



COVID-19

UK Political Analysis

By Tim Hames, Senior Adviser | 11th September 2020



September Setback. A sudden strange surge in UK COVID-19 cases.

The mood shift in Whitehall in little more than a week is striking. At the beginning of this month, despite the various difficulties that ministers at the Department of Education had endured, there was a strong sense that in the public health sphere, and exerting control over the coronavirus while further opening the economy and society, real progress had been made, especially when the UK was compared to continental Europe. These facts were set out in an FTI Analysis of two weeks ago. There was also strong if very private confidence that the Oxford/AstraZenica vaccine was also taking huge strides forward.

That sense of confidence, of Whitehall exercising more control over events in this crisis, may alas have proved at least partly misplaced. In the space of a few hours over Tuesday evening it emerged that the evidence of a substantial increase in the cases of infection which might prove sustained in character was compelling. This in turn would mean that quite draconian new rules on the numbers of people who could meet inside or outside households within England would be imposed. At almost the exact same moment it was also revealed that the trials of the Oxford vaccine had been paused for an unknown period of time because one participant in the phase three trials in the UK had fallen ill and exactly why had not yet been substantiated. On all fronts, this is clearly a serious setback at the very minimum. Whether it is more severe than that will soon emerge.

EXECUTIVE SUMMARY

- While some further upward pressure on case infections in September had been anticipated, the speed of the spike and some of the local clusters that have been revealed are surprising and that is the cause of serious concern for ministers.
- While it is true that most of the new infections are among the youngest adults in society and that means the impact on hospitalisation rates and deaths has been all but inconsequential, there is no certainty that this will remain valid if the virus starts to circulate again in the community more generally.
- There is a more optimistic explanation as to why this pattern has occurred and if it proves accurate then the latest set of restrictions that have been introduced will probably not need further measures to ensure a return to lower infections and the latest regime could even be modestly eased within the next two months.
- If this assessment proves too optimistic, however, then public houses, especially, may find that they need to open for shorter hours and/or operate on the basis of rules that are considerably tighter than that which they have had recently.
- The dangers for ministers and senior officials is of some intergenerational transmission being witnessed (with implications for the resources of the NHS), a higher base of COVID-19 cases as the UK starts to enter the winter flu season from the end of next month and a very complicated communications task in both seeking to encourage more people to return to work and insisting that people have fewer contact points in their private sphere than they had previously.
- All of this will become even more challenging if the Oxford vaccine is delayed not by two or three weeks (which on balance is likely to be the case) but by two or three months so that the most vulnerable would not be vaccinated this side of the winter flu season really entering the policy equation (mid-late November).

It was always likely that there would be some upward pressure on case numbers as the summer holiday season ended, more offices started to reopen and schools resumed. The leap recorded over the past few days (even if nothing when compared with the peak that is now estimated to have happened) was not anticipated. There has been a jump from around 500 new cases a day in early July to around 1,000-1,250 in mid August to almost 3,000 announced on Sunday and then Monday of this week. That plainly triggered a set of ministerial decisions by Tuesday evening that were formally delivered the next day.

Hence the announcement of a “rule of six” in England which would be applied outside as well as indoors, one of the most drastic such restrictions in Europe, coupled with a pledge of a massive increase in the capacity to conduct tests not merely in terms of raw numbers but a quantum leap in terms of the speed at which results would be known.

The testing component is not technically unachievable but will require a very sizeable and very expensive initiative if it to be delivered. Operation Moonshot could become Operation Moonshine. Ministers must be hoping that either through a high level of public co-operation with the “rule of six” or a revival of the advance that was being made with the vaccine that they do not actually find themselves having to attempt to conduct daily tests on a significant percentage of the population and over a period of months.

An element of the recent case increase is surely to do with more and better targeted tests. How much of a factor is very hard to measure with precision. Furthermore, it is not just the size of the spike (back to almost 3,000 cases daily yesterday after a modest decrease the two previous days) but its shape that is disturbing. There seems no obvious reason why places as different as Bolton, the county of Caerphilly, East Renfrewshire, Leeds and Northampton should all be enduring sharper increases than their regional and the national norm at the same time. It could be a fluke event but it is definitely forcing ministers and officials to contemplate a Plan B for this month that had seemed to be an unlikely enterprise for them to have to undertake. They need better information as to why certain places (some of which seem, on the face of it, to be improbable) are seeing a rise in numbers. That data would enable better prediction as to where it may spread.

The consistent feature, as has been widely highlighted, is that adults aged 20 to 40 have been a disproportionately large contingent among the new caseload. There is some evidence that this has been linked to attendance at pubs where neither social distancing nor attempting to limit the number of contact points that a person makes has been as robust as ideally it should have been. This seems to have been more of an issue here than has been true for restaurants. Pubs have also, in some cases, proved problematic outdoors as well as indoors. If there are more rules to come they will apply in this sector.

There is an optimistic explanation that could soon prove to be largely the right one. The typical period between infection and symptoms is six days. Among the youngest adults, though, it tends to be longer than that (nine days is not unusual) and the numbers who will develop no symptoms at all is considerably higher than for older generations.

Allowing for this enhanced time lag then it could be the case that an abnormally cold and wet Bank Holiday weekend at the very end of August drove social activities indoors (particularly in pubs) which when combined with insufficient rigour within them about social distancing and contact points produced a sudden rise in numbers that came through the system to be recorded a week or more later. If so, then one would expect a fall in numbers back to a range closer to 1,500 in relatively short order (probably within another two weeks). If that pattern continued through October, it is conceivable that there would be some easing of the measures (a “rule of ten” rather than “rule of six”).

If, by contrast, cases carry on at close to 3,000 new infections a day or, worst still, start to rise from that level then even if they are far below what we now believe was the peak of about 100,000 cases a day and remain focused on the young, there is a real problem. Ministers would have to hope that their new limits on the number of people allowed to meet in a private context are widely obeyed (and they are not very easy to police and enforce) and that this has the desired impact in applying additional suppression to the virus and pushing numbers down. This all has to be done while students are returning to universities. Any failure in this regard would leave ministers with three sizeable issues.

The first is that some intergenerational transmission is close to unavoidable even if it is only within individual households and not on a broader community scale. This would mean at some stage more cases that did involve a hospital bed, potentially an intensive care facility and in the most extreme instances a noteworthy increase in actual deaths. This is not beyond the capacity of the NHS to cope with overall but the pattern would almost certainly be uneven with the worst local hotspots placed under serious strain.

The second is the risk that the UK would enter the crucial winter flu season with a higher base in terms of “live” virus cases than would be desirable. The notion of the young passing COVID to one another while the old transfer flu to one another and in a context where distinguishing the symptoms of the two conditions can be difficult is hardly an appealing one for anyone attempting to frame coherent policy in the rest of 2020.

Finally, there is the risk of a communications message that verges on incoherence. Ministers have to finesse the argument that it is now safe for individuals to come back to public spaces such as offices, factories and schools while it being deemed unsafe for them to be in private settings except in very small numbers of very familiar people. The clear risk is that either many people who might have volunteered to return to the office will now be much more cautious about doing so (especially if they themselves are not young but many of those with whom they are at work are aged 20-40) or that the level of compliance with the new tighter private household regulations is insufficient to make a substantial contribution towards pushing the number of infection cases downwards.

In all of this, the status or not of the Oxford vaccine, assuming that its long-standing status as the frontrunner to come on stream internationally has always been correct, acquires a fundamental importance in terms of exact timing. If it is only delayed by a short period while the current investigation into the unaccounted for ill trialist is resolved, then it would still be credible to imagine starting a vaccination campaign aimed initially at the most vulnerable individuals before the winter sets in forcefully (indeed in perfect circumstances a virus vaccine and the flu vaccine would be administered to such people at virtually the same time). The statement yesterday by the AstraZenica Chief Executive to the effect that there could still be a vaccine available before the end of 2020 if the regulators moved at speed is potentially a much needed reassuring development.

If the delay on the vaccine front were longer, and tipped the moment of a breakthrough on that front into 2021 then the UK Government (and many others) will face the prospect of fighting a war on two fronts (COVID-19 and the flu) in a country whose demographic features would make that exceptionally challenging. The next week to ten days will be of the most importance to ministers, the economy and society at large since the week to ten days before the UK lockdown was originally imposed on March 23.

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