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COBR COVID-19 OMICRON (M) (21) (2)

CABINET OFFICE BRIEFING ROOMS

COVID-19 OMICRON (M) (21) (2)

To be held via Video Teleconference, and

Chaired via Teleconference

on 15 December 2021 at 17:15

MINUTES

PRESENT

CHAIR - Attendance via teleconference

Rt Hon Michael GOVE MP,
Minister for Intergovernmental Relations
In the CHAIR

Secretariat:

Name Redacted

MINISTERS - Attendance via Video Teleconference

Rt Hon Alister Jack MP
Secretary of State for Scotland

Rt Hon Simon Hart MP
Secretary of State for Wales

Rt Hon Brandon Lewis MP
Secretary of State for Northern Ireland

Rt Hon James Heappey MP
Parliamentary Under-Secretary of State for
the Armed Forces

Rt Hon Simon Clarke MP
Chief Secretary to the Treasury for Her
Majesty's Treasury

Rt Hon Maggie THROUP MP
Parliamentary Under Secretary of State for
the Department for Health and Social Care

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Baroness VERE of Norbiton
Parliamentary Under Secretary of State at the
Department for Transport

Nicola Sturgeon MSP
First Minister of Scotland

Mark Drakeford MS
First Minister of Wales

Paul Givan MLA
First of Northern Ireland

Michelle O'Neill MLA
Deputy First Minister of Northern Ireland

Robin Swann
Minister of Health NI

OFFICIALS - Attendance via Video Teleconference

Patrick Vallance
Government Chief Scientific Advisor

Sue Gray
Second Permanent Secretary Cabinet Office

Thomas Waite
Deputy Chief Medical Officer England

Roger Hargreaves
Civil Contingencies Secretariat

Jayne Brady
Head of Civil Service Northern Ireland
Executive

Natasha Grant
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Northern Ireland Executive

Dr Frank Atherton
Chief Medical Officer Wales

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Andrew Goodall
Welsh Government

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Department for Levelling Up, Housing and
Communities

Jane Runeckles
Welsh Government

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Department for Levelling Up, Housing and
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Gregor Smith
Chief Medical Officer Scotland

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Department for Levelling Up, Housing and
Communities

Penelope Cooper
Scottish Government

Jennifer Armstrong
Ministry of Defence

Michael McBride
Chief Medical Officer - Northern Ireland

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Department for Transport

Greg Falconer
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Name Redacted
Office of the Secretary of State for Wales

Claire Pimm
Director of Communications, Cabinet Office

Mark Larmour
Northern Ireland Office
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Office of the Secretary of State for Scotland

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No 10

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Ben Parker
Her Majesty's Treasury

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Antonia Williams
Department for Health and Social Care

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Susan Hopkins
Public Health England

Sharon Carter
Department for Levelling Up, Housing and
Communities

Jenny Harries
Public Health England

Alex Wilson
Cabinet Office

Mark Hewlett
Department for Health and Social Care

Kathy Hall
Cabinet Office

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COVID-19 OMICRON

ITEM 1: Situation Update

1. The CHAIR updated the meeting on the recent high case numbers - 78,610 COVID-19 cases had been confirmed that day. The sharp increase showed the impact that Omicron was having as a result of the lower doubling time for the variant. The CHAIR invited the Director Analysis, C-19 Taskforce to provide a short update on the latest UK-wide data.
2. The DIRECTOR ANALYSIS, C-19 TASKFORCE set out that there had been generally been modest growth in COVID-19 cases over the preceding few weeks but that there had been sharp increases in London, the South East of England and some parts of Scotland in the preceding few days. He also highlighted the following points:
 - There had been a sharp uptick in vaccine uptake.
 - Using S-gene target failure on PCR tests as a proxy for Omicron, the variant made up around a third of new cases.
 - Over preceding two weeks in London, the proportion of sequenced COVID-19 cases showing S-gene target failure had risen from 2 per cent to 60 per cent.
 - There had been a sharp increase in hospitalisations in London, including in the 25-34 age range. There was evidence that people who had caught other variants were being reinfected with Omicron.
 - It was reported that a total of around 24.7 million boosters had been administered across the UK. Around 557,000 had been administered the day before, around 548,000 of which were given in England. Large numbers of bookings had been made for the following days.
3. The CHAIR invited the UK Health Security Agency (UKHSA) to provide an update. The UKHSA reported:
 - That there had been significant demand for LFTs and PCRs, that they were working to fulfill orders and increase distribution capacity. Pharmacies could order and distribute more tests. UKHSA was working to increase testing slots by 100,000 a day.
 - They expected to take delivery of around 55 million LFTs that week, 69 million the following week, and 75 million in subsequent weeks. There was work ongoing to urgently procure more tests given demand might exceed supply as original expectations were based on pre-Omicron estimates.
 - That there was capacity for around 615,000 PCRs to be processed that day, with the aim to increase lab capacity by around 100,000 tests a day before Christmas and then a further 100,000 a day after that. It was also noted that lab staff were being impacted by rising cases and self-isolation requirements.

Item 2: UK response to Omicron

4. The CHAIR invited the Chief Secretary to the Treasury to provide an update on funding. The CHIEF SECRETARY TO THE TREASURY explained that there was a system for case-by-case spending approvals (through the supplementary estimates process) for Departments to use as needed. For Devolved Administrations (DAs), up-front funding for the vaccine rollout and wider response was being provided. DA funding would be reviewed before Christmas and on a regular basis thereafter. There would be a reconciliation process to ensure funding was kept in line with the Barnett process at a later date.

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5. In discussion the following points were made:

- DLUHC would write to HM Treasury on funding for rough sleepers given the low vaccine uptake in that group.
- In Scotland there had been a steep rise in COVID-19 cases driven largely by the emergence of Omicron, but that there had probably been an increase in Delta cases too. Around 36.5 per cent of all Scottish samples showed S-gene target failure, and the expectation was that Omicron would become the dominant variant that week.
- The hospital admissions rates in London were concerning, and though this was not happening in Scotland there was an expectation that they would go up over the following weeks.
- A more pronounced impact on the economy as result of staff absences was expected - particularly in transport, education and health, as well as businesses.
- That the response to Omicron was not a choice between protecting health or the economy as failing to protect health would also damage the economy.
- The priority needed to be booster vaccinations.
- Although the booster push was necessary, it was not thought to be sufficient in Scotland so advice had been given around returning to mitigations in retail and hospitality as well as reducing inter-household mixing. This guidance was to limit mixing to three households in an effort to suppress the Omicron growth rate.
- The funding that had been offered was seen as accelerated money already budgeted for, rather than entirely new money. It was put forward that the DAs could not comfortably wait for money decided on by Westminster because each government had separate responsibilities to take measures to protect public health. There was a need for a system where all four governments could access money as needed.
- In Wales the Delta variant of COVID-19 was still dominant, but Omicron cases were beginning to rise. The economic impact was becoming apparent and the current measures were not enough to protect lives.
- It would also be useful to share ideas across the four nations on options to increase NHS capacity.
- In Northern Ireland there had been a slight rise in Omicron cases, that they were expecting to catch up with the rest of the UK.
- A request for advance warning of any other measures that England were considering.

6. The CHAIR invited the Minister for the Armed Forces to update on military deployment the MINISTER FOR THE ARMED FORCES updated that the military was heavily committed on MACAs across the UK and expecting requests to grow. They had already deployed 500 vaccinators in England, 220 in Scotland and an ask had been received for 70 in Wales. More requests for vaccination support were expected. Military personnel were also driving ambulances in Wales and Scotland, and military medics were being used in Scotland. Bids had been received for the military to help pack PCRs and LFTs to aid distribution.

7. Continuing he highlighted that there were concerns about the vulnerability of the armed forces to COVID-19 while being asked to do more. There could be a need for exemptions to isolation measures for critical service providers, including military personnel.

8. The CHAIR invited the Parliamentary Under Secretary of State at the Department for Environment, Food & Rural Affairs (DEFRA) to update on the impact of the variant on food distribution. The PARLIAMENTARY UNDER SECRETARY OF STATE AT DEFRA said

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the Omicron wave could result in 25 per cent workforce absence rates which could impact food supplies. There was a desire to get the support of DHSC and UKHSA to be flexible in testing for critical services. DEFRA wanted LFT and PCR tests prioritised for critical workers in food and waste.

9. Summing up, the chair said that possible options for any other measures that might be brought in in England would be considered at a future meeting along with shared analysis of potential impacts. An understanding of the impact of staff absences on critical sectors, including local government, was needed. It was also necessary to ensure maximum NHS capacity. In discussion the following points were made:
- UKHSA confirmed that for the Omicron variant, transmissibility was the main concern rather than severity. The lower doubling time with Omicron meant that very soon there would be as many people being admitted to hospital with Omicron as Delta.
 - The HM Treasury would continue to provide further information, and would hope to unlock further resources before Christmas. That the DAs could make a reserve claim at any point for HM Treasury to consider.
 - The need to change the system to move away from the DAs only getting consequences of funding for England. That DAs wanted to act on their own initiative when they saw that public health circumstances required it.

Closing remarks

10. The CHAIR said he would discuss funding with HM Treasury colleagues to take account of concerns and seek to address them as rapidly as possible. However, finance was seen as a significant issue, and one the meeting would return to. The forum was predominantly to be used for getting agreement on operational questions raised.
11. The CHAIR informed the meeting that Baroness Heather Hallett DBE would be chairing the UK-wide inquiry into the handling of COVID-19.