

CRISIS MANAGEMENT

The UK and Scottish Governments
working together during the pandemic

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Health Commission Report





Foreword

Professor David Kerr, CBE. Professor of Cancer Medicine, University of Oxford and chair of Our Scottish Future's Health Commission.

The coronavirus pandemic was the single largest, acute healthcare challenge to hit the NHS since its creation in 1948. It also provided the most vivid example of how and where power operates within the UK since the birth of devolution in 1999. This new report by the Our Scottish Future think-tank does not stand in judgment on how the UK and Scotland responded to this vast challenge: there will be public inquiries which seek to report back on that. Rather it is an initial assessment of one area of the crisis - how the the UK and Scottish Governments cooperated during the crisis, and what lessons can be learned as we seek to deliver better healthcare and public services in Scotland.

Health is, of course, fully devolved to the Scottish Parliament; given the prominent role played by Nicola Sturgeon during the pandemic, few Scots will no longer be aware of the fact. But Our Scottish Future and the Health Commission I chair starts from the premise that greater cooperation between the devolved system in Scotland and the UK Government is necessary if we are to get the better healthcare and the improved health outcomes we all want. In everything from the management of data, to the provision of highly specialised services, to advances in medical research, and to the provision of organs and blood, there are huge gains to be found by sharing knowledge, and working more collaboratively across the United Kingdom. We are already examining many of these areas and intend to report back in more detail over the coming months but the health professionals and experts we have already spoken to are clear: in the coming years, cooperation will be vital if the NHS is going

to continue to meet demand, keep apace with medical advances, and do so efficiently.

This was portrayed graphically during the pandemic when healthcare systems came together to fight the disease. It was exemplified most obviously by the extraordinary and collective approach to trials of drugs to combat the virus and in the roll-out of the vaccine from January of this year onwards, when efficient UK wide procurement and local implementation delivered one the speediest and most equitable programmes anywhere in the world. But if that was the Union working at its best, the pandemic also too often witnessed a deficit of cooperation and coordination between the UK and Scottish Governments which only risked potential damage to our response to the disease. Beginning with this paper, this Health Commission hopes to examine the reasons why this 'cooperation deficit' occurs and to set out how we believe it can be tackled. Our aim is not to summon up new constitutional theories and structures for Scotland and the UK - it is to examine how, through practical improvements in the way government works, we can truly "protect the NHS" in the years to come.

The NHS is our best loved and most trusted public institution. It is by working together cooperatively across the UK, that we can keep it that way and strive to provide health equity for all our citizens.



Introduction

More than any event since the advent of devolution in 1999, the Covid pandemic brought the various governments of the UK together in the face of a common threat. In January 2020, it was hard to imagine Nicola Sturgeon and Boris Johnson sharing any political priorities in common. By March 2020, just a few weeks later, they had the same, single, overwhelming issue on their agenda. This paper examines how the UK Government and the Scottish Government cooperated with one another as they faced this shared emergency and makes recommendations as to how we can learn the lessons of the pandemic to cooperate better in future to protect the health and wellbeing of people in Scotland.

As well as being the biggest shared challenge ever faced together by the UK and Scottish Governments, the Covid pandemic revealed the reality of a devolved United Kingdom like never before, in real time. Polls have shown that, even 20 years after devolution, a substantial number of people in Scotland often do not fully appreciate the extent of the Scottish Parliament's powers.¹ In April 2020 however, as some of the biggest political decisions ever made in peace-time Britain around the restrictions of liberty and freedom were made not just by Ministers sitting in the House of Commons but by those in Holyrood, Stormont and Cardiff Bay too, the extent of power devolved in the United Kingdom was impossible to ignore. From the rules on lockdown, to life-and-death decisions on Care Homes, to decisions on discharge from hospital, Nicola Sturgeon, Mark Drakeford and Arlene Foster made the key calls for Scotland, Wales and Northern Ireland in the same way that Boris Johnson did for England. The pandemic revealed the UK state as a truly devolved nation.

¹ [Scottish Election 2021: A third of Scots unaware Scottish Parliament changed tax system | The Scotsman](#)

It also revealed the deep complexities that lie within this model. Throughout the crisis, Ministers across the UK referred to a “four nations” approach, thereby giving the impression that England, Scotland, Wales and Northern Ireland were acting in the manner of a confederation. But this was not the case. While many measures were for devolved nations to take as they saw fit, Ministers in London were not just acting on behalf of England, they were also “double-hatted”, still acting as Ministers for the entire United Kingdom, with the responsibility to convene and coordinate a joint UK wide effort. The test and trace programme, for example, spanned devolved and reserved competencies, meaning the governments had to plan to roll out of the scheme together. Or, in the case of the vaccine, a UK wide production and procurement plan was designed which then required Scottish, Welsh and Northern Irish implementation in those territories. Blurred lines on where exact responsibilities lie were inevitable.

In short, the pandemic revealed and exposed the complex reality of the United Kingdom, with competencies across a range of areas either fully devolved, fully reserved, or often shared. As the pandemic struck, almost overnight, this institutional complexity placed a heavy burden on the quality of the working arrangements between the governments of the UK. Ministers and officials were tasked to navigate their way through with little or no warning, testing emergency mechanisms for collaboration at the very height of the crisis. And all this against the backdrop of the strained relations between the UK and Scottish Government, over the question of Scottish independence. In short, it provided the ultimate stress test for the UK state. How did it fare?

“The pandemic revealed and exposed the complex reality of the United Kingdom.”

The Response to the Pandemic

Early Days of Unity

In January and February last year, as the full scale of the pandemic began to emerge, there were positive signs that, faced with a health crisis of unprecedented proportions, a coordinated response across the United Kingdom was going to be achieved - constitutional rows meant little in the face of an emergency that could cost millions of people across the UK their lives and livelihoods, let alone in the face of a virus that knows no international, let alone internal borders. In February 2020, Scottish ministers and officials were welcomed to the regular meetings of the UK Governments' COBR group (the Civil Contingencies Committee that is convened to handle matters of national emergency or major disruption) to discuss the emerging response. Scottish Ministers drew upon the expert advice of the UK Government's SAGE (Scientific Advisory Group for Emergencies) committee to provide the necessary medical advice; one UK government official argued: "The DA's (devolved administrations) were so overwhelmed by the crisis they were very happy to cooperate with us for once." And with Ministerial Implementation Groups having been set up, on March 2nd 2020 the four nations agreed a joint 'action plan'² setting out what might become necessary as the outbreak developed. When the Prime Minister then announced lockdown on March 23rd, all the administrations across the UK agreed to act in unison, and to use the same "Stay at home, Protect the NHS, Save Lives" messaging. Close collaboration and discussion between the nations' chief medical officers was also maintained. The four health ministers of England, Scotland, Wales and Northern Ireland began weekly calls.

As the Bennett Institute paper "Union at the Crossroads"³ set out earlier this year:

'Given the rows that have happened since, it is easy now to forget the degree of co-operation between the four administrations that prevailed in the early weeks of the Covid-19 crisis. This was to a considerable degree underpinned by the extent of cross-governmental engagement at both official and ministerial levels. The Scientific Advisory Group for Emergencies was attended by the key medical and scientific advisers for each administration from the beginning of February 2020, and ministers were, for the most part, working from an overlapping evidence base as they grappled

² [Coronavirus action plan: a guide to what you can expect across the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk)

³ [Publications from the Bennett Institute for Public Policy \(cam.ac.uk\)](https://www.cam.ac.uk/research/publications/publications-from-the-bennett-institute-for-public-policy)



with this threat. Meetings of the heads of government within COBR were complemented by the participation of sectoral ministers from each government in Ministerial Implementation Groups (MIGs), which met almost daily between late March and late May, primarily as a vehicle for the pooling of information.”

Therefore, the status of the devolved response in May to April 2020, during the height of the pandemic’s first wave, was that of cooperation. While the Coronavirus Act 2020 conferred new powers on devolved ministers to deal with the crisis in areas such as health, education, justice, cooperation between ministers meant that the regulations created in these areas were similar in scope – albeit the levers were present to allow for future deviation. The alignment of policy, messaging and direct communication created, for the people, a sense of a ‘united front’ across the UK in the fight against the virus, and a sense that the response levelled was created in ‘good faith’ as the best of capabilities. This cooperation was not to last – COVID was about to become political.

“**The problem lay in the breakdown of communications, the decision not to consult with the devolved administrations in advance, and the failure to mark out what was intended for England and what was for the UK.**”

Then Things Went Wrong

Going into the pandemic was to prove the easy part: coming out less so. For example, on the evening of May 10th, 27.5 million people across the United Kingdom watched Boris Johnson address the nation. With cases in retreat, the Prime Minister decided to set out the first tentative steps for the country to move back to some kind of normality.

Mr Johnson began his speech by noting he had consulted leaders in other parts of the UK. He insisted there was a “strong resolve” for all four nations of the UK “to defeat this together”. Yet, without making the distinction clear, he then outlined a series of measures that were largely England-only. Setting out plans to open schools as early as June 1st, the Prime Minister declared his hope to get primary pupils “in year 1 and year 6” back into class. This was useful information for children and parents in England. Those in

Scotland were left wondering whether his information applied to them. Mr Johnson had omitted to mention he was only speaking only to one part of the UK. The address also saw Mr Johnson shift public messaging (in England) from “stay at home” to “stay alert” – a decision which was also not flagged up to the devolved administrations in advance. The following day, Nicola Sturgeon joined in the criticism of the new messaging, making it clear she would not be shifting stance.

The problem here was not that the governments of the UK were choosing to adopt different policy measures or public messages; that, after all, is what devolution was intended to allow for. The problem lay in the breakdown of communications, the decision not to consult with the devolved administrations in advance, and the failure to mark out what was intended for England and what was for the UK.

The SNP Government moved quickly to criticise the changes; within hours, interviewed on Good Morning Britain, Nicola Sturgeon described the new “Stay Alert” message as “vague and imprecise”.^{4,5} From this point on, matters quickly got worse. Number 10 sources began accusing the First Minister of undermining their approach by seeking to release privately shared information

4 [Coronavirus Scotland: Piers Morgan mocks ‘Stay Alert’ message by showing ‘Ignore Boris, listen to Sturgeon’ meme on GMB – The Scottish Sun](#)

5 [Ironically, UK Govt officials say that some Scottish Govt counterparts privately accept that their subsequent “hands,face.space” messaging was better than the SNP’s preferred “FACTS” model. However, the Scottish Government chose not to adopt it.](#)

ahead of their preferred timetable.⁶

This was spelled out by the Prime Minister's former adviser Dominic Cummings in his evidence to the Science and Technology Committee on May 26th.⁷

‘The last Cobra meeting I can even remember downstairs in the Cobra room was essentially a Potemkin meeting, because it was with the DAs. What happened was that, as soon as we had these meetings, Nicola Sturgeon would just go straight out and announce what she wanted straight afterwards. Again, you have these completely Potemkin meetings, without anyone actually digging into the reality and the detail, because everybody thought that as soon as the meeting has finished, everybody is going to just pop up on TV and start babbling.’

Strong language indeed, as the modern usage of Potemkin implies a degree of deception and presentation of data as propaganda. UK Government officials told us that the breakdown in collaboration was also exacerbated by what they saw as the SNP Government's refusal to accept that cooperation was a “two-way street”. One said: “In our case, officials from the devolved administrations were always invited to key meetings but never once were our own officials allowed into theirs,”

As a consequence, Downing Street appears to have decided to pull up the drawbridge completely. The early phase of open communication between the UK Government and their Scottish counterparts effectively ended. In June, giving evidence to the House of Commons, former Health Secretary Jeane Freeman complained that COBRA had not met since 10th May. She also said that the Scottish Government was being left in the dark around decisions being made in Whitehall and that ministerial implementation groups were to be “disbanded”. She commented:

‘I do not know what is coming in their stead. That is not my version of proper collaboration, which is based on a degree of shared respect, consultation and decision making.....There is currently a vacuum in terms of shared discussion and decision making at ministerial level. The First Minister, I understand, has had calls both with Michael Gove and with the Prime Minister, but there have been no forums at governmental level for that shared discussion, decision making and information exchange that you would have, for example, through COBR.’⁸

It came as no surprise then that whilst the UK government had established

⁶ <https://www.express.co.uk/news/uk/1277594/nicola-sturgeon-news-coronavirus-scotland-uk-scotland-news-snp-scottish-independence>

⁷ <https://committees.parliament.uk/oralevidence/2249/pdf/>

⁸ [Unrevised \(parliament.uk\)](https://committees.parliament.uk/oralevidence/2249/pdf/)





two new cabinet committees to cooperate in the Ministerial Implementation Groups place, ministers from the devolved administrations were not involved.⁹

A low point came in July when both the Scottish and Welsh Governments described attempts by Whitehall to implement new rules on quarantine for overseas travellers as a “shambles”¹⁰. Nicola Sturgeon complained that the Scottish Government had been given “limited or no notice” of a list of countries being drawn up by the UK Government’s from which British citizens would be able to return without the need to self-isolate.¹¹ She was backed up by the Welsh First Minister Mark Drakeford.

In September, Mr Drakeford disclosed that he had not had a single phone call with Boris Johnson in four months.¹² Noting the need for the UK and Welsh governments to discuss the roll out of the testing programme in Wales, he said: “I think that is simply unacceptable to anyone who believes that we should be facing the coronavirus crisis together.”

Good crisis management relies entirely on clear lines of reporting, forums for collaboration and good information sharing so that, even when stakeholders have different views, those differences of opinion can be aired and resolved speedily. This was missing entirely during a crucial part of the pandemic response – the period we had to ‘get our act together’ before an inevitable second wave. The absence of communication between the UK Government and the devolved administrations reduced the opportunity for effective engagement between the centre and the nations and regions.

As the Bennett Institute concluded:

‘The underdeveloped character of the UK’s intergovernmental machinery more than two decades after devolution was first introduced, and the thinning out of trust between devolved and central government, were laid bare in the course of these events. While COBR and the Ministerial Implementation Groups proved to be useful forums for communication between these administrations in the initial phase of the crisis, these arrangements were entirely conditional on the UK government’s willingness to make these channels available. For long periods from summer 2020 onwards there were no regular meetings where senior figures in these governments might share information and raise concerns directly with ministerial counterparts. While some contact between them

⁹ [Coronavirus and devolution | The Institute for Government](#)

¹⁰ [Mark Drakeford blasts UK Government for ‘utterly shambolic’ decisions over quarantine rules | Wales | ITV News](#)

¹¹ [Coronavirus: Sturgeon brands air bridge process ‘shambolic’ - BBC News](#)

¹² [Coronavirus: Mark Drakeford slams Boris Johnson for lack of contact | South Wales Argus](#)

*continued, particularly at official level, this was intermittent and uneven, and did not prevent some damaging public spats. Some of these might have been more muted if more regular, and more purposeful, meetings had continued.*¹³

Policy areas under dual administration between UK and devolved governments suffered from the inadequacies of cooperation and collaboration, and a confusion on where responsibility lay. As a result, significant variations in virus control and outcome occurred, impacted by the policies and delivery of issues such as quarantine, testing, care home policy and the treatment of vulnerable groups.

Testing for example, remains arguably one of the clearest areas where we can see the inadequacies of alignment and cooperation between the Scottish and UK government. Dual responsibility was given for testing – to be carried out by both the separate health systems of each UK nation and by a network of new national COVID-19 testing facilities established by the UK government, whilst each administration has been responsible for their own test and trace services. This fragmented and hard-to-access delivery system led to substantial differences in the detection rate across the different UK regions – notable in Scotland – and ability to optimise for capacity within the UK wide system. The full extent of capacity issues – which led to a backlog across Scotland – was not shared initially with Scottish government curtailing progress in assessing the full impact of transmission. As a result, the effectiveness of the entire testing system – particularly for Scotland – was inhibited, and with it the spread of the virus through track and trace.

Overall, instead of making the best informed collective decisions, the lack of alignment between our two governments weakened the sense that they were ‘in control’ of the situation.

¹³ [Publications from the Bennett Institute for Public Policy \(cam.ac.uk\)](#)

Where Things Went Better

Public spats between a Nationalist First Minister in Edinburgh and a Unionist Prime Minister in London will always generate more attention than harmony and goodwill. Nor is it surprising that, even in a pandemic, politicians choose to be political, and that this too will dominate headlines. It is important to highlight, therefore, that while relations between the principal leaders fell off a cliff in the middle of the crisis, much un-noticed and effective working continued, often in the background, which supported the NHS and all the nations of the UK as they sought to respond to the crisis.

UK Government officials argue that – as the country moved out of lockdown in the autumn – the more constructive approach to working relations, which was seen in the early weeks of the pandemic, resumed. The Chancellor of the Duchy of Lancaster Michael Gove is said to have spotted the “hole” that existed in working relations and taken it upon himself to act, beginning weekly phone calls with the First Ministers of Scotland, Northern Ireland, and Wales. These discussions led to the UK Government and the devolved governments working together to reach an agreement on an easing of lockdown over the Christmas period – a joint plan which had to be dropped when the extent of the fresh winter wave became clear.

And joined-up working was particularly evident within the NHS bodies and health departments. As the Institute of Government has noted, there was a high level of coordination on everything from the construction of new temporary hospitals, the procurement of PPE, and on key scientific advice.¹⁴

Indeed, a key lesson for the future of joint working comes from the relationship building that took place among the UK Health Ministers. Weekly calls between Matt Hancock, Jeanne Freeman, Northern Irish Health Minister Robin Swann and Welsh Health Minister Vaughan Gething began at the start of the crisis and continued throughout. According to all those involved, they provided a much-needed opportunity to compare and discussion common issues and flag up potential problems.

Ms Freeman was asked about her relationship with former Health Secretary Matt Hancock on the Nick Robinson podcast earlier this year.¹⁵

‘At the end of the day Matt is a human being and at the four nation meetings we have to do a lot of the important serious business, but we

¹⁴ [Devolution and the NHS | The Institute for Government](#)

¹⁵ [Political Thinking with Nick Robinson - The Jeanne Freeman One - BBC Sounds](#)

“Much un-noticed and effective working continued, often in the background, which supported the NHS and all the nations of the UK as they sought to respond to the crisis.”

also all recognise that each one of us is grappling with similar dilemmas and similar moments of darkness, as we realise the responsibilities we have, some of it that is truly literally life and death, so there is a human connection there. We manage to disagree perfectly reasonably and amicably and the working relationships is a good one. Neither of us has compromised where we do disagree and we have tried to find ways through it solutions to it rather than just shouting at each other.”

It is understood that a similarly productive working relationship has been kept up between Sajid Javid and Humza Yousaf, the successors to Ms Freeman and Mr Hancock. Forming this basic “human connection” has had an impact; increasing the awareness in Whitehall of the need to consult and confer with the devolved administrations, and resolving tensions before they emerge in public.

Finally, and most obviously, the system worked in the delivery of the UK wide vaccine; procured by the UK Government on behalf of the entire country, and then administered by local and national health administrations. Claims that one part of the UK was receiving greater supplies of vaccine at the expense of others were notable by their absence. Unequivocally, the Union delivered. It posits the best example in the last 18 months of leveraging the strength of the Union – and its collective buying power - in conjunction with proportional supply, localised delivery capacity and capabilities. The Joint Committee of Vaccinations and Immunisation has also provided an ideal example of UK wide collaboration for effective triage across the regions. The sharing of ‘best practice’ meant that, when Scotland was lagging behind the vaccine roll out of the other regions – in part due to a legacy of added bureaucracy across NHS Scotland, logistical issues and a lack of mass vaccination centres – Scotland was able to adopt methods seen across Wales and England, opening mass vaccination centres to accelerate the roll out. The facts speak to themselves: the UK has had one of the fastest vaccine rollouts in the world bar Israel and the United Arab Emirates.



Looking Ahead

Recognition of the need for improvement has been obvious across Westminster and the devolved governments. We can already see ambition to achieve more effective intergovernmental relations. The UK Government is hoping to finalise agreement with the Scottish and Welsh Governments on a new plan for Intergovernmental relations¹⁶ which seeks to maintain positive and constructive relations “based on mutual respect for the responsibilities of the governments and their shared role in the governance of the UK.” It proposes regular “portfolio-level engagement” on areas of mutual interest; a new Interministerial Standing Committee to examine strategic issues; and better ways to resolve disputes. These are necessary reforms which are 20 years overdue. UK Government officials say that the new practices will take on board a lot of the lessons from the pandemic, offering the “scaffolding” around which better consultation and cooperation can be built.

Encouragingly, a Common Framework on Public Health Protection and Health Security has now been jointly developed by the UK Government and Devolved Administrations setting out a new structure for on-going UK wide cooperation on health security – through, for example, the sharing of data across the UK nations. This Framework will be overseen by a new UK Health Protection Committee made up of members from each of the devolved administrations, enabling strategic level discussions to take place. The recent establishment of the new UK Health Security Agency also provides an opportunity to increase collaboration and shared decision-making when it comes to emerging health crises and threats.

The Prime Minister has convened his first (online) meeting with both the Welsh and Scottish First Ministers this year, following a commitment in the wake of the Scottish Parliamentary elections. Welsh First Minister Mark Drakeford welcomed what he described as “the start of a proper engagement process”.¹⁷

The need for improvement has also been identified by the new Permanent Secretary Simon Case. Speaking in May to the House of Lords Constitution Committee,¹⁸ he acknowledged that “a few years ago”, devolution and the Union was not at the forefront of policymaking in Whitehall. He continued:

‘But actually, I think the experience of both Brexit and obviously more recently Covid means that so much more of government, so much more

of policy, involves consideration of devolution or union questions much earlier in the process.’

These are, as the Welsh First Minister suggests, welcome steps, but the jury is still firmly out as to whether they amount of the genuine reform necessary at the centre of power or will end up as yet more window-dressing. Ambition – and the initial steps outlined above – must translate into effective action.

The pandemic has inevitably offered us the chance to evaluate ‘what worked’ versus ‘what failed’ in terms of effective collaboration, particularly in the times of crisis. Key learnings can – and must be – applied to both prepare for the next major crisis, but also in improving the efficiency and effectiveness of collective working across major policy areas. Current engagement is welcome, but to achieve the cooperation we require will not just require retrospective review and cooperation, but a consideration of how we can reconstruct working relations going forward between the governments for the benefit of all people across Scotland, England, Northern Ireland and Wales.

It is the view of this report that the experience of the pandemic requires that the UK and Devolved Governments reconstruct their relationships from first principles. Weekly phone-calls or a more “respectful” tone feels far from the scaffolding required to improve our health crisis preparedness, especially considering that scaffolding is used to protect, give positional advantage and improve access.

This more fundamental review of relations following the pandemic requires the Government to examine the root causes which lay behind the failure to cooperate during the Covid crisis. Partly, this failure can be attributed to the political differences between the SNP administration in Edinburgh and the Conservative government. Of course, it can be laid at the door of the seemingly dire personal relationship between the Prime Minister and First Minister, and a SNP Government which has no great political incentive to show that the Union can be made to work. But beneath these short-term issues is a deeper fissure – what amounts to a fundamental difference in view about the nature of decision-making in the UK.

There is the view which sees the UK Government at the apex of a pyramid under which local government and devolved governments sit. In one sense this view is, of course, correct – after all, the UK Government could table legislation in the UK Parliament

“**This traditional view of Britain as a unitary state now clashes head on with the alternative view, which is the lived reality of Ministers in Scotland, Wales and – increasingly – many city leaders in England who see themselves either as leaders or equal partners.**”

¹⁶ [Progress update on the review of intergovernmental relations - GOV.UK \(www.gov.uk\)](#)

¹⁷ [Covid: Real progress needed after four nations summit - Sturgeon - BBC News](#)

¹⁸ [Boris Johnson to be ‘front and centre’ of plan to stop Scottish independence - Daily Record](#)

“After 20 plus years, it is deeply disrespectful to have to keep on explaining devolution.”

to reverse devolution if it chose to do so. But this traditional view of Britain as a unitary state now clashes head on with the alternative view, which is the lived reality of Ministers in Scotland, Wales and – increasingly – many city leaders in England who see themselves either as leaders or equal partners in the delivery of domestic policy in their territories.

In ‘peace time’, the fault lines can co-exist and have been often swept under the carpet. But when stress-tested by a pandemic – or, over recent years, by Brexit – they clash with predictable results.

As Ms Freeman, the former health minister with the SNP Government who oversaw the Covid crisis in Scotland told us:

‘The fundamental problem I have is that Westminster – both the civil servants and politicians – just don’t understand devolution and they don’t understand that devolution is no longer what it was in 1999 or 2009. They have not moved in 20 years. Their view of cooperation is to tell us what they are going to do before they do it. The idea of shared decision making doesn’t exist.’

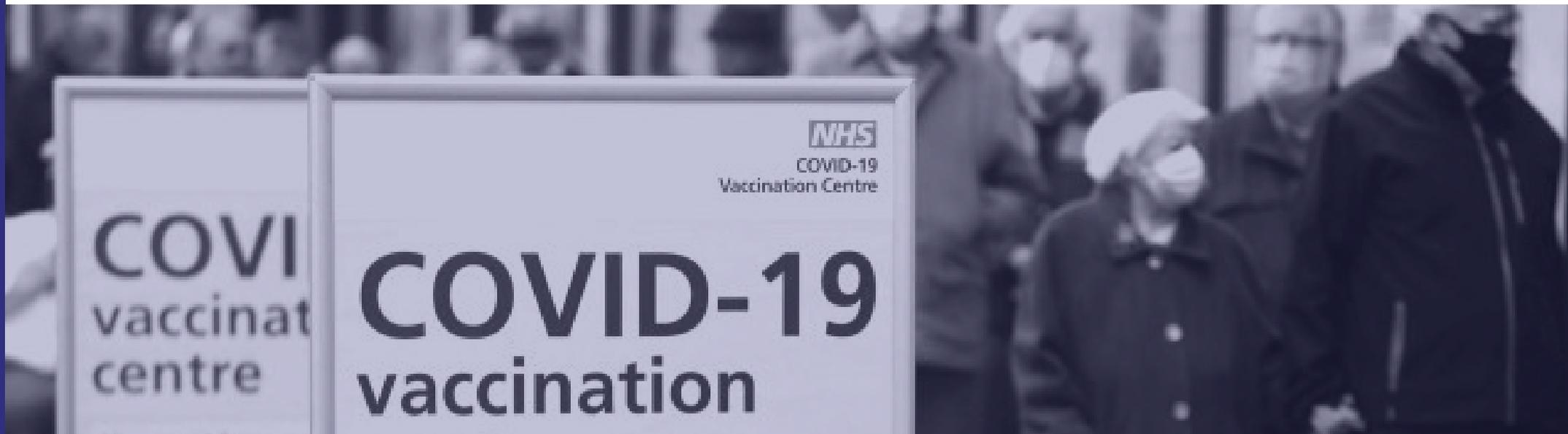
She added: “After 20 plus years, it is deeply disrespectful to have to keep on explaining devolution.” Too often, Ms Freeman added, the only way round this was by developing personal relationships – either with Westminster officials or Ministers which acted as ‘work-arounds’. A further problem, she added, was that Whitehall was “dislocated between itself” – with government departments like Health often unaware of decisions being made by others such as Transport. Furthermore, Ms Freeman also said that too often, that inter-governmental meetings only happened when UK Ministers were prepared to accede to them.

Philip Rycroft, the former permanent secretary added:

‘During the pandemic, there was a failure of imagination; at the top of this government, there is both a lack of understanding about devolution and a lack of sympathy for devolution. There is one UK Government and they have the greater responsibility to make this work and to keep the devolved governments in the tent.’

In response, UK Government officials accept that the Inter-government relationship needs to be improved, but they argue that it is impossible to cooperate fully with a Nationalist administration which has no political interest in making devolution work. As one official noted: “It is all very well people demanding that we work better with the Scottish Government, but we shouldn’t be naïve; this is a political movement which actively wants to show that the Union does not work.”

This point may have some force but as the bigger institution, the UK Government has a bigger responsibility to make the relationship work and the question remains as to whether Whitehall government departments are willing or able to invest the time and effort necessary to at least attempt a genuinely cooperative relationship with the devolved governments, of whatever stripe they happen to be. For example, as some former government officials told us, there is often no incentive in “English” departments such as Health and Transport to involve the devolved administrations decision makers in their own thinking in areas where the two have a mutual interest. Easier to let Scotland do its own thing. There is a question, according to one senior government figure we spoke to as to whether “they can be bothered”.



Our Recommendations

We make several recommendations on the back of this.

1. Creation of Permanent, Formalised and Open Lines of Cooperation between Governments on Shared Health Challenges across the UK. When it comes to future pandemics, the continuing risk of Covid, of from other major health risks such as air pollution, bioterrorism and microbial resistance, we work best when we work together. We welcome the steps already being taken to formalise the ad hoc arrangements for collaboration and cooperation on health security and health emergencies and urge our Governments to work harder so that experts, Ministers and officials from across the UK are in regular and close contact on a standing basis. It should not require a once-in-a-lifetime pandemic for Ministers across the UK to form a working relationship with one another. New forums of cooperation should ensure that Governments from across the UK are able to hold strategic level discussions and develop policy in areas where they and the UK Government have a shared responsibility. This could – and should – extend to having a formalised steering committee, meeting regularly without fail, to develop joined up policy areas, and providing an arena where experts can be invited to collectively share knowledge and recommendations to not just Westminster, but regional governments as well.

2. The new UK Health Security Agency should coordinate closely with the devolved administrations to examine how more joint working can protect the UK from health threats. Public health is devolved and should remain that way, but the experience of Covid shows that close collaboration between UK health agencies and their counterparts across the country is essential in coordinating a quick and effective response. The UK Health Security Agency should look to organisations such as the Centre for Disease Control (CDC) and FEMA – and their interaction – for best practice on joint working and mobilisation to counter threats.

3. A United Response across all Four Nations to Deal with the Aftermath of the Pandemic. We believe that there should be a united response across all four Nations to coordinate the response to dealing with the aftermath of the pandemic in terms of the massive backlog that has built up as resources were diverted, rationally, to deal with the extraordinary challenge of COVID. We saw great examples of cooperation between ambulance services North and South of the border, utilising spare capacity for the benefit of all. The UK became a world leader in managing hospital waiting times and we recommend that clinical networks are established to work in unison to use every scrap of capacity and respective resources we have to deal with our collective backlog. We define a Network as an often geographically disparate group, united by a common aim, one might argue, the underpinning ethos of our truly National Health Service.

4. The Prime Minister should be at the centre of these changes. The draft Intergovernmental review proposes that he chairs one annual meeting with the First Ministers of Scotland and Wales, and even suggests he could pass on to a “nominated deputy”. At a minimum, the Prime Minister should commit to quarterly meetings with the First Ministers.

5. A review of Drug and PPE procurement processes across NHS England, Scotland, Wales and Northern Ireland in light of key learnings from the vaccine procurement plan, to consider where the UK can best leverage its ‘scale and buying power’ to bring efficiencies and value for money for taxpayers, whilst adhering to competition frameworks in place.

Conclusion

Ministers and officials from across the UK were faced with an unprecedented emergency in March 2020 and, at their best, they performed heroically in search of common solutions. This was exemplified by the way the various NHS agencies across the UK mobilised at speed to prepare for the first wave, and by the remarkable vaccine effort earlier this year, when genuine collaboration and cooperation supported a national effort to protect thousands of lives.

At other moments, however, relatively minor differences in emphasis and presentation between key politicians across the UK led to a breakdown in effective engagement between the centre and the nations of the UK, potentially putting public safety at risk. Given the fact that the decisions taken by the four administrations were notable for their similarity and uniformity, this must be a cause for concern and for reflection by governments across the UK.

If we are to learn the lessons of the pandemic, avoid political turf wars, and create a truly cooperative Union, then a more formalised working relationship between the UK Government and the devolved administrations should be mapped out with urgency. This will not just support better governance of the next health crisis to hit the UK but will also deliver better government across the United Kingdom in every area of public policy.

Note from the authors

This report draws on conversations with many leading figures and officials who were involved in the management of the crisis in Scotland and London. We wish to express our thanks to them for taking the time to speak to us.



Our Scottish Future believes that good government in Scotland and across the United Kingdom has to be based on the values of cooperation, empathy, solidarity and reciprocity.

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