



Cabinet Secretary

PRIME MINISTER

C19 Campaign: Next Phase

Summary

Now that we have a road-map for the next phase, we should reorganise governance to deliver the key priorities: a covid-resilient economy, smart lockdowns, protection of the vulnerable, vaccines and treatments, and resilient supply. Meanwhile, we should embark on the strategic reforms necessary to correct structural problems in the health and care systems, and to improve our economic resilience and competitiveness.

Introduction

1. For a while, we thought the UK was doing better than other countries. Now we fear we are doing worse. Wherever we stand when the pandemic is over, there will likely have been significant demographic and cultural reasons for the differential impact. However, we should reflect now on how well the state coped with the initial phases as we prepare for the next.
2. Everyone has put their shoulders to the wheel. But we have had to rely on ingenuity, teamwork and the fortitude of our citizens to compensate for structural shortcomings in the capabilities and capacity of the health and care sectors, and for the vulnerability of a mostly post-industrial economy fuelled by consumption, services and London. As we implement the road-map set out in your address to the nation this evening, we will have to continue to improvise in the short term, while improving the capabilities of the state, the health of the citizen and the resilience of the economy. There is always a disruption cost to change, but we are disrupted anyway, so we should be bold.

Health & Care

3. From the start, protecting the NHS has been central to both our approach and narrative. Public support for the heroic efforts of health and care workers has been inspiring, but I am not aware of any other country which has asked its citizens to protect the health service rather than the other way round. That is partly because of the role of the NHS in our national consciousness and partly because we feared replicating the scenes of overwhelmed hospitals in Lombardy. We were right to worry, because the health and care systems were not equipped for a pandemic.

4. The NHS has become increasingly preoccupied with tackling the chronic ill-health of an ageing population, leaving little excess capacity for a public health crisis: we had half as many critical care beds per head as Italy and a quarter of Germany's. This was compounded by the inadequacies of a fragmented social care system, which, as we know from Brexit lobbying, is over-reliant on low-paid immigrant labour. The most obvious symptom was the thousands of vulnerable elderly (disgracefully labelled "bed-blockers") who, through no fault of their own, were stuck in hospitals as the pandemic approached. Inadequate resilience in medical supply is another.

5. Although some parts of PHE, notably Porton Down, are world-class, it was not resourced or structured to lead the national response to a global pandemic. And, while the individual scientists are impressive, SAGE's footing has been unsure.

6. Despite having a can-do minister, our most experienced permanent secretary and surging in civilian and military resources, the DHSC chassis has been unable to bear the weight. It straddles the byzantine bureaucracy of the post-Lansley NHS, the under-powered PHE and the fragmented public/private provision of adult social care. Moreover, as we have learnt through establishing the (successful) programmes for the medically and socially vulnerable, responsibility for vulnerability is scattered across several government departments, devolved and local government, and the public, private and third sectors. Admirably, people have pulled together across these structural barriers, but the programmes have delivered despite not because of the systems we have inherited. While there are some quick wins, eg tightening the ministerial grip on NHSE, the health and care sectors need a complete overhaul.

Organising for Success

7. In your address this evening and with tomorrow's publication, you have set out the road-map for the next few months. To deliver that plan, there are over three dozen programmes across government, several now led by external heavy-hitters, and which are now distributed across several government departments, instead of centred them on DHSC, to provide the capacity, capability and resilience necessary for a prolonged campaign.

8. Those programmes cluster into five main lines of operation:

- covid-resilient economy: new operating models for business, schools, transport, public spaces and recreation with hygiene, social distancing, PPE and testing. Some sectors, eg hospitality and recreation, which are viable in the long term, unprofitable in the short term but important for socio-economic reasons, will need revised programmes of economic support. Alongside all that will be the supply-side reforms to kick-start the recovery and build a more resilient economic model;
- smart lockdowns: preventing and responding to potential outbreaks, through border quarantine, the test/track/trace programme to lock down infected individuals and their networks, and the infection monitoring and local response programme to identify and lock down emerging local hotspots;
- vulnerable: protecting the medically vulnerable in the community and institutions, the socially vulnerable who struggle with the lockdown, and preventing the re-infection of the general populace from “incubator” institutions, eg prisons and hostels as well as care homes and hospitals;
- vaccines & treatments: resilient supply from domestic R&D and production plus international procurement, and positioning the UK to be a world leader;
- supply & capacity: resilient supply chains from domestic production and international procurement for PPE, other medical supplies and consumables, and readying the health and care systems for a second wave this winter.

9. As you have identified, testing is critical to the first three. So, while Dido Harding should have a perspective across the track/trace and monitoring/response programmes, her top priority must be to build testing capacity and speed.

10. For the first phase, we established your C19 Strategy Group and the four ministerial implementation groups for health and care, general public services, the economy and business, and international issues. This has generally worked well, the MIG chairs formed the quad of senior ministers for your inner cabinet on the crisis, and, led by the First Secretary, held it together through your absence. However, as we move into the next phase, we should revise it. We should also streamline and strengthen the supporting mechanisms in No10 and the Cabinet Secretariat: Helen, Martin and Dom are developing proposals.

11. The first principle is that this must work for you and how you can most effectively lead the Government and nation through the next phase. The second principle (drawing on the systems [Name Redacted] and I developed in Afghanistan), is to combine a tight decision hierarchy and clear lines of accountability, with a broad spectrum information system so that everyone, especially those on the front line, understands both the overall picture and your strategic intent when making their operational or tactical decisions.

12. So I suggest we retain the daily information briefing and include more ministers in the audience. This would help maintain the Cabinet's engagement and morale, and enable you to communicate to everyone your immediate priorities and preoccupations, but is not the forum for deep dives or formal decisions.

13. Like all Cabinet sub-committees, the frequency and agenda of the MIGs should be agreed by us. The chairs should be accountable to you for delivery. The International MIG should be subsumed into the NSC with the Foreign Secretary as your deputy. The Chancellor's Economic & Business MIG should re-focus on the covid-resilient economy. Because smart lockdowns involve enforcement at the border and in the community, the Home Secretary is the natural lead minister with a new implementation group. Responsibility for vulnerability is currently so dispersed that CDL is the natural lead minister with his MIG refocused on that set of programmes. The Business Secretary (plus Kate Bingham) is now responsible for vaccines and treatments and does not need a cross-government group. Similarly, since supply and capacity issues are most acute in the health and care sectors, the Health Secretary should remain directly accountable for this set of programmes, with Paul Deighton on PPE and perhaps other consumables in due course.

14. Your C19 Strategy Group should continue to operate as the core ministerial group on the XS model (with the Home Secretary joining). You should also have stock-takes with the individual lead ministers and SROs. Major strategic decisions should continue to be referred to Cabinet. I suggest a JMC(C19) replace the UK COBR with the five C19 Strategy Group ministers attending. CDL can deputise.

15. If you approve this overall approach, I will establish clear lines of ministerial and official authority and accountability within the five main lines of operation for the individual programmes, and others as the need arises. We should also build in resilience and apply throughout the system the same principle of sharing information and intent widely, with a tight strategic/operational/tactical decision hierarchy.

Conclusion

16. Like other historic disruptions, the pandemic will reinvent both national government and the global system. Our economic and social model must become more resilient to global shocks, national security should encompass biosecurity, and medical supply chains (and possibly others) are part of our critical national infrastructure. All this, plus the structural deficiencies in the health and care systems, will require substantial reform. The organisational streamlining proposed in this minute should see us through the next phase of the crisis. Meanwhile, we should start work now on the strategic reforms to position the UK well for the aftermath.

MARK SEDWILL

10 May 2020

PRIME MINISTER'S COMMENTS: