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COVID-19 OPERATIONS COMMITTEE 21(76)

Thursday 22 July 2022

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HIGH PREVALENCE PLANNING: SUMMER RESPONSE
PAPER BY THE CHANCELLOR OF THE DUCHY OF LANCASTER

Introduction and objectives

1. Post Step 4, prevalence is high and rising in line with SPI-M modelling. High prevalence carries risk - both to our Covid response, and wider disruption to businesses and public services. This paper sets out work happening across HMG, building on the discussion at the SMG on 7 July which provided a preliminary view of key risks of high prevalence.

2. The main objectives of this meeting to:
   a. Establish whether the list of risks covered in the paper is exhaustive; and
   b. For Ministers to ensure mitigating actions that are being taken are robust and comprehensive.

Issues and risks for discussion

Category A: Live challenges, with potential for high impact on the spread of the virus and essential service delivery

3. ***Workforce disruption caused by staff absences through sickness absence, self isolation, and potential industrial action*** (Public services: DfE, DHSC, DWP, MHCLG, MoJ, HO; Critical National Infrastructure: BEIS, DfT, Defra; Private Sector: DCMS)

- **Key risks:** Staff fatigue across the public sector and the NHS; ability to meet

statutory obligations in Local Authorities, including staffing in secure children's homes; disruption to essential services and public services- including transport network and court staff, supply chains and impact on businesses, including supermarkets. Lack of robust data to judge level of risk in many key sectors.

- **Key mitigations: (RED RAG as workforce absences likely to exceed current departmental contingency plans in some sectors)**
    - **Data:** HMT, C19-TF,OGDs gathering data to monitor workforce absence as currently mixed picture across departments on projections for next 6 weeks. Better data on public sector absence than private sector.
    - **Contact isolation:** a very limited number of fully vaccinated, named individuals who are self-isolating as contacts will be notified they have reasonable excuse to attend work in exceptional circumstances where their absence would lead to major detrimental impacts on essential services (from 19th July until 16th August), further sectors will be added post Covid-O on Monday and the first exceptions have been agreed; self-isolation changes for double-vaccinated individuals (16th August); exploring wider roll out of in-person DCT for critical sectors. Integrated supply chains and operations, particularly for food, mean the impact of absences can escalate and sufficiently broad policies on contact isolation are needed to manage this risk.
    - **Limiting transmission** through covid safe measures e.g. not removing, or reintroducing the 1m plus rule in limited circumstances.
    - **Usual contingency measures for shortages**: e.g. interim staff, prioritisation
    - **Critical infrastructure**: Defra is continuing to engage with the agri-food and haulage industries to identify solutions to the current labour shortages, as well as gather absence data via comprehensive Defra surveys. Labour shortages are also being tracked in the Water Chemicals, Waste and Veterinary Medicines sectors. Defra establishing a sustainable means of processing and presenting comprehensive industry data on absences.
- **Points for discussion:** *real time monitoring of absence data; robust mitigation strategies to manage high illness rates across August/September; detailed understanding of compound impact of high absences on essential service delivery;*

issues surrounding services that have limited workforce pools (eg: NHS staff/specialised staff)

4. ***Test, Trace and Isolate (TTI) and genomic sequencing capacity*** *(DHSC)*

- **Key risks:** Demand on testing, tracing and genomic sequencing could exceed capacity if cases rise beyond the level in SPI-M; impeding containment of a harder to identify VoC.
- **Key mitigations: (AMBER/RED RAG as demand likely to exceed capacity, if prevalence continues to rise, latest SPI-M modelling suggests a doubling rate of 1 week for transmission)**[1]
    - **UKHSA is significantly increasing capacity** for symptomatic testing and tracing.
    - **Reducing PCR use for asymptomatic testing:** DHSC is considering options to reduce PCR use in adult social care and will use LFDs for surge testing (except for VoC). Risk assessment needed.
- **Points for discussion:** *Prioritisation of testing capacity; level of risk that high prevalence will mean for the ability to track VoC and for the ability to meet demand; procurement processes for obtaining more LFD and PCR tests and testing capacity.*

5. ***Travel and borders*** *(DfT, DHSC, Defra, HO)*

- **Key risks:** Inbound and outbound disruption and border queues; issues with MQS capacity which may risk capping inflow; wider impact on supply chains e.g. food.
- **Key mitigations: (AMBER RAG as some disruption is likely despite mitigations)**
    - **Pushing checks upstream** to airline operators and new capacity to increase checks through e-gates begin to come on stream in August.
    - **Compliance** with testing requirements and exploration of new range of measures to include compliance being discussed at COVID-O next week.
    - **Expansion of Border Force workforce over summer,** shortened training

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001169/S1301_SPI-M-O_Summary_Roadmap_second_Step_4.2__1_.pdf

programmes to induct staff; 500 new staff identified for frontline delivery.

- **Extending MQS** until March 2022 being considered alongside vfm.
- **Comms:** To manage passenger expectations and to avoid peak days.
- **Risk based spot checks** could be reinstalled as an interim measure. Defra are investigating how we could re-operationalise the Expedited Return Scheme and prioritisation of goods at ports of entry to mitigate the risk of serious border disruption to the supply of fresh food.

- **Points for discussion:** *extension of MQS capacity until March 2022 vs. risk appetite in needing to cap inflow; supply chains - whether further mitigations necessary.*

6. ***High risk settings, including indoor close contact, potentially with limited ventilation, drive outbreaks*** *(BEIS, DCMS, MHCLG, DHSC, DfE)*

- **Key risks:** higher risk settings e.g. nightclubs, live music venues, and other indoor crowded settings and lack of adequate ventilation - drives outbreaks, prolonging the third wave and leading to wider disruption. Likely low uptake of voluntary certification and questions over compliance (home tests, fake passes).
- **Key mitigations: (RED RAG - limited measures in short-term so, unclear that mitigations will be sufficient to prevent outbreaks)**
  - **Drive uptake of voluntary certification** and mandate from September. Mandation could be brought forward to mitigate summer prevalence.
  - **Improving ventilation** through LA and HSE business engagement
  - **Limiting transmission** through covid safe measures, including the retention or reintroduction of 1m plus rule in limited circumstances
- **Points for discussion:** *ownership and incentives or levers to improve ventilation; possible additional measures for high risk settings e.g. nightclubs; settings for mandatory certification; readiness of venues to implement certification.*

7. ***NHS pressures*** *(DHSC)*

- **Key risks:** reduction in staff resilience heading into autumn/winter; growth in elective backlog through combination of covid and non-covid emergency demand (flu, Respiratory Syncytial Virus); high demands on primary care capacity impacting recovery (lost referrals over the pandemic) and revaccination programme; and

increased A&E waits from child and respiratory illnesses.

- **Key mitigations: (RED RAG - mitigations in place to cope with pressures in the immediate term, but lacking data to understand combined pressures)**
    - **Staff recruitment** ramped up both domestically and internationally
    - **Surge capacity and mutual aid (including NHS Volunteer Responders and VCSEP)** in place to cope with immediate pressures
    - **Independent sector capacity** utilised to support elective recovery
- **Points for discussion:** *the combined impact of pre-pandemic levels of non-covid demand (including flu, RSV), high covid prevalence on elective recovery on workforce resilience and the ability of the NHS to deliver on all fronts; what can be done to alleviate pressures.*

Category B: Upcoming challenges, with potential for high impact on the spread of the virus and impact on the lives of young people

8. ***Vaccine uptake in younger age groups and the impact on younger people*** *(DHSC)*

- **Key risks:** high prevalence amongst younger age groups could increase the length of the third wave and disrupt school and university operations in Autumn.
- **Key mitigations: (AMBER/RED RAG - 12 week lag between JCVI decision and rollout launching; lack of evidence on the effectiveness of the uptake strategy)**
    - **Vaccinating children:** The JCVI's interim advice is that we should not offer a vaccine to the majority of 12-17 year olds. The JCVI will keep this under review, pending data from the American vaccine programme in particular.
    - **Driving uptake in young people** through pop up vaccination sites, a targeted comms strategy and greater incentives, including certification e.g. for entry to high risk settings including nightclubs from the end of September.
- **Points for discussion:** *Expected impact of vaccine uptake initiatives and wider incentives in young people; preparedness for child vaccine roll out (including considering giving green light for additional vaccinator training and stress testing) ahead of final JCVI advice; support for those losing work days from vaccine recovery.*

9. ***Schools, colleges and universities returning in September*** *(DfE)*

- **Key risks:** surge post returns; high staff and pupil staff absence and in turn additional lost learning; confidence in staff and pupils returning; HE students starting term without second dose of vaccine.
- **Key mitigations: (AMBER/RED RAG - more detailed plans needed on mitigations for e.g. international arrivals and outbreak management)**
    - **Schools:**
        - **Changes to contact tracing (19th July) and self-isolation policy (from 16th August)** will reduce impacts on attendance from contact isolation. However, this will not mitigate against high levels of absence from Covid sickness and school closures from high prevalence.
        - **Testing** will continue on return and through September.
        - **Outbreak management** response with local Directors of Public Health
        - **School ventilation:** DFE view is that they are unlikely to roll out before October.
    - **HE and FE:** work ongoing to drive up vaccinations amongst students and certification and testing planned before travel and on return in HE.
- **Points for discussion:** *comms around return in September; outbreak management; whether further mitigations are needed for international students and join up with DHSC on MQS; improvements to ventilation that can be delivered ahead of September.*

Category C: Longer term challenges, with a wider impact beyond immediate covid pressures. This is not in scope for the COVID-O discussion but still provides an important awareness and will relate to the issues presented above.

10. There are a range of longer term challenges (including challenges associated with those who have a poor response to the vaccine ie the immunosuppressed/immunocompromised), which may have a significant impact including **Long Covid and wider health conditions (e.g., cancer survival rates); stalled public sector recovery** (e.g. NHS backlog; potential lost learning); **worsening inequalities for DIGs and enduring transmission**; **consumer**

confidence dented; **public trust and community cohesion;** and a longer term **economic and fiscal cost** e.g. workforce disruption, additional cost of TTI, and slower public service recovery**.** Concurrent risks over the **autumn/winter** where high prevalence are likely, with Covid pressures compounded by high rates of flu, RSV and pre-pandemic levels of emergency care. Autumn/winter risks will be picked up through a Ministerial exercise in September.