Message

From: Graham Medley [Graham.Medley@ I&S
Sent: 19/03/2020 18:15:54
To: SAGE Mailbox (Go-Science) [SAGE@ I&S
CC: Wainwright, Stuart (Go Science) [Stuart.Wainwright@Go-Science.gov.uk]; Graham Medley [Graham.Medley I&S Name Redacted @communities.gov.uk]; Name Redacted Name Redacted @dhsc.gov.uk]; Dodds, Kevin [Kevin.Dodds@dhsc.gov.uk]; Marron, Jonathan [Jonathan.Marron@dhsc.gov.uk Name Redacted @dhsc.gov.uk]; Allen, Paul [paul.allen@dhsc.gov.uk]; Jillian Kay [Jillian.Kay@communities.gov.uk]; Louise Spencer [Louise.Spencer@communities.gov.uk]; Jenny Bradley [Jenny.Bradley@communities.gov.uk]; Van Tam, Jonathan [Jonathan.VanTam@dhsc.gov.uk] Name Redacted Name Redacted @dhsc.gov.uk]; Whitfield, Simon (GO-Science) [Simon.Whitfield@go-science.gov.uk]
Subject: Re: Urgent: Advice for No.10 on protecting London

Dear Stuart
To clarify a little bit to avoid misunderstanding. An issue in the modelling of the FMD epidemic in 2000 was confusion about what should be optimised. I am keen to avoid such confusion. Modellers need specific things to model for. We have shifted from modelling to avoid an autumn epidemic to keeping ICU incidence within containable limits. We identified early that epidemics across UK would not be synchronous and that what is right for one place would not be appropriate for another.
If policy is regionally targeted then there will be "boundary issues" to consider. In terms of modelling we will need guidance on what spatial scale we need to consider, and if this changes, then to be given sufficient notice to change to recalibrate. This will also require us to interact with NHS to understand the ICU limits at the same scale. At the moment we are working with NHS regions and devolved administrations. We were told by NHS that local asynchronous epidemics would be dealt with by sharing patients out. Epidemiologically NHS regions makes sense. Smaller areas (eg. counties) will increase the importance of the boundary effects.
An alternative approach would be to model areas on the basis of epidemiological risk (i.e. the epidemiological defines the area) but I am presuming that this would be impossible to implement, and would put too much on the modelling.
We could take a discussion to SPI-M to give an opinion on which scale makes sense epidemiologically if it is not clear from a policy perspective.
Best wishes
Graham

Graham Medley
Professor of Infectious Disease Modelling
Director of CMMID
Dept of Global Health and Development
London School of Hygiene and Tropical Medicine
https://www.lshtm.ac.uk/aboutus/people/medley.graham

On 19 Mar 2020, at 17:40, SAGE Mailbox (Go-Science) <SAGE@ I&S > wrote:

Hi Graham,

I spoke to Paul today on this, we have asked for clarification on the policy. Will confirm with the SPI-M secretariat as soon as we hear.

Best,

SAGE secretariat | 10 Victoria Street, London, SW1H 0NN | sage@ I&S Irrelevant & Sensitive

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From: Wainwright, Stuart (Go Science) <Stuart.Wainwright@Go-Science.gov.uk>
Sent: 19 March 2020 15:56
To: Graham Medley <Graham.Medley@ I&S Name Redacted Name Redacted @communities.gov.uk>
Cc: Name Redacted @dhsc.gov.uk>; Dodds, Kevin <Kevin.Dodds@dhsc.gov.uk>; Marron, Jonathan <Jonathan.Marron@dhsc.gov.uk> Name Redacted Name Redacted @dhsc.gov.uk>; Allen, Paul <paul.allen@dhsc.gov.uk>; Jillian Kay <Jillian.Kay@communities.gov.uk>; Louise Spencer <Louise.Spencer@communities.gov.uk>; Jenny Bradley <Jenny.Bradley@communities.gov.uk>; Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>; Name Redacted @dhsc.gov.uk>; SAGE Mailbox (Go-Science) <SAGE@ I&S >; Whitfield, Simon (GO-Science) <Simon.Whitfield@go-science.gov.uk>
Subject: Re: Urgent: Advice for No.10 on protecting London

Cc'ing our team working today who can help pick up
Dr Stuart Wainwright
Director
I&S stuart.wainwright@go-science.gov.uk
www.gov.uk/go-science | @uksciencechief

[See recipients listed above]

Subject: Re: Urgent: Advice for No.10 on protecting London

Apologies - I was lecturing. I concur with Tom and Paul - this was a comment from Neil F. to SAGE on the basis of current ICU occupancy that SPI-M do not generally have access to. We are preparing to forecast by NHS region, and have not considered smaller units. If smaller units are going to be required then we will need to know asap as this will require a different approach and different data.
Graham

Graham Medley
Professor of Infectious Disease Modelling
Director of CMMID
Dept of Global Health and Development
London School of Hygiene and Tropical Medicine
https://www.lshtm.ac.uk/aboutus/people/medley.graham

On 19 Mar 2020, at 15:15, Name Redacted @communities.gov.uk> wrote:

NR – just looping you into this so you can see what wider discussions are ongoing between our depts.

From: Jenny Bradley <Jenny.Bradley@communities.gov.uk>
Sent: 19 March 2020 15:11

[See recipients listed above]

Subject: RE: Urgent: Advice for No.10 on protecting London

Jonathan,

Thanks for this.

I would really like to get to place later today/early tomorrow where we can see the data you have and find a way for it to be shared more regularly/consistently with us. Happy to think about what might work best to ensure it's free from unnecessary administration, but does the job.

We are actively considering what more support we need to provide London and understand how your data maps across to our understanding of local resilience, more broadly. Stuart, be v.good to get your thoughts on the regularity of the SPI-M ask?

Just looping a couple of other MHCLG colleagues in TBA.

Best,

Jenny

Jenny Bradley
Deputy-Director
Tel: Irrelevant & Sensitive

From: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Sent: 19 March 2020 14:53

[See recipients listed above]

[See recipients listed above]

Subject: RE: Urgent: Advice for No.10 on protecting London

Apparently there's now an urgent 3pm deadline on what can be said about Nottingham Derby. SPI-M you have 8 minutes!

JVT

From: Van Tam, Jonathan
Sent: 19 March 2020 14:47

[See recipients listed above]

Subject: RE: Urgent: Advice for No.10 on protecting London

Dear Jenny,

After the discussion at SAGE (about Nottingham/Derby) and the likelihood that the PM decision to do more in London will extend to "and possibly elsewhere" the where next question (and when next) is reasonable to ask and in my view if we don't ask it now we'll be asking in 48-72hrs.

To me there are two dimensions to the answer:

1. What the NHS reports about it's ICU and wider COVID hospital pressures
2. What SPI-M thinks.

You (we) have already established a route in to get the NHS answer (which for now is nowhere at present). But SPI-M did not mention Nottingham/Derby for no reason (there must be some data or at least thinking behind it.

I suggest this now needs to be a regular (ish) SPI-M ask. Only Stuart at SAGE can commission this; but I doubt any of you will disagree with me?

Stuart what say you? and Tom/Paul any comments on likelihood SPI-M would have data to enrich this?

JVT

From: Jenny Bradley <Jenny.Bradley@communities.gov.uk>
Sent: 19 March 2020 13:42
To: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: FW: Urgent: Advice for No.10 on protecting London

Hi, thanks so much for your support on the London paper overnight.

My team are linking in with other DHSC folk, but if you know how we can get our hands on the below and find a way of sharing more regularly that would be great. We are really keen to learn from yesterday and try and get a few hours ahead of the curve.

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
Tel: Irrelevant & Sensitive

From: Name Redacted @communities.gov.uk>
Sent: 19 March 2020 13:18
To: Harrison, James <James.Harrison@dhsc.gov.uk>; Jenny Bradley <Jenny.Bradley@communities.gov.uk>; Name Redacted Name Redacted @dhsc.gov.uk>
Cc: Covid_SID <Covid_SID@dhsc.gov.uk>; Dodds, Kevin <Kevin.Dodds@dhsc.gov.uk>; Vereker, Andrew <Andrew.Vereker@dhsc.gov.uk>
Subject: RE: Urgent: Advice for No.10 on protecting London

Hi James,

Secretary of State has requested data on expectations for the spread of Covid outside of London – as a 'where next' exercise.

What we're after is headline data points on the geographical spread, and information on where potential hotspots might be after London. Are you able to provide this?

This is so that we can ensure we're linking in with local partners and keeping ahead of the curve.

Many thanks,

Name Redacted
Public Inquiry Response Team
Ministry of Housing, Communities and Local Government
17th Floor | Portland House | London | SW1E 5RS
E Name Redacted @communities.gov.uk | **Ext:** I&S

From: Harrison, James <James.Harrison@dhsc.gov.uk>
Sent: 18 March 2020 19:59
To: [See recipients listed above]
Subject: RE: Urgent: Advice for No.10 on protecting London

Hi Jenny,

Understood – we're clearly not operating in normal times!

When the paper comes round for comment it would be hugely helpful if you could share directly with the DHSC names on this copy chain. We can make sure it's seen by the right people in DHSC.

Please let us know if there's anything we can do in the meantime.

Thanks, James

<image001.jpg>

James Harrison
Coronavirus RWCS Strategy
Department of Health and Social Care
M: Irrelevant & Sensitive

From: Jenny Bradley <Jenny.Bradley@communities.gov.uk>
Sent: 18 March 2020 19:57

[See recipients listed above]

Subject: RE: Urgent: Advice for No.10 on protecting London

Hi,

Following the x-gov meeting it's been agreed that we put a very short paper to the PM – having looked at all of the information we've gathered from people over the last 24 hours.

It's in draft and NR is looking at it. I think the plan is to send it to people who were invited to the x-whitehall meeting.

Sorry I can't be more specific on process, or timing. It keeps moving (a lot).

Jenny

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
Tel Irrelevant & Sensitive

From: Harrison, James <James.Harrison@dhsc.gov.uk>
Sent: 18 March 2020 19:04

[See recipients listed above]

Subject: RE: Urgent: Advice for No.10 on protecting London

Hi NR

Please could we have sight of the paper you produced off the back of this input earlier? Am I right you're then aiming at COBR(M) tomorrow as the decision point?

Thanks, James

<image001.jpg>

James Harrison
Coronavirus RWCS Strategy
Department of Health and Social Care
M: **Irrelevant & Sensitive**

From: **Name Redacted** <**Name Redacted**@communities.gov.uk>
Sent: 18 March 2020 16:48
[See recipients listed above]
Subject: RE: Urgent: Advice for No.10 on protecting London

Thanks for this, really helpful.

Best,
NR

From: **Name Redacted** <**Name Redacted**@dhsc.gov.uk>
Sent: 18 March 2020 16:43
[See recipients listed above]
Subject: RE: Urgent: Advice for No.10 on protecting London

Please see below DH's contribution.

I hope some makes it in!

Best,

Name Redacted

DHSC initial advice on 'protecting London'

Summary: It is important that any measures we introduce are led by the science, ensuring that if we are seeking to mandate any of these measures, we would have the evidence to support arguments that what we're doing is necessary / proportionate. Ongoing analysis and modelling will be needed once measures are in place; however, DCMO initial view is that there is no doubt that extra measures that further enforce social distancing would help reduce the frequency of human contacts, and that without them the London NHS is likely to buckle in a few weeks. It appears that the shift in public behaviour so far has been less than the shift that the interventins were modelled

against, and therefore will not on their own deliver the anticipated benefits. That said, there are significant risks with closing public transport/ schools given the impact on the NHS and social care workforce's ability to carry out their frontline jobs, therefore we must have strong contingency plans / be able to make exceptions for these key workers.

Further social distancing measures:

The implementation of further social distancing measures should be based on achieving:

1. Further flattening of the curve;

2. the minimisation of disruption to key workers;

3. proportionality in response to the situation to ensure compliance is sustained; and,

4. feasibility of implementation, including pace, enforceability and sustainability.

To this end, we would recommend that rather than relying on compelling the public to comply, the emphasis is on advising that compliance with the social distancing measures should now be the norm, including working from home, and avoiding all non-essential travel and social contact. This approach could be supported by implementing measures to disincentivise movement, including closing retail outlets and leisure/entertainment establishments.

Such an approach would enable the achievement of the above objectives by:

1. reducing the number of contacts;
2. avoiding putting a burden on key workers (i.e. having to prove that they are exempt from the measures;
3. reducing the enforcement burden on the government, in terms of establishing new processes, justifying the invocation of powers to enforce these measures as well as the time and resources needed for implementation.

Impacts on key workers (NHS/ social care staff)

- Closing public transport could be a huge challenge for NHS and social care workers who will be working shifts in large numbers. Given the numbers, private transport might not be able to take the strain (and would be expensive). One option might be to operate a skeleton service on production of an NHS card. This would need further scoping.

- Educational facilities are more of a problem - if schools are to close we must have an alternative childcare offer in place for NHS and social care workers. We could look to use London to pilot schemes that could then be more widely rolled out to other regions or nationally, if and when appropriate. DfE is looking into this but clearly it needs ramping up for London specifically. To mitigate legal risk, we will need to clearly articulate why London is a different case to other parts of the UK/cities at present

- Social gatherings would have very little impact on NHS staff (probably less than the general population given they are likely to be working or resting).

- Social care: There are 217,000 jobs in the social care sector based in London (139,000 FTE and 79,000 that are zero-hour contracts). This includes 34,000 managerial roles, which are likely to be less client-facing, so potentially with less immediate impact on care delivery and more options to work remotely. We can also expect lots of the care workforce to also have caring responsibilities (either for children or older relatives) as 81% are undertaken by women average age 45. The closure of schools could be challenging for this reason.

- I attach a further note that our social care team pulled together with more background in case helpful (have summarised key points above)

Impact on DHSH govt. operations

- At its broadest level, the issues faced by the DHSC workforce would be similar to those faced by other Civil Service departments, so we would expect input and direction to come from the Cabinet Secretary/Cabinet Office

    - The main likely issue for DHSC would be the requirements of Ministers/COBRA and the knock on requirement for senior officials, private offices and in particular incident teams, as these currently require people to predominantly remain working in London in order to provide the most appropriate service. Currently, the incident requires around 150 FTE in central London (that is two incident teams per day) plus private office/people working in the bill/support of ministers. **This could be managed/mitigated by private transport into London/hotels and/or relocation elsewhere.**

Further challenges

- Big comms challenge – are we telling Londoners to go to work, or not?

- Would need more detailed legal advice around how we would implement these measures once we know the detail of proposed measures, but we can make regs that limit entry into and out of areas and activities taking place within it. But it all depends on the detail of what's proposed as to whether it would be a proportionate thing to do. We can take these steps by making regs so long as we have a sound basis for doing so and as long as we are mindful that we would need to

adopt a consistent position with other areas/cities where the risks are assessed as being similar.

We can make regs quickly and under emergency Parliamentary procedures, but how quickly depends on what is to be included. Any measure will involve drafting time, and cannot be implemented as law until regulations are prepared.

Is this an effective clinical measure?

- Advice from DCMO: whilst London is quieter it is not yet 'Sunday-quiet', which is where we need to get to. There is no doubt that extra measures that further enforce social distancing will work to reduce the frequency of human contacts but these come with inevitable costs in other areas.

- It is also epidemiologically rational as London is the hot spot of the UK and ICUs are already busy in the capital. More granular analysis will require modelling by SPI-M/SAGE if technically feasible.

- DCMO would like more analysis on this issue to see if technically feasible, as well as projections of whether ICU will fall over to be a significant driver in the final argument. **We understand that SAGE is considering the scientific advice on this later today.**

Additional comments

- **PHE**- Welcome being involved in future work. Assume that the Mayor will be involved in modelling wider impacts (beyond health)

From: Jenny Bradley <Jenny.Bradley@communities.gov.uk>
Sent: 18 March 2020 14:34
To: Name Redacted @dhsc.gov.uk>
Cc: Name Redacted @communities.gov.uk>
Subject: FW: Urgent: Advice for No.10 on protecting London

NR we spoke. You are going to get us something. J

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
Tel: Irrelevant & Sensitive

From: Jenny Bradley
Sent: 17 March 2020 22:16
To: Stuart.Brewer107@mod.gov.uk; Anthony.McGee102@mod.gov.uk; Sarah.Gawley@homeoffice.gov.uk NR @dhsc.gov.uk;covid-19spoc@dhsc.gov.uk; Dfe.operationscentre@education.gov.uk; Linda.kennedy@justice.gov.uk NR Stephen Jones <stephen.jones@beis.gov.uk>; Jenny Dibden <Jenny.Dibden@communities.gov.uk>; Jobshare Name Redacted

NR @beis.gov.uk>; Matthew Stubbs <Matthew.Stubbs@communities.gov.uk>; Iain2.King@education.gov.uk
Cc: Jillian Kay <Jillian.Kay@communities.gov.uk>; Name Redacted Name Redacted @communities.gov.uk>; Louise Spencer <Louise.Spencer@communities.gov.uk>; Name Redacted Name Redacted @communities.gov.uk>; Name Redacted Name Redacted @communities.gov.uk>
Subject: RE: Urgent: Advice for No.10 on protecting London

Including the right email address of Iain.

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
Tel: Irrelevant & Sensitive

From: Jenny Bradley
Sent: 17 March 2020 22:07
To: [See recipients listed above]
Subject: RE: Urgent: Advice for No.10 on protecting London

Official sensitive – Covid-19 response

All,

Many thanks to everyone for their responses so far. I have slightly widened the copy list to include people that I know are working on this commission.

Following a meeting with the Cabinet Secretary this evening I have set out the measures that were discussed in some more detail in the attached. These are very much in line with the commission below, but provide a bit more detail, so do please take a look.

Do provide your advice in whatever format works for you as these may yet change in form and content.

Best,

Jenny

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
Tel: Irrelevant & Sensitive

From: Jenny Bradley
Sent: 17 March 2020 19:12

[See recipients listed above]

Subject: Urgent: Advice for No.10 on protecting London
Importance: High

Official sensitive – Covid-19 response

Dear all,

MHCLG has been tasked with coordinating advice for the PM by COP tomorrow on further measures to protect London from Covid-19. The original commission that came in this afternoon is below, which some of you have seen, but I am aware it may not have filtered down to some of you.

We are expecting further advice from SAGE this evening on the rational for recommended measures, but rather than wait for this we wanted to set out what we need from you, please.

We are working on the assumption that the following measures may need to be implemented in London by the weekend:

- Closure of all educational facilities – schools, colleges, universities;
- Closure of public transport;
- Closure of all places of social gathering, e.g. restaurants, pubs, clubs, theatres etc.

We have a planning exercise tomorrow with London Resilience, which we are using to inform this advice. But, we also need your urgent input, please.

I am aware that this commission is a bit vague, but can you provide me with some advice on what the departmental impacts would be for implementing these measures in London, please. Any advice you have on powers to implement and decisions that would need to be taken would also be very useful etc.

If you can let me have what you can by 10am, please. There will be an opportunity to provide more advice during the day tomorrow, but if we can take this advice into the room with London tomorrow that would be incredibly helpful.

Please do call me (and I may try and call you if I have your telephone number) – I am around all evening/in the morning.

I don't have named contacts for all departments, so please can you confirm that you can take this forward, or put me in touch with someone that can, please.

Best,

Jenny Bradley (contact details below)

*****

Original commission:

Should a further tightening of social distancing, up to "lockdown" of London to reduce/slow transmission of C-19 be required by the weekend:
1. What would be the:
i) recommended measures
ii) rationale for implementing these (including impact of each on the curve)
iii) plan to enforce them/ensure compliance

2. How would key workers (in particular NHS and social care staff, but also any other relevant groups) be enabled to continue delivery of critical services?

3. How will Government and local government operate?

4. What is the critical pathway of decisions that are required to implement this?

You will need to draw on the following departments to seek input on these areas (those in bold are of highest priority):

- **MOD/HO - enforcement and policing**
- **DHSE and SAGE - health and behavioural science**
- **DFE - for education planning/school closure**
- GLA/MHCLG - for LAs, vulnerable people (possibly DCMS for this too)
- MOJ - courts/prisons and enforcement
- DFT - stopping transport and impact of closing a transport hub
- BEIS - support to businesses
- HMT - financial impacts

Jenny Bradley
Deputy-Director - Grenfell Public Inquiry Response Team
17th Floor, Portland House, Bressenden Place, London, SW1E 5RS |Tel: **Irrelevant & Sensitive**
Email: Jenny.Bradley@communities.gov.uk
<image002.png>

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