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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held by video conference on

FRIDAY 18th December 2020
At 2030 PM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

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

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

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

ALSO PRESENT

The Rt Hon Dominic Raab MP
Secretary of State for the Foreign, Commonwealth and Development Office and First Secretary of State

The Rt Hon Priti Patel MP
Secretary of State for the Home Department

The Rt Hon Alok Sharma MP
Secretary of State for Business, Energy and Industrial Strategy

The Rt Hon Grant Shapps MP
Secretary of State for Transport

The Rt Hon Oliver Dowden MP
Secretary of State for Digital, Culture, Media and Sport

The Rt Hon Mark Spencer MP
Parliamentary Secretary to the Treasury (Chief Whip)

The Rt Hon Christopher Pincher MP
Minister for Housing

Sir Patrick Vallance
Government Chief Scientific Adviser

Professor Chris Whitty CB
Chief Medical Officer for England and the UK

Clare Gardiner
Director General, Joint Biosecurity Council

Baroness Harding of Winscombe
Executive Chair, NHS Test and Trace

Bernadette Kelly
Permanent Secretary, Department for Transport

James Bowler
Second Permanent Secretary for the COVID-19 Taskforce

Kathy Hall
Director General, COVID-19 Taskforce

Rob Harrison
Director General, COVID-19 Taskforce

Sir Ed Lister
Prime Minister's Chief Strategic Adviser

Dan Rosenfield
No10 Chief of Staff

Stuart Glassborow
Deputy Principal Private Secretary to the Prime Minister

Steffan Jones
Director, Analysis and Data Directorate, Cabinet Office

Secretariat

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C O N T E N T S

Data Update

THE PRIME MINISTER said that the grim circumstances facing the Committee added to the complexity of the situation: there was a new variant of Covid-19 (coronavirus). The assessment of NERVTAG was that the variant was responsible for a substantial increase in transmission. The new variant was highly prevalent in London, the East and South East of England. It appeared to be adding to 'R' (the transmission rate of the virus) by 0.39-0.9. The Government needed to act. Looking at the data, it would be perverse not to act and it was what the public would want. The questions for the Committee were about the extent of that action, and whether it should take the form of guidance or law. The Committee would not be asked to take a decision that evening, but rather give initial views and reflect overnight.

THE DIRECTOR IN THE COVID-19 TASKFORCE said that the information in front of the Committee had been updated with the ONS' latest, unpublished data which confirmed the trend that the virus was spreading across England. There were 583,000 positive cases in the week up to the previous Monday, equating to roughly one in 95 people. There was a similar picture from testing: cases were up to around 250 per 100,000 people. Case numbers were rapidly approaching their mid-November peak, but at a much faster rate. With almost 450 cases per 100,000, London cases had doubled in the previous week and were now almost at the same levels as the autumn peak in the North West. The South East and East of England (both at over 300 cases per 100,000) were also driving the numbers up. Case numbers across the UK were almost the same as the peak following the November lockdown. The number of cases in those aged ten to fourteen was higher than for the over 60s, but the trajectories were similar. Hospital admissions and - sadly - deaths, were following the case data.

Variant Update

THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that the new variant of the virus comprised over 20 different mutations. It might make up 60 per cent of coronavirus cases in London. Analysis from three different methods (genomics, cycle threshold values, and laboratory testing) suggested with a good deal of confidence that the new variant transmitted more readily. At that time it was not known whether the disease profile of the new variant was similar to other variants of coronavirus. It was unclear whether the new variant would be immune to antibodies or existing vaccines. There were theoretical reasons why it might be, but nothing more than that. Tests to find out would take seven to ten days.

THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that it was clear and unarguable that case numbers and hospital admissions were going up. There was hard data on the proportion of cases that were due to this new variant. Modeling of the new variant was less certain,

and numbers could change. The likelihood was that the numbers in the paper in front of the Committee were in the right range.

Approach to response

THE SECOND PERMANENT SECRETARY IN THE COVID TASKFORCE said that there was no way to stop the spread of the virus throughout the UK as it was already seeded across the country. The objective of the action outlined in the paper in front of the Committee was to slow the rate of transmission by: implementing travel restrictions, tightening non-pharmaceutical interventions, and making changes to the Christmas rules.

Continuing, THE SECOND PERMANENT SECRETARY IN THE COVID TASKFORCE said that on domestic transport, the Government could provide a strong 'stay at home' message. It could go further by saying that people should restrict their travel to a certain distance from their homes, as had been done elsewhere. A 'stay at home' message would also mean that people should not travel abroad. Restrictions in this area should be for passenger travel, and should not include those who worked in the freight industry. These restrictions could be applied nationally or locally - in those areas with the highest prevalence of the new coronavirus variant.

Concluding, THE SECOND PERMANENT SECRETARY IN THE COVID TASKFORCE said that non-pharmaceutical interventions could be tightened on a local or national basis. The obvious tool was to go back to the November restrictions, which would include closing non-essential retail, indoor entertainment, leisure and personal care services. The measures introduced in March also included the closure of schools, but that was not needed as they were closed for the Christmas holiday. On Christmas, there were three options: rely on travel restrictions to prevent travel out of the affected areas; cancel Christmas bubbles within the worst affected region; or cancel the Christmas policy everywhere. His expectation was that any tightening of non-pharmaceutical interventions would be in law, and that changes to travel restrictions would be delivered through guidance. There was also a question of when these measures would be announced and implemented.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that notwithstanding the new variant, there was already significant risk of the NHS in Kent, Essex and East London being overwhelmed. Given the sobering statistics regarding the new variant, the Government clearly needed to act. Neither tier three nor November's lockdown measures had worked to stop the spread of the new variant -

it should be thought of as a different virus. A 'stay at home' message should be deployed in the affected areas. Given the UK did more genomic testing than other countries, it was possible that the new variant existed elsewhere by other governments did not know. Therefore international travel restrictions were not as important. If the Government moved to return to a November model of restrictions, places of worship should remain open and outdoor activities should be permitted; the Government had probably made the wrong decision on those issues earlier in the year. The geographical scope of these restrictions should encompass the existing tier three area surrounding London and the South East. Given the doubling time of the new variant, the Government needed to act fast, or it would regret it. Now that there was a vaccine being rolled out, action could be taken knowing there was an end game. The decision on what to do about Christmas was difficult. He would favour allowing 'bubbles' but with a strong message of personal responsibility, but that was a finely balanced call.

In discussion, the following points were made:

a) the Government needed to act very quickly. Unless swift, strong action was taken now, it was inevitable that more severe action would be taken in January, just when it was hoped that vaccines would start delivering some benefit. The lesson learned so many times before was that action should be taken earlier and in a wider area than one might initially hope;

b) the new variant was not limited to London, the South East and the East of England. Action should be taken at a national level now, rather than wait for the new year. This could be reviewed at the end of the month;

c) the relaxation of rules around Christmas should be cancelled. They were difficult to justify given the new evidence. The Government would regret replacing the spread of the virus between school age children with the same happening with families meeting up. People had been expecting a change, and the new variant was a good reason to give for this;

d) the impact of closing businesses such as non-essential retail and gyms might be negligible on 'R' but would cause lasting damage to the economy and people's livelihoods. Whilst it might make colleagues feel better, there was an argument that it would make no difference to tackling the virus. Previously, such measures had resulted in nine million people not having a job to go to and the economy shrinking by a fifth. If measures were going to last three months then the long-term damage would be significant and colleagues should be sure that it was

worth it;

e) that the estimated, additional impact the new variant had on 'R' it was important to be confident that an intervention could nevertheless bring R below 1;

f) if the same action was taken as had been previously, the same results would follow. The Government should stop trying to legislate to lock people down. In the real world, people found ways around the rules and did things in different ways. The most effective tool to combat the virus was the daily press conferences that had stressed personal responsibility;

g) the information presented had been sobering, but it was not clear that the actions suggested would have the desired effect;

h) it would be helpful to have scientific advice on the efficacy of lockdowns so that this could be communicated. It was clear that the virus spread by human contact, so when this was minimised, so was the spread of the virus. It depended on people's behaviour;

i) it might be possible that testing could be used to open up international travel by asking people to take a coronavirus test before they went abroad. In practise, it did not matter what the UK did on international travel as other countries would make their own decisions;

j) domestic travel restrictions should be in guidance only so that key workers could continue to travel. Consideration should be given to the rules in Kent and London in the context of the end of the Transition Period: freight should be allowed to pass through these areas. Time should be given overnight to making sure of operational readiness;

k) whatever decision was taken, messaging should be strong, clear and consistent so that people complied. The messaging should be around the NHS being under pressures and people needing to keep each other safe;

l) consideration should be given for what any new restrictions meant for people who were clinically extremely vulnerable, and for the impact that measures would have on local authorities in the areas affected;

Responding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that lockdowns worked, they just needed people to reduce their interactions with others enough. In November, rates in Kent were just above flat, and that was with schools open. The stay at home message was critical. Because the vaccine was coming, this was

only about the first two months of the year. A piecemeal, watered down approach had been tried before and shown not to work.

Summing up, THE PRIME MINISTER said that he passionately believed in people taking individual responsibility. But polling and behavioural science showed that unless there was legislation, people did not take rules or guidance seriously. The vaccine was the way out; it would be injected into millions of people every week in the new year. The decision to stop non-pharmaceutical interventions because sufficient people had been vaccinated would be a political judgement. If the new variant became resistant to the vaccine, there would be a new vaccine produced.

Continuing, THE PRIME MINISTER said that whilst the Committee was not coming to a decision that day, it was clear that the balance of opinion was that there was a need to act quickly and with clarity. Many colleagues spoke against allowing Christmas bubbles across the country. There would be reflection overnight as to what parliamentary handling was required. Any changes would be communicated with the message that it was because of the proliferation of the new variant: 70 per cent more contagious than the existing virus. There was wide support for restrictions on travel. The situation was tough, but he remained optimistic that the vaccine would work.

The Committee:

— took note.