

UK Coronavirus Response: A Failure of Governance

[M. Oxley 6 July 2020]



Although the coronavirus is a global pandemic, different locations and socio-economic groups exposed to the same virus have very different risk profiles and infection rates. These risk profiles are related to people's exposure and vulnerability

to the virus. For example, in the UK, Covid infection levels in some London boroughs are 1000% greater than in other parts of the country. In inner-cities, people live, work and socialise in high-density neighbourhoods, with large numbers of young people, students, ethnic minorities and migrant workers, all reliance on overcrowded public transport systems. Whilst in Southwest England, populations are generally older, more dispersed and not as transient, although the region experiences a large seasonal influx of tourists, with a significant risk of importing Covid 19 from areas with higher infection levels.

In this context, a national *one-size-fits-all* approach to managing Covid outbreaks is not effective. In reality, risk is configured locally and has to be managed locally. Local organisations and people based in a particular location must have access to the necessary resources, decision-making responsibilities and information to identify and implement locally-appropriate measures to manage the risk of virus outbreaks. When necessary, this may require temporary travel restrictions and closure of amenities and facilities that are found to be high risk. Local authorities are well positioned to understand local risk dynamics and determine the optimum balance between protecting public health, whilst reducing the social-economic impact of the virus.

In the UK, emergency response and recovery is based on the *Civil Contingencies Act 2004*, supported by a national risk register and comprehensive emergency management doctrine detailing multi-agency responsibilities from national through to local responders - the bedrock for response on any scale. This includes the establishment of *Local Resilience Forums* that have a key role in supporting emergency preparedness, response and recovery within local authority's boundaries.

Given the national scale and severity of the pandemic, the central government (through the Cabinet Office Briefing Room *COBR*) developed a UK-wide Coronavirus Action Plan outlining the government's strategic plans to tackle the coronavirus outbreak. However, contrary to its own doctrine, the government has adopted a highly centralised approach towards implementation and has been slow to empower existing local structures and utilise local sources of resilience. Instead, planning and decision-making has been controlled by a small narrowly defined leadership team and scientific advisors, with limited operational experience in emergency management.

The limitations of this top-down centralised approach have become apparent during the Covid response. Extreme shocks and disruptions invariably reveal relative strengths and weaknesses within a society, show critical inter-dependencies and highlight the needs of high-risk groups, often related to social-economic inequalities. Tellingly, although "*pandemic disease*" is top of the UK's National Risk Register, Covid 19 has exposed government shortcomings in the following areas:

- *Preparedness and Contingency Planning*: Inadequate emergency preparedness arrangements, particularly stockpiling, equipment prepositioning and international supply agreements

- *Learning and Reflectivity*: Disinclined to learn from experiential knowledge of peer governments and UN specialist agencies to improve strategy and practices
- *Management and Implementation*: Slow to initiate anticipatory actions and effectively manage the timely delivery of priority activities
- *Subsidiarity and Delegation*: Slow to empower local leadership structures to lead appropriate response and recovery activities within local authority boundaries
- *Coordination and Coherence*: Lack of integration and continuity across response and recovery phases; Incoherent policies and practices across inter-dependent health, social and economic sectors
- *Information Management and Communication*: Failure to disseminate local infection data to local leadership structures; Ambiguous messaging to educate, warn and inform the public
- *Duty of Care*: Neglectful in protecting key health/ social care workers and remiss in ensuring adequate shielding of high-risk groups, notably ethnic minorities and elderly people in care homes

While it may take years to determine the cost-effectiveness of the government's coronavirus response, initial reports suggests that despite considerable resource expenditure, the UK will have one of the highest excess mortality rates among peer countries, whilst the economy is likely to suffer the worst damage of any country in the developed world (OECD).

Significantly, many of the Covid 19 shortcoming are directly related to the government's non-compliance with its own emergency management principles and doctrine. UK Cabinet Office guiding principles highlight the importance of preparedness, anticipation, integration, cooperation and subsidiarity. Risk-informed decisions and collective responsibilities should rest at the lowest appropriate level, with coordination at the highest level necessary. Early response and recovery measures are most effective when based on an understanding of the local risk dynamics and reflect the changing needs of affected people over time. Hence the role of *Local Resilience Forums* to develop and monitor local risk profiles; facilitate stakeholder collaboration; support effective communications; promote business continuity; share lessons learnt; and ensure timely and contextually-appropriate preparedness, response and recovery measures.

Although not a legislative duty, *Local Resilience Forums* also have a lead role in strengthening community resilience. Resilience is not created in isolation - in times of crisis, acts of solidarity and mutual support between people who live in the same area and affected by the same incident are a fundamental aspect of human society. Community resilience forms part of a participatory, *all-of-society* approach to emergency management that recognises that individuals and organisations have more to gain by working together than not. Collaboration is a pre-requisite for the effective use of existing sources of resilience which must be used to the full. For example, local volunteerism is a strategic resource and property of resilient communities, with particular significance for outreach to vulnerable and marginalised groups.

Strengthening societal resilience requires inclusive risk governance that foster interaction between statutory, voluntary and private sector bodies to manage disaster risk locally and adapt to longer term changes. In the UK, *Local Resilience Forums* provide an appropriate platform to integrate community resilience capabilities into decentralised emergency management procedures.

In conclusion, the UK's poor performance in response to Covid 19 reflects a failure by central government to follow established disaster management arrangements, compounded by a longer-term underinvestment in community resilience. Going forward, in a post-lockdown period with high risk of localised outbreak, the phasing out of national lockdown conditions must be linked to the strengthening of *local risk governance* to understand and manage local risk dynamics through appropriate preparedness, response and recovery measures. Inclusive local risk governance is at the heart of effective emergency management and integral to strengthening community resilience - the foundation of a sustainable recovery.

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