



HM Government

The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy

July 2020

CP 279



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The UK Government's COVID-19 recovery strategy

Presented to Parliament
by the Prime Minister
by Command of Her Majesty

July 2020

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The next chapter in our plan to rebuild

Introduction

On 11 May the Government published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. The Government's aim at the centre of that plan was to return to life as close to normal as possible, for as many people across the UK as possible, as fast and fairly as possible; in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes.

We have followed our plan and the virus is in retreat. We have opened up the economy and society carefully and cautiously, introducing COVID-19 Secure guidelines to keep people and businesses safe as they welcome back customers and staff. We have launched NHS Test and Trace, including the Joint Biosecurity Centre, which plays a critical role in monitoring and suppressing the virus, and we have sought to carefully replace national lockdown with targeted local action. For many people, life does not yet feel back to normal, but we have adapted our way of living to keep ourselves

and our communities safe. Collectively, we have ensured the R number - the average number of people an infected person passes the virus onto - has not risen above 1, compared to its unmitigated rate of 2.8-3.0.

We will need to continue to act cautiously. We have reached this point thanks to the sacrifice of the British people, and we must continue to reopen in a way that does not undo that effort. We will continue to monitor the virus carefully, and we will not shy away from action when necessary. We will continue to work with the devolved administrations in Scotland, Wales and Northern Ireland to support and care for those at risk, wherever they live in the UK. This additional chapter to the recovery strategy sets out the next stages of our plan. It looks ahead to the coming months, covering the tools we will use to suppress the virus, the challenges that winter will bring and how we are preparing for these, and our ambition for continuing to reopen the economy and society when it is safe to do so.

Suppressing the Virus

We have made significant progress in reducing the spread of the epidemic. The ONS infection survey shows that the number of new infections and people with COVID-19 at any given time has decreased significantly since 'Our plan to rebuild' was published in May, and is now stable and low. The number of people dying each day from COVID-19 has fallen from

a peak of 1,173 in mid-April to an average of 74 over the past seven days.

Pressure on NHS capacity from COVID-19 has continued to decline: both the number of daily new COVID-19 hospital admissions and the number of COVID-19 patients in ventilator beds in the UK have fallen by over 90% from their peak in early April. There are now fewer than 2,000 people in hospital with COVID-19 in the UK, compared to a peak of 20,219 on 12 April. NHS attendance remains lower than pre-lockdown levels, for instance GP referrals in May 2020 were down 71.8% compared to May 2019 levels¹. To ensure that people can maintain good health, it is important that people return to using health services knowing that it is safe to do so, including accessing local screening services or seeking a telephone or remote appointment with their GP or by using NHS 111 first to make sure they receive care in the right setting rather than waiting to be seen in A&E. For those patients who do need to go to hospitals, we have already announced increased funding for NHS A&E capacity and have introduced measures to reduce hospital acquired infections.

We now are able better to identify outbreaks at an early stage at local and regional levels, and have taken steps to ensure appropriate local intervention. Local outbreaks are identified and managed through continuous monitoring of the available data, using

¹ NHS Monthly Activity: Statistical Press Notice, May 2020.

NHS Test and Trace and Public Health England, to help spot potential outbreaks early. They then work with local authorities to understand the situation in detail and take action. Different approaches are required according to local circumstances. In some places, outbreaks have occurred in individual premises, such as workplaces, so the response has only focused on those specific locations, whereas other outbreaks have required a greater level of intervention. In Weston-super-Mare, the NHS used infection control and mutual aid procedures to bring a hospital-based outbreak under control; in Kirklees, Public Health England worked with local employers to contain an outbreak at a meat processing plant; in Blackburn with Darwen, local leaders acted rapidly to improve community engagement and awareness of guidance to curb the spread; and in Leicester, we have undertaken large-scale interventions due to the scale of the outbreak. In future, responses to outbreaks could include deploying enhanced testing capability, closing specific settings to stem the outbreak, and carrying out a communications campaign to engage with the community to encourage compliance with social distancing and participation in NHS Test and Trace. Local lockdown will remain a last resort when other actions have been insufficient.

We are ensuring data is shared with local authorities so they can take informed decisions about the action which may be necessary. All upper tier local authorities

now have access to daily, postcode-level data on case numbers, testing numbers and relevant information from NHS 111 and 999 calls for their area. They have also developed local outbreak plans specific to their area and community. The total number of cases identified and the COVID-19 rate is publicly available at national, upper tier local authority and lower tier local authority level on the GOV.UK COVID-19 dashboard. NHS Test and Trace operates in England only, but there are comparable contact tracing systems in Scotland, Wales and Northern Ireland. There are well-established arrangements for administrations and public health agencies in England, Scotland, Wales and Northern Ireland to collaborate and ensure our approaches are compatible, while meeting the needs of the individual nations.

The CONTAIN Framework, published today, sets out how local authorities and national Government will work together to manage local outbreaks. As of 18 July, local authorities will have new powers to close specific premises, close public outdoor spaces, and cancel events. These powers will enable local authorities to act more quickly in response to local outbreaks, where speed is paramount to prevent them from spreading more widely. Use of these powers will be subject to the necessary appeal routes and oversight structures to ensure they are used appropriately.

We will also set out clearly how Ministers would use their powers to control an outbreak if local action is insufficient, building on the approaches taken nationally and in Leicester, working closely with the devolved administrations in cross-border areas. Draft regulations will be published next week, which would enable Ministers to:

- close businesses and venues in whole sectors (such as food production or non-essential retail), or within a defined geographical area (such as towns or counties);
- impose general restrictions on movement of people (including requirements to 'stay at home' or to prevent people staying away from home overnight, or restrictions on entering or leaving a defined area);
- impose restrictions on gatherings by limiting how many people can meet and whether they can travel in and out of an area to do so;
- restrict local or national transport systems by closing them entirely, or introducing capacity limits or geographical restrictions; and
- mandate use of face coverings in a wider range of public places.

Where necessary, Ministers will use these powers – by laying regulations in Parliament – in a targeted way that responds to the particular circumstances in an area experiencing an outbreak. Our intention is that

these powers should be used to enable targeted local action, but these powers would still allow us to reimpose restrictions nationally if that became necessary.

These measures will allow for effective targeted interventions, while seeking to avoid a return to a national lockdown. In the event that the Government does need to make a significant intervention, it would seek to do so in a way that targets the transmission of the virus while minimising the disruption to the economy and society. The Government is also engaging with the devolved administrations to explore how the Joint Biosecurity Centre can operate most effectively across the UK, and will continue to review the effectiveness of the frameworks and institutions in place for monitoring and responding to outbreaks. As we move towards recovery, the Government has a responsibility to build the public health and government infrastructure that will protect the country against this and other biosecurity threats.

Opening up Society and the Economy

The COVID-19 outbreak has resulted in one of the largest ever shocks to the UK economy and public finances. The UK economy in May was approximately a quarter² smaller than in February 2020 and the

² ONS (2020), GDP monthly estimate, UK: May 2020. Figure is 24.5%.

Office for Budget Responsibility (OBR) assesses that the country is on track to record the largest annual fall in GDP in 300 years³. The OBR believes that the outlook would have been much worse without the measures the Government has taken to support individuals and businesses, which should help to limit long-term scarring⁴. However, the impact of the virus and the measures we have had to put in place have been far reaching, affecting people's jobs, livelihoods and wellbeing.

While these impacts have been widespread, they have not been equally distributed. Evidence shows the varying impacts on different groups or people with specific characteristics, including, but not limited, to BAME individuals, single parents, disabled individuals, victims of domestic abuse and low income groups⁵, many of whom have been disproportionately affected. We have taken action to mitigate the impact on these groups, for example, tailoring communications to different groups, facilitating testing for high contact professions, enabling single adult households to form support bubbles, providing funding for charities working with vulnerable people, such as the victims of domestic abuse, and assisting disabled people to access employment opportunities via the Access to Work scheme. We will build on this work to

³ OBR, [Fiscal Sustainability Report](#), July 2020.

⁴ Ibid.

⁵ IFS (2020), The idiosyncratic impact of an aggregate shock: the distributional consequences of COVID-19

understand the key drivers of these disparities, tailor our interventions and better target communications to ensure they reach all communities across the country.

By following the roadmap we set out on 11 May we have been able to start reviving our society and economy, while continuing to suppress the virus. We have made it possible for people to see their friends and family again, and enabled single adult households, who have often been the most isolated, to form support bubbles. We have also ensured that public services have continued to provide support to those who need it, with a return to normal service levels now underway. We have reopened shops, restaurants, bars and pubs, accommodation, visitor attractions, hairdressers, beauticians and other close contact services, and leisure businesses and facilities. We are now advising people that they may use public transport, while encouraging them to consider alternative means of transport where possible. Gyms and other indoor sports facilities are due to open on 25 July. We have allowed outdoor performances and are working with the creative industries to pilot indoor performances in theatres to get audiences back to our vibrant cultural sector as quickly as is safe.

We have been able to do this thanks to the sacrifices of the British public, who have done the right thing and adhered to the guidance that has been put in place. Businesses, organisations, charities and public sector bodies have taken the necessary steps to make the

places and services they provide COVID-19 Secure, ensuring that people can work, shop and enjoy leisure time and holidays safely. This has been made possible through the COVID-19 Secure guidelines, developed in close collaboration with PHE, the Health and Safety Executive, industry and trade unions. As we increasingly rely on local action to suppress the virus, these guidelines will be enforced by local authorities, using their new powers, as outlined above.

Continuing our Plan to Rebuild

Everyone must continue to play their part by following advice and guidance on how to limit the spread of the virus. It is essential that people maintain good hygiene practices: hand washing and regular disinfection of surfaces touched by others and social distancing. Since 11 May the Government has encouraged people to wear face coverings in enclosed spaces where they have close contact with people they do not normally meet. In England, face coverings have been mandatory on public transport since 15 June, and they will be mandatory in shops and supermarkets from 24 July.

We now have sufficient testing capacity so that everyone with symptoms – no matter what their age or profession – can quickly and easily access a test. Antigen testing capacity has increased from fewer than 2,000 tests per day in March to almost 200,000 per day today. Reporting methodologies vary, but data

suggests that the UK is testing at a higher rate per 1,000 of the population than other countries of comparable size, including Germany and Spain. If anyone experiences COVID-19 symptoms, however mild, it is vital that they get a test immediately. We have set up testing sites around the country and are providing local access via 200 mobile units and developing a range of local test sites working with local authorities, primary care services and others to make sure everyone can easily access a test. People can order online or by calling 119⁶, and can access next day appointments. 95% of in-person tests are turned around by the next day. Results are treated in confidence and trained personnel talk people through what to do to manage their condition and keep their friends and family safe by self-isolating at home. NHS Test and Trace also ask for individuals' recent close contacts so that they can be reached and advised to self-isolate, to help break the chains of transmission of the virus and support the return to a more normal way of life. It is vitally important that everyone plays their part, following NHS advice on staying at home if they have the virus or have been in close contact with someone who has tested positive.

Alongside testing those with symptoms, we are proactively testing certain groups without symptoms to identify further cases. This involves scaling up testing

⁶ 119 is the number for England and Wales. People in Scotland and Northern Ireland should call 0300 303 2713.

wherever an outbreak occurs, so that we can find people who have the virus but are not showing symptoms. We also run targeted testing regimes for the people at greatest risk of contact with the virus, such as weekly testing for care home staff, testing asymptomatic NHS staff where there is high prevalence, and working with firms such as major taxi operators, whose staff come into contact with large numbers of people they do not know. We remain committed to working closely with the devolved administrations to coordinate and align testing efforts where possible, at both a strategic and operational level.

Over the coming months we will continue to build the NHS Test and Trace service into a world-class operation in infection control. We plan to increase antigen testing capacity to half a million tests a day by the end of October, with results for in-person tests coming back the next day. We will significantly increase awareness of eligibility of testing with a new marketing campaign and increase access through local walk-in testing sites.

To support these aims, we are pursuing a number of strategies. We are implementing a targeted communications strategy to improve awareness of the service among priority audiences, including BAME communities, non-English speakers and at-risk groups. We will also introduce backward contact tracing, to identify the source of a particular outbreak and improve our understanding of how infection

spreads around social, professional and educational networks. We will introduce an app, ensuring the highest standards of data privacy and data security, to enable individuals to book a test easily, understand their level of risk and, if trials support it, allow for digital contact tracing. It will also enable people to scan the unique QR codes of venues they have visited to help aid contact tracing and understand the spread of the virus.

To support local outbreak management we will further increase our local health protection teams to provide local authorities with additional expertise in environmental health, epidemiology and health and safety. We already have plans to treble the size of these teams from 360 people to 1,100 by the end of July and will increase this further ahead of winter. We will provide increased data and insight through Public Health England and the Joint Biosecurity Centre to aid local decision makers to identify outbreaks early and rapidly put in place preventative steps. We will engage with business locally and nationally to provide them with the latest guidance on how they can minimise the risk of outbreaks on their premises. Through the actions set out above, NHS Test and Trace will be able to take effective targeted action to help manage local outbreaks, thereby contributing to a reduction in the likelihood of needing broader national interventions. This can only work with the full cooperation of COVID-19 positive individuals and their

close contacts, and the Government will keep compliance rates under close review.

Vaccines or drug-based treatments could potentially help to control the epidemic or make the virus less dangerous. The Government is therefore continuing to focus on investing in research, developing international partnerships and putting in place the infrastructure to manufacture and distribute treatments and/or a vaccine at scale. There has been good progress so far. For example, the University of Oxford vaccine human trial is underway and early results are expected to be published imminently. Imperial College London phase one trials have begun. On manufacturing, the Government has committed £131m to expedite the establishment of the Vaccines Manufacturing Innovation Centre (VMIC) in Harwell.

There is no guarantee that a vaccine will be found, and even if one is, it may be at least 12 months away, meaning that work on developing a successful treatment is just as important. Results from ongoing clinical trials are already delivering promising results. RECOVERY, the world's largest COVID-19 clinical trial, supported by the UK Government and led by the University of Oxford, has discovered that a cheap and widely available corticosteroid, dexamethasone, is highly effective at reducing deaths in COVID-19 patients who are sick enough to require oxygen treatment.

The Government is committed to global health leadership. The Global Vaccine Summit on 4 June was a success with \$8.8bn secured and \$600m raised for a COVID Advanced Market Commitment securing ongoing political support for global health.

As we continue to suppress the virus at home, we must remain vigilant to the risk of new infections imported from abroad, through the public health measures we introduced at the border. The Government is committed to the UK being as open as possible to international visitors from abroad, both for trade and leisure, where it is safe to do so. That is why we have introduced travel corridors, so people arriving from certain countries or territories do not need to self-isolate for 14 days. Where progress is made against the virus around the world, we hope to continue to establish travel corridors with new partners. The list of travel corridors will be kept under constant review to ensure that, if necessary, countries and territories can be immediately removed from the list and protective health measures reintroduced to help stop the spread of the virus in the UK.

Preparing for Winter

Despite the success in reducing the burden of the virus significantly from its peak in the spring, the coming winter will present further challenges⁷. Coinfections between seasonal coronaviruses and other respiratory viruses are common. While interactions between COVID-19 and other viruses are not fully understood, they have the potential to be negative and are likely to be more common in winter. There are unknown factors in how colder weather may impact the virus; there is some evidence that UV light means surfaces exposed to sunlight are less hospitable to the virus in the summer⁸, and some outbreaks have occurred in cold, damp settings, such as meat-packing factories. As the weather becomes colder and days become shorter, we would also expect people to spend more time indoors, where the risk of transmission is higher.

There are also secondary risks. The pressure on the NHS and other health infrastructure is already higher in winter due to other seasonal illnesses, such as flu. This risk could be exacerbated by the postponement

⁷ <https://acmedsci.ac.uk/file-download/51353957> The Academy of Medical Sciences: Preparing for a Challenging Winter 2020/21.

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892043/S0484_Transmission_of_SARS-CoV-2_and_Mitigating_Measures.pdf

of non-urgent care, which was necessary to cope with the initial wave of infections in March and April. This will also present challenges for the capacity of the NHS Test and Trace programme, given the potential for a rise in other respiratory viruses with similar symptoms. These risks are not exclusive to the UK; we will need to consider the impact of any further outbreaks in neighbouring countries, including the impact on supply chains.

The Government is undertaking preparations to make sure that we are as ready as possible for the risk of a resurgence in the virus between November and March. Our collective understanding of the virus, and how it spreads through the population, is vastly improved since the initial wave of infections at the beginning of the year. In the coming months, we will continue to assess what the UK can learn from other nations, and carry out a series of exercises to test the Government's winter plans.

As part of these preparations, the Government has provided an additional £3bn to the NHS. This includes additional funding to the NHS to allow them to continue to use additional hospital capacity from the independent sector, and to maintain the Nightingale hospitals, in their current state, until the end of March. We will also fund a new enhanced discharge policy to ensure that patients can be quickly and safely discharged from NHS hospitals, freeing up beds for other patients. We will continue to test all patients

being discharged into a care home before admission. This comes on top of the over £30bn of additional health and social care spending announced already this year, and the Government remains committed to ensuring that the NHS gets the support it needs through this period.

In addition, we are auditing critical winter stockpiles of equipment and personal protective equipment (PPE) to ensure we have the stock we need. We will also keep working with care homes to make sure they are prepared to keep residents and staff safe through the winter months. This winter we will be rolling out the biggest flu vaccination programme in the UK's history, providing additional supplies of the vaccine to improve uptake among the population, especially at-risk groups.

Lifting Restrictions Step by Step

We are at a stage of the epidemic where the number of infections has come down considerably from its peak and the virus is broadly under control in the majority of the UK. As we continue to open up the economy and increasingly allow more social interaction, the risk of transmitting the virus remains. We all need to continue to minimise close contact with people we don't live with, only meet small groups at any one time (just the members of two households, or six people from multiple households if outdoors) and limit how frequently we meet different people socially

over a short period of time to avoid spreading the virus to multiple groups of people. It is vital that people continue to follow the social distancing guidelines to help keep everyone safe as the risk of a wide outbreak remains.

There is a careful balance to strike; safely reopening society and the economy is only possible because the restrictions on social contact remain in place. We will keep these guidelines under review and look to allow ever more contact between family and friends when we can.

We will always assess the state of the epidemic when considering whether to proceed with further steps to allow remaining sectors to reopen, as described below. The stages we have set out represent our ambition for how the next few months might unfold, but this ambition can only be realised if we continue on our current trajectory, where the number of cases is stable or in decline, and local outbreaks are quickly identified and quashed. As previously, these changes will apply in England.

However, it is possible that resurgence of the virus means the below plan cannot be followed safely, so we will prepare for different scenarios over the coming months. In all cases we hope we will see a return towards normality in spring 2021, but only in the optimal scenario of a sustained low incidence can we maintain the timeline set out below. At every stage,

we will continue to make decisions that do not risk a second peak of infections that would overwhelm the NHS.

From 1 August, if prevalence remains around or below current levels, we will take the following steps:

- **Give employers more discretion on how they ensure employees can work safely.** Working from home is one way to do this, but workplaces can also be made safe by following COVID-19 Secure guidelines.
- **Reopen most remaining leisure settings,** namely bowling, skating rinks and casinos, accompanied by COVID-19 Secure guidelines. This will not include particularly high-risk activities and settings such as nightclubs, which will be kept under review.
- **Enable the restart of indoor performances** to a live audience, in line with COVID-19 Secure guidelines, subject to the success of pilots that are taking place as soon as possible.
- **Enable all close contact services to resume,** including any treatments on the face such as eyebrow threading or make-up application, working closely with the sector and public health experts to ensure this can be done as safely as possible and in line with COVID-19 Secure guidelines.
- **Carry out pilots in venues with a range of sizes of crowds,** particularly where congregating from different places, including sports stadia and

business events. The pilots, some of which will begin in late July, will be carefully monitored and evaluated to inform future decisions on any further relaxation of the rules. If plans progress in line with expectations, pilots will expand to build up to and prepare for a full, socially distanced return in the autumn.

- **Enable wedding receptions;** sit-down meals for no more than 30 people, subject to COVID-19 Secure guidelines. Over time, we will assess whether gatherings of this type for other purposes can be made possible and when larger wedding receptions can take place.

In September, schools, nurseries and colleges will open for all children and young people on a full-time basis. Schools, nurseries and colleges will put in place protective measures to minimise the risks to children and teachers and reduce the risk of transmission. This includes keeping children and young people in consistent class or year groups and encouraging older children to keep their distance from each other and staff where possible. This is alongside protective measures such as regular cleaning and handwashing. We will also provide schools and colleges with home testing kits for children and staff who would otherwise be unable to get a test. While our plan is for all pupils to be back at school in September, local outbreaks may require classes, year groups or even whole schools to isolate or be sent home temporarily, so

every school will also need to plan for how they will ensure continuity of education in those circumstances. Universities are also working to reopen as fully as possible.

If prevalence remains around or below current levels into the autumn, we will bring back audiences in stadia, and allow conferences and other business events to recommence in a COVID-19 Secure way, from 1 October. This step will only take place once we have a reliable scientific understanding of the impact of reopening schools on the epidemic.

If prevalence falls very significantly, we will review the necessity for the outstanding measures and allow a more significant return to normality. This would start with removing the need to distance people, while retaining limited mitigations like face coverings and plastic screens in shops. Our ambition is that this may be possible by November at the earliest, however this would be contingent on a number of factors, including consideration of the specific challenges as we move into winter, as described above.

This timeline represents our ambition to return to normality, however we are ready to apply the handbrake on the plan set out above, if required. In parts of the world, cases of the virus are rising rapidly and we want to avoid that in the UK. People and businesses should be prepared for the eventuality that we pause our timetable for reopening, or reverse

changes in a targeted way to respond to new outbreaks. This would only be done if absolutely necessary.

The coming months will continue to test our resources, ingenuity and resolve. We will face new challenges and will need to be flexible in our response to ensure we continue moving in the right direction. We will need commitment from everyone to protect each other and support our economy: from the Government to build the world-beating test and trace system and support our services and businesses; from our world-leading scientists to find effective treatments and a vaccine; and from our outstanding key workers who will continue to care for those suffering from the virus.

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