

**To:** Secretary of State, Department for  
Work and Pensions, Minister of State for  
Disabled People, Health and Work  
**From:** NR Disability Unit  
**SCS Clearance:** Sarah Baker, Disability Unit  
**Date:** 12 November 2020



Cabinet Office

**Submission on Disability Unit's contribution to the COVID (O) commission on  
disproportionate impacts of covid on disabled people  
Issue**

1. This submission sets out the Disability Unit's (DU) suggested contributions to a set of  
xWhitehall proposals being prepared ahead of the Covid O discussion on 27 November  
about how to tackle disproportionate impacts of covid on disabled people.

**Timing**

2. In order to meet the Covid O secretariat deadline of Tuesday 17 November 2020, the DU  
needs a decision to proceed with any or all of these by Monday 16 November 2020.

**Recommendation**

3. That you approve the proposals below:
  - 3.1 **Data commission** to understand factors driving increased mortality risk - improving  
on data collected by the ONS (Annex A),
  - 3.2 **Engaging disabled people** impacted by COVID via a **National Panel of disabled  
people** to create a channel to hear voices of lived experience and feed these into  
HMG COVID policy makers (Annex B),
  - 3.3 **A National Centre for Digital Access** to turn the current moment of 'forced  
digitisation' of services and social life under COVID-19 into a catalyst to make  
England the most accessible place in the world to live and work with digital  
technology. (Annex C).

**Background**

4. As part of the Cabinet Office led work on Disproportionately Impacted Groups (DIG) the  
SRO for DIG Emran Mian have asked Departments, including DU, to work up proposals  
on disability and COVID for a COVID (O) meeting on 27 November (see commission in  
Annex D).
5. This commission sought Disability Unit to consider the following areas:
  - Improve the data, which should include a breakdown of types of impairment  
associated with: an increased risk of infection from COVID-19, and an increase in the  
risk of poorer outcomes from COVID-19 and monitoring of policies to assess  
effectiveness (see data commission in annex A)
  - Review and make recommendations on how to ensure their COVID-19 guidance and  
messaging reaches and is understood by disabled people.
  - Consider their mechanisms to bring stakeholder insight into their work with a view to  
improving interventions and decision making in respect to people with disabilities  
(see panel in annex B).
  - Put forward recommendations to improve digital accessibility for disabled people.  
(see a National Centre for Digital Access in annex C).

6. DU's role is twofold. Firstly DU is supporting the DIG work, providing expertise on disability, and has had a role in ensuring that disabled people are considered in addition to the work on ethnicity. Secondly DU has been asked to work with other Departments to develop policy proposals in response to the commission.
7. Like our other Whitehall partners, the DU has had less than a week to develop these proposals. We have sought to meet the COVID (O) secretariat's deadline in the knowledge of recent precedent of the DIG's focus on ethnicity and COVID-19, which saw some proposals being developed at pace, then funded towards the end of that process.

#### Annex A: Disability Unit evidence building work to compliment ONS work

<b>Lead Department/Owner:</b> Disability Unit (Cabinet Office), working in conjunction with the ONS, DWP and health partners.
<b>1) Recommendation / intervention and delivery timelines</b>
<b>Briefly set out details of the proposed intervention/ recommendation</b>
<p>Available data and analysis on the question of disproportionate impacts of covid on disabled people has significant gaps. For example, although ONS data on social impact of covid is broken down by impairment, their current mortality data does not tell us what types of disabilities (impairments) are associated with an increased risk of death from COVID-19. In addition, the relationship between disability and health is complex and is likely to be the result of a combination of factors. For instance, disability is associated with increased risk of economic inactivity and poverty and older age. We are currently not clear what is driving the increased risk.</p> <p>These gaps mean:</p> <ul style="list-style-type: none"> <li>• we have insufficient information to inform COVID-19 policymaking for people with disabilities,</li> <li>• communications to mitigate the impact of COVID-19 on disabled people are hampered,</li> <li>• that if this is not addressed at pace, HMG faces a wider reputation risk of being too slow to act in spite of several credible reports of significant differential impacts.</li> </ul> <p><b>Acting now, and being able to point to further research in the pipeline, will be an asset in light of our current data gaps.</b></p> <p>Before we can begin to look at why disabled people are disproportionately impacted by COVID-19, we need a better understanding of what the impacts are. First and foremost, we need to know</p> <p>(1) What groups of disabled people are most at risk. Harmonised impairment categories as defined by GSS should form the basis for this work using the</p>