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# A hat trick of failures:

How 'the Blob' led the British Government  
down the wrong path

Jim McConalogue  
and Tim Knox



## THE COVID-19 REVIEW

How Britain responded to the Coronavirus

Part Four

A hat trick of failures



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How 'the Blob' led the British Government  
down the wrong path

**Jim McConalogue and Tim Knox**

CIVITAS

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# Authors

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# Summary

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- At the time of writing, it appears that the UK will have accomplished an undesirable hat trick of failures in its Covid-19 pandemic response:
  - It has one of the highest excess death rates per capita in the world for the first half of 2020 (authors' calculations based on data from *The Economist*).
  - Its reaction has been one of the most expensive of any country in the OECD both in terms of the cost of the measures that the government has taken and the overall damage to the economy (OECD).
  - It is one of the least ready countries in the world to relax lockdown restrictions (the Blavatnik School of Government at Oxford University). Out of 170 countries analysed, only three countries in the world are less prepared to relax lockdown restrictions than the UK: Algeria, Nicaragua and Iran.
- It is therefore justified to question, as this paper does, the response of the UK government to the pandemic. This is not to say that at any stage any minister or official acted with bad intent. It is merely to try to raise questions which parliament and any future inquiries may wish to consider.
- There are factors outside the control of government which could explain, in part, the poor outcomes experienced in the UK. These range from the highly connected, global

nature of the UK economy and the resultant ease with which the virus spread, its demographics, its culture and its relative inexperience of dealing with infectious diseases, particularly those affecting humans.

- Equally, it is probable that the response of the UK government has been less than ideal.
- In particular, this paper looks at what is called ‘The Blob’ – a scientific clique entrenched within a managerialist Whitehall culture which the politicians chose not to confront or question.
- It appears that the UK government’s early shift from the public information health campaign towards lockdown was the result of a lack of political will to question ‘the science’. Ministers repeatedly stressed their deference to the advice coming from the Scientific Advisory Group for Emergencies (SAGE), the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), the Scientific Pandemic Influenza Group on Modelling (SPI-M) and Public Health England (PHE).
- These advisory groups to the government appear to have been granted ‘a representational monopoly.’ This explains how one crucial modelling projection study persuaded the government to overhaul its approach to Covid-19 and then impose tougher lockdown measures to contain the virus.
- The deference to ‘the science’ was not justified. ‘The science’ made frequent mistakes. Worse, it led to inappropriate government responses to the pandemic.
- With the benefit of hindsight, but expressed by some commentators during the early stages of the pandemic, a more considered approach might have been to focus

efforts on protecting the most vulnerable sections of society – particularly the elderly and those with pre-existing conditions – while imposing far less restrictive measures on the rest of the population. It now appears that such a response would have balanced effective healthcare protection with long-term economic continuity.

- The UK government however did the opposite: it neglected the dangers to the elderly, notoriously returning over 25,000 untested people from NHS hospitals to care homes where many may have infected other residents – over 16,000 of whom have died from Covid-19 – while imposing restrictive conditions on the rest of the population for longer than elsewhere in Europe, thus causing huge economic damage.

### **Recommendations**

It is inevitable that there will be many parliament debates and official inquiries into the effectiveness of the UK government's response to the pandemic. This report attempts to set out some of the questions which such debates and inquiries should consider. These include:

- Should the government have drawn upon a far wider pool of expertise than that offered by SAGE? Germany, for example, had a low number of deaths and a relatively inexpensive experience. Its government enlisted the advice of philosophers, historians of science, theologians and jurists as well as epidemiologists to help it judge the delicate balancing act of reopening society while safeguarding the health of the public.
- Should there be a re-evaluation of the purposes, composition and objectives of the government's scientific advisory groups?

- What line of separation should exist between ministers in government and the advice of the scientific committees so that there is, at least to some extent, some separation of political power from advice-providing committees?
- A network appears to have been developed with no ministerial oversight between the Government Office for Science (GO-Science), lead Departments and Cabinet structures which in turn elevated a small number of 'career advisers'. Should such a network be dismantled and reconsidered? Should a new body (unlike the current bodies) conform to the guidance set out, for example, by the Office for Commission for Public Appointments (OCPA)?
- Should the circular and self-reinforcing way in which COBR authorises SAGE but then almost solely and unquestionably relies upon SAGE's advice in return be dismantled?
- How can the structure of the scientific committees be improved so that the over-reliance of COBR and SAGE on NERVTAG is ended? How can there be greater scrutiny and debate of the evidence and enquiries passed between one group to another?
- How can ministers be enabled and encouraged to exercise a stronger role in the decision-making process in any future outbreak?
- Why did other comparable European countries – including Germany, Sweden and the Netherlands – fare so much better in terms of their rates of excess deaths, the economic impact of the measures taken in response to the pandemic and the severity and length of lockdown?

# Introduction

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The UK government's response to the virus can be crudely divided between the public information health campaign up until 16 March 2020; and the subsequent move to the lockdown period from 23 March onwards. The first phase focused on containment, including advising against all but essential travel to mainland China and a public information 'hand washing' campaign, initial surveillance programmes being set up, and diagnostic testing rolled out in early stages.<sup>1</sup> Critically, however, the first phase was marked by the lack of preparedness by the UK government for mass testing and contact tracing. In economic terms, the Budget of 11 March provided a £12 billion stimulus to counter the coronavirus shock.<sup>2</sup> The government also introduced legal powers to impose restrictions on individuals at risk of spreading the virus.<sup>3</sup> On 12 March, the government moved into the 'delay' phase of its Covid-19 response and introduced the first social distancing measures. Anybody with symptoms was told to stay at home and self-isolate, regardless of their travel history or contact with confirmed cases. By 16 March, self-isolation had been extended to people with symptoms (and their households). The public were told to stop non-essential contact and all unnecessary travel. The government withdrew their backing for mass gatherings. Schools closed for the vast majority of children from 20 March – with the exception of children of key workers and vulnerable

children. By 20 March, the closure of all entertainment, hospitality, and indoor leisure premises had been ordered. Approximately 1.5 million people in England identified by the NHS as 'higher risk' were then advised to stay at home at all times for at least 12 weeks.

At the same time, the NHS expanded capacity and reorganised services to manage Covid-19 patients. On 17 March, NHS England and NHS Improvement wrote to all NHS leaders outlining a wide range of changes to prepare for the Covid-19 outbreak. This included measures to free up hospital capacity by postponing all non-urgent elective operations from 15 April (for at least 3 months), urgently discharging all patients who are medically fit to leave, and block-buying capacity in the independent health care sector – including hospitals and staff – to treat NHS patients. This led to the return of over 25,000 infected elderly patients to care homes,<sup>4</sup> with the unintended but devastating consequence that many other residents were then infected. More than 16,000 people have died from Covid-19 in UK care homes.<sup>5</sup>

The secondary phase was the lockdown. By 23 March, official guidance instructed people to stay at home except for very limited purposes, including shopping for essentials, exercise, and medicine.<sup>6</sup> Critically, the second phase was defined by government imposing deeply draconian lockdown measures, irrespective of preserving an economic continuity in incomes and consumer spending. Non-essential shops, businesses and venues were closed, gatherings of two or more people in public were banned, and all social events stopped. Police were given a whole raft of new powers to enforce these new restrictions. After mid-April, government announced that these measures would be extended for at least three weeks. They were then subsequently reviewed

over time. Scientific advisors continued to insist that social distancing measures were likely to be in place for ‘really quite a long period of time’, possibly for the rest of the year. The Prime Minister said that the easing of lockdown measures would be gradual – and warned continually of the risk of a second peak of the outbreak.<sup>7</sup>

### **The UK’s unreadiness to roll back lockdown**

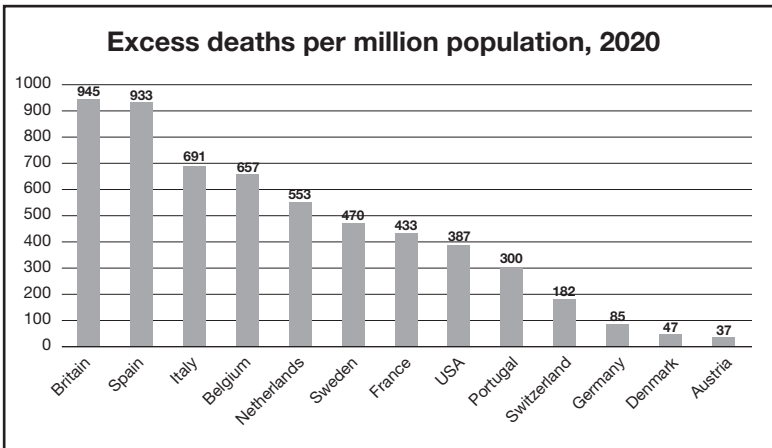
His reluctance to roll back the lockdown measures has often been attributed to his personal experience of fighting the disease. But it may also be due to the lack of preparedness in the UK, revealed in a recent report by the Blavatnik School of Government at Oxford University,<sup>8</sup> which has been systematically collecting information on several different common policy responses that the governments of 170 countries have taken to respond to the pandemic. The Blavatnik School has been using 17 indicators such as school closures and travel restrictions to inform a ‘Lockdown rollback checklist’ which looks at how closely countries meet four of the six World Health Organisation recommendations for relaxing lockdown. (The four tests are: how the response of governments has become stronger or weaker over the course of the outbreak; a containment and health index which combines lockdown restrictions and closures with measures such as testing policy and contact tracing, short term investment in healthcare, as well investments in vaccine; an economic support index (which records measures such as income support and debt relief; and the stringency index which records the strictness of lockdown-style policies that primarily restrict people’s behaviour).

Shockingly, it found that only three countries of the 170 studied are *less* prepared to relax lockdown restrictions than the UK: Algeria, Nicaragua and Iran.



**The UK has experienced one of the highest death rates of any country in the world**

International death comparisons due to Covid-19 are notoriously difficult to draw – mainly due to the different ways in which deaths are categorised and measured by national governments and health ministries. But it is now clear that the UK experienced one of the highest death tolls, particularly when measured in terms of excess mortality per head of the population. This term refers to the number of deaths above what would have been expected under ‘normal’ conditions. It is calculated by comparing the number of people who actually died over a period, and comparing it to the number that would have been expected to die.<sup>9</sup> Excess mortality statistics are only available for a small number of countries but those that are collated have been published online by the *Economist* Covid-19 excess deaths tracker.<sup>10</sup> The following chart shows how Britain has performed the poorest in comparison to other comparable countries, having done worse in term of excess mortality than both Spain and Italy.



Source: Authors’ calculations based on Economist and CDC data. See Appendix.

**Ministers advise, advisers decide**

The immediate passing on of ministerial decisions and accountability during the Covid-19 crisis to a Cabinet system of scientific committees had multiple effects. At the heart of the traditional British constitutional system is the principle of ministerial accountability. UK government ministers, we are often told, sit at the centre of British government. In legal terms, they are claimed to be the most powerful figures in government. Every Secretary of State heads a government department and is vested with important legal powers, with departments tasked to assist carrying out the policies that he or she has made.<sup>11</sup>

In recent decades, the vast majority of ministers (across all political parties) are career politicians, with little experience in walks of life unrelated to politics.<sup>12</sup> Of the current Cabinet, no one had any background of working professionally in science and only two relatively junior members – Alok Shama and Therese Coffey – had studied science at university (the Prime Minister’s chief advisor, Dominic Cummings, while a science enthusiast, studied Ancient and Modern History at university). But as the former Bank of England governor, Mervyn King, observed: ‘Politicians are used to making announcements. But they have no experience in actually running anything.’<sup>13</sup> However, the late Professor Anthony King also showed how ministers exist to provide the department with broad political direction, while taking the most difficult and contentious decisions.<sup>14</sup> They cannot be reasonably expected to be ‘deeply knowledgeable about the varied and complex matters’ that fall within their departmental responsibilities. As such, ministers must rely on senior civil servants as advisers for their deeper knowledge and experience. Yet they should still take the decisions.

'Advisers advise and ministers decide' is an old rule of government. During the pandemic, this rule has been reversed. The danger is that we will live with the consequences for a long time.

# 1.

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## **Ministers: in reverence to 'the science'**

A regular feature of the pandemic had been the reverence shown by government ministers for 'the science.' As Matt Hancock told the Commons in early March, and as has been repeated ever since on a daily basis by ministers and their press officers, 'Throughout our approach is guided by science. This is the bedrock on which we base all our decisions'.<sup>15</sup>

### **Why 'following the science' can be wrong**

However, this very phrase, itself illustrating the absence of deep scientific knowledge among the politicians in charge of responding to the crisis, has many troubling implications. First, most scientists will themselves agree that there is no such thing as 'the science': all scientific research is an attempt to contest and advance current scientific knowledge. 'The science' is thus necessarily ever-changing and open to challenge. Second, the government appeared to be relying entirely on the one form of epidemiological modelling used by SAGE, ignoring other epidemiological models. Thirdly, those models presumed a binary choice between two scenarios of either eradicating the virus or it becoming endemic. Fourthly, following other scientific disciplines (as happened in other more successful countries) might

have led to different policies. Fifthly, even if ‘the science’ could be justified as a useful guide to follow, it ignores all the wider considerations which ministers might be expected to think through: for example, ‘following the science’ by definition excludes all the economic costs, the social costs, the psychological costs and the constitutional costs of the policy being considered. Sixthly, it would be an unusual political individual who used this phrase who did not see that it provided a form of insurance cover for his or her own career should ‘the science’ prove to be wrong. Finally, and not least, the prominence given to ‘the science’ in supporting political decisions risks burdening scientists with unrealistic expectations which could, in turn, ultimately erode trust in their expertise.

The deference to ‘the science’ happened throughout the pandemic. From the start, the government had listened to NERVTAG, for example, in January when it raised the threat level from ‘very low’ to ‘low.’<sup>16</sup> The government acceded to the ‘moderate’ risk predicted by scientists at the end of January. The government deferred to SAGE on 9 March when it was still rejecting the proposal of a national lockdown. The government deferred to a threat level rising from ‘moderate’ to ‘high’ in March – as it did when deferring to the narrow band of epidemiologists when announcing a lockdown on 23 March.<sup>17</sup>

It remains a matter of huge controversy that one crucial epidemiological modelling projection persuaded the Cabinet to overhaul its approach to Covid-19. By describing a horrific worst-case scenario of hundreds of thousands of deaths along with an NHS system overwhelmed with severely sick patients, politicians had little choice but to act:<sup>18</sup> ‘We continue to follow the science and act on the advice of the experts, which is that we are bringing in these

more substantial measures slightly faster than we originally planned.'<sup>19</sup> The statements contain a sense of uncertainty, panic and reliance on scientific assessment.

That modelling study, designed by a team led by Neil Ferguson, a professor of mathematical biology at Imperial College London, assembled new data gathered from Italy where the infectious disease epidemic had surged in previous weeks.<sup>20</sup> Making comparisons with the fatal flu outbreak of 1918, the experts predicted that with no mitigating measures at all, the outbreak could have caused more than half a million deaths in the UK and 2.2 million in the US. It horrified government ministers because, even with their more moderate plans for home isolation of suspect cases, such a plan could also have resulted in a significant 250,000 people dying 'and health systems... being overwhelmed many times over'.<sup>21</sup> The Imperial study went on to recommend alternative measures which the government then followed. The lockdown was born.

Rather than the UK having created an independent external, advisory scientific committee upon which ministers can draw upon during an emergency, ministers have been served during the pandemic by a group with an effective monopoly of advice. The narrow, exclusive membership of SAGE and of earlier NERVTAG meetings illustrate the exclusive and limited nature of their membership with preferential treatment given to them for the provision of their advice. It is of course right that government *respects* external advice. It is another thing to unquestionably turn narrow advice into policy.

As Matthew Parris wrote in *The Times*, such deference to 'the science' is something of a myth.<sup>22</sup> For Parris, it becomes dishonest for leaders to claim that how and when the lockdown is lifted is not in itself a political judgement call.

He characterises ministers as having passed hard political choices like a pass the parcel to 'the science.' 'The evasion' masks the passing off the ownership of trade-offs that only political decision-making could answer to. For Parris, this included masking decisions '...between mortality in April 2020 and debt that will scar a whole generation; between loss of life and loss of livelihood.' If ministers keep the economy under anaesthetic, 'the greater the danger it will have suffered permanent damage by the time the anaesthetic is removed.'<sup>23</sup>

## 2.

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### **Whitehall managerialism: when alarmist and reactive planning displaces coherent government**

A defining feature of civil service development over the past thirty years has been on the emphasis on managerial skills.<sup>24</sup> That form of development under the governments of Margaret Thatcher, John Major and refined under Tony Blair and the Coalition government put crucial pressures on the civil service: to set out clearer goals, to operate in terms of performance indicators and to deliver on targets that have been set for it.<sup>25</sup> Blair's overriding commitment during the New Labour reign was to ensure that civil servants could deliver on the goals set by government. Those public management reforms made during the Thatcher, Major and Blair administrations enabled performance management to bring about a 'permanent evolution towards a government by measurement.'<sup>26</sup> The different administrations left behind different legacies. However, as Marc Sidwell has recently argued, for Margaret Thatcher, that managerialism was based on the requirement 'for businesses to be responsive to the demands of their customers' if they wanted to survive. In contrast, during the New Labour reign, it translated into the introduction of a 'corporate managerial culture into state-funded institutions as an end in itself.'<sup>27</sup>



### **The lack of ministerial control**

During the pandemic, it has meant ministers are strongly tied into a strongly managerialist civil service emergency planning system upon which they exert little control. The Civil Contingencies Secretariat (CCS), created in 2001, is part of the National Security Secretariat in the Cabinet Office. It works to enhance the UK's ability to prevent, prepare for, respond to, and recover from civil emergencies, including flooding, terrorism, pandemic 'flu' and chemical fires. It develops, trains and operates the government's Cabinet Office Briefing Rooms (COBR) system for emergency management. Its prevailing civil service culture is one of managerialism, marginalising otherwise more considerate professional cultures.<sup>28</sup> This central committee has been responsible for providing advice to the Prime Minister, ministers and senior officials on the UK's readiness to prevent, respond and recover from Covid-19.

The creation and development of the Civil Contingencies Secretariat (CCS) over the past two decades has built up an emergency system which replaces apparently poor ministerial decision-making with supposedly quick-thinking experts and civil servants. Historically, there had been a ministerial prerogative power in times of emergency – but the Civil Contingencies Act 2004 in practice now covers the majority of situations where it might previously have been appropriate to use the prerogative.<sup>29</sup> Those new Cabinet Office structures of the past two decades reflect what Marc Sidwell referred to more generally as a form of managerialism which denies the importance of governing according to the shifting, and often unpredictable, political realities. Ultimately, 'managerialism hollows out organisations, separating the management layer from an understanding of the work being done or of its importance.'<sup>30</sup>

Certainly, it can be a dangerous facet of organisational culture, particularly when considering pandemic responses, fast-changing data and crisis delivery in government.

Managerialism can be thought of as broadly introducing a more formal but often culturally obsessive management culture in the civil service. By taking on an approach to management defined by objective goal-setting as an end in itself, its focus becomes not on the long-term needs of government but only on attempts to achieve targets. (Internally, for staff, managerialism translates into a greater emphasis on performance management through line managers agreeing goals). It also reflects a commitment to fixed outcomes and a shift away from inputs and processes.<sup>31</sup> So, its definition of whether a policy had been a success would be through the measurement and quantification of outcomes, measured as performance indicators. The managers become dominant.<sup>32</sup> Managers are the main supporters and beneficiaries of managerialism since it increases their social status and strengthens their own organisational position.<sup>33</sup>

### **Policy errors**

The imbalance in the government's deference to 'the science' was evident from many crucial policy errors:

- In an attempt to ensure that NHS had more capacity for receiving patients, PHE discharged many elderly patients, many to return to care homes where they passed on their infection to other residents;
- earlier rejection to follow the proposal for social distancing, as for example, in Ireland;
- a dismissive approach to the earlier capacity to build up testing capacity since less testing meant an inadequate

knowledge of who in the population had the virus, to thereby underpin 'contact tracing' of those in contact to Covid-19 patients prior to infection;

- failure to provide personal protective equipment (PPE) to NHS and social care staff in the March-April period;
- unresolved advice on the use of face masks in combating the spread of Covid-19, much of which undermined ordinary common sense;
- early restrictions not being imposed on the social care system;
- non-competency of state actors to collaborate with private providers (of all sizes) in PPE and testing manufacturers;
- the abandonment of its contact-tracing app in June after having spent three months and millions of pounds on technology that experts had repeatedly warned would not work.

By developing a system in which managers and short-term targets are set up, the coherence of government vision becomes lost. Where managers become the unintended beneficiaries of a policy process which increases their social status and strengthens their organisational position,<sup>34</sup> ministers become more likely to turn narrow bands of highly technical advice into public policy, without any wider consideration of their actions.

The problem of perspective has been well analysed by Carl Heneghan, Professor of Evidence-based medicine at Oxford University. He has demonstrated that the government was deferring to advice that was consistently wrong:

'The UK Government keeps saying it is using the best science. But it appears to be losing sight of what's actually going on. We've been getting scientific advice that is consistently

wrong. It has failed to look at all the data and understand when the peak of infections actually occurred.

'Fifty per cent reductions in infections occurred on March 16, right when hand washing and social distancing was introduced. If you go look at what's happening in Sweden, they are holding their nerve and they haven't had doomsday scenario. Our Government has got it completely the wrong way around.'

Carl Heneghan went on to show that in some parts of the UK, notably in London, 'the major outbreak' of the disease had already occurred before the lockdown even came into place.<sup>35</sup> Heneghan found that infections were at their highest around mid-March – 21 days before the country recorded its worst day for deaths on April 8.<sup>36</sup> He remarked that infections dropped by 50 per cent between March 16 and the lockdown on March 24 thanks to a hand washing and social distancing drive. Given that twenty one days is the average time it takes for a person to fall seriously ill and die after contracting Covid-19, he claimed that if deaths peaked on April 8, infections had in fact been at the highest three weeks earlier.<sup>37</sup>

It is natural that mistakes are made in any walk of life. But what is striking is how many mistakes have been made by the body whose advice was effectively driving government policy.

## 3.

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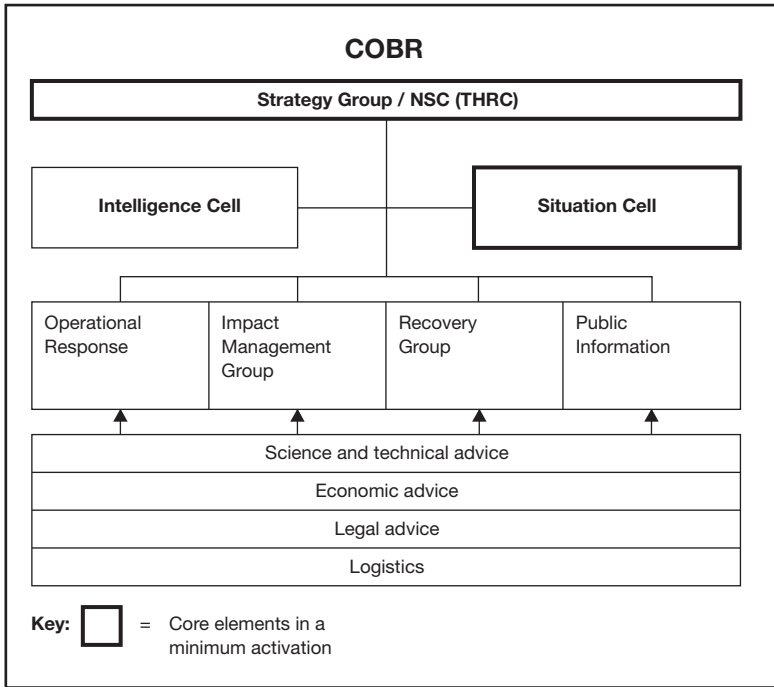
### **Cabinet Office Briefing Rooms (COBR):**

#### **why did narrow technical advice precede comprehensive planning?**

The Cabinet Office Briefing Room (COBR) is the mechanism for agreeing the central government response to major emergencies which have an international, national or multi-regional impact.<sup>38</sup> Where the nature of the emergency is such that it affects the business of a number of government departments, such as in the Covid-19 crisis, a collective response is required, led by the lead government department.

During the pandemic, many mistakenly cast this mechanism as a grand decision-making institutional mechanism rather than an 'information-sharing' body, which, in reality, deferred decisions to its commissioned sub-committees. Meetings at COBR are, in effect, Cabinet committee meetings, although there is no fixed membership.<sup>39</sup> As the Cabinet Office guideline diagram (opposite) envisages it, in the hierarchy, scientific and technical advice appears to precede economic advice.

The tendency towards managerialism inherent to Cabinet Office architecture relies on reactive responses and targets. The difficulty becomes that those targets frequently become detached from their intended purpose. What are often seen



as box-ticking measures allows managers in civil service responses to appear effective, but dangerously insulates them from actual outcomes experienced in wider society – either in the NHS or those in receipt of medicines on the ground. Officials can become enabled, if not rewarded, to ‘pursue the opposite of common sense with impunity.’<sup>40</sup>

### The sidelining of cost benefit analysis

COBR is supposed to apply ‘risk assessment methodology’ and ‘cost benefit analysis within an appropriate economic model to inform decision making’ under the Cabinet Office guidelines.<sup>41</sup> But there seems to have been very little assessment of the impact or cost of policy. This may be because, where COBR has been activated in response to a crisis, its default objectives are threefold:

- (1) to protect human life and alleviate suffering;
- (2) support the continuity of everyday activity and restore disrupted services;
- (3) to uphold the rule of law and the democratic process.<sup>42</sup>

Even if we allowed that the COBR architecture had partially pursued the first objective by adhering to one portion of the scientific advice to protect human life, it is doubtful that the objectives of regular economic continuity and the upholding of regular legal and democratic procedures were equally honoured. But the most concerning aspect of the system is its deferential nature – that is, it defers to a scientific committee which supposedly provides technical advice to support ministers but in reality becomes an instrument of government.

## 4.

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### **The Science Advisory Group for Emergencies (SAGE): the unquestioned Scientocracy**

The Scientific Advisory Group for Emergencies (SAGE) provides the technical advice to ‘support’ ministers during emergencies. The group is responsible for ensuring that coordinated scientific advice is made available to decision-makers and advisers to support UK cross-government decisions in COBR.<sup>43</sup> It is a form of advice which does not represent official government policy. The problem is that, during the pandemic, its advice did effectively become government policy.

The ministerial deference to SAGE was overwhelmingly apparent during the pandemic. During the period of the Prime Minister’s Covid-19 illness, broadcaster Robert Peston referred to SAGE as ‘in effect, running the country.’<sup>44</sup> In an article headlined ‘The scientists are now running the country’, Peston explained: Dominic Raab, Boris Johnson’s then deputy, had made it ‘crystal clear’ that he and his fellow ministers simply followed the advice of SAGE, which is chaired by Sir Patrick Vallance, in then extending total lockdown for a minimum of three weeks. He maintained that other ministers confirmed to him, that there ‘was no pushing back on SAGE’s view’ which at that time affirmed that easing any of the current unprecedented constraints



would lead to another surge in Covid-19 infections. This, it claimed, would damage our health and the economy. ‘SAGE is the clear arbiter/adviser’, said a senior minister to Peston. His concluding point had been that we were effectively being ‘ruled by scientists and data’. He accurately observed, that is not how ‘democracies traditionally function’.<sup>45</sup>

During a COBR activation, SAGE is responsible for advising ministers through coordinating and peer reviewing, as far as possible, scientific and technical advice to inform decision-making. In all circumstances, Cabinet Office guidance expects that its offices would be responsible for ensuring that SAGE had a ‘cross-government focus’ whilst the Government Office for Science (GO-Science) would be responsible for ensuring ‘that SAGE drew upon an appropriate range of expertise’ and on the ‘best advice available.’<sup>46</sup> However, during the Covid-19 crisis, both those functions by the Cabinet Office and Go-Science were in question. Notably with ‘a cross-government focus’, what then happened to the cross-government considerations by ministers of ensuring economic continuity? And with the Government Office for Science taking responsibility for ensuring that SAGE drew upon a wide ‘range of expertise’ and on the ‘best advice available’,<sup>47</sup> the membership and expertise of SAGE has subsequently come under intense public scrutiny.

### **The narrow composition of SAGE**

The pandemic response showed that the membership of SAGE and other Cabinet-coordinated expertise is not as welcoming to diverse views as might be desirable. The numerous virologists, economists, and modelling experts shut out of the government advisory bodies – notably those who took a fundamentally different view from the Imperial College strands of research – was a daily feature of government.

Historically, the membership of SAGE has been scrutinised, even though its membership often depends on the nature of the emergency. Previously it has been activated in response to the potential breach of Toddbrook reservoir in August in 2019, on the Zika virus outbreak in 2016, on the Nepal earthquake, the Ebola outbreak in 2014 in West Africa, the case of Winter flooding in 2013-2014, on the Fukushima nuclear emergency, the Volcanic Ash emergency in 2010 and the Swine Flu pandemic in 2009 and 2010.<sup>48</sup> The memberships are typically reliant on leading experts from within government but leading specialists are also drawn from the fields of academia and industry. The group typically is chaired by the Government Chief Scientific Adviser (GCSA), currently Sir Patrick Vallance.

The SAGE guidance suggests that experts would be drawn from existing advisory groups, Science Advisory Councils, Committees or Groups from the UK government or devolved administrations. The use of expertise is welcome but there is a danger then that Cabinet structures are encouraging a small sample of 'career advisers' who are closed off from the wider representative community of advisers and expertise.

The Office for Commission for Public Appointments (OCPA) sets out a Code of practice on appointments more broadly. That Code applies to Scientific Advisory Committees (SACs),<sup>49</sup> although is not clear if this applies to SAGE. In the OCPA Code, it is clear that membership of SACs should not 'exceed ten years served continuously in the same office on the same public body.' It is a principle repeated in the Government Office for Science Code of Practice for Scientific Advisory Committees.<sup>50</sup> However, several members on SAGE exceed that length of tenure as advisers to government through scientific committees, albeit SAGE and its subcommittees are often temporary.

An additional problem lay with SAGE itself believing that its members should develop a high profile. Long before the pandemic, it commented in its guidance that the 2009 H1N1 pandemic had illustrated the value of using experts to communicate key scientific and technical issues, as they were publicly perceived as ‘trusted and credible sources of information.’ During both the planning phase and response and recovery, it then argued, ‘consideration should be given to the benefit of using SAGE experts to communicate messages.’<sup>51</sup> A committee that has politicised its role cannot then retreat back into the safety of an advisory space when its public advice and prominence becomes challenging.

Quite rightly, the advice of SAGE is expected to report on the degree of consensus and differences in opinion.<sup>52</sup> Its own guidance requires experts to make a statement on the extent and sources of uncertainty. Yet much of the reporting of non-consensus and of the wide difference in scientific opinion in understanding the virus, herd immunity, or the different threats and pressures posed by Covid-19, had not been made clear to parliament or the public.

At the centre of the response was the reliance by SAGE on unique, predictive modelling experiments by a small group of scientists with one research group at the London School of Hygiene and Tropical Medicine running one of the two computer modelling centres for epidemics – the other being stationed at nearby Imperial College. Both Professors Edmunds and Ferguson were part of the SAGE network that fed advice into the Cabinet Office system of committees.<sup>53</sup> Both were founders of the flu pandemic modelling committee, known as SPI-M, that produced one report in early March warning of more than 500,000 deaths.<sup>54</sup> This committee – as insular as the SAGE and NERVTAG mechanisms – had met together for nearly 15 years.

The Government Office for Science took responsibility for ensuring SAGE draws upon a wide 'range of expertise' and on the 'best advice available'.<sup>55</sup> But from the beginning, this was questioned. For example, John Ashton, a former regional director of Public Health England, claimed that the advisers took too narrow a view and 'hewed to limited assumptions'.<sup>56</sup> They were too 'narrowly drawn as scientists from a few institutions,' he said. Its handling of Covid-19, Ashton said, shows the need for a broader approach. 'In the future we need a much wider group of independent advisers.'<sup>57</sup> This matters, particularly when SAGE's advice became government policy.

In addition, if scientists were not 'on the list' they weren't to be consulted with and if big corporations were not 'on the list' to manufacture PPE, they seemed not to be trusted by government. For weeks during the early stages of the pandemic, it was maintained that SAGE evidence would not be made public until the pandemic ends. Sir Patrick Vallance said the minutes of SAGE meetings would only be released once SAGE stopped convening on the emergency.<sup>58</sup> Public and parliamentary pressure (through the Science and Technology Committee) continued to be applied to the government to release the scientific experts advising on Covid-19 – and with some success, that decision was overturned in late March.

### **The overreliance on NERVTAG**

Ministers and COBR deferred to the SAGE committee. But SAGE in turn over-relied on the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) for more detailed advice. The role of NERVTAG is to act as an advisory Group to provide the Chief Medical Officer (CMO) and the Department of Health (DH) and other government

departments, with scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory viruses and on options for their management.<sup>59</sup>

NERVTAG did not have an unblemished pandemic. When NERVTAG had met on January 13, it studied information from China in which current reports ‘...describe no evidence of significant human to human transmission’. Given UK health agencies designated it as ‘an interim airborne HCID’ [*high consequence infectious disease*], NERVTAG remarked ‘...this has not raised any specific problems around this precautionary measure.’<sup>60</sup>

On January 21, scientists on NERVTAG endorsed the elevation of the UK risk warning from Covid-19 from ‘very low’ to ‘low’, expressing that ‘...with no cases reported in the UK the current risk to the UK population was low.’<sup>61</sup> SAGE met formally for the first time the following day about the coronavirus threat. Matt Hancock told reporters after the meeting: ‘The clinical advice is that the risk to the public remains low.’<sup>62</sup> One Conservative MP alluded to the insularity of the expertise when he remarked that the close involvement in the response to the coronavirus of the same scientific advisers and civil servants who drew up the flu plan may have created a ‘cognitive bias.’<sup>63</sup>

When NERVTAG later met on January 28, the minutes of NERVTAG stated of the difficult issue of face masks:

‘NERVTAG discussed whether face masks reduce transmission within the community or within households. The Committee reported that there is no evidence to support that the wearing of face masks by the general public reduces transmission.’<sup>64</sup>

When NERVTAG later met on February 3, the minutes of NERVTAG stated again of face masks:

‘There is very little evidence to support well-people within the house of a case (contacts within a house) wearing a mask. This includes people living in house shares, flatmates and carers who are not health and social care workers.’<sup>65</sup>

On that date, the committee reported:

‘there was a consensus that NERVTAG is happy with the general approach and principles outlined by PHE...’<sup>66</sup>

When NERVTAG later met on February 21 to discuss if anyone thought that the PHE risk assessment should change, ‘no objections were raised’.<sup>67</sup>

At the time, NERVTAG representatives examined evidence from China and the minutes reported:

‘Current PHE risk assessment of the disease is moderate. The PHE risk assessment to the UK population is also moderate. This is a composite of what is known about transmission and the impact on public health globally and in the UK.’<sup>68</sup>

‘NERVTAG does not recommend a change to the PHE risk assessment at this time.’

In any case, the Prime Minister had a relaxed approach to earlier restrictive measures, deferring almost solely to the advice of those scientists. He said by March 9, ‘We are doing everything we can to combat this outbreak, based on the very latest scientific and medical advice.’ Indeed, SAGE had recommended to him at that time that the UK reject a China-style lockdown.<sup>69</sup> The committee decided that ‘implementing a subset of measures would be ideal,’ according to a record of its conclusions. They urged that tougher measures could create a ‘large second epidemic wave once the measures were lifted’. This was all prior to policy reversal which came on March 16 with the publication of the report by Neil Ferguson’s Imperial College team.

## 5.

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### **Lockdown UK Plc: The cost of ministerial deference to 'the science'**

The government's reaction to the pandemic was to impose several restrictions on regular social and economic activity in the form of a lockdown. By 14 April, the Office for Budget Responsibility (OBR) recognised some of the major potential fiscal effects, assuming a three-month lockdown followed by another three-month period of partial restrictions. It assumed real GDP would fall to 35 per cent in the second quarter, but it then bouncing back quickly.<sup>70</sup> It understood that unemployment would rise by more than 2 million to 10 per cent in the second quarter, but then declined more slowly than GDP recovers. The OBR foresaw public sector net borrowing increases by £218 billion in 2020-21 relative to the March Budget forecast – this would reach £273 billion or 14 per cent of GDP, before falling back. As the OBR said, 'That would be the largest single-year deficit since the Second World War.'<sup>71</sup>

In costing the Covid-19 crisis, the think tank Centre for Policy Studies (CPS) also indicated an estimated £127 billion in direct bailout costs and £119 billion in indirect costs such as lower tax revenue, based also on the OBR assumptions of a three-month lockdown followed by three months of looser restrictions.<sup>72</sup> When added to the £55 billion of

borrowing already forecast for the financial year, the CPS held this produces a deficit of £301 billion, representing approximately 15% of GDP. Their total figure marked nearly double the UK public expenditure on health, which came to £150 billion in 2017/18 and £153 billion 2018/19. What is more is that it did not include the later announcement of a package of support for start-ups, as the government had not clarified by that point much of the £1.25 billion total will be in grants as opposed to loans. It was later estimated by the Centre for Economics and Business Research (CEBR) that the lockdown would cost the economy approximately £2.4bn a day while consumer confidence had crashed to its lowest levels since the financial crisis.<sup>73</sup>

In addition, the OECD has recently forecast that the UK will face the worst damage from the Covid-19 crisis of any country in the developed world, estimating that the fall in the UK's national income of 11.5% during 2020 will be higher than those in France (11.4%), Italy (11.3%), Spain (11.1%) and Germany (6.6%). Even countries whose response to the pandemic has been criticised are forecast to do better than the UK: Brazil, the US and Sweden were on course for contractions in GDP of 7.4% or less, the OECD said. China was likely to drop by 2.6% and Russia by 8%. It also warned that countries forced to impose the most draconian restrictions such as the UK faced a long haul back to previous levels of activity.<sup>74</sup>

### **Some international comparisons**

The UK's journey into a complete lockdown strongly follows from its unpreparedness for the earlier stages of the contagion. Whereas the UK abandoned test and trace in March as the number of cases appeared to overwhelm its testing capacity, others were far more prepared.<sup>75</sup> Fundamentally, countries



which did not go into blanket European-style social and economic lockdown did so because of decisive, early action and policies carefully-crafted for distinct parts of the population. This was particularly true for those countries which had had more recent experience of a pandemic:

- **Hong Kong:** its response demonstrated that by quickly implementing public health measures, transmission could be effectively contained without resorting to the social and economic lockdown adopted by Britain, much of Europe and the USA.<sup>76</sup> Its policies included: intense surveillance for infections, social distancing, school closures, tracking down and quarantining close contacts, as well as 14-day quarantine for travellers from infected countries.<sup>77</sup>
- **Taiwan:** Learning from a SARS outbreak in 2003, its Centers for Disease Control immediately ordered inspections of passengers arriving on flights from Wuhan, and then required rigorous testing, reporting of infections, tracing, isolating measures. Temperature monitors were already set up at airports. Those arriving from badly affected areas would be put into a 14-day home quarantine and although questionable for Western countries, populations were then tracked using mobile phone location-sharing technology.<sup>78</sup>
- **South Korea:** a world leader in its initial response, it acted swiftly by instituting widespread testing and contact tracing, while providing cheap and effective care for those infected.<sup>79</sup> It did not introduce a full lockdown. Again, the 'trust' factor meant that government could rely upon the people to properly social distance. Citizens wore masks in public which were properly distributed (and rationed)

by government. Testing centres were easily accessible. Again, in a policy which might trouble some Western countries, government-dictated quarantine efforts meant it easily separated patients from their families to thereby prevent household spreads. Their contact tracing relied upon GPS data, credit card data and surveillance footage and multiple other sources of information.

Even among those who went into a lockdown restriction, Iceland's notable success in avoiding the worst mortality rates are attributed to its decisive and rigorous policy of testing and tracking to find and isolate infected people, even where they had no symptoms.<sup>80</sup>

### **The constitutional cost**

The British public were being governed throughout March by unscrutinised scientific advice, unfiltered by ministerial Cabinet and for much of the early stages of the pandemic, all unamended by parliament. By mid-May, the Hansard Society reported that the government had laid some 70 Coronavirus-related Statutory Instruments (SIs) before parliament during this period.<sup>81</sup> This means that the instrument is only laid before parliament after it has already been signed into law by the minister and comes into force, but is then subject to some later parliamentary procedure. There was no public accountability or parliamentary scrutiny for the hugely expensive policies pursued by the government.

## 6.

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### How ‘The Blob’ disregarded the economic cost of the lockdown

Having already followed a narrow band of scientific evidence relating to the pandemic, there were clear concerns expressed by civil servants about the vastly increasing economic exposure – but their voices were buried deep inside the Cabinet Office. Treasury officials were on record as having warned that if the lockdown were to go beyond June, there would come a crisis point at which government interventions could not prevent normally profitable industry from collapse.<sup>82</sup> At least by April 6, the Treasury had been pressing other departments to enable a segmented release of industry workers. By early April, government officials asked themselves serious questions over whether they would have an economy to come back to at the end of the lockdown.<sup>83</sup>

That sense of ‘scientific versus economic’ imbalance was immediately invoked by Keir Starmer, when he called on government to publish its exit strategy, knowing full well that this would require not only scientific evidence but a plan for economic recovery.<sup>84</sup> The imbalance in internal Cabinet policy-making between health and economic judgement is apparent from one minister’s comment to the *Financial Times*: a paper of a cabinet subcommittee suggested to them a level of avoidable deaths as high as 150,000 without mitigation

and 'addressing that will play a bigger role on when to end the lockdown than the economic impact.'<sup>85</sup> Economic assessments did not feature in the political decisions during March and April. That conscious but narrow focus came on top of a Cabinet minister telling the same newspaper that '...there are concerns among the Cabinet we have put all our eggs in the Covid basket...'.<sup>86</sup>

It had grown clear that economic management played second fiddle to predictive, viral modelling based on both the panicked and disruptive economic measures in the Budget on March 11 and the Chancellor-chaired sub-committee to address economic and business issues, which met only for the first time on March 18. Both were reactive and reliant on 'mop-and-bucket economics', with portions of their scientific advice prioritised above any ministerial concern for retaining economic continuity and protection of industry.

The Cabinet committee system is set up to deal with meeting reactive and short-term goals, not comprehensive guidance to underpin government. It was only after mid-March that four new committees – key for ministers in thrashing out concerns and disagreements – focused on considering health, economic, public sector preparedness, and international responses. The fact that the committees were late to the decision-making process suggests they were not drivers for the government's Covid-19 policies – at least throughout February and March. Those committees then fed into a new daily C-19 meeting, chaired (usually) by the Prime Minister. The C-19 'war cabinet' would consist of the Prime Minister and the chairs of the four committees. It was agreed that this additional daily meeting of key ministers and officials would 'monitor progress and refine the measures agreed by COBR.' The chairs of each of those

implementation committees were the Chancellor, the Health Secretary, Chancellor of the Duchy of Lancaster and the Foreign Secretary who would each attend the daily C-19 meetings.

The Economic and Business sub-committee was chaired by the Chancellor, with the Business Secretary as deputy chair, to consider economic and business impact and response, including supply chain resilience. Interestingly, the press statement announcing the four committees confirmed that civil servants and the experts would continue to support the government's efforts and 'contribute to our approach, which is led by the best scientific advice.'<sup>87</sup> So, was it to be expected that all the committee input would be subordinated to the 'best scientific advice' which was already set out by SAGE and NERVTAG? Or were ministers now determining policy, taking into account the economic impact or polishing a plan pre-ordained by the scientists?

This low priority given to economic considerations is also evident from the five tests which the government said in late April would guide them when considering when to end the lockdown. These tests – making sure the NHS can cope; that there is a 'sustained and consistent' fall in the daily death rate; that the rate of infection is decreasing to 'manageable levels'; that the supply of tests and PPE can meet future demand; and that any easing of restrictions would not risk a second peak that would overwhelm the NHS – ignore any economic or social factors which might also be relevant.

The expense of lockdown were clear and present possibilities during the pandemic. An Israeli academic team of public health and business experts – David Gershon, Alexander Lipton and Hagai Levine – analysed an approach to managing the Covid-19 pandemic without shutting down the economy, while also remaining within

the capacity of the healthcare system.<sup>88</sup> Deploying their own detailed epidemiological model, which took into account different population groups and phases of the disease, including incubation, infection period, hospitalisation, and treatment in the intensive care unit (ICU), they modelled the healthcare capacity as the total number of hospital and ICU beds for the whole country. For example, with high- and low-risk population groups, they calculated the number of total and intensive care hospitalisations, and deaths.<sup>89</sup>

Their main conclusion was that countries, which enforce reasonable hygienic measures over time can avoid lockdowns throughout the pandemic – but they can do so only provided that the number of spare ICU beds per million is above the threshold of about 100. They found that in countries where the total number of ICU beds is below this threshold, a limited period quarantine to specific high-risk groups of the population would suffice. Their study also looked at the quantitative impact of the lack of ICU units on the death curve. In the case of inadequate ICU beds, full- and partial-quarantine scenarios outcomes were almost identical. Those conclusions indicate that it is unnecessary to shut down the whole economy.<sup>90</sup>

# 7.

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## **The Alternatives: how the UK's lockdown policy could have been averted**

There are several other European countries that the UK might learn from to avoid the alarmist tendencies of 'The Blob'.

### **Sweden**

For example, the Swedish Government's approach was fundamentally different. It would not impose a lockdown. The Public Health Agency produced general guidelines to reduce the spread of Covid-19 in Sweden.<sup>91</sup> Individuals were to maintain social distancing by keeping a distance from each other and refraining from non-essential travel within the country. As of 1 April, pharmacies were not allowed to dispense more medications than patients need for a three-month period. A ban on visiting all of the nation's care homes for older people had been in place since 1 April. It was committed to expand national testing for Covid-19, and by 29 March, more than 36,000 people had been tested. They did so '...partly to mitigate the impact on society and the economy of a large decline of staff in other particularly critical activities.' For the Swedes, it meant that '...a large proportion of critical workers will not need to stay home when in fact they are able to work.'<sup>92</sup> Since 29 March, it was prohibited to hold public gatherings and public events for

more than 50 people. On 24 March, Sweden's Public Health Agency decided on additional measures to limit the spread of infection at restaurants, bars, cafés, school dining halls and other venues serving food and beverages. All food venues, for example, were to ensure that tables could be spaced appropriately to avoid crowding and people were always be seated when consuming any food or beverages.

During the pandemic, Sweden's approach to fighting the virus was characterised as 'relatively relaxed',<sup>93</sup> despite its capacity to have been more carefully crafted and nuanced as well as considerate about the different facets each of the pandemic challenges presented. Sweden essentially left its schools, gyms, cafes, bars and restaurants open throughout the spread of the pandemic. Sweden refused to introduce strict new laws and citizens appeared to follow their national guidelines without the need for legislation. Also, in industry, for example, Volvo, which had to effectively halt all its production across Europe –including the furloughing of about 20,000 Swedish employees – ended up resuming production at its Swedish plants in April when much of the rest of Europe remained at home, expectant of its lockdown measures to relieve it of the virus.<sup>94</sup> Through that period, the government urged citizens to act responsibly and follow social distancing guidelines.

On the cultural face of it, polling suggested the vast majority of their population did follow voluntary social distancing.<sup>95</sup> Sweden's decision to not follow the lockdown followed the Swedish state epidemiologist Dr Tegnell and his team deploying simulations anticipating a more limited impact of the virus in relation to population size. It ran contrary to those evaluations made by other scientists, including the early March report from the Imperial College London, behind the UK lockdown.<sup>96</sup>



Sweden's Public Health Agency had even suggested Swedes may be interpreting their advice too strictly. For instance, when many sports clubs cancelled youth activities, it prompted the agency's director-general, Johan Carlson, to urge them to reconsider.<sup>97</sup> It's 'unreasonable' to cancel football or ice hockey practice for kids, he said during one press conference. Such measures 'paralyze society' and counteract public health targets.<sup>98</sup> The public health authority certainly expected some people to get seriously ill, and that people would die. But as one independent Swedish epidemiologist Johan Giesecke put it, '500-2000 people die from the seasonal flu every year'.<sup>99</sup> The agency introduced 'trust-based' measures, advising older people to avoid social contact and recommending the public to wash hands, social distance, work from home where possible and avoid travel.<sup>100</sup>

Much commentary and European criticism flowed from the Swedish example, given the huge economic damage caused by strict lockdowns to many European countries such as in Britain, after its mid-March turning point. The comparative Swedish approach rested upon the country having access to what is often reported as one of the world's highly performing healthcare systems. Sweden did not experience a real shortage of medical equipment or hospital capacity. Its own measures to set up hospital-type, emergency care facilities around Sweden mostly remained empty.<sup>101</sup>

During the crisis, Sweden reported thousands of deaths tied to Covid-19, considerably higher than in the rest of Scandinavia. As can be seen in the Appendix, it did however have half the excess death rate per head of population of both Britain and Spain.<sup>102</sup> And, at the time of writing, it is now reporting fewer than expected deaths, unlike Britain, Spain, the US, France and Belgium. As with Britain, there has been considerable pressure on politicians in the panic to take far

more restrictive measures. Prime Minister Stefan Lofven had even suggested the government might need to review its approach amid the prospect of thousands of Swedish deaths. As with the UK, there were some weaknesses in the Swedish model: the protection of people in nursing homes, which supposedly stood behind the reasons for a higher death rates than in neighbouring countries. But Lofven's calming strategy led to general approval and a rise in personal popularity among the Swedish population;<sup>103</sup> not a fact mirrored in Britain or elsewhere in Europe.

In contrast to economy-destroying lockdowns, early economic appraisals of Sweden clearly pointed to the strategy as potentially resulting in a smaller economic contraction than the rest of Europe faced.<sup>104</sup> Indeed, the OECD forecast that in 2020, GDP is expected to fall by the comparatively low figure of 7.8%.<sup>105</sup> Although many were critical of the country's opposition to lockdown, some saw that if it indeed curbed infection, its economy could be better placed to recover. There is very little evidence that Sweden had become 'an unlivable Covid-19 hotbed.'<sup>106</sup>

Britain would certainly be in no better place to criticise the Swedish example. Demographer, Lyman Stone highlighted that by 21 April Sweden performed much better than the typical locked-down country and the Netherlands was having similar performance.<sup>107</sup> This was consistent with Stone's observations that lockdowns were not a decisive factor in determining the scale of mortality a nation registers during an outbreak.<sup>108</sup>

The Swedish assumption has also strongly focused on Swedes who may have contracted the virus but not shown any symptoms.<sup>109</sup> That is important because some in the scientific community argue that Swedish people may end up with much higher immunity levels compared with those

living under lockdown and stricter regimes. The public health agency report even suggested just over a quarter of people in Stockholm would have been infected by the start of May.<sup>110</sup>

After all, as John Ioannidis (Professor of medicine and professor of epidemiology and population health), and Wilfred Reilly (Assistant Professor of political science) separately pointed out, nobody really knew at that point the actual death rate for Covid-19.<sup>111</sup> There are greatly publicised case-fatality rates which are derived from comparing known fatalities to the small pool of people who have officially been tested. The major difficulty is that those test cases consist of sick and symptomatic people or those who had direct contact with someone known to have had Covid-19. What UK and other global scientists and policy-makers required is a knowledge and understanding of the grand expanse of people who may have been infected with a mild version of the disease. Without that data, you don't essentially 'know' the true infection rate.<sup>112</sup>

Nonetheless, the key difference between the UK's European-centric approach and that of Sweden is that Swedish expertise, and policies of the Swedish government 'decided early in January that the measures we should take against the pandemic should be evidence-based.'<sup>113</sup>

Dr Tegnell remained adaptable and despite commentary, never completely adopted a strategy for herd immunity as a goal in itself.<sup>114</sup> Swedish authorities showed a commitment to sustainable strategy, both in terms of economy and imposing social restrictions. The ambition was to slow the virus spread enough to allow the healthcare system to cope while keeping the economy running as much as possible. They could commit to the policy for a long time since their schools were still open and most of society was working but on an adapted level.<sup>115</sup>

## The Netherlands

Even if the UK government were to continue to disregard Sweden's example, there were many other less oppressive and more economically respectful models of engaging with a lockdown strategy in opposition to its auto-deference to 'the science'. Why did British ministers, for example, not consider more carefully-crafted policies such as those brought forward under the Netherlands 'intelligent lockdown' strategy? The Dutch authorities only advised people to stay home as much as possible and to keep 1.5 metres apart as a means of social distance. As for economic intervention, cafes, cinemas, museums, bars and restaurants were closed since March 15.<sup>116</sup> The cannabis 'coffee shops' were open for takeaway only. Citizens were still allowed to leave home when they wanted. Schools then started to reopen from May 11.

Dutch Prime Minister, Mark Rutte, defined the phrase 'intelligent lockdown' in terms of freedom-based resistance towards heavy authority rule-based order. He had even told the press, 'We don't work like that in the Netherlands, where the government says "you have to do this, you have to do that".'<sup>117</sup> The Dutch position was distinct from Britain in looking at how to balance the need to curb the disease against the catastrophic economic damage caused by harsh lockdowns. Festivals and football matches were banned until September 1.<sup>118</sup> The government policy to aid local businesses was still expected to cost the government tens of billions of euros.<sup>119</sup> The cabinet originally allocated €19bn to help companies and the self-employed cope with the impact of the virus.<sup>120</sup>

Nevertheless, the Dutch authorities even appeared flexible to adapt their critical opposition to lockdown during the pandemic. For example, on school closures, which the government initially opposed, the general approach had

been that such measures would not help slow the spread of the disease.<sup>121</sup> However, schools began closing in any case, where parents withdrew their children from schools that were still open. The government rethought its strategy and schools were closed from March 16.<sup>122</sup> There remained concerns for the authorities as in Britain in relation to beaches becoming overcrowded. General access to nursing homes was prohibited. Unusual for political leaders in Europe, Rutte had previously expressed that it was important to build 'herd immunity'<sup>123</sup> and expected that much of the Dutch population would get the disease, although some members of the UK government also endorsed that view at early stages.

At the time of writing, the Netherlands has had a relatively successful pandemic: its excess death rate per head of population is only two-thirds that of Britain and Spain, and it saw an end to excess deaths as early as 3 May. And the OECD forecast that output would fall by the relatively low figure of 8%.<sup>124</sup>

The ill-informed UK policy of an unqualified lockdown had rested on a poorly understood and unevidenced appraisal regarding the nature of the virus. For ministers to have deferred to that troubled judgement was a mistake. In April, Mikko Paunio, an adjunct professor in general epidemiology at the University of Helsinki, and an official in the Ministry of Social Affairs and Health, suggested that the WHO has 'spread fear of Covid-19 without knowing the actual circulation rate of the virus.'<sup>125</sup> His calculations placed the virus approximately as dangerous as seasonal flu. He held that the WHO Assistant Director General Bruce Aylward made 'a major mistake' in February, when he claimed, after coming back from Wuhan, that his team 'did not see evidence that a large number of mild cases of the novel disease called Covid-19 are evading detection'.<sup>126</sup> Paunio also critiqued

Aylward's claim that SARS-CoV-2 (as it was known) would be approximately as lethal as Spanish flu. Mikko Paunio had found evidence of an extremely rapid, but undetected, spread of the virus which had spread so fast. It had been the achievement in the build-up of herd immunity, rather than the lockdown, which explained the then abrupt end of the outbreak. He was calling for the world's economy to be reopened as soon as possible as the 'cure now appears to be unequivocally worse than the disease.'<sup>127</sup>

In an interview with online site *UnHerd* in mid-April, Professor Johan Giesecke, a senior epidemiologist (and advisor to the Swedish Government, the first Chief Scientist of the European Centre for Disease Prevention and Control, and an advisor to the director general of the WHO) put forward a reasonable case for why UK policy on lockdown and other European countries were not evidence-based.<sup>128</sup> He found the correct policy to be to protect the old and the frail only. That would eventually lead to herd immunity as a 'by-product'. He in fact found the initial UK response, before the '180 degree U-turn' in mid-March was better. Needless to say, he did not agree with the Imperial College paper, finding it to be too pessimistic. It was considered a dubious basis for public policy. At least 50% of the population of both the UK and Sweden will be shown to have already had the disease when mass antibody testing becomes available. Giesecke called Covid-19 a 'mild disease' and similar to the flu, and it was the novelty of the disease that scared people. He predicted the actual fatality rate of Covid-19 to be in the region of 0.1%.<sup>129</sup>

So, if the Netherlands could commit to an intelligent lockdown, or Sweden operate outside the boundaries of strict economic and social lockdown, why did the UK choose such a severe response, particularly when the health benefits were so uncertain and the economic damage so predictable?

## 8.

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### **Depoliticising government and politicising ‘evidence’: why a change of culture in government is required in future pandemics**

As has been noted above, during the pandemic, the British public were presented with the regular Prime Ministerial restatement that ‘...everything we do is based scrupulously on the best scientific advice.’<sup>130</sup> Ministers repeatedly stated that their response to coronavirus – including the use of social distancing measures – is ‘led by the science’.<sup>131</sup> ‘We will be guided by the science at all times’,<sup>132</sup> the Foreign Secretary said time and again.

Matthew Flinders and Gergana Dimova have suggested that ministerial-led emphasis on scientific experts was, at least partly, a depoliticisation and blame-deflection strategy to render the scientists, instead of the politicians, as the public face of the crisis.<sup>133</sup> The researchers highlighted how the ‘defining performative elements’ of the pandemic include the daily reports of the Prime Minister or senior ministers at which they were accompanied by ‘the experts.’ During the daily Downing Street briefings, they observed that almost no statement could be made by a minister without being subsequently tangled in the discursive ‘golden phrase’ that is ‘following the expert advice we are receiving’.

Flinders and Dimova also noted how, in several countries, including Britain, a bargain opened up in which politicians departed the public stage to the extent that they would often let the experts become the public face of the crisis. As in other European countries, scientific experts often became household names.<sup>134</sup> Referring closely to the experts and hugging them close becomes a 'politicised form of self-preservation strategy' that can potentially insulate politicians from direct culpability. While it is fair and rational to heed the advice of scientists protecting public health, it therefore marks a deeply troubling depoliticisation strategy in which ministers and politicians more broadly allow 'the experts' to become the public face of the crisis.

A former chief scientific adviser, Professor Sir David King had expressed concern that with ministers continually saying that they are following the science advice all the way, that the idea of science would be potentially damaged in the process.<sup>135</sup> King differentiated between scientists giving advice and governmental responsibility for making political decisions. The damage that can be done was made evident by King: in hiding behind scientists, the public will not know what the scientists were advising because they are restricted to coming out on radio or television to broadcast their advice.<sup>136</sup>

Justin Parkhurst (2017) has also emphasised how invoking particular forms of evidence can obscure the political nature of decisions.<sup>137</sup> At one level, it is known as 'issue bias' because evidence itself can bias decisions towards particular outcomes through the depoliticization of politics. The selection of evidence is key to 'issue bias'. It allows ministers and politicians to present a policy as evidence based while in reality, using evidence from a subset of relevant policy concerns. It also leads to 'unwarranted



interpretations' of the importance of evidence. for example, by 'interpreting methodological rigour as an indication of policy relevance'.<sup>138</sup>

The choice to depoliticise government decision-making had significant problems: not least, it meant that the health concerns outweighed all others. In order to rise to the challenge, the government should have drawn upon knowledge from multiple areas.<sup>139</sup> It failed to do so.

## Conclusions and recommendations

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The UK response to the pandemic brought to the fore the demands of 'The Blob', a small set of scientists supported by a managerialist Whitehall culture. In that environment, Secretaries of State no longer acted as 'principals' in making policy and law, but rather as 'agents' of a network of high-level officials and advisers within the civil service.

A regular feature of the pandemic had been government minister's reverence for 'the science'. Ministers appeared to surrender their decision-making responsibilities to the NERVTAG-SAGE network, reporting into the government through COBR and its advice then received as sacrosanct. This network was not infallible. It made mistakes. But government continued to accept its advice as if it were infallible.

Ministers are strongly tied into a strongly managerialist civil contingencies planning system upon which they exert little control through the Civil Contingencies Secretariat (CCS). The deference to the Cabinet committee system, through COBR, SAGE, NERVTAG and SPI-M advice in January-February directly led to a resigned and ineffectual response to an epidemic in January-February when a genuine government response was required on testing and contact tracing. The reverence that government expressed for that same system of scientific advice in March-June 2020 directly

led to the lockdown, when a more considered response may have been preferable – including how to balance long-term economic continuity with healthcare protection.

For the purposes of government, Covid-19 was treated as a health problem. But it was far wider. In order to rise to the challenge, the government should have drawn upon a much wider range of expertise. It failed to do so. The questions which both parliament and future inquiries must investigate derive from this fundamental error.

There will be a similar crisis at some time in the future, one hopes a long time distant. What is important is that we now learn the right lessons from this outbreak so that, next time, it really will be different.

# Appendix: Excess mortality by country

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Excess mortality since country's first 50 Covid deaths  
Updated on 22 June 2020

Country	Date Range	Total Excess Deaths	Population (latest year, millions)	Excess Deaths per million of population
Britain	14 March to 6 June	64,255	68	944.9
Spain	4 March to 2 June	43,853	47	933.0
Italy	26 February to 28 April	41,433	60	690.6
Belgium	23 March to 10 May	7,887	12	657.3
Netherlands	16 March to 3 May	9,399	17	552.9
Sweden	18 March to 26 May	4,704	10	470.4
France	11 March to 26 May	28,137	65	432.9
USA	15 March to 23 May	128,258	331	387.5
Portugal	25 March to 9 June	3,001	10	300.1
Switzerland	23 March to 26 April	1,635	9	181.7
Germany	18 March to 12 May <sup>78</sup>	7,109	84	84.6
Denmark	25 March to 2 June	279	6	46.5
Austria	23 March to 5 April	330	9	36.7

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## Notes:

1. Opening date is the first week in which a country recorded over 50 Covid-19 deaths, apart from in the US where the start date is the date in which the first state recorded over 50 Covid-19 deaths.
2. For the following countries, the closing date is when the weekly excess deaths were recorded at under 50 (i.e., when no further deaths are expected unless there is a second outbreak): Belgium, Netherlands, Sweden, Portugal, Switzerland, Germany, Denmark and Austria.

## A HAT TRICK OF FAILURES

3. For the following countries, the closing date is the date of the most recent data (i.e., when further excess deaths can be expected): Britain, Spain, Italy, France and the USA.
4. The source for the USA is the Centers for Disease Control and Prevention (CDC), the US government's health protection agency. Unlike the *Economist*, the CDC publishes federal totals as well as the number of excess deaths in each of the individual states. US are totals of all the individual states taken from 15 March when New York was the first state to record over 50 Covid-19 deaths. However, the national data should be treated with some caution as the quality of data and the timeline for reporting deaths vary from state to state.

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  - some countries only report deaths for which a COVID-19 test has confirmed that a patient was infected with the virus – untested individuals may not be included;

- death reporting systems may be insufficient to accurately measure mortality – this is particularly true in poorer countries;
  - the pandemic may result in increased deaths from other causes for a number of reasons including weakened healthcare systems; fewer people seeking treatment for other health risks; less available funding and treatment for other diseases (e.g. HIV/AIDS, malaria, tuberculosis);
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# The Covid-19 Review

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There will be plenty of official inquiries into the Covid-19 pandemic and the British Government's response to it. This series of reports is intended to help those sitting on these inquiries, as well as the public, MPs, peers and experts, to ask the right questions.

To ensure proper accountability and independent scrutiny, these reports are inspired by the need respectfully to examine some of the roots and handling of the crisis and how we can best prepare for future outbreaks.

The authors do not doubt the huge efforts of all involved in addressing the pandemic, from the frontline medical staff, to all those in care homes and the ancillary services, through to our political leaders. Nor do we doubt that, throughout the crisis, they acted with the best of motives.

But there are clearly alternative approaches and different national rates of success in responding to Covid-19. What is important is that we learn the right lessons from this outbreak so that, next time, it really will be different.



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## THE COVID-19 REVIEW

How Britain responded to the Coronavirus

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Britain has achieved an undesirable hat trick of failures in its Covid-19 pandemic response. Jim McConalogue and Tim Knox argue in this report that:

- Along with Spain, Britain has the highest excess death rate per capita in the world for the first half of 2020.
- The government's reaction to the Covid-19 pandemic has also been one of the most financially expensive of any country in the OECD both in terms of the cost of the measures that the government has taken and the overall damage to the economy.
- Only three countries in the world are less prepared to ease lockdown restrictions than the UK: Algeria, Nicaragua and Iran.

McConalogue and Knox put the blame for this poor response on what they call 'The Blob' – the scientific clique entrenched within a managerialist Whitehall culture which the politicians chose not to confront or question. They show how the advisory groups to the government appear to have been granted 'a representational monopoly' with the advice coming from scientific committees being rarely challenged either by government or by those outside the inner circle of advisers.

They argue that ministerial deference to 'the science' was frequently not justified. 'The science' made many mistakes. Other considerations – including the impact of sending of elderly infected patients from NHS hospitals to care homes and the wider economic costs – were never given the attention they deserved.

The authors recommend that parliament and future inquiries should question whether the government might have drawn upon a far wider pool of expertise than that offered by existing advisory bodies. Should there now be a re-evaluation of the purposes, composition and objectives of the government's scientific advisory groups? Should the circular and self-reinforcing way in which the Cabinet Office Briefing Rooms (COBR) authorises the Scientific Advisory Group for Emergencies (SAGE) but then almost solely and unquestionably relies upon its advice in return be dismantled? And why did other European countries – including Germany, Sweden and the Netherlands – fare so much better in terms of their rates of excess deaths, the economic impact of the measures taken in response to the pandemic and their readiness to ease lockdown?

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