

Module 2, Week 2 Evidential Hearings Summary

Professor Shakespeare and Watson – Experts on Structural Inequalities faced by Disabled People

- According to the experts, disabled people were an afterthought in many provisions – not centrally thought about and therefore excluded from measures that were taken to protect the general population. For example, social distancing – for visually impaired people it would be impossible for a guide dog to understand what was necessary of them.
- Many would need carers to assist with dressing, food, transport etc, so to isolate might cut you off from your care and support.
- They said that disabled people often live in poverty plus it is more expensive to live as a disabled person.
- The broad areas of vulnerability and lack of access to resources all well known, well debated, and therefore known to government.
- 22% of population are currently not using internet – of those, 56% are disabled. Digital exclusion presented a problem for disabled people during the pandemic.

Kamran Mallik – Disability Rights UK

- The Minister for Disabled people sits within the DWP and therefore has a low profile. DWP is fundamentally about getting people off benefits, reducing the benefit bill, and getting people into work. That's the main focus that that department has had for many years, and that's the focus of the minister. When they meet with the minister and raise issues to do with housing or transport or health, the response will often be "that's not within my remit, therefore I can't answer that question".
- The other issue within government is if you localise the response to disability and disabled people in one department, it then means that the rest of government has no oversight, has no onus to respond what they should be doing in order to affect disabled people's lives.
- Mallik was very concerned by the Frailty index – Frailty was conflated with disability and the risk that you would be seen as frail just because you had a health condition or were disabled.
- They wrote to the government regarding the delivery of essential groceries and also wrote to the government regarding the lack of data on disabled people.

Professor Laia Becares - Social science and health inequalities

- The professor said pre-existing inequalities experienced by LGBTQ+ groups are stark and long standing.
- Elevated levels of obesity, asthma and cardiovascular disease.
- Their support network are less likely to be family and more about friends – often not geographically local meaning visiting would require travel.

- They are less likely to see their GP but more likely to access emergency care.
- They are more likely to be deprived and greater exposure to harm and abuse.
- Less likely to have children and grandchildren so has consequences for care.
- Increased homelessness due to higher rates of violence in the home and discrimination in housing.

Professor Ailsa Henderson – Political Science

- COBR meetings – Devolved administrations (DA) attended. Debate over whether the right person from each DA attended and another question is how much they were listened to.
- The professor said it was disingenuous to say follow the science when we know there was disagreement within the scientific community so the science didn't say one thing.
- We arrive at what is a situation in which the UK Government has interpreted the data to which it had access, (often England only data) and had identified a course of action and then expressed frustration that the DAs did not fall in line with that course of action. When in fact the devolved administrations say, "well, this is the point of devolution, of course we're going to make our own evaluations."
- There is a fear by the UK Govt of federalism, there is a fear of leaks, there is a perception of a self-serving nature to the motives of the devolved administrations and never a reflection that this might also be true for all actors and no real expression that it might improve decision-making if more voices from more parts of the UK were included in the decision-making.
- SAGE focused overwhelmingly on England data, and if you don't have anyone in possession of Scottish data or Welsh data in the room, then your evidence base is partial.
- In Boris Johnson's Witness Statement, he says: "*It is optically wrong, in the first place, for the UK Prime Minister to hold regular meetings with other DA First Ministers, as though the UK were a kind of mini EU of four nations and we were meeting as a 'council' in a federal structure. That is not, in my view, how devolution is meant to work.*"
- This is an instance of the Prime Minister saying that parity of esteem is not a goal, in fact he finds it distasteful because it implies that there is parity of esteem.
- Statement of Dame Arlene Foster says Nicola Sturgeon would brief the media ahead of announcements and that might have lead to the UK Government being less open.
- Nicola Sturgeon on the other hand states that briefing the media was a core part of her job given the sacrifices she was asking people to make. Building trust amongst the public was key.

- **Trust** - Trust data is available. Scottish and Welsh trusted their own devolved governments more than the UK Government. So the electorates in Scotland and Wales did have higher levels of trust in the devolved administrations and that can be attributed almost exclusively to the different way that those governments communicated their decisions to their electorates. However, on the other side of it, the professor could well imagine that routinely briefing news ahead of the Prime Minister was deeply annoying to the Prime Minister. They also thought that in building trust in the Scottish Government there is a possibility that by briefing early, it also undermined trust in the UK Government.
- **Money tap** - The funding for the furlough scheme came from the UK Government. The professor used the metaphor of a money tap being turned off and on. The tap was turned on when England was in lockdown, and so if England wasn't in lockdown the tap had not been turned on, and it made it very difficult therefore to impose a lockdown in Scotland, Wales or Northern Ireland if you didn't have the fiscal levers to support individuals and businesses that could not earn income, and so there was frustration that perhaps a clear policy path had been identified but the devolved administrations couldn't act on it because they didn't have the financial resources to do so.
- **Borders** - Members of the devolved administrations have complained that they were not able to control the arrival of people from outside the UK into their territories. It meant that the virus was continually re-seeding, and that's obviously something that was relevant in Scotland and Wales, but it's a particular issue of Northern Ireland, given the open border with Ireland.
- **Guidance on Rules** - It was almost never clarified when guidance/rule/policy applied to England only. Did clarify sometimes when it was UK wide but that was usually about data to say the data was UK wide. That led to confusion in Wales, Scotland and NI. It was so bad that Ofcom got involved because the media were reporting it without clarity too.

Lord Gus O'Donnell - Previously Cabinet Secretary until 2011

- Other people who have held the role include Mark Sedwill 2018 - 2020 (resigned) and since then Simon Case (2020 – present).
- SARS was dealt with as a health crisis and solved in medical ways. Covid was different for example closing schools would have an impact on transmission, but you also needed to have someone saying to Ministers 'what will be the impact of this on children? On their education? The mental health of the parents? And in due course the economy.'
- So it was a mixed crisis in the sense of it starts with a health issue but it's solved by a combination of health and non-health interventions. And that's complicated, and therefore you need a multidisciplinary approach right from the start and have the right structures in place.

- As a Cabinet Secretary you have two masters or clients – the PM and the Cabinet. You are policy advisor to the PM but also have to support the Cabinet decision making.
- Patrick Vallance diaries said that Simon Case says No 10 was at war with itself. A Carrie faction with Gove and another with the SPADS. PM was said to be caught in the middle. He has spoken to all his predecessors as Cabinet Secretary and no one has seen anything like it.
- SPADS – special advisors – were political appointees not civil servants. Lord O’Donnell was one of the predecessors Simon Case spoke with.

Q: The Vallance diary indicates a level of dysfunctionality, no one has seen anything like it, there are references to chaos, internecine warfare going on within Number 10. That's not debate, that's a systemic failing, is it not?

A: I don't think anyone has ever said that there were problems like those that Patrick Vallance is referring to, and others have mentioned. So that to my mind means that Simon Case was dealing with a far, far more difficult situation than I ever had to face.

If I had one wish it would be that Ministers have training in decision-making under uncertainty, because that's the nature of what they do.

Q: Do you consider that it was fair on SAGE for the government to declare publicly that its momentous decisions were the result directly of SAGE advice by virtue of the proclamation that it was repeatedly following the science?

A. If the implication of that is ‘don't blame us, blame SAGE because they advised us’ then obviously that is completely wrong. Ministers make decisions. Ministers ultimately can ask for different sets of advice from different sets of people.

Professor Sir Ian Diamond – Chief exec of UK Statistics Authority (UKSA)

Sir David Norgrove (Chair of UKSA) wrote to Mr Hancock because there was a lack of clarity in the data that were being provided as to whether he was talking about tests that people had taken or tests that had been sent to people, or indeed the testing capacity. Sir David said that it was incredibly important that we had clarity on exactly what was meant, because the public would have rightly wanted to know: is this tests that have been taken or is it testing capacity?

Gavin Freeguard - Data Processing

- Sharing data across different parts of the government is problematic. Some of this is not about data, it's about the structure of government and the fact that siloed government departments don't tend to work together as effectively as they might.
- The decision was taken on 12 March 2020 to stop community testing, the test and trace initiative. The consequence of that, from a data point

of view, was that the tap was turned off, and you are only seeing the tip of the iceberg. That means you don't have the understanding of the spread of the virus in the community.

- The pandemic meant that people who hadn't really taken data seriously were suddenly very aware of the benefits of using it in combatting the pandemic either by monitoring the spread or mitigating the effects. There was a very clear purpose and real urgency in using data and improving the systems to make it work and fight the pandemic. It is really important not to lose the advantages gained with data.

Professor Kamlesh Khunti - Chair of the SAGE ethnicity subgroup

- Colleagues were seeing a lot of young ethnic minorities being admitted to intensive care so Professor Khunti put tweet out on 1 April 2020 and emailed Chris Whitty about this. Whitty said it was an issue that was rising up the agenda.
- It was known from May of 2020 that black males were 4.2 times more likely to die from a Covid related death. People of Bangladeshi and Pakistani, Indian and mixed heritage also had a statistically significantly higher raised risk of death.
- Public Health England published a report. Professor Raj Bhopal, wrote in the BMJ (British Medical Journal) stating that he had seen a fuller report and he felt that it was his duty to inform the public that there were bits of the report missing. That caused some controversy, so a further fuller report was published. Issues were flagged in relation to structural racism and discrimination.
- Once the lockdown was introduced it was showed to decrease mortality in most groups including black and white. However there remained a disproportionate effect in relation to Bangladeshi and Pakistani, South Asian groups. The drivers were likely to be the housing density for ethnic minorities, occupation in people facing roles, taxi drivers, restaurants healthcare workers, et cetera. And people who were on zero-hour contracts, so they weren't able to get time out, and so potentially they weren't reporting their symptoms.
- If we take 25% of the most deprived populations out of deprivation, we halve the risk of Covid infections and mortality.
- If we take 50% of the most deprived population out of deprivation, we near enough eliminate the risk that we've seen. So a lot of this we feel is due to the social determinants.

Professor Tom Hale (Expert on stringency of NPIs/international comparisons of NPIs)

- Our project looked at what 185 countries were doing in response to the Pandemic and what the effects of their policies were. We assisted the UK government by way of taking part in or joining the international

comparators joint unit expert advisory group, which provided timely and vital information to the UK Government on what the impacts appeared to be of the various different times of measures applied by governments.

Findings - For any intervention:

1. Speed matters.
 2. Strength matters.
 3. Effective use of test, trace and isolate measures limits both health impacts and the need for restrictive policies.
- Early interventions when the prevalence is low are critical to restrain further spread. Once spread has reached a certain scale, it's much harder for any policy to have the same effect it would have had therefore speed matters.
 - A single day of delaying a mass gathering ban, so something like concerts or sporting events had an impact of perhaps a 7% increase in the cumulative death toll.
 - Policies that are more effective at preventing people from meeting each other are going to be the ones that have the greatest impact on cases, hospitalisations, and eventually deaths. So stay at home measures were obviously one of the strongest, but school closures, workplace closures, also seemed to have this effect.
 - Quite a clear on the evidence that the right kind of mask wearing in particular has reduced transmission. By right mask it was meant medical masks and respirators as opposed to cloth masks.
 - Generally there were greater delays in the UK between the first confirmed case and imposing NPIs compared with the rest of the world. Restrictive measures across the UK came into place much more slowly than they were put in place in other groups of comparator countries.
 - The UK had a Rollercoaster tendency. Restrictions were only put in place after severe threat. Restrictions then need to be more stringent and for longer. That comes at costs so there is more pressure to remove them sooner rather than later and that lays the seed for the next wave to emerge. This kind of tendency to act too late in the first instance and to take measures away too soon in the second instance, does tend to lead to the peaks and troughs that the UK experienced.
 - Countries with effective TTI (Test, Trace Isolate) were able to maintain low level of spread. That prevented them from getting to the point of a wider population spread that would have required more restrictive stringent measures to control.
 - So the countries that were riding the rollercoaster were suffering from a trifecta effect of large health impacts, long periods of stringency, and negative economic consequences. Those that were able to maintain a

low level of spread perhaps through effective TTI measures were able to have a better outcome on all three of those measures.

Sir Mark Walport - United Kingdom Research & Innovation (UKRI)

- UKRI brings together 7 research councils providing funding to researchers, businesses, universities, charities, NGO to the field of science and medicine.
- Once it became clear, which it did fairly rapidly, that it was transmitted by a respiratory route, then there was a lot of evidence that if you could keep infected people away from uninfected people, that would reduce the transmission. So there was every reason to think that NPIs would be effective.
- NPIs were introduced in combination, so it was extremely difficult to dissect the relative effects of one NPI against another. When strong social distancing measures are applied, then is the effect due to wearing a mask or to the social distancing?
- TTI – early application is important. They were not able to test at scale nearly as early as Korea did. This comes back to the need for a nation to be prepared.
- Border controls are only effective in the context of other stringent measures.

Dr Stuart Wainwright – Director of Go Science (Govt Office for Science)

- SAGE meeting minutes - Minutes have the consensus view – The Chair will sum up what has been heard after each agenda item and what the consensus is. The minutes are the formal representation of that consensus that emerged from the meetings. I don't think there is a downside to only providing the consensus advice in the minutes. Oral advice is also provided by the CSA but it needs to be provided at speed. If data can be interpreted differently we try to reflect that in the minutes. Maybe they haven't always got that right.
- They were not there to advise on relaxing of 3rd lockdown – They would have looked at the science and the range of NPIs and provide the policy makers with a clear picture of what the science and data says.
- SAGE minutes were not published originally – That is normal practice. They were published on 20th and 30th March and then all published by May 2020. It was a recommendation from GCSA and Go Science to publish. It was right to publish: It was an event that was affecting everyone so it was right to be transparent about the information on which decisions were being made. Whilst the SAGE advice was public, no other advice was, so they didn't know the reason certain decisions were taken.

- Institute for Government Report Dec 2020: "Decision-making at the centre of government was too often chaotic and ministers failed to clearly communicate their priorities to science advisers. This was most acute in the initial months but a lack of clarity about objectives persisted through the release of the first lockdown to recent decisions over the second lockdown and regional tiers."
- The phrase "follow the science" blurred the lines between scientific advice and policy decisions. There is a difference between being led by the science and being informed by the science. It may seem subtle but it's important.

Professor Graham Medley - Professor of Infectious Disease Modelling

- Co-Chair of SPI –M and then SPI-M-O.
- The "I" did stand for influenza. The committee was focused on influenza and Professor Medley challenged it when he became Chair. The then Deputy CMO, Professor Jonathan Van-Tam agreed, and so it was changed to infections.
- The role of that committee was really to address policy questions that were raised to us, and we relied upon people coming from the centre of government with particular questions. It was a modelling committee. They are not clinicians or medics or immunologists although those disciplines are brought into modelling, so they were not looking at the process of disease, but the consequences to a population of widespread infection.
- One issue he did raise quite a lot was economic analysis and they felt able to say that should be considered. Because health is a devolved responsibility, it meant that the different nations could make different decisions and go in different directions, and there's a danger in epidemiological terms if that happens. That almost never produces an optimum outcome, it's much better if you have both administrations agreeing a common goal and a co-operating closely.
- The data flowing was really very poor and it wasn't until late April 2020 that they had data from all 4 nations.
- Feb 2020 – it became increasingly clear that NHS Capacity would be overwhelmed.
- 17th April 2010, he emailed Patrick Vallance, saying: "My reading of the situation is that we have widespread ongoing transmission in the health and social care systems. Hospital and community health and social care appear to be driving transmission, and potentially at an increasing rate. In effect, this is the opposite of shielding, vulnerable are being preferentially infected."
- His concern was that deaths in care homes were continuing to rise. That was concerning to him because they were closing schools and locking down on one hand and being successful, but there were epidemics in

the care sector and the health sector which were continuing to rise, and that's of course exactly what you don't want to happen.

Alex Thomas - Programme director at Institute for Government

- Founded about 15 years ago with the objective of making government more effective. Thomas was previously a civil servant from 2003 to the end of 2019.
- They said the Cabinet Secretary is very important. They are the principal adviser to the Prime Minister. Often, they are the head of the civil service, and so the person who is ultimately responsible for mobilising civil service and administrative capacity. The Cabinet Secretary was also the National Security Adviser who has responsibilities around the national security response in a crisis.
- WhatsApps between Dominic Cummings and Boris Johnson appear to show loss of confidence in the Cabinet Secretary (Mark Sedwill) in the early months of the crisis. Loss of their confidence would make it very difficult for the Cabinet Secretary to do their job.
- It is clear to them that the consistency of decision-making was something that could legitimately be criticised and be a cause for concern.
- As lead department they think the Department of Health and Social Care should have been holding the Department for Education to account for its performance, for its preparedness for a pandemic of this kind. It is clear to them from what transpired that the Department for Education did not have plans for a pandemic of this kind or, if they did, they were superficial.
- From the material that they've seen, there were moments when certainly some of the actors in this system felt that DHSC was not playing ball but also not sufficiently gripping the situation.

Professor Chris Brightling and Dr Rachel Evans

- You can predict that any virus will have a post-viral syndrome though you won't know exactly what it will look like.
- There is no test to diagnose Long Covid. There's nothing unusual about that, if we go back in time a few decades that's how medicine started, we are fortunate now that for many conditions you do have a diagnostic test that helps us confirm but actually, all diagnoses are mainly based on people's symptoms and then the investigations support that.
- There is no room for scepticism. Anyone who has contracted the infection can get Long Covid.

- Long Covid Review included a list of symptoms. Boris Johnson wrote: *“Bollocks, this is gulf war syndrome stuff.”*
- Said they were deeply saddened and extremely angry. ‘There are people in this room, watching, either suffering with or know someone with Long Covid.’
- Said that it's shocking and just beyond disappointing, and they still feel very emotive when they see it, ‘because obviously we've got people here, that are living through this absolutely dreadful illness.’

Ondine Sherwood - Long Covid SOS

- Felt abandoned by the government, no healthcare, doctors didn't understand condition, focus on hospitals, no one focussing on people suffering at home in the community.
- Symptoms met with degree of scepticism and gaslighting. Doctors weren't prepared for this. Some of the symptoms they interpreted as anxiety and sent people home. The trauma of not being believed was one of the worst aspects of their experience.
- There was no public messaging about Long Covid so people were unaware of the risk.