

COVID-19: THE ROUTE TO NORMAL

A. BACK TO NORMAL

Here are three scenes from after the COVID-emergency, when life has returned to normal.

Scene 1: A large family Christmas

A large, multi-generational family is gathered at their home in Norfolk, outside Sandringham. They have spent Christmas in this spot for many years. The house - described by Pevsner as exemplifying a 'frenetic Jacobean' style - has bittersweet memories, as the site where the matriarch's father and grandfather both died. She spent the first half of the year shielding. She has now resumed her duties, which involve meeting a great many people. Some of the more junior and distant members of the family have arrived by public transport, which was busy with jovial crowds heading home to their families. Over the Christmas period, kin embrace without hesitation, grandchildren are dandled on knees and the lawn is used for a festive kickabout. On Christmas Eve, there is a party, attended by friends and neighbours and undergirded by typical stimulants to mirth and cheer, after which the family strolls a little unsteadily to the nearby chapel. It is packed, and there is much gusty singing.

Scene 2: Oxford street

It was the first time that a doctor, let alone a government official, had been asked to switch on the Oxford Street Christmas lights. But everyone felt that it was a fitting choice, recognising that man's extraordinary service over that brutal year and also, somehow, symbolising the end of the crisis with which that service had been associated. The hundreds of bulbs now hum, unheard, above the heads of shoppers who return in throngs. The crush and press of so many warm bodies is a shock after the preceding months. The tube station is packed. Each day, two hundred thousand people squeeze onto or pop out of the busses which move dozily down the street. Foreign visitors are keen to get rid of their remaining handfuls of sterling before flying home. Inside the shops, people fight over the choicest festive gifts, try on clothing in the dressing rooms and discard it, and hand cash to glassy-eyed members of staff who stand, fixed and permanent, lighthouses in the great sea of humanity which crashes and foams around them. After a difficult year, they are working extra shifts, and by the end can barely discriminate one face from another.

Scene 3: Twickenham

80,000 fans are on their feet as the England rugby team walks onto the turf at Twickenham. The crowd, never shy in their support, let out a round of "Swing Low, Sweet Chariot" that already has the slight vibrato of a couple of pints. It is the 7th of November, and the first rugby international of the season is taking place. There were doubts as to whether the opposition would make the trip from New Zealand; over September and October, several plaintive emails from the RFU went unanswered. But the All Blacks have been persuaded that there is no risk from travelling to the UK, and stepped off the plane a few days ago. They have been training nearby, and were photographed performing promotional good deeds in and around the community. At half time, schoolchildren from local clubs take to the pitch for

a game of touch rugby, to cheers from the increasingly merry crowd. After the match, an unexpected victory for the home side, the pubs take a week's income in the space of a few hours. No one is quite sure whether the pint they have picked up is the one they put down. Public transport to and from the stadium is filled to capacity. For the fans who have travelled from distant corners of the country for the match, there is the sweet pleasure of reminiscing on the shared drive back, or napping against their neighbour on the train home.

B. HOW TO GET THERE

There are, in theory, six routes to the scenes described above. In practice, none are likely to deliver that vision before Christmas and only the last of them is viable over the course of the next 9 months. The end state is likely to need a combination of them. There is a realistic possibility that we can aim for a close approximation to normality from the spring if we can get through the autumn and winter.

1. Vaccines. There are no guarantees a vaccine will be found. Whilst there has been good progress, we judge it highly unlikely we will have a vaccine to deploy at scale in the next 9 months. A vaccine may not give full immunity against the virus but may, instead, reduce the severity of symptoms and reduce the spread. In the event that a vaccine is found, and depending *what* vaccine it is, the advice would likely be to deploy only to those at high risk, rather than the whole population.

2. Treatments. Progress is being made and new antiviral medicines will be in clinical trials over the next 9 months. The UK has produced the first evidence of a drug that reduces mortality, dexamethasone. We have enough supply of this treatment stockpiled for increases in incidence this Autumn and Winter. Treatments may well take place in hospital (dexamethasone, for example, is only really used with patients requiring oxygen), meaning that a high rate of infection might continue to place a burden on NHS capacity. We are not expecting new game-changing treatments to become available in the near term, but there will be a general improvement in care of patients with COVID and there may be other medicines that, in combination, improve outcomes in hospitalised patients. The newer antiviral medicines will not have been tested and approved in this 9 month period..

3. Managing immunity through controlled spread to protect the vulnerable.

Notwithstanding the political and ethical challenges of allowing incidence to rise, it would take eighteen months at a minimum (and likely much longer) to reach a degree of population immunity while avoiding a breach of NHS capacity. Keeping all vulnerable people protected whilst there is significant transmission would be very difficult in practice. There is not yet evidence that immunity would be long-lasting.

4. Virus becomes less virulent. It is theoretically possible that in the longer term the virus reduces in virulence or dies away, facilitating more social contact. There is no evidence that this has happened. If it happens in the future, it is likely to be a slow process.

5. Elimination. To achieve an elimination of the virus, we would need to revert to a version of the March 23 lockdown for several months longer. We would also need to impose, and retain, very severe restrictions at the border to prevent reinfection from abroad. The UK would need to effectively seal itself off and have a very active programme of testing, tracing and isolating.

6. Managing risk by targeting outbreaks. We can optimise our strategy by improving the quality and scale of the Test & Trace programme, increasing the level of adherence for cases and contacts with that programme, encouraging COVID-secure businesses and behaviours, and keeping hospitals and care homes clean, with very effective anti-infection measures. This creates headroom for the relaxation of social distancing measures while still managing the spread of the virus. **This is the most reliable route to restoring some degree of normality when combined with more limited social distancing.**

C. MOMENTUM NOT STASIS

At present, none of the scenes described above are possible: travel on public transport is discouraged and face coverings are required; hospitality operates at limited capacity to facilitate social distancing; there are no fans at sports matches; shops are required to follow COVID-Secure guidelines; family gatherings are restricted to two households; singing is prohibited and visitors from most countries are required to quarantine on arrival. Many people may also be too fearful to enjoy the liberties which are restored to them: 52% think there is a major or significant risk that deaths will increase as social distancing measures are relaxed.

We need to be able to give the public optimism and hope that we can continue moving towards the scenes described above.

That requires us to press ahead with action. We need to increase our testing capacity, which must reach 500k daily tests by the Autumn. We need to launch a very effective backward-tracing capability and improve the reliability of, and compliance, with the Test and Trace Programme; at present, just 65% ‘definitely or probably’ would use the system if they had symptoms. We need to prepare our contingency plans, both for winter but also for any local outbreaks or a more general resurgence of the virus. We need to overhaul the COVID-Secure guidelines, focussing on a small number of less intrusive but more impactful measures while ensuring compliance. We need to stamp out the remaining epidemic in care homes, hospitals and disadvantaged communities, and keep it out. Crucially, we need prevalence to be very low: if we can bring it down to 0.01%, then just 1 in every 10,000 people will be infected. And we must continue to push investment in drugs, vaccines, diagnostics and scientific understanding; the long-term solution will come from new products that render social distancing obsolete.

That is when we can start returning life to something closer to normality. Subject to the latest information on the state of the epidemic, we could plan to open casinos, bowling alleys and skating rinks in August. At the same moment, we would permit small wedding receptions and pilot attendance at sporting events and theatres. In September, we would bring back schools and universities and start to return audiences to theatres and stadiums. We could look to restore a much greater degree of social contact, including household mixing, in the approach to Christmas. And in the Spring, once the danger of winter has passed, we should look to review any remaining restrictions on people's lives. This is the point at which the scenes described above become a more realistic prospect; in time for Easter family gatherings, spring sales and the Six Nations rugby.

This strategy does not return life to its pre-COVID state this year. Social distancing will be a feature of 2020. But it will offer some version of the vignettes presented above, albeit in a modified form, and will therefore allow the Government to present a vision of optimism and hope. This might mean, in an optimistic scenario in which winter goes well, that:

Family Christmas: multiple households travel across the country to gather under the same roof, although the party on Christmas Eve is limited to those staying at the house and the attendance at midnight mass is restricted to a subset of the attendees who stand in a less crowded chapel. It is possible that one member of the family is missing after a local outbreak caused the imposition of travel restrictions near Tetbury, Gloucestershire. The matriarch of the family continues to take some precautions given her increased personal risk.

Oxford Street: shoppers do get on trains, buses and the tube wearing masks. They continue to move around shops which are less busy than in previous years. Changing rooms are open again, but there are some queues outside. The shift to online retail has been permanent for some shoppers. All payments are contactless, made before cashiers who stand behind perspex screens. Every store has a handwashing station, and has introduced ventilation procedures to improve the flow of air. Many shoppers pause for a coffee, lunch or a drink as the day goes on, though tables remain spaced out.

Twickenham: fans are readmitted to the stadium for the first time, although the stadium is half-full and there are gaps between groups. Some fans started their journey earlier to ensure access to public transport whose capacity is reduced. Many drive and park some distance from the stadium, preferring the long walk to crowded trains. They wear masks, sing less and are encouraged to stagger their arrival at the venue. The pitch is empty at half time, as the schools are cautious about sending children to the venue. Hand washing stations are visible throughout the stadium. Many find that they have a better recollection of the game than on previous occasions, an observation with no relation to the fact that it was harder to find a pub with a spare seat.

PRIME MINISTER'S COMMENTS:

cc:	Mark Sedwill Martin Reynolds Stuart Glassborow Imran Shafi Oliver Ilott	James Slack Ed Lister Dominic Cummings Munira Mirza	Cleo Watson Lee Cain Jack Doyle Ben Gascoigne Henry Cook	NR
				Simon Case Alex Burns
				NR
				Tom Shinner Simon Ridley