

local drivers of transmission. The new framework brought welcome simplicity.

THE GOVERNMENT CHIEF SCIENTIFIC ADVISER said that there were between 27,000 and 57,000 new cases each day. Hospitalisations, ICU usage, and deaths were all increasing, and were due to rise further over the coming weeks. 'R' was greater than one. The proposed local approach was welcome and in line with the Scientific Advisory Group in Emergencies' advice on local ownership being most effective for reducing transmission.

Continuing, THE GOVERNMENT CHIEF SCIENTIFIC ADVISER said that the Level 3 baseline was highly unlikely to bring R below one, and so highly unlikely to control growth of the epidemic. If the full set of options available in Level 3 were implemented then this would stand a chance of bringing R below one. These measures were in line with a sharp circuit breaker which would allow for relaxation of restrictions later on. In some locations where cases were rising, the Level 2 policies would equate to a loosening of restrictions. Whether or not the measures were appropriate depended on the Government's strategy. If the strategy was to bring R below one then these measures were highly unlikely to achieve this.

THE CHIEF MEDICAL OFFICER said that local Public Directors of Health were likely to be advising local leaders that they needed to go beyond the baseline measures for Level 3. The baseline measures proposed would not bring R below one, the measures would need to go to the top of the range in order to stand a reasonable chance of doing so.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that some areas were running out of ventilated bed capacity. 93 per cent of ventilated beds in East Lancashire were already in use. That figure was 75 per cent in Liverpool, and 72 per cent in Manchester. The number of hospitalisations per day was greater than it had been in March at the height of the pandemic. There were two ways forward. Either to carry on with current measures in the knowledge that hospital capacity, even with the Nightingale hospitals up and running, would be insufficient to cope with the resulting rise in hospitalisations, or to do more. However, interventions had a bigger impact with local support so the Government should seek to do as much as possible with local support now, and to encourage local authorities to do more. This was essentially the strategy being proposed by the paper in front of the Committee, which the Committee should approve in the knowledge that that more needed to be done. The Government had succeeded in flattening the curve in Bolton, where the hospitality sector had been closed. In the West Midlands,