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

Lead Department/Owner: Disability Unit (Cabinet Office), working in conjunction with the ONS, DWP and health partners.
1) Recommendation / intervention and delivery timelines
Briefly set out details of the proposed intervention/ recommendation
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. These gaps mean: • we have insufficient information to inform COVID-19 policymaking for people with disabilities, • communications to mitigate the impact of COVID-19 on disabled people are hampered, • 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. **Acting now, and being able to point to further research in the pipeline, will be an asset in light of our current data gaps.** 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 (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

GSS harmonised principle of impairment. Where this is not possible, a relevant proxy should be considered such as for example a long term condition.

(2) What are the factors that contribute to an increased

(i) risk of infection from COVID-19 and

(ii) risk of poorer outcomes from COVID-19 (e.g. death).

The following questions should inform the analysis

1. Comparison of the risk of infection from COVID-19 between disabled people and non-disabled people by geographic location, age and sex[1].
2. Comparison of the risk of infection from COVID-19 between disabled people and non-disabled people by income, age and sex.
3. Comparison of the risk of poor outcomes from COVID-19 (e.g. death) between disabled people and non-disabled people by geographic location, age and sex.
4. Comparison of the risk of poor outcomes from COVID-19 (e.g. death) between disabled people and non-disabled people by income, age and sex.
5. An analysis of potential comorbidities that increase the risk of infection and poor outcomes from COVID-19 (e.g. death) for disabled people and intersections with other protected characteristics (e.g. race/ethnicity)
6. A comparison of mortality rates between disabled people and [non-disabled / the general population] making allowance for the age / sex profile of the two groups
7. A comparison of the proportion of COVID-19 deaths amongst disabled people to the proportion of disabled people in the general population, making allowance for the age / sex profile of the two groups.
8. Analysis incorporating additional risk factors, including but not limited to:
    - Overcrowded households (esp. multigenerational households)
    - Population density
    - Place of residence (e.g. care home, other institutions)

Input, funding and delivery of this work will involve close partnership working between the DU DWP and the DHSC as the key departments in close collaboration with ONS.

It is difficult to anticipate priority areas of application, but in the absence of any substantive evidence on primary impact (with exception for learning disability), the following are suggested: risk assessments, preventive measures and the need for specific instructions/care following positive testing and post hospitalisation care.

Why is this intervention / recommendation needed? (Please provide information on the evidence to support this choice of intervention e.g analysis, research; and the intended outcome (impact) intended from the intervention.)

[1] Given the strong correlation between age and disability, particular for older people it is important to consider different age groups. As a minimum, we'd like to find out the differences between children, young adults, adults of working age and retired people. Similar, sex is a known factor and should be brought into the analysis as standard.

Data on the impact of COVID-19 on disabled people is limited, but what exists provides cause for concern.

Preliminary data analysis from ONS on recent survey data have indicated that:

- almost 6 in 10 (59.2%) of all Covid related deaths are disabeld people
- The difference in mortality rates between disabled people described as "limited a lot" and those not disabled was 1.9 times higher for males and 2.4 times higher for females.

Three recently published reports: a Public Health England (PHE) analysis on the deaths of people with a learning disability; similar work commissioned by NHS England and; a risk stratification model published in BMJ - all indicate there is an increased risk of death from COVID-19 for people with learning disabilities. The BMJ work also suggests that people with Down's Syndrome are now known to be at particularly high risk, which is why they have been added to the 'clinically extremely vulnerable' group last week.

On secondary impacts of C19 on disabled people, the ONS found that disabled adults are more likely than non-disabled adults to worry about the effect that COVID-19 is having on their well-being: (62% compared with 50% of non-disabled adults) and access to groceries, medication and essentials (45% compared with 22% of non-disabled adults).

Outside this work, we have various, lower quality, non-representative surveys conducted by the disability charities. **Collectively, these data provide insufficient information to inform policy making and implementation of communication to mitigate the impact of COVID-19 on disabled people.** Building the evidence base to inform and help shape policies will help protect disabled people more effectively from risk of infection and death of Covid 19 (primary impact). Although the results will only become available in the medium term, there is an urgent need to start the work now to address the fundamental data gaps. HMG is currently exposed given the limited data in existance and the limited research planned or being carried out at this point in time. Not addressing this therefore carries substantial potential reputational damage in addition to missing the opportunity to build more effective policies.

Please outline timelines for implementation of the recommendation/intervention

DU will procure the research tender. DWP funds to support this need to be spent by end Q4 2020/1. The indicative timeline below is subject to more detailed contract/procurement work:

End November - December 2020: DU works with ONS, DWP, DHSC partners to refine commission.
End of December 2020: DU will look to put a tender via Cabinet Office research frameworks or consider a single tender agreement, if possible
Easter 2021: interim report delivered, subject to required data linkage being led by ONS
The later is a key dependency and may take more time to get necessary data governance clearances, although the fact that the work is supporting such a high profile HMG commission may help speed up this element.

2) Funding (departments will need to fund proposals from their own budget, with any exceptions to be made on the basis of demonstrated need to HMT).
Is funding required? And if so how much? (This can be an estimate, but please provide the best, realistic estimate for funding requirement, including a rough breakdown of how this would be spend)
DWP's Employers, Health and Inclusive Employment directorate have agreed to fund the first stage of this research, at an estimated cost of £120.000 from underspend in 2020/21.
What is the value for money for this recommendation / intervention?
Robust evidence is an essential part of policy decision making. Investing in evidence on impacts will increase our understanding, and ultimately increase the effectiveness of policies and reduce infection and mortality rates and other secondary impacts.
Can funding be met from existing budgets / funding lines? (If not, please provide information on why funding cannot be met from existing budgets - i.e. pressures on existing budgets or similar).
Outside the estimated cost of £120.000, future further stages of this research will require DU securing additional new resources. Subject to the DU getting it's SR settlement to build up our evidence building capabilities, the DU could fund updates to the work in the next financial year.
Is there alignment / overlap with any existing Government initiatives? And if so, have you confirmed if funding can be utilised from within these existing initiatives?
Through our xWhitehall analytical group, the DU will focus the final commission to this proposed work so that it adds our understanding and does not duplicate other commissions. This work will also support the DU's efforts to coordinate xWhitehall efforts to build the disability evidence base in support of a new National Strategy for Disabled People. It is also been designed with, and will support ONS work to produce and publish breakdowns of Covid Infection Survey (CIS) data by disability status; updates to the COVID-19 mortality of disabled people data using Hospital and GP episode statistics (HES/GPES) and future updates to the series Coronavirus and the Social impacts of COVID-19 on disabled people in Great Britain.
How quickly could we allocate funding, once agreed?
Funding exists and is being transferred between the DWP and CO-DU via inter-departmental transfer.
3) Communications and engagement
What communications and engagement will be needed to deliver this recommendation / intervention?

Communications are not required beyond any needed for procurement to deliver this proposal. Significant engagement across Departments and with potential suppliers has already been carried out. If there was a desire to communicate that HMG is carrying out this research, which we propose would be well received given increasing media interest, it is suggested that this would be part of a narrative on Government's commitment to disabled people during the pandemic.
What polling have you already done to support this recommendation / intervention, and is there any boosting you can do and any focus groups that can be held with disabled groups prior to or alongside announcement?
The DU have not commissioned any, nor are we aware of any polling in this area.
What targeted communications to disabled groups can we create, boost or enhance to support this recommendation / intervention? We will need specific examples and a schedule of proposed comms including proposals for senior Ministerial/PM involvement.
There is significant sector and media interest in the ONS stats and that there is increasing parliamentary interest in this data and the lack of detail it provides. DU has extensive and ongoing engagement with disability stakeholders and we know that they are concerned that nearly 60% of deaths have been of disabled people but they are also aware that we don't know anything about the sorts of disabilities these people lived with. This calls into question the basis upon which HMG is making policy. We do not propose a significant communications plan aimed at disabled people as part of this work. Instead DU suggests that we engage the Disability Charities Consortium to make them aware this work is taking place. DU meets with this group monthly and MfDP meets with them quarterly.

Annex B: a National Panel of disabled people to influence HMG COVID policy

Lead Department/Owner: Disability Unit, Cabinet Office
1) Recommendation / intervention and delivery timelines
Briefly set out details of the proposed intervention/ recommendation
A newly established Citizen Panel of Disabled People (and representatives) will feed in the lived experience of disabled people into C19 policy-making and future interventions. It would require cross-government engagement so that issues considered are broad and wide-ranging covering all aspects of C19 policy where there is a disability-related impact.

We have already begun working with DHSC officials on C19 engagement through this proposed route.

The Panel will be split across nationally representative demographics with recruitment targets with disabled groups who are less likely to engage with government policy and disabled groups who are less visible in established government networks. It would serve as a sounding board on proposed X-gov C19 policy approaches but will also allow for reactive ad-hoc engagement to fast-paced policy changes as and when issues arise.

It will comprise of two approaches:

- **A Virtual Panel** with a total of 20-25 Panel Members who would be recruited through our extensive stakeholder networks; and
- **A further quantitative Survey Panel** of 300-400 people to retain flexibility to test issues and interventions with a broader audience.

Cabinet Office Disability Unit will act as secretariat, managing the Panel and engaging with Departments on the outputs including the programme of work, stakeholder decision–making authority, how participation will occur and how recommendations are developed and agreed upon. To provide expert facilitation, budget will be allocated to a disability partnering organisation with expertise to ensure the Panel is accessible.

Given the restrictions and high risks associated with F2F engagement during the C19 period, these Panels would be held virtually with ability for Ministers to attend when appropriate. Funding will be required to ensure engagement is accessible for everyone, including with disability organisations who are best placed to support Panel members to engage. Although a virtual approach presents the least risk, it must be recognised that such an approach will exclude those who do not have access to the internet. A digital exclusion approach will also need to be considered.

This Citizen Panel Approach would:

- place lived experience of disability at the core of C19 disability policy and related future interventions which has both a direct and indirect impact on disabled people;
- provide a nationally representative sample from across the UK that can account for demographic differences;
- facilitate collaborative policy-making with disabled citizens to tackle C19 disparities;
- include groups who are typically disengaged with current government networks to ensure an inclusive approach;
- provide a route for government to “test and refine” C19 policy which impacts on disabled groups; and
- demonstrate the government's commitment to working with disabled people to address the disproportionate impact of C19 on their daily lives and health and wellbeing.

Why is this intervention / recommendation needed? (Please provide information on the evidence to support this choice of intervention e.g analysis, research; and the intended outcome (impact) intended from the intervention.)

Currently we know that disabled people are disproportionately impacted by C19 and we

are aware the mortality rate is higher. The pandemic has also made it more difficult to conduct meaningful engagement, and whilst we have been able to continue to collaborate with Disability Unit's existing stakeholder networks, including the Disability Charities Consortium (DCC), DPOF and regional stakeholder networks, these groups focus on the National Strategy for Disabled People, and further work is needed to better understand the impact of C19 on disabled people. This approach would allow us to work beyond the insight provided by organisations to engage with individuals with lived experience. There is a key gap in including the voice of ordinary disabled people in C19 decision-making which this approach seeks to address. This is critical to ensuring that we fully understand the lived experience impacts and what more government, including at a grass-roots level, could be doing to support these groups during this challenging period.

This Citizen Panel approach would:

1. Address key gaps in the government's understanding of how C19 is impacting people with disabilities across England, as the current evidence base is heavily reliant on small sample size and anecdotal insight;
2. Coordinate Departments across Government to engage directly with disabled people on C19 policy that impacts them;
3. Allow for fast-paced reactive engagement with disabled people as C19 issues and policy implementation emerges.This is a current a gap in C19 policy formulation;
4. Feed in views at a formative stage of policy development through working with Departments, acting as a sounding board for policy proposals prior to implementation and engaging with disabled people to evaluate implementation across a broad range of C19 policy.
5. Build trust with disabled communities across the country, ensuring that they are being heard in C19 planning and that their needs are being taken into account; and
6. Increase legitimacy, transparency and awareness of overall C19 policy and future interventions which will have input from the Citizen Panel.

Please outline timelines for implementation of the recommendation/intervention

December 2020 – Recruitment through existing stakeholder networks and Panels finalised - Contractors engaged to support
January 2021 – Virtual Panel appointed and first meeting scheduled
February - Nov 2021 – Virtual Panel convenes on a monthly basis with ability to meet to discuss reactive COVID issues throughout the month. Survey Panel available for reactive policy feedback.

2) Funding (departments will need to fund proposals from their own budget, with any exceptions to be made on the basis of demonstrated need to HMT).

Is funding required? And if so how much? (This can be an estimate, but please provide the best, realistic estimate for funding requirement, including a rough breakdown of how this would be spend)

Est £569k

Cost Breakdown
Est £300k - To partner organisation to manage the online quantitative Survey Panel, including participant incentives.

Est £150k - To partner organisation to assist with management and facilitation of Virtual Panel Sessions (12 sessions, and 6-8 ad hoc sessions across delivery)
Est £65k - Incentive payments to Virtual Panel Members for participation - Panel members will be paid a fee for attending sessions and ad hoc sessions (est £70-80 per session).
Est £42k - Accessibility options and funding for Panel members who may need additional support.
Est £12k - Member expenses - Members will also be able to recover any reasonable expenses incurred for travel and subsistence, and childcare at the discretion of DU officials and in line with government commercial guidance.

What is the value for money for this recommendation / intervention?

We will ensure that contractors engaged fall within our current CS commercial frameworks and undertake a fair competition with value for money the key awarding criteria. Investing in placing lived experience at the core of C19 policy will have an overall positive value for money effect in that subsequent policy development will be more effectively implemented and evaluated.

There are a number options on how we could engage disabled people in deliberative policy to achieve our aims. We have considered other approaches including citizen assemblies, deliberative polling and consensus conferences. We have balanced these options against what we hope to achieve, potential reputational issues and value for money. As such, a citizen panel is the most cost-effective option. It further provides for longer-term engagement which this C19 Panel requires, and can incorporate a wider range of intervention issues than other citizen engagement methods.

Can funding be met from existing budgets / funding lines? (If not, please provide information on why funding cannot be met from existing budgets - i.e. pressures on existing budgets or similar).

Expenditure for this Citizen Panel approach is not possible within the current Disability Unit budget for this FY. We will need to secure additional Treasury funding to deliver.

Is there alignment / overlap with any existing Government initiatives? And if so, have you confirmed if funding can be utilised from within these existing initiatives?

While the Disability Unit manages and hosts a range of stakeholder networks, there is little engagement across Government directly with disabled people. This initiative would broaden HMG's reach and engagement on C19 to include those with lived experience.

How quickly could we allocate funding, once agreed?

If funding is secured the Disability Unit will work with Cabinet Office commercial teams on urgently commissioning an existing commercial framework contractor to deliver this work.

Please see above projected timeline for further reference.

3) Communications and engagement

What communications and engagement will be needed to deliver this recommendation / intervention?
As this is an x-Gov initiative we will encourage all Departments to promote the Citizen Panels and engagement through their established networks. We will utilise our Regional Stakeholder Networks & contacts in the devolved administrations to ensure broad exposure.
What polling have you already done to support this recommendation / intervention, and is there any boosting you can do and any focus groups that can be held with disabled groups prior to or alongside announcement?
A number of recent charity-led surveys[2] [3]with disabled people show that they do not feel adequately consulted when C19 decisions are made that have a direct and/or indirect impact on their health and wellbeing. This initial insight also shows that disabled people would like to be more involved in shaping these decisions and supporting the government to consider their lived experience. Further emerging ONS data states that worries about the future for disabled people could potentially be reduced by, amongst other things, people feeling that they have enough information about government plans. However, disabled people were less likely to feel that they had enough information about the government plans to manage the coronavirus (COVID-19) pandemic (40%) than non-disabled people (48%)[4]. This work will aim to both feed into HMG policy but also through public promotion of Citizen Panel outputs and engagement will increase transparency and visibility of C19 policy and how it impacts disabled groups.
What targeted communications to disabled groups can we create, boost or enhance to support this recommendation / intervention? We will need specific examples and a schedule of proposed comms including proposals for senior Ministerial/PM involvement.
To the best of our knowledge, this will be a first time on xWhitehall Citizen Panel approach has been attempted in England, there will be an opportunity for Ministers and PM involvement in the Launch of the Citizen Panel, alongside an opportunity to attend Virtual Panel sessions.

Annex C: National Centre for Digital Access

Lead Department/Owner: Disability Unit (DU) at the Cabinet Office
1) Recommendation / intervention and delivery timelines
Briefly set out details of the proposed intervention/ recommendation

2 Disability Children's Partnership (2020) #LeftInLockdown - Parent carers' experiences of lockdown

3 Abandoned, forgotten and ignored' – DRUK report

4 ONS September 2020: Coronavirus and the social impacts on disabled people in Great Britain.

Funding for 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 this the most accessible place in the world to live and work with digital technology.

The Centre will:
Phase One (Understanding): conduct an assistive and accessible technology (aTech) 'Country Capacity Assessment' for England to reveal the picture of existing investment and where it can be joined-up – from NHS, to library services, to JobCentre Plus.[5]
Phase Two (Experimentation): Pilot promising new models to make aTech part of the everyday delivery of public services, including local aTech loan hubs and an AI-powered product to match users with tech.
Phase Three (Roadmap): Through active public engagement and collaboration with disabled people and the tech sector, develop a three-year business plan to achieve its mission.

Why is this intervention / recommendation needed? (Please provide information on the evidence to support this choice of intervention e.g. analysis, research; and the intended outcome (impact) intended from the intervention.)

Lockdown is longer and more restricting for those with disability-related vulnerability to the disease, and many families have lost access to vital care, connection and support. At the same time, the economic impacts of COVID risk deepening disadvantage as businesses retreat from a perceived risk and cost of hiring disabled people.[6]

Technology can be a huge enabler for disabled people but it can also be a barrier in itself, and digital by default – accelerated by COVID – has raised the stakes of this issue dramatically. The response must be a 'tech for all' approach, mainstreamed as part of the everyday delivery of services (public and private). Yet, as tech touches every aspect of our lives, no single department can own this agenda, and isolated policy initiatives and pockets of good practice (public and private) have failed to reach scale or be sustained over the long term.[7]

A National Centre for Digital Access will deliver on behalf of Government as the driving force behind the 'tech for all' agenda, targeting its business plan at the highest-impact projects – from cutting-edge innovation to local person-to-person support – unconfined by silos, and with the full confidence of disabled people and the tech sector, leading a cultural as well as a policy shift on accessibility.

It is right that HMG focuses on digitally excluded disabled people, particularly as the pandemic has exposed these inequalities (in forced online access to healthcare, employment, retail and other services and information), which will only

[5] Adapted from the module used by AT2030 (funded by FCDO): https://at2030.org/country-capacity-assessments/
[6] https://www.leonardcheshire.org/sites/default/files/2020-10/Locked-out-of-labour-market.pdf
[7] See, e.g. the 2005 FixTheWeb initiative

grow in time. We cannot close these gaps through short-term measures alone, and without consideration of the crucial role of the right aTech for many disabled people.

The centre will help future proof short term public sector AT initiatives to mitigate COVID-19 by:

- Conducting an assistive and accessible technology (aTech) 'needs assessment for England to reveal the picture of existing needs, investment and where it can be joined-up – from NHS, to library services, to JobCentre Plus
- Piloting promising new models to make aTech part of the everyday delivery of public services, including local aTech loan hubs and an AI-powered assessments to match users needs with tech and to explore different operational and commercial models to build the evidence about want works
- Working collaboratively and in partnership with big tech, LAs and charities in this areas to help local areas increase buying power, spread fixed costs, and share learnings.
- Through active public engagement and collaboration with disabled people and the tech sector, it could develop a medium to longer term strategy to achieve its mission.

So while the DCMS short term proposal of a targeted and time-bound project to address disabled people's digital inclusion needs during COVID is crucial, this National Centre for Digital Access proposal will also build on that possible rapid response programme, by providing it with a legacy of impact in the following ways:

- by producing a rapid assessment of learning from COVID 19 wave-1 device schemes to support better delivery,
- ensure best practice in the DCMS programme thereby minimalising abandonment rates.

Please outline timelines for implementation of the recommendation/intervention

Phase One: Dec 2021-April 2021;

- Rapid assessment of lessons learned from 'IT kit and support' practice from COVID wave 1 - end of Jan 2021
- AT needs assessment for England complete for April 2021 (this will help us fully understanding the tech inequalities that may have been exacerbated by COVID-19)
- Official Launch of Centre: Spring 2021 (could be timed with the NSfDP)

Phase Two: April 2021 - December 2021;

- ID and agree pilots sites - April 2021
- Interim report on DCMS devices and support scheme - June 2021
- Interim report on pilots - August 2021
- Final report on pilots – December

Phase Three: Spring 2021 - End 2021.

- Agree public engagement / co-design strategy with DPOs, DU network and tech sector groups – February
- Co-design workshops and other engagement tools deployed - February – May
- Agreement of Centre 'constitution' (statement of purpose, ways of working etc.) with stakeholders – June
- Appoint business plan committee – June
- Develop business plan with committee June-Oct
- Stress test business plan with wider stakeholders and HMG Oct-Dec

a. Funding (departments will need to fund proposals from their own budget, with any exceptions to be made on the basis of demonstrated need to HMT).

Is funding required? And if so how much? (This can be an estimate, but please provide the best, realistic estimate for funding requirement, including a rough breakdown of how this would be spend)

For the first year, the Centre would require £2.5m.
Breakdown: Phase One £0.5m; Phase Two £1.5m; Phase Three £0.5m.
If multi year funding is available past year one, the Centre would utilise a budget of £5m per year for 2022 and 2023 to take forward the business plan to achieve its mission.

What is the value for money for this recommendation / intervention?

Good Things Foundation estimate that the rate of return on digital inclusion projects can be as high as £6.40 per £1 spent. More work is needed to produce a fully robust rate of return for digital inclusion. There is additional evidence of 14.5% saving by optimising aTech provision models.[8] Anecdotal learning from IT kit drops projects during COVID-19 wave one (e.g. NHS dropping iPads into care homes project) suggests that an absence of ancillary support for the IT provided has led to high abandonment rates. This investment will increase the VFM of the DCMS work by looking to put existing aTech infrastructure onto a more sustainable footing.

Can funding be met from existing budgets / funding lines? (If not, please provide information on why funding cannot be met from existing budgets - i.e. pressures on existing budgets or similar).

The DU does not have a programme budget available for this initiative, so additional funding is being sought.

Is there alignment / overlap with any existing Government initiatives? And if so, have you confirmed if funding can be utilised from within these existing initiatives?

The rapid review of equipment provision schemes will help ensure the DCMS initiative adopts best practice and achieves value for money, and the Centre for

[8] Ace Centre and Manchester Metropolitan University Knowledge Transfer Partnership

Digital Access as a whole will ensure that the initiative has a lasting legacy of impact.
How quickly could we allocate funding, once agreed?
Once funding is allocated, the DU would work at pace with commercial and delivery teams to understand and deliver the route to market.
b. Communications and engagement
What communications and engagement will be needed to deliver this recommendation / intervention?
DU has a strong multi-channel engagement network with national and regional focus. In combination with its strong convening power across Whitehall, this will facilitate the effective and timely communications required. Should the DCMS project go ahead, the DU would coordinate with DCMS to align messaging between launch of this and of the Centre.
What polling have you already done to support this recommendation / intervention, and is there any boosting you can do and any focus groups that can be held with disabled groups prior to or alongside announcement?
The proposal has been developed through extensive engagement with disabled people, the disability sector and the tech sector – including a series of three 'policy-lab'-style workshops.
What targeted communications to disabled groups can we create, boost or enhance to support this recommendation / intervention? We will need specific examples and a schedule of proposed comms including proposals for senior Ministerial/PM involvement.
DU is happy to work at pace with central communications teams to create a schedule of communications, including a launch event at a local centre. As above, DU has the necessary stakeholder connections and understanding to deliver targeted messaging in conjunction with the relevant Ministers.

Annex D: COVID (O) secretariat disability commission, 6 November 2020

Dear colleagues,

I am writing to set out the **next phase of work on disproportionately impacted groups and to commission departments to develop proposals to address the disproportionate impacts of COVID-19 on disabled people** for a COVID-O meeting on 27 November.

Thank you for all your work on submitting further proposals to meet the Prime Minister's direction for a stronger, more ambitious package of measures, particularly focused on the disproportionate impact on BAME communities. That **COVID (O) discussion was held last Thursday and the measures were approved by the committee**. We will be shortly writing to departments to set out the path to announcing the agreed package of proposals.

In the meantime, please continue to work up those endorsed proposals at pace, working with your HMT spending teams where required to secure funding.

As I set out in the previous commission, in the discussion with the PM we committed to future work on impacts experienced by other groups, as well as longer-term impacts. **We are considering the next phases of this work and the further issues we will need to focus on over the next few months and longer term. We are keen to establish a more regular rhythm of engagement across Whitehall on this work**, and will set out an approach to accomplish this soon. I hope you will agree that it is important that we do more to plan ahead, monitor and evaluate our response, and continue to work collaboratively to address the ongoing disproportionate impacts of COVID-19.

COVID (O): Disability Commission

The COVID (O) discussion will take place on 27 November. Please see the table below for some of the issues and measures for departments to consider. However, **this is not a comprehensive list: I expect departments to add to it with their own ambitious and specific proposals** to address the disproportionate impacts of COVID-19 on disabled people. This is important work, with strong ministerial support.

Some further details to assist you in preparing your return:

- **The deadline for returns is COP Tuesday 17 November.**
- **All departments should work with departmental comms teams and/or CO Comms to ensure the communications implications are reflected in your returns.**
- I have attached a return template which departments will need to complete for each proposal, setting out timelines for implementation, funding requirements and communications implications.
- Please provide returns to me (Emran) and copy in NR @cabinetoffice.gov.uk, NR @cabinetoffice.gov.uk NR @communities.gov.uk and NR @communities.gov.uk.

I would be grateful if you could confirm receipt of this commission and confirm who will be leading on your return. We will review the returns and then work with the Secretariat to put a paper to COVID-O setting out the collective package of proposals for agreement on the 27 November.

With thanks,

Emran

	1. Building the evidence base and improving data quality	
i.	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	DWP, DHSC, Disability Unit
	2. Mitigating health impacts such as mortality and morbidity	

ii.	In the context of the adult social care winter plan: work with MHCLG, LGA, ADASS, local authorities and CQC to assess whether infection prevention and control procedures (e.g. regular testing, free PPE and workforce measures) are providing adequate protections to reduce risks to clinically extremely vulnerable disabled people in registered care homes, supported living settings, day services and other social care settings; and, if gaps are identified, to propose how these will be mitigated.	DHSC
iii.	Consider how community-based care services which have yet to be opened, can re-open, where it is safe to do so, and continue to be delivered and adapt to Covid pressures, and what additional practical support can be given to parents of disabled people affected by day care centre closures	DHSC, MHCLG
iv.	Review whether existing support for clinically extremely vulnerable disabled people and those being asked to isolate following a positive covid result is sufficient.	DHSC, MHCLG
v.	Review how different approaches to care delivery outside registered care homes e.g. communal homes, domiciliary support via agencies and/or support via Direct Payments has impacted outcomes for disabled people during the pandemic, what the key factors have been and what action is needed to mitigate any impacts	DHSC, MHCLG
	3. Mitigating secondary impacts such as employment, poverty and wellbeing	
vi.	Put forward recommendations to improve digital accessibility for disabled people. We know that disabled adults are less likely than the rest of the population to have access to the internet.	Disability Unit, DCMS, CO Comms Hub
vii.	Consider and put forward a package of financial support to address the disproportionate impacts on disabled people, including those on 'legacy' benefits not covered by Universal Credit	DWP, HMT
viii.	Advise on specific employment-related provision aimed at reducing impacts on disabled people, highlighting schemes aimed at disabled young people.	DWP
ix.	Consider what role local authority support and community champions (once deployed) can play in delivering support to disabled people affected by closure of services and reviewing existing best practice in the sector to improve service provision.	MHCLG
x.	Put forward proposals to work with local charities/support groups who provide outreach support to disabled people to understand the impact on critical support services and what further support is needed to mitigate any disproportionate impacts.	DCMS, CO Comms Hub, MHCLG

xi.	Consider measures that 1) support the education of disabled children and 2) support their parents.	DfE
	4. Engagement and effectiveness	
xii.	Review and make recommendations on how to ensure their COVID-19 guidance and messaging reaches and is understood by disabled people.	All departments
xiii.	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.	All departments

Emran Mian
Director General for Stronger Places Group

Head of Office and Private Secretary – NR I&S
Assistant Private Secretary – NR I&S
Diary Manager - NR I&S