous waves, the impacts of the pandemic continue to be felt across the entire health and social care system. Infection control and prevention approaches for Covid has reduced wider capacity across the system and there are additional pressures expected including:

- A potential resurgence of other respiratory infectious diseases, including influenza (flu) and Respiratory Syncytial Virus (RSV), with rates of infection higher than what may be expected in a “normal” year.
- Pressures from the wider health and wellbeing impacts of the pandemic, including long-Covid, the impact of delayed diagnoses and routine care as well as the likelihood of increased demand on mental health services.
- Continued disruptions to health and social care delivery, because of staffing pressures, especially in social care, including the risk of burnout.⁴

The Winter Plan for NHS and social care

The winter plan will provide a framework for regional partnership boards in finalising winter plans for health and social care organisations. Expectations for these winter plans have already been communicated to the NHS via the annual planning process. The plans will need to consider system resilience in the face of current demand and challenges (including COVID-19), as well as specific plans for areas of concern, including tackling the backlog of cases. These include surge plans to respond to influenza or RSV demand. As of August, RSV cases have been detected and there has been an increase in child hospital activity for bronchiolitis, which is caused by RSV. While overall flu levels are still low, there have been some outbreaks.⁵

4 COVID-19 Preparing for the future – looking ahead to Winter 2021/2 and beyond, The Academy of Medical Science <https://www.gov.uk/government/publications/ams-covid-19-preparing-for-the-future-looking-ahead-to-winter-2021-2022-and-beyond-15-july-2021>

5 Public Health Wales Health Protection Division - Weekly Influenza and Acute Respiratory Infection Report <https://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=34338>

Combined challenges, including influenza

The timing and magnitude of potential influenza and COVID-19 infection waves combining during this winter are currently unknown, but mathematical modelling undertaken by the University of Warwick⁶ indicates the 2021-22 influenza season could produce pressures up to 90% greater than those seen in previous seasons.

Vaccination will be critical to help reduce morbidity and mortality associated with influenza and to reduce hospitalisations at a time when the NHS and social care may also be managing increased pandemic pressures. We have already begun the 2021-22 flu vaccine programme and are prioritising those groups who are most at risk of catching influenza and suffering severe outcomes or are at higher risk of infecting other people. It is our aim to achieve significant increases in uptake across all these groups compared to last winter, which saw the highest ever take-up levels.

Actions underway

A number of national enabling actions are already underway:

- NHS recovery funding has been provided for planned care – £140m in addition to the £100m already allocated.
- Social care funding (£48m) for recovery activity aligned to the Social Care Recovery Framework.
- £25m has been allocated to support the *Delivery of the Six Goals for Urgent and Emergency Care*, which was published in July 2021.⁷ The funding is being used to:
 - Implement urgent primary care centres across Wales to better manage demand in the community;
 - Roll out 111 nationally and increase the number of clinicians to provide remote advice/assessment and signposting;
 - Establish robust same-day, emergency care services to help avoid admissions to hospital;
 - Introduce new pathways to prevent people being admitted to hospital and to speed up discharge to a person's usual place of residence;
 - A new proactive approach to escalation to strengthen operational grip across health and social care teams.
- The Emergency Ambulance Services Committee has developed a delivery plan to help the Welsh Ambulance Service to better manage 999 demand, increase capacity, improve responsiveness and enable rapid improvement in ambulance patient handover.

⁶ Technical Advisory Group: winter modelling update 10 September 2021
<https://gov.wales/technical-advisory-group-winter-modelling-update-10-september-2021>

⁷ NHS Wales Six Goals for Urgent and Emergency Care
<https://gov.wales/sites/default/files/publications/2020-07/six-goals-for-urgent-and-emergency-care.pdf>

Working together and what we can all do

Throughout the pandemic, people, businesses, unions, the third sector, local authorities, other vital public services and many others have worked together to keep Wales safe. From staying at home, getting vaccinated, wearing face coverings to protect others, to isolating and getting tested if we have symptoms of coronavirus – all our individual actions have added up to help limit the number of people who have become seriously ill with COVID-19.

This collective response has underpinned our approach to the pandemic over the last 18 months. As we approach our second pandemic winter, we all still have a role to play. We need to continue to do all those simple things, which help to reduce the risk of contracting and spreading coronavirus. If we work together and continue to do these things, we will also help manage the risk of catching and spreading other serious respiratory viruses such as flu – as well as milder ones like colds.

We have set out in guidance⁸ how coronavirus spreads and the things we can all do to lower the risks we might face in different places and circumstances. The most important things include:

- Get vaccinated if you can – and have your booster jab when you're invited.⁹ The vaccine is our best protection from coronavirus. It's never too late to get vaccinated in Wales.
- Isolate and get a test when you have symptoms¹⁰ and avoid others when you're ill. Everyone – even if you've been fully vaccinated – will need to isolate for 10 days if your test is positive.
- Meet outdoors where possible, or in well ventilated places indoors. Open windows and doors to introduce fresh air – even doing so for short periods can help ventilate the place you are in.
- Limit the number of people you meet with and keep your distance from others wherever possible.
- Avoid crowded places where possible.
- Wash your hands regularly, sneeze into tissues or your elbow and keep surfaces, which lots of people touch, clean.

⁸ Alert Level 0: guidance for the public <https://gov.wales/alert-level-0-guidance-public-html>

⁹ Get your COVID-19 vaccination <https://gov.wales/get-your-COVID-19-vaccination>

¹⁰ Get tested for coronavirus (COVID-19) <https://gov.wales/get-tested-coronavirus-COVID-19>

- Wear a face covering¹¹ in crowded spaces or when you're not able to maintain a distance.
- Work from home whenever possible.

Wales has been able to move to alert level zero as a direct result of the collective efforts everyone has made. With fewer regulations in place, maintaining behaviours to protect ourselves and those around us, remains fundamentally important.

It is really important that we take responsibility for our general health and well-being in order to stay well and reduce the pressure on the NHS.

There are small steps we can all take to improve health this winter. These include being active physically, eating a balanced diet, limiting our alcohol intake and quitting smoking. It is also important we look after our mental health and know where to seek help if we are struggling.

We are working with partners to increase awareness of the small things we can all do to keep ourselves fit and well this winter, and to signpost people to the support available across Wales.

Each of the above actions we take as individuals has a small impact, but when added together they have a significant protective effect for us and people around us.

¹¹ Face Coverings: guidance for the public <https://gov.wales/face-coverings-guidance-public>

Vaccinations

The COVID-19 vaccine has changed the course of the pandemic and the high level of uptake across all age ranges in Wales means that, although the pandemic is not over, we are now living with fewer restrictions than at any time since the pandemic started in March 2020.

As we move into the autumn and winter months, vaccination will continue to play a crucial role. Our refreshed autumn and winter vaccination strategy, which will be published in the week commencing 11 October, will focus on the following four key areas.

Vaccinating the Most Vulnerable

Some people who are immunosuppressed due to underlying health conditions or medical treatment may not be able to mount a full immune response to the COVID-19 vaccination. They are being offered a third primary dose and will then be offered a booster vaccine later.

We have identified these groups and are working with their clinicians to ensure they are offered the vaccine during periods of minimum immunosuppression (where possible), when they are more likely to generate better immune responses. The third primary dose should ideally be given at least eight weeks after the second dose, with special attention paid to current or planned immunosuppressive therapies.

The Joint Committee for Vaccination and Immunisation (JCVI) has also advised that children and young people over 12-years-old who have specified underlying health conditions should be offered two doses of the vaccine unless they are severely immunosuppressed, in which case three doses will be advised.¹² We have begun to make this offer to eligible children and young people.

Vaccinating Children and Young People

The four UK chief medical officers recommended 12 to 15-year-olds are offered the COVID-19 vaccine after carefully considering the evidence and taking further advice from independent senior clinicians and public health experts.¹³ Vaccination of children and teenagers in this age group is underway in Wales – we expect everyone in this age group will have been offered an appointment by the end of October half-term”.

12 JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021 <https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021>

13 Recommendation from four UK CMOs <https://www.gov.uk/government/publications/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19>

Young people aged 16 and 17 have also been offered vaccination – more than 70% have taken up their offer. When they are three months from their 18th birthday, they will be offered their second dose.

The JCVI will be considering whether children and young people who are currently only eligible for one dose, should be offered a second dose, when further trial findings are available

Booster Vaccination

Uptake of the vaccine across the age ranges has been phenomenal in Wales and more people are getting their vaccines every day.

There is emerging evidence that vaccine efficacy wanes between six and eight months after the second dose, especially in older adults. The JCVI has therefore advised¹⁴ that people who received vaccination in phase one – priority groups one to nine – should be offered a COVID-19 booster vaccine no earlier than six months after their second dose. This includes:

- Those living in residential care homes for older adults.
- All adults aged 50 years or over.
- Frontline health and social care workers.
- All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the Green Book), and adult carers.
- Adult household contacts of immunosuppressed individuals.

Appointments for the booster programme began to issue from the week commencing 20 September. All health boards are vaccinating residents and staff in care homes and inviting others who are eligible to mass vaccination centres.

The JCVI has also made it clear it does not wish the rollout of the booster programme to interfere with or disrupt the deployment of the annual flu vaccination programme and has advised co-administration where this would lead to operational expediency. For Wales, this will mean co-administration may only be likely in care homes and for frontline health and social care staff.

¹⁴ CVI statement regarding a COVID-19 booster vaccine programme for winter 2021 to 2022
www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-booster-vaccine-programme-for-winter-2021-to-2022/jcvi-statement-regarding-a-covid-19-booster-vaccine-programme-for-winter-2021-to-2022

Nobody Left Behind

Efforts to increase take-up among who have not yet been vaccinated against COVID-19 continues, with a range of actions in place to enable easy access and build trust, for example using outreach vaccination and pop-up clinics in a targeted way.

Disparities in vaccination coverage between socio-economic, age groups and ethnic groups, as well as people from different international backgrounds, continues to be a focus for action. Efforts continue with groups and communities to address their reasons for any vaccine hesitancy, such as historical marginalisation and concerns regarding safety and potential long term effects on health. Examples include engagement events with religious/cultural groups, community leaders, webinars in various languages and 'Ask the experts' public events. The vaccine programme has made a clear commitment to ensuring equity of opportunity and access for all.

All those who have not had a first or second dose, especially younger people, where take-up is lower, continue to be invited to complete the full course, including via widely available walk-in clinics.

Vaccinating Pregnant Women

There has been a rise in the number of unvaccinated pregnant women being admitted to hospital suffering serious illness as a result of COVID-19. The COVID-19 vaccine can protect mothers and babies from avoidable harm. With growing evidence showing that pregnant women may be at increased risk of severe illness if they get COVID-19 compared to the rest of the population, particularly in the third trimester, the Royal College of Obstetrics and Gynaecology (RCOG) and the Royal College of Midwives (RCM) both recommend vaccination as one of the best defences against severe infection.

The Chief Medical Officer has appealed to pregnant women to say yes to the COVID-19 vaccine when offered and we have been working with Public Health Wales and health boards to share information with pregnant women and those who care for them.

Test, Trace and Protect

Our Test Trace Protect (TTP) service has played an essential role in helping to control the spread of coronavirus. Modelling undertaken for our Technical Advisory Group (TAG) indicated that TTP has been effective in limiting transmission and is more effective the lower the levels of the virus circulating (as more people can be contacted and traced).

Testing has merits in its own right as it supports the isolation of positive cases. Isolating as many positive cases as possible remains an important and proportionate response to the pandemic.

TTP is a crucial mitigation, which is why we have retained a legal duty for people to self-isolate. TTP has evolved during the pandemic and will need to evolve further to reflect the changed balance of harms, with the roll out of the vaccine and the reduction in hospitalisations and adverse outcomes. Isolation on symptoms and maintaining isolation following a positive Lateral flow or PCR test continues to be an important means of reducing case rates and the spread of the virus, which in turn helps to reduce the harms associated with COVID-19 and pressure on the NHS.

Modelling published by the Technical Advisory Group shows the largest effect from TTP comes from identifying symptoms, isolating, obtaining a test and maintaining isolation following a positive result. Speed throughout is essential. The subsequent effect of contact tracing is smaller but significant.

In August, the requirement for vaccinated adults and children and young people under 18 years of age to self-isolate if identified as a contact of a positive case was removed. This decision reflected the harms from self-isolation – economic, social and on mental health – balanced against the risks of contacts becoming positive cases. Technical Advisory Group modelling suggests this change could reduce the downward pressure on case rates equivalent to a reduction in R_t of 0.3, reflecting the relative importance of continuing to isolate positive cases.

The success of TTP has been built from the unique set-up of the contact tracing system in Wales, which has blended national Public Health Wales oversight and technical expertise, with local authorities and regional health boards using their local intelligence and knowledge to deliver the service on the ground. In recognition of our valued tracing workforce, we will extend the funding provided to TTP contact tracing teams until June 2022 to continue to interrupt chains of COVID-19 transmission throughout Wales.

We will review our position on contact tracing over the winter months and consider how we can maintain a contact tracing capacity to respond to variants of concern or local outbreaks in the future.

Test

This winter, we will maintain widespread community testing. Indeed, given the additional risks posed this winter from flu, we will increase testing for some high-risk groups by using a test which can detect both flu and COVID-19 (known as multiplex testing).

Our approach over Winter will continue to be based on:

- Test to diagnose, with the inclusion of multiplex testing.
- Test to safeguard, to also include multiplex testing for symptomatic cases in care homes.
- Test to find within the community.
- Test to maintain, ensuring resilience of services/psychological safety within education and workplace settings.
- Test to enable which will include testing requirements for the COVID Pass and international travel.

Testing capacity to support our testing purposes is at an all-time high and the laboratory network has been consistently delivering fast turnaround times. However, modelling indicates that if we experience a difficult winter, with high levels of respiratory viruses circulating, there is a risk that testing demand could exceed lab capacity across the UK. If this happens we may have to prioritise the use of PCR testing and look at how best we can utilise lateral flow tests.

In time, we hope our response to COVID-19 can be 'normalised' so that, in line with other winter viruses, testing will be undertaken for more limited purposes, such as for clinical diagnosis and surveillance.

Trace

Our local contact tracing teams through their dedication and professionalism have helped to break chains of transmission and supported people faced with the challenge of having to self-isolate. With the isolation of contacts no longer the default position – fully-vaccinated adults and under-18s no longer have to isolate if identified as a close contact by TTP – we will focus contact tracing where it can have the most impact. Our revised approach to contact tracing entails:

- **Protecting vulnerable individuals.** Rather than automatically following up all cases and their contacts in person, contact tracing teams will focus on identifying those who work in vulnerable settings (such as health and social care workers or emergency services) or who are not fully vaccinated.
- **Working towards digital by default.** We will automate more of our tracing via digital contact and target calls at those who require tailored advice. We will use behavioural insights to make every contact count including how to communicate the importance of vaccination when tracers interact with unvaccinated cases/contacts, and signpost accordingly.
- **Managing risks from international travel.** The increasing relaxation of international travel requirements poses a significant risk of importing cases and variants of concern from abroad. It remains critical that arriving travellers into Wales are contact traced to ensure those who are required to isolate are aware of their legal duty to do so. We will better utilise resource to follow-up those who do not respond to digital interventions to monitor compliance with mandatory testing arrangements.

Protect

The ultimate aim of TTP is to support self isolation in order to reduce and prevent onward spread. Identifying those who need to isolate is an essential element but so too is delivering the support that helps people to do the right thing and comply with that requirement. Supporting self isolation will continue to be a critical element of TTP, financial support remains through the self-isolation support payment and local authorities and the third sector continue to provide wider support mechanisms.

Local and regional response

Co-ordinated local action is at the heart of our approach to the pandemic and is reflected in the local prevention and response plans in place across Wales. These plans will be revised to reflect the guidance and regulations in effect for COVID-19 at alert level zero and the challenges facing the NHS and public services this autumn and winter.

Local authorities, the NHS and other local partners will continue to work together to maintain oversight of, and manage risks from COVID-19. Their strategic aim will be to maintain cases at a manageable level so they do not overwhelm the NHS.

These multi-agency partnerships will continue to provide support to businesses, educational settings, closed settings and critical services. Through contingency planning, they will ensure they can respond promptly and effectively to a local surge of COVID-19 cases. This could be driven by either waning immunity or the emergence of a new variant. Any response to localised pressures as a result of COVID-19 cases will need to be balanced against the five harms already discussed in this plan.

Any surge in COVID-19 cases would initially be addressed by an enhanced local or regional response, but the alert level framework provides us with flexibility to put regulations in place at local, regional or national level. We hope we will not need to introduce new restrictions but if they become necessary we will carefully consider the proportionality of any measures. Our revised indicators, described at annex A, coupled with local intelligence and professional expertise, will determine whether further action is needed.

Baseline Measures at Alert Level Zero

We set out the baseline measures at alert level zero in our update to the *Coronavirus Control Plan* in July. We have reviewed these as we enter autumn and winter to ensure they remain proportionate. In addition to retaining the baseline measures, the COVID Pass will become mandatory for some events and premises from 11 October.

Coronavirus Risk Assessments and Reasonable Measures

We have retained the legal requirement for businesses and other organisations to carry out a coronavirus-specific risk assessment and to put in place mitigations to minimise risks. Guidance has been provided to employers, businesses and other organisations¹⁵ to help identify and manage risks from coronavirus. This includes common risks and mitigations that all premises and events should consider, including ventilation, managing pinch-points, and physical distancing where possible. We will be working with stakeholders further to ensure their sectors' awareness of all the reasonable measures, such as ventilation, is fully understood. Action cards¹⁶ have also been published to highlight specific risks and reasonable measures that can be put in place for particular sectors or premises.

Businesses and other organisations will continue to need to provide information about the risks and measures taken on premises as we move into the autumn and winter. In addition, there is a specific obligation on employers to consult and inform their employees about the risks identified in these risk assessments and of the reasonable measures taken to minimise them. Maintaining or improving the reasonable measures being taken will remain important over the coming months.

As has been the case over the last 18 months, local authority public protection services across Wales will continue to proactively advise and support businesses and other organisations to manage coronavirus risks. They will also react to local complaints and other intelligence and advise businesses about improvement measures and, where necessary, they will take enforcement action, which may include issuing fixed penalty notices, premises improvement or closure notices or directions powers for premises, events and public places.

¹⁵ Alert level 0: guidance for employers, businesses and organisations
<https://gov.wales/alert-level-0-guidance-employers-businesses-and-organisations>

¹⁶ Reasonable measures action cards for businesses and organisations: coronavirus
<https://gov.wales/reasonable-measures-action-cards-businesses-and-organisations-coronavirus>

NHS COVID pass

The COVID Pass is one of the reasonable measures venues and events can introduce to mitigate the risk of coronavirus at alert level zero. It allows people to provide evidence they are fully vaccinated or they have had a recent negative test result. The COVID Pass is different to vaccine certification as it also includes test results, giving people who cannot be vaccinated; have not yet been vaccinated or do not want to be vaccinated an alternative.

The UK Government has reported¹⁷ more than 200 premises are using the COVID Pass domestically and many live venues and events across Wales have used it successfully. It is recognised across the EU, where equivalent schemes cover a wide range of different places from restaurants to cinemas and theatres.

From 11 October, adults aged 18 or over in Wales will be required to prove, by using the COVID Pass, that they are either fully vaccinated or have had a negative lateral flow test if they wish to enter the following premises:

- Nightclubs and similar venues.¹⁸
- Indoor, non-seated events for more than 500 people, such as concerts or conventions.
- Outdoor non-seated events for more than 4,000 people.
- Any setting or event with more than 10,000 people in attendance.

These are classed as “higher-risk” premises and events because it is not as easy to introduce reasonable measures, such as ventilation or social distancing to mitigate against the risk of coronavirus. There is also some evidence of so-called super spreading events associated in the UK and globally with nightclubs, sports events, and festivals¹⁹.

The compulsory use of the COVID Pass as a condition of entry will help to minimise – but not remove – the risks of people infected with coronavirus entering and spreading the virus at busy venues and events.

It is important to note the use of the COVID Pass, in and of itself, will not remove all the risks associated with these venues. It will be important for people attending events and venues to continue to exercise caution and premises should consider what other reasonable measures they can put in place to reduce the risk to staff and attendees further.

¹⁷ COVID-19 Response: Autumn and Winter Plan 2021

<https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021>

¹⁸ These venues are places which serve alcohol and play music for dancing, if they are open at any time between midnight and 5am.

¹⁹ Technical Advisory Group: advice for nightclubs and adult entertainment venues

<https://gov.wales/technical-advisory-group-advice-nightclubs-and-adult-entertainment-venues>

Different systems are in place across the UK. The COVID Pass will be compulsory for the premises and events listed above in Wales from 11 October; its use will be discretionary in England – some venues and events will choose to use it. In Northern Ireland, the COVID Pass is being recommended. In Scotland, vaccine certification is will be compulsory from 18 October, which means only people who are fully vaccinated will be able to enter certain venues and events.

Working from Home

We continue to ask everyone who is able to work from home to carry on doing so. This is particularly important when case rates in the community are high, as contacts in the workplace can be a significant driver of transmission. Working from home is one of the key protective behaviours that can help minimise transmission rates.²⁰

By continuing to work from home wherever possible, we are able to provide more freedoms in other areas. Working from home is not possible for everyone and there may be reasons people need to be in the office or workplace. We recognise there are both benefits and disadvantages from homeworking, including the risk of exacerbating inequalities. As rates of coronavirus decrease, we want to move to a hybrid working model in those sectors where it is a possibility.

But with high rates of community transmission and risks to the NHS we ask that any phased return to offices and workplaces, where there impacts on businesses are manageable, is delayed to help us through the winter period.

It is very important that if people have symptoms of coronavirus or if you are unwell generally, please do not come into work. Supportive sickness and working-from-home policies can help prevent the spread of coronavirus – and other viruses – in workplaces, which could lead to outbreaks and even more people having to self-isolate or falling seriously ill. The potential impacts of other respiratory viruses, such as flu, could also be mitigated by supportive policies.

²⁰ Consensus statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O) for the Scientific Advisory Group for Emergencies (SAGE), 30th June 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000410/S1298_SPI-M-O_Consensus_Statement.pdf

Face coverings

The use of face coverings in indoor public places will remain a legal requirement while transmission remains high and throughout the autumn and winter. Approaches to face coverings in education settings are set out in the published education frameworks.

If conditions improve significantly, we will review our position on face coverings, although we expect the requirements on public transport, in retail settings and in healthcare settings to be in place for some time to come.

Education and childcare

The situation is now very different in comparison to the start of the pandemic. We know a lot more about the virus and what makes someone more or less vulnerable to serious illness when infected with COVID-19, and this has allowed us to adapt our advice and approaches to the changing circumstances. Despite the challenges the winter period poses, we expect childcare (including Flying Start) and play settings, schools, colleges and universities to remain open. This means our education and childcare workforce are being asked to attend work and are not always able to work from home. Supporting the learning and development of all children and young people is a priority, and education provision is an essential service.

Education settings are controlled settings and therefore not considered high risk. The balance of harms has been an important consideration in prioritising in-person learning. This is because we have seen the negative impact on children, young people and adult learners from the disruption to education and childcare over the last 18 months. This has affected their learning, development and mental health and wellbeing. We are placing children's rights and the right to access education at the centre of our plans. To that end we will strive to avoid disruption to wider services for children and young people, and their families, including youth services and supervised activities where any risks are mitigated to enable children to attend.

It remains vital that if a child, learner or member of staff tests positive for coronavirus they should not attend the childcare or education setting, and anyone over five years old with coronavirus symptoms should get a test. The continued emphasis on good hand hygiene and effective cleaning and ventilation measures will continue, along with the use of risk assessments as a basis for informing mitigating measures at local level. We have also made available additional asymptomatic testing for secondary, further education and higher education learners and staff where they are a close household contact which we expect learners and staff to use to help keep our education settings as safe as possible. This means we can identify cases early and stop them spreading. However it also means that young people may be disproportionately shown to have positive cases compared to older age groups; the more you test the more cases you find.

Guidance has been provided to support childcare and play work settings, including Flying Start providers, as they continue to operate, and schools, colleges and universities have frameworks in place to enable them to respond to and manage the position in their local area. This is important, as we know different settings will face different challenges over the coming months, and that flexibility to adapt approaches will ensure our children and young people can continue their learning.

The best way to manage personal risks is to take up the offer of vaccination, and we encourage those eligible for vaccination to take up this offer. The vaccination programme for 16 and 17-year-olds; for children with underlying health conditions and for 12 to 15-year-olds is underway. Students studying in Wales are also being encouraged to take up the vaccine offer and register with a GP. The intention of the vaccination programme is to protect health and minimise further disruption to education during the pandemic.

International Travel

Border health measures to help reduce the risk of importing new coronavirus infections, especially new variants, as a result of international travel are an important defence.

There is growing confidence that being fully vaccinated helps to reduce a person's risk of becoming infected after being exposed and may reduce the ability to transmit the infection to others. However, not all those wishing to travel will have completed their vaccination programme and globally the figures for those who are fully vaccinated remain low.

New variants present one of the biggest risks to the success of our vaccination programme and to keeping cases at a level that does not put unsustainable pandemic pressure on the NHS. If a new variant, especially one which evades our vaccines, establishes itself in the UK, we could once again see high levels of serious illness, hospitalisations and deaths.

This is why the Welsh Government, together with others, have consistently urged the UK Government to take a precautionary approach towards reopening international travel.

Where possible and where there is rationale in public health terms, we have sought to align our border health measures with the other three UK nations, particularly in respect of England – the vast majority of people in Wales will use an English airport or port when travelling overseas.

We will continue to work across the UK to agree common safeguards to reduce risks from international travel. Testing and certain quarantine requirements for arriving international travellers currently remain in place and we believe any future changes need to be focused on public health advice and assessment of risk.

Welsh residents who have been fully vaccinated can obtain a vaccination certificate via our digital service. This enables people to view their vaccination status and to download the certificate for use when travelling internationally. This information is equivalent to that provided by the NHS app in England. Paper certificates are also available for people who cannot or do not want to use the digital option.

What could happen with COVID-19 over the winter

There is uncertainty about the course of the pandemic over the winter – this is an unpredictable virus, which has repeatedly surprised us. We are approaching the peak of the delta wave as we enter the autumn and we face a difficult winter ahead, with the prospect of a bad flu season and other seasonal illnesses. However, there are also grounds for optimism – we hope cases of coronavirus will decline and pandemic pressures will recede.

We will put plans in place to respond quickly to a wide range of scenarios which may emerge over the coming months ahead.

In this section, we describe two main scenarios – **Covid Stable** and **Covid Urgent** – and the measures we will take to control rates of transmission should pandemic pressures on our NHS become unsustainable. These build on the lessons learned over the last 18 months.

Covid Stable: A difficult winter and transition to a new normal in 2022

In the **Covid Stable** scenario, we are beginning the transition phase towards coronavirus becoming one of the many respiratory viruses, which we manage as part of “business as usual”. This does not mean it will go away or stop making people ill. We will still see outbreaks and epidemics, especially in the unvaccinated populations, which could spill-over into vaccinated groups.

These outbreaks may be more likely in the autumn and winter as people move indoors, where the risks of transmission are much greater.

We are not yet in a situation where enough of the population of Wales has immunity – either through vaccination or prior infection – that the current epidemic will shrink without some controls being in place.

We will therefore maintain the current baseline measures at alert level zero, to try and prevent the level of exponential growth that we have seen in this delta wave and in previous waves, which, if left unchecked, could lead to unsustainable pressure on our NHS.

Under this scenario we may continue to see fluctuations in cases over the autumn and winter. While case rates may reach or exceed previous peaks, thanks to the success of the vaccination programme and the protection from the vaccines, we do not expect to see the same level of pandemic pressures on the NHS as we saw in winter 2020. If even more people get vaccinated, we can expect fewer people to fall seriously ill and more lives to be saved.

Our vaccination programme has been a huge success, but the absolute numbers of those who remain unvaccinated is still large (for example around 150,000 people aged 18 to 29 and 100,000 people aged 30 to 39 in Wales are not fully vaccinated). With the highly-transmissible delta variant circulating at high levels in Wales at the moment, this is a significant pool of people who are potentially at risk of catching and spreading the virus.

There are some additional measures, which we can consider putting in place in the **Covid Stable** scenario if we need to. These include less-intrusive measures, which will enable all businesses and other premises to remain open. If conditions improve, measures could be relaxed:

- Non-legislative frameworks put in place by organisations and sectors, which can flex with the local situation, such as the framework in place for education.
- If further action is needed:
 - Extending the mandatory use of the COVID Pass to other settings, learning from the experience of other countries where similar measures have helped to control transmission without closing places.
 - Consider introducing vaccine certification, subject to equality and ethical issues being mitigated.
- If conditions improve significantly:
 - Removing the legal requirement for the use of the COVID Pass for some or all settings.
 - Removing the legal requirement for face coverings in some or all settings.
 - A gradual move from working from home to a hybrid model of working could be advised.

Covid Urgent: Unsustainable pressure on the NHS from COVID-19

Covid Urgent describes a scenario in which we could have to take urgent action if we once again experienced similar pandemic pressures on the NHS as we did in winter 2020, when the alpha (Kent) variant was the dominant form of the virus.

There have been many unpleasant twists and turns to this pandemic – and we must prepare and plan for more. **Covid Urgent** anticipates a deteriorating public health situation caused by a new, emerging variant, for example, or rapidly waning vaccine immunity – both factors, which could give rise to a sudden increase in serious illness, hospital admissions and deaths from COVID-19, putting unsustainable pressure on the NHS.

Should such a scenario arise, where there was such a threat to public health and people's lives and that pandemic pressures were such that health service was at risk of being overwhelmed, we would have to consider restrictions again.

In such circumstances, the alert levels system remains in place – these will remain an option of last resort. The different alert levels – they range from zero to four (lockdown) – offer different scales of response. Any future use of the alert level system would be proportionate to the specific risk. For example, if the issue was waning immunity, it may be necessary to put in place restrictions for the time it takes for a booster programme to be completed.

There is a very significant cost to introducing restrictions on people's freedoms and rights, as well as on public services, businesses and other organisations, which people rely on. These costs increase with the level of restrictions imposed. The cost is not just financial but also felt in terms of people's physical and mental health and their wellbeing. Moreover, these impacts do not fall equally across the population and, throughout the pandemic, restrictions have exacerbated underlying inequalities. We have taken and will continue to take these considerations into account in any decisions we make.

While we do not think measures under a **Covid Urgent** scenario will be necessary this autumn or winter, we cannot completely rule them out as a last resort.

As noted earlier, there are also scenarios in which NHS pressure increases though the winter from non-Covid factors – these issues are considered as part of seasonal winter planning. A winter plan will be published on 21 October.

Support for business

Since April 2020, the Welsh Government has provided more than £2.6bn to support Welsh businesses, in a package that has been designed to complement and build on the support provided by the UK Government.

The Welsh Government has provided more than £400m of business support over and above Wales' share of UK Government spending on business support in England. This targeted approach, focused particularly on backing small businesses and Welsh communities, has helped protect hundreds of thousands of Welsh jobs which might otherwise have been lost.

The most recent package (£55m) of the Economic Resilience Fund consisted of emergency support for businesses which were still affected by restrictions and included a top-up for the most impacted businesses as alert level one was phased in. It covered certain operating costs until the end of August. Separately, the second phase of the Cultural Recovery Fund has delivered £30m between April and September 2021.

We have provided all businesses in the retail, leisure and hospitality sectors with a rateable value of up to £500k with a business rates holiday until April 2022. And we have retained funding in this financial year if further emergency business support is needed.

We are also continuing to support businesses through, amongst other things, our Economic Futures Fund, the Foundational Economy fund, the Development Bank of Wales, all alongside the support and advice of Business Wales.

Indicators and criteria for monitoring

As the pandemic evolves and we learn to manage coronavirus alongside other respiratory viruses, how we monitor it will change. We will continue to publish a COVID-19 situation report every fortnight during the autumn and winter, but this will be kept under review.

The basket of indicators and supporting information that we use will help us understand the following questions:

1. What impact are COVID-19 and other respiratory infections having on population health and the NHS and social care in Wales?
2. Are people in Wales vaccinated, and do they have protection from the circulating variants?
3. What's the situation in key settings, such as schools, colleges, universities, and prisons?
4. What is the international situation?

A list of the key indicators being monitored is at Annex A.

Communications and public health promotion

We are committed to keeping the people in Wales informed about the latest public health situation and our policies to address COVID-19. We will continue to use all the communications channels available to us, including media engagement, social media and advertising to keep people up to date.

With fewer restrictions in place since the move to alert level zero in August, our communications have focused on collective responsibility and the need for everyone to maintain the key behaviours to prevent the spread of the virus. This approach will continue.

Our message remains clear – the threat from COVID-19 has not gone away. Everyone has a role to play in helping to stop transmission, to protect the NHS this winter and to help avoid restrictions being re-imposed. The need for businesses to review their risk assessment, to take all practical reasonable measures and enforce them will also be a feature of our communications.

These messages will continue to be reflected in our media activity, our social media output and our ongoing Keep Wales Safe campaign.

As has been the case throughout the pandemic, our advice to the public is informed by behavioural science, and will promote the key behaviours as set out in the Covid Code in TAG's recent paper *Sustaining COVID-safe behaviours in Wales*.²¹

We will share all of our campaign assets with stakeholders and partners for use on their communications channels to amplify the reach of messaging to a range of audiences, as we have done successfully throughout the pandemic. More than 290 stakeholders receive assets and messaging updates and our brand surveillance has shown more than 1,100 organisations have used #KeepWalesSafe on their social media channels.

The promotion of the vaccination programme will continue, with focused activity planned to support the booster programme and to provide clear, child-friendly information to help 12 to 15-year-olds and their parents and carers to make an informed decision about the offer of the vaccine.

21 <https://gov.wales/technical-advisory-group-sustaining-covid-safe-behaviours-wales.html>

To help people improve their health and wellbeing, we will use a range of communications channels to signpost people to support and offer ideas to encourage small lifestyle changes. This will include providing information at vaccination centres about the steps people can take to stay well this winter, and a series of videos focused on “five steps to keeping healthy” which will be promoted widely.

The wider UK context will continue to be taken into consideration and we will align with the other UK administrations when it is appropriate to do so, and if necessary, communicate why our policy response is different.

Conclusion

In this document we have outlined the key measures we will keep in place over the autumn and winter, which we will use to respond to the pandemic as it evolves. We will retain the alert level framework as a contingency of last resort. This will allow us to act quickly and proportionately if we are faced with scenarios which are putting unsustainable pressure on the NHS, such as the emergence of a new variant that evade current vaccines.

The success of the vaccination campaign and the continuing efforts of people to keep themselves and Wales safe, means we have hope that we are on the path to moving beyond the pandemic phase to coronavirus becoming one of the many respiratory viruses we manage as part of 'business as usual'.

Annex A

Question 1: What impact are COVID-19 and other respiratory infections having on population health and the NHS and social care in Wales?

Transmission, incidence, prevalence of COVID-19 in Wales:

- COVID-19 case estimates (Public Health Wales (PHW), Office for National Statistics (ONS)).
- COVID-19 reproduction number estimates (Joint Biosecurity Centre (JBC)).
- COVID-19 medium-term projections of cases, hospital admissions and deaths (UK Government Scientific Pandemic Influenza Group on Modelling (SPI-M); Scientific Advisory Group for Emergencies (SAGE)).
- GP Sentinel Surveillance (evidence from GPs on Flu and Respiratory Syncytial Virus (RSV)).
- SARI – Surveillance of (severe) acute respiratory infection (PHW).
- Syndromic surveillance i.e. NHS 111 calls and NHS direct (PHW).
- Mobility estimates.

Supporting information will be provided on wastewater, incidence/prevalence of COVID-19 and Long-Covid (ONS) and outbreak reporting in settings.

Transmission, incidence, prevalence of COVID-19 in the UK

- Indicators as above (UK Government Cabinet Office, JBC).

Variants

- Evidence about variants present in Wales and their impact on transmission and health outcomes. (PHW) Supporting information is also in development for Wastewater monitoring in Wales.
- Consideration about whether any variants under investigation or variants of concern could impact the effectiveness of the vaccine.
- Percentage of variants which cannot be linked to travel.

NHS capacity

- NHS bed occupancy – COVID-19.
- NHS bed occupancy – overall.

Supporting information about NHS staff absences and wellbeing from local and national sources.

Social Care

- Outbreaks in care homes and other closed settings for vulnerable individuals.

Supporting information will also be provided from local intelligence.

Question 2: Are people in Wales vaccinated and do they have protection from the circulating variants?**Vaccination take-up**

- Vaccination take up by age (PHW).

Population level immunity estimates

- Immunity estimates from vaccination and infection (Welsh Government Technical Advisory Cell).

Hospital admissions and mortality

- Age breakdown for current hospitalised cases.
- Age breakdown for current hospitalised cases in invasive ventilated beds.
- Vaccine status for current hospitalised cases in invasive ventilated beds.
- Age breakdown for deaths with COVID-19.
- Vaccine status of deaths with COVID-19.

Question 3: What's the situation in key settings, such as schools, colleges, universities, and prisons?

Intelligence will be received from local and national sources.

Question 4: What is the international situation?**International arrivals**

- Number and percentage of positive travellers by country status.
- Countries travelled through by travellers.
- Numbers of travellers by arrival date.

Supporting information will also be provided by the JBC International Risk Assessment.