THIS DOCUMENT IS THE PROPERTY OF HER BRITANNIC MAJESTY'S GOVERNMENT

COVID OPERATIONS COMMITTEE (81)

8 December 2020

DISPROPORTIONATELY IMPACTED GROUPS - DISABILITY

PAPER FROM THE SRO ON DISPROPORTIONATELY IMPACTED GROUPS AND THE COVID-19 TASKFORCE

SUMMARY

1. Disabled People[1] continue to be disproportionately adversely impacted by COVID-19. The death rate is higher among people with disabilities: 59% of those who died from COVID-19 between 2 March to 14 July were disabled[2] relative to non-disabled people, and disabled people are more likely to be affected by the indirect impacts of COVID-19 such as unemployment, financial instability, mental health, and access to services. The annexed data pack should be read alongside this paper.

2. An effective response from national Government would look to:
    a. improve the data and better understand the impacts;
    b. reduce mortality and morbidity, through better infection control;
    c. mitigate indirect impacts of COVID-19; and
    d. improve communications.

3. This paper proposes a package of actions to meet these objectives, from across departments. Ministers will be invited to consider the proposed response in the round and agree its level of ambition and impact. While disabled people have widely varied experiences of COVID-19, this paper and the proposals focus on common themes that have emerged, and specific issues that we are able to identify. Our

---

[1] In most data sources, disabled people are defined according to the government harmonised definition based on the Equality Act 2010, as those who have a long-term (more than 12 months) health condition or impairment that limits their day to day activities.

[2] Same definition of disability used for the data as per footnote 1.

understanding needs to improve, and further interventions may need to be considered as new evidence emerges.

4. This pandemic has demonstrated the need to ensure that the breadth of Government policy making considers the specific challenges facing disabled people as we rebuild from COVID-19 and the economic crisis.

SUMMARY OF THE EVIDENCE: MORTALITY

5. The death rate appears much higher for disabled people than for the non-disabled population. In the first wave, almost 60% of those who died from COVID-19 were disabled - this includes disability from known associated underlying health conditions as well as learning, sensory and other disabilities. For some disabled people, mortality rates may be particularly high. For adults with any learning disability, PHE estimated that the mortality rate was between three and six times the rate for the general population in the first wave[3], although these are largely extrapolated rates due to poor data availability

6. Limitations in the data mean we cannot definitively explain this disproportionality in mortality. After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between those disabled and limited a lot and those non-disabled was 2.4 times higher for females and 2.0 times higher for males[4]. The two most significant factors are considered to be underlying health conditions and the settings in which disabled people live. Disabled people may have one or more health conditions which are known to be associated with higher risk of severe outcomes from COVID-19; some people may live in 'enclosed' care settings which are associated with higher transmission risks (such as care homes). However, we do not have sufficient evidence to understand whether other particular risk factors also exist.

---

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933612/COVID-19__learning_disabilities_mortality_report.pdf

4 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/2marchto14july2020

7. Our best current understanding of risks of poor outcomes from COVID-19 is from the QCOVID risk stratification tool[5]. This risk prediction model estimates the relative risks of hospital admission and mortality from COVID-19 in adults. It looks at risks associated with specific health conditions and takes into risk factors. However, as it uses 'clinical codes' in health data sets and because there is no consistent mapping between disability status/degree of impairment (self rated) and formal diagnoses of specific health conditions captured in diagnostic codes - this analysis does not present the full picture of COVID risks to disabled people. Where there is a clear read across between a clinical code and 'disability impairment' (for example for Down's Syndrome and other Learning Disabilities), the model has been able to assess risks and found these to be higher. As a result, the four UK Chief Medical Officers took account of findings from the QCovid model in deciding to add Down's syndrome to the clinically extremely vulnerable (CEV) list. Insight from this 'live' model should be taken into account alongside other data to understand what is driving mortality rates. For example, people with learning disabilities are known to have higher prevalence of health conditions that have poor COVID-19 outcomes which partly explains higher observed mortality rates.

8. Further critical data recording, collation and analysis is urgently needed in order to fully understand the relationship between disability and known risk factors, particularly for LD and ethnicity. It is currently difficult to robustly link available data to demonstrate the relationship between disabilities and health conditions which are associated with an increased risk of hospitalisation and death from COVID-19. Many risk factors linked to disability are not yet fully quantified. We recommend that improving data be a priority.

SUMMARY OF THE EVIDENCE: INDIRECT IMPACTS OF COVID-19

There is also disproportionality in the impacts of restrictions on disabled people:

[5] Clift, A.K., Coupland, C.A., Keogh, R.H., Diaz-Ordaz, K., Williamson, E., Harrison, E.M., Hayward, A., Hemingway, H., Horby, P., Mehta, N. and Benger, J., 2020. Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study. *bmj*, *371*.

- They have been affected by job losses. Labour Force Statistics published by the ONS in November shows a 23.2% increase (69,818) in unemployed disabled people between Q3 2019 to Q3 in 2020[6].
- Disabled people have been more adversely impacted financially as a result of Covid-19, compared to non-disabled people. For example disabled people were more likely to report difficulty paying their household bills, saving, or meeting an unexpected but essential household expense, compared to non-disabled people. .[7]
- Self-reported mental health impacts are greater than among non-disabed people. Around 62% of disabled people reported the coronavirus (COVID-19) affected their well-being in September 2020, which compared with 42% for non-disabled people.[8]
- Disabled children and their families have lost access to services and support[9].

RECOMMENDATIONS

9. **Given the need for urgency,** we recommend Ministers endorse the following package of measures to improve health outcomes for disabled people in response to COVID-19, some of which are already public and in train (denoted by **) Further measures relating to adult social care are being presented to COVID (O) at a meeting scheduled for 8 December 2020.
    a. **To improve the data** and our understanding of disproportionate impacts on disabled people, and improve our response, the package would:
        i. **Improve the data collected on disability by commissioning research to understand factors driving increased mortality risk.** Disability Unit working in conjunction with the ONS, DWP and health partners to improve the data collected to better understand factors driving increased mortality risk, improve linkage of existing datasets, break down types of impairment and,

[6] ONS (Nov '20) Labour Force Statistics : A08: Labour market status of disabled people.

[7] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/coronavirusandthesocialimpactsondisabledpeopleingreatbritainmay2020 - Figures cited use the Government Statistical Service (GSS) harmonised definition of disability

[8] ONS Opinion and Lifestyle Survey September 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/september2020#disabled-peoples-well-being-during-the-coronavirus-pandemic

[9] https://www.familyfund.org.uk/Handlers/Download.ashx?IDMF=04e5bd74-4411-4b03-9f90-282f10de7b92

where relevant, intersectionality associated with an increased risk of infection or severe outcomes from COVID-19, in order to develop effective interventions and policies. (**DU, DWP, ONS, £120k - funded**)

ii. **Conduct a data audit of disabled people's travel patterns and preferences** to inform policies that help improve disabled passengers' safety, confidence and experiences using public transport during the pandemic. (**DfT, £100k, funded**)

b. **To reduce mortality and morbidity** and improve health outcomes for disabled people, the package would:

i. **Support more regular testing for disabled people and their contacts, including in the following settings, which are part of the published winter plan:**

a. **In care homes** by providing at least two weekly tests for staff and at least weekly tests for residents, with lateral flow testing for visitors likely to be required before entry. **(DHSC, funded **)**

b. **In domiciliary care settings** by providing regular testing for CQC-registered domiciliary care workers, with the ambition to extend this to non-CQC-registered care workers. **(DHSC, funded **)**

c. **In high-risk Extra Care/Supported Living settings** by providing regular testing for staff and residents. **(DHSC, funded **)**

ii. **Support measures to improve infection control by reducing movement and the associated potential for transmission:**

a. **Explore introducing support payments for the clinically extremely vulnerable in Tier 3 areas** who cannot work from home, are not furloughed, and are expected to return to work in environments where social distancing is difficult, in order to prevent them from being

exposed to a higher level of risk than those not in this position. **(MHCLG, TBC - unfunded)**

b. **Support residential care providers in preventing staff movement between care settings**, minimising the risk of infection by providing the necessary financial support through the Infection Control Fund. **(DHSC, funded)**

c. **Improve guidance to help employers better support their clinically extremely vulnerable (CEV) employees.** Guidance will be updated to help employers have appropriate conversations with CEV staff, and to consider furloughing those who cannot reasonably work from home. It will also make clear how appropriate COVID-Secure adaptations can be made to help support CEV staff who are in work. (**MHCLG and BEIS, nil cost**)

d. **Reduce the risk of transmission for passengers who require close-contact assistance, many of whom are disabled**, by encouraging transport workers in these scenarios to use face coverings, and assessing the case for mandating the use of face coverings in close-contact passenger assistance. **(DfT, nil cost).**

c. To mitigate indirect impacts of COVID-19, the package would:

i. **Support measures to address the negative effects on the wellbeing of disabled people from COVID-19 restrictions:**

a. **Provide immediate, targeted support to redress the known indirect impacts of COVID-19 on disabled people**, and improve the physical and mental wellbeing of disabled people and carers, by funding voluntary and community organisations providing direct support. (**DHSC, £2.4m, unfunded**)

b. **Reduce the mental health risks of isolation** by providing clear guidance on care home visits, setting out precautions that mitigate the risk of transmission. **(DHSC, nil cost **)**

c. **Promote the new exemptions in access to respite provision** for families of disabled children and support bubbles for those with disabled children under 5 who require continuous care, in order to prevent isolation and burnout and improve mental health for parent carers over winter. **(DfE, nil cost **)**

ii. **Help disabled people access and use digital technology to stay well and connected:**

a. **Reduce the digital exclusion of people with disabilities** by providing basic devices, data and digital support to people with learning difficulties or severe impairments. (**DCMS, £5m-10m, unfunded**)

b. **Ensure more disabled young people have the technology that they need to fully participate in work** by expanding specialist hardware needs assessments, and promoting them more effectively through targeted marketing and partnering with the voluntary sector. (**DCMS, included in above £5m-10m, unfunded**).

c. **Create a National Centre for Digital Access** to use the 'forced digitisation' of services and social life during COVID-19 as a catalyst to make this the most accessible place in the world to live and work with digital technology (**CO, £2.5m - unfunded**).

iii. **Improve educational provision and support for disabled children:**

a. **Increase the schools budget for high needs** with a £730m increase for 2021-22 meaning a cumulative increase of nearly a quarter in two years. **(DfE, funded)**

b. **Creating new high needs school places and improving existing provision** by investing £300m in 2021-22 in mainstream and special schools. (**DfE, funded**)

c. **Invest in improving education** provision for children with disabilities by investing in a training provider to provide Special Educational Needs and Disability training for all 24,000 schools and colleges in England on how to best support disabled pupils, including digital education provision. They could be in place by April 2021. **(DfE, funded)**.

d. **Continue to train Educational Psychologists** in England. From September 2020 there will be a further three training rounds and an increase in the number of trainees from 160 to at least 203, to help keep up with demand for this specialist advice. **(DfE, funded)**

iv. **Provide support for parents of disabled children:**

a. **Continue to support low-income families with disabled children who have been hard hit by the pandemic,** by investing further in the Family Fund to provide goods, grants and services on top of statutory entitlements, with increased funding to respond to COVID pressures. **(DfE, £5m, funded)**

b. **Improve advice for families** with increased grant funding to the 151 parent-carer fora in England and a new national advice helpline. (**DfE, £8.7m, funded**)

v. **Improve employment access and provision for disabled people:**

a. **Improve access to employment advisers for those receiving psychological therapies** by investing in a temporary increase in the number of employment advisers (EAs) working in high-performing NHS Improving Access to Psychological Therapies (IAPT) sites which will support approximately 520 additional clients in this financial year. (**DWP, £336k, funded for 2020/21**)

b. **Improve the successful Access to Work scheme by creating an app and digital payments system,** increasing awareness and allowing support to be provided more rapidly by replacing a slower paper-based system. (**DWP, £2m, funded**).

c. **Establish an advice centre on employment rights for disabled people** to advise on discrimination, flexible working, rights and obligations around reasonable adjustments, and fairness in redundancy situations, and to help employers to meet their obligations. (**BEIS, funded**)

d. **Support disabled people to work flexibly** through working with employers, and explore including measures in the Employment Bill to make flexible working the default and to introduce a new employment right to one week's unpaid Carer's Leave. (**BEIS, nil cost**)

e. **Continuing employment support provision, including targeted schemes.** Many disabled people will be supported through the £3.6bn Plan for Jobs. Targeted support, including the Work and Health Programme and Intensive Personalised Employment Support, is available for those with more complex needs. (**DWP, funded ****)

f. **Support more young people with SEND to prepare for and successfully transition to paid work,** by strengthening the Supported Internship programme through updates to the guidance to ensure young people receive a high-quality internship. (**DfE, nil cost**).

d. **All Government departments are required to provide information in accessible formats under the Equalities Act (2010).** To improve communications and guidance for disabled people, the package would enact this by:

i. **Ensuring that those with disabilities receive COVID-19 guidance and communications in a timely and accessible**

way by creating a 'rapid accessibility content team' to produce content in alternative formats. This provision of British Sign Language (BSL) interpreters, voiceover artists and graphic designers will allow any critical content to be rapidly developed into suitable formats at speed and scale. It will help address stakeholder criticism [and legal actions] that the government is not getting the basics right. (**CO, £150k funded).**

ii. **Better utilise and coordinate guidance and updates to stakeholder forums** and disability charities in order that they receive the most up to date and accurate government information to share with their communities. (**TBC but minimal, DU/CO**~~)~~

iii. **Make health and social care guidance and materials more accessible** by accelerating procurement of alternative formats within DHSC, and making resource available to make accessibility checks a prerequisite for publication. (**DHSC, £500k, - funded, subject to approval)**

iii. **Work with operators and disabled people's organisations to make transport information more accessible and user-friendly** across the public transport industry, to better support disabled customers. This will include improving the visibility of available passenger assistance services. (**DfT, funded)**

11. Where appropriate, the COVID-19 Taskforce is working with HMT and relevant departments to devise funding plans **to identify the funding for the additional measures**. We expect departments to fund bids from their own budget, with any exceptions to be made on the basis of demonstrated need given the spending review has only recently concluded. Most recommendations would not require legislation or the creation of additional infrastructure, and would be driven forwards by implementing departments. Where DCMO has commented on previous guidance, any further related guidance that is developed will be cleared in the usual way, including with DCMO. **Do Ministers agree to endorse the additional measures?**

12. Officials will work to develop implementation and delivery plans for the measures agreed, and will return to the Committee in the future with further measures to support disproportionately impacted groups.