Living with Covid: 2021 and beyond

Version 6; 15 February 2021

Introduction

1. This paper considers the long term management of Sars-cov-2. The end of 2020 saw a resurgence of the virus in the UK, despite extensive restrictions, associated in part due to the emergence of new variants. At 15 February 2021 England remains in a third national lockdown with as yet no clear plan for whether and how this will be lifted.

2. Sars-cov-2 is now endemic and we are going to be living with it for many years. It also appears to be a versatile pathogen with the potential to evolve in ways that might confound control measures.

3. The paper considers the implications over a timescale from the latter half of 2021 until 2030. The intention is to stimulate discussion and perhaps develop a consensus. It focuses on three main themes;

    a) The ongoing Covid defences required.

    b) Potential scenarios depending on the evolution of the virus and the success of control measures.

    c) Management of impacts arising from the pandemic and response, on the Council and on wider society.

Covid defences

4. These are the ongoing control measures required to minimise spread of the virus and the frequency of complications.

5. The aims of Covid defences are:

    a) Avoid importing new variants of the virus.

    b) Identify and isolate a high proportion of cases and contacts – and do so quickly.

    c) Prevent and detect clusters and outbreaks and intervene to stop further spread of the virus.

    d) Increase population immunity through roll-out of vaccination.

    e) Protect the most vulnerable.

    f) Enable social and economic activity.

    g) Build and maintain public trust and confidence.

6. The UK will need **border controls** to avoid the import of new variants. In addition it will need several layers of Covid defences at local level as summarised in Figure 1. Individually these are all imperfect but if implemented together there is the possibility that we might be able to manage the virus down to background levels.

Figure 1: local Covid defences
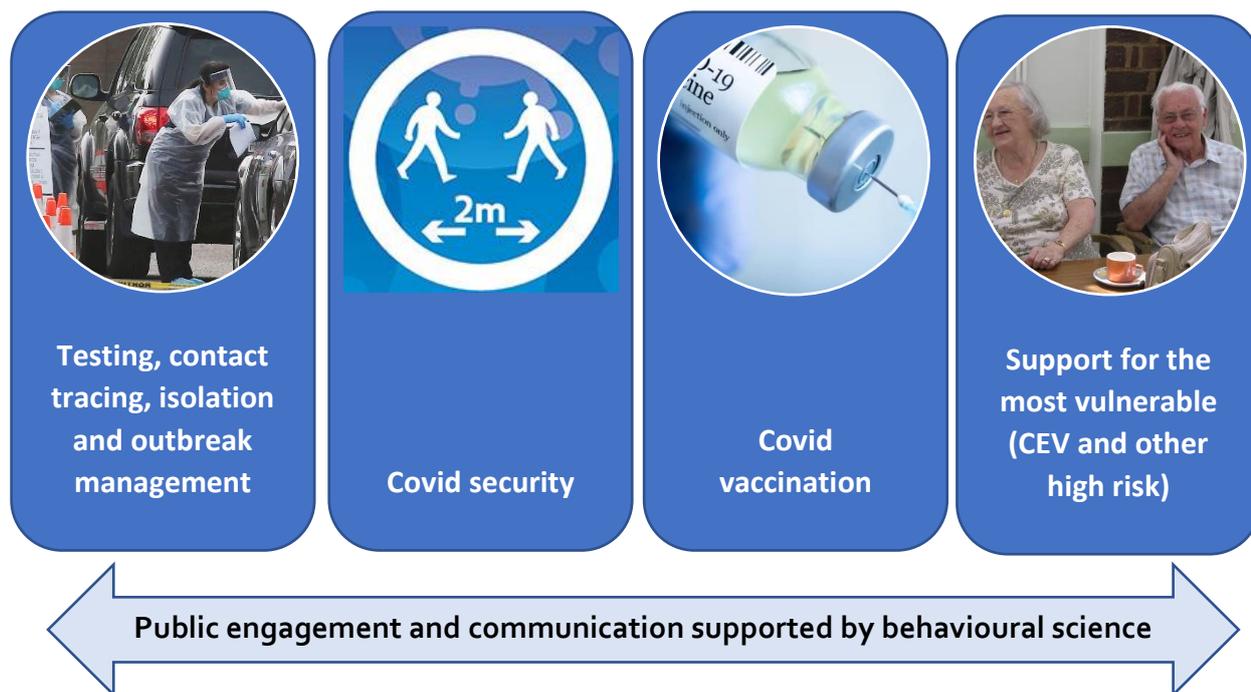
Testing, contact tracing, isolation and outbreak management

7.   We will need facilities for testing both symptomatic and asymptomatic people long term. We will likely want to keep these separate from other health services.

8.   For symptomatic testing we will want to ensure good access, which is likely to require a larger number of smaller sites, rather than a reliance on a smaller number of large sites.

9.   For asymptomatic testing, we will want to target those settings and populations with the highest risk and/or prevalence of Covid. New technologies may offer an opportunity to make asymptomatic testing increasingly convenient.

10. We will need to maintain surge capacity to test large numbers of people in response to identification of new variants of concern.

11. We will need to maintain contact tracing and increase the proportion of contacts identified and the speed at which they are isolated.

12. We will need to consider incentives for testing and isolation. There is currently a national support payment for people on low incomes and it is not clear whether this will be sustained. We will need to consider how to make regular testing attractive and to ensure that people can isolate without facing hardship.

13. We will also need to consider monitoring and enforcement, with regular telephone follow up of cases and contacts, linked to support where necessary as well as visits where there is reason to doubt isolation. Over time we would want to transfer this enforcement from Police to local authorities to free up Police resources and make it a civil rather than a criminal enforcement activity.

14. We will need to maintain the capability to manage outbreaks across a range of settings, working with the new National Institute for Health Protection after 01 April 2021 to develop standard operating procedures that draw on their specialist knowledge as required.

15. Testing, contact tracing, isolation and outbreak management should be locally led and managed to ensure that:

    a) Local knowledge can be brought to bear.

    b) Information about cases and contacts links directly to action in response.

    c) It is accountable to the residents that it serves.

    d) The staff involved are properly invested in the efforts.

Covid security

16. Covid security will be especially important in health and social care settings used by people who are at high risk of complications. We will need a high standard of infection prevention and control, working with the NHS to support care providers, and with the CQC to monitor compliance and enforce standards where necessary.

17. For businesses, requirements to maintain hygiene and social distancing are likely to become routine alongside other health and safety measures. Our approach must be primarily supportive: helping businesses to adapt and implement sustainable control measures, especially following an outbreak.

18. We will need to sustain the capacity to monitor compliance, respond to concerns, and if necessary use enforcement powers against those businesses who seriously or persistently break the law. Those powers under the Health Protection Regulations will need to be sustained and if possible enhanced to enable local authorities to intervene quickly and decisively to limit the activities of businesses if necessary.

19. In public spaces at a minimum we will need to ensure good standards of hygiene. Depending on the degree of societal restrictions are in place we may need to continue to engage, explain and encourage the public to comply with social distancing and face coverings.

Vaccination

20. Following an initial rollout in 2021 it is likely that the population will need to be revaccinated regularly, probably at least annually in order to maintain immunity to emerging variants.

21. This is a significant endeavour: the population for Covid vaccination is likely to be double that for flu vaccination and the uptake will need to be greater in order to afford adequate protection.

22. We will need robust supply chains, reliable call-recall and uptake monitoring systems, and high-quality promotion campaigns, and may need dedicated facilities and staff.

Support for the most vulnerable

23. We will need to continue to ensure support for people who are Clinically Extremely Vulnerable, others who are at high risk of complications, and people on low incomes who are required to isolate (unless a national support payment remains in place as above). We can do this fairly straightforwardly through existing online and telephony arrangements, linked to social care functions where necessary.

Public engagement and communication

24. Public engagement and communication will be crucial including:

    a)   General awareness

    b)   The need to be vigilant to symptoms, get tested and isolate if necessary

    c)   The importance of Covid security

    d)   Any support available

Scenarios post April 2021

25. The future is unpredictable and there is a wide range of plausible scenarios. We should consider and prepare for all of these on the basis of 'hope for the best; plan for the worst'.

26. We may get a sense of which scenario is unfolding in later spring / early summer 2021. We should have vaccine uptake figures by March / April and if these are looking positive and case rates are low and falling then the government might start to ease restrictions.

27. If after a few months of looser restrictions case and complication rates remain low that would give some confidence that a more optimistic scenario is unfolding; if they climb straight back up again then we might have to be more pessimistic in our prognosis.

Best case

28. The best case scenario is that over the next six months we reach population immunity through rapid rollout of vaccination with good uptake and effectiveness similar to that seen in clinical trials.

29. Ongoing evolution of the virus does not significantly compromise natural or vaccine induced immunity, or if it does the vaccine can be reformulated and administered quickly enough to keep the population protected.

30. In this scenario local Covid defences would be sufficient to manage the virus down to background levels. This means that we would be seeing sporadic cases and the occasional outbreak, similar to other communicable diseases.

31. This would allow societal restrictions to be gradually lifted during the spring and summer 2021 without a resurgence of the virus, and allow life to return similar to 'normal' – as pre-covid - from the autumn with no need for ongoing restrictions.

Optimistic

32. An optimistic scenario is that over the next six months we reach partial population immunity. Rollout of vaccination is a little delayed, and uptake and effectiveness a little lower than the best case scenario.

33. Ongoing evolution of the virus partially compromises natural and vaccine induced immunity, and whilst the vaccine can be reformulated in response to new variants, uptake and effectiveness are suboptimal.

34. In this scenario Covid defences would be insufficient to keep the virus at background levels. We could expect resurgences at various times, possibly seasonally, with a requirement for temporary periods of some societal restrictions to avoid unmanageable pressures on the NHS.

35. This would allow societal restrictions to be partially lifted during spring and summer 2021. However with the risk of resurgence of the virus during the autumn and winter it might be necessary to maintain some restrictions throughout 2021 and into 2022 – perhaps similar to 'tier 1 or 2' - if the NHS were to be protected. These restrictions might then be reimposed at intervals - perhaps for a few months each winter.

36. This would allow life to return close to 'normal' for much of the year. However even if societal restrictions were relatively unintrusive and temporary they could still have a significant impact on residents and businesses. The prospect of enduring restrictions might have an ongoing impact on people's mental well-being, and some sectors might find it difficult to survive if their ability to operate were constrained for periods of the year.

Pessimistic

37. A more pessimistic scenario is that we reach limited population immunity over the next six months. Rollout of vaccination is delayed, uptake is poor, and effectiveness lower than expected from clinical trials.

38. Ongoing evolution of the virus significantly compromises natural and vaccine induced immunity, and the vaccine cannot be reformulated and administered quickly enough to keep up with the emergence of new variants.

39. In this scenario Covid defences would be insufficient to control the virus. We would expect ongoing circulation at significant levels.

40. This would require ongoing societal restrictions throughout 2021 and beyond in order to avoid unmanageable pressures on the NHS – perhaps moving between 'tier 3' and 'national lockdown' over the course of the year.

41. Any scenario towards the pessimistic end of the spectrum would pose a very significant challenge. The health and economic costs of societal restrictions are mounting. Whilst compliance by the public has been generally good so far, this has been on the understanding that they are transient: the public appetite for permanent restrictions is much less clear. We would likely need a full analysis and a much fuller debate about the balance between protecting the NHS versus the sacrifices that would necessitate to freedoms and livelihoods.

42. In particular we would need a proper consideration of the impact of ongoing societal restrictions on children and young people: whilst the benefit of restrictions accrues mainly to older people, the detriment falls disproportionately on the young. There is a risk that we compromise the future of an entire generation if we get the balance wrong. Even for older adults there would be an important conversation about their preference for a lower risk from Covid versus the reductions in quality of life that might entail.

Management of impacts

43. A summary of impacts is included below. This includes some challenges to address as well as opportunities to build on.

Impact on the Council

44. Whilst these are presented from the perspective of Staffordshire County Council many might apply to any large public sector organisation, and indeed some businesses.

Our People

45. **Our people.** The pandemic has produced an incredible response from our staff, with people going above and beyond to support critical functions, including volunteering to be redeployed into a whole range of new and different roles. We will need to consider how to maintain this spirit of endeavour with policies that encourage and reward staff for working flexibly.

46. On the downside, staff are tired, having worked long hours without a break for almost a year, and with no let-up in sight. Leaders need to remain positive to keep morale up and we will need to consider how to protect staff well-being in the short term. We will also need to ensure that there is sufficient capacity in the longer term to manage the many and varied challenges we will face. Some of the temporary Covid related roles will need to become permanent.

Our Operating Model

47. **Our operating model**. Whilst we will see some return to face to face interactions and office working under the more optimistic scenarios this is unlikely to return to the way things were pre-covid. We are likely to see an ongoing shift to online interactions with public services and between our staff. Some of this will be welcome as it will reduce travel time and costs and allow rationalisation of estates. However, we will need to consider about how we maintain access to services for those for whom online is difficult, and avoid isolation for staff from prolonged periods of working from home.

48. Another impact from the pandemic has been a surge in multi-disciplinary and cross team working: staff across the organisation are communicating and collaborating like never before. Also decision making has become quicker: staff have realised they have more freedom and authority than they perhaps realised and many of the perceived constraints of governance have fallen away. Both of these are benefits we should preserve.

Digital

49. **Digital.** The pandemic has produced a step change in use of technology including access to services, and communication between staff, as well as use of data to inform the response. We have an opportunity to build on this whilst considering how to ensure that neither residents or staff are left behind as we embrace new ways of working.

50. This will require further investment in IT systems and equipment as well as training where necessary. The Council has the opportunity to be a leader in embracing new technology and set an example that other businesses can emulate. We will need changes in legislation to facilitate ongoing digital working that has been successful during the pandemic: supervision of children's foster carers; children's Statutory Visits; Deprivation of Liberty Safeguards Best Interest Assessments; registration of deaths; school admissions appeals, and Elected Member meetings.

Demand

51. **Demand**. Demand for a range of public services, for example social care, is unpredictable and may increase as a result of complications from Covid and/or the impact of prolonged restrictions and an economic downturn. The NHS is likely to face an excess of acute hospital admissions for Covid for several more months, which may mean a backlog of over a year's worth of planned care by spring/summer. This may require either additional capacity or prioritisation.

52. In this context prevention will become more important than ever. We need to preserve and if possible increase investment 'upstream' to prevent, reduce and delay demand for more expensive services. We also need a renewed conversation about people's responsibility for themselves, their families and their neighbours and how we can help them to retain their impendence rather than becoming reliant on the state.

Funding

53. **Funding.** The Council will require ongoing funding for local Covid defences to sustain the capacity and capabilities required; funding to meet any increases in demand for our statutory duties; funding to support care providers; funding to pass on to local businesses to support recovery from and adjustment to Covid; and funding to mitigate the reductions in income that will likely result from a reductions in Council tax and business rate income arising from an economic downturn.

Future of Public Sector

54. **Future of Public Sector**. The pandemic has produced some excellent inter-agency working, including between the two tiers of local government in Staffordshire, and between the wider family of Local Resilience Forum organisations. This is a great foundation on which to build local partnerships and to make the case for further devolution of powers and funding from HM Government.

Impact on wider society

Economy

55. **Economy**. Ongoing societal restrictions followed by residual 'covid anxiety' as well as requirements for Covid security are likely to mean that any business that relies heavily on face to face interactions will see its profit margins eroded - by a combination of reduced footfall and higher running costs. Customer facing retail is likely to increasingly shift online. The hospitality sector will be especially challenged. All of this likely will produce an economic downturn, more severe and prolonged in more pessimistic scenarios.

56. The Council has a role in supporting businesses to recover and adjust, including to embed Covid security. We may need to completely 'reimagine' public spaces such as high streets: as retail and entertainment shifts online - what are these for? With the right vision there is the opportunity to attract new businesses to the county.

57. We will also need to consider how we support residents. Even under an optimistic scenario by the time lockdown is lifted some people will not have worked for the best part of a year, having been on furlough for much of the time, and unemployment is likely to increase. Some families will face financial hardship that we will need to consider how we mitigate to avoid long term problems with health and well-being and social cohesion.

Education & Learning

58. **Education and learning.** Education has been affected by the pandemic, despite herculean efforts by schools and universities to maintain onsite and online learning. Disruption to learning will be ongoing for the remainder of the spring term and into the summer.

59. Schools will face a challenge to recover 'lost learning' next academic year to mitigate the risk that some children's life chances have been compromised. Under the more pessimistic scenarios we might need to start thinking about a more permanent 'mixed model' of leaning that relies less heavily on a physical presence in classrooms – and ensure that all pupils have access. Universities may face a challenge if students may start to question the value of higher education if it is only able to offer largely online learning with little of the 'life experience' that has traditionally been an attraction.

Health and Wellbeing

60. **Health and well-being**. The pandemic has had a profound impact on quality of life, which could be ongoing, with an accompanied rise in mental health problems. The Council will need to consider how these could be mitigated. Under more pessimistic scenarios this might include helping residents adjust to a 'new normal', emphasising the positives of a new way of living.

61. The pandemic has already produced a substantial rise in social and lifestyle determinants of poor health – and these could also be ongoing. Unemployment, reduced educational achievement, as well as increased alcohol consumption, poor diet and inactivity may have a very significant impact on health outcomes over the next few decade. The Council will need to consider how these could be mitigated and which economic development and health improvement programmes are likely to have the greatest benefits for well-being in the long term.

Climate Change

62. **Climate change.** The reduction in road traffic as a result of the shift to digital will help to reduce greenhouse gas emissions. On the down side, public transport is relatively high risk for spread of the virus and footfall is well down. We will need to consider how we can make bus and rail networks Covid secure and whether they have a sustainable funding model. Some flagship projects such as HS2 must come into question. With more people working from home emissions from domestic heating may potentially increase.

Communities

63. **Communities**. The pandemic produced a surge in volunteering, particularly early on, much of it very local and informal. There is an opportunity to consider how we nurture and harness this longer term. Part of this will include an understanding of the model of community action: is this about organised efforts or is it 'simple acts of kindness' – or a bit of both? Is it about volunteers providing 'service' or is it peer to peer support?

Social Cohesion

64. **Social cohesion.** The public is hoping for things to 'get back to normal' and may be disappointed and disheartened if this takes longer than they had anticipated or is not possible. Any scenario towards the more pessimistic end of the spectrum may be accompanied by a loss of trust in establishment, particularly among younger people who have the most to lose from ongoing societal restrictions.

65. It is possible that 2021 could see a growing tension about the trade-offs between protecting the NHS and returning our freedoms and livelihoods. The Council has a clear leadership role in this climate, perhaps as an 'honest arbiter' in the debate, encouraging people to connect across generations, and focus on what people still can do rather than what has been taken away.