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Minutes

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COVID STRATEGY COMMITTEE

Minutes of a Meeting of the Covid Strategy Committee
held in Number 10 Downing Street and by video conference on

THURSDAY 4th June 2020
At 1400 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 Dominic Raab MP
First Secretary of State, and Secretary of State for Foreign and Commonwealth Affairs

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

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

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

The Rt Hon Alok Sharma MP
Secretary of State for Business, Energy and Industrial Strategy, Minister for COP26

ALSO PRESENT

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

Sir Patrick Vallance
Government Chief Scientific Advisor

Simon Case CVO
Permanent Secretary at No10 Downing Street

Secretariat

Sir Mark Sedwill
S Ridley
NR
E Payne

C O N T E N T S

Strategy Stocktake

THE PRIME MINISTER said that the objective of the Covid-19 Strategy Committee was a high-level consideration of the Government's strategy. In spite of criticism of the Government's approach, there had been significant successes: the NHS had not been overwhelmed, the Nightingale Hospitals had been delivered in record time, and when the Government had set out to achieve a target to increase ventilators or testing, it had been met. The lockdown communications strategy of 'Stay Home, Protect the NHS, Save Lives' had been extraordinarily successful. The Government's Roadmap had been published on 11 May, and had set out the right strategy.

Continuing, THE PRIME MINISTER said that the Roadmap encouraged people to return to work in a series of small steps, and the first steps, on 11 May and then 1 June, had been implemented successfully: some non-essential retail had reopened, some children had gone back to school, and greater social contact had been allowed. The next step would be on 15 June, when he hoped all non-essential retail could reopen. Consideration should also be given to reopening outdoor hospitality and some key businesses such as hairdressers before the end of the month. All of this would of course be contingent on evidence that the incidence of the virus was continuing to fall. It was important to remember that the Chief Medical Officer and the Government Chief Scientific Adviser were here to support and advise the Government, but there were some decisions that only Ministers could take.

THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that the Government was at a pivot point in the strategy, moving to a more proportionate and focused response. The strategy sought to deliver a reduction in transmission by incorporating Covid-secure approaches in people's daily lives. Delivery of this pivot depended on the NHS Test, Trace and Isolate programme, the brand new Joint Biosecurity Centre and local response capacity, and compliance with the new Covid-secure guidelines.

Continuing, THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that there were challenges inherent in delivering this strategy. It relied upon people obeying guidance without legal requirements in place to do so. The tradition of regional government and effective local decision-making was weaker in the UK than in other countries pursuing similar strategies. The level of incidence was higher than most international comparators. It was vital to understand what was behind the higher incidence level, and to drill into all available data to ensure a full understanding of the situation.

Continuing, THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that the actions taken by the Government thus far had had consequences, both positive and negative. Deaths and hospital admissions had fallen consistently. Government's actions had saved lives and protected the NHS. At the same time, the economic consequences of this period would be severe. The impact of the lockdown on the most vulnerable in society had been serious and at times tragic, and non-Covid related healthcare provision had reduced.

Continuing, THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that forecasting the future was complicated and the range of inputs was wide. Therefore, the basis of decision-making had to shift, and a range of risks needed to be balanced. Continuing, THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that decisions would need to be made on the basis of how a system-of-systems would respond. Whilst there were no right answers, the Government would not need to proceed blindly. A proposed work programme had been set out to guide the Government through the next phase. This would include: near-term decisions on progress with the roadmap, understanding incidence with a focus on stubborn high-incidence areas, looking at the balance between guidance, mandation and enforcement, keeping the public on-board, and improving data and monitoring. The work programme also included: asking questions about whether individuals should be able to choose for themselves how to balance various risks in their lives, preparing for the worst by ensuring a playbook was in place for how, in extremis, the reintroduction of national-level NPIs would be decided and implemented, ensuring plans for the Autumn and Winter were in shape, understanding whether and how a Covid-resilient and viable economy could be built, and looking for solutions through vaccines or game-changing treatments. The Chancellor of the Duchy of Lancaster would chair the Covid-19 Operations Committee to scrutinise the delivery of crucial programmes and projects.

Concluding, THE PERMANENT SECRETARY IN NUMBER TEN DOWNING STREET said that the overall strategy proposed could be characterised as 'steady as she goes' based on the Roadmap. The Committee's views were sought on this approach, and the suggested areas of immediate focus in the forward look for the Committee set out in the paper.

In discussion, the following points were made:

a) the approach set out in the paper was welcomed and the steps should be taken carefully and cautiously based on the science and delivering the greatest economic boost in the safest way. The path that had been

set out in the 11 May publication should be followed. Government should move forward with confidence to execute the plan that had been set out;

b) getting timely and accurate data was critical. As the Government moved to a more targeted approach, it was vital to understand the geographical incidence of infections, and whether infections were in care homes and hospitals or the wider community. This would help to identify local outbreaks and manage them quickly. This was why the Joint Biosecurity Centre had been established. Already it was possible to identify that there was an emerging issue of higher infection rates in Ashford, Kent, which may have been associated with poor infection control in local hospitals;

c) on cases in care homes, the incidence was decreasing and in spite of the criticism, the UK had a relatively low death rate in care homes compared to other European countries;

d) certain characteristics were associated with a greater risk from the disease, including age, ethnicity, gender, obesity, and particular medical conditions. The more that was understood about this, the greater the potential for protecting such groups;

e) testing was an important part of improving data. There was now capacity to test more than 200,000 people every day. As the number of people tested had risen, more cases had been identified. This affected international comparisons; the UK's incidence was higher, but many more cases were being tested every day. Test, Trace and Isolate was the right approach and the ability to take a local approach depended on it, but more clarity was needed on implementation of the scheme and the associated mobile phone app;

f) the public understood and supported the Government's approach. To maintain public confidence in the strategy and the roadmap, the Government should set out the next stages of returning to normality, and also give the public clarity about the new norms we would expect them to adopt. People would increasingly need to exercise judgement. Lessons should be learnt from some of the behavioural insights of the outbreak.

g) as effort was devoted to the economic recovery, there needed to be a new language that chimed with the public. This should speak to people's desire for renewal and determination to rebuild a new economy for everyone's benefit;

h) the work that the Secretary of State for Business, Energy and Industrial Strategy had led on business guidelines had been supported by business and unions, and had enabled the Government to open up sectors in line with the roadmap. Decisions would be needed on how to enforce the guidelines as more sectors opened up. The question was how to open as many premises as possible in a way that minimised the impact on 'R' (the reproduction rate of transmission). Other countries' approaches to enforcement of restrictions should be studied. An enforcement approach would place significant burdens on business. Retail businesses such as supermarkets, had operated from the start of the outbreak, using existing enforcement mechanisms; and

i) the two-metre rule required review. Some other jurisdictions were operating with shorter distances in their guidelines.

THE CHIEF MEDICAL OFFICER said that as epidemics went away, there were hotspots where infections remained. If measures were released later once incidence was low, there would be fewer such hotspots. If measures were released earlier, more hotspots would remain and, if there were too many, it could be necessary to return to a national approach to address them. The numbers were all going in the right direction, but it would be preferable for them to decline faster. There were broadly three scenarios that could play out with the pandemic until a vaccine was in place, which was unlikely to be before this time next year. The first was unlikely but not impossible: the virus would disappear after the current pandemic wave. The second was that prevalence would reduce through the Summer, with some non-pharmaceutical interventions likely remaining in place, but then in the Winter the rates would increase again. The third was that the pandemic would come and go in multiple waves, until it finally burnt out.

THE GOVERNMENT CHIEF SCIENTIFIC ADVISER said that he proposed a trial on testing of those isolating, whereby tests would be conducted at five, nine and twelve days to provide data on the impact of releasing people from isolation sooner than 14 days on the basis of a negative test result.

Summing up, THE PRIME MINISTER said that the approach and forward look set out in the paper had been agreed. The Committee would consider the proposals for the next step of the roadmap on 15 June, including the ambition to return primary school pupils for a month before the summer holidays, proposals to open outdoor hospitality, and proposals for non-essential retail. Consideration would also be given to the arts and culture sector which had been hit hard by the virus, and to travel and tourism. Focus was also needed on promoting the economic bounceback, on which

there was cause for optimism. The guidance on the two-metre rule should be reviewed, taking into account the lower likelihood of transmission as incidence rates declined. The quarantine policy would also need further consideration over time.

The Committee:

- took note.