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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held in the Large Ministerial Conference Room, Palace of Westminster

MONDAY 13th September 2021
At 16:45 PM

P R E S E N T

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

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

ALSO PRESENT

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

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 Steve Barclay MP
Chief Secretary to the Treasury

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

Professor Chris Whitty
Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Adviser

Dr Jenny Harries OBE
Chief Executive, UK Health Security Agency

Simon Ridley
Head of the COVID-19 Taskforce

Rob Harrison
Director General, Analysis, COVID-19 Taskforce

Kathy Hall
Director General, Delivery, COVID-19 Taskforce

Lewis Neal
Director, COVID-19 Taskforce

Scott Stevenson
Deputy Director, Strategy, COVID-19 Taskforce

Secretariat

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Data brief

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the Committee was meeting to consider the Government's proposed 'Plan A' strategy for managing Covid-19 (coronavirus), and also the high-level 'Plan B' if this were to be needed.

THE DIRECTOR-GENERAL OF ANALYSIS, C-19 TASKFORCE said that in England over the past month, the number of deaths and hospital admissions had remained relatively stable although the rates were high. The cumulative pressures on the health service would need to be considered for the coming winter. In addition to the impact of lifting restrictions and changes in the public's behaviour, non-coronavirus emergency demand in terms of A&E attendances and emergency admissions also needed to be taken into account. The impact of the return to schools was yet to be seen. In terms of people's mobility, the busyness of workplaces, retail and transit were all increasing; weekends were busier; and school attendance in England was high with absences relating to coronavirus at around 1 per cent compared to 15 per cent before the summer. In terms of vaccinations amongst 16-17 year olds, there were significant numbers that were not yet vaccinated.

Continuing, THE DIRECTOR-GENERAL OF ANALYSIS, C-19 TASKFORCE said that SPI-M had modelled three scenarios for daily hospital admissions in England over a range of 'R' (the reproduction rate of transmission) values which reflected the potential impact of levels of social mixing from 6 September. If levels of social contact remained at those levels, an 'R' value of 1.5 was still possible and the level of hospital admissions would be problematic if there was not sufficient capacity in the NHS.

Responding, THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISOR said that specific data on the level of infection among the 20 per cent of people who had not been double vaccinated was not available. At the current level of immunity in the community, small changes in the level of contact could shift the dial on transmission rates but if swift action was taken small changes could also bring infection rates back down again.

The Committee:

— took note.

Autumn Response

THE HEAD OF THE C-19 TASKFORCE said that although the number of deaths and hospital admissions had remained relatively flat over the summer, we were not yet through the pandemic. The paper set out the proposed plan to sustain the progress made following Step 4 of the Roadmap, while also aiming to avoid unsustainable pressure on the NHS. This plan - 'Plan A' - broke down into three critical interventions: vaccinations, the test, trace and isolate programme, and guidance to the public on behaviours. It was important to continue to incentivise and maximise vaccine uptake, and continue with the vaccination programme which had been successful so far. A booster programme, based on advice from the Joint Committee on Vaccination and Immunisation, should be introduced for those in priority groups 1-9, which the NHS was ready to implement quickly. Additional advice had now also been received from the UK Chief Medical Officers on implementing vaccination for 12-15 year olds. Subject to consensus from the Committee on those issues, the intention was for the Secretary of State for Health and Social Care to make a statement setting this out later that day.

Continuing, THE HEAD OF THE C-19 TASKFORCE said that the test, trace and isolate programme had been critical in enabling the identification of positive cases. It was proposed that regular asymptomatic testing would continue through the autumn and winter in certain settings, and in education initially until the end of term. Universal free access to asymptomatic testing would continue in the coming months, but it was right and proper to look at the funding involved in its provision and the provision of lateral flow device tests. Tracing activity would continue through the autumn and winter, and the requirements for adults who tested positive and their unvaccinated contacts would continue. Practical and financial support for those legally required to self-isolate would also continue without change until the end of March the following year. There were key behaviours which were proposed for communication to the public. These included an increased emphasis on ventilation as people were expected to spend more time indoors in the autumn and winter months. There would be no change in the policy on working from home, and the guidance would advise employers to follow the 'Working Safely' guidance.

Continuing, THE HEAD OF THE C-19 TASKFORCE said that the paper also set out a 'Plan B', which comprised contingency measures in the event that 'Plan A' was not sufficient. Firstly, where there was increased danger, it would be right for the Government to set out the risks to the public. Secondly, mandatory vaccine-only certification would be held back from the original introduction date of the end of

September, and rather deployed as a contingency intervention for future use. It was proposed that all of the details set out in the paper on mandatory certification would not be set out in the Government's publication 'Covid-19 Response: Autumn 2021' the following day, but would be published later in the month, potentially alongside draft regulations. Thirdly, face coverings could be legally mandated in certain circumstances. Fourthly, asking people to work from home could also be kept under consideration, although given the disruption and economic considerations, it was proposed that working from home may not be recommended as a contingency measure in the first instance, but could be considered based on the most current data at the time a decision was required.

Concluding, THE HEAD OF THE C-19 TASKFORCE said that the regulations that provided local authorities with the powers to respond to a threat to public health would be extended until 24 March 2022. These regulations provided a useful tool in the event of rising levels of positive cases. The Coronavirus Act had been reviewed, as required by law, which had involved a great deal of work across a number of Government departments to consider which provisions should be expired, suspended or retained. A report on the Act's status would be laid in Parliament in the week of 20 September.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he agreed with the position set out on vaccine boosters and the advice from UK Chief Medical Officers on the vaccination of 12-15 year olds, for which there had been close working between his department and the Department for Education. On that basis he assessed vaccinations in schools would be ready to commence from the following week. Due to advances in antivirals there were also better treatments for coronavirus patients. However, the pandemic was still raging across the world, there would continue to be Variants of Concern, and vaccines might not be fully effective against future variants. While the domestic situation was better there was still huge pressure on hospitals. Hospitals were currently coping, and coping well, but there would be higher pressures to come. This was important context for the Committee's considerations. The Government had focussed on three major tools in controlling the virus - vaccination, mass testing, and border controls, and would need to continue a strong focus on these to avoid a 'Plan B' scenario. This was in contrast to other countries who had adopted tighter controls or had in place a greater range of policies, such as mandatory vaccination, certification, face coverings or tighter social distancing controls.