

Measures

Measure	Potential Impact as modelled	Readiness and Recommendation
Advice for people who have symptoms - to protect the population and the NHS		
Individuals stay at home	Delay. 2-3 weeks delay to peak Reduction in peak incidence of maybe 20% (uncertainty range at least 15-25%) Modest impact (<5%) in reduction of cases and deaths	IMPLEMENTED
Household stay at home	2-3 weeks delay to peak Reduction in peak incidence of maybe 25% (uncertainty range at least 20-30%) Modest impact (<10%) in reduction of cases and deaths	Should be implemented within one week, and as soon as implementation steps are ready
"Shielding" advice for vulnerable groups, to protect themselves [CMO paper]		
Advice to specific groups: 70+ and those with specific conditions (including pregnant women)	Negligible impact on delay to peak Reduction at peak of maybe 25%-35% in deaths and demand for hospital beds and critical care beds 15-35% reduction of cases and deaths	Advice to these groups should be provided as soon as possible
Shielding the most vulnerable	TBC	Should be implemented within one week, once full support package is ready to implement
Advice for the whole population, to slow the spread and to protect the population and the NHS		
Social distancing for all	3-5 week delay to peak Substantial reduction in peak, up to c.50-60% Around 20-25% of cases and deaths.	Advice on 'soft' social distancing should be provided to the public as soon as possible
Steps the Government can take to slow the spread and protect the population and the NHS		
Stopping large events	Very little impact on its own	Announcement to be considered alongside 'soft' social distancing policy
Closing schools	No more than 3 weeks delay to peak and possibly much less c.10%-20% reduction in peak hospital demand with closures of 8-13 weeks (if children have similar role in transmission as in pan flu) Modest (<5%) reduction in cases and deaths	Decision to be taken later this week
Flights	TBC	Decision to be taken later this week

Summary: decisions for today and tomorrow

You announced on Thursday 12 March the first measure aimed at delaying the spread of Covid-19: individuals stay at home when they experience mild symptoms. SAGE now suggests that the rate of infection is accelerating faster than previously anticipated. We recommend that you now take decisions to implement the next stages of the 'delay' plan to delay the peak and protect at greater risk of serious illness.

Clinical advice is that household isolation, shielding of the vulnerable and 'soft' social distancing - measures 1-4 below - should be brought in by the end of this week.

1. Household stay at home: when any member of a household is symptomatic, the whole household should stay at home for 14 days. **This should be implemented by the end of the week at the latest, but earlier if implementation steps are ready.**
2. Advice to specific groups: (i) 70+ (regardless of medical conditions); (ii) under 70 with defined long-term medical conditions; (iii) pregnant women: advice should be updated to ensure the risks to these groups are publicly clear. **This should issue ASAP.**
3. Shielding of the most vulnerable: Those in the highest risk groups should be contacted directly with advice to self-isolate at home and minimise all contacts. **This should be announced and launched within one week, once the full package of support is ready to implement.**
4. 'Soft' social distancing: members of the public should start to reduce social contact where they can - for example, encouraging home working, not taking unnecessary trips, not going into crowded areas when unnecessary. **Advice should issue as soon as possible this week.**
5. Mass gatherings: that you announce that events where over a specified number of people could attend should not proceed. We should discuss what the right number of attendees should be as it closely interacts with your decision on soft social distancing.

DECISION 1: Household stay at home

Recommendation: that you decide to introduce the ‘household stays at home’ policy within one week (and as soon as it is ready to be implemented). This would build on ‘individuals stay at home’ policy announced on 12 March.

Policy: All individuals in a household should stay at home for 14 days from the day a member of the household becomes symptomatic. From the day that symptoms appear, an individual should then stay at home for 7 days (but could leave the house after that period, whether this is within the 14 days or later). If an individual remains asymptomatic, they can leave after day 14. (e.g. 3 days asymptomatic + 7 days symptomatic = 10 days at home).

Comms and implementation: This policy should be announced as soon as it is ready to be launched and within one week at most. This will require PHE, NHS and others to work rapidly on the implementation and support measures for isolated households (e.g. food shopping); implementation in atypical settings (e.g. care homes, prisons); support for those missing work (beyond Budget measures e.g. on Statutory Sick Pay); NHS 111 online and telephone algorithms and scripts.

Atypical settings: DHSC, DfE and MoJ are working up comms and implementation plans to support the wider guidance for atypical household settings including care homes, custodial settings, Approved Premises, children’s care homes, independent schools, boarding schools, FE colleges with accommodation and university halls.

DECISION 2: Vulnerable groups

Recommendation: that you agree to:

- a) Update advice to specific groups to ensure the risks are clearly articulated:**
 - i) 70+ (regardless of medical conditions)
 - ii) Under 70 with defined long-term medical conditions (based on flu risk)
 - iii) Pregnant women
- b) Introduce shielding of the most vulnerable within one week, once the full support package is ready to implement.** This will involve contacting these individuals directly with advice to self-isolate at home and minimise all contacts.

(a) is aimed at all over 70s (9.2 million UK); and those with identified chronic health conditions that are under 70 but not in the highest risk category (approx 8 million UK). These individuals should do activities that promote health and wellbeing but avoid contact with others as much as possible by keeping 2m away from others if possible. There will be individual judgments to make when adapting behaviour. People who are 'social distancing' will be advised to work from home if possible, but could go to work. Activities like outdoor exercise should be encouraged, but people would be discouraged from spending time in busy places.

(b) is aimed at very high risk people of all ages who may be immunosuppressed or have other very specialist conditions. Estimated to be 1.2-1.5 million people (across the whole UK population) and could be identified between clinical reference groups, NHS SUS data and cancer registries. These individuals would need to stay at home for 13-16 weeks. This group consists of people: with moderate to severe respiratory disease; who require respiratory support, with a disease resulting in significant immunosuppression, requiring medications that result in significant immunosuppression (including many cancer treatments), who have a multisystem disease which will result in multi-organ issues, end-stage disease, and with moderate to severe frailty. GPs should also have the discretion to advise certain people who do not automatically fall into category to follow the advice for intervention 3. GPs will contact all people who are at very high risk directly.

DECISION 3: 'Soft' Social Distancing

Recommendation: That we launch a 'soft' social distancing policy as soon as possible this week, where the population would be advised to reduce non-essential social contact.

Detail: Social distancing for the whole population is the single most effective measure. However it comes with significant economic and social impacts. The DHSC paper sets out a range of types of 'social mixing' and the potential impact of reducing each of these.

The advice would likely recommend working from home where possible, not travelling unnecessarily and not going to crowded spaces. The effectiveness of each of these measures varies; the CMO is considering which would be the most effective.

This measure interacts with the advice for vulnerable groups, and the policy choices on mass gatherings.

Comms: This would require guidance to the population and to business, including examples of what should be scaled back. Significant Q&A would need to be prepared, including advice for business.

DECISION 4: Mass gatherings

Recommendation: that you announce that events where over a specified number of people could attend should not proceed. We should discuss what the right number of attendees should be as it closely interacts with your decision on soft social distancing.

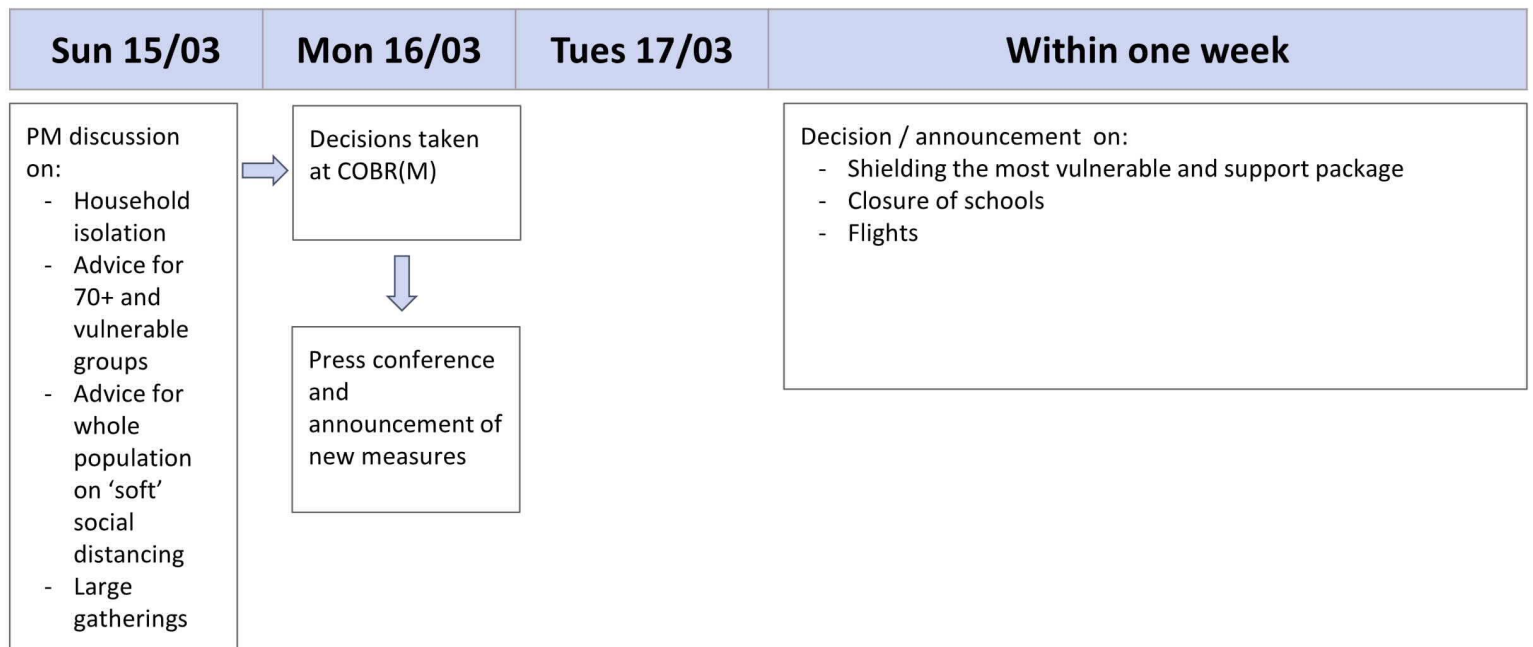
Detail: This is a complex decision. The scientific advice is, broadly, that banning mass gatherings has very little effect in itself on the spread of the virus. However there are three broad reasons for a ban.

- Resilience of public services - lightening the load on the police and health services in particular. This becomes acute as the peak approaches.
- Ancillary effects of public gatherings - if we are signalling to the public that we wish them to avoid unnecessary travel and to socially distance more generally it risks being counterproductive to send a signal that larger gatherings should proceed.
- Maintaining public confidence - given widespread banning of public gatherings abroad, and the downward trend on the limits being placed on the size of gatherings, there is a risk that public confidence in other public health communications is reduced if we are not seen to act.

Implementation: There are some significant decisions to take:

- Size of public gathering. Pages one and two of the DCMS note set out the options from events where emergency service presence is required (which might catch events of 2000 or more) to much smaller gatherings down to 500 (which would have a greater impact on the entertainment industry).
- Compensation - HMT are considering the options here. There is a choice about whether to maintain income streams or simply seek to keep businesses afloat.
- Faith groups - there is a specific issue about whether any ban or strong advice would apply to religious gatherings
- Compulsion vs advice - the emergency bill will give us powers to ban. Our current favoured approach would be to provide strong advice - this interacts with the advice on compensation which HMT are exploring.

Timeline of decisions / announcements



Notes Summary:

No speaker notes are contained in this presentation.