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COVID-19 OPERATIONS COMMITTEE 21(61)

14 JUNE 2021

COVID-19 OPERATIONS COMMITTEE

COVID-19 RESPONSE: STEP 4 OF THE ROADMAP

PAPER BY THE COVID-19 TASKFORCE

SUMMARY

1. The *COVID-19 Response - Spring 2021* (Roadmap) set out a cautious four-step process to ease restrictions. The Roadmap set 21 June as the earliest date by which step 4 would be taken, subject to the four tests being met. The Roadmap set out the ambition at step 4 to lift 1m+ social distancing requirements, remove all gathering and capacity limits and reopen those businesses which remain closed, subject to the outcome of the reviews established in the Roadmap.

2. The four tests have been analysed and have not all been met (see assessment at **Annex A)**. Therefore, on 13 June, a Prime Minister chaired COVID-O **agreed** the following (see summary table in **Annex B**):

    a. **that there will be a pause of four weeks until 19 July before moving to step 4 with a review against the four tests on 12 July;**

    b. **to extend relevant regulations due to expire before 19 July to midnight at the end of 18 July;** and

    c. **that there will be a data review after 2 weeks.** If we can see a clear sign in the hospitalisations and case data that we can sustainably meet the four tests at that point we could move to step 4 at an earlier date.

3. **As a result of these decisions, there are a set of issues that arise from pausing that required decisions. On this basis, COVID-O agreed:**

    a. **to extend the current asymptomatic testing offer to 31 July;**

    b. **to extend the current support for self-isolation to 30 September**;

    c. **to amend restrictions on wedding ceremonies, receptions, and commemorative events,** to remove 30 person gathering limits on COVID-secure venues; maintain a venue capacity based on social distancing, table service and other restrictions. Remove the numerical cap for these events elsewhere, including private gardens (with the exception of indoors in private homes) with a requirement for organisers to take

precautions including completing a risk assessment and facilitating social distancing; and to amend the rules governing funerals to align with this approach;

d. **to conduct a further phase of events pilots to test COVID-status certification**, and amend the regulations to permit this, specifically to allow 10-15 large events (some over multiple days) planned post-21 June to go ahead at higher capacities with attendees demonstrating Covid status, including Euros fixtures, through an expansion to the Events Research Programme**;**

e. **to reduce the number of restrictions in adult social care settings by adopting a more permissive approach to essential care givers, and removing the requirement to isolate for 14 days after most visits out or following admission from the community;** and

f. **to amend guidance to allow out-of-school settings to organise residential visits in 'bubbles' of up to 30 children (up from six).**

4. **As a consequence of these decisions, we will also delay the publication of the Social Distancing review, Certification review and Events Research Programme until we announce that we are proceeding to step 4.**

RATIONALE FOR THE PAUSE

5. The data picture has worsened since step 3 was taken on 10 May. Infection rates and hospital admissions are increasing, and the growth rate is accelerating. SPI-M estimates the doubling time for infections is currently around 13 days but may be as low as 7 days. The proportion of vaccinated people in hospitals is increasing as cases increase in older age groups.

6. This is being driven by the delta variant (also known as B.1.617.2) that is now dominant across the country; 96% of recently sequenced and genotyped cases are Delta. This variant has several concerning characteristics, as compared with alpha (B.1.1.7): it has an estimated growth advantage of 40-80% (transmissibility); there is evidence that vaccines are less effective against it, especially after a single dose; and early data suggests a possible two-fold increased risk of hospitalisation.

7. Step 4 would lead to a significant amount of additional indoor mixing as a result of removing social distancing, gathering limits and allowing unlimited social contact. This would increase the rate of growth of cases.

8. Pausing at step 3 allows more people to be vaccinated and build immunity, thereby escaping serious illness and significantly reducing transmission. We have a revised target to offer all adults a first dose in w/c 19 July and that over 40s who had their first dose by mid-May will have had their second dose by 19 July. In addition, after 4 weeks we will be close to the school summer holidays and a likely reduction in transmission among school age children.

9. Modelling suggests that the peak of infections leading to hospitalisations would be reduced by 30-50% by the 4 week delay. A longer delay does not significantly increase this proportion, and a shorter delay significantly reduces the effect. **A four week delay therefore reduces, not postpones, the absolute numbers of hospitalisations and deaths.**

10. While we think that four weeks will most likely be necessary to enable vaccinations to protect enough people to be confident we will not risk overwhelming or putting unsustainable pressure on the NHS, we will review the data after two weeks. If we can see a clear sign in the hospitalisations and case data that we can sustainably meet the four tests at that point we could move to step 4 at an earlier date.

CONSEQUENTIAL DECISIONS

11. The Committee should consider how to implement these decisions as soon as possible.

12. **Weddings - we recommend amending the restrictions on weddings, and ensuring necessary implementation of this change,** specifically;

    a. **Paymaster General to ensure necessary implementation action taken to operationalise the amended rules for weddings.** This will include developing a framework to mitigate any increased transmission risk from the amended approach;

    b. **Business and Communities Secretaries to update guidance, and conduct necessary stakeholder engagement.**

13. **Large events - we recommend the Health and Culture Secretaries, working with CDL, make the necessary arrangements, working with industry, to test certification by allowing 10-15 large events (some over multiple days) planned post-21 June to go ahead at higher capacities with attendees demonstrating Covid status, through an expansion to the Events Research Programme.** These event pilots will be research driven to test certification, including the public health effectiveness and the use of the NHS app ("the NHS COVID Pass") as a domestic certification tool. Ministers have agreed a proposal for these pilots, and DCMS has started engagement with organisers. It will likely include major sports events (e.g. the Euros, Wimbledon, British Grand Prix), theatres and festivals (e.g. Glyndebourne, Cinderella in a West End theatre) and business events (e.g. a food & drink show in Birmingham). A final list of events will be agreed by Ministers and clinicians, subject to delivery considerations, including testing capacity, and each event will be signed off by local Public Health Directors. These pilots will build on the first two phases of the Events Research Programme, and will give us vital evidence about using COVID-status certification in real-world environments. DCMS and DHSC should advise on whether 1 or 2 pilots can be named as part of the announcement.

14. **Regulations - We recommend that the Health Secretary ensures that the necessary extensions to the steps regulations and changes to other relevant**

regulations are made, including to accommodate for the changed approach to weddings, and the extension of step 3 conditions until end 18 July. To enable us to pause at step 3 until 19 July, we will need to extend several regulations which would otherwise expire in the meantime. The regulations requiring extension are: the Steps Regulations (with any amendments agreed by the Committee); the Face Covering (Public Transport); Local Authority Enforcement Powers and No. 3 Regulations. The regulations should be laid on Tuesday 15 June at the latest to enable a vote later this week, given that these regulations meet the 'nationally significant' threshold, and Parliament would expect a debate and vote before they come into force.

15. Vaccines - **we recommend that the Health Secretary prepares a plan to maximise second doses for those in cohorts 1-10 (the over 40s) who have not yet taken up their second dose of a vaccine alongside offering a first dose to all remaining adults.**

16. Guidance - **we recommend that the Business, Culture and Health Secretaries** ensure that all guidance (concerning amendments, including to residential trips, large events, weddings, and adult social care) is updated to reflect the positions set out above, to be published as swiftly as possible after the announcement. All other Secretaries of State should consider whether the positions agreed require changes to any guidance owned by their department.

17. Compliance and enforcement - **we recommend that the Home Secretary ensures that the police and any other relevant authorities are prepared to continue enforcing the amended step 3 regulations until end 18 July.**

18. Enhanced Response Areas - **we recommend that the Local Action Committee continues to monitor local areas with higher rates of the Delta variant which are being supported with surge testing, enhanced contact tracing and guidance to meet outside, maintain social distancing, and minimise travel.** Given the variant is now dominant across all regions and is expected to drive prevalence, and there are capacity limits on intensive surge testing and tracing, understanding the effectiveness of these measures and capacity to continue to extend them will be critical. A follow up Covid-O will allow Ministers to review.

19. Testing and isolation readiness - **we recommend that the Health Secretary rapidly ensures that his department has the testing capacity in place to deliver on both certification pilots and the rollover of asymptomatic testing schemes to 31 July.** The asymptomatic testing review and evaluation of self-isolation pilots and other LA schemes should be completed and shared as soon as possible to inform decisions on the move to step 4.

RISKS

20. **LPP/LAP**

LPP/LAP

NEXT STEPS

21. The Prime Minister will host a press conference later today to announce the pause at step 3. The Health Secretary will lay an SI in Parliament on 15 June to extend all relevant regulations to the end of 18 July. The pause at step 3 and extension of the regulations will be debated and voted on in Parliament ahead of 21 June.

22. To ensure the smooth delivery of this announcement and the successful passage of the regulations, committee members are asked to agree to carry out their implementation actions as soon as possible.

Annex A: Step 4 Summary Data Assessment

23. **Test 1 - The vaccine deployment programme continues successfully - met:**
England met the target of offering a second dose to JCVI cohorts 1-4 by mid-May, and we are on track to meet the mid-July target of offering cohorts 5-9 a second dose early. We project being able to offer a first dose to all adults (i.e open bookings) by w/c 19 July. Over 93% of those aged 40 and over have received at least one dose. Vaccine coverage is lower in London; in more deprived areas; in non-white ethnic groups; and in care home staff.

24. **Test 2 - Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated - met:**
Real world data demonstrate that both the Pfizer and AstraZeneca (AZ) vaccines are highly effective in reducing the risk of hospitalisation and death against the Alpha variant. Initial analysis suggests that, while protection against symptomatic disease for the Delta variant is low after one dose (around 30%), any reduction in vaccine effectiveness after two doses is likely to be small, with protection of 80-90% for Pfizer and AZ combined. Protection against severe outcomes is likely to be high.

25. **Test 3 - Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS - uncertain:**
Nationally, infection rates and hospitalisations remain at low levels but are increasing. While the relationship between cases and hospitalisations has changed, the link is not broken. While SPI-M assess that a large rise in cases will lead to a rise in hospitalistions, at this stage there is insufficient data to determine how high that rise will be and whether it would result in unsustainable pressure on the NHS. SPI-M modelling indicates there is a risk of a sharp rise in hospitalisations and analysis suggests that a short delay of 4 weeks to the timing of step 4 significantly reduces both the next peak and total admissions.. The level of uncertainty is such that it is not possible to know if step 4 were taken on this date, whether the resurgence would be considerably smaller or larger than previous waves.

26. **Test 4 - Our assessment of the risks is not fundamentally changed by new Variants of Concern (VoC) - not met:**
Since taking step 3 of the Roadmap, the Delta variant of concern (B.1.617.2, India) has become dominant across the country with 96% of recently sequenced and genotyped cases Delta. There is evidence that, compared to Alpha (B.1.1.7), it is substantially more transmissible, that vaccines are less effective against it, and that risks of hospitalisation are higher. This fundamentally changes our assessment of the risk posed by new Variants of Concern.