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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the COVID-19 Operations Committee
Held at **Irrelevant & Sensitive** and video conference on

THURSDAY 24th September 2020
At 15:00 PM

P R E S E N T

The Rt Hon Michael Gove MP
Chancellor of the Duchy of Lancaster

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

ALSO PRESENT

The Rt Hon Gavin Williamson MP
Secretary of State for Education

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

Baroness Williams of Trafford
Minister of State, Home Office

Justin Tomlinson MP
Minister of State (Minister for Disabled People, Health and Work)
(Item 1)

Chris Heaton-Harris MP
Minister of State, Department for Transport

Caroline Dinenage MP
Minister of State (Minister for Digital and Culture)
(Item 1)

Kemi Badenoch MP
Exchequer Secretary to the Treasury and Parliamentary Under Secretary of State (Minister for Equalities)
(Item 1)

Paul Scully MP
Parliamentary Under Secretary of State (Minister for Small Business, Consumers and Labour Markets)

Professor Jonathan Van Tam
Deputy Chief Medical Officer

Emran Mian
Cross-Government Senior Responsible Officer for Disproportionately Impacted Groups and Director
General, Decentralisation and Growth, Ministry of Housing, Communities and Local Government
(Item 1)

Cathy Francis
Director, Housing Delivery, Ministry of Housing, Communities and Local Government
(Item 1)

Marcus Bell
Director, Race Disparity Unit
(Item 1)

Professor Yvonne Doyle CB
Medical Director and Director for Health Protection
(Item 2)

Dr Carolyn Wilkins OBE
Contain Divisional Director, NHS Test and Trace
(Item 2)

Thomas Waite
Director, Health Protection, Joint Biosecurity Centre
(Item 2)

Ben Cropper
Director, Analysis and Data Directorate, COVID-19 Taskforce
(Item 1)

Helen Dickinson
Director, Economy, Communities and International, COVID-19 Taskforce

Jo Lee Morrison
Deputy Director, COVID-19 Strategy, Department for Digital, Culture, Media and Sport
(Item 1)

OFFICIAL-SENSITIVE

Secretariat

S Ridley

E Payne

Name Redacted

OFFICIAL-SENSITIVE

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Disproportionately Affected
Groups

THE DIRECTOR, ANALYSIS AND DATA DIRECTORATE, COVID-19 TASKFORCE said that during the first wave of the pandemic, Black, Asian and Minority Ethnic (BAME) communities had seen higher case rates than their white counterparts. This was being repeated in the second wave of the Covid-19 (coronavirus) pandemic.

Continuing, THE DIRECTOR, ANALYSIS AND DATA DIRECTORATE, COVID-19 TASKFORCE said that the data on coronavirus deaths and infection rates were, to some extent, skewed as the testing was being focused on areas of local intervention. A BAME person was still more likely to die from coronavirus, even once the socio-economic factors had been removed, with black men twice as likely to die than their white counterparts. The increased death rate of BAME communities was linked to the fact that these ethnicities were over-represented in eight of the twelve most high-risk coronavirus occupations. In addition, every BAME group scored higher on seroprevalence than their white counterparts. Household size was a very important factor in the infection and death rate of coronavirus, particularly those with six or more occupants.

Continuing, THE DIRECTOR, ANALYSIS AND DATA DIRECTORATE, COVID-19 TASKFORCE said that 60 per cent of those who had died from coronavirus identified as disabled and, even once accounting for other risk factors, disabled people were 1.6 times more likely to die from coronavirus. Individuals were 70 times more likely to die if over the age of 80, compared to those under the age of 40. Furthermore, men were twice as likely to die from coronavirus compared to women.

Continuing, THE DIRECTOR, ANALYSIS AND DATA DIRECTORATE, COVID-19 TASKFORCE said that a key challenge for the Government was communicating with these BAME communities and high occupant household groups. A significant proportion of the BAME communities registered as not having heard from the Government. As a result, nearly 20 per cent of BAME people were unsure of the social distancing rules.

Concluding, THE DIRECTOR, ANALYSIS AND DATA DIRECTORATE, COVID-19 TASKFORCE said that not going to school would exacerbate the long-term impacts on the most disadvantaged. and while the health impacts were worse for older communities, the socio-economic impacts may be worse in the young and in women. Coronavirus had exacerbated existing inequalities across race, age, gender and if left unchecked, would widen those inequalities.

THE SENIOR RESPONSIBLE OFFICER FOR

DISPROPORTIONATELY IMPACTED GROUPS said that some of the underlying causes of these disproportionate impacts - such as household size - would not be rectified in a reasonable time. However, there were some actions that could be taken quickly, the first of which was managing infection rates in higher risk occupations. For example, the Government had implemented regulations that required taxi drivers to wear face coverings when operating their vehicle to better protect British Pakistani men in particular.

Continuing, THE SENIOR RESPONSIBLE OFFICER FOR DISPROPORTIONATELY IMPACTED GROUPS said that there was evidence to suggest that awareness of symptoms, rules, and mitigations was lower in certain communities. In order to respond to this, the Government's communication campaign was adapting its messaging to cater to disproportionately affected groups, but there was more to do at a local level. In areas like Leicester, the role of local leaders or Community Champions had had a significant impact in improving engagement with government communication campaigns.

Concluding, THE SENIOR RESPONSIBLE OFFICER FOR DISPROPORTIONATELY IMPACTED GROUPS said that he was seeking the Committee's views on how the Government would like to communicate the current disproportionate effect on certain communities.

In discussion, the following points were made:

- a) further work was needed to understand the extent to which death and infection rate was directly attributable to ethnicity, and what proportion was a result of socio-economic risk factors;
- b) focusing on the distinction between genetic and socio-economic factors was misleading and the key challenge for the Government was to resolve the disparity on impact on certain groups;
- c) the current work being completed to understand the effects of coronavirus on disproportionately affected groups was not a short-term piece of work, and was likely to continue on for at least a year;
- d) it was important to understand that in many cases, there was no single reason that resulted in infection or death but a concurrence of a multitude of overlapping risk factors;
- e) in order to effectively mitigate the effects of being from a disproportionately affected group, the Government would need to

produce and collect very clear metrics on outcomes to review the success of any measures introduced;

- f) it was crucial that any recommendation or measure implemented was not segregationist or based on stigma;
- g) the Government's conceptual understanding of "disproportionately affected groups" needed to include minorities such as Eastern European communities, seasonal agricultural workers, travellers, and asylum seekers or refugees;
- h) there was more work to do on communication campaigns, and further effort should be made to cater communications to specifically address the needs of particular communities including but not limited to BAME, Eastern European, and refugee communities;
- i) the Government should share the information they were to gather with stakeholder networks who would be better placed to tailor and disseminate information to their members;
- j) spending decisions should be submitted to HM Treasury by departments with an outline business case;
- k) the Government should build upon the successes of the interventions in Leicester. Specifically, the work that had been implemented to develop greater community links was crucial. These measures included developing Community Champions, expanding the Reading Friends programme, providing resources in multiple languages and engaging with local councils;
- l) in regard to Test and Trace, there was an opportunity to collect ethnicity data in order to better track the effect coronavirus was having on specific communities;
- m) there was a significant risk of disinformation that was negatively impacting disproportionately affected communities. With the release of a potential vaccine, this disinformation would become more prevalent. The Government should combat and aim to remove this disinformation from the internet and other sources, as there was a risk that disproportionately affected communities would engage with this information instead of official government advice;
- n) cross-government work should take into account disproportionately affected groups from the outset, through

procedures such as Equality Impact Assessments;

- o) key lessons could be learnt from employers and organisations with high proportions of disproportionately affected communities, such as the NHS;
- p) the priority for any potential measures should be those which slowed the rate of infections and could deliver immediate results; and
- q) following the Public Health England report which outlined the increased infection and death rates among BAME communities, the Minister for Equalities was due to submit her own report to the Prime Minister. This would look to understand the key drivers of the disparities in infection rates identified by PHE, and the relationships between different risk factors.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the first and immediate action was to improve the communications and data gathering in relation to disproportionately impacted groups. Although the Government must tailor its national communications, there was no substitute for working with communities and trusted interlocutors in the communities affected. Furthermore, subject to HM Treasury approval, the Committee recommended developing the Community Champion Scheme. There was also an opportunity to gain key information and learnings from NHS's good practice.

Continuing, THE CHANCELLOR OF THE DUCHY OF LANCASTER said there was a need to improve the data gathering and analysis beyond that which had already taken place. The Government was to encourage trust with the Test and Trace programme, and it was important to note that in the future there would be a significant demand for more granular data. However, as noted by the Committee in discussion, there were a number of socio-economic factors that resulted in a disproportionate effect, and the Government must take steps to deal with wider inequality. Countering disinformation was also important, as some of these groups would not trust official government sources, so further work on countering disinformation must be undertaken.

Concluding, THE CHANCELLOR OF THE DUCHY OF LANCASTER said the Committee would look forward to the publication of the Minister for Equalities' paper on disproportionately affected groups which was due to be submitted to the Prime Minister.

The Committee:

— took note.

GOLD Update

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the GOLD meeting that day was sobering. The situation in Newcastle and the wider North-East of England, not including Teesside, had worsened. Merseyside and Newcastle had increased in coronavirus test positivity from two per cent, to ten per cent since the end of August. In Lancashire, Greater Manchester, and Leeds the infection rates were growing but not as sharply.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said GOLD had noted that there was a need to escalate Leeds, Blackpool, Stockport, and Wythenshawe into an area of national intervention to prohibit inter-household gatherings, as well as guidance for outside the home. However, GOLD had also stated that there was a problem in seven North-East local authority councils (Newcastle City Council, Sunderland City Council, Durham County Council, Gateshead Council, North Tyneside Council, Northumberland County Council and South Tyneside Council) and Merseyside where the rates had been increasing rapidly. He had asked the Chief Medical Officer to chair a SILVER meeting on 25 September on the North-East and Merseyside.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the infection rates in London were increasing, though not as quickly as the rate of infection in the North-East. Additionally, Peterborough, Stoke-on-Trent, Corby and Northampton had been removed from the areas of concern due to their infection rates being lower than the national average.

In discussion, the following points were made:

- r) there was concern about the North of England, due to the fact that the Joint Biosecurity Council data related to infections that occurred seven to ten days prior;
- s) as a result of universities returning, it would need a very robust intervention in the following weeks to counteract students attending campuses and possibly returning to their regional homes; and
- t) there would be an economic impact on businesses if further areas

of the North-East had restrictions imposed, and further decisions may need to go to the Prime Minister for decision.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the Committee agreed to all GOLD recommendations, and said that the Prime Minister would want an update on the North-East and Merseyside.

The Committee:

— took note.