

COVID-19 (M) (8)

CABINET OFFICE BRIEFING ROOMS

COVID-19 (M) (8)

Meeting on Monday, 9th March 2020

Irrelevant & Sensitive Cabinet Office

70 Whitehall at 11:00

MINUTES

PRESENT

The Rt Hon Boris Johnson
Prime Minister
In the CHAIR

The Rt Hon Anne Marie-Trevelyan
Secretary of State for International
Development

The Rt Hon Robert Buckland
Secretary of State for Justice

The Rt Hon Priti Patel
Home Secretary

The Rt Hon Robert Jenrick
Secretary of State for Housing,
Communities and Local Government

The Rt Hon Dominic Raab
Foreign Secretary

The Rt Hon Gavin Williamson
Secretary of State for Education

The Rt Hon Alister Jack
Secretary of State for Scotland

The Rt Hon Robin Walker
Parliamentary Under Secretary of State at
the Northern Ireland Office

The Rt Hon Jo Churchill
The Parliamentary Under Secretary of State
for the Department of Health and Social Care

The Rt Hon Therese Coffey
Secretary of State for the Department of
Work and Pensions

The Rt Hon Nadhim Zahawi
Parliamentary Undersecretary of State at the
Department of Business, Energy and
Industrial Strategy

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

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The Rt Hon Oliver Dowden
Secretary of State for Digital, Culture, Media
and Sport

The Rt Hon George Eustice
Secretary of State for the Department for
Environment, Food and Rural Affairs

The Rt Hon Rishi Sunak
The Chancellor of the Exchequer, Her
Majesty's Treasury

The Rt Hon James Heappey
Parliamentary Under Secretary at the
Ministry of Defence

The Rt Hon Michael Gove
The Chancellor of the Duchy of Lancaster,
Cabinet Office

The Rt Hon Grant Shapps
Secretary of State for Transport

DIALLED IN

Jeane Freeman MSP
Scottish Government

Robin Swann MLA
Northern Ireland Executive

Vaughan Gething AM
Welsh Government

Michelle O'Neil MLA
Northern Ireland Executive

Mark Drakeford AM
Welsh Government

Nicola Sturgeon MSP
Scottish Government

OFFICIALS

Chris Wormald
Permanent Secretary, DHSC

Mark Sedwill
The Cabinet Secretary

Katharine Hammond
Civil Contingencies Secretariat

Natasha Grant
Civil Contingencies Secretariat

Dominic Cummings
No 10

Alex Aiken
CO Comms

Chris Whitty
Chief Medical Officer

Ed Lister
No 10

Anthony Mcgee
MOD

Lee Cain
No 10

Imran Shafi
No 10

Yvonne Doyle
PHE

Sir Patrick Vallance
GO Science

Simon Stevens
NHS England

Emma Moore
Border Force

Mark Sweeney
EDS

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Beverley Warmington
DFID

Laurie Bristow
FCO

Jonathan Black
NSS

Beth Sizeland
CO

OFFICIALS DIALLED IN

Dr Frank Atherton
Welsh Government

Reginald Fitzpatrick
Welsh Government

Dr Michael McBride
Northern Ireland Executive

Catherine Calderwood
Scottish Government

SECRETARIAT

Name Redacted

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The Cabinet Office circulated the following papers to inform the Committee's discussion:

1. 06-03-2020 [OFF-SEN] COVID-19 Advice to COBR(M)
2. 20200308 - [OFF-SEN] COVID-19 - BEIS COBR Paper - Economic impacts FINAL - COBR(M)
3. 20200309 - [OFF-SEN] COVID-19 - CRIP 22 FINAL - COBR(M)

COVID-19

Item 1: Current Situation Update

1. The CHAIR expressed his gratitude to the NHS for responding effectively and at pace to the increasing challenge of COVID-19. The CHAIR also thanked the Government Chief Medical Officer (CMO) and the Government Chief Scientific Advisor (GCSA) for their continuing efforts throughout the response to COVID-19.
2. The CHAIR invited the Department of Health and Social Care to provide an update on the current situation. The SECRETARY OF STATE FOR THE DEPARTMENT OF HEALTH AND SOCIAL CARE said whilst the number of cases in the UK were increasing, they were not as high as those seen in European neighbours France and Germany. Italy and Iran had seen a sharp spike in confirmed cases. Due to US insistence, the repatriation flight of UK Nationals aboard the Grand Princess Cruise would go ahead however it would be more low-profile than previous repatriations.
3. The CMO said there was increased use of intensive care units for COVID-19. That there had been three confirmed COVID-19 deaths and one unannounced death.

Item 2: Update on interventions to delay peak

a: Communications on moving to the delay phase

4. The CHAIR introduced the item and said that the spread of the virus was progressing as expected and the importance of scientific advice in making decisions. The CHAIR invited the CMO and GCSA to outline planned interventions to delay the virus' peak. The CMO said that the UK was quite near the bottom of the upward scale of the peak (demonstrated in the CRIP). There were 270 known cases in the UK.
5. The GCSA said that there were two aims of intervention measures: reducing the peak of the virus to enable the NHS to cope with demand and to reduce the mortality rate. The CMO said there were three stages of intervention with varying individual and combined efficacy:
 1. Self isolation of symptomatic individuals.
 2. Full house-hold isolation where one individual is symptomatic.
 3. A series of currently undetermined measures to safeguard the elderly and vulnerable individuals.
6. The CMO said the timing of implementation of measures was crucial. These measures would possibly be in place for months and public compliance or despondence was heavily dependent on timing. Self-isolation and safeguarding of the elderly/vulnerable were likely to be more effective than full household isolation. That the scientific advice supported early implementation of individual self-isolation. As per usual medical advice, those with heavy respiratory tract infections were to remain at home. The next stage would be for those who are mildly symptomatic to self-isolate.
7. In discussion the following points were made:
 - Scotland, Wales, and Northern Ireland were not at the same stage as England.

- Whether the scientific advice recommended measures to be implemented uniformly across the Four Nations or if a phased approach would be more appropriate?
- The island of Ireland faced the additional challenge of having two separate jurisdictions with different public messaging.
- Certain high profile figures, including VVIPs would be affected by the interventions.
- The impact on the civil service in all four nations would be pronounced and public health measures taken need to visibly show how the Government is increasing capacity at the peak of the virus.
- The continuing effort of the NHS, including its daily reporting and preparation of all Accident and Emergency services. The question remained as to when Intensive Care Unit capacity would be increased and if a COVID-19 specific team or unit was needed in every hospital.
- What would be the commercial responsibility to contain the spread? Noting a case in Singapore where a firm was fined for allowing an employee to continue working whilst symptomatic.
- Full household isolation was the least practical option and had the most disproportionate impacts, given that the compliance rate was estimated to be 50 per cent, as per the scientific advice. This intervention required further consideration.
- Public announcement of further social distancing measures would increase stockpiling and place pressure on supermarkets.
- Whether full household isolation could contribute to an increased mortality rate due to potential effects on elderly residents and children with pre-existing medical conditions?
- The importance of language in messaging, given the potential impacts these interventions will have on citizens
- 70% of clandestines were from Iran. Consideration needed to be given to a consistent approach for clandestines - in line with our international partners going forward.
- Thousands of posters had been displayed in ports and airports. There are varying numbers of posters in different airports however there were supply issues of hand sanitiser at City Airport. Posters were also up in Edinburgh in accordance with Scottish comms.
- Advice on the type of hand sanitiser required and the locations it should be available would be helpful.
- Critical National Infrastructure (CNI) was prepared for 20 per cent staff absenteeism but that guidance on what further measures could be implemented to protect CNI workers would be helpful.
- Guidance was needed on whether full household isolation would reset the clock if other members of the same household became unwell.
- Measures must continue to be guided by scientific advice.
- The Easter holidays were fast approaching and school trip guidance would soon be available.
- Insurance claims for cancelled trips were likely and advance planning and guidance was needed for UK students abroad and international students in the UK.
- Certain military personnel would have to be exempt from full household advice.
- The need for special guidance for children who are symptomatic in a full household isolation situation.
- The possibility of virtual distance learning if school closures were actioned should be considered.

- The prevalence of ski holidays to Europe, namely Italy and the different advice coming out of different airports. Travel advice to Northern Italy was 'all but essential travel'.
- The potential impacts full household isolation could have on the social care sector.
- The May elections, including local councils mayoral and police crime commissioners, were fast approaching. Communications were required on this.
- Full household isolation would have a significant impact on the prison and probation services. Daily updates on offenders were being provided and information about COVID-19 was being given to prisoners. There had been prisoner unrest in Italian prisons.
- All business continuity plans should prepare for 20 per cent staff absenteeism. However, smaller teams may be disproportionately affected.
- Further advice on the plan to scale up NHS capacity was needed. The measures outlined will mitigate the spread of the virus by delaying the peak, however they will not eradicate it.
- Further detail on the plans for managing ventilator shortage and the subsequent increase in prices would be helpful.
- The importance of communicating these measures to the public without inciting panic, further noting the importance of following scientific advice.
- Further detail on whether there was a need to distinguish between those with serious symptoms and those with mild symptoms would be helpful.
- That it was difficult to differentiate local differences given the small number of cases. A national message initially would be beneficial and this could then be developed to reflect regional situations.

8. Responding the CMO said:

- The measures outlined were about changing the shape of the virus curve, as opposed to suppressing it. The mortality rate for the over 80s was 8 per cent and 0 per cent for children. Timing was crucial in triggering measures. The General Practitioner surveillance system and Intensive Care Unit pneumonia screening could give an indication on timing, but may not be entirely accurate. The modelling suggested that both national and local implementation were possible. However trigger points would have to be clarified at a local level to avoid missing the best timing for implementation and losing public trust.
- School closures were not as effective as other presented measures and would come later if necessary.
- Full household isolations and safeguarding for the elderly were not required immediately and could be triggered later.
- Self-isolation for serious flu-like symptoms should be reiterated to the public now. This was not a change in medical advice. The next step would be for mildly symptomatic people to self-isolate. In combination with shielding the elderly and vulnerable, this would lead to a significant drop in mortality rates.
- Self-isolation of mild cases should be communicated within the next 10 days.

9. Summing up the CHAIR said that the next COBR meeting would discuss self-isolation of mildly symptomatic people, social distancing measures, full household isolation and safeguarding of elderly.

Item 3: Agreement on International Engagement Strategy

10. The CHAIR opened the item and said that the UK was leading the global response to COVID-19 and turned to the Foreign and Commonwealth Office for an update. The FOREIGN SECRETARY said that as the UK would continue to take a science based approach it would encourage investment into research (if agreement is made at G7 level). The Department for International Development (DFID) was supporting the World Health Organisation with funding, with the UK helping start an emergency fund currently containing \$61 million. There were also a number of specialists working on research to help those with weaker immune systems.
11. In discussion the following points were made:
 - The continued importance of considering security issues. There was a weekly Five Eyes call and engagement with international partners was ongoing. There were discussions taking place on France/Belgium border security issues.
 - The complexity of the island of Ireland's separate jurisdictions highlighted the need for clear messaging.
12. Summing up the CHAIR said that he had spoken to the French President about the situation in France. France was about a week ahead of the UK in terms of virus progression. The CHAIR said that the UK would follow domestic scientific advice.

Item 4: Communications and Parliamentary Handling

13. The CHAIR invited Cabinet Office Communications to give an update on the communications strategy. The DIRECTOR OF GOVERNMENT COMMUNICATIONS said that there were increasing communications challenges. Following a recent poll, 45 per cent of those polled believed that COVID-19 was a major threat to the country. 97 per cent of those polled had heard of the hand washing campaign, 46 per cent were now following hand washing advice. Behavioural science was a key aspect of the communications and there were daily cross HMG communications calls to ensure consistent public messaging.
14. In discussion the following points were made:
 - The importance of defining serious symptoms and highlighting that this was not a change in medical advice.
 - Simpler messaging was more effective.
 - The COBR meeting on that Wednesday would discuss the Bill.
 - Media activity was currently insufficient.
 - Suggestion of a daily press briefing with the Prime Minister or senior minister and the science experts to outline the number of cases etc.
 - Suggestion of updating the public on recovered cases as a part of the communications strategy.
 - The importance of a central business script and the Committee confirmed that the guidance for businesses was being finalised.
 - The Department of Health and Social Care had commissioned a scientific review on the early UK cases.
 - The term 'self-isolation' should be replaced with 'stay at home'.

- Explaining the science behind decisions was key.

15. Summing up, the CHAIR said that COVID-19 was beatable and that this message was important to give the public hope. That a press briefing would follow later that day.

ANNEX 1 - ACTIONS

COVID-19 (M)(20)(8)

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COVID-19

09 March 2020, 11:00

Irrelevant & Sensitive Cabinet Office, 70 Whitehall

ACTIONS

1. CABINET SECRETARIAT to test that the public sector is able to deliver key services in light of a potential 20% absence rate.
2. SAGE to set out the thresholds for triggering each of the three interventions.
3. Department of Health and Social Care and Public Health England to work with the Department for Education and Foreign and Commonwealth Office to produce guidance for UK students travelling overseas and international students studying in the UK.
4. COMMS HUB to continue cross-government work to deliver a public information campaign, taking into account scientific and behavioural insight advice to ensure maximum engagement.

DECISIONS

1. Committee agreed to proactively advise people with serious flu-like symptoms to stay at home today, in line with existing medical advice. COBR(M) on Wednesday 11 March to consider whether and when to move to advising people with mild symptoms to do the same.

Cabinet Office
09 March 2020