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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

WEDNESDAY 16th December 2020
At 19:15 PM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Rishi Sunak MP
Chancellor of the Exchequer

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

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

ALSO PRESENT

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, Minister for COP26

The Rt Hon Gavin Williamson CBE MP
Secretary of State for Education

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

The Rt Hon Grant Shapps MP
Secretary of State for Transport

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

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

Professor Chris Whitty
Chief Medical Officer and Department for Health and Social Care Chief Scientific Advisor

Sir Patrick Vallance
Government Chief Scientific Adviser

Dr Clare Gardiner
Director General of the Joint Biosecurity Centre

Baroness Dido Harding
Executive Chair, NHS Test and Trace

Shona Dunn
Senior Responsible Officer for UKs Geographically Based Mass Testing Programme

Professor Stephen H Powis
National Medical Director of NHS England

James Bowler
Second Permanent Secretary, COVID-19 Taskforce

Kate Josephs
Director General, COVID-19 Taskforce

Kathy Hall
Director General, COVID-19 Taskforce

Secretariat

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S Ridley
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Name

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Tiers Review

THE PRIME MINISTER said that today's meeting was about judging whether the many towns and regions of the country were worthy of going into higher or lower tiering restrictions. Much of the South East and East of England may need to be in tier three, some of the South West and Midlands could move from tier two to tier three and Herefordshire could move from tier two to tier one. This was a chance to give the public a sense of reward and hope in the future, but all the progress to control the virus must not be lost.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the context of the decision before the committee was of around 25,000 new cases that day, one of the highest ever case rates since the first peak. Hospital inpatients were also approaching the levels of the first peak. However as of that day 137,000 people had been vaccinated. There had been a wonderful chart demonstrating all the countries of the world that were currently vaccinating against coronavirus, which had only featured the UK. The rules were not being changed around Christmas social contact. The Government needed to be cautious but give a sense of hope.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the paper before the Committee from his department set out recommendations in paragraphs 15 and 16. Paragraph 15 included all the parts of the country that it was clear needed to be moved up, into tier three. These were made up of areas largely in the commuter belt to London. There would be serious consequences if these areas did not move into tier three. Paragraph 16 set out more difficult recommendations for the Committee to consider. Paragraph 16a included areas that could be moved into tier one. Several were small, like the Cotswolds, and surrounded by areas of much higher prevalence. Herefordshire was the most likely candidate to be moved into tier one, although this was not recommended by public health experts. They had pointed out that Herefordshire bordered Wales which had very high prevalence rates. On the other hand there were travel restrictions in place in Wales which would limit the impact, and a good case to make that recognising the lower rates in Herefordshire would give other areas hope that it was possible to move out of tier two.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that paragraph 16b included strategic choices and set out areas where further escalation of tiers may be needed. These were areas largely connected to London and if one was moved, all should be moved. Infection rates were rising and many had rates around the 200 mark. All of Surrey bar Waverly, Berkshire and the rest of Hertfordshire were included in this proposal. These were all recommended for escalation should the committee wish to take a

cautious approach. Finally paragraph 16c set out proposals for de-escalation of tierings from tier three to tier one. This was made up of four proposals. First on Bristol and North Somerset both experiencing case rates around the 120 mark, and South Gloucestershire which was experiencing case rates of around 150. It would be logical to move these areas in one block, although South Gloucestershire was higher risk, as they were part of one big travel to work area related to the Bristol conurbation. They were the lowest case rates of all tier three areas. Second, if the Committee wished to go further in de-escalating areas, South Manchester and Derbyshire could be considered. Third, were areas not in a single local authority, in East Riding, Leeds, Barnsley and Sheffield. All had experienced very high case rates, but were now below a case rate of 150. These were in interconnected geographies where the case rates were higher so, unfortunately the whole of the South Yorkshire and Humberside region could not be recommended for moving to a lower tier. Finally there was the possibility of moving Stratford-upon-Avon down as rates were rising but still relatively low, although the neighbouring parts of Warwickshire needed to remain in tier three.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that from these options to de-escalate tiers, he only recommended that Bristol, North Somerset and South Gloucestershire move down. Stratford-upon-Avon was a very balanced call. The Committee would later regret not making the decision to move the relevant areas up into higher tiers.

In discussion, the following points were made:

a. the cautious proposals that the Secretary of State for Health and Social Care had set out were welcomed;

b. there was a risk that the allocation would be viewed from a north-south perspective. From a purely political perspective the Chairman of the 1922 Committee may be more supportive of coronavirus regulations if his own constituency were moved into a lower tier;

c. of the areas proposed to de-escalate from tier three to tier two, only Bristol and North Somerset should be moved down. One of the contenders, Stratford upon Avon, was represented by a Government Minister which may attract public ire if it was de-escalated;

d. the decision on tiering should be based solely on the data

available, rather than any political consideration;

e. if areas were lumped together purely for being co-terminus, then there was likely to be flack from the public and Parliament;

f. papers from the Scientific Advisory Group for Emergencies (SAGE) had estimated the impact of different activities on the 'R' (transmission rate of the virus) number. These seemed to suggest that the vast majority of cases were transmitted in hospitals, care homes and educational settings. A small number were in workplaces and very few in food outlets. The impact on the R number was estimated as 0.2-0.5 from schools, 0.2-0.5 from higher education and 0.2-0.4 from people working from home. As the country was heading into a holiday period where people would not be at school, university or the workplace, this smaller impact on R should be factored into the modelling of the tiering changes under discussion;

g. non-essential retail should remain open, even in tier three;

h. the five days of social mixing allowed in the coming Christmas break needed to be balanced as part of this decision. New Year's Eve would also have a big impact on social mixing. There needed to be a clampdown in the short term to counteract these moments of increased social mixing. Government had learned enough over the last year to know to err on the side of caution;

i. it was right that Herefordshire should go into tier one. Whilst prevalence in Wales overall was high, it bordered on rural parts of the neighbouring areas of Monmouth and Talgarth. Herefordshire should move into tier one, as from experience there was very little cross border movement from that part of England into Wales. Moving an area from tier two into tier one would be a welcome sign to local councils about what was possible;

j. New Year's Eve was likely to be difficult; local council leaders had already started asking for more support for this period. The Government's decision should be based on what the data said and not other considerations;

k. the most damaging aspect of any change would be yo-yoing between tiers. If the Government was confident that an area should move into a lower tier then it should be moved. But if it

was likely to need to be put back in a higher tier only a matter of weeks later, then de-escalation should be avoided. For the hospitality and theatre sector, opening briefly for two weeks only to close again was more damaging than staying closed;

l. people were going to travel over Christmas so the Government should follow the precautionary principle. The communications to the public about Christmas needed to be iron-clad. Dips in compliance at the same time as relaxation could create a catastrophic event as the country headed into 2021. Policing partners were already working on plans for New Year's Eve with local councils; and

m. the Government should be cautious where marginal decisions looked like they would be quickly reversed. It would be better to keep these areas in a higher tier. It would be demotivating for Ministers if their own local areas were less likely to qualify for a de-escalation in tiering. Every decision should be based on the numbers.

Responding, THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that the country was entering a period of increased social mixing and travel. The impact of Thanksgiving celebrations in the United States had been evident. It was highly likely that there would be an increase in cases and the R number would go up. The idea that schools closing would reduce the R number in the UK seemed unlikely. R was well above one in every part of the UK, it was between 1.1 and 1.2 on average across the UK and in some areas it had reached 1.4. Things were moving fast in the wrong direction. There was no certainty that areas put into lower tiers would not quickly lead to higher case rates. From an epidemiological perspective the advice was to have extreme caution.

Responding, THE GOVERNMENT'S CHIEF MEDICAL ADVISER said that he echoed the tenor of the conversation. Similar case rate numbers in February, as the country headed into the calmer waters of spring, might mean a different conclusion on tiering. However as the country was heading into choppier waters it was a time to be very cautious.

Summing up, THE PRIME MINISTER said that having delivered a sobering message to the public in a press conference that day, the announcement on tiers needed to avoid a jumbled message of loosening restrictions in some places. The public needed to know what to think. There was a strong consensus from the Committee for a very cautious

approach. We should always follow epidemiology in deciding on tiering. The recommended escalations from tier two into tier three were all approved. No other proposals for escalation to tier three had been put forward. This would bring around 70 per cent of the country into tier three.

Continuing, THE PRIME MINISTER said that there was not much of an appetite to take risks on de-escalation. The bulk of opinion supported that Bristol and North Somerset should be moved from tier three into tier two. As South Gloucester had a higher rate at 153, it would remain in tier three, as would the other areas proposed for de-escalation from tier two to tier three. Herefordshire would be the one area to move from tier two into tier one, making it the candle of hope in the darkness for the rest of the country. The mood of the Committee had been to err on the side of caution and to avoid a yo-yoing of areas between tiers. There were only two weeks until the next review at which point it would be possible to see what progress had been made and whether the Committee had been right to be cautious.

The Committee:

— took note.