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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

TUESDAY 27th October 2020
At 15:30 PM

P R E S E N T

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

ALSO PRESENT

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

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

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

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

The Rt Hon Lord Ashton of Hyde
Captain of the Honourable Corps of Gentlemen at Arms (Lords Chief Whip)

The Rt Hon Christopher Pincher MP
Minister of State (Minister for Housing)

OFFICIAL-SENSITIVE

The Rt Hon John Whittingdale OBE MP
Minister of State (Minister for Media and Data)

Nadhim Zahawi MP
Minister for COVID Vaccine Deployment and Business and Industrial Strategy

James Bowler
Second Permanent Secretary, COVID-19 Taskforce

Professor Jonathan Van-Tam
Deputy Chief Medical Officer

Dr Thomas Waite
Director of Health Protection, Joint Biosecurity Centre

Kathy Hall
Director General, Delivery, COVID-19 Taskforce

Secretariat

E Payne

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OFFICIAL-SENSITIVE

Situation Report

THE CHANCELLOR OF THE DUCHY OF LANCASTER said he was grateful to everyone for giving their time to attend the meeting that day, and to discuss the situation in Nottingham and the surrounding areas.

THE DIRECTOR OF HEALTH PROTECTION AT THE JOINT BIOSECURITY CENTRE said the slides before the Committee showed that there was a high case rate across the Nottinghamshire area, ranging from the south border up to Sherwood and Nottingham city. This was over 49 cases per 100,000. The highest case rate was amongst the over 60s. In Mansfield, the case rate was over 300 cases per 100,000, which was over two and a half times the rate for the rest of England. Testing in the over 60s age group had been stepped up but there was concern that not all the positive cases were being found. There were several universities in Nottingham, and many students tended to live in the outskirts, in a 'doughnut' of the surrounding area. There was a high case rate in 17 to 21 year olds, which had spread to older age groups. The heatmap displayed the rate increasing between 16 October and 29 October, in all groups: people over the age of 30, over the age of 45 and over the age of 60, who had the highest risk of complications, hospitalisations and mortality.

Continuing, THE DIRECTOR OF HEALTH PROTECTION said that the increasing rate of the virus started in Nottingham, and had spread out to surrounding areas. The pattern in Nottingham was the same in the surrounding four boroughs. Taking Broxtowe as an example, there had been a rapid increase in the case rate, in contrast with Greater Manchester where there had not been such a rapid increase in case rate when the virus spread to the surrounding areas. There had been a rapid increase from the end of September to the start of October. A much wider range of age groups were being affected in the most recent 14 days compared with the prior 14 days.

Concluding, THE DIRECTOR OF HEALTH PROTECTION said that Sustainability and Transformation Partnership (STP) data showed that hospital bed admissions were exceeding the peak of April and May, with the trajectory increasing. There was a lag period for data on mechanical beds. There was a similar trend in University Hospital hospitalisation data.

THE DEPUTY CHIEF MEDICAL OFFICER said that he had some family connections to the area, but this would not change his views. This was a major situation with enormous healthcare pressure. He

supported the measures that were proposed. Nottingham had been epidemiologically ready for restrictions for the previous ten days. A problem continually faced was that, from the point of epidemiological readiness, it took seven to ten days to get local agreement. In public health terms, this was almost a doubling time, which was disastrous.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that this was a very powerful update and the Committee would discuss how to respond.

The Committee:

— took note

Local Covid Alert Levels

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he agreed with the Deputy Chief Medical Officer's assessment of the situation in Nottinghamshire. The process was taking too long. City and county councils rightly wanted action, but it was taking eight days for a decision. The outbreak had moved on from the area discussed at GOLD previously, and action should be taken for all of Nottinghamshire. Sherwood was also on the wrong trajectory. Measures should be taken for the whole county quickly in line with those outlined in the paper before the Committee.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the saddest aspect was that the Government had made arguments all along that a spike in the lower age groups would lead to a spike in older age groups, which is exactly what had happened in this instance. The doctrine of acting fast was never truer, and the Government needed to act fast, and fully. It was not just the young who were affected, and as infections were rising in the over sixties age group, many would die.

In discussion, the following points were made:

- a) moving into Local Covid Alert Level (LCAL) three should be signed off for all four districts. The readout from SILVER was that either all of Nottinghamshire could move on that day, or in several days' time. The latter would look messy, and allow the situation to get out of control. It was taking too long between making decisions and implementing them that the Government risked losing control of the virus;

- b) simplicity of messaging was key, and this would help counter the increase in rates;
- c) the length of time being taken to come to a conclusion was partly due to exploring options for LCAL three measures above the baseline, which took longer to work through;
- d) the Leader of Doncaster Council was less likely to take the view of local leaders in Nottinghamshire and more likely to take the view of those in South Yorkshire. Also, the Members of Parliament for Ashfield and Mansfield had taken strident positions, which would need careful handling. It could not be relied upon that they would accept the recommendations;
- e) local engagement would be vital but, from a county perspective, the Local Resilience Fora (LRFs) would need to be stepped up in different ways. Noting that LRFs were led by the Fire Service, the Secretary of State for the Home Department would have the necessary conversations. LRFs could play an important role in communicating with the public, and engaging with Parliament. They could bring together an understanding of the totality of the situation.
- f) the package of measures being recommended would go further than those already applied in other LCAL three areas. This would give rise to communication problems that would need explaining. The Government would also need to communicate a route out of these measures, which the local MPs would push for stridently;
- g) businesses would be impacted, but early action on this would be the right thing to do;
- h) the evidence base for the 2100 alcohol sales ban needed clarifying. This ban diverged from current LCAL three rules and would likely set a precedent for future escalation. It had the potential to cause public confusion;
- i) detail was needed on the exit strategy for LCAL three. For example, Liverpool was coming up for review. It would be important to consider what would need to happen for an area to exit;
- j) given the 2100 alcohol sales ban, people might instead stock up on alcohol earlier in the day; and

- k) iconic landmarks, for example Trent Bridge Cricket Ground and Nottingham Forest football ground would be impacted by the measures.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that on exit strategy, in the first instance it was important to stop the transmission rate going up. The good news was that, in Liverpool, the curve had flattened for the over 60s and the general population. In other countries, once the curve had flattened, people often tired of measures and the rate went up again, but from a higher base. Until the curve was flat, exiting the measures could not be considered. He was grateful to the Minister of State at the Ministry of Housing, Communities and Local Government who had led the negotiation process with aplomb.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the data spoke for itself, especially the data on over 60s. In Mansfield, the over 60s data showed a case rate of well over 200 per 100,000. In principle, subject to clarification on the position with local leaders, the restrictions should take effect for the whole of Nottinghamshire.

The Committee:

— took note.