



The King's Fund

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The UK's poor record on covid-19 is a failure of policy learning

Weaknesses in governance led to avoidable mistakes, says **Chris Ham**, as the UK death toll from covid-19 passes 100 000

Chris Ham *former chief executive*

The UK's response to covid-19 compares poorly with that of other countries. The reasons are to be found in an inability to learn from what was known about the virus and to act accordingly. Mistakes could have been avoided if the government had listened to leaders outside Westminster and Whitehall, drawn on a wider range of expertise, and been curious about experience in other countries.

Not everything in the response went wrong. Notable successes included research into the effectiveness of treatments led by researchers at University College London and work to develop a vaccine at Oxford University. The government's support for businesses through the furlough scheme and business rates relief can also be counted as timely interventions. The same applies to increases in universal credit to help people most in need.

Set against these successes is a litany of errors that could have been avoided. Delays in introducing a lockdown in March are thought to have been responsible for around 20 000 deaths and were compounded by further delays in imposing restrictions in September and again in December when evidence of the benefits of early action was clear. Reluctance to impose border controls and quarantining arrangements has been equally consequential.

The government's educational policy was found wanting in the failure to provide free school meals during holidays, serial inconsistencies in decisions on when schools should be reopened or closed, and botched arrangements for examinations. The intervention of footballer Marcus Rashford resulted in a U turn on school meals in the summer and again in November in one of the clearest examples of an unwillingness to learn from experience.

Community testing and contact tracing were suspended early in March as the number of cases exceeded available capacity. Substantial sums were then invested in expanding capacity, mainly through the private sector, but initially the government ignored expertise in local authorities despite public health directors and their teams being well placed to undertake contact tracing. It was also slow to provide councils with the information and resources they needed to control local outbreaks.

Support for people asked to self-isolate fell well short of what was needed. The main problem was the failure to provide adequate financial support for people on low incomes to enable them to take time off work when they tested positive. Reports indicate that the government is considering a range of measures to tackle this challenge—a year since the

first case of covid-19 was detected in the UK and with deaths exceeding 100 000.

Locking down sooner when infection rates were rising at different points during 2020 could have saved lives and reduced the economic impact of the pandemic. A well designed test, trace, and isolate programme could have slowed the spread of the virus and mitigated its long term impact. A well informed educational policy could have reduced harm to children. Policies targeted at groups in the population most at risk might have been effective in moderating the stark inequalities in outcomes that have occurred.

The overcentralised management of the pandemic was undoubtedly a factor in the failure to learn more effectively. Boris Johnson, the UK prime minister, and a small number of Cabinet members were visible in their leadership and appeared reluctant to draw on the expertise and intelligence of the devolved administrations, regional, and local government leaders. Opportunities for learning were lost, contributing to the mistakes that were made. This included the premature lifting of the national lockdown in May when infection rates were still high in the north of England.

These errors were compounded by a lack of diversity among those advising the government. While great store was placed on the contribution of medical scientists through the Scientific Advisory Group for Emergencies, the advice of social scientists was less prominent. Equally important was the sidelining of public health and social care leaders with practical experience of managing the pandemic. The consequences were plain to see in the flawed design of test, trace, and isolate, and in the tragic neglect of social care, resulting in over 20 000 deaths in care homes.

Another factor was lack of curiosity about the experience of other countries and a willingness to learn from them. This applies not only to countries in South East Asia whose success in containing covid-19 has been widely reported, but also countries such as Greece and Norway whose responses much closer to home have been far more effective than those of the UK. A misplaced belief in English exceptionalism, exemplified by the troubled development of a contact tracing app, contributed to this wilful blindness.

These failures reflect a preference for heroic leadership by the few rather than collective and distributed leadership by the many. A more effective path would have involved the government working with the devolved administrations, regional and local leaders in delivering the response and learning from

experience on the ground. Shorter lines of communication between ministers and leaders in schools, care homes, general practices, hospitals, and public health teams would have improved feedback and led to better decisions.

Even with the promise of the vaccines that are now available, we will be living with covid-19 for some time to come. It is not too late to improve the governance of the pandemic but this will only make a positive difference if ministers are willing to act on the best available evidence of what works drawn from different sources and to share leadership with others. This may be the best way of mitigating further harm to the population.

Chris Ham was chief executive of the King's Fund from 2010 to 2018.

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