

OFFICIAL SENSITIVE
EXECUTIVE OFFICE - OFFICIAL'S MEETING NOTE

TITLE/ORGANISATION:		TEO	
PURPOSE:		COBR – COVID-19 Situational Report	
DATE:	15 December 2021	NOTE WRITTEN BY:	Jane Holmes
Venue – Online (62 Attendees) 17:15 - 18:10			
LIST OF ATTENDEES: UKG: <ul style="list-style-type: none">Secretary of State for the Department of Levelling Up, Housing and Communities, Rt Hon Michael Gove MPChief Secretary to the Treasury, Rt Hon Simon Clarke MP		SG: <ul style="list-style-type: none">First Minister of Scotland, Rt Hon Nicola Sturgeon MSP WG: <ul style="list-style-type: none">First Minister of Wales Rt Hon Mark Drakeford MS NIE: <ul style="list-style-type: none">First Minister, Paul Givan MLAdeputy First Minister Michelle O’Neill MLARobin Swann, Minister of HealthMichael McBride, CMOJayne Brady, HOCSDeirdre Griffith, PPS FM<div>NR</div> PS dFM	
KEY POINTS SoS Gove – welcome and introductions. <u>Update on cases in UK</u> – gradually increasing numbers. Seeing a sharp uptake in boosters in response to the programme. Omicron (O) growing very quickly with a rise from 8% to 31% cases attributed to O Spikes around greater Manchester area and London. Cases going up fastest in Scotland. London – cases doubling is accelerating. Age group – 25-49 age group up to >1000 per 10k – O on top of Delta (D). 910 admissions in latest week, especially for the 25-34 year old category <u>Booster vaccinations</u> – 14 Dec > 1.34m administered. Huge uptake on Boosters in response to PM announcement over the weekend. Yesterday there were almost 557k boosters across the UK. Huge effort to get infrastructure in place. On Tuesday, there were 700k bookings on the national booking service. Govt depts helping to bolster the booster programme. Uptake indicates people are aware of the potential impact of Omicron Test site booking slots increased by >100k per day, especially where needed most. Pharmacies can now distribute up to 10.5m LFD test kits per week Increase by 100k of home delivery LFD test kits 55m LFD test kits in UK; 65m to arrive over next week New forecast of demand – 245m devices in December and trying to make sure can procure more Labs increasing PCR processing – up to a further 200k per day. Seeing increasing levels of self-isolating in the labs, which is impacting on performance Financial support package			

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Starting position is that we are confident there is a strong package of support in place to respond to Covid. Each DA has access to open reserves. Recognise this is fast developing and likely to give depts approval on case by case basis for additional funding over following weeks.

Up front funding on progress vaccine rollout and wider Covid response

1. £150m for additional health fund
2. £280m for Covid additional relief fund

£75m for NI Executive – will review those numbers on a regular basis to make sure each DA receives Barnett funding.

Action: Will confirm these figures at official level after this meeting

SoS Gove – advised he will write to HMT re rough sleeping

SG -

Wish to portray a massive thank you to the testing team for work they have done to alleviate the pinch points

Steep rise in positive cases largely driven by O plus D cases – 56.5% O

Impact is being felt – not seeing hospital admissions yet but that is due to the lag effect

Seeing more pronounced impact in the economy – public transport and businesses, education and health

Brings to the fore that must not see this as a choice between protecting health and economy – if we do not protect health we will see an impact on economy

Priority is to get case numbers down and there is a drive to increase boosters – can see this happening but that alone is not sufficient at this stage hence the announcement on NPIs yesterday.

Funding – the additional money announced is an acceleration of the money we were expecting and budgeting for. £220m for Scotland not as much as expected (£288m) so have £48m less than expecting. Hope this can be looked at quickly.

Cannot operate in a situation where DAs have to sit and wait for money to be announced by HMT. This is about how system works. DAs do not have the ability to trigger additional funds as they require. Need a shared and understood system where we all have the ability to trigger additional funds with rules around that.

WG-

D continues to be dominant but too high. O numbers are beginning to rise and the economic impact is apparent with people making decisions in light of what is coming our way.

- The current level of restrictions in all parts of the UK will not be sufficient to respond to O
- Before the weekend it would be useful to have a discussion on NHS capacity to share ideas on how to increase this
- Funding – what has been set out is based on UKG decisions with DAs getting their allocation as a consequence. There needs to be a system as set out by Nicola to allow for differences in each jurisdiction

FM -

- We can see a slight rise in O cases - 151 today
- Agree with much of what Nicola and Mark have said
- Keen for better understanding of severity of O
- Booster uptake – excellent response and will continue to increase capacity
- Any indications of other measures England may be considering beyond that already announced would be helpful

dFM -

- Emphasise points made by Nicola and Mark – cannot plan for interventions because we have to wait until UKG makes decisions – makes it even more difficult to respond
- £50m of what is being provided is already allocated.
- The increased roll out of the booster programme is not going to be enough

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- We need the ability to be able sooner than UKG and have access to resources to allow us to plan
- Need to be able to support the economy now because we are asking people to reduce social contacts and this is impacting on the hospitality sector

SoS Gove

- Open up for questions/comments

MACA request – we are committed to providing across the UK and expect this to grow. 500 vaccinators in England, 220 in Scotland, an ask for 70 in Wales. Bid to help with LFD test packing. Concern that workforce is vulnerable because of potential sick absence (25k service people off work)

Food sector – expect a similar level of absence. Planning around mitigations and reinstating absence reporting. Asking for testing and isolation to be flexible and LFD testing to be directed to employers and prioritisation of PCR testing for the food sectors

Workforce shortages: In previous situations, there have been exemptions for critical workers. The Taskforce is working to gather data on impact in workforces to identify mitigations

Actions:

- Working group on next steps – CMOs to work on scenarios
- Level of restrictions unlikely to be effective – ask Civil Contingencies exec to ensure we have a heat map of critical public services and other parts of infrastructure to indicate impact of staff shortages.
- Ensure sure everything is being done to ensure we have maximum NHS
- Provide more information on best judgement of severity of O – if measure severity as proportion of people going into hospital – half as severe with doubling of 2 days – buys 2 days; if 75% less severe, only buys us two days

Simon Clarke: HMT has unlocked £Bns to DAs. HMT has done what has been asked and will provide further information as it becomes available. It is always open to DAs to make a reserve claim in the usual way. HMT has provided a high amount of support and there is certainty there.

WG

No one has said anything about the level of support DAs have received up until now. The issue is that it is being made on a case by case basis but the cases will be made by UKG departments, e.g. the homelessness issue will be made by English departments and then DAs will receive the consequence. We are looking for ability to act on own initiative.

SG

Mark's characterisation of the funding position was a statement of fact. The Ch. Secretary's response demonstrates a misunderstanding. It is not about quantum. If DAs had decided to have lockdown before England, no funding would have been available – it was only was when England decided to go into lockdown that funding was made available. We do not have a devolved ability to fund the measures required to protect our devolved public health system.

SoS Gove – I think there is a broad understanding. Decisions on HMT interaction with DAs is not within my remit and I will discuss with colleagues how can take rapid account of the issues raised.

Keen to take meetings forward by being clear on what the areas for discussion are. Need to integrate Civil contingencies and CDL work in with this

As an update, Baroness Hallett has been appointed to lead the UK inquiry into the pandemic.

Meeting end.

Actions	Person Responsible
<ul style="list-style-type: none"> Working group on next steps – CMOs to work on scenarios 	CMOs
<ul style="list-style-type: none"> Funding figures to respond to Omicron to be provided at official level 	SoS Gove
<ul style="list-style-type: none"> Current level of restrictions unlikely to be effective – will ask Civil Contingencies Executive to ensure we have a heat map of critical public services and other parts of infrastructure to indicate impact of staff shortages. 	SoS Gove
<ul style="list-style-type: none"> Ensure everything is being done to ensure we have maximum NHS capacity 	All jurisdictions
<ul style="list-style-type: none"> More information to be provided on the of severity of Omicron as it becomes available 	SoS Gove
<ul style="list-style-type: none"> UKG to discuss the funding system with colleagues 	SoS Gove

Jane Holmes