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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee  
held by video conference on

MONDAY 5<sup>th</sup> July 2021  
At 0930 AM

P R E S E N T

The Rt Hon Boris Johnson MP  
Prime Minister

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

The Rt Hon Sajid Javid MP  
Secretary of State for Health and Social Care

ALSO PRESENT

The Rt Hon Dominic Raab MP  
First Secretary of State and Secretary of State for Foreign, Commonwealth and Development Affairs

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

The Rt Hon Robert Buckland QC MP  
Lord Chancellor and Secretary of State for Justice

The Rt Hon Kwasi Kwarteng MP  
Secretary of State for Business, Energy and Industrial Strategy

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

The Rt Hon Gavin Williamson CBE MP  
Secretary of State for Education

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

The Rt Hon Grant Shapps MP  
Secretary of State for Transport

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

The Rt Hon Steve Barclay MP  
Chief Secretary to the Treasury

The Rt Hon Mark Spencer MP  
Parliamentary Secretary to the Treasury (Chief Whip)

Professor Chris Whitty  
Chief Medical Officer and Department of Health and Social Care Chief Scientific Adviser

Sir Patrick Vallance  
Government Chief Scientific Adviser

Dr Jenny Harries OBE  
Chief Executive, UK Health Security Agency

Emma Payne  
Director, Strategic Coordination, Covid-19 Taskforce

Steffan Jones  
Director, Analysis and Data Directorate, COVID-19 Taskforce

Rob Harrison  
Director General for Analysis, COVID-19 Taskforce

Kathy Hall  
Director General, Delivery, COVID-19 Taskforce

Simon Ridley CB  
Director General for Strategy, COVID-19 Taskforce

James Bowler  
Permanent Secretary, COVID-19 Taskforce

Dan Rosenfield  
Chief of Staff, Number 10

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## Covid-19 Data Brief

THE DIRECTOR OF ANALYSIS, COVID-19 TASKFORCE said that the slides before the Committee set out the latest data and trends on the Covid-19 (coronavirus) pandemic. Cases were increasing rapidly, with a doubling time of nine days. In the last few days case numbers had been approximately four times higher than before step four of the Covid-19 Response - Spring 21 (Roadmap) had been paused. Hospital admission rates for coronavirus patients had accelerated over the previous week, bringing the doubling time down to twelve days from 21 at the end of the previous week, having been relatively flat a week earlier. Overall coronavirus patients in hospital had risen to 1,700 patients in England in total, a rise from 1,000 patients at the end of May. There was not a clear trend in the data on deaths from coronavirus but the numbers had increased over the last month with more than ten deaths a day on average. A basic mechanical extrapolation of the data would take cases to around 50,000 a day over the next two weeks with estimates as high as 60,000 cases each day (the peak in January) within the margin of error. Assuming a nine-day doubling rate, cases would reach 100,000 by 19 July. Admissions were four doublings, approximately 48 days on the latest week's data from the peak of around 4,000 admissions a day in January. Although there was an uptick in the death rate, it was expected to remain relatively low.

Continuing, THE DIRECTOR OF ANALYSIS, COVID-19 TASKFORCE said that the rapid rise in cases was reflected in both the Office of National Statistics survey (ONS) and testing data. The latest ONS estimate was that 250,000 people would have tested positive in the most recent week although this was still below the January peak (when one in 50 people were estimated to have the virus). It would only take two doublings to reach that point again. Looking at the prevalence among different age cohorts, a higher infection rate had spread to middle aged people, and case rate had gone up among those over 60 years old. The rate of actual cases tracked with the central predictions made by the Scientific Pandemic Influenza Group on Modelling (SPI-M) with optimistic assumptions on the vaccine effectiveness.

The Committee:

— took note.

## Step 4 Policy Announcement

THE PRIME MINISTER said that the Delta variant had proved to be highly contagious and hospitalisation rates were beginning to tick up. Although it was concerning, these higher rates had been predicted. This wave was different to previous ones: over 85 per cent of the adult population had received their first vaccine dose which had weakened the link between disease and death. A considerable set of relaxations to the regulations was therefore proposed as the country moved to step four of the Roadmap, including: the removal of social distancing requirements in workplaces; opening all remaining businesses; and making the wearing of face masks optional. Public opinion remained cautious on the approach to the pandemic, and so the Government should be frank that infections remained high and not try to gloss over the real picture. The tone of messaging should be a judicious mixture of jubilation and sepulchral doom. The pandemic was far from over and many people, including scientists, would be anxious about the steps the Government would announce. The Government was considering doing something that no other country had done: to relax regulations in the face of rising infection rates. This was only possible thanks to the success of the vaccination programme.

In discussion, the following points were made

- a) the proposed measures were supported, and the tone of communication was welcomed;
- b) businesses would welcome the measures following angst over the delay to the recent step in the Roadmap. There was good reason to differentiate between workplaces and healthcare settings in the relaxation of social distancing;
- c) to avoid a huge number of questions from stakeholders, there would need to be clarity between what was a legal requirement and what was guidance. The messaging should avoid presenting the data review point on 20 September as a moment where the country would yo-yo back into regulations;
- d) polling suggested that people wanted to move slowly out of the regulations. The Government should communicate that it was balancing wider non-coronavirus health outcomes and economic outcomes when considering Roadmap timings;
- e) the proposed public transport message was the right one. Face masks should not be mandatory but train operators and authorities, including Transport for London, could require mask wearing on their services. In crowded areas like London this may encourage more use of the services whereas on less crowded train services it would not make sense to wear a face mask;



- f) consideration should be given to the timing of publishing guidance for schools on isolation and bubbles;
- g) the social distance review publication should be clearer about the effect of vaccination on reducing transmissibility, using up-to-date research. Without this evidence, Trades Unions were likely to use the review document to argue against removing social distancing in workplaces. The term 'long covid' should not be used loosely as it described a number of syndromes, at a time when Personal Independence Payment claims had reached an all time high. The shift away from universal asymptomatic testing towards a more targeted offer should have a clear timeline;
- h) by not relaxing social distancing in healthcare settings, people may be discouraged from seeking their health assessment as part of a welfare claim;
- i) the Government should explain why it was confident that hospitalisation rates would experience an uptick, but not continue to rise. There might be issues with getting those who had received two doses of the vaccine to comply with the quarantine regulations still in place in the ensuing weeks;
- j) the Government had learned about what worked, including localising responses. Local leaders would play a strong role in the coming months; and
- k) local mayors were already flexing their muscles to express a difference of opinion on face masks. The proposed approach would help manage this.

Responding, THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that the Government should avoid presenting anything that looked like false hope. The argument needed to be made, including to other parliamentary colleagues, that the NHS was going to struggle. The country was three doubling times away from the autumn peak. The peak of the case rates this time would not be limited by a lockdown. Therefore the benefits of delaying the next step in the roadmap would be marginal, it was better to relax more measures into the summer period than autumn. A delay would not make a big difference to the number of variants that emerged. Emphasis should not be placed on the 'irreversible' nature of the planned steps in the Roadmap, in case an emergency break was needed. Social distancing should not be reduced in healthcare settings yet as infections were rising and the most vulnerable people were likely to be affected. Such decisions could be taken locally: if a setting was in trouble they would tighten up requirements in response.

Responding, THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that higher case rates of any virus meant there was more of a chance of that virus mutating into a new variation, but there was very little that could be done to change that.

Summing up, THE PRIME MINISTER said that the Committee had agreed to the proposals on the shape of step four of the Roadmap. The announcement and guidance around schools needed to be coherent. The decision to postpone step four previously had been the right one. Work was needed to establish when social distancing could be relaxed in health care settings. He could reassure people that other measures would be considered at the review point in September before reintroducing regulations, for instance covid certification. If the link between the disease and deaths had not been broken then an emergency break would need to be considered.

The Committee

— took note.