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Minutes

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CABINET

Minutes of a Meeting of the Cabinet
held at 10 Downing Street

TUESDAY 30th November 2021
At 0930 AM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Dominic Raab MP
Deputy Prime Minister, Lord Chancellor, and Secretary of State for Justice

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

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

The Rt Hon Ben Wallace MP
Secretary of State for Defence

The Rt Hon Michael Gove MP
Secretary of State for Levelling Up, Housing and Communities; Minister for Intergovernmental Relations

The Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care

The Rt Hon Stephen Barclay MP
Chancellor of the Duchy of Lancaster, Minister for the Cabinet Office

The Rt Hon Kwasi Kwarteng MP
Secretary of State for Business, Energy and Industrial Strategy

The Rt Hon Alok Sharma MP
COP26 President

The Rt Hon Anne-Marie Trevelyan MP
Secretary of State for International Trade, and President of the Board of Trade

The Rt Hon Dr Thérèse Coffey MP
Secretary of State for Work and Pensions

The Rt Hon Nadhim Zahawi MP
Secretary of State for Education

The Rt Hon George Eustice MP
Secretary of State for Environment, Food and Rural Affairs

The Rt Hon Grant Shapps MP
Secretary of State for Transport

The Rt Hon Brandon Lewis CBE MP
Secretary of State for Northern Ireland

The Rt Hon Alister Jack MP
Secretary of State for Scotland

The Rt Hon Simon Hart MP
Secretary of State for Wales

The Rt Hon Baroness Evans of Bowes Park
Lord Privy Seal, and Leader of the House of Lords

The Rt Hon Nadine Dorries MP
Secretary of State for Digital, Culture, Media and Sport

The Rt Hon Lord Frost of Allenton CMG
Minister of State for the Cabinet Office

The Rt Hon Oliver Dowden CBE MP
Minister without Portfolio (and Conservative Party Chair)

ALSO PRESENT

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

The Rt Hon Simon Clarke MP
Chief Secretary to the Treasury

The Rt Hon Jacob Rees-Mogg MP
Lord President of the Council, and Leader of the House of Commons

The Rt Hon Suella Braverman QC MP
Attorney General

The Rt Hon Kit Malthouse MP
Minister of State (Minister for Crime and Policing)

The Rt Hon Michelle Donelan MP
Minister of State (Minister for Higher and Further Education)

The Rt Hon Nigel Adams MP
Minister of State (Minister without Portfolio)

Professor Chris Whitty CB
Chief Medical Officer for England and the UK
(Item 2)

Sir Patrick Vallance
Government Chief Scientific Adviser
(Item 2)

Dr Jenny Harries OBE
Chief Executive of the UK Health Security Agency
(Item 2)

Secretariat

S Case
J Glover
NR
J Cowan

CONTENTS

Parliamentary Business and Current Events

Irrelevant & Sensitive

Irrelevant & Sensitive

Wednesday would see Third Reading of the Rating (Coronavirus) and Directors Disqualification (Dissolved Companies) Bill, followed by

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

Covid-19 Response

THE PRIME MINISTER said that the Omicron variant of coronavirus was a set-back, which threatened the UK's good work to keep the Delta variant under control. The risk from Omicron was still unquantified. However, since boosters were likely to be at least partly effective against the new variant, expanding the booster programme had been the right response, and the Joint Committee on Vaccination and Immunisation (JCVI) had moved at lightning speed to update its recommendations. He would be holding a press conference later that day.

THE CHIEF EXECUTIVE OF THE UK HEALTH SECURITY AGENCY said that very few cases of the Omicron variant had been identified in the UK: there were five confirmed cases and ten where Omicron was highly probable. But she expected to see higher case numbers coming through in the following days as the Government stepped up its search for the variant. In England, all of the cases identified so far had been linked to travel, but in Scotland there was the possibility, yet to be confirmed, that there had been transmission in the community. It was too early to tell what the risk of the new variant would be. Despite a high growth rate in some South African populations, conclusions could not yet be drawn about transmissibility in the UK. It was highly likely that vaccinations would have some impact on the variant, and tests were ongoing to establish more information.

In discussion, the following points were made:

c) a fast response by NHS Test and Trace to offer PCR tests on arrival to delegates for the Future Tech Forum had enabled this international event to go ahead;

d) it was more difficult to roll out vaccination programmes in the countryside than in cities. It would be important to approve vaccination sites rapidly so that people did not have to travel long distances to get their boosters;

e) the Government should ensure it had a strategy for protecting and treating immunosuppressed groups; and

f) if the new variant did not lead to a change in severity and increased hospital admissions, then the public should be reassured.

Responding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that more than one hundred cases were suspected, so the Government should be prepared for a rise in case numbers. With the Government actively looking for cases and tracing contacts, it was likely that this would lead to an uptick in cases, followed by a flattening, and then a subsequent uptick. The Scottish cases were particularly concerning as they might not have been linked to travel from African countries. In response, the Government had made two significant changes to the vaccine programme: boosters were being offered to people of all ages, and people were recommended to wait only three months between their second dose and their booster rather than the previous recommendation of six months. These changes raised the number of eligible people in England from circa 22 to 35 million, with a target to immunise all of these by the end of January. This would require a national mission on vaccine delivery on the scale of the original push on vaccines. It was important for all departments to prioritise this mission.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that it would be around two weeks before the results of analysis at the Government's own research facility became clear. Immunosuppressed patients were being offered a fourth shot of the vaccine. While there was a concern that treatments using monoclonal antibodies might be affected by the variant's mutations, there was no reason to suspect that antiviral treatments would not work. Although there was some data on severity of the variant from the South African population, it had largely affected a young population so the results might not be applicable to the UK.

THE GOVERNMENT'S CHIEF MEDICAL OFFICER said that it was clear that the Omicron variant was transmissible. Its spread in South Africa was indirect evidence that it could spread in populations

that had developed immunity to earlier variants through vaccination or previous infection, and the risk that Omicron would spread was higher than with other variants. It would take one or two weeks of laboratory testing to get results, and epidemiological data would also be important in understanding whether Omicron could evade previous immunity. It was unknown whether vaccination and boosters would reduce the risk of severe disease and hospitalisation. It was clear that boosters would increase immunity, which would likely protect those who had had the booster jab, but would have less effect on the wave of transmission. A wave of Omicron was probable, but it was unknown whether this would translate into hospitalisations.

THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that it was unclear where the variant had originated - one theory was that it had evolved in an immunocompromised patient. In South Africa, cases had been at very low levels until Omicron had spread rapidly: South African science advisers had reported that in outbreaks in Gauteng province, test positivity rose rapidly from 0.5 per cent to 30 per cent in just a few weeks. Boosters of current vaccines would raise protection, but it was unknown by how much, and whether this would be enough to offer protection against the variant. There were other vaccine technologies in the pipeline. Multivalent vaccines, which offered protection against multiple variants, had been tested and could be available in 6 to 8 weeks. Vaccines specific to Omicron were also being developed, but were still being tested, and would be months away from deployment. The main concern with variants was immune escape, not decreased effectiveness of treatments. Antivirals would play an important role in fighting new variants, especially to prevent infections lingering in immunosuppressed patients.

Summing up, THE PRIME MINISTER said that the Government was not over-reacting: it was important to take urgent steps to slow down the seeding of the Omicron variant, and especially to limit travel. If the variant did successfully evade vaccines there would be a big problem. However, it was also important not to overreact. The Government had put in place a proportionate response, and it was unnecessary for others to go further, for example in cancelling school nativity plays. He felt that the booster would probably provide some level of protection against serious illness and death. It was necessary to avoid a crisis of hospitalisations that would overwhelm the NHS. As long as boosters were effective in protecting against such a crisis, the Government should revert as quickly as possible to its previous strategy. In the meantime, the priority was for everyone to get their booster: there was a great national campaign underway.