

Appendix D(3)

BRIEFING PAPER COVID 19 CONTAIN FRAMEWORK AND NEXT STEPS OF THE GOVERNMENT'S RECOVERY STRATEGY

1. Introduction

This briefing paper provides a summary of the [COVID-19 Contain Framework](#) and the next steps in the [COVID-19 Recovery Strategy](#) issued by the government on 17 July 2020.

2. COVID-19 Contain Framework

2.1 Purpose

The framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. At a local level, it clarifies roles and responsibilities and empowers local decision makers to take preventative actions.

2.2 Local Outbreak Plans and Powers

Upper tier local authorities (UTLAs) are leading local outbreak planning, within a national framework, and with support of NHS Test and Trace, PHE and other government departments, and locally with district councils who have responsibility for environmental health. Local arrangements for preventing and containing outbreaks are set out in the [Lincolnshire Outbreak Management Plan](#).

Actions to address outbreaks need to be undertaken in partnership with local communities and ULTAs will have powers to close individual premises, public outdoor places and prevent specific events. The new powers mean that ULTAs will no longer need to seek the consent of a magistrate in order to close a premises. Premises which form part of essential infrastructure will be out of scope and further government guidance will be provided on this. Ministers have similar powers to take action against specific premises, places and events, as well as to direct ULTAs to act. Details on the new legal powers, effecting from 18 July, is provided in a separate briefing paper.

Local governance for outbreak management is the:

- Covid 19 Health Protection Board providing public health leadership and infection control expertise, linked to PHE regional lead, NHS, environmental health and other key partners. The Director of Public Health (DPH) is responsible for the local outbreak management plan.
- local gold (Strategic Coordination Group) providing resource coordination and a link to the NHS Test and Trace. The council Chief Executive is responsible for the deployment of resources and liaison with the LRF and Whitehall via Regional Support and Assurance teams.
- Local Outbreak Engagement Board providing public engagement and community leadership, including comprehensive and timely communications to the public and a link with ministers. Council leaders are responsible for community engagement.

2.3 Roles and Responsibilities

National, regional and local teams are working in partnership in developing the response to the virus. A wide range of indicators are being monitored and data made available locally to ensure constant situational awareness across England. This monitoring will enable an understanding of the virus progression and level of risk by UTLA. The majority of areas will operate as 'business as usual', however the national command structure (see Appendix A) may designate an area in one of the following categories:

- **area(s) of concern** – a watch list of areas with the highest prevalence, where the local area is taking targeted actions to reduce prevalence;
- **area(s) of enhanced support** – for areas at medium/high risk of intervention where there is a more detailed plan, agreed with the national team and with additional resource being provided to support the local team;
- **area(s) of intervention** – where there is divergence from the measures in place in the rest of England because of the significance of the spread, with a detailed action plan in place and local resources augmented with a national support.

2.4 Designation of local systems

For the majority of scenarios, local outbreak management arrangements, as set out in section 2.2 will ensure local containment of community outbreaks. However, depending on the prevalence and progression of the virus local systems will be designated into three escalation categories which would enable specialist expertise and resource to be drawn down from regional and national levels to support the local system

- Areas of concern** – UTLAs will work with partners, supported by regional PHE and NHS Test and Trace resource, to take additional actions to manage outbreaks and reduce community spread. Actions could include additional targeted testing at high risk areas or groups; enhanced communications and other preventative measures; and more detailed epidemiological work to understand where clusters of the virus are occurring so appropriate action can be taken.
- Areas of enhanced support** – UTLAs will be provided with increased national support, capacity including additional resources deployed to support local teams. Actions may include widespread testing; local restrictions put in place to manage outbreaks and detailed engagement with high risk groups and sector to help increase the effectiveness of test and trace in these areas.
- Areas of intervention** – the nature of the outbreak will determine the measures required. Under existing powers, measures local authorities could take include:
 - Extensive communications, with widespread community engagement to reach the groups directly affected, delivered in the languages most relevant to the local community;
 - Expansion of local testing (both symptomatic and asymptomatic);
 - Bespoke measures for people who are shielding;
 - Enhanced inspection regime for businesses.

From 18 July 2020, local authorities have been granted additional powers to:

- Close certain businesses, venues and premises;
- Cancel organised events;
- Close outdoor public areas.

In certain instances, local areas may choose to refer decision making to the national level, for example:

- Local leaders request an intervention from government;
- Multiple outbreaks requiring resource prioritisation by ministers (e.g. outbreak requires more resources than local decision makers can access through their own systems);
- Outbreaks raise issues of national importance (e.g. impact on critical infrastructure, major parts of the economy or key sectors such as food or energy production);

- Local capabilities and controls are exceeded (e.g. community protection actions are not effective or the scale of the outbreak calls for the use of wider or more intrusive powers).

Additional measures determined at a national level could include:

- Limit schools to certain age groups or possible closure of schools to all except vulnerable children or children of key workers;
- Introduction of travel or movement restrictions;

3. COVID-19 Recovery Strategy – Next Chapter in the plan to rebuild

3.1 Purpose

This additional chapter to the government's recovery strategy sets out the government's next steps to suppress the virus, to prepare for winter and to continue to reopen the economy and society.

3.2 Suppressing the virus

The COVID-19 Contain Framework, summarised above, sets out how local authorities and the government will work together to manage local outbreaks. These measures allow for targeted interventions while seeking to avoid returning to a national lockdown.

3.3 Opening up society and the economy

The impact of the virus and the measures taken has been far reaching affecting people's jobs, livelihoods and wellbeing, but they have not been equally distributed. Evidence shows the varying impacts on different groups or people with specific characteristics. Actions have been taken to mitigate the impact for example tailoring communications, enabling single parent households to form support bubbles and providing funding for charities working with vulnerable people. The government will be looking at what further work can be done understand the key drivers of these disparities.

Recent government announcements mean that most parts of the economy are able to open and resume activities including restaurants, bars, pubs, accommodation, visitor attractions, hairdressers and beauticians. From 25 July, people are being encouraged to use public transport and gyms and other indoor sports facilities are able to open. Face coverings will also become mandatory in shops and supermarkets from 24 July.

3.4 Continuing the plan to rebuild

The government plans to build on the NHS Test and Trace service by increasing antigen testing capacity to half a million tests a day by the end of October. There will also be a new marketing campaign to increase awareness of the eligibility of testing and to increase access through local walk in testing sites. To support these aims, the government intends to:

- Implement a targeted communications strategy to improve awareness with key groups including BAME communities, non-English speakers and at risk groups.
- Introduce backward contact tracing to identify the source of a particular outbreak and improve understanding of how infection spreads around social, professional and educational networks.
- Introduce an app, with appropriate data privacy and security measures, to enable people to book a test and if trials support it, allow for digital contact tracing.
- Enable people to scan the unique QR codes of venues they visit to help aid contact tracing.

To support local outbreak management, the government plans to:

- Treble the size of local health protection teams from 360 to 1,100 by the end of July with additional expertise in environmental health, epidemiology and health and safety.
- Increase data and insight through PHE and the Joint Biosecurity Centre.

- Continue to engage with businesses locally and nationally to ensure they have the latest guidance on how to minimise the risk of outbreaks on their premises.

A vaccine or drug based treatment could potentially help to control the virus. A number of trials are currently underway and the government is continuing to invest in the development and production of a range of possible vaccines.

3.5 Preparing for Winter

The pressure on the NHS and other health infrastructure is already higher in the winter due to other seasonal illnesses such as flu. This risk is exacerbated by the postponement 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 service, given the potential for a rise in other respiratory viruses with similar symptoms. Preparations are underway to mitigate the risk of resurgence in the virus between November and March. An additional £3bn of funding is being made available to the NHS to:

- enable the continued use of additional hospital capacity from the independent sector, and to maintain the Nightingale hospitals, in their current state, until the end of March;
- put in place a new enhanced discharge policy to ensure patients can be quickly and safely discharged from NHS hospitals, freeing up beds for other patients;
- continue to test patients being discharged into a care home.

Stockpiles of critical equipment and personal protective equipment (PPE) are being audited to ensure there are sufficient supplies for the winter period. This preparation includes care homes.

The flu vaccination programme will be expanded, providing additional supplies of the vaccine to improve uptake among the population, especially at risk groups.

3.6 Lifting restrictions step by step

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

- Give employers more discretion on how they ensure employees can work safely;
- Reopen most remaining leisure settings including bowling, skating and casinos but does not include high risk setting such as nightclubs;
- Enable the restart of indoor performances with a live audience;
- Enable all close contact services to resume, including any beauty treatments on the face;
- Carry out pilots in venues with a range of sizes of crowds. If pilots progress as planned there will be a possible socially distanced opening in the autumn.
- Enable wedding receptions or sit down meals for no more than 30 people; this will be kept under review.

In September, schools, nurseries and colleges will open to all children and young people on a full time basis.

If prevalence falls significantly, the outstanding measures will be reviewed to allow a more significant return to normality. This would start with removing the need for distancing, while retaining the need for face coverings and plastic screens in shops. The ambition is to make this possible by November at the earliest.

Prepared & updated by:
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National Command Structure

National decision making will take place through the government's Local Action Committee command structure, which can escalate concerns and issues to the Covid Operations Committee to engage ministers across government.

Group	Attendees	Frequency	Remit
COVID - Operations Committee	Relevant secretaries of state Chief Medical Officer Senior civil servants	As needed	Cross government consideration of situation and actions required in the extreme cases where local lockdown is a consideration
Local Action Committee (gold)	Secretary of State for Health (Chair) Ministers and senior civil servants Chief Medical Officer PHE CEO, senior officials from the Department of Health and Social Care, NHS Test and Trace, PHE	Weekly, at a minimum This group can be convened rapidly as required	Brief ministers on latest national and local epidemiological picture Review and evaluate responses in key areas and further action or escalation to other government departments or COVID - Operations
Weekly Containment Group (Silver)	Chief Medical Officer (Chair) Senior officials and PHE colleagues	Weekly, at a minimum This group can be convened rapidly as required	Assess latest national and local epidemiological picture Review and evaluate local outbreak responses and consider further action or escalation
Daily Containment Group (bronze)	NHS Test and Trace Executive (Chair) Senior officials from government departments and PHE	Daily This group can be convened rapidly as required	Provide situational awareness on latest outbreaks and epidemiological picture Review and evaluate local outbreak response and action extra support Decide whether a situation needs further investigation and action. Determine escalation

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