ACTION

APPROACH TO 30 DECEMBER REVIEW

Date: *29 December 2020* *From:*

Deadline: *29 December*

1. The Government's priorities are: A) to vaccinate the vulnerable, allowing us to ease restrictions and B) to suppress the virus in the interim, in order to manage the pressure on the NHS. This paper provides an update on both of these issues.

2. The paper seeks your steers on the approach to suppressing the virus, which will form the basis of a COVID-O discussion on Tuesday afternoon. The options, described in detail below, are:
    a. to pursue a further escalation of areas into tiers 3 and 4, and to follow the Education Secretary's preference to allow schools to return in January but with a short delay and for universities to return as planned; or
    b. to try to get ahead of the virus, with a more expansive deployment of tier 4 and a longer delay to the return of secondary schools (except for exam years, vulnerable children and children of critical workers).

VACCINATING THE VULNERABLE

3. **The vaccine rollout continues at pace.** From the 8th to the 20th December, a total of 616,933 people had the first dose of the Pfizer/BioNtech vaccine. We are expecting an MHRA decision on the AstraZeneca vaccine in the coming days. If the vaccine is approved, it will allow a significant expansion in the speed and scale of the vaccination programme. Vaccine roll out is proceeding at pace, with the aim of vaccinating the most vulnerable (over 80s and care home residents) by late January. Over 70s and the clinically extremely vulnerable should be vaccinated by the end of February and the NHS are looking at options to go faster if possible. Until sufficient numbers of the most vulnerable are vaccinated, we need to continue to suppress the virus to protect mortality and the risk of the NHS being overwhelmed.

SUPPRESSING THE VIRUS

4. **The Government's winter plan stated that the Government's objective was to hold R below 1** to protect hospital capacity until the vaccine rollout enabled an easing of restrictions. The rest of this paper covers:
    a. The latest information on the spread of the variant West and North, and the prospective impact of new South African variant.
    b. Options to expand tier 4 and delay the return of schools.

Commented [WC1]: And minimise avoidable deaths

Commented [WC2]: And those who care for them

c. The approach to testing.
d. The approach to shielding.

5. **The situation is deteriorating rapidly.** The UK reported over 41,000 cases on 28 December. The ONS survey covering the week to 18 December estimated that 1.18% (645,800 or 1 in 85) of the community population in England had COVID-19, an increase of c.23% on the week to 28 November, when the rate was 0.96% (521,300, 1 in 105).[1] The situation in hospitals is worsening across the country- across England there are now 20,246 beds occupied with COVID patients(~20%) - higher than the peak in April of approximately 19,000. Pressure will increase in line with rising admissions, particularly in the East of England (WoW admissions growth: 45%), London (41%) and the South East (31%). In response, DHSC are looking at reopening the London Nightingale this week and mutual aid has been triggered with the wider South East and London regions to alleviate pressure in Kent. In the North, although admissions are growing less quickly, 15% of beds are still occupied by COVID patients. Nationally, non-COVID emergency and elective occupancy pressures are also significantly greater than in Spring (accounting for 83,060 beds- up ~75% vs Spring). Given the 2-3 week lag in cases turning into admissions, it is likely that several weeks of further growth in the hospitalisation rate are now unavoidable.

6. **These areas are those in which concurrent winter risks are especially high.** Kent is a transition-critical Local Authority which is also balancing: tier 4 enforcement; vaccine rollout; community testing and vulnerability to poor weather conditions. In London, the strain on NHS capacity will be felt alongside transition period passenger disruption and higher likelihood of protests/civil unrest.

7. [PLACEHOLDER: in light of this worsening situation… Alert Level 5 update]

Commented [WC3]: The test is- do we think the NHS is likely to be 'overwhelmed' in the next 3 weeks. Although some areas and hospitals are under significant pressure, nationally the judgement of the NHS Medical Director, with which I agree, is that they will not. Overwhelmed is a high bar for an emergency service. So alert level 4 for now. This is also the situation for the other 3 nations, Wales the most perilous.

A. the latest information on the spread of the variant, and the South African variant

8. **NERVTAG and PHE have high confidence that the new variant is spreading faster** than the previous ones, consistent with an increase in transmissibility. There is currently no evidence to suggest that the new variant alters the severity of the virus, changes the transmission profile across settings, or alters the immunity profile.

Commented [WC4]: substantial increase

Commented [WC5]: or: 'or causes an increased rate of reinfection implying immune escape'.

9. **The new variant has become the dominant variant across London, the South East, and East of England**, where it now accounts for 65-68%[2] of the cases, driving a sudden and rapid rise in cases from the start of December. The new variant has been found in all regions of England [and Nations of the UK], and the latest data suggest that it is growing in recent weeks in the South West, Midlands, and North East. As the

[1] ONS COVID-19 Infection Survey, 24 December.
[2] Estimated percentage of positive cases which are compatible with the new variant (ORF1ab & N-gene positive) based on people who have tested positive for Coronavirus (COVID-19) on nose and throat swabs for period 14-18 December. ONS COVID-19 Infection Survey, 24 December.

13. **At present, 44% of the population are in tier 3 and 43% are in tier 4**, together accounting for 87% of the population and 89% of national GVA. The Government's winter plan also stated that the Government would prioritise keeping schools and other education settings open; the options presented below therefore prioritise an escalation through the tiers *before* reaching for the most significant intervention on schools.

Option A: escalate through the tiers, proceed with DfE's recommended schools plan

14. **We expect Gold to present a choice to COVID-O:** a 'steady escalation' approach - with all of England (possibly excluding the Isles of Scilly) to Tier 3 and much of the Midlands in Tier 4; or a 'precautionary' approach which would see much of the South West, North East and areas of the North West also escalated to Tier 4.

15. **Even under the steady escalation approach, it is likely that the proportion of the country in Tier 4 will rise up to [60%+]**. The pace at which areas are being recommended to move up through the tiers is stark. Northamptonshire was only escalated to Tier 3 last week and is now being moved to Tier 4; Cornwall and Herefordshire were only escalated up to Tier 2 last week and are now being recommended for Tier 3. Tier 4 coverage is also spreading across the country - across much of the Midlands and the North East. In the more precautionary approach, it is likely that the vast majority of England would be in Tier 4 with only a handful of areas left in Tier 3 - and they would likely move in the next 2-3 weeks.

16. **This would be combined with a further week of delay to the full return of secondary schools and colleges,** as recommended by DfE. Early Years and Primary settings would remain open to all children in all circumstances. Only vulnerable children and children of critical workers would return to face-to-face education in w/c 4th January, with exam years learning remotely. Schools would rollout their testing programme in w/c 11th January and exam cohorts would return to face to face teaching, with a full return of other groups by 18/1.

17. **This approach is consistent with what we see in the data currently, but may mean that spread continues** in the South East and London as schools return in the same way it did in Kent during November. This minimises the time that pupils are not in school and the educational and developmental impacts, but the risk is that it does not go far enough, or that the situation is bad enough in w/c 18 January that we have to make another change.

18. **The approach relies on robust delivery of testing with maximal take up by schools and pupils**, on which we have significant concerns. Even with the extra week's delay in the return of secondary schools it is an ambitious timetable. DfE have been commissioned for further advice, but key delivery challenges will include the competency and willingness of schools in setting up testing arrangements and

Commented [WC9]: Lets be frank here. The suggestion of DfE means that in response to this substantial new threat where opening schools increases the threat there is no change to early years, primary, vulnerable students, children of key workers, and a maximum of 1 week change to remaining secondary pupils. I am not saying this is wrong (that's a political decision), but it is about as de minimis a change as it would be possible to conceive and still be credible. The way this para is written implies this is a significant shift, which it is not, it is minimal.

Commented [WC10]: Or, which I think is the worst option of all, we have to undertake an emergency closure of all schools and FE in late Jan having realised we have lost control and we have to yank the emergency brake. This would be a worse educational as well as public health outcome. I think Ministers need to be aware of this possibility when they make decisions. It is not a remote possibility but a reasonably likely outcome (less than 50% but non-trivial).