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**C-19 STRATEGY MEETING (20)06**

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MEETING HELD AT CABINET ROOM, No10 DOWNING ST

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Sunday 22 March 2020 15:00 - 15:30

PRESENT

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Dominic Raab MP
Secretary of State for Foreign Affairs

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

The Rt Hon Michael Gove MP
Chancellor of the Duchy of Lancaster

The Rt Hon Rishi Sunak
Chancellor of the Exchequer

The Rt Hon Robert Jenrick
Secretary of State for Housing, Communities and Local Government

The Rt Hon Mark Spencer
Chief Whip

The Rt Hon Therese Coffey
Secretary of State for Department for Work and Pensions

ALSO PRESENT

Mark Sedwill
Cabinet Secretary

Chris Whitty
Chief Medical Officer

Patrick Vallance
Chief Scientific Adviser

Katharine Hammond
Director, Civil Contingencies Secretariat

Alex Aiken
Executive Director of Government Communications

Dominic Cummings
Chief Adviser to the Prime Minister

Edward Lister
Chief Adviser to the Prime Minister

Simon Stevens
Chief Executive of the NHS

Martin Reynolds
Principal Private Secretary to the Prime Minister

Stuart Glassborow
Deputy Principal Private Secretary

Tom Shinner
Special adviser to the Prime Minister

Munira Mirza
Director of the Policy Unit, No 10

Lee Cain,
Director of Comms, No 10

Imran Shafi
Private Secretary to the Prime Minister

**Name Redacted**

Private Secretary to the Prime Minister

NR
Adviser to the Prime Minister

Chris Wormwald
Permanent Secretary, Department for Health and Social Care

C-19 Secretariat
Cabinet Office

**COVID-19 Dashboard**

The DIRECTOR FOR THE CIVIL CONTINGENCIES SECRETARIAT outlined the current position of Italy and comparisons to the likely curve the UK was facing.

THE PRIME MINISTER requested detail on the UK's state of preparedness relative to the likely trajectory the UK was on compared

to the data Italy was showing. Noting that the dashboard data highlighted increased mobility in UK cities compared to EU counterparts. He requested input on what this should mean for Government messaging and specifically whether further stricter messaging was required to ensure compliance with social distancing.

THE CHIEF MEDICAL OFFICER noted we expected a slower exponential curve in two weeks time to what the data was showing now, but that it was unclear how people had responded to social distancing measures so far. On the comparison to Italy, he noted the UK will be at that stage at one point, but that Italy had managed to slow their curve and therefore it was possible for the UK to do so also.

In discussion, the following points were made:

- At the press conference today, the message should emphasize the need for the public to take social distancing measures more seriously and what was needed was further work on what might be required on more punitive social distancing measures to help flatten the curve.
- Polling data showed a clear split that looked statistically significant for people with different ethnic backgrounds. Data showed ethnic minorities and young men were more likely to be proceeding as usual. It was noted further data was needed on this to ensure messages were targeted effectively as well as whether other figures or public authorities should be enlisted to help spread Government messages on social distancing, which media channels needed to be enlisted (e.g. advertising that would reach those groups) and what other public figures of authority including from entertainment could help in getting messages across.
- Presently 45% of people had changed their behaviour, and that this needed to increase to 75% to be effective. He further agreed with points raised on messaging and emphasised the need for a wide scale messaging campaign, citing the Get Ready for Brexit campaign, as an example of the scale required, and that further targeting of particular demographics should be a key part of the approach.
- The current number of deaths implied the best estimate from the data was 230,000 patients (using basic 5% figure), with 11,000 in hospital and 3500 of which needed ICU beds. This implied the NHS would not be able to cope as we are now. Continuing he noted if we rebased the UK curve against the

Italian curve based on the day 0 deaths were recorded, the UK was in a comparable position to Italy and going forward 7 days, Italy was on 1400 deaths, he noted the data implied that the UK would be in that position in 7 days.

**Update on shielding ahead of announcement**

THE PRIME MINISTER invited THE SECRETARY OF STATE FOR HOUSING, COMMUNITIES AND LOCAL GOVERNMENT to provide an update on shielding. THE PRIME MINISTER noted we were taking extreme economic measures in order to protect the NHS and requested further information on what preparation was being made to get the NHS ready. Citing ICU capacity as a key area of concern.

THE CHANCELLOR OF THE EXCHQUER agreed, and further emphasised that ICU Capacity was the critical factor to manage. He asked whether it was the view that compliance with social distancing was not high enough, or that the measures introduced so far were not strong enough.

THE CHIEF EXECUTIVE OFFICER OF THE NHS responded that over the last couple of weeks there had been a major drive to free up capacity in hospitals. Thas had freed up to approx 20,000 acute hospital beds, he noted occupancy was now at the lowest in more than 3 decades. In terms of critical care he noted we were discussing further and the London team would be discussing the London critical care plan tomorrow.

THE SECRETARY OF STATE FOR HOUSING, COMMUNITIES AND LOCAL GOVERNMENT explained that it had been announced today that 1.5 million identified people had letters sent to them and would be starting to arrive this coming week. Letters had been set out to those individuals who, for clinical reasons are at particular risk and the letter would request that they stay at home for 12 weeks or more. Later this week, the plan was to launch a website and call centre for other ways to contact those who had been identified as vulnerable, as well as producing additional guidance to support them.

In discussion, the following points were made:

- The approach on shielding was for England only, but the Devolved Administrations had been in regular contact and were replicating the approach.
- Those identified as vulnerable included people with cancers, rare diseases affecting the immune system, chest infections, cystic fibrosis, etc. Pregnant women (smaller group with added conditions/complications).
- Military planners were in place to support efforts on shielding. In terms of further support measures, medicines were planned to be supplied through community pharmacy networks. For food and basic home supplies, this would be supplied as a pack to the doorstep, while this was not for all 1.5m it was to the cases who said they don't have family friends/neighbours to help. It was hoped that most people have had this covered through food distribution companies.
- It was noted this would be an iterative process and this was creating a new support network that didn't exist before. Communications would need to explain to the wider public that it would take some time to get the system right and that while the initial offer may be limited and generic, over time, it would evolve into a system that was more tailored.
- Mothering Sunday had been a good example of positive social distancing practices but we still needed to do more, highlighting pictures of crowded areas. On shielding he emphasised work undertaken so far was a positive example of Local Authorities, NHS and others working together to support the most vulnerable in Britain.
- Parliamentary plans were also discussed, and how to ensure the Government was demonstrating best practice.

THE PRIME MINISTER summarised that it was clear that we needed to take dramatic action to flatten the infection curve and that the key argument was around the timeliness for interventions and associated messaging. It was important both were made in a timely and proportionate way that balanced the economic impacts with protecting the NHS.

The Cabinet Committee:
-took note.