Permanent Secretary Stakeholder Group

09 June, 15:30 – 17:00

Microsoft Teams

Attendees	Title
David Hughes	CE, Association of Colleges
Leora Cruddas	Confederation of School Trusts
NR	Local Government Association
Mark Lloyd	Local Government Association
Paul Whiteman	General Secretary, NAHT
Charlotte Ramsden	President, ADCS
Avril Chambers	National Officer, GMB
Mary Bousted	General Secretary, NEU
Patrick Roach	NASUWT
Sarah Caton	Chief Officer, ADCS
Bill Watkin	Sixth Form Colleges Association
NR	Head of Education, UNISON
Christine Lenehan	Director, National Children's Bureau
Geoff Barton	GE, ASCL
David Paine	Senior Policy Officer, Solace

DfE	Title
Susan Acland-Hood	Permanent Secretary
Julia Kinniburgh	Director General, COVID Response and Recovery
Sophie Taylor	Director, School COVID Response
NR	Team Leader, School Stakeholder Team
Ben Connah	Deputy Director, COVID Response Unit
NR	Intelligence and Evidence, COVID Response Unit
Tessa Griffiths	Director, COVID Response Measures
Mike Pettifer	Director, DfE COVID Response Unit
NR	Non-executive board member
	JBC Liaison and COVID19 Intelligence manager
Harjit Athwal	Deputy Director, Early Years COVID Response
	Qualifications Director

PHE	Title
Dr Shamez Ladhani	Consultant Paediatrician

Secretariat	Title
	Private Secretary to the Permanent Secretary
NR	Secretariat Manager

Apologies	Title
Rachel De Souza	Children's Commissioner
Amanda Spielman	HMCI, Ofsted
Neil Leitch	CE, Pre-School Learning Alliance
Ade Adetosoye	Solace

1. Introductions & voice of the child

1.1. Christine Lenehan provided the voice of the child with a focus on young people with SEN and disabilities and their experiences of the pandemic.

2. Science update

2.1 NR provided an update on scientific data and on the prevalence of COVID-19 in England and was joined by NR (DfE) and Dr Shamez Ladhani (PHE) who provided the group with an update on research into Long COVID.

- **The national picture:** prevalence remains low at 0.16%, with cases rising quite sharply among 30-39-year-olds and a steep increase among 20-29-year-olds. Those aged 0-9 years have low levels of the virus in comparison to other age groups. Data shows that prevalence is increasing among those with lowest vaccination coverage.

- **Case rates:** case rates are still very low compared to 2020. However, there has been an increase in daily cases. There have been steep changes in case rates in the seven days leading up to 9 June.

- **The national picture (age group breakdown)**: case rates among young people aged 17-21 are starting to spike sharply. ONS analysis shows a similar picture in 7–11-year-olds.

- **Regional levels:** there continue to be comparatively high levels of the virus in the North West of England and this region has received support from PHE. 20–29-year-olds have the highest level of cases in London, which coincides with the ages of unvaccinated population and the move to Step 3.

- **Variant outbreaks in education settings:** the predominant variant is Delta and research has been carried out into common exposure settings which shows us where those who have tested positive for COVID-19 have been. NR stressed that this shows where people who have tested positive have been prior to testing positive and does not necessarily show where transmission occurred. The data goes up to 11 May shows education settings feature highly as a common exposure setting. NR reminded the group that as most young people attend education settings regularly (and more regularly than people go to the supermarket) this does not come as a surprise. Furthermore, many other parts of society were not open at this time.

- **Vaccination progress:** large parts of the population have had their first dose of the vaccine. Most of those aged 60+ have had two doses. First doses of a vaccine are roughly 33% effective of reducing the effects of severe disease of the Delta variant. This increases to much higher levels after a second dose.

- **NHS pressures:** this remains low, although there has been an

increase in hospital admissions nationally. There have been some increases in those patients in mechanical ventilation beds.

- **Mortality rates:** NR reminded the group that children and young people (those who are largely unvaccinated) are not at high risk of mortality. Whilst the risk of mortality from COVID-19 increases with age, those over 60+ are those with the most coverage of the vaccination.

2.2 NR and Dr Shamez Ladhani joined the discussion to explain research into long COVID.

- Work has been done in the Department to understand the impact of post-COVID symptoms (Long COVID) in children. New evidence is published frequently and there is still uncertainty around the scale of the impact of long COVID on the workforce.

- Most of those reporting post-COVID symptoms are those who recovered a long time after their illness. This occurs with most virus (i.e., is not limited to those who have had COVID-19) but seems to happen more with those at risk, with COVID-19.

- Long COVID could occur under a variety of scenarios and Dr Ladhani highlighted the fact that any instances of fatigue or prolonged sense of feeling unwell with COVID-like symptoms in the last year would likely be blamed on COVID-19.

- Cases in children do not give us an indication of the general population. The pandemic has taken a huge toll on children and families, irrespective of whether they have had the virus or if it is due to lockdowns or school closures. Dr Ladhani was clear that children should not be labelled with long COVID (i.e., a medical condition) as this has potential to cause longer-term, psychological harm.

- Dr Ladhani noted that more than 98% of children recover from COVID-19. Other studies show that most children's symptoms improve within a week. A tiny proportion go onto report symptoms longer term. Those who do not recover fully tend to be those with underlying conditions (for example, ME). These symptoms focus on chronic fatigue.

- PHE are working to identify the small group of those suffering from post-COVID symptoms to provide them with access to the right services for their needs.

2.3 Points for discussion

- Dr Ladhani reported that there is increasing evidence that COVID-19 is similar to other respiratory viral illnesses. The vast majority of children recover within a week and only a small proportion have persistent symptom lasting more than 4 weeks. This proportion is similar in

children who have a respiratory illness but test negative for the SARS-CoV-2 virus.

In an on-going PHE study, sensory loss (of taste and smell) and confusion seem to be more common in children with COVID-19 and persistent symptoms.

- On the other hand, there are increasing data on mental health effects of the pandemic, lockdown and school closures in children that are not specifically related to developing COVID-19 per se. As such, many parents are reporting their children suffering from low mood, depression, tiredness and difficulties sleeping, which were as common among children who tested positive for the virus as those that tested negative.

- On long COVID-19 in adults (including healthcare workers and teachers), too, studies that include cases and controls, it is becoming apparent that many of the symptoms attributed to long COVID may be due to burnout and exhaustion rather that infection with the virus.

- There is a need to support staff and students who are suffering the effects of the pandemic, regardless of these experiences being as a result of having the virus.

- On transmission of cases in schools: when community cases increase, they increase in schools. When lockdown was introduced, infection in adults in the community fell, and this was soon followed by a drop in cases in children even though they continued to attend school

- Data show that most cases of infection in school are brought in from the outside, with very little evidence for in-school transmission of the virus among students. The current infection control measures in place in schools are helping to keeping transmission rates in these settings very low.

- Whilst the use of face masks in schools is no longer mandatory, all other measures are still in place. There are mechanisms in place to allow regional Directors of Public Health (DPH) to request the reintroduction of face coverings in schools where there are areas of concern.

- As new variants emerge, we need more data on their risk of infection and transmission in educational settings. With so many children attending school, there will always be some cases and some outbreaks in some schools. Most schools however remain safe environments for staff and students.

- Public Health England publishes national data on cases and outbreaks in school-aged children every week: National flu and COVID-19 surveillance reports - GOV.UK (www.gov.uk)

- The group noted that, whilst data and scientific analysis shows low transmission rates in schools, the workforce and sector in general needs more reassurance. Many teachers have not had their first vaccine and are worried. The gap between scientific analysis and public worry needs to be closed.

3. Systems of Control and paths ahead for education and care

3.1 The Permanent Secretary invited Ben Connah and Tessa Griffiths to speak to the group about systems of control and potential paths ahead for education and care settings.

- The Department is keen to set a direction of travel for September so that schools and colleges have sufficient time to plan. Equally, previous experience tells us we may need to change direction and respond quickly when we see changes in prevalence/Variants of Concern emerging. As we move towards step 4 and limits on social contact are removed, we will want to consider how restrictions in school and colleges are eased appropriately.

- The Department for Health and Social Care have announced enhanced response packages which are in place for a region or area to introduce to suppress the spread of the Delta variant. This basket of measures includes the coordination for surge testing and comms support and travel guidance. DPHs in ERP areas are given more leeway to act across their areas in ways that go beyond the national approach to managing the virus if they see fit, including having the discretion to reintroduce face coverings in education or (where schools and colleges agree) to re-establish on-site testing.

- Decisions are made weekly by ministers and these packages have recently been extended to the 10 Greater Manchester Authorities and all those in Lancashire (less Blackpool). It is expected that more areas will be added across the next few weeks.

3.2 Points of discussion

- In previous weeks, the group had provided feedback that any changes to systems of control in schools should be introduced in a timely manner that allow for flexibility as we near the end of the summer term. The group requested that any changes before the end of term be minimal. The group reminded departmental colleagues that on-site testing in settings requires a great deal of logistical planning.

- Julia Kinniburgh responded that the Department is working with members to consider how to boost participation in home testing among

staff and students. She flagged that schools now have their own testing data so can review the number of tests taken by their staff/students.

- NHS Test and Trace are running a clinical trial to investigate whether daily testing for those who have been in close contact of a positive case could replace the requirement for staff/students to self-isolate. Results of this are expected later in the summer term.

4. Closing remarks

5.1 The Permanent Secretary thanked the group and Departmental colleagues for joining the meeting. More clarity on Step 4 is expected next week and so we would return to discussion on potential paths for education settings.

5.2 The Permanent Secretary flagged that there are live conversations on vaccinations for children and that more would be shared with the group once the Department is aware of plans relating to this.