

DPO Conference 2022: Buckinghamshire Disability Service Presentation

Speaking Notes

Introduction

Slide 1

- Hello: Andrew Clark, Chair of Trustees at Buckinghamshire Disability Service (BuDS). Joined by my colleague, Ben Clark, who leads our Covid-19 project. I'll be doing the speaking, and Ben will be presenting the slides and graphs
- BuDS is the DPO for Buckinghamshire and the surrounding area, but Covid project has national reach. Expanded hugely during the pandemic – now have over 150 active project volunteers in 16 teams.
- Aim in this presentation: to give a very brief update on the Covid pandemic so far, but mainly to present thoughts about the consequences of the pandemic for DPOs

Credentials

Slide 2

- Begin by outlining BuDS credentials and capacity to speak on this topic
- In 2020, BuDS formed an expert group to advise on the pandemic. [REDACTED]

Redacted for privacy in published document

Everything we do and say is vetted and reviewed.

- It is normal and healthy for scientists to disagree – we are careful to follow the moderate, mainstream views held by the majority, avoiding minority or politically-biased views
- So far produced at least 250 articles including a weekly Covid risk assessment for Buckinghamshire, now in its 108th week. Also produce wide variety of videos, easy-read materials – one of which went viral with 88 thousand viewers!
- Our Covid team consists of around a dozen (12) staff and volunteers, nearly all of whom are disabled people themselves – see many young people. Actually one of largest youth charities in Bucks as well.

Slide 3

Slide 4

The Pandemic So Far

Slide 5

- To stress a few facts about the Covid virus itself, and what it does to people
 - The virus has 3 major effects:

- Causes an acute illness in a minority of people who catch it, some of whom die. These are daily hospitalisations and deaths in England over the whole pandemic. The orange line is hospitalisations, and the blue line is deaths – this is the smallest clinical measure, and true numbers of deaths are significantly higher Slide 6
 - Causes acute post-infective conditions in a larger minority Slide 7
 - Causes long term disability in a significant minority Slide 8
 - Infection is a lottery: impossible to predict who will get which level of illness or disability. However, it is well known that many disabled people are much more likely to have an adverse outcome – known as clinically vulnerable or extremely clinically vulnerable. The NHS calculated in 2020 that there were 2.2 million clinically vulnerable people in England, but subsequent research suggests the number is much higher, possibly around 5 million. This is around 7% of the population
 - Repeated infections increase the probability of an adverse outcome. In the last 6 months, it has become obvious to clinicians that the number of people developing acute post-infective conditions and long term disability is much greater than first thought
 - Safe to say that Covid is the largest single mass-disabling disease ever seen
 - A few words about waves and mutations Slide 9
 - The virus mutates quickly to avoid protections from both prior infection and vaccination – it cannot scientifically be controlled or eliminated by a one-off vaccination program as the Government claims. There cannot scientifically be any ‘herd immunity’ to Covid – it is a biological impossibility. However, the idea has been very heavily promoted, and is firmly rooted in the public mindset Slide 10
 - As you can see from the slide, the UK is now in the middle of the third Covid wave this year alone: Omicron BA.1, Omicron BA.2, now Omicron BA.4/BA.5 Slide 11
 - Can’t be emphasised enough that new variant waves will continue forever, as long as the virus is allowed to circulate freely. Scientifically, it is already obvious that a rolling vaccination program alongside measures to limit the spread of the virus are the only way to bring the pandemic under control. The UK Government, and many other governments, are politically unwilling to do this.
 - Most independent scientific observers expect a pattern of future waves. This isn’t a prediction, but an illustration – key points to take away from it is that one wave overlaps the next, so that there is a constant high level of infections with regular peaks. This is the technical definition of a pandemic Slide 12

- Other point that can't be emphasised enough is that Covid-19, and all the new variants, are *not* mild and new variants are not getting milder. No evolutionary pressure for the virus to become less severe. As you can see from the slide, in 2020 Covid killed more people than nearly every other common cause of death. Draw attention particularly to the tiny number of influenza deaths registered by the NHS – only 103 compared to almost 90,000 from Covid Slide 13
- A very brief look at the Government response to the pandemic so far Slide 14
 - BuDS is a non-party-political charity, but we do criticise Government policy where justified
 - Fatally, pandemic policy became enmeshed in party political issues, due to undue influence of relatively small group of extreme libertarian back bench MPs, who's support PM needed to stay in office Slide 15
 - Consequently, since last summer, the Government has effectively abandoned controlling the virus in favour of limited vaccination and allowing the virus to spread – so-called "living with Covid". Essentially a hands-off approach.

Implications for DPOs Slide 16

- Like to move on now to the implications of the pandemic for Disabled People's Organisations. Look first at the strategic implications, and then at the operational or practical implications
- To start with the strategic implications: Slide 17
 - Key point is that the future will see hundreds of thousands, possibly millions, more disabled people. This slide has a lot of complicated maths behind it, which we will be happy to explain to anyone who is interested. We are still learning about Covid-19 and Long Covid, and so these can be informed guess-timates. However, as you can see, on the mid-range scenarios, we can expect between 600,000 and 1.9 million more disabled people by 2025 than would have been the case without Covid. In the worse case scenario (which is by no means unrealistic), we could see an additional 4.1 million disabled people by 2025. If Covid amazingly becomes far less prevalent and virulent than it has been so far, the increase will still be 450,000 people.
 - Many will be of working age or younger
 - Being disabled will become much more mainstream
 - It follows that DPOs providing services to disabled people will see a massive new demand for those services – befriending, advocacy, benefits, etc will all see additional demand. There may not be corresponding increases in Government or voluntary sector funding. Slide 18

Without Covid, DPOs could have expected to see a natural demographic increase in demand for services of about 1.5% by 2025; with Covid, that increase in demand for services could be between 4.7% and 30.7%, with the mid-range figure around 10.5%

Slide 19

- DPOs which campaign and raise awareness will have a huge new area to work in. As being disabled becomes more mainstream, the long-standing disability issues around barriers, accessibility, attitudes, etc will be enlivened by being applied to a new group and in new contexts

Slide 20

- DPOs which support disabled people in work or into work are going to be especially busy. Pre-Covid, disability was primarily an age-related issue, with a minority of disabled people being young or of working age. Covid will change that position significantly, and a great many of the people disabled by Long Covid will be of working age, and many of them may well become disabled while in employment

Slide 21

- DPOs which support disabled children and young people will face a similar position. Disability under 25 was comparatively rare pre-Covid; it will become much more frequent and schools, colleges, universities, local authorities and care services are going to have to adjust to a significantly increased number of disabled children and young people

Slide 22

- For membership and voluntary DPOs, the influx of many more working age disabled people, many of whom will be furiously indignant, gives an opportunity to refresh and expand your membership and volunteer base

- For all DPOs, Long Covid gives a huge conceptual opportunity to break out of a minority group mindset and start positioning disabled people as a 'normal' group within society, rather than a marginalised minority

Slide 23

- Finally, say a few words about operational issues for DPOs as organisations and employers

Slide 24

- Essentially, every DPO needs to make a decision about whether to allow Covid-19 to control the organisation and its future, or not. The reality is that, over the next 3 years:

Slide 25

- A significant percentage, possibly all of your staff/volunteers/service users will catch Covid-19, some of them repeatedly

Slide 26

- As a result, a significant percentage, possibly over half or three-quarters of your staff and volunteers will drop out of the workforce

Slide 27

- Many of you have already coped with the deaths of staff/volunteers/service users, and that will be a recurring theme for the future

- To reiterate, Covid-19 is not going away, and it is not turning into a mild, seasonal illness like influenza. It is, and will remain for the foreseeable future, a virus which will cause significant levels of both acute illness and long-term disability. DPOs and their staff/volunteers/service users are all playing a numbers game
 - And, as we all know, no-one can be lucky forever
 - Sooner or later, in the second, fourth or eighth reinfection, people (even young, healthy people) will get unlucky and suffer either serious illness or long term disability, or both. We've seen that the mid-range predictions show between 600,000 and 1.8 million additional disabled people due to Covid. Some of those people will be the staff, volunteers and service users of DPOs
- Without wishing to be a Cassandra or prophet of Doom, short of some highly-unscientific miracle, DPOs that abandon Covid-19 precautions and go back to pre-Covid working styles will suffer death by a thousand cuts. Know from Mark's presentation that DPO sector is already very challenged.
- I want to finish on a more positive note. There is an easy, affordable, and practical alternative to allowing Covid to run your DPO. It is the way that Buckinghamshire Disability Service has decided to run itself over the next few years. We call it "Covid-Careful"
 - Covid-Careful is simply to use scientifically proven precautions to minimise the Covid-impact on our organisation/staff/volunteers/service users
 - We intend to establish a Covid-safe office where people can work normally, without masks if they wish, in perfect safety, because the air is clean. This is not difficult or expensive to achieve
 - We have purchased branded FFP2 masks for all staff and volunteers, which will be mandatory (unless you are exempt) in all work-related situations which involve the risks of contracting Covid-19. This has not been difficult or expensive.
 - We have changed the way we work to enable us to work just as efficiently and effectively, without losing necessary social interaction, while minimising Covid risks. This has not been difficult or expensive either

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Slide 34

Slide 35

As a DPO, and as a board of trustees, we intend BuDS to be a successful but different organisation which demonstrates in its own working how DPOs can truly 'live safely with Covid'

- Very happy to share all our learning and plans with other DPOs who also wish to be Covid-Careful.