

## Too little, too late

**This week the Government announced a raft of new restrictions to try and combat the rise in COVID-19 infections. At the same time Gavin Williamson has announced his plans for next year's exam season. All this is too little, too late. That has been the hallmark of this Johnson Administration throughout the pandemic. It went into lockdown too late in March; it stuck with a centralised track and trace system for months when it was obvious that was not working; and now we find that the series of half measures announced on Monday are nothing like as strict as SAGE - the Scientific Advisory Group for Emergencies - recommended at its meeting on 21 September.**

At Monday's Downing Street press conference Professor Geoff Whitty, the Chief Medical Officer, made clear that he did not have confidence in the Government's plans for even the most stringent restrictions. Speaking after the Prime Minister, Professor Whitty said: "I am not confident, and nor is anybody confident, that the tier 3 proposals for the highest rates, if we did the absolute base case and nothing more, would be enough to get on top of it."

His deputy, Professor Jonathan Van Tam (known as JVT to his growing number of fans) was equally blunt a little earlier when he made clear that the virus was spreading across the whole of the country, that the over-60s were increasingly at risk of hospitalisation, and that the rate of spread was as alarming in the south as the north.

The one time that the Government did spring into action was in opening up the economy, which it did too early. That is why we now have the second wave, and why it is so much worse in much of the north of England than in the south. As JVT made clear: "Disease levels in the North West never dropped as far in the summer as they did in the south". Northern cities had much higher levels of infection when the Government started easing restrictions than London did. A government less London-centric would have taken more account of that.

This is not a simple north-south divide. There are large rural areas in the north where the R rate is comparatively low, while cities in the Midlands, and a few in the south, have high rates as bad as anything in the north. The problem is in cities rather than the north. There are a number of reasons for this. They include higher rates of poverty; higher levels of employment that can't be done from home, and that are more precarious so people can't afford to self-isolate; denser and poorer housing; less resilient public services after a decade of severe cuts in local government funding; high numbers of BAME people more at risk from coronavirus; and, often, large numbers of university students.

It was always known that reopening schools, colleges and, in particular, universities would push the R rate back up and that is exactly what happened. The need to protect education was the right policy objective, but it needed greater restrictions elsewhere to balance the rise in education settings and it needed a track, trace and isolate system that worked, which the national based system still does not. For months it has been obvious that it is the local Directors of Public Health and their staffs who were the most effective at track and trace, yet the Government insisted in pouring half a billion pounds into the private sector call centres run by Serco, Boots and Deloitte and their national system that still is not working. Only now is some extra resources being invested in local systems. A combination of opening up the economy too soon, the return of universities and the failure of the national track and test system has got us to where we are now.

The health versus wealth argument is a false one. Even the OECD, an economic organisation, has pointed out that if you don't prioritise the health needs of containing the virus then you end up with surging infections, hospitals overwhelmed, growing deaths and a greater economic cost. The attempts in the UK to balance health needs and the economy have resulted in a death rate that is one of the highest in the developed world and a hit to our economy greater than that of any other G7 economy by some way.

Reading the SAGE paper *Summary of the Effectiveness and Harms of Different Non-pharmaceutical interventions*, considered by SAGE on 21 September and published late on Monday, makes for sobering reading. (It is reported extensively in this week's *Education Journal*.) It is a devastating indictment of the Government's handling of the pandemic. It reports that cases are increasing across the country in all age groups. The effect of opening of schools, colleges and universities has only just begun to affect this increase. Even so, the latest data suggests that the doubling time might be as low as 7-8 days. COVID-19 related hospitalisations and intensive care bed usage have started to increase. So are deaths.

The paper notes that as over 90% of the population remain susceptible, "not acting now to reduce cases will result in a very large epidemic with catastrophic consequences in terms of direct COVID related deaths and the ability of the health service to meet needs." This would have severe economic consequences, as well as health ones. The paper states: "As in the first wave, the burden of a large second wave would fall disproportionately on the frailest in our society, but also those on lower incomes and BAME communities."

SAGE calls for a raft of measures including:

- The end of face-to-face teaching in further education colleges and universities unless essential.
- A circuit-breaker (short period of lockdown) to return incidence to low levels.
- Advice to work from home for all those that can.
- Banning all contact within the home with members of other households (except members of a support bubble).
- Closure of all bars, restaurants, cafes, indoor gyms, and personal services (e.g. hairdressers).

The paper notes that: "The more rapidly these interventions are put in place the greater the reduction in COVID-related deaths and the quicker they can be eased." Yet all but one of these SAGE recommendations were rejected by ministers. The inevitable consequence of this is that infections, hospitalisations and deaths will continue to rise as the Government remains firmly behind the curve. That is happening now because of decisions taken three weeks ago. The cost in lives and wealth will be higher than it needed to have been because the Government has dithered and delayed. That is the price of a policy that is too little, too late.

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15 October, 2020