

OFFICIAL: SENSITIVE – NOT GOVERNMENT POLICY

“LOCKDOWN” IN LONDON: scoping note by the Secretariat

We need to consider urgently what further steps can be taken if scientific and medical advice is that these are necessary to slow the spread of the virus in order to protect the NHS in London.

2. The measures announced on Monday 16th March are based on:

- (i) isolation at home of symptomatic individuals and other members of households where an individual displays mild symptoms;
- (ii) advice to the general population to “socially distance” by working from home where possible, avoiding social mixing at home or in a leisure context and varying use of public transport;
- (iii) particularly strong guidance to more vulnerable groups to comply with this social distancing advice.

3. Compliance in all cases is voluntary. For the social distancing measures at (ii) and (iii) the advice is couched as reducing or avoiding the activity where possible, rather than an injunction to avoid the activity in all but extreme circumstances.

Options

4. Some of the options we could pursue include the following. These all require swift modelling of their effect through the SAGE process:

- A. asking the public to avoid travel and attending work altogether. This could mean advising individuals against all travel on public transport and only working from home, i.e. not travelling to work unless they are a designated key worker. There would need to be exceptions: travelling for essential medical treatment unrelated to C-19, or for essential caring responsibilities;
- B. reduction of service levels on public transport, and/or restricted access for certain categories of individual; and reducing or stopping both national and international travel into London: this could involve the partial or full closure of airports;
- C. the closure of all retail outlets, with the exception of a designated amount of shops selling groceries, medicine and other essential supplies and petrol station. This could be accompanied by measures to restrict access to individuals in vulnerable groups;
- D. closure of all restaurants, bars, places of entertainment and public spaces (including museums, galleries, community centres etc.);
- E. restricting or banning the use of taxis and other private hire facilities (e.g. Uber) except in prescribed circumstances (non-C-19 medical emergencies; essential caring responsibilities; key worker travel to work);

F. closure of schools, colleges and other learning institutions (although measures might be needed to ensure that schools could continue to open to serve as a childcare facility for the children of key workers).

5. These measures are all based on a strengthening of restrictions on activities either by encouraging people to avoid them (e.g. travel) or restricting supply (e.g. non-essential retail goods). We could also take the approach taken in France, of imposing a curfew after which individuals would need a justification to be outside their home.

6. There are (at least) three other major questions that need working through if this set of measures, or a version of them, were adopted:

(i) **key workers** would need to be able to move around: we would have to define this list. It would need to include NHS workers (not just clinicians and nursing staff, but other staff essential to keep hospitals running); social care workers; key transport and logistics workers (individuals necessary to run skeleton public transport services, ensure security of food supply chains and so on); emergency services staff; and CNI workers, as well as some Government functions;

(ii) decisions on what **skeleton transport services** needed to operate to allow key workers to move around or cater for emergencies;

(ii) we would need to decide **whether to advise compliance, or to compel it** through the law. This, together with the “mix” of any further measures, has significant implications for implementation from a guidance and comms-led approach to or a major logistical and legal exercise (through directions to the public, reduction in services, mandated closure of businesses and so on).

Implementation and next steps

7. To develop this into a plan we need (at least):

(a) advice from **DHSC and SAGE** on what additional social distancing/restrictions would help slow the rate, and which are recommended;

(b) a proposal from **MHCLG, DfT and Home Office** on how any recommended approach could be operationalised quickly, working with and through the Mayor and TfL;

(c) advice from **HMT and BEIS** on the economic consequences and mitigations of the measures;

(d) advice for the CDL's **public services implementation group** on key workers.

Cabinet Secretariat
17 March 2020