Message

From: Simon Case [simon.case@cabinetoffice.gov.uk]
Sent: 09/10/2020 3:58:23 PM
To: Vallance, Patrick (GO-Science) [p.vallance1@go-science.gov.uk]
CC: Government Chief Scientific Adviser (GO-Science) [gcsa@go-science.gov.uk]; Kate Josephs [kate.josephs@cabinetoffice.gov.uk]; Ridley, Simon - CO (OFF-SEN) [Simon.ridley@cabinetoffice.gov.uk]; Whitty, Chris [chris.whitty@dhsc.gov.uk]
Subject: Re: Tier 3

Chris, Patrick,

Many thanks for the continuing and phenomenal work that you do in support of the Government. As you know, the Prime Minister and all of your colleagues have a deep appreciation for the way you carry the burdens you are asked to bear.

As you have said yourselves, tackling this virus requires local buy-in to any measures which communities are asked to endure. The PM thinks the approach set out has a reasonable chance of ensuring that local leaders are on board and will promote compliance with stricter measures. The Chancellor has today made clear that economic support will be available for local areas. I understand that we expect the most affected areas to propose going significantly beyond the minimum Tier 3 package. It will be important that we continue to help the local leaders understand the likely effectiveness of measures that they opt for.

Many thanks,
Simon

On Fri, 9 Oct 2020 at 15:44, Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk> wrote:

> Dear Simon
>
> I think Chris has captured the situation well and I fully agree with his note. Unfortunately the default option looks insufficient to act as a firebreak and is unlikely to do enough to achieve a significant enough effect within a 4 week period to stop growth. If local leaders chose to take something like the full package of options then that would offer a better chance of success, but of course that begs the question of what happens if they don't or some of them don't. As it stands with this proposal I think we are likely to see increasing numbers of cases, and therefore hospitals will fill up with all the consequences that we know. I fully recognise the difficult decision that ministers face and it is important that they have seen and understood the implications of the choice made.
>
> Of course I stand ready to help.
>
> With best wishes
>
> Patrick

From: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>
Sent: 09 October 2020 15:31
To: Simon Case - Cabinet Office - (OFFICIAL) <simon.case@cabinetoffice.gov.uk>
Cc: Ridley, Simon - CO (OFF-SEN) <Simon.ridley@cabinetoffice.gov.uk>; Kate Josephs <kate.josephs@cabinetoffice.gov.uk>; Vallance, Patrick (GO-Science) <P.Vallance1@go-science.gov.uk>
Subject: Tier 3

Dear Simon

I have had a chance to read the Tier 3 proposals, and have also discussed with Patrick (ccd), who agrees with this analysis (he may reply separately). In Tier 3 areas by definition COVID incidence rates are high, and rising fast and exponentially. The implications of this as it moves into older populations are widely accepted and do not need restating.

There were two options we thought had a reasonable chance of success of meeting the strategic goals set out by the PM, based on SAGE advice, in some combination:

1. A package of interventions sufficient to get areas with rapidly rising transmission back to around $R \leq 1$, stabilising the situation but not decreasing incidence below current rates. These would, by definition have to be maintained over the entire major period of risk, which probably for practical purposes means to the end of winter (ie 5-6 months). Incidence would not drop below what it is now but track along even if the package were sufficient. R may naturally rise over the respiratory virus season requiring additional measures to retain status quo.
2. A firebreak period of very strong measures for a defined period of a few (2-4) weeks that have a high chance of pushing R below 1 so cases fall, resetting the clock on transmission. It should be possible to get away with fewer NPIs over the long run than 1) above if this approach is taken but some would still be needed.

The current minimum package, which at its core is pretty limited, for only 4 weeks is likely to be neither significant enough to achieve a time limited firebreak, nor prolonged enough to maintain control albeit at a higher level. Only if Local Authorities chose to go to the top of the possible range of options which are defined as 'subject to engagement' across multiple domains would it be likely to have an effect in a short period, and even this is not certain. Longer periods of significant NPIs are likely to be needed in these high incidence areas.

Both 1) and 2) above need buy in from the population, and from LAs; local consent is essential.

I worry that this current approach will fall between two stools, unless all the affected LAs choose to go to the top of their licence, which is likely to be the advice of their Directors of Public Health who are faced with the stark realities of where the current exponential growth will leave their populations and local NHS, in the face of exponential growth in cases.

I am happy to support in any way that would be helpful.

Best wishes

Chris

Department of Health & Social Care

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