HMIG (20) 03
Minutes

Minutes of a Meeting of the
COVID-19 - Health Ministerial Implementation Group
held at 70 Whitehall on

SUNDAY 22nd March 2020
At 1000 AM

P R E S E N T

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

Simon Clarke, MP
Ministry of Housing, Communities and Local Government

The Rt Hon Michael Gove MP
Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster

The Rt Hon Dr Thérèse Coffey MP
Secretary of State for Work and Pensions

The Rt Hon Stephen Barclay MP
Chief Secretary to the Treasury

The Rt Hon Priti Patel MP
Secretary of State for the Home Department

Vicky Ford MP
Parliamentary Under Secretary of State for Children and Families

Edward Argar MP
Minister of State (Minister for Health)

Caroline Dinenage MP
Minister of State for Digital and Culture

Lord Gardiner of Kimble
Parliamentary Under Secretary of State (Minister for Rural Affairs and Biosecurity)

Helen Whately MP
Minister of State (Minister for Care)

James Heappey MP
Parliamentary Under Secretary of State (Minister for the Armed Forces)

Wendy Morton MP
Parliamentary Under Secretary of State (Minister for European Neighbourhood and the Americas)

Lord Agnew
Minister of State at the Cabinet Office

ALSO PRESENT

Prof. Chris Whitty,
Chief Medical Officer, Department of Health and Social Care

Sir Simon Stevens
Chief Executive, NHS

Sir Patrick Vallance
Chief Scientific Adviser, GoScience

Simon Ridley
Director General C-19 Healthcare Ministerial Implementation Group, Cabinet Office

Kathy Hall
Director of Technology & Data Strategy, NHSX

Paul Cosford
Director, Public Health England

Clara Swinson
Director General for Global and Public Health, Department of Health and Social Care

Wendy Fielder
Director of Communications, Department of Health and Social Care

John Manzoni
Chief Executive of the Civil Service and Permanent Secretary, Cabinet Office

Sir Edward Lister
Chief Strategic Adviser to the Prime Minister, No 10

Munira Mirza
Policy Unit Director, No 10

NR
Policy Unit, No 10

Joanna Key
Director, Cabinet Secretariat

Secretariat
J Feintuck

Introduction & Summary of strategic and tactical	THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the Group would be reviewing the three-month Plan, subject to further

approach to the epidemic

work. The Plan was designed to achieve the overall strategic aim of protecting life during the pandemic.

THE CHIEF MEDICAL OFFICER said that there were different mortality impacts of the Covid-19 (coronavirus) outbreak: direct impacts; indirect impacts; effects of postponement of non-emergency care and public health programmes; links between poverty & ill-health.

The first priority was to reduce the transmission rate to less than one, to stop exponential growth of the epidemic. The key metrics in this stage of the pandemic were therefore: the doubling time; the transmission rate (R force); and the ICU bed capacity. It was highly unlikely that the virus will be eradicated given its wide spread, and the current lack of vaccines or countermeasures.

Three-month Plan to Tackle the Virus

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the Plan contained priority actions for the health system, but was cross-government in nature. It drew together the areas of focus for the work ahead and should be kept up to date and added to as when new areas of critical work emerge. The Plan covered six key workstreams: NHS capacity and resilience; supply; testing; technology; social distancing; and shielding. The three-month Plan should be supported with the right metrics that can be tracked live.

In discussion the following points were made:

- to support NHS capacity, elective operations will stop on the 15th April, with individual Trusts tapering to that date at the rate they see fit. Community healthcare providers now have the responsibility for the discharge of medically fit patients, moving the system to a 'pull' model. Individual acute Trusts should also be expanding their ICU capacity. Work across the Ministry of Defence & NHS has created a plan for an additional 2,000 beds housed at the ExCel London centre, which will be needed to support London ICU bed capacity within a week at the current rate of demand. ICU supply and demand data will be broken down by region by the end of the next week (commencing Monday 23 March);
- to support capacity in community care advice to care homes should be updated - current guidance suggests they should accept patients who are asymptomatic even if they have not received a COVID test. The CMO should opine on this to reassure care homes, but a potential option should care homes refuse to accept could be step-down care in hotels. Non-NHS bed procurement should be tracked as part of overall capacity (e.g. hotel beds). Further work is required on Social Care metrics to allow a better

understanding of system resilience and capacity available (in beds and care packages) to support discharges;

- a key frontline concern is staff infection, so the plan should breakdown staff sickness due to COVID by type of profession to allow international comparisons;
- many private companies have offered support with production or procurement of supplies and tracking those offers is important. The agreement reached between the NHS and independent healthcare providers increases ventilator capacity by 1,200 (including theatre and recovery bays). More granular detail should be included in the metrics on supplies of ventilators, other oxygenating equipment, medications and PPE. Projected demand for PPE should be included in the metrics, and based on a more intense requirement given the difference between PHE and WHO guidance. Distribution of PPE is now being supported by the military. Work on frontline access to PPE should be extended to cover both primary and secondary care, community care and Adult Social Care. The General Public Sector Ministerial Implementation Group will create an order of priority for PPE distribution to the wider frontline workforce which will then interact with the priorities within the health and social care sector;
- the workstream on testing needs to include both supply chains relating to tests, as well as keeping track of volumes of tests administered in totality, and to specific groups such as frontline key workers. The Scientific Advisory Group for Emergencies should opine on the required scale of population testing for significance;
- offers from digital and technology companies to support are being triaged by the Department for Digital, Culture, Media and Sport and passed on to NHSX where appropriate. An automatic contact tracing app is in development to be publically available within two weeks and will require a high uptake and increased testing capacity to be successful;
- the data needs to be clear about what is deliverable and operational taking into account the required underlying infrastructure (e.g. a ventilated bed requires a bed, a ventilator and appropriate staffing). NHSX are working to allow a more granular breakdown of measures to region or individual Trust level;
- any work relating to excess deaths or body storage will be part of the scope of the General Public Services Ministerial Implementation Group.

THE CHIEF MEDICAL OFFICER said that the aim for a rolling program of clinical trials, where a small number of priorities are rigorously tested. Initial trials of Kaletra (a combination HIV drug) showed promise in China at speeding recovery and improving mortality rates although in a small sample size. Hydroxychloroquine will be tested in both primary care and secondary care.

In discussion, the following points were made:

- The Department for International Development is supporting additional funding for vaccine development;
- The International Ministerial Implementation Group must have a focus on maintaining global supply chains for medicines.

Summing up, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the Three-month Plan would be refined and updated over time to reflect progress against the priority work areas.

Options for legislation enforcement on business closures

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that an agreement on the appropriate enforcement of social distancing measures was required.

THE MINISTER OF STATE AT THE MINISTRY OF HOUSING, COMMUNITIES AND LOCAL GOVERNMENT said that an aim of this agreement should be to avoid additional strain on the police force. The lead proposition is to enforce the legislation using 1,000 officers from Trading Standards and 2,000 officers from Environmental Health. Given the high voluntary uptake of the measures, the numbers of officials proposed to enforce is therefore sufficient. Although the ability to revoke licenses was considered, not all businesses who might require enforced closing will have a license. Instead, fixed penalty notices or prohibition of services will be considered. The aim of using fixed penalty notices or fines to sanction non-compliant businesses is to avoid adding additional strain onto the court system. A longer-term option for consideration is exclusion from COVID-19 business support schemes from HM Treasury.

The following points were made in discussion:

- The fines on non-compliant businesses would be unlimited;
- Non-compliant business should be immediately closed by enforcing officers;
- Police enforcement should be used where appropriate, not only in extreme cases;
- Additional public communication via the GOV.UK website could support further compliance;
- There are concerns regarding compliance with general social distancing advice, particularly in coastal areas or holiday locations.

The Group agreed:

- the recommendations on legislation enforcement options as laid out in the paper.