

Questionnaire

UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor Chris Todd - Reference: M2/SAGE/01/CT

Please provide the following information:

1. A brief overview of your qualifications, career history, professional expertise and major publications.

Qualifications

1978	BA Hons in Psychology. University of Durham, Collingwood College
1980	MA by thesis. University of Durham
1987	PhD <i>Terminal patients and the role of the general practitioner</i> . University of Durham
1989	Chartered Psychologist (EPC), British Psychological Society
1990	Associate Fellow, British Psychological Society
1998	Chartered Health Psychologist, British Psychological Society

Awards

2019	Senior Investigator: National Institute for Health and Care Research (NIHR)
2019	Fellow: Royal College of Physicians of Edinburgh

Career History

2001 – present Professor of Primary Care & Community Health, School of Health Sciences, (*Formally School of Nursing, Midwifery & Social Work*), The University of Manchester

Concurrent appointments in University of Manchester

2019- present: Director: NIHR Older People and Frailty Policy Research Unit

2019- present: Lead, Healthy Ageing Theme: NIHR Applied Research Collaboration Greater Manchester

2003 – 2014: Director of Research, School of Nursing, Midwifery & Social Work, The University of Manchester

Unit of Assessment Lead for UK Research Assessment Exercise RAE2008 UoA11- Nursing

RAE2008: Top for UoA11, Results [click here](#)

Unit of Assessment Lead for UK Research Excellence Framework REF2014 UoA3-

AHPs, Dentistry, Nursing and Pharmacy

REF2014: Top for UoA3 research power Results [click here](#)

1990 - 2001 Research Associate (1990-92), Senior Research Associate (1992-93) Director, (1993-2001) Health Services Research Group, Department of Public Health & Primary Care, University of Cambridge.

Concurrent appointments in University of Cambridge

1999 – 2001: Director of Studies in Social and Political Sciences, Wolfson College, Cambridge

1997 – 2001: Co-Director, Cambridge Research Development Support Group, Institute of Public Health, University of Cambridge

1994 – 2001: Affiliate Lecturer & Course Organiser Paper 19, Faculty of Social & Political Sciences, University of Cambridge

1995 – 2002: Fellow, Wolfson College, Cambridge

1987 - 1990 Research Officer, Centre for Applied Health Studies, University of Ulster, Northern Ireland.

1986 Interviewer, Policy Studies Institute, London. "Study of Doctors' Careers"

1980 Temporary Lecturer in Psychology. Department of Social Sciences, Sunderland Polytechnic

Professional Expertise

My work is broadly Health Services and Policy Research related to promoting healthy ageing and frailty prevention. This includes quantitative (surveys, randomised controlled trials, basic epidemiological methods etc.) and qualitative (interviews, focus groups etc.) research methods, as well as critical appraisal and evidence synthesis (systematic review) methods. Early in my career I focused on palliative and end-of-life research, but developed an interest in epidemiology of osteoporosis and hip fracture, and did what has been described as ground-breaking research into hip fracture outcomes. This developed into interest in falls and fracture prevention and for many years I ran programmes of research both in palliative care and in fall prevention. Over the last decade or so I have focused on healthy ageing and policy research, especially around fall prevention, promotion of resilience and activity promotion amongst older people, including the use of technologies in support of interventions with older people. Over the last 30 years I have been Principal Investigator or Co-Investigator on more than 100 grants and fellowships from funders including NIHR, MRC, NHS, EC, CRUK and WHO as well as numerous medical research charities. I led the EC projects ProFaNE Prevention of Falls Network Europe; and ProFouND Prevention of Falls Network for Dissemination. I have supervised some 35 PhDs and currently have six PhD students.

Publications

I am author or co-author of in excess of 300 peer reviewed papers in international medical and health sciences journals.

A list of published papers can be found here <https://orcid.org/0000-0001-6645-4505>

5 selected recent papers

Montero-Odasso M, et al including Todd C and The Task Force on Global Guidelines for Falls in Older Adults. World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative. *Age and Ageing* 2022, 51 (9), afac205, <https://academic.oup.com/ageing/article-lookup/doi/10.1093/ageing/afac205>.

Bosco, A., McGarrigle, L., Skelton, D.A., Laventure, R.M.E., Townley, B., Todd, C. Make Movement Your Mission: Evaluation of an online digital health initiative to increase physical activity in older people during the COVID-19 pandemic. *Digital Health* 2022, 8, 1-18, <https://doi.org/10.1177/20552076221084468>

Sinclair D, Maharani A, Chandola T, Bower P, Hanratty B, Nazroo J, O'Neill T, Tampubolon G, Todd C, Wittenberg R, Matthews F, Pendleton N. Frailty among older adults and its distribution in England. *The Journal of Frailty & Aging*, 2021, <http://dx.doi.org/10.14283/jfa.2021.55>

Spiers G, Kunonga TP, Hall A, Beyer F, Boulton E, Parker S, Bower P, Craig D, Todd C, Hanratty B. Measuring frailty in younger populations: a rapid review of evidence. *BMJ Open*. 2021;11:e047051. <http://dx.doi.org/10.1136/bmjopen-2020-047051>

Davies K, Maharani A, Chandola T, Todd C, Pendleton N. A prospective analysis examining the longitudinal relationship between loneliness, social isolation, and frailty, in older adults in England. *The Lancet Healthy Ageing Longevity* 2021 1 [https://doi.org/10.1016/S2666-7568\(20\)30038-6](https://doi.org/10.1016/S2666-7568(20)30038-6)

2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

- SAGE Social Care Working Group (initially called Carehome Working Group) from April 2020 until August 2022.

3. An overview of your involvement with those groups between January 2020 and February 2022, including:

a. When and how you came to be a participant;

- According to my records and to the best of my recollection, The University of Manchester and Health Innovation Manchester put together a COVID Research Rapid Response Care Homes Group at the beginning of April 2020 and I was invited to be part of that group (email dated 09/04/20). Following that I was approached by Prof Ian Hall, in mid-April 2020 (17/04/20) in my capacity as Director of the NIHR Older People and Frailty Policy Research Unit to provide some data on frailty prevalence and distribution across England to help put some modelling he was conducting in context. I was able to provide a report my Unit had just submitted to DHSC on the geographical distribution of frailty. According to my records the first meeting of the SCWG occurred on 24th April 2020, and I was invited to that by Dr Julia Verne from PHE.

b. The number of meetings you attended, and your contributions to those meetings;

- I attended nearly every meeting from April 2020 onwards. I only missing those when I had clashes with PRU meetings with DHSC, which I chair, or illness or annual leave.
- I contributed to meetings as a group member, offering advice within my areas of expertise. I contributed to writing reports and documents as part of the collective responsibility and led on the following presentations to the group and documents:
 1. *Frailty and care homes*. Briefing paper for Scientific Advisory Group for Emergencies Care Home Working Group; April 2020
 2. *Multimorbidity and frailty in care homes and implications for COVID-19 planning*. Presentation and briefing paper for Scientific Advisory Group for Emergencies Care Home Working Group; May 2020
 3. *Adverse effects of social isolation and loneliness*. Briefing paper for Scientific Advisory Group for Emergencies Care Home Working Group; June 2020.
 4. *Personal Protective Equipment (PPE) for unpaid carers*. Briefing paper for Scientific Advisory Group for Emergencies Social Care Working Group and submitted to Scientific Advisory Group for Emergencies; September 2020
 5. *Family visits to care homes: experiences and perspectives on policies and practices during the COVID-19 pandemic: A summary of ongoing UK research*. Submitted to Social Care Working Group March 2021
 6. *The effectiveness of PPE in reducing the transmission of COVID-19 in health and social care settings: December 2021 update* Paper submitted to Scientific Advisory Group for Emergencies by Social Care Working Group;
<https://www.gov.uk/government/publications/nihr-the-effectiveness-of-ppe-in-reducing-the-transmission-of-covid-19-in-health-and-social-care-settings-december-2021-update-12-december-2021>

c. Your role in providing research, information and advice.

- I advised the group on issues directly related to ageing, frailty etc within my area of competence and contributed to reports and briefing papers prepared by the group. This comprised providing overviews of evidence and undertaking rapid reviews and evidence synthesis of literature.

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.

- The following list I believe may present some papers as earlier iterations of papers eventually submitted with slightly different names. I trust that the secretariat will be able to provide a definitive list of papers and I would then be in a better position to confirm which I contributed to.

1. *COVID-19 Hazard profile and mitigation in care homes: consensus statement of the SAGE Social Care Working Group*. Paper submitted to Department of Health and Social Care June 2022.
2. *A summary framework for the ongoing protection of care home residents from severe impacts of Covid-19*. Social Care Working Group.
3. *Consensus statement on outbreak recovery testing strategies*. Social Care Working Group. Briefing paper submitted to Department of Health and Social Care. 18th February 2022
4. *What is the current evidence on duration of isolation periods in care home residents?* Social Care Working Group. Paper submitted to Department of Health and Social Care. 25th January 2022
5. *The effectiveness of PPE in reducing the transmission of COVID-19 in health and social care settings: December 2021 update* Paper submitted to Scientific Advisory Group for Emergencies by Social Care Working Group;
<https://www.gov.uk/government/publications/nihl-the-effectiveness-of-ppe-in-reducing-the-transmission-of-covid-19-in-health-and-social-care-settings-december-2021-update-12-december-2021>
6. *Consensus statement on the association between the discharge of patients from hospitals and COVID-19 in care homes*. Paper submitted to Scientific Advisory Group for Emergencies by Social Care Working Group; September 2021
7. *What are the appropriate mitigations to deploy in care homes in the context of the post vaccination risk landscape?* Paper submitted to Scientific Advisory Group for Emergencies by Social Care Working Group; 27th May 2021
<https://www.gov.uk/government/publications/scwg-what-are-the-appropriate-mitigations-to-deploy-in-care-homes-in-the-context-of-the-post-vaccination-risk-landscape-26-may-2021>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994620/S1257_SCWG_Post_Vaccination_Mitigations.pdf
8. *Family visits to care homes: experiences and perspectives on policies and practices during the COVID-19 pandemic: A summary of ongoing UK research*. Submitted to Social Care Working Group March 2021
9. *Social Care Working Group Advisory Response on Vaccination of Care Home Staff*. Paper submitted to Cabinet Office COVID-19 Operational Committee; March 2021
10. *Social Care Working Group Guidance on residential care home settings COVID-19 testing*. Paper submitted to Scientific Advisory Group for Emergencies; December 2020
11. *Social Care Working Group Consensus statement on family or friend visitor policy into care home settings*. Paper submitted to Scientific Advisory Group for Emergencies; November 2020.
12. *Personal Protective Equipment (PPE) for unpaid carers*. Briefing paper for Scientific Advisory Group for Emergencies Social Care Working Group and submitted to Scientific Advisory Group for Emergencies; September 2020.
13. *Adverse effects of social isolation and loneliness*. Briefing paper for Scientific Advisory Group for Emergencies Care Home Working Group; June 2020.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012417/S0584_Adverse_effects_of_social_isolation_and_loneliness_in_care_homes_during_COVID-19.pdf
14. *Social Care Working Group Care Homes Analysis* June 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897497/S0343_Care_Homes_Analysis.pdf May 2020

15. *Multimorbidity and frailty in care homes and implications for COVID-19 planning.*
Presentation and briefing paper for Scientific Advisory Group for Emergencies Care Home Working Group; May 2020.
16. *Frailty and care homes.* Briefing paper/presentation to Scientific Advisory Group for Emergencies Care Home Working Group; April 2020.

5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

- I avoided all contact with press as requested by GO Science. I was contacted on a couple of occasions by press but either declined to comment or did not respond at all to request.

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:

- a. The composition of the groups and/or their diversity of expertise;
- b. The way in which the groups were commissioned to work on the relevant issues;
- c. The resources and support that were available;
- d. The advice given and/or recommendations that were made;
- e. The extent to which the groups worked effectively together;
- f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

- a. The composition of the groups and/or their diversity of expertise;
 - Generally the group had a good spread of expertise – it might have been useful for more general social science input. There is generally a paucity of social care research expertise in the UK, but members of the group included experts in Adult Social Care research.
- b. The way in which the groups were commissioned to work on the relevant issues;
 - Commissions came via the Chairs which seemed appropriate.
- c. The resources and support that were available;
 - More formal secretariat support would have helped the group to function more efficiently. The support provided was at times stretched when working at pace, and this is perhaps best reflected in the record keeping of the group.
 - The chairing of the group was excellent given the length of time we acted together and the responsibility to provide timely advice at pace in a rapidly changing situation.
 - Most of the time members were working from home rather than in institutional offices for much of the time during the height of the pandemic and thus we were dependent on private internet access. Most of the time this worked fine, and as we got more used to this form of remote access and working it became better. I personally changed ISP during this period which gave me more stable and faster internet access. Initial working was on Zoom. It might have been useful in retrospect for us to have received support in terms of internet and security software for remote meetings.
 - Data access was a recurrent issue for the group.
- d. The advice given and/or recommendations that were made;
 - I believe all advice provided was based on the best evidence available at the time that advice was provided. I believe that discussions within the group ensured advice was measured and did not overstate evidence.

- e. The extent to which the groups worked effectively together;
 - Given that I did not know most members of the group before, and given that all meetings were virtual we worked very effectively together. I think this is testimony to the motivation of the group. Personally I was motivated by my sense of civic duty, and a hope that I could in some small way contribute to the greater good at a time of international emergency by applying my knowledge and skills. It is my impression that the rest of the groups were similarly motivated.
- f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.
 - I am not quite clear what this question refers to. I followed the guidance given in terms of security, confidentiality etc and complied with rules of due diligence.

7. Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups.

Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.

- My view is that UK was not well prepared for the pandemic and that we need to ensure better structures are in place for the future. I personally was surprised by the dissolution of Public Health England and reorganisation of its functions during the pandemic. It would also seem to me to be sensible to have standing groups such as the SCWG which can be called upon at short notice, rather than having to create groups and have them learn how to work together at a time of national emergency.

8. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

- I have Outlook calendar invites, and emails (approx. 700) and some drafts versions of the papers outlined above. I was working at home throughout the pandemic, and all hard copy was shredded as it became redundant, and most electronic drafts were overwritten or deleted as they became redundant. Electronic versions of draft documents are either on the University of Manchester secure server (some 33 items), or on DH Exchange secure cloud server.