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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held in Number 10 Downing Street and by video conference

FRIDAY 30th OCTOBER 2020
At 1500 PM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

The Rt Hon Michael Gove MP
Chancellor of the Duchy of Lancaster, Minister for
the Cabinet Office

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

ALSO PRESENT

Professor Chris Whitty
Government Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Adviser

Henry Cook
Deputy Chief of Staff, Number 10

Dominic Cummings
Chief Adviser to the Prime Minister

Sir Edward Lister
Chief Strategic Adviser to the Prime Minister

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James Bowler
Permanent Secretary, COVID-19 Taskforce

Liam Booth Smith
Special Adviser to the Chancellor of the Exchequer

Lee Cain
Director of Communications, Number 10

Secretariat

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S Ridley
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Covid-19 Response

THE PRIME MINISTER said that the situation was deteriorating. The data presented to Ministers illustrated that an increase in hospitalisations would soon place an unsustainable pressure on the NHS. This would result in very high death numbers that were unacceptable. It was necessary to imagine that world and the impact on the public, the reduction in trust and severe economic consequences as the epidemic worsened. The package proposed in this paper was not a return to the March lockdown. Schools would be kept open. Good progress was being made with vaccines and mass testing. By acting now, it would be possible to provide a better December with some economic activity, and to allow families to come together for Christmas.

THE PERMANENT SECRETARY OF THE COVID-19 TASKFORCE said that the paper before the Committee proposed a national set of restrictions. While the epidemic was worse in some regions, it was spreading everywhere and spreading fastest in some lower prevalence places. It was known that action to that point had not brought 'R' (the reproduction rate of transmission) below one and so cases and admissions had continued to double. The package set out in the paper included the closure of economic sectors and a message to the public to 'stay at home'. The aim of this package was to drive R below one and to protect the NHS. This would have very severe economic impacts as set out in the paper.

In discussion, the following points were made:

- a) the proposed package would have a severe economic impact. Three million people were already forecast to face unemployment as a consequence of past and existing restrictions. The economic impact would be more significant if the proposed intervention was the first of a cycle of restrictions and relaxations;
- b) there was a risk of taking insufficient action at that time, creating the need for greater action later. If hospitalisations continued to increase, the Government would face decisions on the rationing of healthcare. Once hospital capacity was exceeded members of the public would begin to behave more cautiously, bringing about a de facto and uncontrolled lockdown;
- c) the government had sought to take less severe action to protect the economy, but this had not managed to bring 'R' below one.

Countries which had taken tougher action earlier had suffered less economic damage overall;

- d) the proposed intervention could be presented as a prioritisation of health over economic considerations or could be presented as preferable in both respects to the status quo and its forecast consequences;
- e) whilst it could not be certain whether any intervention would be sufficient to change behaviour and halt transmission, the more maximalist the package, the greater the chance that it would drive 'R' below one;
- f) the Government should expand NHS capacity in all circumstances;
- g) the proposed intervention may need to be followed by a cycle of further interventions. The deployment of mass testing might alleviate the need for further interventions;
- h) there was no evidence of transmission in non-essential retail and so closing this sector would make no contribution to 'R'. This sector employed 1.2 million people and so the economic harm of closing non-essential retail would be significant. Keeping non-essential retail open would conflict with the overarching 'stay at home' message;
- i) whilst the paper proposed an intervention that lasted for four weeks, this could be reduced so that the intervention terminated on the last day of November; and
- j) it would be necessary to set out a clear plan for what would happen at the end of the intervention and whether this should be regionally variegated as set out in the paper.

Responding, THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that there were three health impacts that needed to be considered. First, the cancellations of non-Covid emergency care that would occur if the NHS were to be overwhelmed. Second, the impacts if emergency services were overwhelmed. And third, the long term health impacts which would arise as a result of damage to individuals' economic and social prospects. Experience of previous epidemics had also shown that fear led to significant economic consequences.

Continuing, THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that it was reasonable to expect the situation to improve in the spring. The changing seasons would help as it does with other respiratory viruses. In addition, there was unprecedented effort being put into scientific advances which will not all succeed, but taken together will incrementally increase our ability to live with the virus. There was no certainty about any individual issue, but if you stacked them all up it was likely the spring would be less bad. This was a central view of many epidemiologists.

Responding, THE GOVERNMENT CHIEF SCIENTIFIC ADVISER said that significant progress was being made with vaccines and treatments, including dexamethasone, which was not yet being given to all patients who would benefit from it, and mass testing, which would increase the ability to isolate infectious individuals. Looking at the impact of each of these advances, even if the most modest impact was assumed of each, both 'R' and lethality should start to reduce down to the levels of a modest influenza season.

Concluding THE PRIME MINISTER said that the Government had to look at the issues that were looming in the immediate windscreen. The number of deaths predicted by SPI-M modellers would be intolerable from a political, medical and moral perspective. The Government had a duty to save lives where it could, and had to take action to seek to close off the spread of the virus. The package of measures in the paper was reasonable and had been agreed by the Committee. It would be economically preferable to keep non-essential retail open, and this required further thought. The package should be presented as action the Government needed to take in the short term in order to enable the economy to open up in the run up to Christmas and to give everyone a break from social contact restrictions over Christmas. The progress of mass testing should also feature in the narrative. It was not possible to predict with certainty what would happen in the long term and it was not possible to promise that this would be the last such measure that Government would need to take, but it was not possible to see any other serious option, and it was not possible to tough it out and let exponential growth continue. The immediate risks of rising hospitalisations and mortality, and the consequent impact on the NHS, was clear. They necessitated action.

The Committee

— took note.