CO(20)98
Minutes

COPY NO

COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held by video conference on

WEDNESDAY 23rd DECEMBER 2020
At 1215 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 Office

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

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 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

The Rt Hon Penny Mordaunt MP
Paymaster General

Baroness Vere of Norbiton
Parliamentary Under Secretary of State, Department for Transport

James Duddridge MP
Parliamentary Under Secretary of State, Minister for Africa

John Glen MP
Economic Secretary to the Treasury

Professor Chris Whitty
Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Advisor

Baroness Dido Harding
Executive Chair, NHS Test and Trace

Dr Clare Gardiner
Director General, Joint Biosecurity Centre

Dr Thomas Waite
Director, Joint Biosecurity Centre

Professor Stephen Powis
National Medical Director, NHS England

Alastair Whitehead
Winter Co-ordination Cell

James Bowler
Second Permanent Secretary, COVID-19 Taskforce

Kathy Hall
Director General, COVID-19 Taskforce

Rob Harrison
Director General, COVID-19 Taskforce

Secretariat

S Ridley

Name Redacted

NR

NR

C O N T E N T S

Situation Report

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the Committee would receive an update on the data from the Joint Biosecurity Centre. The Secretary of State for Health and Social Care would then set out the proposals for changes to the tiers.

THE DIRECTOR IN THE JOINT BIOSECURITY CENTRE said that there had been a rapid increase of rates across the whole country. Weekly cases in London had increased by over 100 percent and there were significant increases in case rates in the South East of England. While the rates were on a lower trajectory in Yorkshire, Humber and further regions in North England, they were still increasing overall. The rate of change was particularly concerning as it demonstrated the transmissibility of the new strain. People over 60 were most likely to have health complications and need to go to hospital.

Continuing, THE DIRECTOR IN THE JOINT BIOSECURITY CENTRE said that the 'Gold' Local Action Committee had looked at local areas and their current tiering on Tuesday 22 December. Almost nowhere was seeing a diminishing outbreak and areas across all tiers were seeing growth. There was an extraordinary increase of case rates in 'tier four' areas but in some 'tier two' areas which were adjacent to 'tier four' areas, the gradient of growth was similar. There was not a lot of good news given the widespread nature of the new variant; this was the fastest growth rate that had been seen in a long time and was a rapidly evolving picture. This data underpinned the recommendations set out in the paper.

The Committee:

— took note.

Tiers Review

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the discussion on tiers that week was not part of the legal or formal review. He was acutely aware it was the day before Christmas Eve and that the Committee would need to discuss timings to implement the changes. Nevertheless, it was absolutely clear that action needed to be taken soon in order to move areas into 'tier four' based on the rate of increase. While some areas were still relatively low, leaving the decision for another week would result in significant problems. In the example of Suffolk, the rate was now nearly 200. This had increased from below 50 just three weeks prior when the 'Gold' Local Action Committee discussed if Suffolk should move into 'tier one'. The data

showed that the cases were rising very fast in that area and this was not just focused in Ipswich.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the paper outlined detail of the proposed areas for escalation around London. However, he wanted to focus in particular on the marginal decisions elsewhere in England where the new variant was not as apparent but there were increasing rates. At that time, there were only four areas in 'tier one': Herefordshire, Cornwall, the Isles of Scilly and the Isle of Wight. The rates were rising sharply in Cornwall. The Isle of Wight had previously had very low rates but these were increasing dramatically, potentially due to the proximity to Portsmouth and the new variant. This was concerning as NHS capacity on the Isle of Wight was fragile. Herefordshire had been put into 'tier one' the previous week but this needed reconsideration alongside decisions on Bristol, Somerset and Gloucestershire. These areas were seeing increased case rates, although the increases were not as sharp as in other areas. In addition, there were high levels of the new variant in Cambridgeshire and Norfolk.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that he recommended that Cambridgeshire, Norfolk and the rest of Essex were moved up to 'tier four'. It was recommended that Herefordshire, Bristol and North Somerset were not moved up a tier at that stage. The public messaging needed to be strong to make it clear that the Government needed to take this action to stop the spread of the new variant. It was proposed that the new tiers came into effect on Sunday 27 December as there would be resistance to doing this on Boxing Day. Overall, it was a depressing situation and there would need to be a bigger review at the formal review point on Wednesday 30 December. The rates of the old variant had been decreasing, however, the new variant was causing the numbers to rocket in London and the South East. It was clear that the tiers system was working against the old variant but more aggressive action was required for tackling the new variant.

In discussion, the following points were made:

a) the situation was sobering and depressing. The new variant meant that the Government had to be cautious with its approach and take the recommendations provided by the 'Gold' Local Action Committee;

b) there was a small window in the timing of the announcements where the public would have sympathy and understand the action that was being taken, given that it was only a few days since the new information on the variant had been known. If the Government waited too long to take a decision, the public would say that more aggressive steps should have been taken earlier;

c) public communications needed to be finessed to take account of the shocking figures and to frame the tier changes given the extraordinary rate of growth. Information about the rates of the new variant and the pressure on the NHS should be used to contextualise this in different regions;

d) given the rapid increase of case rates, there was an argument that the decisions that day could go further in order to escalate other areas, for example in the East Midlands: Lincolnshire and North Nottinghamshire. If it was inevitable that these areas would see increases in one or two weeks' time, action could be taken earlier;

e) the approach needed to avoid splitting counties, for example in Essex;

f) some areas, such as Herefordshire and Bristol, were seeing a 'yo-yo' effect of moving up and down tiers. This was challenging, although local leaders in Herefordshire had said they were keen to move into 'tier two' due to abuse of the rules from people in higher tiers coming into the area;

g) there would be an effect on non-essential retail and hospitality when an area moved tiers, however, non-essential retail was only prohibited for those areas in 'tier four'. The voice of business leaders would be even louder in calling for additional support for areas that moved tiers;

h) there would not be a significant difference from a business perspective in making the changes on Saturday 26 December or Sunday 27 December. Retailers might prefer the certainty of being closed for a period of time rather than opening for one day only on Boxing Day. Having the new tiers in place on Boxing Day would prevent scenes of large crowds in public spaces;

i) Boxing Day fixtures would be impacted by the date but this did not have huge implications, other than the political handling of cancelling events at short notice;

j) it would be good to give some sense of direction and duration for the overall tiering approach given that some areas were 'yo-yoing' between higher and lower tiers and others were 'leap-frogging' up two tiers. The more the Government could do to clarify that in the short run the rules would get tougher, the easier it would be to manage stakeholders. This would provide more business certainty and would be beneficial for mental health. A clear position on the duration would help organisations make the decision not to hold events in January;

k) the current assumption was that the new variant would be sensitive to the vaccines that were being rolled out, however, further testing was required. Vaccine deployment would be the main driver for moving the case rates down;

l) there had been a debate on whether to link shielding to tiers, which recognised the previous advice from the Deputy Chief Medical Officer that this should be a clinical decision rather than linked to tiers. A clearer message would be to automatically link shielding to tiers so that there was a clear, national message, namely that in tier 4, shielding would return; and

m) it would be hard to close places of worship without a robust rationale as they had been confirmed as safe settings. Research from Public Health England found that relatively few cases were linked to places of worship in comparison to other public places. Communal worship should be permitted under all tiers; and

Responding, THE GOVERNMENT'S CHIEF MEDICAL ADVISER said that the variant in South Africa was troubling. The UK would get importations of this new variant and two cases had already been identified. The combination of advanced genomic sequencing and honest reporting in countries such as South Africa and the UK meant that the new variants were identified more easily and made public. However, there were undoubtedly variants in other areas of the world which were not being picked up or reported.

Responding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said there were no proposals to close places of worship for communal prayer even in 'tier four' areas. The South Africa variant was very concerning. When a country had a high amount of genomic sequencing and was transparent on these findings, other countries would react including closing borders, and this had been well understood. Action needed to be taken in response to the South African

variant but it should be made clear that this was temporary and work would be done to mitigate any problems. The recently published New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) paper clearly laid out more details about the new variant. It could not be stopped without moving further areas into 'tier four'. Following the Committee's reflections, new tiers should be put in place from 0001am on Boxing Day. Cambridge and Norfolk should be escalated to tier four due to the prevalence of the new variant. In other areas, such as Gloucestershire, Somerset and Bristol, he was more open-minded; there were some balanced calls on areas in the South West and he was interested in the reflections of the Chair. He was content to move Herefordshire up a tier which would only leave the Isles of Scilly in 'tier one' where there were no cases.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the Secretary of State for Health and Social Care had been admirably balanced in his approach and had sought to take into accounts all the concerns that people might have. The sense of the meeting was that he had permission and support to err on the side of caution with the proposals and escalate more areas, such as Bristol, Gloucestershire and South Somerset. Taking this tougher approach could help with the overall narrative that the situation was very serious. There was also support for bringing the start date for new tiers forward to Boxing Day. The disruption would be real but limited.

Continuing, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that he was in favour of the most stringent recommendations. Recent experience showed that the new variant created an inflection point in the Government's response, supported by the information in the NERVTAG paper. The Committee supported moving the areas suggested by the 'Gold' Local Action Committee as well as the marginal areas into higher tiers. Shielding guidance would apply to all 'tier four' areas. The Secretary of State for Health and Social Care would announce the escalations later in the day.

The Committee:

— took note.