

Covid 19 winter plan - Key points

- Aiming to bring R below 1, enable life to return closer to normal, minimise damage to the economy and education

Tiers

- Not much change from previously for the medium tier (tier 1), although stronger advice to work from home where possible and no indoor care home visiting.
- For high (tier 2) and very high (tier 3) tiers, there is an intensification of restrictions on the hospitality sector
- In the high tier, pubs and bars will only be allowed to open if serving a proper meal (previously a 'very high' tier restriction)
- In the very high tier all hospitality will be closed apart from takeaway (previously a lockdown restriction) and indoor entertainment and hotels closed (apart from customers staying at the hotel for work).
- In all tiers support bubbles criteria are expanded to recognise needs of carers
- Some indoor sports and events are allowed at medium and high tiers but with reduced numbers.
- The Government recognises these tiers are, overall, more restrictive than those that applied in October. In order to control the virus effectively, it is also likely that more of the country is placed into tiers 2 and 3 at first, as part of the continued effort to suppress infections and protect NHS capacity.
- The Government will review the tiering allocations every 14 days.
- The legislation will lapse at the end of March

Allocation to tiers

Decisions will primarily be based on five key indicators:

- a. Case detection rates in all age groups;
- b. Case detection rates in the over 60s;
- c. The rate at which cases are rising or falling;
- d. Positivity rate (the number of positive cases detected as a percentage of tests taken)
- e. Pressure on the NHS, including current and projected occupancy

Testing and vaccination

- There will be a programme of mass testing in very high (tier 3) areas, and also national programmes of testing in high risk settings. All areas will also have access to some flexible 'DPH' lateral flow test capacity.
- The Government plans to introduce frequent testing as an alternative to the need for self-isolation for people who have had close contact with someone who has COVID-19. Instead, contacts will be offered regular tests as an alternative to isolation and only have to self-isolate if they test positive. This will be trialled with the aim of rolling out early next year
- Vaccination is recognised as the longer term way out of the pandemic
- Improvements in treatment are also likely to bring benefit

Behaviours

- There is still a very strong emphasis on the importance of behaviours - promoting ventilation is added as an important component now there is cold weather and we spend more time indoors.
- SAGE advice is that typically over one third of contacts are made at work, that these are often of long duration and highly clustered and that homeworking can have a significant effect on reducing transmission if all those who can work from home do so. The Government will encourage employers to enable a greater degree of home working, and will strengthen guidance to be very clear that anyone who can work from home should do so.

Local government

- National government will legislate to enhance the tools available to Local Authorities to issue improvement and restriction notices to businesses that are breaching COVID-secure rules, with the ability to compel the immediate closure of a premise.
- There will be additional funding of £4 per head per month for local government areas placed in tier 3 restrictions
- More advice will be provided for clinically extremely vulnerable

Adult social care

- In the first wave, the movement between care homes of staff who were unwitting carriers was one cause of the virus being introduced to these settings. The Government is therefore introducing legislation, by the end of the year, that requires care home providers to restrict all but essential movement of staff between settings.
- All care home staff are now offered weekly testing and this will be increased to twice weekly by the end of December. Resident testing started in April and all care home residents have been offered monthly testing since July. This will be increased to weekly testing in December.
- The Government will provide weekly testing to domiciliary carers working for CQC registered domiciliary care providers across England, using PCR tests initially from 23 November and moving to lateral flow testing once clinically validated for self testing.

Vulnerable communities

- There will be £25M funding nationally for community champions

Education

- Strong focus on keeping education open. There will be more guidance for schools/further education on actions that could be taken in areas with very high Covid-19 rates.
- Piloting of rapid testing in schools
- Guidance planned on return of students to universities

Economy

- A number of existing initiatives and protections described

Christmas

- A cautious Christmas but some relaxation - temporary bubbles of three households
- Services in places of worship allowed for all faiths

1.0 Objectives of the winter plan

a. **Bring R below 1 and keep it there on a sustained basis.** R is the epidemiological term for the reproduction number. The R number combined with the growth rate describes how quickly the virus is moving through the population. An R of 3 would suggest that, on average, each infected person would infect three other people. This means that, assuming the infection occurs over a short period of time, the virus is spreading rapidly. Keeping R below 1 means that on average, each infected person will infect fewer than one other person, which will result in the number of new infections falling over time. If no action is taken to suppress the virus, exponential growth will, at some point, exceed regular and surge NHS capacity. As a result, there would be a greater number of direct COVID-19 deaths, and a higher number of indirect COVID-19 deaths due to the impact on healthcare provision.

b. **Find new and more effective ways of managing the virus and enabling life to return closer to normal.** This will be achieved through: developing and rapidly deploying vaccines; new, improved medical treatments to reduce mortality and morbidity; expanding the capacity of the existing test and trace programme; and using rapid testing to quickly identify and isolate cases.

c. **Minimise damage to the economy and society, jobs and livelihoods. Education will be safeguarded in nurseries, schools, colleges and universities.** This means ensuring the right support is available for jobs and that early years settings, schools, further education providers and universities continue their excellent work in ensuring a safe environment for students to learn.

2.0 Vaccination and treatments

The route back to normality will be to move from social restrictions to scientific interventions. Vaccination is key to this. However it is also important to remember that the exact strength and duration of immunity provided via vaccination is not yet known. Protection by vaccination takes time to build, requires a full course, and it is unknown how well the first vaccines will stop the virus passing between individuals.

The Joint Committee on Vaccination and Immunisation (JCVI) has found that the risk of serious disease and death from COVID-19 increases sharply with age and is also increased in those with a number of underlying health conditions. They have advised that as long as an available vaccine is both safe and effective in older adults, they should be a high priority for vaccination. The Committee's provisional advice, therefore, largely prioritises vaccination based on age (plus health and social care staff). The provisional JCVI prioritisation has been published, but will continue to be updated.

The NHS is in the process of establishing mass vaccination centres across the country that can manage the logistical challenge of needing to store the Pfizer vaccine at minus 70 degrees Celsius. In addition, it is establishing vaccination hubs in hospitals for NHS staff. There will also be a community rollout, which will encompass those who find it difficult to travel.

Clinical trials for various treatments are ongoing.

3.0 Testing

Overall testing capacity in the UK is now good, and more than many other countries. A new technology now being rolled out is lateral flow testing. This is a form of rapid testing which gives a result in about 30 minutes and looks similar to a pregnancy test. It is less accurate than current PCR tests but much quicker and can be done by non-specialists including at home.

There are several planned national roll outs of rapid testing in higher risk settings.

Figure 3: Expansion of testing Status of rapid testing workstreams.

Rapid testing Strand	Status
NHS patient-facing staff: increasing the testing offer to test high-contact staff twice a week	Already underway
Care homes staff and residents: Increasing the frequency of testing, to twice-weekly for staff and weekly for residents	To go live in December
Care home visits: testing will be available for up to two visitors per resident to be tested twice a week in all care homes.	Pilots underway, national rollout from early December
High risk extra care & support living staff and residents: twice weekly testing for staff and weekly for residents	To go live in December
Registered domiciliary care staff: testing available weekly	To start rollout immediately
Other social care settings: testing other home care workers including personal assistants.	Phased introduction from late December
Food manufacturing plants: beginning weekly testing for all staff	Pilots underway, national rollout in December
Closed settings including prisons and asylum centres: weekly testing for all staff and prisoners	Pilots underway, phased introduction to start in December
Vaccine/testing operational staff: weekly testing for key staff in operational delivery and the supply chains	To go live in December

Further piloting in universities and schools is also planned, including the offer of pre-Christmas holiday testing for university students.

3.1 Testing and contact tracing

The Government plans to introduce frequent testing as an alternative to the need for self-isolation for people who have had close contact with someone who has COVID-19. Instead, contacts will be offered regular tests as an alternative to isolation and only have to self-isolate if they test positive. This will be trialled in Liverpool first, then some institutional settings (e.g. the NHS, care homes, education, employers) before the end of the year, ahead of rollout across the country from early next year

3.2 Mass testing in different Covid-19 tiers

The community rapid testing programme will offer Local Authorities in the ‘very high’ tier (tier 3) areas the opportunity to participate in a six week testing surge.

The Government will continue, in all tiers, to use early-warning mechanisms like waste-water testing, providing rapid tests for deployment by Directors of Public Health, expanding partnerships on contact tracing and deploying flexible testing sites where outbreaks occur. This should help reduce prevalence further in areas of lower prevalence, enabling a greater range of normal activity to continue.

3.3 Funding

This winter strategy is backed by an additional £7 billion for NHS Test and Trace to support increased testing, including community testing and ongoing improvements to tracing, taking the overall funding provided for Test and Trace this financial year to £22 billion.

4.0 Tiers of intervention

Local authority areas will be placed in one of three tiers of intervention, with the key features of each tier outlined below:

The Government recognises these tiers are, overall, more restrictive than those that applied in October. In order to control the virus effectively, it is also likely that more of the country is placed into tiers 2 and 3 at first, as part of the continued effort to suppress infections and protect NHS capacity. This is a necessary step in order to meet the Government’s first objective of suppressing the virus and holding R below 1. This is critical because it means the epidemic will shrink rather than grow, allowing areas to move down the tiers as prevalence falls. No one wants these tough restrictions, which damage lives and businesses, in place for any longer than necessary. **The Government will review the tiering allocations every 14 days.** However, as prevalence remains high it is likely that it will be longer before many places move down tiers. The tiering regulations will lapse at the end of March, at which point the Government would need to return to Parliament with any proposals for further economic and social restrictions.

Tier 1: Medium alert	Tier 2: High alert	Tier 3: Very High alert	Tier 1: Medium alert	Tier 2: High alert	Tier 3: Very High alert
Meeting friends and family					
Maximum of six indoors or outdoors, other than single households or support bubbles.	No mixing of households indoors, apart from support bubbles. Maximum of six outdoors.	No mixing of households indoors, or most outdoor places, apart from support bubbles. Maximum of six in some outdoor public spaces (e.g. parks, sports courts, public gardens).			
Bars, pubs and restaurants					
Venues must be table service only. They must stop taking orders at 10pm and must close by 11pm.	Pubs and bars must close, unless operating as restaurants. Hospitality venues can only serve alcohol with substantial meals. Last orders at 10pm and must close by 11pm.	Hospitality is closed, with the exception of sales by takeaway, drive-through or delivery.			
			Retail		
			Open	Open	Open
			Entertainment		
			Open	Open	Indoor venues closed
			Personal care		
			Open	Open	Open
			Travelling		
			Walk or cycle if possible. Avoid travel into Tier 3 areas (except where necessary, such as for work, education, medical attention, youth services or caring responsibilities).	Reduce the number of journeys made where possible. Avoid travel into Tier 3 areas (except where necessary, such as work, education, medical attention, youth services or caring responsibilities).	Avoid travelling out of the area, other than where necessary such as for work, education, youth services, medical attention or because of caring responsibilities. Reduce the number of journeys made where possible.

Tier 1: Medium alert	Tier 2: High alert	Tier 3: Very High alert
Overnight stays		
Permitted, with household, support bubble, or up to 6 people.	Permitted, with household or support bubble.	No overnight stays outside of local area, unless necessary for work, education or similar reasons.
Accommodation		
Open	Open	Closed (with limited exceptions such as work purposes or where people cannot return home)
Work and business		
Everyone who can work from home should do so.		
Education		
Early years settings, schools, colleges & universities open. Registered childcare, other supervised activities for children, and childcare bubbles permitted.		
Places of worship		
Open, but cannot interact with more than six people.	Open, but cannot interact with anyone outside household or support bubble.	Open, but cannot interact with anyone outside household or support bubble.

Tier 1: Medium alert	Tier 2: High alert	Tier 3: Very High alert
Indoor leisure e.g gyms and swimming		
Open	Open	Open
Large Events - Elite Sport, Live Performances & Business		
Open to the public, but limited to 50% capacity, or 4000 outdoors/1000 indoors (whichever is lower). Social contact limits apply.	Open to the public, but limited to 50% capacity, or 2000 outdoors/1000 indoors (whichever is lower). Social contact limits apply.	Events should not take place; Drive-in events permitted.

Tier 1: Medium alert	Tier 2: High alert	Tier 3: Very High alert
Weddings and funerals		
15 guests for weddings, civil partnerships, wedding receptions and wakes; 30 for funerals.	15 guests for weddings, civil partnerships, wedding receptions and wakes; 30 for funerals.	15 guests for weddings, civil partnerships and wakes; 30 for funerals. Wedding receptions not permitted.
Exercise		
Classes and organised adult sport can take place outdoors, but must follow the rule of six indoors. Organised activities for elite athletes, under-18s and disabled people can continue.	Classes and organised adult sport can take place outdoors, but cannot take place indoors if there is any interaction between people from different households. Organised activities for elite athletes, under-18s and disabled people can continue.	Classes and organised adult sport can take place outdoors, but people should avoid higher-risk contact activity. Group exercise activities and sports indoors should not take place, unless with household or bubble. Organised activities for elite athletes, under-18s and disabled people can continue.

4.1 Allocation of local authority areas to tiers

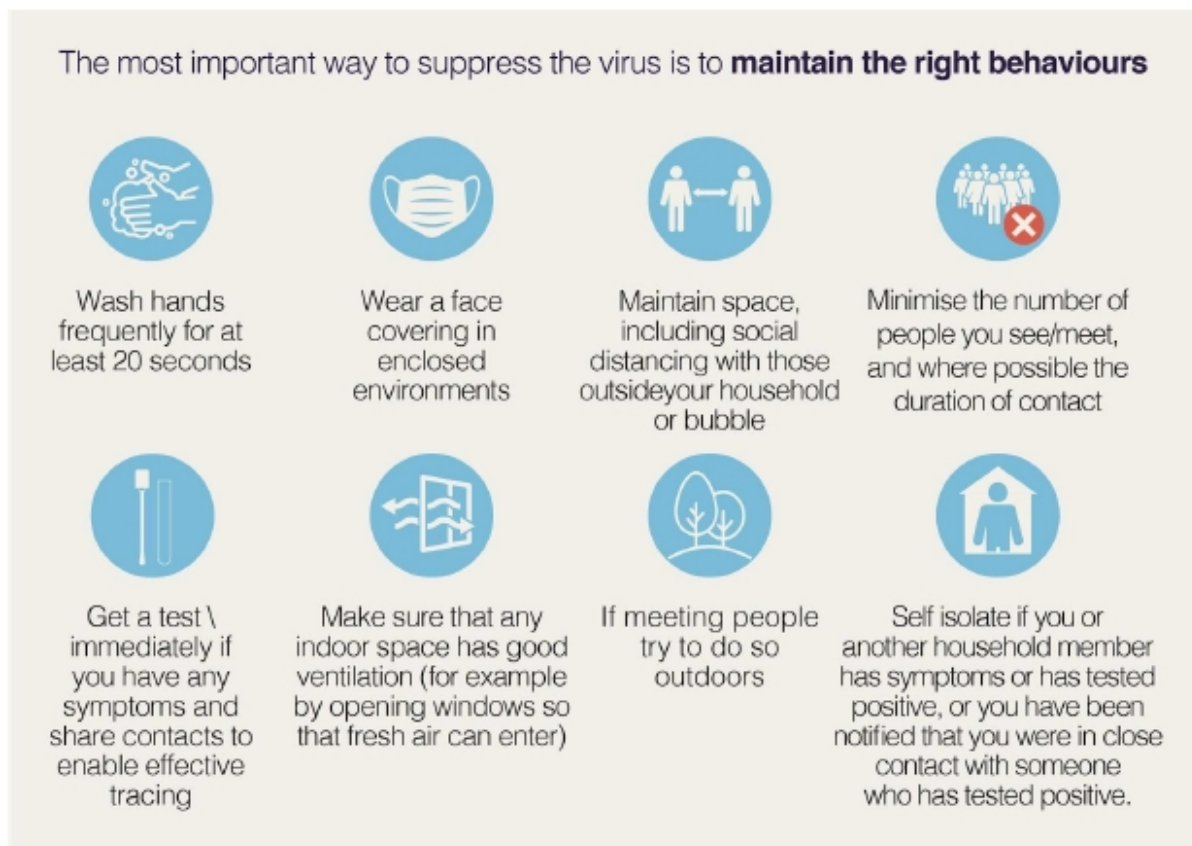
It is important that the latest data is used to inform decision making, including the impact of current measures, so the Government will announce later this week which tier will apply in each area from 2 December, based on analysis of the most up-to-date information. Decisions will primarily be based on five key indicators:

- Case detection rates in all age groups;
- Case detection rates in the over 60s;
- The rate at which cases are rising or falling;
- Positivity rate (the number of positive cases detected as a percentage of tests taken); and
- Pressure on the NHS, including current and projected occupancy.

5.0 Key Behaviours

At the current time and through this winter, maintaining the right population behaviours will be key.

Figure 6 Maintaining the right behaviours. *The most important way to suppress the virus is if we all continue to follow the right behaviours.*



5.1 Working from home

SAGE advice is that typically over one third of contacts are made at work, that these are often of long duration and highly clustered and that homeworking can have a significant effect on reducing transmission if all those who can work from home do so.²¹ **The Government encourages employers to enable a greater degree of home working, and will strengthen guidance to be very clear that anyone who can work from home should do so.**

6.0 Local authority powers and funding

The Government will legislate to enhance the tools available to Local Authorities. Local Authorities will be given streamlined powers to issue improvement and restriction notices to businesses that are breaching COVID-secure rules, with the ability to compel the immediate closure of a premise that is not complying with COVID-Secure regulations

The Contain Outbreak Management Fund will be extended so that it can provide monthly payments to Local Authorities facing higher restrictions until the end of the financial year. For those authorities under the highest level of restrictions, this funding will amount to £4 per head of population per month. This funding will be made available from the end of national restrictions, and will be subject to review in January 2021. Further details will be provided to Local Authorities before the end of national restrictions on 2 December. This further funding, worth up to £900 million, recognises the ongoing public health and outbreak management costs to Local Authorities of tackling COVID-19. It will be in addition to the more than £780 million that has been committed to Local Authorities from the Contain Outbreak Management Fund to date.

6.1 Clinically Extremely Vulnerable

As the national restrictions end, the guidance to the clinically extremely vulnerable not to go to work or school will also end. The Government will reintroduce specific advice for clinically extremely vulnerable people on how they can protect themselves at each tier.

6.2 Adult social care

In the first wave, the movement between care homes of staff who were unwitting carriers was one cause of the virus being introduced to these settings. **The Government is therefore introducing legislation, by the end of the year, that requires care home providers to restrict all but essential movement of staff between settings in order to reduce transmission.**

Repeat testing was introduced across care homes in July which helps care homes to identify and contain outbreaks. All care home staff are now offered weekly testing and this will be increased to twice weekly by the end of December. Resident testing started in April and all care home residents have been offered monthly testing since July. This will be increased to weekly testing in December.

The Government is therefore providing weekly testing to domiciliary carers working for CQC registered domiciliary care providers across England, using PCR tests initially from 23 November and moving to lateral flow testing once clinically validated for self testing.

6.3 Vulnerable populations

The Government is spending up to £25 million to establish a network of Community Champions to help those most at risk and hard-to-reach communities access and adhere to the latest Government COVID-19 guidance, and to give these people a greater voice in public health. The scheme will also provide funding for voluntary and community groups who specialise in working with communities most at risk from COVID-19. The Government is also considering what further action is needed to protect disabled people. It is especially important that the needs of people with characteristics that could put them at greater risk are fully considered and that the fullest efforts are made to engage them in the roll-out of rapid testing and vaccines

6.4 Economy

This section reads to be a summary list of schemes already in place for businesses and individuals rather than new schemes.

6.5 Education

There is a strong focus on keeping schools open. The Department for Education will update its guidance in the coming days to reflect how settings should operate under the strengthened tier system, and an updated contingency framework in the exceptional circumstances in which further restrictions on education are required in any area. The Government will do everything possible to avoid enacting those contingency measures at any stage.

The Government will continue piloting further rapid testing in schools.

7.0 Universities

Following the end of term break, the Government is looking to make the return to higher education as safe as possible, and will provide further guidance in due course, considering future developments and the relevant scientific advice.

8.0 NHS

The Government is providing an additional £205 million of support for the NHS this winter. This includes an additional £80 million to bring forward the recruitment of staff. The Government will also invest up to £125 million to secure additional hospice capacity. The Government has also announced an additional £1 billion for the NHS next year to begin tackling the elective backlog, including continuing to prioritise the most urgent patients and enabling catch-up for long waiters, and around £500 million to address the mental health backlog, give more people the mental health support they need, and invest in the NHS workforce.

By December, it will be possible to meet 70% of the expected winter demand for PPE from UK manufacturing and, although gloves are not currently produced in the UK, the Government is confident in supply. Almost 32 billion items of PPE have been ordered, of which over half are already in the UK. This month stockpiles will be in place for all COVID-critical PPE, sufficient to cover 120 days usage at COVID-19 levels.

More broadly, the Government is committed to supporting everyone's wellbeing and mental health throughout the winter period to help people through this difficult time. The Wellbeing and Mental Health Support Plan for COVID-19, which will be published by the Department for Health and Social Care, will outline the Government's plan to strengthen the mental health and wellbeing support and services available to those who need them.

Weblink to full Covid-19 Winter Plan:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937529/COVID-19_Winter_Plan.pdf

Weblink to Covid-19 Winter Plan summary

<https://www.gov.uk/government/publications/covid-19-winter-plan/covid-19-winter-plan-summary>