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**From:** Simon Case [simon.case@cabinetoffice.gov.uk]  
**on behalf of** Simon Case <simon.case@cabinetoffice.gov.uk> [simon.case@cabinetoffice.gov.uk]  
**Sent:** 02/01/2021 08:48:13  
**To:** Helen MacNamara [helen.macnamara@cabinetoffice.gov.uk]  
**CC:** Alastair Whitehead [alastair.whitehead@cabinetoffice.gov.uk]; DRosenfield@no10.gov.uk; Ed Lidington [ed.lidington@cabinetoffice.gov.uk]; James Bowler [james.bowler@cabinetoffice.gov.uk]; John Owen [john.owen@cabinetoffice.gov.uk]; Kathy Hall [kathy.hall@cabinetoffice.gov.uk]; Martin Reynolds [mreynolds@no10.gov.uk]; Stuart Glassborow [SGlassborow@no10.gov.uk]  
**Subject:** Re: NHS capacity contingency plan

All good ideas - many thanks. Have we got our teams doing modelling on likely demands and when we hit various points of no return? On contingency plans, what do we have in terms of lessons from the first wave one that we can draw on now?

Obviously, we'll have to do this WITH DHSC and NHS E rather than TO them, otherwise it probably won't work and will just turn into the latest pointless battle.

Let me know if you need me to speak to Simon S/Matt/Chris.

Simon

On Sat, 2 Jan 2021 at 08:19, Helen MacNamara <[helen.macnamara@cabinetoffice.gov.uk](mailto:helen.macnamara@cabinetoffice.gov.uk)> wrote:  
Simon

You'll have seen the traffic on concerns about NHS capacity. The taskforce are leading on working with DHSC and NHSE to understand the current situation; the potential scale of the challenge, how NHSE are proposing to handle. There are CDL and PM meetings scheduled for Monday/Tuesday. Kathy Hall is leading the work and the plan is to identify any other action necessary to stretch and support the NHS to meet the demand spike caused by the new variant + winter pressures. Kathy is looking at the q across the NHS not just treatment of covid patients. NB at an appropriate point I think socialising some of the pressures with a wider group of Ministers might help to condition the right decision making on covid restrictions.

2. From what we know now; we're not certain the NHS can cope; they probably will be able to but there are a lot of variables not least the behaviour of the new variant and the impact of new restrictions. Chris Wormald said that he thought we should be preparing for more extreme scenarios where the NHS is overwhelmed; possibly at the end of January or into February. Obviously we can't know; and everyone will do what they can to avoid the situation but as things stand we don't have a plan for what we would do in more extreme circumstances when hospitals were overwhelmed in a particular place or places (and concurrently). There isn't a specific contingency plan to activate; and I am not confident enough in our crisis management set up would be able to swing into action; particularly given the likelihood of them having to also cope with concurrent problems elsewhere (transition may well be biting by then).

3. I think we should commission the creation of this contingency plan. Any response would involve local government and wider emergency services as well as the military - so this will take some x-government activity. We should treat this work as separate and distinct from the main effort on NHS capacity not least so we don't distract the key people from focussing on making sure we don't need it. Given we are likely to need the military; and to give us more bandwidth I think we could ask Stephen L to work with David Q on putting this plan together. We can field some people from the Cabinet Office to support. Alastair has been doing some scoping and I had an initial conversation with Stephen last week. We'll have an outline proposition to put to

you on Monday. We will clearly have to keep a strong link into Kathy's work so we understand about triggers and likelihood etc.

4. Seems to me from where we are worse case is we waste a bit of time and capacity preparing for something that in a couple of weeks time we don't think will happen. But on balance of risk not preparing for the absolute worst case given what we don't know at this stage takes me to this being the right call. I understand there was some work done on extreme scenarios back in the early Spring - we'll try and dig that out too so we're not starting from scratch. We will need to keep this fairly close hold so as not to create unnecessary hysteria or too much focus on this end of the spectrum rather than the mitigations we need now.

Are you content:

- i ) that we need to do this and treat it as a distinct piece of work.
- ii) to convene a meeting on Monday where we can agree ToR and kick off the necessary
- iii) ask Stephen Lovegrove to lead supported by DQ

James and I have agreed this split of responsibilities (that the winter cell should cover the extreme contingencies).

H

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Simon Case

Irrelevant & Sensitive