Cabinet Office

COVID-19 RECOVERY: MEASURES ANALYSIS

27 May 2020

Executive summary

1 Decisions to make	**Step Two of the roadmap is approaching on 1 June. Decisions need to be taken to confirm proposed changes set on 24 and 25 May on three core elements and consideration given to other changes:** a. **Schools –** Confirm whether to reopen Early Years, Reception, Years 1 & 6 for June 1, with face to face contact for secondary school years 10 and 12, subject to the formal review and progress against the five tests b. **Non-essential retail –** Confirm the phased re-opening this sector from June 1, subject to the formal review and progress against the five tests c. **Households / social contact –** Select between options to facilitate more social and family contact, including expanding household groups d. **Shielding and supporting the vulnerable** – Select between options to continue with the existing shielded groups or expand them e. **Outdoor spaces** – Decide whether to re-open outdoor spaces in a phased approach with places of worship and elite sports facilities reopening on 1 June
2 Overall health scenarios	• SPI-M modelling of a second peak scenario is not yet available; **current SPI-M modelling based on R=1 suggests 210 – 325 daily COVID deaths** through 31 July • Current analysis based on R=1 suggests that there is sufficient bed capacity in the health system, but data collection is not yet complete for other metrics and relies on critical DHSC and NHS inputs
3 Overall economic scenarios	• OBR forecasting suggests a **£193bn economic impact in Q2 2020** and a **total of £375bn over 2020-2021** • **If the lockdown extends to 6-12 months,** 2020 **GDP is expected to be ~20-24% lower**, with significant long term scarring reducing future growth and prosperity
4 Impact assessment for proposals	• Departments have outlined the health, economic and social impact of the changes proposed and set out options for consideration

Executive summary – proposals and impact summary

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

Policy area	Phasing	Proposal	Assessment of impact* Health	Economic	Social
1. Schools *DfE*	June 1 for EY, R, Y1 &7, 15 June for Y10 & 12	**Re-open primary schools** for Early Years, Reception, Year 1 & Year 6 fulltime from June 1; Years 10 & 12 in secondary schools to receive face to face support			
2. Non-essential retail *BEIS / HMT*	June 1 for Phase 1 Second phase starts June 15 for option (a) or June 22 for option (b)	**Phased re-opening - Select 1 of these 4 options:** **(a)** If 5 test headroom is not limited, open all stores. If headroom is limited, open retail below 800m^2: **(b)** To monitor impact, open retail below 280m^2 on 1 June along with car showrooms and outdoor markets (larger stores 22 June) **(c)** Open sub-sectors with a lower risk of transmission first **(d)** Open across the UK subject to the R being consistent across regions, with city centre retail a potential exception			
3. Households / Social contact *DHSC / MHCLG / DCMS / DEFRA*	TBC	i. **Extend household bubbles: Select 1 of these 2 options:** **(a)** Allow all households to partner with another **(b)** Introduce targeted approach for those benefiting most from contact			
	TBC	ii. **Indoor and outdoor gatherings: Select potentially multiple options from :** **(a)** More than 2 people can meet outdoors **(b)** Enable meeting in private gardens / outdoor spaces **(c)** Indoors with 2m distance **(d)** Allow legally binding marriages to take place and birth registration at register office			
4. Shielding and supporting the vulnerable *DHSC / MHCLG*	Assurance before 30 June	i. NERVTAG will report on 26 May on segmenting the population by risk		*TBD*	
	Assurance before 30 June	ii. **Amend shielding regime - Select 1 of these 4 options:** **(a)** Same cohort with a one year extension [~2m people] **(b)** Extend to include households of those shielding [~5m] **(c)** Extend to all over 70 [~10m] **d)** Extend to the entire clinically vulnerable cohort [~16m]			
5. Outdoor spaces *DHSC / MHCLG / DEFRA*	15 June for elite use of gyms and pools Later review point for other proposals	**Re-open public places in the following order:** **15 June:** Enabling gyms and pools to open for use by elite sports people only. **Later:** Outdoor museums, galleries and drive-in cinemas; making clear that the public can visit other outdoor venues, such as zoos or farms; opening places of worship for private prayer and graveside rituals			

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Following the publication of the roadmap on releasing Non-Pharmaceutical Interventions to prevent and control the virus, decisions are required to identify and announce what can be lifted on 1 June

There are new set of decisions to make on phasing the release of the remaining NPIs

Context. Step One easements were introduced on Wed 13 May – which encouraged a return to work (for sectors that can't work from home), encouraged vulnerable children and the children of key workers to attend school, and allowed for unlimited exercise. It has been announced that Step Two easements will start no earlier than June 1. Announcements on 24 and 25 May set out plans to implement the roadmap on schools and non-essential retail

Decisions to be made. The Social Distancing Review (produced separately) has provided evidence on whether NPIs implemented to date continue to be required to prevent and/or control the virus. The timing and phasing of Step Two easements needs to be decided ahead of June 1. There are 5 sets of easements:

a. **Schools –** Confirm whether to reopen Early Years, Reception, Years 1 & 6 for June 1, with face to face contact for secondary school years 10 and 12
b. **Non-essential retail –** Confirm phased re-opening this sector from June 1, subject to transmissions continuing to decline
c. **Social contact and bubbles –** Select between options to facilitate more social and family contact, including expanding household groups
d. **Shielding and supporting the vulnerable** – Select between options to continue with the existing shielded groups or expand them
e. **Outdoor spaces** – Decide whether to re-open outdoor spaces in a phased approach with places of worship and elite sports facilities reopening

The final decision on which measures to release, or delay, will depend on the scientific advice (provided separately). This document focuses on the health, economic and social impacts that could arise from releasing or not releasing NPIs proposed by departments.

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Any decision to lift NPIs will be guided by the scientific advice on the rate of transmission and prevalence of the virus, which will need to be considered alongside the economic, social and health impacts of any easement

Health scenarios: SPI-M have modelled a potential range of 210-325 daily deaths from 31 May if R=1

☐ Capacity modelling on **subsequent** page — **Scenario 1a (R=1 on 18th May):** — **Scenario 1b (R=1 on 31st May):** — **Actual**

Approach

SPI-M have modelled two scenarios, both of which assume R=1 but on separate dates:

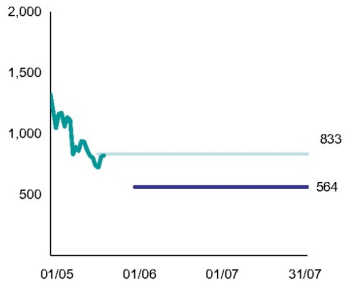
Scenario 1a (R=1 on 18th May):
The change of messages in May pushed R to 1 on 18th May and remains at R=1 for the rest of 2020.

Scenario 1b (R=1 on 31st May):
NPI easing at 1st June pushes R to 1 and remains at R=1 for the rest of 2020.

Currently does not include SPI-M reasonable worst case scenario or 2nd peak modelling, and is therefore unlikely reflect more pessimistic scenarios

Note that this modelling does not include any excess deaths from:
- Indirect impact from additional pressures on the health and social care system
- Indirect impact from planned changes to healthcare activity[2]
- Indirect COVID-19 impact from (1) social distancing measures and (2) economic downturn.

New cases (in hospital) per day[1]

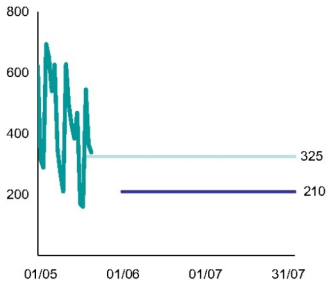


Commentary

Scenario 1a cumulative cases:
18th May – 1st June: *11,662*
1st June – 30th June: *24,990*

Scenario 1b cumulative cases:
1st June – 30th June: *16,920*

Daily deaths from Covid



Commentary

Scenario 1a cumulative deaths:
18th May – 1st June: *4,592*
1st June – 30th June: *9,840*

Scenario 1b cumulative deaths:
1st June – 30th June: *6,300*

Note: Does not include not include SPI-M reasonable worst case scenario or 2nd peak modelling

Source: SAGE, DHSC and ONS.
1. Actual data does not contain cases in Northern Ireland 2.Such as cancellation or postponement of elective surgeries and other non-urgent treatments

Health scenario: if R=1 from 18th May onwards there would be sufficient bed capacity; assessing full capacity of health system requires further data

Confident there is sufficient capacity
Risk there is insufficient capacity
Likely there is insufficient capacity

Area	Rate limiting factor	Description of metric	Capacity: 20/05 actual	Capacity: At 01/06	Capacity: At 01/07	Capacity: At 31/07	Commentary
NHS capacity	Total beds occupied	(% of beds occupied)	66%	59%	59%	59%	
	ICU beds occupied	(% of beds occupied)	N/A[1]	47%	47%	47%	Projected excess capacity of beds, CC and V beds.
	Ventilator beds[6]	(% of beds occupied)	36%	33%	33%	33%	
	Doctor shortages	(% of doctors unavailable due to COVID)	3%				Consistent decline (16/04 doctor absence rate was 5%; nurse rate was 9%)[3]
	Nurse shortages	(% of nurses unavailable due to COVID)	6%				
	Medicines: ITU[6]	(RAG rating based on stock levels)					Projections for R=1 scenario not known. Based on 7th May demand scenario[4] no medicine group shortages projected[5] - where medicines stocks run low, there is sufficient stock to substitute with others
	Medicines: Palliative[6]	(RAG rating based on stock levels)					
	Medicines: Antibiotic[6]	(RAG rating based on stock levels)					
	Hospital PPE: Eye protectors	(% of modelled requirement met by supply[2])	57%				
	Hospital PPE: Gloves	(% of modelled requirement met by supply[2])	125%				
	Hospital PPE: Aprons	(% of modelled requirement met by supply[2])	54%				
	Hospital PPE: Face masks IIR	(% of modelled requirement met by supply[2])	218%				Insufficient access to PPE data to be able to forecast trend
	Hospital PPE: Gowns	(% of modelled requirement met by supply[2])	244%				
	Hospital PPE: FFP3	(% of modelled requirement met by supply[2])	192%				
	Hospital PPE: Body bags	(% of modelled requirement met by supply[2])	623%				
Other sector PPE	Care homes	TBC					A change in guidance around non-clinical PPE to some workforces will put additional upward pressure on demand.
TTC	Testing capacity	(Number of tests per day, 000s)	90	200	200	200	Based on publicly announced objectives
	Contact tracing capacity	(Number of cases traced per day, 000s)		10	10	10	Based on publicly announced objectives

Commentary and sources

Sources for capacity grid include:
- **Beds**: used DHSC sitrep and CCS data to calculate overall supply of beds by type, and used SPI-M modelled scenario for R=1 from 18th May for projected bed demand (no change in BAU). Beds occupied reflects demand as a % of supply.
- **Staffing and PPE**: obtained current view from CCS dashboard
- **Medicines**: RAG ratings based on DHSC/NHS modelling
- **Testing**: based on publicly announced objectives

Capacity analysis will be completed following inputs from:
- SPI-M modelling of RWC
- NHS capacity modelling
- DHSC test and trace modelling
- NHS/DHSC medicines projections updated for the latest SPI-M scenarios

1. ICU bed capacity unavailable because not currently being tracked by CCS, due to move to using ventilator beds as a better indicator for capacity to care for COVID-19 patients for various reasons e.g. in England surge capacity is not included in the critical care beds number. 2. Expected PPE supply and the last 7 days' deliveries as a % of modelled requirement for the coming 7 days 3. Staff absent from work through COVID-related reasons (not necessarily sickness; includes those self-isolating)4. Most up to date scenario currently inputted to the DHSC/NHS medicines model 5. Based on England's in-hospital stock as of May 18th, wholesaler stock of May 19th and scheduled delivery of stock until w/c 22nd June 6. Currently England only
SOURCES: CCS dashboard; DHSC Daily SitRep; SPI-M-O Planning scenarios and current estimates of severity and length of stay (11th May 2020); DHSC/NHS COVID-19 Supportive Medicines model and planning assumptions

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The economy continues to experience severe disruption caused by the virus and resultant NPIs. There are now several macroeconomic forecasts and models setting out the overall consequences of maintaining NPIs for different lengths of time

OBR has projected that a 3 month lockdown would cause a £193bn drop in GDP in Q2 2020, with total impact £375bn across 2020-21 compared to their Budget 2020 forecasts

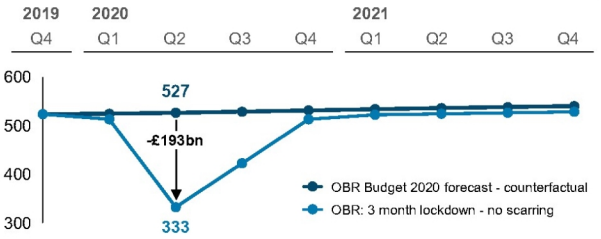
OBR approach

OBR has produced a GDP scenario that assumes **lockdown lasts for 3 months**, and is then **progressively lifted over the subsequent 3 months**[1]

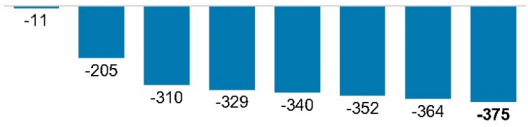
This scenario **does not take into account wider economic costs** that could arise from COVID-19, **or future economic scarring**

This scenario is compared to **OBR Budget 2020 forecast as a counterfactual,** providing the direct economic cost of COVID

Forecasted UK GDP, £ billion Q4 2019 – Q4 2021



Cumulative loss in GDP per quarter due to COVID, £ billion



Commentary

OBR forecasts a GDP drop of £193bn in 2020 Q2

With a 3 month lockdown, and the measures progressively lifted over the following 3 months, the total loss in UK GDP over the 2 year period could reach ~£375bn

It is important to note that this scenario **does not take into account economic scarring** and assumes no lasting economic effect.

NB: Current forecast does not specifically factor in NPI releases from 13 May

1. For simplicity the OBR assumes that the lockdown took place in Q2 2020, as opposed to falling partly in March 2020

Source: OBR

If lockdown is 6-12 months, the Resolution Foundation estimates that total GDP lost over 2020-2024 could total £1.0-1.9bn, which includes significant long term scarring

The Resolution Foundation approach

The **Resolution Foundation (RF) has set out three scenarios** that assume the lockdown lasts for 3, 6 and 12 months. The analysis **assumes that economic activity will be around 30%** lower during periods of lockdown.

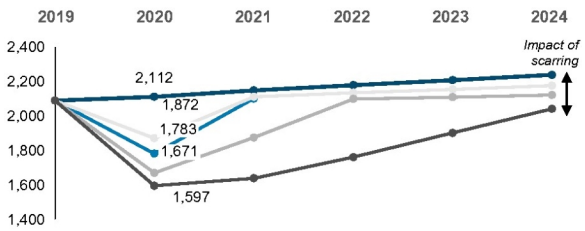
RF modelling assumes scaring effects. Economic scarring refers to the **persistent or permanent damage caused by a temporary shock** to the economy in the long term

This is also **reflected in the divergence between the 3, 6 and 12 month lockdown** scenarios, where the longer the lockdown is in place, the more scarring would occur

This **could lead to either a level effect** (downwards shift in the growth path) **or growth effect** (does not return to its pre-crisis growth level)

GDP loss is estimated against the OBR counterfactual

Forecasted UK GDP, £ billion 2019 –2024



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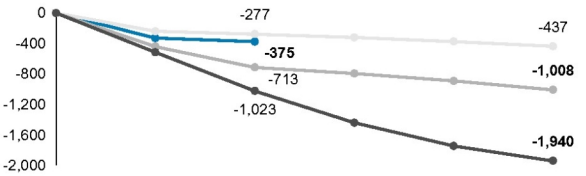
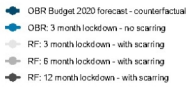




Commentary

With RF assuming that the lockdown leads to long term economic scarring, they project that total GDP loss vs. OBR Budget 2020 forecast over 2020-2024 would be:

- £0.4bn for a 3 month lockdown
- £1.0trn for a 6 month lockdown
- £1.9trn for a 12 month lockdown

NB: Current forecast does not specifically factor in NPI releases from 13 May

Source: Resolution Foundation; OBR; HMT; Statista GDP

Contents

1. What are the decisions we need to make?
2. What are potential health scenarios and what would be the impact?
3. What are the potential economic scenarios?
4. What are the proposals for Step Two NPI lifting? And what would be the impact?

Each set of proposed NPI easements has been assessed for its economic, social and health impacts, as well as implications for transport networks

Departments have developed a proposal for phasing of measures (1/2)

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

Policy area	Phasing	Proposal	Assessment of impact* Health	Economic	Social
1. Schools *DfE*	June 1 for EY, R, Y1 &7, 15 June for Y10 & 12	**Re-open primary schools** for Early Years, Reception, Year 1 & Year 6 fulltime from June 1; Years 10 & 12 in secondary schools to receive face to face support			
2. Non-essential retail *BEIS / HMT*	June 1 for Phase 1 Second phase starts June 15 for option (a) or June 22 for option (b)	**Phased re-opening - Select 1 of these 4 options:** **(a)** If 5 test headroom is not limited, open all stores. If headroom is limited, open retail below 800m^2: **(b)** To monitor impact, open retail below 280m^2 on 1 June along with car showrooms and outdoor markets (larger stores 22 June) **(c)** Open sub-sectors with a lower risk of transmission first **(d)** Open across the UK subject to the R being consistent across regions, with city centre retail a potential exception			
3. Households / Social contact	TBC	i. **Extend household bubbles: Select 1 of these 2 options:** **(a)** Allow all households to partner with another **(b)** Introduce targeted approach for those benefiting most from contact			
DHSC / MHCLG / DCMS / DEFRA	TBC	ii. **Indoor and outdoor gatherings: Select potentially multiple options from :** **(a)** More than 2 people can meet outdoors **(b)** Enable meeting in private gardens / outdoor spaces **(c)** Indoors with 2m distance **(d)** Allow legally binding marriages to take place and birth registration at register office			
4. Shielding and supporting the vulnerable	Assurance before 30 June	i. NERVTAG will report on 26 May on segmenting the population by risk		*TBD*	
DHSC / MHCLG	Assurance before 30 June	ii. **Amend shielding regime - Select 1 of these 4 options:** **(a)** Same cohort with a one year extension [~2m people] **(b)** Extend to include households of those shielding [~5m] **(c)** Extend to all over 70 [~10m] **d)** Extend to the entire clinically vulnerable cohort [~16m]			
5. Outdoor spaces *DHSC / MHCLG / DEFRA*	15 June for elite use of gyms and pools Later review point for other proposals	**Re-open public places in the following order:** **15 June:** Enabling gyms and pools to open for use by elite sports people only. **Later:** Outdoor museums, galleries and drive-in cinemas; making clear that the public can visit other outdoor venues, such as zoos or farms; opening places of worship for private prayer and graveside rituals			

H Health | E Economic | S Society

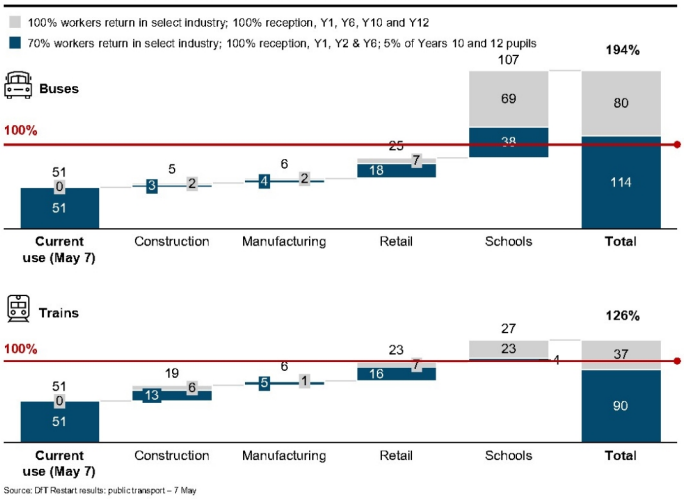
Qualitative Impact Rating: Net negative impact of acting now; Moderate to small positive impact of acting now; Significant net positive impact of acting now

…with initial assessment of the impacts (2/2)

	Policy area	Phasing	Proposal	Assessment of impact
H E S	**1. Schools** *DfE*	June 1 for EY, R, Y1 &7, 15 June for Y10 & 12	**Re-open primary schools** for Early Years, Reception, Year 1 & Year 6 fulltime from June 1; Years 10 & 12 in secondary schools to receive face to face support	▪ **Health** - High degree of confidence that the **severity of the disease is lower in children** ▪ **Economic** - **Significant long term productivity benefits** (£0.4 – 1.2bn per week) and **short term labour supply impacts** (1-2% of total supply) of reopening. ▪ **Society** - 41% of parents homeschooling their children agree that it has negatively affected their children's wellbeing ▪ **Operational** - **Transport capacity could be breached**, particularly if secondary schools are included. Impacts highly dependant on behavioural response
H E S	**2. Non-essential retail** *BEIS / HMT*	June 1 for Phase 1 Second phase starts June 15 for option (a) or June 22 for option (b)	**Phased re-opening - Select 1 of these 4 options:** **(a)** If 5 test headroom is not limited, open all stores. If headroom is limited, open retail below 800m² **(b)** To monitor impact, open retail below 280m² on 1 June along with car showrooms and outdoor markets (larger stores 22 June) **(c)** Open sub-sectors with a lower risk of transmission first **(d)** Open across the UK subject to the R being consistent across regions, with city centre retail a potential exception	▪ **Health** - The **transmission risks associated are medium to low** when assessed against DHSC principles. ▪ **Economic** - Re-opening non-essential retail could **affect 1.3m people employed** in this sector which accounts for £44.7bn (£23.2bn in retail <800m², £16.1bn in retail <280m²) of UK GVA. ▪ **Society** - Work increases self-reported wellbeing by 30% (Kopasker et al., 2017). Further, it will improve financial security, mental health, personal status, sense of purpose and social interaction ▪ **Operational** - There could be **increased pressure on public transport capacity** and many returning workers will require childcare. There will **likely be an increase in PPE demand** even if not recommended by Gov. **Recovery in demand likely to be slow and costs may recover more quickly** – impact also depends on online spend transferring back offline
H E S	**3. Households / Social Contact**	TBC	**i. Extend household bubbles: Select 1 of these 2 options:** **(a)** Allow all households to partner with another **(b)** Introduce targeted approach for those benefiting most from contact	▪ **Health** - There is a **risk that R may increase above 1** for bubbles of large households and those with children attending school ▪ **Economic** - **No direct economic benefit** ▪ **Society** - Polling suggests that **wellbeing would improve**, with high public buy-in (53%) ▪ **Operational** - **Difficulty to enforce**; **SAGE advise** that bubbling may **only occur after Track and Trace is introduced**
H E S	*DHSC / MHCLG / DCMS / DEFRA*	TBC	**ii. Indoor and outdoor gatherings: Select multiple options from:** **(a)** More than 2 people can meet outdoors **(b)** Enable meeting in private gardens / outdoor spaces **(c)** Indoors with 2m distance **(d)** Allow legally binding marriages to take place and birth registration at register office	▪ **Health** - **SPI-M have suggested that transmission impact is small** in outdoor settings (a and b) if 2m is maintained, but **movement to indoor spaces could have a larger impact on R**. ▪ **Economic** - **No economic benefits** are expected. ▪ **Society** - Polling suggests that **wellbeing would improve**, with high public buy-in (53%) ▪ **Operational** - **Difficulty to enforce**; **Clear rules and comms** are required, with **little enforcement plausible** at this scale.
TBD	**4. Shielding / segmentation / supporting the vulnerable**	Assurance before 30 June	i. NERVTAG will report on 26 May on segmenting the population by risk	*Assessment not yet comprehensive*
H E S	*DHSC / MHCLG*	Assurance before 30 June	**ii. Amend shielding regime - Select 1 of these 4 options:** **(a)** Same cohort with a one year extension [~2m people] **(b)** Extend to include households of those shielding [~5m] **(c)** Extend to all over 70 [~10m] **d)** Extend to the entire clinically vulnerable cohort [~16m]	▪ **Health** - Extending shielding by duration or population is likely to **reduce hospitalisation and mortality by 25-30% for Clinically Extremely Vulnerable (CEV)**. ▪ **Economic** - This will also reduce the need for extending social distancing in the wider population, assisting economic recovery. ▪ **Society** - There are physical and mental health consequences of being unable to leave home, exercise and socialise ▪ **Operational** - Extending the cohort will require additional central government and Local Authority support.
H E S	**5. Outdoor spaces** *DHSC / MHCLG / DEFRA*	15 June for elite use of gyms and pools Later review point for other proposals	**Re-open public places in the following order:** **15 June:** Opening gyms and pools for elite sports people only. **Later:** Outdoor museums, galleries and drive-in cinemas; making clear the public can visit other outdoor venues, such as zoos or farms; opening places of worship for private prayer and graveside rituals	▪ **Health** - Could increase **health risk for staff/volunteers**, but the outdoor nature of Phase 1 should reduce transmission effects. ▪ **Economic** - May be economic benefit of releasing tourism, hospitality and recreation (~£97bn GVA and 3.6m jobs) ▪ **Society** - Will provide positive impact on physical and mental health. Opening up training for elite sports people can provide future scope for broadcasting events ▪ **Operational** - Highly feasible for outdoor attractions to re-open immediately while keeping to social distancing rules, as seen with Merlin Entertainments and Disneyland Shanghai

Easing NPIs on retail workers and selected school students could lead to AM peak travel demand exceeding bus and train capacity under 2m social distancing rules

Demand as a percentage of available capacity under 2m social distancing, % England



Source: DfT Restart results: public transport – 7 May

Takeaways

Demand for both trains and buses could exceed available capacity during the AM peak hour, 90-126% and 114-196% projected respectively in the two scenarios modelled

Pressure on the bus network will be particularly severe in London (where existing demand from key workers takes up 90% of available capacity) **and in rural areas**

However, **final transport impact will depend on behavioural responses** including how many pupils/workers return to school/work. DfE suggests only 50% of students could return

Additional health risks are expected based on the indoor nature of transport, with feasibility of maintaining 2m distancing not modelled

Caveats from DfT

- It is assumed that **no other trips in the AM peak** are made on public transport **for any other purpose** (e.g. shoppers) or by those working in other industries. Teachers are also not included (although these are relatively small numbers unlikely to affect overall volumes).
- **No modal shift:** these projections assume people use their 'normal' method of getting to work or school rather than shifting to cycling or walking
- **No timing shift:** it does not take into account businesses or schools moving shifts or start times to reduce pressure on peak times.
- BEIS have provided assumptions for the number of workers in each industry returning to work and assumptions of those working from home

1. Opening selected year groups

Overview of the proposal (1/2)

Health | Economic | Societal

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

Proposal is for Early Years, Reception, Year 1 and Year 6 to return fulltime to all primary schools from 1 June; secondary schools to have some face-to-face support for Y10 and Y12. There is a high degree of confidence that the severity of the disease is lower in children than adults. There are significant long term productivity benefits (£0.4 – 1.2bn per week) and short term labour supply impacts (up to 1-2% of total supply) of reopening schools.

Description of proposal

1 June: In England, early Years, Reception, Year 1 and Year 6 to return fulltime to all primary schools; secondary schools to have some face-to-face support for Y10 and Y12.

Potential variants:

(a) Do not include Y10 and Y12
(b) Do not include Y6
(c) Rota in primary, while maintaining Y10 and Y12 provision
(d) Vary by region

Timing

Proposed date: Early years, reception, and years 1 and 6 to open from 1 June, with Y10 and 12 from 15 June. Next stage proposed is the full return of primary schools in mid-June.

Announcement date: Latest possible public announcement 28th May.

Health / scientific assessment

- **Scale of students -** In England, there are 1.9m children (Rec., Yr 1 and Yr 6) settings, with a further 0.9m eligible EY children. DfE's central assumption is that initial attendance will be approximately 50%, resulting in 1.4m pupils in schools. There are also an additional 1m year 10 and year 12 children / young people in schools and further education settings (DfE).
- **Scale of workforce -** The proposal would require 73k teachers in total, of which 68k needed for primary. 14% of the school and nursery workforce are over the age of 50 and 14% of education and childcare key workers were considered to be "at moderate risk" in relation to COVID-19 (slightly lower than the average among all key workers (15%) (DfE).
- **Mortality -** There is a high degree of confidence that the severity of disease in children is lower than in adults (DfE).
- **Transmission -** It is likely that a large proportion of parents and carers with their youngest dependent children in primary school, are under 50 years old. Increased risk for multi-generation households (DfE).

Economic impact

- **Long-term productivity benefit -** Expected attendance could lead to greater lifetime productivity of £0.4-1.2bn for every week these children are back at school. This impact could be reduced if parents choose not to send pupils back to school (DfE).
- **Labour supply -** Expected attendance could free up a potential 1-2% of total labour supply in England, although this does not account for other constraints on parents. This could boost short run GVA by £0.3-0.5bn per week – although this again depends on the behavioural response.

Societal and wellbeing benefits

Reduction in current negative impact of school closures on wellbeing:

- 24% of children and young people are no longer accessing mental health support that had been in place (DfE).
- 41% of parents who have been homeschooling their children agree that it has negatively affected their children's wellbeing; and over a third agree that it is putting a strain on relationships with others in the household (ONS).

Distributional assessment

Socioeconomic - Greater benefit to pupils from disadvantaged backgrounds, who are more likely to be negatively affected by school closures. However, IFS research found better off parents may be more willing to send children back to school.

Disabilities - Greater challenges for pupils with disabilities or special education needs may mean they benefit less.

Impact of delaying measure

Society - School closures could increase educational inequalities. IFS research suggests children from better-off families are spending 30% more time on home learning than those from poorer families. It may also be harder for pupils to make up lost teaching time if schools remain closed for longer. CEP/LSE suggest better schools are more likely to be able to make up lost teaching time through longer school hours when they reopen.

1. Opening selected year groups
Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Rules and suggestions

Suggestions -
We cannot implement a centrally controlled, uniform, delivery plan to re-open schools, but will need to set out clear expectations, provide support and guidance, remove blockers and bring the sector with us so that senior leaders lead implementation locally in line with the Government position.

Health capacity -
- **Supply of PPE -** Local Resilience Forums will not act as last resort supplier; ongoing risk point.
- **Testing -** DHSC have confirmed sufficient tests are available.

Teach capacity - Modelling suggests there will be enough teachers for both face-to face and remote teaching.

How to enforce?

- Will monitor implementation through daily data collection from schools to report on attendance by age and across categories of children who are vulnerable or whose parents/carers are critical workers.

Comms and encouragement

- **Public requests -** Putting the scientific evidence behind the decision is in the public domain alongside the decision announcement.
- **Education sector request** - Decision-making in the education sector is devolved to a very large number of bodies - c.22,000 schools, 72,000 early years providers, further education settings, multi-academy trusts, local authorities and the churches.

What have we learnt from international comparisons?

The proposed approach is closely aligned to other countries, who are taking a similar phased approach with limited numbers of children returning to schools initially.

There is a mixture of countries prioritising younger year groups, exam years and/or disadvantaged groups, and a mixture of national/regional approaches.

There is currently little international evidence that can reliably inform us of the effect of reopening schools on the rate of transmission.

How will transport be impacted if this is done?

Based on pre-Covid travel patterns, if 100% of Reception, and school years 1, 6, 10 and 12 return, during the AM peak hour they alone (not considering baseline demand from key workers) would account for:
- 107% of available national bus capacity (103% in London).
- 27% of available national train capacity (29% on tube in London).

However, due to their far greater use of public transport, the proposal to have limited face-to-face contact for **Y10 and Y12 could reduce the additional peak demand from education by around three quarters if they avoid peak travel completely.**

Capacity constraints are particularly severe on buses in London and in rural areas. Prior to Covid, children accounted for half of London bus passengers during the weekday AM peak.

Mitigations:
Avoiding the coincidence of work travel and school travel will better distribute demand across the available public transport capacity.

Discouraging use of public transport for shorter journeys to school would also help lessen the impact.

Health | Economic | Societal

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

2. Phased re-opening of retail by size or sub-sector

Overview of the proposal (1/2)

Re-opening non-essential retail would affect 1.3m (1.0m in retail <800m^2, 0.8m in retail <280m^2 and 0.4m in sub-sectors with lower transmission risk) people employed in this sector which accounts for £46.6bn (£23.3bn in retail <800m^2, £16.3bn in retail <280m^2 and £18.8bn in sub-sectors with lower transmission risk) of UK GVA. The transmission risks associated are medium to low when assessed against DHSC principles. There will be increased pressure on public transport capacity and many returning workers will require childcare. There will likely be an increase in PPE demand even if not recommended by Gov. The recovery in demand is likely to be slow and costs may recover more quickly which will also pose a challenge for retailers wishing to re-open stores

Description of proposal

Options considered:

(a) If 5 test headroom is not limited, open all stores. If headroom is limited, open retail below 800m^2 on 1 June followed by remaining larger stores on 15 June.

(b) Open retail below 280m^2 on 1 June along with car showrooms and outdoor markets and larger stores open on 22 June if there is 5 test headroom.

(c) Open retail by first opening sub-sectors with a lower risk of transmission June 1

(d) Open across the UK subject to the R being consistent across regions, with city centre retail a potential exception June 1

Timing

Proposed date: *Covered in options above*

Announcement date: Businesses request 2 weeks notice and conditional forward guidance on date.

Health / scientific assessment

- **Scale -** ~28m people aged 45+ could be affected (0.6-2.0m employees (HMT/CAU) and 26m customers (CO) - 40% UK)
- **Transmission -** When assessed against DHSC principles of transmission there is a medium to low health risk associated with activity in the retail sector (BEIS)
- **Transport -** 16% of non-essential retail employees commute using public transport (BEIS). DfT modelling suggests that if 70% of workers in construction, manufacturing and non-essential retail were to return this would put London buses above capacity without reopening schools or considering customers

Economic impact

- **Overall -** There are 1.3m people employed in non-essential retail, representing total GVA of £46.6bn (HMT/BEIS).
  - Retail <800m^2 accounts for 80% of non-essential retail employment and 50% of GVA. Retail <280m^2 accounts for 60% of non-essential retail employment and 35% of GVA (HMT/BEIS)
  - Retail in sectors judged to have a lower transmission rate accounts for 30% of non-essential retail employment and 40% of GVA. (HMT/BEIS)
- **Cash reserves -** The retail sector was vulnerable pre-Covid with an average cash coverage of 4 months. 75% of firms in the retail and wholesale sector as a whole are continuing to trade (BEIS)
- **Workforce -** 31% of jobs in the retail and wholesale sector as a whole have been furloughed (ONS-BICS). If all workers in the sector continue not to work, the hit to total quarterly GVA could be 34%, if 50% of workers return this would fall by 5 percentage points to 29% (NIESR/BEIS)
- **Demand -** Potential recovery may be limited by lower consumer confidence and behavioural adjustments as suggested by international comparisons. There are labour supply issues as a large number of employees in non-essential retail are lone parents or may choose not to return due to safety concerns. Costs of re-opening likely to outpace demand recovery, which will slow down store re-openings. It should also be noted that, for many sectors, non-essential retail spend shifted online and may not transfer back to physical stores. Online sales accounted for 44.3% of all non-food retailing.However, this growth in online sales does not fully offset the decline in physical retail, the ONS total retail sales index for April was down 23.1% compared to last year and for non-food retail the fall is even greater at 53.8% (ONS Monthly Business Survey).

Societal and wellbeing benefits

- Returning to work will improve financial security, mental health, personal status, sense of purpose and social interaction
- Work increases self-reported wellbeing by 30% (Kopasker et al., 2017). Only 60% of consumers say they would return to non-essential retail and 22% are worried about their health and safety should they have to return to work (YouGov).

Distributional assessment

Household - Employees likely to have low pay, work part-time and be lone parents (BEIS).

Regional - Employment in non-essential retail most important in the North West and North East (BEIS).

Age - Younger workers (33% <30) and ethnic minorities (15%) are disproportionately represented in retail (HMT/BEIS).

Socioeconomic - Low earners are 7x more likely to work in a sector that is shut down. 34% of those in the bottom tenth of earnings distribution work in a closed sector relative to 5% in the top tenth (IFS).

Impact of delaying measure

Economic - NIESR modelling suggests that if those currently not working in the non-essential retail sector were not to work for the quarter the hit to quarterly GVA would be 34% (NIESR/BEIS).

2. Phased re-opening of retail by size or sub-sector

Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Overview of any delivery details highlighted in report

Rules and suggestions

PPE capacity -

- BEIS/DHSC modelling assumptions imply that if 50% of the 1.3m non-essential retail employees return to work that demand for gloves would increase by 4.9-6.5m.
- Using the same assumptions, weekly demand for surgical masks would increase by an estimated maximum of 1.6m, respiratory masks by 1.0m, full face shields by 0.2m and aprons by 0.8m.
- Govt. to provide clear position on whether PPE is mandatory/recommended. If so, adequate supply must be put in place. It is likely even if PPE is not recommended that demand for PPE will increase due to consumer nervousness.
- Some support may be needed as costs recover more quickly than demand.

How to enforce?

- There is the potential to mandate COVID-19 risk assessments and legal limits on customer numbers, as well as spot checks.

Comms and encouragement

- Given that consumers are nervous about returning to shops it is likely that voluntary protective measures will offer a competitive advantage.
- Engagement with businesses and unions regarding feasible safer working practices will be required.
- Phasing by sub-sector does not create as clear a distinction between those that can open and those that cannot which may be challenging from a comms perspective.

What have we learnt from international comparisons?

Germany opened shops under 800m2 from 20 April and the rest from 6 May - Munich mobility data suggested that demand was 87% below pre-COVID levels, 6 days after shops reopened.

Austria opened small shops from 14 April - retail and recreation mobility is 43% below normal, up from a minimum of 80% below.

Spain regional and size approach 11/18 May - mobility is 84% below normal, up from 90% below at the beginning of May.

Italy small shops in certain sectors from 14 April and the rest from 18 May - mobility is 63% below normal as of 9 May, up from 90% below at the beginning of May.

Belgium textiles and clothing opened from 4 May, and the rest from 11 May - mobility is 65% below pre-COVID levels, up from from 80% below.

France opened all shops from 11 May - media reports suggest limited initial consumer demand.

New Zealand opened all shops 14 May - media reports suggest immediate initial consumer demand with crowds outside shopping centres and queues at barber shops.

How will transport be impacted if this is done?

Based on pre-COVID travel patterns, if 70% of non-essential retail and wholesale employees return they would account for:

- 18% of national bus capacity demand (14% in London).
- 16% of national train capacity demand (17% in London).

Combined with 70% of construction and manufacturing employees returning, the **cumulative demand for London buses would be 110% during the AM peak hour.**

If we also add school pupils, the cumulative demand would be 114% for national buses, 147% for London buses and 100% for the London underground.

This does not account for public transport use by shoppers. Based on pre-COVID patterns, shopping travel was spread throughout the day, overlapping with the afternoon peak.

Retail and food service: Overall impact of Covid across 2020 and 2021 is projected to lead to 48k businesses becoming insolvent and 898k people unemployed

BEIS approach

BEIS modelled impact of COVID on retail, restaurants & bars, and service businesses based on the FAME dataset, comparing to March 2020

In the base scenario:

- Lockdown is assumed to end 1 Jun
- During lock-down, demand and costs are depressed
- Once lockdown is lifted, all businesses who have not gone bankrupt open doors in some form for business, and if they cannot, they go bankrupt
- Post-lockdown demand recovery is linear, with full recovery achieved by May 2021
- Impact of current government interventions is included

Firms are assumed to go insolvent when: (a) they run out of cash, **(b)** cannot cover next month's outgoings or **(c)** cannot cover inventory costs in the month of ramp-up

Estimated outcomes for at-risk sub-sectors by May 2021 (vs March 2020)[1]

Commentary

If the sectors are assumed to re-open 1 June 2020, there are **projected to be total of 48k insolvencies leading to 898k people becoming unemployed – this is the total impact on these sectors across 2020 and up till May 2021**

Reopening is the most difficult phase due to fixed costs jumping and cash flow constraints in day 1 after lockdown

It is worth noting that opportunities exist to redeploy resources to more productive activities

1. Assumes lockdown ends in May and demand returns linearly back to natural trajectory by May 2021 (11 month recovery period)
2. Does not include temporary unemployment from furloughing or temporary store closures due to lockdown
3. 392k businesses and 5m employees in total - may be higher than other industry estimates as this includes food services (restaurants, bars), personal services and select online pureplay

Source: BEIS Analysis, FAME, expert interviews, ONS Annual Business Survey 2018

Retail and food service: The incremental impact of keeping these sectors closed by an additional 1-2 months is minimal in context of the overall COVID impact

BEIS assessment impact of delaying lockdown against for at-risk sub-sectors (vs March 2020)

Sensitivity of outcomes depending on end of lockdown date, with fixed demand recovery trajectory[1]

Date of lifted lockdown: June 1 | July 1 | August 1

	Insolvencies, #	Permanent store closures, #	Permanent Unemployment[2], k
Non-essential retail e.g., clothing	5,097 5,425 5,686	21,305 21,620 21,786	370 372 376
Restaurants & bars	42,401 43,390 43,835	49,268 50,245 51,060	521 526 532
Non-food services e.g., hairdresser, repair	738 739 752	699 706 717	7 8 8
TOTAL Absolute[3]	48,236 / 49,554 / 50,273	71,272 / 72,571 / 73,563	898 / 906 / 916

1. Assumes lockdown at specified date and demand returns linearly back to natural trajectory
2. Does not include temporary unemployment from furloughing or temporary store closures due to lockdown
3. 392k businesses and 5m employees in total - may be higher than other industry estimates as this includes food services (restaurants, bars), personal services and select online pureplay

Source: BEIS Analysis, FAME, expert interviews, ONS Annual Business Survey 2018

Commentary

With lockdown extended by 1-2 months, **incremental impact on insolvencies is limited, moving from 48.2k businesses to ~50k**

When repeating the analysis for various lengths of lockdown, it is important to note that extension does not have a significant impact on the number of short-term insolvencies because the contract structures in retail (e.g., short-term and zero hours contracts, scheduling, etc) already allow retailers to reduce labour costs quickly as revenue reduces

Similarly with employment, an **incremental ~18k jobs are at risk with a 2 month extension**

Health | Economic | Societal

Qualitative Impact Rating: Net negative impact of acting now; Moderate to small positive impact of acting now; Significant net positive impact of acting now

3i. Extend household bubbles to include one additional household

Overview of the proposal (1/2)

When extending household bubbles, options exist on which households may be included: (a) all households; (b) groups of households that would benefit most from allowing close contact. There is a risk that R may increase above 1.0 for bubbles of large households, with no direct economic benefit of releasing this NPI. However, polling indicates that 53% of people would support this type of proposal. Successful operationalising requires clear rules and communication around the definition of a household and the nature of the interaction.

Description of proposal

Extending household bubbles to allow two households to interact and isolate as a single group.

Options considered:

(a) Allow all households to partner with another.

(b) Targeted approach limited to those likely to benefit most from allowing close contact.

E.g. those who live alone, single parents, those reliant on unpaid carers and the households they choose to bubble with.

SAGE are also considering the impact of household size.

Timing

Proposed date: TBD.
Announcement: TBD.

Health / scientific assessment

- **Transmission -** The impact on R of bubbling would not be trivial and there would be cumulative impact if introduced alongside other measures. Targeting will have a lower risk than universal bubbles and some targeting approaches will only generate a marginal increase in R. Targeting those who live alone, for example, is unlikely to increase R above 1, provided the overall reproduction number is 0.8 or less, before bubbles are introduced.
- **Scale** – There are an estimated 27.6m households in the UK. An estimated 21.6% of households are in a rural setting. 29% of households are people living alone, 6% are lone parents and there are 2.6m people providing unpaid care for other households. [ONS/ DWP]
- **Behaviour** – There is a compliance risk that not all bubble members would isolate if one member becomes sick, impacting transmission. There is also a perceived compliance risk that if permitted to bubble with one household, people may decide to bubble with more

Economic impact

- **GVA / employment** – the impact on GVA is unlikely to be significant given that current arrangements on this measure are not expected to be stopping people doing work.

Societal and wellbeing benefits

- Polling indicates that 53% of people would support this type of proposal. [YouGov]
- Bubbles are likely to have large mental well being benefit because 59% and 46% of people report missing seeing family and friends [YouGov] as the thing they miss the most and they are the second most common driver of worsening mental wellbeing experienced by 40-50% of people.
- Provide social and practical support for those who need them in the home, such as informal childcare. An estimated 5-9% of the total labour supply in England are constrained by childcare as a result of school closures. [DfE]
- The divide between double parent households and single parent households has become more apparent. The need for social bubbling opposed to social contact is most evident amongst single mothers, leading to increased mental wellbeing issues. [YouGov]
- Calls to the National Domestic Abuse Helpline for w/c 11 May are 68% higher than w/c 16 March [NDAH] but changes to call volumes are not necessarily indicative of changes in prevalence of abuse; increased social contact for DA victims could provide opportunities to confide and receive help.

Distributional assessment

Demographic - Reduce social isolation and loneliness for groups who can't benefit from the outdoor one-to-one relaxation, e.g., young children and lone parents and other sole carers.
Vulnerable - Increased risk may be posed to individuals, e.g., clinically vulnerable people in households.

Impact of delaying measure

Wellbeing – the mental health impact per month of lockdown is estimated to cost 16,700 QALYs for adults and 1,800 for children. [DHSC] This could decrease with greater social contact or continue to accrue if the status quo continues

3i. Extend household bubbles to include one additional household

Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Overview of any delivery details highlighted in report

Rules and suggestions

How it will work in practice –
- Individuals can only be in one bubble
- All individuals in one household being in the same singular bubble
- The bubble must contain the same individuals for the foreseeable future
- Clarity on flat shares, and what is deemed a "household"

Additional requirements on health –
- If a member of the bubble became symptomatic, all individuals in both households would have to isolate for 14 days, as they would if they lived with them

Potential constraints –
- Placing geographical restrictions on bubbling. As the national infection level falls, we may see more pronounced variability between local hotspots. As a result, a geographical restriction will increase likelihood that localised responses may be effective

How to enforce?
- The current **social distancing regulations** which impose restrictions on social distancing must be reviewed every 21 days, the **next review being due on or before 28 May**
- The measures outlined above could be included in the regulations, although there will be **difficulties with the enforceability of some measures**

Comms and encouragement
- n/a

What have we learnt from international comparisons?

There is limited evidence available from their experiences, but common features are exclusivity and some limitations on who households can choose to bubble with.

New Zealand previously enabled limited "bubbling" (for children with parents in separate households, and for those living alone who were vulnerable), and have now permitted bubbles of two households to enable families to connect, bring in caregivers or support isolated people. Although they introduced this in the absence of test and trace, their rate of community transmission of COVID-19 is negligible, and so their immediate infection risks are substantially less than the UK.

Belgium has introduced a variation that allows one household to invite up to four guests to become part of their bubble.

How will transport be impacted if this is done?

- Visiting friends, entertainment or sport made up 20-25% of trips based on pre-Covid travel patterns although only around 10% of these journeys were made using public transport. [DfT]
- Leisure travel was less likely to coincide with AM peak hours, and may be more easily influenced by guidance to avoid public transport.
- Polling data suggests that between a half and a quarter of people would use public transport less in favour of personal transport.

Health | Economic | Societal

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

3ii. Expand options for gatherings indoors, options to meet outdoors and options for weddings and funerals: Overview of the proposal (1/2)

Easement of contact between family and friends could be implemented at various levels: (a) More than 2 people can meet outdoors; (b) Enable meeting in private gardens and outdoor spaces; and (c) indoors with 2m distance
SPI-M have suggested that transmission impact is small in outdoor settings (a and b) if 2m is maintained, but movement to indoor spaces could have a larger impact on R. No economic benefits are expected
Given the difficulty in enforcing this, clear rules and communications are imperative to prevent a second peak, with SAGE advising that bubbling may only occur after Track and Trace is introduced

Description of proposal

Easement of outside contact between family and friends, so long as socially distant behaviours are kept / enforced

Options considered:

(a) Allowing more than 2 people from separate households to meet outdoors at one time (potentially limiting by number of people or households)
(b) Expanding areas where people can meet to include private gardens and outdoor spaces as long as they observe 2m guidelines
(c) Allowing people to meet indoors as long as they observe 2m guidelines
(d) allow legally binding marriages to take place
(e) allow registration of a birth at the register office

Timing

Proposed date: TBD
Announcement: TBD

Health / scientific assessment

- **Transmission –**
  (a) SPI-M state that outdoor contact with others while continuing to maintain a 2m distance would have no more than a very small impact on overall transmission rates
  (b) Extending to include private gardens would likely increase the risk but this is unclear
  (c) Infection risk is more significant indoors, so allowing indoor gatherings is more likely to have a larger impact on R
  Limiting group size by number of people or households could help reduce transmission
- **Scale –** In June 2017 26,049 couples married. The number of unregistered births is currently c112k and growing at c13k per week. [ONS/GRO]

Economic impact

- **Direct and indirect impact –** There may be economic benefits for the wedding industry but this is not yet quantified
- **GVA / employment –** The impact on GVA is unlikely to be much given that current arrangements on this measure aren't expected to be stopping people doing work. Potentially some positive indirect economic impacts from births being registered (access to services)

Societal and wellbeing benefits

- Polling indicates that 53% of people would support this type of proposal [YouGov]
- Bubbles are likely to have large mental well being benefit because 59% and 46% of people report missing seeing family and friends [YouGov] as the thing they miss the most and they are the second most common driver of worsening mental wellbeing experienced by 40-50% of people
- Calls to the National Domestic Abuse Helpline for w/c 11 May are 68% higher than w/c 16 March [NDAH] but changes to call volumes are not necessarily indicative of changes in prevalence of abuse; increased social contact for DA victims could provide opportunities to confide and receive help
- There is a safeguarding risk for unregistered births where there is a high degree of mobility

Distributional assessment

Age - increased social contact could benefit young people most, as they are the most likely to be concerned about loneliness. Younger people are also more likely to benefit from allowing marriages.

Impact of delaying measure

Wellbeing – the mental health impact per month of lockdown is estimated to cost 16,700 QALYs for adults and 1,800 for children. This could decrease with greater social contact or continue to accrue if the status quo continues

3ii. Expand options for gatherings indoors, options to meet outdoors and options for weddings and funerals: Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Overview of any delivery details highlighted in report

Rules and suggestions

How it will work in practice –

- 2m distance must be kept between people from different households/bubbles (though it is unlikely that distancing itself would be legally enforceable)
- Propose to limit group size – either by number of people (e.g. 10) or by number of households – to avoid crowd control issues, and mitigate any potential risk of compliance with social distancing falling in larger groups of additional households
- Likely result in people entering properties to access the garden and using a property's facilities during a visit and will therefore require clear guidance on how best to manage these risks
- For weddings - LA approved premises and places of worship must be permitted to reopen at the same time

Additional requirements on health –

- **Track and trace -** SAGE's advice indicated that a key point for determining when bubbling can be introduced would be the introduction of track and trace. If the measure was to be introduced before track and trace is ready an assured clearly articulated justification for mitigating or balancing any risk of introduction prior to widespread availability of track and trace will be needed

How to enforce?

- Current **social distancing regulations** must be reviewed every 21 days, the next review being due on or before 28 May.
- The measures outlined above could be included in the regulations, although there will be **difficulties with the enforceability of some measures**
- **Risk that police will be unable to take actions against house parties** in relation to social distancing regulations as it will not be clear whether there are more than is permitted in the property, there remains a risk that, without a power of entry, the police will have very few effective enforcement options in relation to gatherings on private property

Comms and encouragement

- Needs to be communicated clearly so as to not undermine or confuse the 'stay at home' regulation.
- For places of worship, need to consider messaging given proximity to end of major religious festivals (Ramadan and Easter) and court cases

What have we learnt from international comparisons?

n/a

How will transport be impacted if this is done?

- Visiting friends, entertainment or sport made up 20-25% of trips based on pre-Covid travel patterns although only around 10% of these journeys were made using public transport. [DfT]
- Leisure travel was less likely to coincide with AM peak hours, and may be more easily influenced by guidance to avoid public transport.
- Polling data suggests that between a half and a quarter of people would use public transport less in favour of personal transport.

Health | Economic | Societal

Qualitative Impact Rating
- Net negative impact of acting now
- Moderate to small positive impact of acting now
- Significant net positive impact of acting now

4i. Segmenting the population based on clinical risk

Overview of the proposal (1/2)

Segmentation / stratification policies are currently under detailed review by NERVTAG which will report on 26 May about findings and updated behavioural survey and health outcomes

Description of proposal

Options and advice on segmentation of population and social distancing measures by clinical risk and how these should be implemented (e.g. advice or rules-based)

Timing

Proposed date: No requirement to make an announcement about the future of shielding

Announcement: Important that we give certainty and assurance to the current shielding cohort in good time ahead of the current end-point on 30 June.

Health / scientific assessment

- **Science**: Certain personal characteristics place an individual at higher or lower risk of severe COVID-19 outcomes or death. NERVTAG are currently undertaking a detailed review of the emerging evidence on clinical risk factors for severe morbidity and mortality from COVID-19: this is likely to lead to a modification of the cohort of individuals at highest risk. [DHSC/MHCLG]
- **Covid-19 health:** Early clinical data about COVID-19 in late February and early March indicated that severe morbidity and mortality would be higher for people with underlying medical conditions (for both high and medium risk). Modelling suggested that if we could effectively shield those most at risk, it would have a significant positive effect on the fatality rate in that group (estimated at 25-30% reduction), although a modest effect on the overall curve. [DHSC/MHCLG]
- **Current segmentation:** [DHSC/MHCLG]

  1) Clinically Extremely Vulnerable / High risk group: approx. 2.2m (within the broader 'flu group'). 6 categories of conditions plus additions by GPs and specialists
  2) Clinically Vulnerable (CV) group / Medium risk group: approx. 16m ('flu group'), includes pregnant women and 70+ age group
  3) Remainder of population / Low risk group.

Economic impact

- **GVA / employment**: No identified economic benefit of scale

Societal and wellbeing benefits

- There are physical and mental health consequences of being unable to leave home, exercise and socialise. [DHSC/MHCLG]

Distributional assessment

Age: With age being the biggest risk factor by an order of magnitude, this may mean the highest risk cohort becomes less diverse as risk becomes more weighted towards older age. Implications for older families. [DHSC/MHCLG]

Impact of delaying measure

No reported additional impact of delay

4i. Segmenting the population based on clinical risk

Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Overview of any delivery details highlighted in report

Rules and suggestions	**Risk stratification tool [DHSC/MHCLG] -** ▪ There is the potential to design a system underpinned by a personalised risk tool so that people can be supported to assess their own level of risk, either in partnership with a clinician or independently, and determine the steps they should take to protect themselves ▪ This would be a major shift in approach from the current shielding model, will take time to properly plan and design and will have implications for the guidance and support provided by a range of different government departments.
How to enforce?	n/a
Comms and encouragement	▪ A strong, clear and consistent message mon shielding across all communications will be essential [DHSC/MHCLG] ▪ If we use the risk stratification tool to create a range of quintiles, there needs to be clear guidance about what is available for each group and how this is calculated. [DHSC/MHCLG]

What have we learnt from international comparisons?

n/a

How will transport be impacted if this is done?

n/a

Health | Economic | Societal

Qualitative Impact Rating: Net negative impact of acting now; Moderate to small positive impact of acting now; Significant net positive impact of acting now

4ii. Extending or amending the current shielding regime

Overview of the proposal (1/2)

The proposal is to extend support measures for vulnerable groups with four options considered **(a)** same cohort with a one year extension, impacting c 2.2m, **(b)** extend to include households of those shielding, impacting c 5m, **(c)** extend to all over 70, impacting c 10m, or **(d)** extend to the entire clinically vulnerable cohort, impacting c 16m. Extending shielding by duration is likely to continue to reduce mortality by 25-30% for CEV. This will also reduce the need for extending social distancing in the wider population, assisting economic recovery. Extending the cohort will require additional central government and Local Authority support.

Description of proposal

Extending support measures for the vulnerable who are required to shield and only those meeting certain criteria are eligible.

Options considered:

(a) Same cohort with 1-year extension
(b) Offer extended to households of those shielding, c. 5m
(c) Offer extended to include all over-70s, c 10m
(d) Offer extended to include all clinically vulnerable c 16m.

Cohorts to be defined by NERVTAG and SAGE.

Timing

Proposed date: No requirement to make an announcement about the future of shielding
Announcement: Important that we give certainty and assurance to the current shielding cohort in good time ahead of the current end-point on 30 June.

Health / scientific assessment

- **Scale -** 2.2m clinically extremely vulnerable have been advised to shield and would be impacted by an extension. Extending shielding to the whole household, to all over 70s or to all clinically vulnerable would result in a shielding population of c5m, c10m and c16m respectively. [MHCLG]
- **Mortality -** Extending shielding by either duration or population would reduce hospitalisation and mortality of vulnerable groups, reducing pressure on the healthcare system. Early modelling suggested that shielding the clinically vulnerable reduces mortality by 25-30% [DCMO]. Any easement that increases risk of infection may consequently increase mortality rates for the clinically extremely vulnerable

Economic impact

- **Indirect impact -** Continued shielding, including potentially extending the cohort, could reduce the need for longer term large-scale social distancing which would assist macroeconomic recovery. Shielding allows for less vulnerable sections of the population to return to work and to income-generating leisure activities (e.g., through increased consumption). [DHSC/MHCLG]
- **Employment -** If shielding is extended to all clinically vulnerable (c16m) at least 6m are likely to be of working age, a significant proportion may not be able to WFH, reducing the ability of the shielded population to work. This could have repercussions for UC claims and economic activity

Societal and wellbeing benefits

- There are physical and mental health consequences of being unable to leave home, exercise and socialise. Possible increase in domestic violence if households are further confined together
- 65,000 shielded vulnerable people currently require supplies and care support from LRFs [MHCLG]
- 19.1% of those 70+ reported experiencing loneliness often/always or some of the time, compared with 24.3% of those aged 16-69. The proportion was higher for those with an underlying health condition (30.6%) [ONS]

Distributional assessment

Age - Disproportionate number of shielders aged 70+ (43%). [MHCLG]

Gender - Slightly more shielding females (53%) than males. [MHCLG]

Regional - Some local authorities (LAs) have much higher share of their population shielding than others: highest shares in Hounslow (8.1%), City of Kingston upon Hull (7.4%) and Liverpool (7.0%). [MHCLG]

Socioeconomic - Of the 28 LAs with greatest shares of shielding population, 10 are among the 50 most deprived LAs in England. [MHCLG]

Ethnicity - Current data indicates no link between share of population that is shielding and share that is non-white. [MHCLG]

Impact of delaying measure

Wellbeing - Delaying an extension of the shielding measure will lead to public and policy uncertainty about entitlement to government support and cause emotional trauma.

4ii. Extending or amending the current shielding regime

Summary of key considerations (2/2)

How to operationalise this, and what must be considered?

Rules and suggestions

- **Potential need for further government support:** Extension of the central food offer, up to an estimated 100k for education from home, support with council tax and rent expenses, voluntary support schemes, centrally organised prescription medicine service.
- **Need for further LA support:** Food supplies and adult social care needs will continue and grow if further vulnerable groups are shielded.

How to enforce?

n/a

Comms and encouragement

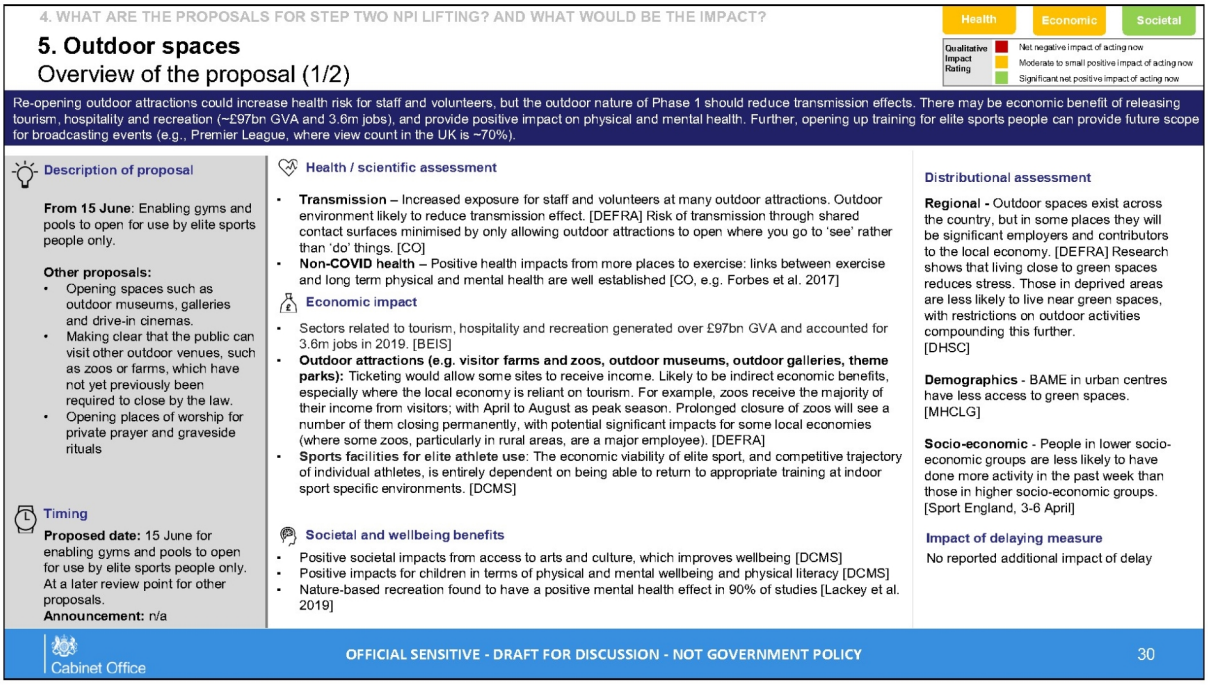
- Successful shielding is likely to be dependent on both clear and consistent communications and engagement, in order to ensure that people know they should shield, and know what this means for them, and on a multi-faceted support offer for those shielding
- There will be a major challenge of identifying, communicating with and monitoring those who are at heightened clinical risk, in particular if option (c) or (d) are chosen, extending the shielded cohort beyond those directly associated with the current population

What have we learnt from international comparisons?

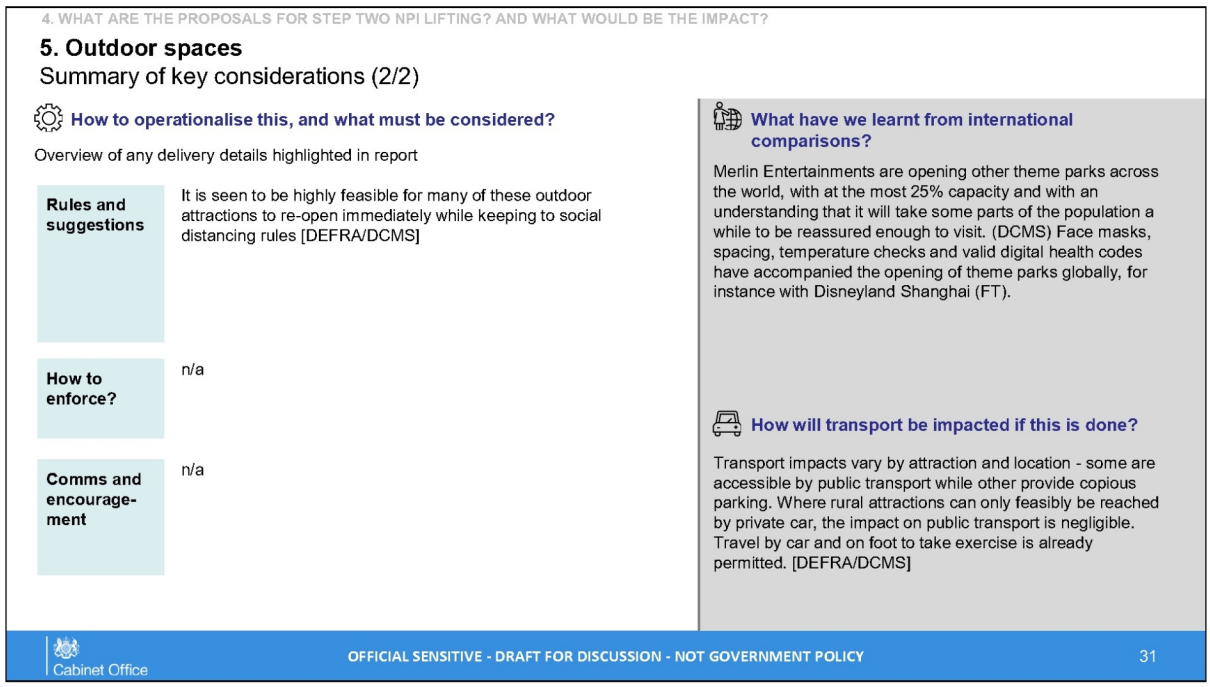
n/a

How will transport be impacted if this is done?

Extending the shielded cohort is likely to have a positive impact on public transport usage, as demand will be reduced under options (b), (c) and (d) relative to the status quo.



[1] HMT/Central Analytics Unit
[2] Cabinet Office
[3] BEIS SC slides
[4] BEIS SC slides *SIC section G, Wholesale & retail trade; repair of motor vehicles and motor cycles
[5] Annex B SC note
[6] HMT
[7] SC note - descriptions of options A and B
[8] BEIS SC slides
[9] ONS BICS included in BEIS SC slides
[10] ONS BICS included in BEIS SC slides
[11] NIESR modelling commissioned by BEIS (SC submitted materials)
[12] BEIS SC slides based on Google mobility data and Citymapper
[13] BEIS SC slides *SIC 2 digit, 47
[14] McKinsey analysis commissioned by BEIS provided in SC submitted materials
[15] Previous options grid "200507 Assessment Table - OS vF.pdf"
[16] Kopasker et al. (2017)
[17] YouGov polling (included in previous options grid "200507 Assessment Table - OS vF.pdf")
[18] YouGov polling (included in previous options grid "200507 Assessment Table - OS vF.pdf")
[19] BEIS SC slides
[20] BEIS SC slides
[21] TBC
[22] IFS
[23] NIESR modelling for BEIS



[1] BEIS modelling on PPE provided for SC
[2] Based on materials provided by BEIS for SC
[3] Based on materials provided by BEIS for SC
School pupils assumptions: (reception (100%), Y1 (100%), Y2 (100%), Y6 (100%), Y10 (5% per day) & Y12 (5% per day)
Using BEIS modelling assumptions for all workplaces and applying to workers in non-essential retail only for PPE estimates note that lower bound relates to if retail sector behaves as “slightly close” physical proximity, upper bound relates to “moderately close”