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Minutes

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COVID-19 OPERATIONS

Minutes of a Meeting of the COVID-19 Operations Committee
Held via video conference on

TUESDAY 17th November 2020
At 17:45 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

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

ALSO PRESENT

Professor Chris Whitty
Chief Medical Officer and DHSC Chief Scientific Adviser

Sir Patrick Vallance
Government Chief Scientific Adviser

Baroness Harding of Winscombe
Executive Chair, NHS Test and Trace

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

James Bowler

OFFICIAL-SENSITIVE

Second Permanent Secretary, COVID-19 Taskforce

Simon Ridley
Director General, COVID-19 Taskforce

Kate Josephs
Director General, COVID-19 Taskforce

Rob Harrison
Director General for Analysis, COVID-19 Taskforce

Ollie Ilott
Deputy Director for Strategy, COVID-19 Taskforce

Sir Ed Lister
Chief Strategic Adviser to the Prime Minister

Stuart Glassborow
Deputy Principal Private Secretary to the Prime Minister

Allegra Stratton
Downing Street Press Secretary, No. 10

James Slack
Prime Minister's Official Spokesperson

Imran Shafi
Private Secretary to the Prime Minister

Henry Cook
Special Adviser to the Prime Minister

Jack Doyle
Special Adviser to the Prime Minister

Rosie Bate-Williams
Special Adviser to the Prime Minister

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Non Executive Director, Cabinet Office

Nikki Da Costa
Director of Legislative Affairs, No. 10

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CONTENTS

Item	Subject	Page
1.	Forward Projections	1
2.	Strategy from 2 December	2

Forward Projections

THE DIRECTOR GENERAL FOR ANALYSIS IN THE COVID-19 TASKFORCE said that the paper before the Committee looked at the current Covid-19 (coronavirus) picture, considerations on where the country might be on 2 December and the impact of the recent tiering policy. Across the country positive cases were continuing to rise, but the rate of increase was slowing. One person in eighty was now predicted to be infected. There would be new data expected the following day. Case rates were not slowing among the over-60s age group. Recorded deaths were slightly above those forecast in recent SPI-M (Scientific Pandemic Influenza Group on Modelling) scenarios. This data did not reflect the lockdown measures implemented in November due to lag times. The earliest expected indication of the impact of lockdown measures was likely to be in an Office of National Statistics data set on infections expected the following week.

Continuing, THE DIRECTOR GENERAL FOR ANALYSIS IN THE COVID-19 TASKFORCE said that the best indicator for the impact of lockdown at this stage was mobility data. This showed that mobility had declined since the restrictions had come into force but not as much as it had done in March. In the absence of data on the impact of the restrictions on infection rates, the best guess for the likely position on 2 December could be made by using SPI-M forecasts for 'R' (rate of reproduction). The current best guess was of 'R' between 0.8 and 0.9. On this basis, hospitalisations were expected to be slightly lower on 2 December than when lockdown had started but prevalence was expected to still be high across the country. By comparison, when last leaving lockdown on 4 July the hospitalisation rate had been substantially lower at 149.

Concluding, THE DIRECTOR GENERAL FOR ANALYSIS IN THE COVID TASKFORCE said that the previous tiering system had only been in place for about three weeks and so there had been limited data with which to assess the impact of the policy. In Local Covid Alert Level (LCAL) one the number of cases had continued to rise. In LCAL two the number of cases had continued to rise but the rate of increase had slowed. In LCAL three the number of cases had flattened or declined but the effect had not been uniform across the areas within that tier. In summary, the previous LCALs had not been sufficiently stringent to control transmission.

Summing up, THE PRIME MINISTER said that LCAL one, two and three as previously designed had not been enough to control the virus on their own. If these were returned, there would be high infection rates and high hospitalisation rates. It would not be possible to open everything up following the period of national restrictions.

The Committee:

— took note.

Strategy from 2 December

THE PRIME MINISTER said that mass testing and tough tiering looked necessary from 2 December. There needed to be clear incentives that linked testing and tiering, encouraging people to take part in testing and to comply with restrictions. The public needed to know what sort of Christmas they were to expect and how big their turkeys should be. While he usually enjoyed large family Christmas gatherings, polling suggested that the public were in favour of a smaller Christmas that year with just two or three households mixing. The content of the paper and Committee discussion should not under any circumstances be briefed to the media.

THE CABINET SECRETARY said that the Committee's discussions about the Government's coronavirus strategy affected people's lives and livelihoods. Any external briefing of the Committee's deliberations would therefore be treated as a national security matter and followed up with a criminal investigation and prosecution.

THE SECOND PERMANENT SECRETARY FOR THE COVID-19 TASKFORCE said that an overall plan was needed for the period to spring 2021. This would have vaccines at its forefront, but also needed policies on tiering, testing and Christmas. The objective was to hold 'R' to one or below until the vaccines were available, hopefully that coming spring. There could be 70 million doses of vaccines available by the end of March, if the University of Oxford vaccine came on stream. The Scientific Advisory Group on Emergencies had set out, as reported in the press briefing the day prior, that the previous tiering approach had not done enough to control the virus. As the LCAL policy was set it would need to take into account two areas of pressure on transmission. Firstly, Christmas, where people would mix more and where the Government had choices on whether to loosen the social contact restrictions. Secondly, the first two months of the year were the most difficult for the NHS. The LCALs therefore needed to be tougher.

Continuing, THE SECOND PERMANENT SECRETARY FOR THE COVID-19 TASKFORCE said that the paper before the Committee set out proposals for the exit from lockdown on 2 December. In all areas non-essential retail, gyms, outdoor leisure and non-contact sports should be opened. A new set of restrictions should be imposed for those falling into LCAL three which would work more quickly and sustain

through the winter months. The proposal was to close all hospitality except for takeaway and delivery, entertainment venues such as cinemas and bowling, and close contact personal care such as nail bars and barbers. The evidence on hospitality was strong. Restrictions at LCAL two needed to halt growth and slow the virus, not just equate to a conveyor belt towards LCAL three. The proposal at this LCAL was to restrict hospitality to venues serving a substantial meal, meaning the closure of 'wet' pubs. The objective of LCAL one was to prevent or slow growth. This would look similar to the previous arrangements, but messages around working from home, essential travel and social distancing would be strengthened. Lessons were being learned from the previous restrictions. The evening hospitality curfew of 2200 would be altered to last orders at 2200, with people able to leave over the following hour until 2300. This would reduce the amount of people all travelling at the same time. The COVID-19 Taskforce would need to work with officials in the Department for Digital, Culture Media and Sport on the best arrangements for spectators at sporting events.

Continuing, THE SECOND PERMANENT SECRETARY FOR THE COVID-19 TASKFORCE said that the proposal was to agree the arrangements over Christmas with the devolved administrations. The Chancellor of the Duchy of Lancaster had been charged with leading these negotiations to agree a UK-wide approach. The proposals in the paper before the Committee was to allow households to form a bubble over the Christmas period. A limit of three households would be a more generous option and two households would be a tougher option. The time period could run from 22 to 28 December to ease travel congestion, though this period could be shortened.

Continuing, THE SECOND PERMANENT SECRETARY FOR THE COVID-19 TASKFORCE said there were two elements to mass testing for the Committee to consider. First, the proposal was to pursue nationwide mass testing of asymptomatic people across priority groups including NHS workers, social care workers and visitors, and university students, particularly those arriving or leaving. Second, mass testing could offer hope and a demonstration of government action to those who have been subject to significant restrictions for a sustained period of time, including those placed in the LCAL three restrictions prior to the current national intervention. A sustained period of testing for the c.13 million to whom this applies could drive down prevalence through the identification of asymptomatic positive cases.

In discussion, the following points were made:

- a. the Committee welcomed the premise that the national lockdown would end on 2 December, subject to any further data. However, there would need to be a clear rationale for the relaxation in rules to present to the public and a UK wide approach with the devolved administrations;
- b. it seemed that more of the country would end up in higher LCALs than had previously been the case. Estimates of how many areas would be in each tier should be shared with HM Treasury to enable an economic analysis of the impact. The proposals were likely to be perceived by business and economic commentators as more restrictive than those they had been expecting. The 28 day review point for LCALs seemed a long time for areas to wait, having been extended from two weeks previously;
- c. LCALs were in effect already reviewed every week so a public proposal to review LCALs every 14 days would offer more hope than a 28 day commitment. The existing 'GOLD' meetings should be used to review LCALs and make recommendations to the COVID-19 Operations Committee for decisions on which areas were in which LCAL;
- d. there would be a clear north-south divide between the regions affected by higher LCALs. The whole of the North of England and Nottinghamshire looked to be heading for higher LCALs;
- e. higher LCALs would be applied where the virus was most prevalent, there was no other decision making behind the north-south division in LCALs. The higher LCALs were ultimately for the people of those regions' benefit;
- f. the updated system would not involve any negotiations with local authorities. The geographies involved would be simple to understand, and measures would be consistent in each area;
- g. the proposal to close all personal care services in LCAL three was surprising given the impact on many people's wellbeing from not being able to access services such as hairdressers. There did not seem to be a lot of evidence to support why they were closing;
- h. the highest LCAL level needed to be sufficient to drive down the 'R' number. If an exemption was to be made from the proposals before the Committee, not to include personal care

services, an equivalent measure to control the spread of the virus would be needed to maintain the downward trajectory. The proposed set of criteria set out in paragraph twelve of the paper to determine which places go into LCAL two and three were sensible but should not form a procrustean bed;

- i. more work was needed on how to get people to take part in mass testing. The take-up in Liverpool had been fantastic but a more rigid link between taking the test and being able to access things like close-contact personal service, hospitality or non-essential retail on that same day could help. It would create an incentive and open up business, and would mean these venues were more coronavirus-secure if only those that had a recent negative test accessed them. There would be weaknesses in that approach but it seemed to go with the grain of human behaviour;
- j. the idea of tests linked to more access to otherwise closed services merited further work. Mass testing could enable those services that were proposed to open in LCAL three, such as non-essential retail, to only admit those who had a negative test;
- k. the recent approach to LCAL three had been a mistake. The national lockdown could have been avoided if LCAL three had been stronger and had avoided negotiations. The proposal for the restrictions under LCAL three needed to be strong and should not be any less than those set out in the paper before the Committee. Testing capability should be piled into areas under LCAL three, to support areas to reach LCAL two. This message had worked well in Liverpool;
- l. the proposed Christmas bubble period should not be any shorter than the 22 to 28 December as travel to areas would be difficult enough already with public transport running a more limited service. A shorter period would mean more people travelling at the same time and was likely to disproportionately affect the poorer in society without access to cars. Whether the period in the bubble was two or six days could not make much difference to the spread of the virus within that bubble;
- m. the Chancellor of the Duchy of Lancaster should be asked to agree a proposition on Christmas with the devolved administrations;

- n. the proposed Christmas bubble period should be shortened to four days from 24 to 27 December, for three households in private dwellings only. There was no justification for three households to gather in venues like bars and pubs over that period. The public were aware that they would not be having a normal Christmas, but this would allow a family Christmas at home. Most people lived only a short distance from their families and so would be able to get there within the shorter time period. It was only the well-heeled in general that had moved a more significant distance from their parents. So the majority would not find the shorter time period that restrictive; and
- o. the Government would need to be clear about where the country was on 2 December and be able to point to objective criteria for any relaxation. It would be important not to undo the progress that would have been made by the national restrictions. If too relaxed an approach was taken through December and Christmas and an upsurge resulted, people would be disappointed. The Government should therefore proceed with caution. The French Health Minister Olivier Veran had commented that intensive care units were operating at 140 per cent of their usual capacity and signalled that Christmas would be very different that year. In Germany, the Chancellor had said that coronavirus restrictions in the country would need to be extended beyond the end of the month.

Responding, THE GOVERNMENT'S CHIEF MEDICAL ADVISER said that the country was not in a night without end. The spring should be brighter but there was still a long time until then in which there could be negative impact from the virus, including on the economy. The proposal in the paper could be supported, but the Committee should be aware that any area in LCAL one would be likely to go straight back up to LCAL two, as LCAL one had previously done nothing to contain the virus, even in areas with low prevalence. In practice the choice was predominantly between areas going into tier two or three. This may change in the spring with the arrival of a vaccine. Tactically the Government should wait for more data about the impact of the national lockdown before making a final decision, to minimise the chance of unnecessary harm.

Responding THE GOVERNMENT CHIEF SCIENTIFIC ADVISER said that there would be a danger in putting areas into too low an LCAL. Whilst it was tempting to put areas in the lowest LCAL possible based on their prevalence rate, areas needed to be in the relevant LCAL

that would bend down the curve of the infection rate.

Summing up, THE PRIME MINISTER said that the Committee agreed with the plan to leave the national lockdown on 2 December, subject to any horrifying data in which case the Government would need to take a different view. The public did not think they were making sacrifices currently in order to get a nice Christmas, but instead to get coronavirus under control. Christmas celebrations would seem trivial compared to the lives and economy affected by coronavirus. Following the national lockdown, all parts of the country would enter a strengthened LCAL system of local restrictions. Details of the restrictions under the LCALs should continue to be developed, including further consideration on the closure of personal care in LCAL three. Mass testing should be considered as a way to support areas getting out of LCAL three, and it should be clear that those in the north would be first in line for these tests. It may be favourable to proceed with a shorter timeline for a Christmas bubble of two or three households, subject to reaching agreement with the devolved administrations on the final package.

Concluding. THE PRIME MINISTER said that the links between a testing offer and LCAL restrictions needed to be fleshed out further, including incentive structures; this would be key to keeping coronavirus under control in the long months ahead. There were dangers in the public messaging on vaccines being too positive, and he was worried that there would be no signs of vaccine availability before Christmas and in fact it would be a long time after that until it arrived. Robust methods would be needed to avoid a third wave and a third national lockdown. It was not clear what further tools the Government had at its disposal. Mass testing was coming on stream but it was not yet clear how this would drive 'R' and infections down, and it was not certain that tiering would be able to prevent a further lockdown. The sixty-four-thousand-dollar question at this stage was how to confidently manage the virus using the currently available tools such as mass lateral flow testing. This Committee would need to take a final view before Monday 23 November.

The Committee:

— took note.