Covid-19: Former civil service head criticises government’s response to crisis

Shaun Griffin

The former head of the British civil service has criticised the government’s response to the covid crisis, saying that it had been distorted by political expediency and disadvantaged by unbalanced advice.

Gus O’Donnell made the comments on 22 July when giving evidence to the House of Lords public services committee’s inquiry into how covid-19 has affected public services and the lessons to be learnt from the lockdown.

“The covid crisis started as a health crisis, but our response has massive economic implications. The problem is that we have SAGE [the Scientific Advisory Group for Emergencies] stuffed full of biomedical scientists and no economists,” he said, adding that a cost-benefit framework was the “biggest thing that was missing at the start.”

Giving the example of school opening and closures, he said, “The biomedics on SAGE will talk about the implications for transmission or reinfection, but where are the social scientists telling you what the costs of that are? All of these things involve trade-offs.”

The paucity of social science advice was the “fundamental problem” with the UK’s response. “We were managing one of the biggest changes to behaviour that’s ever been thought about. David Halpern is brilliant as head of the behavioural insights team, but he was outnumbered,” said O’Donnell, adding, “If anyone knows what the message is on masks please tell me.”

Local and central agencies

Responding to criticism of the civil service’s role, O’Donnell, who served as cabinet secretary and head of the civil service under three prime ministers before stepping down in 2011, said, “In terms of excess death measures, health outcomes are terrible . . . and economic outcomes are quite bad compared with the rest of the world. Something’s gone wrong somewhere, but I can’t apportion blame.

“Part of the problem is that we haven’t got the right people around the table at the right time. Cabinet Office is very, very large compared to my day, and I’m not sure that helps.”

Commenting on the resilience of the health system, he said, “We had all those press briefings about deaths in hospital. We biased the whole thing towards hospitals and not care homes, and towards covid [but not non-covid].” There had been problems from day 1, he added, “but the resilience of the health service to deal with the problems it faced was distorted by the political need to minimise the number of covid deaths in hospitals.”

He said that building a more resilient health system should start with prevention rather than hospitals, and he emphasised the importance of relations between local and central agencies during a crisis.

Tracy Daszkiewicz, deputy director of population health and wellbeing at Public Health England, told the inquiry that her previous experience as Wiltshire’s director of public health during the Skripal poisonings in 2018 had demonstrated that agencies, by working under the Civil Contingencies Act, had clear roles and responsibilities in emergency preparation. “This brought a coherence that allowed things to happen at pace,” she said.

Daszkiewicz also emphasised the importance of listening to local voices. “It can’t be one size fits all,” she warned. “This was as true for the response to novichok as it is for covid.”