Llywodraeth Cymru
Welsh Government

Together for a safer future:

Wales' long-term Covid-19 transition from pandemic to endemic

March 2022

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Contents

Foreword

We have been living in the shadow of the coronavirus pandemic for two long years.

It has touched all our lives – people across Wales have made many sacrifices to keep themselves and their loved ones safe. Families and communities have followed the rules.

But sadly, too many families have experienced the pain of losing a loved one or a close friend. Our thoughts are with them all.

As we approach the second anniversary of the pandemic, we can look to the future with growing confidence that the next year will be one in which we have a different relationship with the virus.

Thanks to the efforts of everyone and the success of our fantastic vaccination programme, the course of the pandemic has changed for the better. The link between the virus, serious illness, hospitalisation and death has been weakened significantly.

We have weathered the storm of the omicron wave, which struck so suddenly over the Christmas and New Year period. Infections are once again declining.

We can now begin to move beyond the initial emergency phase, which has characterised our response to the pandemic so far. We can begin to plan a future in which we live with coronavirus, just as we live with many other infectious diseases.

This plan sets out how we will do that and what that will mean for the many services and protections we have put in place, including our NHS Wales Test, Trace Protect service.

The change will be a gradual process. We will continue to put the protection of everyone, especially the most vulnerable, at the heart of these plans.

There is no doubt we have reached a significant moment in this pandemic and the end of legal protections is clearly in sight.

But this is a virus full of nasty surprises. In preparing for a different future, we must also be ready to respond quickly to future outbreaks and new variants as we learn to live alongside coronavirus in the long term.

As we publish this plan, this is a good time to reflect on the extraordinary achievement of our vaccination programme, which has delivered so much in such a short time – protecting millions of people and saving lives.

We also want to pay tribute to staff working in our NHS and care services, who have done so much to keep us safe during these exceptionally difficult times, to all those working in the wider public sector and to everyone who has volunteered their time to help others.

The pandemic isn't over but we can look forward to a brighter future together.

Mark Drakeford MS
FIRST MINISTER
OF WALES

Eluned Morgan MS
MINISTER FOR HEALTH
AND SOCIAL SERVICES

Introduction

Since April 2020[1] the Welsh Government has published a series of documents detailing our strategic response to Covid-19.

In August 2020 we published our first *Coronavirus Control Plan*[2]. This was supplemented in December 2020 with our alert levels in Wales framework[3] which we have regularly updated to respond to changing evidence. These overarching documents have been underpinned by published scientific evidence and by more detailed plans covering different aspects of our management of the virus, such as testing, contact tracing, vaccines and NHS winter planning.

The Covid-19 situation is currently improving. The winter 2021-22 omicron wave was navigated without recourse to the most harmful legal restrictions, supported by a strong voluntary public response. As a result of the protective actions everyone took over the winter, we did not reach levels of harm seen in previous waves. Current immunity levels, from both vaccination and infection, are high and could mitigate future waves unless there is a more problematic variant or rapid waning of immunity.

With high levels of vaccination in the population and fewer hospitalisations and deaths from Covid, it is now the right time to refocus our resources and efforts on how best we can transition from an emergency footing to managing Covid-19 alongside other respiratory infections and vaccine-preventable diseases[4]. We must also recognise we have a special responsibility to those most vulnerable if they contract Covid-19.

Contingency planning will be key in order to respond effectively and quickly should a more harmful and/or an immune escape variant emerge.

As we begin to move beyond the emergency phase, as a country we can look to the future with growing confidence. However, for many of Wales' citizens, in particular disabled and immune suppressed people, the removal of protections while we still have high infection rates creates its own issues. Widespread mask use and Covid pass requirements offered protection and reassurance for these people when engaging in public life.

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1   **Leading Wales out of the coronavirus pandemic: a framework for recovery | GOV.WALES**
2   **Coronavirus control plan for Wales | GOV.WALES**
3   **Coronavirus Control Plan: alert levels in Wales | GOV.WALES**
4   'Vaccine-preventable' does not mean vaccines prevent stop infection or prevent all disease, but does mean effective vaccines exist. For example see: **Vaccine-preventable diseases (europa.eu)**

The long-term transition from pandemic to endemic

Looking to the future

Covid-19 has not gone away and will remain with us globally. The UK Scientific Advisory Group for Emergencies (SAGE) has highlighted we are likely to see fluctuations in global patterns of infection for several years[5]. Increased international vaccination coverage will help both reduce the risk to people across the world and in turn to people in the UK[6].

In the long-term we expect the virus to become one of several respiratory infections which can be mitigated by effective public health interventions to reduce the risk of infection when outbreaks arise. At some point in the future, Covid-19 will be 'endemic', meaning it is still with us but the spread of disease has become more predictable. For example SAGE suggests[7] waves in the future are more likely to happen in the autumn/winter, which would be similar to the patterns of many other respiratory viruses like flu and respiratory syncytial virus. We will know we have reached an endemic stage when these patterns become established and predictable, which may take years.

Covid-19 remains a serious threat and we are likely to have a period of less predictable waves of infections to deal with, particularly if new variants emerge or as immunity wanes.

We have seen over the last two years how quickly the virus has been able to evolve. We have experienced distinct and significant waves from the original strain, and variants known as alpha, delta and omicron. Internationally, other variants, such as beta, have also driven large waves of infection.

Alpha, beta and delta were all linked to higher rates of hospitalisation and death compared to previous variants. SAGE highlights there is no reason why the next dominant variant should be similarly or less severe than omicron[8]. So far, however, the Covid-19 vaccines have proven effective against all variants (albeit to differing degrees) and we have an increasing number of other available treatments (e.g. Covid antivirals). Together these currently offer us the best tools to continue to protect the most vulnerable during future waves, as well as to increase confidence in the economy – particularly by protecting critical workers in our foundation industries.

In the short-term, we are already seeing cases of a sub-variant of omicron, known as BA.2, increasing in parts of the UK. This appears to be contributing to higher infection rates in Northern Ireland, and could potentially lead to an increase (or at least a plateau) of infection in Wales, if it becomes established here. This variant, whilst likely to have a small growth advantage, does not appear to be more severe and vaccines appear to remain effective against it[9].

5   **SAGE 104 minutes: Coronavirus (COVID-19) response, 28 January 2022 - GOV.UK (www.gov.uk)**
6   **SAGE 94 minutes: Coronavirus (COVID-19) response, 22 July 2021 - GOV.UK (www.gov.uk**
7   **SAGE 104 minutes: Coronavirus (COVID-19) response, 28 January 2022 - GOV.UK (www.gov.uk)**
8   **SAGE 105 minutes: Coronavirus (COVID-19) response, 10 February 2022 - GOV.UK (www.gov.uk)**
9   **SAGE 105 minutes: Coronavirus (COVID-19) response, 10 February 2022 - GOV.UK (www.gov.uk)**

A new variant does not necessarily mean we need to return to introducing protections and the heightened alert level measures which we have used to protect public health over the last two years, but it does mean we will need to retain the ability to escalate our response if needed.

A move away from an emergency response

We have been operating on an emergency footing for nearly two years. We introduced emergency legislation to protect and keep everyone in Wales safe at a time when we were learning about the virus and its rapid evolution. We have mobilised unprecedented resources across Wales and the rest of the UK to focus on identifying and managing the specific risk from Covid-19.

Our staff in the NHS and in other public services, including schools and local authorities have worked tirelessly through each wave of the virus to keep everyone safe and minimise the impact on those at risk.

Despite additional costs and disruption, many businesses and their employees have repeatedly adapted to support and retain their staff and keep their customers safe.

Employees and volunteers across all parts of society have put each-other first to provide essential services and support to those that needed it, despite the individual risk they may have faced.

And the people of Wales have made immense sacrifices by adapting the way they have worked, lived and socialised in order to help and protect each other.

These combined efforts gave us the time needed to help protect ourselves and the NHS whilst learning more about the virus. It is these combined efforts which now put us in a strong position to be able to move away from our emergency footing to an approach and set of principles that can keep us safe from a range of respiratory infections and continue to protect us during any future Covid-19 waves.

Partnership has been an essential feature of our response to the pandemic to date – partnership between central and local government, the NHS and public health providers, employers, trade unions and the public – each taking responsibility for communicating and enacting new protective behaviours. Coronavirus does not respect borders and we will continue to work with partners at all levels, from local communities, across the UK nations and globally to manage Covid-19 together.

Core planning scenarios: Covid Stable and Covid Urgent

Our planning, summarised in this document, is based on two core scenarios. This builds on the scenario planning we set out in the autumn and winter update to our *Coronavirus Control Plan*[10]. This set out how we intended to manage the challenging winter period by retaining certain baseline measures (known as alert level zero) and the contingency arrangements we had available if needed. As we manage this new period of transition from a pandemic to an endemic state in Wales we will continue to draw on these scenarios:

- **Covid Stable:** We still expect to encounter additional waves of infection. We expect new variants to emerge, and some may become dominant. But these waves will not put unsustainable pressure on the Health and Social Care system. Vaccines and other pharmaceutical interventions are expected to remain effective in preventing serious illness. We consider this the most likely scenario.

- **Covid Urgent:** This is a possibility we need to plan for. A new variant could emerge that has a high level of vaccine escape or other advantages that puts large numbers of people at risk of severe illness, for example similar to the levels we saw during the alpha wave in December 2020. This may require all of us to work together to take actions to protect others.

Under Covid Stable we expect to integrate Covid-specific approaches into our public health response for communicable diseases, and in particular respiratory infections. This will mean surveillance and reporting of Covid-19 will be communicated alongside other respiratory infections, in turn providing greater context and comparators. The public health response to outbreaks will follow well-established protocols for communicable diseases[11].

The infrastructure supporting our wider response to Covid-19 will be scaled back so it remains proportionate to the ongoing risk and enables resources to be redirected accordingly. As with other respiratory illnesses, our focus will be on protecting the most vulnerable prior to and during any waves of infection; targeting efforts rather than seeking to intervene across the whole population.

Under a Covid Urgent scenario we would need to respond collectively to bring rates of infection down enough for interventions such as targeted vaccinations or rapid deployment of treatments. The way the public responded to the threat of omicron over the winter – adapting behaviour to protect one another – illustrates how much we have all learned about protecting ourselves and others from respiratory infection. We expect that under Covid Urgent we would provide clear guidance in areas such as wearing face coverings, working from home, taking extra care when visiting vulnerable people and taking other precautions. This will buy us time, if needed, to make sure we can protect the most vulnerable.

As we are currently under a Covid Stable scenario we expect, by the end of March, to remove the remaining legal domestic protections and requirements set out in *The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020*[12]. This will remove the Covid-19 alert levels framework from law and the legal basis for our continued public health response will revert to that in place prior to the coronavirus pandemic. We will also allow the majority of the devolved provisions in the *Coronavirus Act 2020*[13] which would otherwise need to be extended, to expire on 24 March 2022.

The remainder of this plan sets out how our approaches will change under these scenarios in relation to our public health response, vaccination programme, testing and contact tracing, and wider support, including for businesses and vulnerable people.

This means, under Covid Stable, a period of transition to a new long-term approach, while also having contingency plans in place, where needed, under Covid Urgent.

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11   For example, see the **Communicable Disease Outbreak Plan for Wales**
12   **Coronavirus legislation: restrictions on individuals, business and others | GOV.WALES**
      The Welsh Ministers' powers under the Public Health (Control of Disease) Act 1984 will, however, remain.
13   **Coronavirus Act 2020 (legislation.gov.uk)**

Principles

We will move towards a more **targeted response** to manage the transition to endemic Covid-19 , prioritising protecting the most vulnerable and on maintaining relevant surveillance systems.

We will continue to adopt a **gradual, phased and evidence-based approach** to adapting our response, demonstrating transparency and acting in line with the clear scientific advice and public health consensus.

We will continue to assess the **proportionality** of our response so we can quickly reallocate resources to the many non-Covid challenges across Wales without putting the hard fought gains at risk.

We will retain and build on the strengthened **partnership** working that has developed over the pandemic, applying it in all policy and delivery areas.

We will maintain our priority of **protecting children's rights** and the education of children and young people in our ongoing response, including any Covid Urgent actions.

We will renew our focus on **tackling inequalities**, including those exacerbated by the pandemic.

We will **learn** from the experience of our pandemic response, building lessons learned into our business as usual activities and strengthening our capability for responding to any future crises or public health emergencies.

We will continue to promote, and support, **protective behaviours and environmental adaptations**, to help keep individuals and communities safe.

Maintaining protective behaviours for the long-term

A range of protective behaviours, such as self-isolating, wearing face coverings in crowded places, and meeting others outdoors, which we have had to adapt to during the last two years in our Covid-19 response are equally effective against a range of other respiratory infections and other diseases. If we keep doing what we have been doing, we can help protect ourselves and each other. The measures taken to minimise the impact of coronavirus have meant very low impacts from other respiratory infections like flu during the pandemic.

These efforts from people across Wales to do the right thing are not as easy for some compared to others. Many people across society have made huge sacrifices to protect others. These actions, alongside people coming forward for vaccination in significant numbers, have enabled Welsh society to reopen, albeit cautiously given ongoing uncertainties. The transition towards endemicity of Covid-19 is unlikely to be quick, predictable or harmless, and it is critical that we continue to maintain safe behaviours and think about others in the coming months and beyond.

For many of Wales' disabled and immune suppressed citizens, protections such as the use of face coverings and Covid passes have provided reassurance to encourage them to engage in public life. We recognise the removal of emergency legislation legally requiring certain behaviour will create anxiety for these people and we will continue to promote effective behaviours across the whole population to keep everyone safe. Maintaining protective behaviours like wearing face coverings in crowded indoor areas are positive actions taken to protect others and those doing so should be respected. Evidence suggests a growing number of disabled people believe their lives will never return to normal and describe themselves as collateral damage, first from the virus and then from the removal of protective measures. We must all do all we can to continue to support all people across Wales as we move to the next phase, including identifying ways to address any additional barriers being faced by disabled people.

In February, SAGE noted[14] the combined effect of behavioural change and remaining mitigations such as testing and self-isolation have been likely to reduce transmission by 20–45%. A rapid return to pre-pandemic norms could therefore see a rapid increase in rates of infection. Evidence for Wales suggests that while the perceived threat (both personal and to the country) from coronavirus has gradually fallen, the high degree of (self-reported) adherence to a range of protective measures throughout the pandemic has been maintained in recent weeks.

14   **SAGE 105 minutes: Coronavirus (COVID-19) response, 10 February 2022 - GOV.UK (www.gov.uk)**

For example, Ipsos MORI survey data[15] collected over the period 18 to 21 February 2022 suggest three in four people (76%) continue to report wearing a face covering, just under half (48%) reported keeping their distance when out and two in three people (66%) reported regular hand washing. Furthermore, one in three people (32%) continue to report the use of lateral flow tests before meeting other people and of those in work, three in ten people (30%) report working from home where feasible. Despite these high rates, they have fallen over time and are expected to continue to fall as the final legal protections are removed.

Right from the start of the pandemic, the Welsh Government has been clear that our work is shaped by a need to protect the most vulnerable in our society, and that continues. In this next period, the Welsh Government will seek ways to address any additional barriers being faced by vulnerable and disabled people by the removal of the legally required public health protections. This will include the spheres of employment, public life and cultural integration.

Given the evidence around trust in government and lower infection rates[16], it is reassuring to note that some seven in ten people (71%) continue to report Welsh Government is doing a good job in its handling of the pandemic[17]. By continuing to work in partnership together, we can all continue to keep Wales safe, and improve health outcomes from other respiratory infections.

Maintaining the key protective behaviours we have become familiar with, alongside appropriate environmental protections, can have significant benefits that go beyond coronavirus.

Continuing these behaviours will help reduce expected future waves of coronavirus, whilst also reducing the impacts from other respiratory infections. We are therefore still advising everyone to:

- **Get vaccinated** and stay up to date with their Covid-19 vaccinations.

- Follow the latest public health advice on **testing and self-isolation**.

- **Stay at home if they can when they are ill**, and wear a **face covering** in indoor areas if they have symptoms but do need to leave home.

- **Meet outdoors** where possible and ensure **good ventilation**[18] if indoors.

- Take **additional precautions when visiting vulnerable people**, and avoid meeting them if possible if experiencing symptoms of respiratory infection.

- **Wash hands** regularly, **cover coughs and sneezes**, and **wear face coverings** in close contact areas.

We will support people to keep taking these protective measures where we can, considering that certain groups, facing differing barriers, may be more or less likely to adhere[19].

We will continue to publicise the latest evidence and data we have available and keep our public health guidance and communications up to date to keep people informed.

Should we enter a period of significantly increased risk, such as a Covid Urgent scenario, we will update our advice and communicate it widely.

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15   **Survey of public views on the coronavirus (COVID-19): 18 to 21 February 2022 | GOV.WALES**

16   See for example **Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021 - The Lancet**

17   **Survey of public views on the coronavirus (COVID-19): 18 to 21 February 2022 | GOV.WALES**

18   For further guidance, see **Ventilation and air conditioning during the coronavirus (COVID-19) pandemic (hse.gov.uk)**;
      Ventilation Tool – Breathe Freely;
      CIBSE - Emerging from Lockdown

19   A rapid evidence summary of barriers and facilitators to the uptake of personal protective behaviours in public settings. Report RES_00015. Wales COVID-19 Evidence Centre. January 2022. **Wales COVID-19 Evidence Centre | Health Care Research Wales (healthandcareresearchwales.org)**

Surveillance and responding to outbreaks of Covid-19

We are moving towards accepting coronavirus as a vaccine-preventable disease where immunisation is the most critical first line of defence. This is similar to many other communicable diseases we have learned to live alongside.

As with those other diseases, vaccination programmes need to be complemented by targeted testing of symptomatic people where appropriate. We set out later in this plan further details about how our approach to testing will change over the coming months while ensuring we can still monitor and respond to the ongoing risks from Covid-19.

Domestic surveillance

Increased risks of coronavirus are mostly likely to arise through the introduction of a new variant or the waning of effectiveness of vaccines over time. Critical to our collective response is our ongoing surveillance programme.

Surveillance enables us to identify infection early and respond promptly to cases, clusters and outbreaks and to guide preventive actions. It enables us to measure the burden and spread of infection in our communities and identify groups most at risk of poorer outcomes.

The *ONS Covid-19 Infection Survey*[20] provides a valuable and regular estimate of infection levels in the community. It allows us to track the change, over time, in positive cases at a national level irrespective of changes to testing policy. The UK Government has indicated the survey will continue and we are exploring opportunities to maintain the survey in Wales as part of our surveillance strategy.

The burden of *symptomatic disease* and the related impact of interventions (such as vaccination) will continue to be monitored through primary care surveillance systems, including sentinel surveillance in adult care homes.

As we continue to safeguard the most vulnerable in the transition period the twice weekly testing of social care staff and health care staff who care for the most vulnerable will also provide insight into the prevalence of infection in local communities.

Severe disease will continue to be monitored through the real time assessment of hospitalisations and ICU admissions via the Severe Acute Respiratory Illness surveillance in emergency departments scheme and through the Intensive Care Network.

Under a Covid Stable scenario, and as we move beyond the emergency response phase, the majority of intelligence will come from the established sentinel surveillance schemes and testing within health service clinical pathways. Tests that look for more than one virus at a time (known as multiplex assays) are now widely available across the NHS estate, and will provide insight into the various respiratory viruses in circulation at any given time, including Covid-19.

We intend to monitor up to 50 Waste Water Treatment Works catchments across Wales to help in the early detection of changing viral levels and the potential scale of outbreaks, which in turn will help inform any public health action in controlling the virus.

Genomic and variant analysis will continue to focus on surveillance, incident management and to support treatment decisions.

Through our UK and international networks, we will actively monitor international trends in order to best anticipate and plan for any future waves.

Responding to outbreaks

Our approach to testing and wider surveillance will ensure we can detect and subsequently contain clusters or outbreaks of infection. A key part of our response will be effective communication and guidance for individuals and communities. This includes, for example, advising self-isolation if people have symptoms, reminding people of the heightened risks to more vulnerable groups and the factors that will lead to increased spread, and encouraging good hand and respiratory hygiene. Additional actions could, for example, also include advising face coverings on public transport and in crowded indoor places. Such action is more likely to be advised in the autumn and winter as people move indoors, where the risk of transmission is higher.

Through our targeted testing and surveillance programmes, underpinned by our excellent genome sequencing capability, we have the ability to identify new variants of concern and understand and predict changes in the make-up of the virus. Early identification of a new variant of coronavirus will ensure a prompt health protection response if necessary, as we seek to understand the effectiveness of vaccines against the variant or its severity. While this intelligence is being gathered, the health protection response will aim to limit transmission through the management of incidents and outbreaks; protect the most vulnerable; and provide both therapeutics and vaccination as advised by our expert advisory committees. All of this action will be supported by effective public communication.

Clusters and outbreaks of coronavirus will be managed in line with *The Communicable Disease Outbreak Control Plan*[21] (*The Wales Outbreak Plan*), which will be updated to reflect learning from the pandemic. *The Wales Outbreak Plan* sets out the arrangements for managing all communicable disease outbreaks with public health implications across Wales. It describes how an outbreak will be managed and the roles and responsibilities of the different organisations. It also ensures prompt reporting of outbreaks to the Welsh Government.

We have an effective and well-established public health infrastructure across Wales, built on local knowledge and expertise. Throughout the pandemic local authorities, the NHS and other local partners have worked together to maintain oversight of, and manage risks from coronavirus through regional teams. We are committed to maintaining and strengthening these very effective working collaborations and convening these regional teams at pace should the local risk of coronavirus increase.

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21   The **Communicable disease outbreak plan for Wales**, July 2020.

Data and analysis

Throughout the pandemic we have drawn heavily on data and analysis to inform the approach we take. Working with partners in Public Health Wales, the Office for National Statistics (ONS), the UK Health Security Agency and beyond, a large range of new data and analysis has been published, providing transparency about the evidence used to inform decisions.

The Public Health Wales rapid surveillance dashboard has provided daily headline data on testing, cases, mortality and vaccination. Alongside this, the Welsh Government has published regular scientific advice, modelling, daily data on hospital activity and analysis on school attendance, care homes, contact tracing, the *ONS Covid-19 Infection Survey* and more.

As we move beyond the emergency response phase, we will review what data and analysis is needed for future surveillance approaches. This will likely mean a move away from daily data reporting and towards approaches more in line with surveillance of other respiratory diseases.

It will also be essential to monitor and understand the full of range of harms that have resulted from the pandemic, including non-communicable diseases and the broader health and socio-economic harms. Many of these harms will not yet be fully known and will continue to play out over many years. We continue to undertake research and work with our partners across Wales and the UK, including active surveillance of these harms and building a rapid evidence base of what works to tackle them through evaluation.

We will also continue to work closely with academic partners and others to build on the best practice during the pandemic in the use of evidence, including working closely with the Wales Covid-19 Evidence Centre[22] which has identified gaps in research evidence to be addressed and is funded until 2023.

We will continue to commission modelling of the pandemic[23], working with SAGE and its SPI-M-O subgroup until they are stood down, and continue to commission medium term projections of outcomes like hospital admissions and occupancy to help the NHS to plan. We aim to extend modelling to cover other winter viruses[24] and to commission longer term scenarios to aid planning and policy decisions around areas like testing and vaccination roll-out, including considering cost-effectiveness. Future modelling will also focus on indirect health harms, for instance due to displaced elective hospital activity during the pandemic.

22 **Wales COVID-19 Evidence Centre | Health Care Research Wales (healthandcareresearchwales.org)**
23 **Technical Advisory Group: policy modelling update 11 January 2022 | GOV.WALES**
24 **Technical Advisory Group: winter modelling update 10 September 2021 | GOV.WALES**

Risk communication and behavioural insights

We have seen throughout the pandemic that people, where able to, have changed their behaviours based on their understanding of the risk posed at any given time. At the same time it has been clear that not everyone has the same ability to adopt those behaviours, with the greatest risks often falling on those already facing disadvantage.[25]

Building on risk communication principles and behavioural insights, we will continue to be open and transparent in explaining the clinical and scientific evidence and risk from coronavirus. In doing so everyone will understand what actions they may need to continue or resume in order to protect themselves and the most vulnerable, and of the support available to help them to do so. We will provide key information in accessible formats, including easy read information, as well as tailored advice for different groups, such as vaccination information for children.

We will adapt our communications in line with advice from the behavioural science group informing SAGE[26]. Messaging will emphasise the importance of continued adherence to specific personal protective behaviours and critically, the rationale behind the behaviour and the benefits it will bring. We recognise the importance of voluntary adherence to these behaviours as a contribution to collective wellbeing, as well as reducing risks for the more vulnerable in society. We also recognise the different risk appetites in the population and will seek to minimise the potential for stigma and division as people respond to these risks.

The policies we introduce with partners to promote, and support, protective behaviours and environmental adaptations necessary to keep people safe will be informed by robust evidence from the behavioural sciences.

Developments in therapeutics

We have developed our capability and capacity to rapidly deploy increasingly complex therapeutic agents, including novel antiviral and antibody therapies, for the treatment of Covid-19 to large numbers of the most vulnerable patients. As evidence supporting the most effective use of these therapies emerges from the UK-wide PANORAMIC study and real world experience, we will adapt and develop our approach. Deployment will be supported by a digital approach to identify those at risk so treatment can be offered quickly. This will include the need to ensure testing capacity is available to those for whom a positive test is a requirement for treatment.

We will be maintaining continuity of supply of medicines critical to emergency response – this includes medicines for the treatment of COVID-19, antibiotics, and medicines used in critical care and end of life care. We will retain the capability to deploy these quickly anywhere in Wales.

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25 For example the nature of employment may mean a person cannot work remotely, a person on a zero-hours contract or with limited sick pay may find it more difficult to self-isolate, or a person with caring responsibilities may not have access to support.

26 For example: **SPI-B: Social and behavioural impacts for lifting remaining restrictions, 10 February 2022 - GOV.UK (www.gov.uk)**

Long Covid

Long Covid is a term commonly used to describe signs and symptoms that continue or develop after acute Covid-19. It includes both ongoing symptomatic Covid-19 (4-12 weeks) and post Covid 19 syndrome (over 12 weeks). There is no definitive test to diagnose someone with Long Covid and a person does not need to have tested positive at any point in order for this diagnosis to be considered. The symptoms associated with Long Covid do not necessarily link to severity of the initial infection experienced by individuals and people can present with Long Covid symptoms even after a very mild or asymptomatic infection. It is not yet clear how long some people may experience these symptoms.

Every health board in Wales has expanded and enhanced primary and community-based Long Covid services. Each of these services has a pathway to refer people to specialist care where clinically needed. Long Covid services can be accessed via Primary Care.

People with Long Covid who are of working age may also be vulnerable to losing their employment if symptoms continue beyond their employer's terms and conditions for sickness support. Heath boards may provide occupational and return to work advice as part of their treatment for people with Long Covid. Sickness benefits remain the responsibility of the employer with state benefits the responsibility of the UK Government.

The NHS in Wales is taking an active part in UK-wide Long Covid research studies, which will help to increase knowledge of both diagnosis and treatment. A Wales Covid-19 Evidence Centre has been established, through Health and Care Research Wales. Addressing issues of relevance to those affected by Long Covid will be part of the Evidence Centre programme for the coming year.

Vaccination

Vaccination remains a critical part of our response to coronavirus and is the most important thing an individual can do to protect themselves and others. Vaccines have been developed quickly and safely during the pandemic, saved thousands of lives, and significantly weakened the link between the infection, serious disease, hospitalisations and death. This is why it is so important for everyone to take up their offer of a vaccine and ensure they have the protection it offers from current and future variants.

With more than 6.8 million doses of Covid-19 vaccinations in Wales, they have been critical in protecting us during the pandemic and in enabling restrictions on our lives to be eased. They will continue to be important in protecting us in the future.

Almost three-quarters of eligible adults came forward for a booster vaccine before the New Year, in the face of the omicron wave. This is a huge testament to the confidence people in Wales have in vaccination and the vaccination programme here.

Extremely high numbers of people have taken up their vaccinations. It is never too late to be vaccinated in Wales, and we expect more people to continue to come forward.

On 24 February we published the latest update to our *Covid-19 Vaccination Strategy*[27]. This sets out how our vaccination programme will evolve during 2022 under a Covid Stable scenario and as we begin the transition towards living alongside coronavirus. It sets out:

- Details of the vaccination campaigns currently underway, including the recently announced offer of vaccination for all children aged between five and 11 years.

- The intention to offer a spring booster for the oldest and most vulnerable people in Wales[28] as a precaution to boost protection against any future variants or waning of effectiveness before any future autumn programme.

- A commitment to deliver a regular Covid-19 vaccination programme for 2022 and beyond, that will continue to be guided by the latest clinical and scientific evidence.

- Planning underway for an autumn booster programme, which we expect will become an annual event to maintain high levels of immunity and help to protect us against new coronavirus variants.

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27   **COVID-19 vaccination strategy 2022 | GOV.WALES**
28   Covering people over 75 years old, residents of care homes for older adults and individuals aged over 12 years who are immunosuppressed

In addition to these preventative Covid Stable measures, we are also planning for a Covid Urgent scenario where we can stand up 'surge' capacity should we need to respond to a new Covid-19 wave or a new variant of concern. We responded quickly to the omicron variant in this way at the end of 2021; while we are planning in case this kind of response is once again needed, we hope it will not be the case.

We are looking at all our vaccination programmes as a whole and considering what we have learned during the pandemic. We want to apply lessons from Covid-19 to other vaccination programmes to ensure our services are fit for purpose and for the future. We will do this with the aim of establishing a *National Immunisation Framework for Wales*.

A focus on easy access, equity and inclusion, use of data and digital solutions and innovative delivery models have been central to the success of our Covid-19 vaccination programme. These principles will be the core pillars of our new National Immunisation Framework for Wales, to continue to ensure high levels of protection for the people of Wales.

Test, Trace, Protect

Test, Trace, Protect (TTP) has played a vital role in reducing transmission throughout the pandemic. We have mobilised an unprecedented infrastructure of testing sites and laboratories alongside alternative technologies including lateral flow tests (LFTs).

The partnership between local authorities and local health boards has enabled us to grow a highly effective contact tracing operation with a workforce of over 2000 people dedicated to protecting their communities and keeping Wales safe.

We have developed support mechanisms, building on strong links with the third sector and making the most of our community support networks to ensure the most vulnerable have been able to access testing and have the support needed to isolate.

The response from the people of Wales has been exceptional. They have come forward in their thousands to get tested and if necessary isolate – whether as a case or a contact – in order to help protect their families, friends and communities.

Objectives for reshaping TTP infrastructure

As the infrastructure supporting other aspects of our wider response to Covid-19 is scaled back under a Covid Stable scenario, we also have to evolve and adapt our approach to TTP so it

remains proportionate to the ongoing risk and enables resources to be redirected. In line with our focus on protecting the most vulnerable and targeting efforts, rather than seeking to intervene across the whole population, we will begin to re-shape TTP.

Our objectives for TTP moving forward will be:

- Protecting the vulnerable from severe disease by: enabling access to treatments; and safeguarding against the risk of infection.

- Maintaining capacity to respond to localised outbreaks and in high risk settings.

- Retaining effective surveillance systems to identify any deterioration in the situation such as from harmful variants and mutations of concern.

- Preparing for the possible resurgence of the virus.

In practice this means that as we transition to a more sustainable system for the long-term, testing will be focussed on those individuals that most need it; for example, people with symptoms who may need a diagnosis to enable appropriate treatment. These will typically be those who are most vulnerable, such as the immunosuppressed.

Testing will also continue to be freely available for the purpose of testing to safeguard, for example staff working in health and social care settings and in special schools.

In time we will no longer ask the general public to test when they have symptoms and isolate if they receive a positive result and we will no longer recommend routine use of lateral flow tests outside of specific high-risk settings.

Contact tracing

As wide-scale testing reduces, the need for contact tracing as we have known it will also reduce.

We will focus our much more targeted contact tracing capacity where it can have the most impact, including identifying those who work in higher risk settings (healthcare, adult social care and special schools) in order to protect vulnerable people.

We will also retain contact tracing capability to support the response to local outbreaks and the possible threat from emerging variants.

Protect and support for the vulnerable

Local authorities and the voluntary sector will continue to offer support to the most vulnerable to ensure people can protect themselves and their families.

Future support will identify and mitigate inequalities, address structural inequalities in self-isolating (e.g. financial, social and practical support) and specific barriers for defined groups.

Our approach will move from a national to locally led approach, building on the Covid Support Hubs that have been established during the pandemic. These will evolve to offer longer term support and help communities recover from the adverse effects of the pandemic.

Indicative timeline for phased transition of TTP

As we have throughout the pandemic, we will take a cautious and phased approach to scaling back protections. This will mean the transition of TTP will proceed in a phased way over the coming months.

Our timeline is indicative and will, in line with the general approach we have always adopted, be determined by the public health conditions at the time. We will retain the ability to scale back up our response under any Covid Urgent scenario, which we will do in a proportionate way if needed.

Retained infrastructure

Throughout this period and for the foreseeable future we will retain PCR testing in NHS Wales laboratories to deliver the patient testing framework focussing on symptomatic testing of inpatients, asymptomatic testing of clinically vulnerable hospital admissions, symptomatic health and social care staff, care home residents and prisoners.

PCR testing will continue to be available for managing outbreaks alongside lateral flow tests.

We will also continue to support organisations working in high risk settings with clinically vulnerable individuals to access lateral flow tests for regular testing including health boards, adult social care and special schools.

We will maintain access to lateral flow tests through our community collect models to support distribution to carers/other vulnerable groups and visitors to care homes.

Step 1: End of most asymptomatic testing and legal duties (End March / early April)

Legal requirement to self-isolate to be removed and replaced by guidance to test if symptomatic and isolate if positive (testing on day 5 and 6 prior to leaving isolation).

Routine asymptomatic workplace testing will cease.

Access by the general public to LFTs for routine asymptomatic use will cease.

Routine asymptomatic testing in childcare and education settings, except special education settings and dedicated units, will cease at end of term.

Step 2: Symptomatic testing to shift to LFTs (April to June)

Testing for the general public who are symptomatic will be by LFT rather than PCR test. LFTs will be available to order online and result should be reported.

Positive cases advised to isolate and test on day 5 and 6 before leaving isolation.

Contact tracing continues.

The Self-isolation Support Scheme will continue to financially support individuals during the transition period with a payment of £500. This will help to mitigate against losing income when following guidance to self-isolate. The Statutory Sick Pay Enhancement scheme will continue to provide funding for social care workers to receive 100% of their salary in their pay packet where they are required to self-isolate.

Step 3: Transition to long-term steady state (End of June)

LFTs no longer available for symptomatic testing.

Guidance to self-isolate will be amended with advice changing to taking additional precautions when ill, such as staying at home where possible if sick.

Routine Contact Tracing ceases.

Self-isolation support payments cease.

Adaptations by public services

Education and childcare

The pandemic has created significant challenges for children and young people's learning experiences and development opportunities in Wales. Education leaders have also told us that although they and their staff have worked tirelessly and, at times, been overwhelmed during the pandemic, their priority has been to keep everyone safe and to maintain the wellbeing of staff and learners.

There is evidence that the pandemic, and in particular the disruption to childcare and education and the move to remote learning, has had significant detrimental effects on wellbeing, development, learning, and future prospects[29]. Children and young people have been particularly badly impacted, including younger children missing developmental windows, experiencing mental health issues and anxiety, and evidence of an emerging attendance and attainment gap between learners eligible and not eligible for free school meals. Leaders in special schools and Pupil Referral Units have also expressed concerns about not being able to develop learning experiences fully, such as exposing pupils to new and unfamiliar experiences outside of the familiar classroom. Learners in these settings have struggled to reintegrate and conform successfully to new expectations and routines.

The events of the past two years have exacerbated and entrenched many existing inequalities, including geographical ones across Wales. The balance of harms has been an important consideration in prioritising access to childcare and in-person learning for our children and young people during the pandemic. We will continue to place children's rights and the right to access childcare and education at the centre of our plans.

Under a Covid Stable scenario, we will continue to expect childcare and play settings, schools, colleges and universities to be fully operational. The ongoing importance of having sufficient ventilation[30], as well as good baseline infection prevention and control measures in place will continue. The use of risk assessments will remain important measures for informing mitigating measures at local level.

As we gradually transition to a longer term approach for responding to coronavirus, we will use the learning from the past two years and will only see closures as a measure of last resort – one we hope never to need to use on a national level again. We will continue the close working relationships and expertise developed during the pandemic to respond quickly to help keep children and young people and the workforce safe from future public health risks. In order to be prepared for expected future waves we will support respective partners to develop local outbreak control plans so they know how, when and why they need to seek help quickly when necessary.

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29 **For example see: A rapid review of the impact of educational and other restrictions during the COVID-19 pandemic on children aged 3-13 years. RR_00013. Wales COVID-19 Evidence Centre, September 2021**

30 For example see: **Ventilation and air conditioning during the coronavirus (COVID-19) pandemic (hse.gov.uk)**; **Ventilation Tool – Breathe Freely**; **CIBSE - Emerging from Lockdown**

We will also work together to be prepared for any response needed under a Covid Urgent scenario. We have learned from, and will build on, our experiences during the pandemic so childcare and education sectors have robust systems in place and can respond appropriately and proportionately to any future virus threat, while also minimising disruption to care, learning and development. Contingency planning in response to partial or full school closures should include arrangements for the provision of high-quality remote learning and provision for vulnerable learners.

Effective partnership working has been a critical element of our pandemic response and this will continue as we move forward.

For both childcare and education provision, the challenges have varied during the pandemic. Alongside the operational arrangements for transition and in recognition of the impact of the pandemic on our children and young people we will work with our partners to ensure our current and future policies recognise and embed the impacts of this period, including positive experiences.

Our Renew and Reform education recovery programme has brought together childcare, schools and post-16 education to support all learners to improve their wellbeing and learning. More than £500m of additional funding has been invested to support schools, colleges and settings to address pandemic impacts. This includes the Summer of Fun and Winter of Wellbeing activities across all local authorities in Wales; focused support for learners in qualifications years to enable them to progress confidently to their next steps; and continued support for the Recruit, Recover and Raise Standards funding for schools.

This support includes A-level revision resources to help learners reinforce their classroom learning and prepare for assessments, as well as further digital resources to support learners with their applications and transitions to university. Dedicated funding also continues to be used by providers to deliver additional provision to post-16 learners.

Overcoming the disruption to learning caused by the pandemic is a long term challenge that requires considerable support for our children, young people and educators in the years ahead.

Healthcare settings

Covid-19 will remain an important issue within health care settings. It is a highly transmissible infection that spreads rapidly in closed settings such as hospitals without protective measures in place. It also has a greater impact on those who are already vulnerable at the time of infection. For these reasons the guidance on managing the risk around healthcare settings will continue to be different from that relating to public settings.

Healthcare settings seek to prevent and control the spread of infections by following Infection Prevention and Control (IPC) Guidance drafted by experts in the light of all available evidence, often on a UK basis. During the pandemic such guidance has been published on a four-nations basis but arrangements will now transition to a new business-as-usual approach, with similar IPC guidance for the prevention and spread of all respiratory infections including influenza and the respiratory syncytial virus that most often affects young children. Attention will continue to be needed on hand washing, appropriate mask wearing, ventilation and the use of personal protective equipment, all included in new IPC guidance. Patients with respiratory infections will be treated in separate clinical areas from those with other conditions, to prevent the spread of infection.

The importance of maintaining these controls will mean continued constraints on activity when there are high levels of infection.

Staff working in higher risk areas such as hospitals will still be advised to use LFTs on a twice weekly basis, until the prevalence of Covid in the population becomes much lower. There will still be a need for PCR testing of some hospital patients, partly to enable us to diagnose respiratory infections accurately, but also to prevent entry from the community and identify and manage outbreaks should they occur, but the overall level of patient testing will be lower than it has been up until now, particularly in those without symptoms.

The current restrictions on hospital visiting will be gradually relaxed as the levels of infection decrease, although probably not to the same uncontrolled extent as before the pandemic. The health and wellbeing benefits of visiting are well recognised. However, there will be a need for visiting arrangements to be set in the context of the levels of Covid-19 transmission in the local community as we know this is one of the most reliable indicators of the risk of infection spreading in hospitals.

Social care settings

Social care

As we move beyond the emergency response to the pandemic, we will need to consider the vulnerability of many individuals accessing social care services; the higher risks associated with closed and indoor settings such as care homes, and the impact of transition arrangements on the sector itself.

We will build on what we have learned to date and what we have achieved over the last two years. We have rolled out a successful vaccination programme with excellent uptake by care home residents and social care staff. Those working in social care have worked tirelessly to establish improved infection prevention and control practices.

Some safeguards and good practices will continue to be advised moving forward, but we will also encourage care home providers to move confidently towards re-introducing a far greater sense of normality in their care homes and in the day-to-day lives of the people they care for. Those who operate services continue to have responsibility to keep their environments safe.

People working and living in social care settings have experienced very significant challenges throughout the pandemic[31] and we do not underestimate the impact this has had on people's mental and physical health and their wellbeing. Our social care transition planning strikes a balance between supporting people's wellbeing and keeping people safe. We will continue to keep the situation under review and will act on the latest Public Health Wales advice.

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31   For example, see:
Rapid review on the impact of the COVID-19 pandemic on the mental health of health and social care workers within the UK. Report: RR00002. **Wales COVID-19 Evidence Centre**. July 2021.
Have infection control and prevention measures resulted in any adverse outcomes for care home and domiciliary care residents and staff? Report: RR00018. **Wales COVID-19 Evidence Centre**. November 2021.

Supported living

Supported living settings for adults with neurodevelopmental conditions, such as a learning disability or autism, should now be returning to relative normality.

Commissioners and care and support providers must do everything in their power to ensure that people in supported living are supported and encouraged to exercise their right to go out and to participate in family and community life, and that this right is not restricted or inhibited in any way.

Likewise, we expect routine indoor visiting to continue to be supported by providers with as few restrictions as possible when the public health risk is stable. We do not expect unnecessary or unreasonable restrictions on visitor numbers or on the length and frequency of visits. If an outbreak occurs, providers should act in accordance with Public Health Wales advice and guidance.

Social care employers and related care and support staff should continue to follow public health guidance relevant to them.

We will continue to keep the situation under review and will act on public health advice.

Adaptations by businesses

Impacts from the pandemic

The latest UK GDP estimate covering October to December 2021 shows that the level of quarterly GDP is 0.4% below its pre-coronavirus level (Quarter 4 2019). The latest labour market data for Wales estimates that the unemployment rate for October to December 2021 was 3.1%, broadly similar to the 2.9% reported in October to December 2019 and down from a peak of 4.9% in December 2020 to February 2021.

Certain sectors of the economy experienced greater difficulties than others when protective measures were in place. For example, the *ONS Business Insights and Conditions Survey (BICS)* previously highlighted impacts reported by accommodation, hospitality and entertainment sectors. In late April 2021 only 6 in 10 UK accommodation and food service businesses were trading, lower than almost all other industries, and compared with more than 8 in 10 of UK businesses overall[32]. As expected these two sectors continue to report the most significant drops in business turnover, with 6 in 10 accommodation and food service businesses saying their turnover had decreased, compared with a third of UK businesses overall.

Even with the support offered to businesses throughout the pandemic, the impact on people's livelihoods as a result of the pandemic and restrictions has been significant. The impacts have not been felt equally across different demographics across the population. Amongst those hardest hit were those receiving lower wage levels, younger people, those with low skills and qualifications levels, people with poor health and disabilities and those from ethnic minority communities. The *Low Pay Britain* report by the Resolution Foundation found low paid workers were three times more likely than higher paid workers to experience a negative impact on their work, such as losing their job, a loss of hours or pay or being furloughed[33].

Despite headline economic statistics showing signs of economic recovery, there remain a number of economic headwinds. The ONS real time indicators released on 24 February 2022[34] illustrate sustained declines in retail footfall, but an increase in purchases to close to pre-pandemic levels. Job vacancies continue to remain high, as the total volume of online job adverts in Wales in the week ending 18 February 2022 was at 131% of the February 2020 pre-Covid-19 average.

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32   The percentage of businesses in the UK reporting that they were continuing to trade was 61% for the Accommodation and Food Services sector and 78% for the Arts, Entertainment, and Recreation sector. The UK all-sector average was 83%.
33   **Low Pay Britain 2021, Resolution Foundation**
34   Economic activity and social change in the UK, real-time indicators - ONS (**ons.gov.uk)**

The ONS' Business insights and conditions survey (BICS) provides an insight into current business conditions. The latest survey covers the period between 24 January and 20 February 2022 and it found:

- 21.1% of Welsh businesses reported turnover had decreased by up to 50% compared to normal expectations for this time of year. This is the third highest of any UK country or English region.

- 19.8% of Welsh businesses reported that they have had an increase in demand for goods or services sold over the last month, this is the highest out of the UK countries and English regions.

- 77.0% of Welsh businesses reported that safety measures they are using, or intending to use are hygiene measures, with the second most common reason being social distancing (63.7%).

- 56.6% of Welsh businesses reported that the implementation of safety measures had increased operating costs a little, while 7.6% reported that operating costs have substantially increased.

It is also likely that there will be long term negative economic impacts we are yet to observe as a result of the pandemic. These impacts include the effects of children not being able to attend school, as well as a potential loss of skills as a result of employees being made redundant or put on furlough.

Role of businesses

Businesses and their employees have played a vital role in helping mitigate the impacts of successive waves of coronavirus in Wales. Economic growth has been, and will continue to be, dependent upon keeping people safe. We have recognised the economic costs and wider costs[35] many of the measures we have asked organisations and the wider public to take. This has formed a part of decision-making throughout the pandemic and has led to the Welsh Government making available unprecedented levels of financial support to businesses.

We will continue work with social partners to review the evidence of the impact of measures that have been put in place throughout the pandemic to inform our future response to any new waves of Covid-19 and any future pandemic response. It is essential that businesses continue to play their part in keeping us safe in both Covid Stable and Covid Urgent scenarios.

The pandemic has increased pressures on workers in a range of different ways, and protecting their mental health and wellbeing will continue to be a priority across all sectors.

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35 For example: **Technical Advisory Group: summary of evidence on costs and benefits and potential mitigations for measures to address COVID-19 in Wales | GOV.WALES; Technical Advisory Group: 5 harms arising from COVID-19 | GOV.WALES;** and **Technical Advisory Group: what is the social value of a covid case and how has it changed? | GOV.WALES**

Safer workplaces from all respiratory infections

The approaches required in law throughout the pandemic to respond to Covid-19 can offer those responsible for workplaces the tools not only to continue to manage Covid-19 risks but also those from other communicable diseases and respiratory infections. Minimising the number of infectious people in a workplace and interacting with others will minimise the spread of illness through the wider workforce.

Measures such as improving ventilation, increasing the use of outdoor areas, supporting flexible and hybrid working, promoting healthier lifestyles, and supporting improved hygiene will have benefits over the long-term. They will also help manage short-term risks from new variants.

Supporting employees to do the right thing and stay at home when they are ill is one of the most important ways in which infections can be prevented. This will also help ensure infections do not spread through the workplace or workforce. There will be different barriers for different people in being able to do this, many of which will require support from employers to address. This might include technology or an ability to work from home if infectious but able to work. It could mean addressing a culture of workplace presenteeism[36]. It will mean having supportive sickness policies and adequate sick pay.

In a Covid Stable scenario we hope businesses can learn from our collective experience of the pandemic and maintain and build on those elements of infection control they have put in place to protect staff and customers.

Under a Covid Urgent scenario we hope not to have to resort to legal requirements. As with people across Wales, businesses are accustomed to those measures they can take to minimise risks. Businesses will also be better able to tailor measures for their specific circumstances.

We would ask businesses to consider their own contingency plans now, in order to be able to respond to future waves to reassure staff and customers their premises remain safe. The scale of response required will depend on the nature of the threat, but we know what works and where preparations can be made. For example this might include:

- making preparations for more staff to work from home where possible

- putting in place additional protections for vulnerable staff and customers

- considering the use of face coverings indoors

- increasing levels of ventilation and use outdoor areas more

- other measures such as increased distancing where possible.

If there is a need to implement extra, time-limited, control measures under a Covid Urgent scenario we will communicate this need to businesses and regulators through well-established partnership routes which have evolved and strengthened through the pandemic.

Taking measures to protect staff and customers

Through the pandemic, we introduced emergency public health legislation which required an enhanced approach to risk assessment and control in workplaces and other settings open to the public.

As the public health situation improves, pre-pandemic arrangements to enforce health and safety law in workplaces will be applied by Health and Safety Executive and local authorities.

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36 **A systematic review of infectious illness Presenteeism: prevalence, reasons and risk factors - PubMed**

Legal duties under health and safety law will apply to manage occupational risks from coronavirus which are created in the workplace or by work activities; for example, staff working with those infected with Covid-19 in health and social care, or through research activities. In these settings, health and safety control measures will continue to be a legal requirement.

Health and safety law also places general duties on employers to continue to ensure that premises are sufficiently clean, have sufficient ventilation and enable good hand hygiene[37]. The extent and choice of controls is determined "so far as they are reasonably practicable".

Public health advice will continue to be provided in Wales to complement health and safety law and to support employers and businesses to mitigate Covid-19 risks going forwards. This will cover measures which have been effective in mitigating risks during the pandemic, for example infection prevention and control, good hygiene practices, social distancing, home working, excluding symptomatic individuals and supporting vaccination.

We will continue to work closely with the Health and Safety Executive and will continue to support employers to carry out risk assessments[38] in consultation with their workforces and trade unions that take into account and mitigate the Covid-19 risks to employees and customers, alongside their obligations under health and safety legislation.

Should an infection cluster, incident or outbreak occur, investigating officers will continue to refer to, and act in accordance with, the *Communicable Disease Outbreak Plan for Wales*. If necessary, officers can use enforcement powers under public health protection legislation to support investigations and require actions to manage risks. In the longer-term, we will explore whether

other powers can add value to the health protection legislative framework – building on what we have learned during the pandemic.

Partnership working

One of the real positives to have emerged from the pandemic has been the much closer partnership working that has emerged, despite this already being a strength in Wales. We have brought partners together in a wide range of forums – businesses and business groups, trade unions, public service leaders, and a range of others – to discuss the very difficult challenges we have all faced and to help identify solutions.

We want to continue and build upon these experiences and partnerships across all policy areas in taking forward our recovery from the pandemic and building a brighter future together. From the Shadow Social Partnership Council, to the Health and Safety Forum, to a range of sector-specific working groups, we will continue to come together to focus on shared priorities.

Remote working

The pandemic has changed the way we work, with many people choosing to work from home to help reduce the risk of coronavirus spreading and to help keep others safe. As the risks associated with the pandemic subside, some employers and employees will be keen to retain the flexibility of homeworking and others will want to return to the workplace.

Not everyone can work effectively from home – there are particular challenges for younger people who are less likely to have suitable spaces, and there are sectors where it is not practical. Employers have legal obligations and a duty of care to employees who work from home.

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37   Guidance is available on the HSE website, for example: Continuing to reduce the risk of COVID-19 transmission in workplaces (**hse.gov.uk**)

38   For further guidance see: **Risk assessment during the coronavirus (COVID-19) pandemic**

There are also increased risks for some people in working from home, such as increased 'coercive control' linked to violence against women or domestic abuse. There are a range of benefits from working together in the same place, even if only for some of the time.

However, there remain good reasons to encourage remote working, with many people identifying this as one of the key benefits to emerge from the pandemic. Changes to the way we work can also help us to meet our climate change commitments and ambitious targets on carbon reduction, for example through less time spent commuting or the use of shared working spaces.

We will help business and organisations to capture these wider benefits by supporting a long-term shift to more people working remotely than before the pandemic. Remote working includes working from home and close to home in local communities. This might mean working at a local hub or shared working space. We have set out the advantages for local economies, businesses, individuals and the environment in our remote working policy[39]. Remote working hubs are available across Wales[40].

Our long-term aim is for 30% of Welsh workers to work flexibly at or near to home[41]. This is an overarching ambition and the opportunity for remote working will vary according to the needs of employers and their workforces. But many people and businesses have been proactive in pursuing a more flexible approach – and we will encourage others to follow their example.

Under a Covid Stable scenario we would expect to see a gradual transition back to office working, at the same time as promoting more flexible working practices such as remote working.

Should it be necessary, such as under a Covid Urgent scenario, we know that working from home where practicable can be one of the most effective things we can do to break chains of transmission and lower infection rates.

Support for business

Throughout the pandemic, we have supported businesses to enable them to cover certain operating costs – not lost turnover – if they had to close or were severely impacted by alert level protections needed to keep Wales safe during the course of the pandemic. Staffing costs were covered by UK Government wage support schemes until those schemes were withdrawn on 30 September 2021.

Since the start of the pandemic, we have provided more than £2.6bn of support to businesses throughout Wales to help them manage through these difficult circumstances, in addition to the support made available across the UK. This has safeguarded more than 160,000 jobs in Wales. The sectors which have generally been impacted the most during the pandemic are those in retail, hospitality and leisure.

As announced in the draft Budget 2022-23, there will be an additional £116m package of non-domestic rates relief for retail, leisure and hospitality ratepayers in Wales. They will receive 50% non-domestic rates relief in 2022-23. The Retail, Leisure and Hospitality Rates Relief scheme will be capped at £110,000 per business across Wales. Our approach means that businesses in Wales will receive comparable support to that provided in other parts of the UK.

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39 **Remote working | GOV.WALES**
40 **Find your local remote working hub | GOV.WALES**
41 **Remote working | GOV.WALES**

International travel

Throughout the pandemic, we have been cautious in our approach towards international travel because of the risks of contracting coronavirus while abroad and importing new strains or variants of the virus into the UK.

As a result of the success of our vaccination programme, there are now greater opportunities for people to make decisions about travelling abroad, based on their own circumstances.

The pandemic is not over – we therefore encourage everyone planning a trip abroad to think of their own personal and family circumstances and how best they can keep themselves and their loved ones safe. We urge all those who are vulnerable to take extra precautions.

Our advice to anyone planning on travelling abroad, is to:

- Check the Foreign, Commonwealth and Development Office website[42] for the specific entry requirements for the country you are travelling to – these include Covid-19 vaccines and testing requirements.

- Check the specific requirements for children and young people under 18 in the country you are travelling to.

- Check the coronavirus situation in the country you are travelling to before you travel.

- Stay safe while you are away by following the same measures which help keep you safe while you are at home.

- Check and follow the entry requirements for returning home to the UK – these are available on the Welsh Government website[43].

- Once you return home, consider taking some extra precautions to keep your friends and family safe. This might include limiting visits to vulnerable family members, especially if experiencing any coronavirus symptoms.

In view of the significant use by Welsh travellers of English airports and ports, we will continue to seek to work closely with the UK Government, as well as the other devolved governments to coordinate our approach to public health measures at international borders.

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42   **Foreign travel advice - GOV.UK (www.gov.uk)**
43   **Rules for international travel to and from Wales: coronavirus | GOV.WALES**

Equalities

Our aim throughout the pandemic has been to keep everyone in Wales safe, and to achieve this we have put equality at the heart of our response. Our very first framework for managing coronavirus[44], published a few weeks after the first lockdown at the start of the pandemic, set out principles – grounded in distinctively Welsh values – to evaluate changes to the measures which we had introduced to protect the population. The principles included:

- Does the measure have a high positive equality impact?

- Is the measure consistent with the requirements of the Future Generations Act, and other legislation?

- Does the measure have any biases to the detriment of vulnerable or marginalised groups?

- Does the measure provide any opportunities for widening participation and a more inclusive society?

Coronavirus legislation and other policies have been subject to a range of impact assessments[45] which led to mitigating action.

For example, we prioritised face-to-face education where possible to minimise the disruption to learning and development among children and young people; we prioritised vaccinations by age and risk of serious illness; we introduced a self-isolation financial payment scheme; and we launched a workplace risk assessment tool[46] to help people consider their personal risk factors.

As we move beyond the emergency phase and remove the remaining legal protections, we will continue to apply the above principles to any actions we take and any guidance we produce, including to address future outbreaks and variants. We will also ensure our approaches to encourage vaccination engage with people and communities to reduce inequalities in uptake across all of our population groups. We will do this by building on the learning during the pandemic and continuing to work with our partners across public, private and third sectors.

A range of evidence, including work by our Technical Advisory Cell on health inequalities[47] and the five harms[48] arising from coronavirus and reports co-produced with people with lived experience including the report of the Socioeconomic Subgroup of the Black, Asian and Minority Ethnic Covid-19 Advisory Group[49] and 'Locked out: liberating disabled people's lives and rights in Wales beyond Covid-19'[50] indicates that inequalities have been exposed, compounded and even exacerbated by the pandemic.

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44   **Leading Wales out of the coronavirus pandemic: a framework for recovery | GOV.WALES**
45   **Impact assessments: coronavirus | GOV.WALES**
46   **COVID-19 workforce risk assessment tool | GOV.WALES**
47   **Technical Advisory Cell: coronavirus (COVID-19) and health inequalities | GOV.WALES**
48   **Technical Advisory Group: 5 harms arising from COVID-19 | GOV.WALES**
49   **Black, Asian and Minority Ethnic (BAME) COVID-19 Socioeconomic Subgroup: report | GOV.WALES**
50   **Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19**

Research on strengthening and advancing equality and human rights in Wales[51] and on mortality across geographic and socioeconomic groups in England and Wales, as well as the Wellbeing of Wales report, also support these findings.

Health inequalities in the pandemic have arisen where people have been:

- More vulnerable, in particular the clinically extremely vulnerable (e.g. owing to pre-existing health conditions);

- More susceptible (e.g. owing to poor living conditions);

- More exposed (e.g. owing to where they live or work).

Examples of specific impacts identified as affecting particular groups, which come from the reports mentioned above unless separately referenced, include:

- **Children and young people's** educational outcomes and employment prospects have been put at increased risk by the disruption coronavirus has brought to schools, universities and other settings. This disruption has also affected socialisation, communication, emotional and mental health, physical activity and, for some, the potential for an increase in adverse childhood experiences.

  Isolation has been shown to increase demand for mental health services including for post-traumatic stress. Poor emotional health in childhood is linked to long-term mental and physical health difficulties, and poor academic and occupational functioning — it is the number one predictor of adult life satisfaction.

We have already led the way in promoting children's rights, and we will continue to take a rights based approach, in line with our commitment to the United Nations Convention on the Rights of the Child.

- **Older people** have higher mortality rates. Greater reliance on technology to deliver public and other services is also likely to have had an impact on older people, as digital exclusion increases with age. The Institute of Fiscal Studies predicted increased numbers of older jobseekers and anticipated that many may face significant challenges when it comes to finding new jobs.

- **Disabled people** have experienced restricted access to public services and social support, which for some people has led to restrictions on independent living and a feeling of being excluded during the pandemic. Some disabled people have felt the positive aspects of large parts of the workforce working from home, demonstrating the effectiveness of this way of working and looking towards beneficial longer term changes to the workplace. Review work identifies several concerns with accessing services, and indicates that disabled people were more likely to be hospitalised with Covid-19 and to stay in hospital for longer, and with higher mortality rates. There was a range of both negative and positive mental health impacts.[52]

- **Black, Asian and Minority Ethnic** people experienced disproportionate impacts during the pandemic both from the virus and as a consequence of non-pharmaceutical interventions. Black, Asian and Minority Ethnic people faced a higher risk of contracting and dying from coronavirus, with racism and underlying structural inequalities contributing to this.

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51   **Strengthening and advancing equality and human rights in Wales (gov.wales)**
52   **Wales Covid-19 Evidence Centre** Rapid Review: "Impact of the COVID-19 pandemic on the health and access to health care of disabled people: a rapid review, January 2022, IN PRESS.

There was also evidence at the start of the pandemic of ineffective communication of health information and cultural unsuitability of health and social care services. In addition, pre-existing structural inequalities, for example, income and employment insecurity, housing overcrowding and environment, the financial burden created by migration status, and the role of structural and systemic racism have been exacerbated by the pandemic. Anecdotally, the combination of lockdowns and the global response to the murder of George Floyd appears to have increased young people's anxiety around their futures, with the third sector and community hubs identified as important for youth engagement. Specific information from credible spokespeople can dispel myths and provide trusted facts, especially on vaccination.

- **Women** were more likely to be furloughed, and to spend significantly less time working from home, and more time on unpaid household work and childcare, the ONS found[53]. Other evidence[54] indicates that for women who did work from home, the pandemic created challenges for many who had to simultaneously provide elderly care, family care and childcare. These challenges often disrupted work and home-life in negative ways, reducing work confidence and productivity and potentially increasing the gender gap in wages. Lockdowns and restrictions resulted in more men moving forward in their careers while women faltered or slowed down.

Since the outbreak of Covid-19, data has shown that violence against women, domestic abuse and sexual violence (VAWDASV) has intensified, with UN Women, the United Nations entity dedicated to gender equality and the empowerment of women, describing the proportions of violence against women and girls as a 'shadow pandemic'[55]. While restrictions around leaving the home were in place to tackle the pandemic, it was clear that not every home was a place of safety. Enforced isolation, which can be used as a tool for coercive control or as an excuse to inflict violence on victims, made this a particularly challenging time. For this reason, the regulations acknowledge that there may be circumstances in which people may be at risk of VAWDASV or at risk of harm and communications campaigns throughout periods of restrictions aimed to reassure victims that specialist services were still operating and ready to provide support. The Welsh Government increased the allocation to the specialist VAWDASV sector by more than £4 million for one year to ensure it could respond to the increased demand as a result of the pandemic.

- People entering **marriage or civil partnership** and with **religion or belief** have been affected by being unable to access public and community facilities and services.

- The experience of **pregnancy and maternity** during the pandemic has been challenging, and women working while pregnant have relied on employers to comply with the legal duty to protect their health and safety.

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53 **Coronavirus (COVID-19) and the different effects on men and women in the UK, March 2020 to February 2021 - Office for National Statistics** (ons.gov.uk)

54 **What innovations can address inequalities experienced by women and girls due to the COVID-19 pandemic across the different areas of life/domains: work, health, living standards, personal security, participation and education?**

55 **The Shadow Pandemic: Violence against women during COVID-19 | UN Women**

- It may also have been difficult for people needing support with **gender reassignment** or their **sexual orientation**, for example, to access the help they needed. Although reports published by the British Medical Journal[56] and NatCen Social Research[57], highlight a concerning lack of high quality evidence about the experiences of LGBTQ+ populations, for example, there are indications[58] of poorer outcomes around mental health and wellbeing, health behaviours, safety, social connectedness and access to routine healthcare, as well as threats to safety (including domestic abuse), homelessness, and financial hardship[59].

- **Deprivation** has led to poorer outcomes around mortality and long Covid. Lower paid workers are likely to have been less able to work from home and to self-isolate, less aware of their responsibilities and the central and local support available, and at higher risk of losing their jobs. Lower income households are also less likely to be able to afford: the technology to access services remotely; the face coverings and other mitigations necessary to protect themselves and others; the additional costs of using personal rather than public transport; and higher costs of working from home. There is evidence of pronounced inequalities between socioeconomic and geographic groups in England and Wales resulting from coronavirus.

- **People experiencing homelessness**: The pandemic has highlighted the fundamental importance of a suitable home to keep people safe and the plight of those who do not have one. We have adopted an inclusive 'no-one left out' approach, which we are committed to continue. This has resulted in more than 17,000 people being supported into temporary accommodation. The pandemic highlighted the significant level of previously unmet support needs and as a result, significant additional investment has been made and an action plan[60] has been published, supported by our Programme for Government commitment to deliver an additional 20,000 social homes for rent in this Senedd term.

The pandemic has exposed low levels of resilience in many communities. Improving health and reducing health inequalities by tackling issues such as poor diet, lack of exercise, smoking, alcohol and substance use will not only improve the health of people across Wales but will also increase our resilience to any future threats from coronavirus and other communicable diseases.

Such long-term and difficult issues require us to actively encourage and enable health improvement and sustainable economies and discourage those that harm health and the environment. We will be working with Public Health Wales, and the wider public health system, to tackle these challenges within our communities and accelerate policy and interventions to address these key facets of health and resilience.

56 **Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations | BMJ Open**

57 **The experiences of UK LGBT+ communities during the COVID-19 pandemic (natcen.ac.uk)**

58 **Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations | BMJ Open**

59 **Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations | BMJ Open**

60 **Ending homelessness in Wales: a high level action plan 2021 to 2026 | GOV.WALES**

People may experience multiple, interacting aspects of inequality at any one time, such as age, gender, occupation, deprivation or race/ethnicity. This is known as "intersectionality".

To inform the transition and future contingency planning, we will continue to investigate, in an intersectional way, the short-, medium- and long-term impacts of the pandemic, in the context of the historical position, on groups with protected characteristics and on different communities across Wales. This will integrate the lessons we have learned so far, which include:

- Keeping education operating as a priority and avoiding closing schools, so that learners can continue to access their rights to education and to achieve their full potential, and can also access the wider human rights provided for by education settings. These include children's rights to play, participate in culture, arts and sports, and to be kept safe from harm

- Recognising complex social support networks, particularly for disadvantaged groups, by avoiding regulating in people's homes via complex legal restrictions and trusting people to follow guidance.

This will help us to ensure that the policies we design to manage coronavirus and our response to future emergencies both maximise the protections for more vulnerable people and minimise the adverse impacts on those people as far as possible, and are in line with the *Well-being of Future Generations Act*.

We will continue to seek further understanding about which innovations could work to address inequalities experienced by people in particular groups; for example innovations for women and girls across work, heath, living standards, personal security, participation and education domains[61].

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61 **RR00027_Wales_COVID-19_Evidence_Centre-Rapid_review_of_innovations_addressing_inequalities_experienced_by_women_ and_girls__due_to_COVID-19-January_2022.pdf (primecentre.wales).**

Communication, public health promotion and partnership working

Throughout the pandemic, we have worked closely with partners across Wales and the UK to ensure everyone in Wales receives clear, consistent advice and information on the latest public health situation and regulations. We have used a wide range of communication channels, including television and radio advertising, multiple social media and digital channels and regular press conferences and statements.

This approach will continue as we move beyond the emergency phase of the pandemic and we ease away from regulations towards greater personal responsibility among the public, and businesses and organisations to help minimise transmission.

The *Keep Wales Safe* campaign, which has a very high population reach (98.3% of all adults in January 2022), will adapt to encourage protective behaviours, including regular hand-washing and sufficient ventilation in homes and businesses, and provide vital information about TTP and vaccination programmes. It will be flexible to respond to any future events, including any serious threats posed by new coronavirus variants of concern, and will link in, where appropriate, with other winter illness campaigns.

So everyone can access high-quality care from the NHS, we will continue to signpost people to receive the right help, at the right place and at the right time through the *Help Us, Help You* campaign. We will also focus on supporting people's physical and mental health and wellbeing by promoting the simple lifestyle steps we can all take to make a positive difference to our own and other peoples' lives.

Ministers and public health spokespeople will continue to be important messengers and our well-established relationships with the media in Wales remain as strong as ever. These relationships enable us to communicate any developments with the Welsh public quickly and effectively through press conferences, interviews and statements.

We recognise people in Wales receive news and information from beyond Wales, so we will work on a four-nations basis to deliver, where possible, UK-wide messages which are consistent and joined-up. We will also continue to tailor our communications to reach diverse audiences, recognising the need to engage with, for example, children and young people and ethnic minority communities through specific channels, tailored communications and trusted voices.

Looking ahead

Looking ahead, we want to continue to enable the types of rapid innovation, transformation and collaboration that we've seen in responding to the pandemic over the last two years. There are many lessons in how vaccines were developed and rolled out, testing systems developed and implemented, and treatment pathways developed and adopted.

The approaches to partnership working across all sectors to work together at pace to address shared challenges have been a significant benefit from the pandemic. We will continue to build on this in all areas of policy, not just emergency planning.

The lessons we have learned will be captured and fed into future pandemic planning so that we are as prepared as we can be should a new threat emerge that requires an emergency response.

We will build on the approaches adopted throughout the pandemic to combining a wider range of scientific evidence and analysis from different disciplines. We have successfully integrated modelling and behavioural science with more traditional uses of research and data to inform policy in real time. We will continue to explore new avenues of research and data, such as our pioneering work in waste water analysis.

We expect the pathway from the pandemic we are still experiencing to an endemic state will be a long and bumpy one. Over the coming years we will experience more waves of infection and new variants of coronavirus. But we have the tools and experience to be able to adapt and respond when necessary.

The pandemic is not over, and we will not suddenly remove all the protections we have put in place over the last two years. But we will carefully scale back our emergency response footing over the coming months to a more sustainable set of arrangements that can serve us over the longer term. In doing so we will retain the capability to scale our response back up if necessary. We hope that capability will not be needed as we look forward to a brighter future together.