COVID-19 Crisis in the United Kingdom: The First 100 Days of the Unknown

Arletta Gorecka

1 Introduction

The United Kingdom (UK) is a unique jurisdiction with a partially codified constitution. Therefore, it is theorised as a political constitution premised on the Westminster government model (Murkens, 2017). This model conceives democracy in procedural, but not substantive term. Furthermore, the United Kingdom has three different legal regimes: one each for England and Wales, one for Scotland, and one for Northern Ireland. Despite this, there are four shared fundamental British values: democracy, rule of law, respect and tolerance, and individual liberty. Decisions of the United Kingdom government must reflect these values. This includes deciding to declare a national state of disaster in the light of the COVID-19 pandemic, resulting in a national lockdown and other restrictions on social and economic interactions.

The first case of the novel coronavirus (COVID-19) in the United Kingdom was confirmed on 31 January 2020. On 23 March 2020, the United Kingdom's Prime Minister announced the enforcement of the

A. Gorecka (✉)
University of Strathclyde, Glasgow, UK
e-mail: arletta.gorecka@strath.ac.uk

A. Stojanović et al. (eds.), *The First 100 Days of Covid-19*,
https://doi.org/10.1007/978-981-19-6325-4_8

tightened measures aimed at mitigating the spread of COVID-19 with the nation placing a restriction on the freedom of movement (lockdown), for a reviewable period of three weeks. The United Kingdom Government adopted several measures to protect the United Kingdom's economy during the outbreak of the COVID-19, which aims at economical sustaining industries. The GDP is fed by four main sectors: services (79%), production (15%), construction (6%), and agriculture (0.7%), (ONS, 2022). According to the OECD (2020), the anticipated fall of the GDP by 14% is due to pandemic safety measures.

The COVID-19 pandemic occurred when the United Kingdom was vulnerable; as it was still recovering from its exit from the European Union and attempting to resolve several ongoing issues over the devolved nations, especially Scotland and Northern Ireland. Both countries voted to remain in the EU during the 2016 referendum. When the pandemic hit in 2020, there were no significant differences in approaches between the United Kingdom government and the governments of Scotland, and Northern Ireland. In March 2020, the United Kingdom entered a nationwide lockdown. By mid-March, certain discrepancies in the approaches had been noted. This chapter aims to present an overview of the United Kingdom before the COVID-19 pandemic together with policy projections made at the time. As will be noted, the policy contrasted with a neoliberal approach in several ways; specifically, I consider the approach concerning surveillance, data, and marketisation. Thereafter, I highlight the areas of policy that are most prominent for the United Kingdom context: economic grown, health, and education. The main focus is on identifying how the limits of political autonomy, neoliberal logic, and inequalities have been further exacerbated by the COVID-19 pandemic.

This chapter is structured as follows: In Sect. 2, I discuss the state of exception. This narrative is important to account for the context in which specific decisions were made. Essentially, the United Kingdom consists of four countries: Scotland, England, Northern Ireland, and Wales. Health is a devolved power in the United Kingdom. In this respect, countries such as Scotland have a responsibility for their health policies. Although the narrative of this chapter aims to assess the COVID crisis through the UK-wide lens, occasionally references to policies made in individual UK nations will be made.[1] In Sect. 3, I consider the shift in surveillance. This section will specifically compare the different approaches adopted in the UK nations. The emphasis will be placed on the approach adopted by Scotland. Section 4, I consider the economic shift taken by the United

Kingdom to support the economy during the COVID-19 crisis. I will consider how the United Kingdom has had to make an ideological leap than most to meet the challenges of the COVID pandemic. Initially, from an initial look, I try to discern two sources of the new policy-making wave. One is based on social democracy and the other is based on the "new economics" wave, still based on neoliberalism. The "new economic" wave has been characterised by sudden changes, diminishing the economic austerity measures. It has been characterised by technological developments. This section provides a potential trajectory of the economy after the COVID pandemic. In Sects. 6 and 7, I will provide the analysis of the health and education systems, respectively, as they were impacted by the pandemic. The health and educational system have been politically debated prior to the pandemic (and was in the Brexit focus), with the UK government trying to introduce changes allowing to improve such system. As it will be discussed later, the UK economics, together with such structural problems shaped past COVID outcomes (economic and health outcomes). I will conclude by summarising different aspects in the gradual policy shift from neoliberal consideration into more socially oriented policy considerations.

2 The United Kingdom: State of Nations and COVID Pandemic

The United Kingdom's political system is based on a parliamentary democracy that functions under a constitutional monarchy. Exclusive powers, powers to implement and enforce law lay with the Government. The Government, monitored and scrutinised by Parliament, could propose any new law.

Before the 2008 financial crisis, the United Kingdom government was governed by a simple set of rules. The neoliberal macroeconomic approach policy was characterised by low inflation, deregulation of product markets, and capital flows liberalisation (Grimshaw, 2012). Following the 2008 financial crisis, the United Kingdom faced a period of vulnerability. The crisis was, to an extent, a product of the United Kingdom's model of capitalism, which was centralised around a vulnerable structural condition for the 2008 financial crisis, but potentially saved lives during the pandemic, as many people can work at home. The United Kingdom faced a period of recession and continued to be gripped by political austerity. Firstly, the United Kingdom entered the

recession with a strongly neoliberal socio-economic model. The New Labour government modified the United Kingdom neoliberal approach by strengthening the commitment to public service provisions. That government continued through the recession and introduced measures supporting the United Kingdom market and economy. The New Labour government introduced the national minimum wage and opted in several EU directives. This was a major step in ensuring a flexible labour market in the context of the financial crisis. The United Kingdom experienced a shift in approach in the role of the state, and its approach to introduce policy incentives to reduce poverty effects as the aftermath of the recession. Poverty is a poor structural condition during the pandemic, as low-income workers have more incentive to work during the pandemic to survive, thus increase infection risks. Therefore, the policy here might have helped to an extent. Essentially, this created further difficulty in distinguishing the role of the United Kingdom macroeconomic policy as opposed to political ideology during the austerity crisis. Neoliberalism was seen as a cause of slow recovery and recession. Undoubtedly, it was witnessing a renaissance in the United Kingdom with voices and opinions from free-market economics (Grimshaw, 2012). The slow economic recovery continued in the post-financial crisis governments, with the Conservative-Liberal Democrat coalition rule (2010–2015) and the Conservative government (2015–2020). The United Kingdom's exit from the EU marked a steep-change in policy making. However, the United Kingdom is still recovering from the Brexit process, attempting to resolve several ongoing issues over the devolved nations, especially Scotland and Northern Ireland. Although Brexit and Scottish independence referendums have been seen as a vital point for development of economic policy, it is beyond the scope of this chapter to address those factors. Importantly, both of these countries voted to remain in the EU during the 2016 referendum. Furthermore, in 2014, Scotland had its independence referendum, won narrowly by the "No" side. The United Kingdom's political arena is characterised by the right-wing Conservative government ruling in London, and the devoted administration led (usually) by the centre-left government.

The COVID-19 pandemic only furthered the economic uncertainty, introducing major changes for policymakers, trying to protect the United Kingdom economy during the lockdown and its future prompt recovery. Lockdown itself is a policy: policymakers introduced lockdowns to protect the United Kingdom economy (and most importantly to save lives).

Certainly, several such debates demonstrated the need for a permanent increase in the intervention of government. There was some evidence that official lockdown exacerbated the economic impact, at least in the short term. There is clearly a trade-off in COVID policy design. Increasing COVID restrictions will have a negative economic impact in the short run. However, to reduce excessive economic cost, the government must lift up restrictions again, the problem of structural conditions (e.g. poverty) will kick in once more. Davies (2020) pointed out that the pandemic sped up social and economic changes that had already existed. However, the problem of the pandemic is compounded by unknowns. Notably, Knight (1921) distinguished between "uncertainty" and "risk". In the conditions of "uncertainty", society could not know the possible outcomes and their potential probabilities. On the other hand, "risk" relates to problems where society understands the range of possible outcomes. Essentially, applying this to the United Kingdom scenario, it remains difficult to identify the counterfactual, or what could have potentially happened if the government had not acted at all.

The COVID-19 crisis introduced several unknowns. These include excess mortality and reported death, which could be linked to the COVID-19, and those that could have been avoided by government intervention if the health service carried out treatment for conditions unrelated to COVID-19. Deaths due to the collapse of medical system. This is linked to health structural conditions such as how many people need surgery or access to hospital during the pandemic. It also depends on past COVID outcomes, the United Kingdom suffered from high COVID deaths and fast rising new cases, which reduced the supply of medical services (non-COVID) during the pandemic. This is also linked to the NHS system in the United Kingdom. Assessing these uncertainties impose a danger that policy would focus too much on the most easily identifiable victims.

3 Surveillance and Compliance

3.1 Surveillance Prior to COVID-19 Pandemic

This section offers an overview of the United Kingdom surveillance regime. There are two main forms of surveillance: overt and covert surveillance of persons (Home Office, 2014). The use of technology for surveillance has become increasingly pervasive in public places

(Mortenson et al., 2013). The same could be said for its application in health and care settings (Desai, 2009). There is a long history of surveillance, yet the new technical development introduced more options in this respect. These include cameras, monitors, sends, and web-based technologies. This wide array of technologies corresponds to Desai noting that there was no single body that could collect and monitor all information.

The debate on surveillance is categorised into inter alia the following areas of research factors: technical discourse, discourse on rights, and managerial discourse. These factors highlight benefits for introducing better information about high-risk behaviour (Mortenson et al., 2013, p. 2). The United Kingdom regime of practices sits under the umbrella of the European Convention on Human Rights (ECHR) and the Human Rights Act 1998 (HRA). The United Kingdom legal framework for legal interception and storage of communication data is based on the Regulation of Investigatory Powers Act 2000 and a few other pieces of legislation. The Data Retention and Investigatory Power Act 2014 deals with the retention of certain communications data.

The ethical implications of surveillance remain complex and under-researched. The aspects of ethics remained one of the most prominent themes in the literature. Alistair et al., (2010) noted that the practical and ethical implications of surveillance interventions remained unknown. This theme is linked to privacy. Privacy is protected by Article 7 of the European Charter of Rights which indicates that: "everyone has the right to respect for his or her private of family-like, home and communication". The right to privacy is further protected by Article 8 of the Charter, which further enshrined the data protection by protecting "private and family life, his home, and his correspondence". At the United Kingdom national level, privacy is protected in Article 8(1) of the HRA, which gives individuals the right to respect their private and family life. Essentially, the use of surveillance further introduces the question of the consent and moral acceptability of any technological intervention. Data protection has been further expanded by the 1995 Directive, and with the new EU-wide GDPR in 2018. With this wide protection, the EU is recognising data protection as a part of the wide regulatory framework that strongly protects the EU citizens and their interests. The issue of the right to privacy remains complex.

Overall, the United Kingdom research on surveillance has been limited. Therefore, it is a necessity to understand surveillance from

different perspectives. Alistair et al., (2010) highlighted several perspectives: "that of the institution, the resident; and the care relation". This suggests that the implementation of surveillance technology could introduce unintended consequences, with the technology being socially transformative. This could be both negative and positive. However, the area of use of surveillance remains debated with its effectiveness and impacts, methods, or different circumstances question.

3.2 Surveillance During Pandemic: Data and Marketisation

With the beginning of the COVID, the need to control the movement of the United Kingdom residents emerged. It led to the development of a state-based surveillance model. By mid-March, the United Kingdom had abandoned the manual contact tracing model, and had invited Big Tech firms, including Palantir to join their forces in establishing a contract-tracing app. Subsequently, the English public health service data unit, NHSX,[2] began its preparation for a contract-tracing app, amid Johnsons' techno-determinist claim that the United Kingdom could digitise our way out of pandemic. In May 2020, when the United Kingdom was on the pathway out of lockdown, the divergence between the United Kingdom-wide and the United Kingdom nations approaches have been noted. This was particularly evident with the Test, Trace, Isolate Support policy. Essentially, this policy signalled to launch the contact tracing scheme, foregrounding manual contact tracing.[3] Instead, they aimed to supplement the existing manual contract tracing by a "web-based" digital tool, which was not an application (app). Interestingly, in the COVID-19 context, data was only produced by contact tracing and apps, even if they constituted the focus of significant debate. The data released by the government were only a restrain about COVID-19 infection level and only vitally informed political debates. Such a situation presents a complex picture of the tension between politics and the economy at the United Kingdom level (Daly, 2021).

The UK approach to the contract tracing and the app are the most prominent examples of the divergence between the UK central government and the UK nations on the COVID-19 data policy. Essentially, there has not been a UK-wide contact tracing since each UK nation was responsible for its system. Since May 2020, Scotland has set up its contract tracing system, which was building in the capacity of the public healthcare service. On the contrary, England outsourced the NHS and opted

to hire private companies to launch its contact tracing and app. Scotland, in the beginning, expressed reservations towards the NHSX app and the lack of consultation with the devolved administrations (Daly, 2021). However, the Scottish government changed its decision in August and announced the launch of a contract racing app, adopted on the Republic of Ireland's model, and developed by Irish company Nearform (Daly, 2021). Northern Ireland also adopted this model, making more sense given the geographical reasons. On the contrary, the Scottish decision to adopt Northern Ireland's model was political. Nevertheless, on the closer examination of the Republic of Ireland's app, the app is reasonably more privacy-oriented through the adoption of the Google-Apple app protocol. Furthermore, the app has a decentralised design and has a record of functioning well. This cannot be said about the NHSX app (Daly, 2021).

The choice behind the app varied between political and geographical choices. Essentially, Scotland opted for the Republic of Ireland's model due to political reasons. Yet, the need to comply with the Google-Apple protocol to establish functioning apps does limit political entitles' digital sovereignty. The Google-Apple protocol is known as promoting measures of privacy protectionism, which the UK Government's NHSX app lacks. However, the need to adopt this protocol for the successful functioning of the app could only reinforce Big Tech firm power.

On the adoption of the app, the Scottish government acted more transparently about its contract tracking app, compared to its counterparts in respect of the NHS app. According to a series of investigations carried out by openDemocracy in 2020 (Daly, 2021), Big Tech firms provided the UK government with the necessary digital infrastructure for the COVID-19 pandemic management. The Scottish government does not have a flawless approach to governmental transparency, due to the pandemic outbreak, the Scottish government relaxed freedom of information (FoI). This allows for the governmental agencies to extend their deadlines for responding to the FoI requests. In the same spectre, the access to public data and information has been extended beyond FoI. The COVID-19 data gathered allowed us to know who was infected and who and where died from the virus. Essentially, this allowed us to understand whether certain groups have been more impacted by the virus. In England, Black and Minority Ethics (BAME) backgrounds have been more prone to infection and death from COVID-19. This was grounded in the socio-economic circumstances, pre-existing health problems and

structural racism. To compare, Scotland has a significant population of South Asian minorities. There was a piece of evidence to suggest that, in spring 2020, the community was more exposed to the virus. The evidence was proven in July 2020 when the National Records of Scotland published a study on ethnicity and COVID-19 finding that the South Asian minority were nearly as twice as likely to die of COVID-19 (Woods, 2020). At the same time, the Coalition for Racial Equality and Rights raised concerns about the lack of data available on the real impact of COVID-19 on the ethnic minority (Haria, 2020). This finding corresponds with the findings UK-wide.

About contact tracing, the Scottish government followed a less privatised and neoliberal approach to England. In England, these functions have been outsourced to a private company. Yet, marketisation and privatisation have obfuscated what kind of data is available to the UK public. Like in the UK and other western countries, the elders and disabled citizens were the most impacted by COVID-19 and remained most residents dying from the disease. One of the most prominent examples is the Home Farm care home, located in the Isle of Skye, where ten residents die because of the COVID-19. On the other hand, the marketised universities brought students back to campuses at the start of the new academic year. In September 2020, the UK students returned to their university accommodations.

Essentially, the approach adopted by the UK-nations varied significantly. For instance, Scotland opted for a contract training that remains in the public health service, rather than being outsourced to private companies, like England. Yet, the worst excesses of the UK's government digitalised COVID-19 response. Things have not been perfect in all the UK nations. There have been substantive limits of political autonomy and neoliberal logic. Data is still likely to be seen as a power both from a political and economic stance.

4 UK Economics: Challenges and Constraints

4.1 Pre-COVID-19 Economic Policy: General Overview of Economic Landscape in the UK

As it was mentioned above, the United Kingdom economy was hit hard by the 2008 financial crisis. The United Kingdom also witnessed a period of underinvestment between 2010 and 2018; and had the lowest average

annual gross capital formation of all G7 countries. The latest threat to the United Kingdom economy was seen by the EU referendum. Brexit involved dramatic adjustment costs to the United Kingdom economy. Such costs were not yet fully understood, despite several attempts to estimate them (Blackaby, 2018). The early suggestion forecasted the economic output to be smaller than it would have been if the United Kingdom had remained in the EU (Blackaby, 2018). Essentially, the UK economy held up well in the earliest months. However, the economy slowed down from early 2017 (PWC, 2018). Such a slowdown continued into early 2018. However, there was certainly evidence of a growing GDP in the second quarter of 2018. The slow-growing GDP continued in 2019, as Brexit-related uncertainties speeded up. In October 2019, the EU and UK agreed on a withdrawal declaration. Such declaration has now been transposed into the law.

Essentially, the Government elections only carried out one message: "get Brexit done" and "unleash the potential of our whole country" (Conservative Party Manifesto, 2019). In fact, I am not arguing that Brexit should be labelled as economic policy. Yet, Brexit is unquestionably an event that impacted on the development of economic policy in the UK. Any later commitment has been now interpreted as a promise to improve the UK living standards by "levelling up" incomes and opportunities that contributed to leaving the EU. The economic impact of Brexit is still in question. Notwithstanding, its impact had consequences on macroeconomic policy in the UK. It has been noted that Brexit reduced openness associated with lower economic output. However, since the withdrawal agreement has become law, the UK government (2018b) summarised the potential beneficial effects of the Brexit agreement:

> In the long run, theory and evidence suggest that international trade increases output and raises living standards through four key channels:
>
> (a) Domestic specialisation allows each country to put more resources into what it does best, leading to higher productivity and real wages;
> (b) Greater variety of inputs and products for businesses and consumers, with increased competition and lower prices leads to (1) more efficient production for businesses; (2) increased consumer choice;
> (c) Access to new markets allows firms to scale their production up, leading to efficiency gains where there are increasing returns to scale;

(d) Exposure to competition leads demand to shift away from the least competitive firms while the most competitive (and productive) firms gain opportunities to expand into new markets. (p. 5)

Such effect is still measured and has been to a certain extent already recognized (Hope, 2019). However, the earliest post-Brexit economic evidence introduced several further unknowns and a possible lack of understanding of its long-turn impacts. Consumer spending remained relatively resilient despite the slowdown in the post-Brexit UK's growth. Business investment continued to shrink as a result of Brexit, as the economic uncertainty become more acute. Essentially, this has a huge impact on invent and stock building due to the plans for a potential no-deal Brexit. On the other hand, the job market generally remained strong, with unemployment down to its lowest rate since the mid-1970s (PWC, 2018). This evidence only furthered the understanding that the scarcity of workers finally lent them some bargains power, fed through increased real wage growth.

4.2 Post-COVID-19 Economic Policy: How the COVID Crisis Will End for the UK?

The UK introduced a number of economic policies, during the pandemic. They included: Coronavirus Job Retention Scheme (JRS)—grant support which aims to cover up to 80% of the "usual monthly wage costs" (up to £2,500), excluding fees, bonuses, and commissions; Coronavirus Statutory Sick Pay Rebate Scheme ("CSSPRS") for small or medium sized businesses; Deferral of VAT payments; Deferral of Income Tax payments; Competition Market Authority Guidelines aimed at relaxing competition rules for "essential businesses"; Time to Pay arrangements for other taxes; Business rates for hospitality, leisure, holiday, retail, and nursery businesses (and grants for retail, hospitality, and leisure businesses).

In addition, employers are not obliged to top up the remaining further 20%. As or 10 June, it is impossible to send new employees on furlough scheme. The scheme is set to function: from 1 March 2020 to 30 June 2020: 80% of the basic salary up to £2500 is covered. From 1 July to 31 July 2020: government continues paying up to 80% of the basic salary up to £2500; however, the furloughed employee could work part time. From 1 August 2020 to 31 August 2020: government continues

to pay the 80% of the basic salary up to £2500, however employer is required to cover the NICs and pensions payment. From 1 September 2020 to 30 September 2020, the government will pay 70% of the basic monthly salary up to f £2,187.50, with a minimum contribution of 10% and NICs and pension contribution covered by an employer. From 1 October 2020 to 31 October 2020, the government would cover only 60% of the basic monthly wage up to £1,875, an employer would be required to contribute minimum of 20% of the wage and pay furloughed employees' NICs and pension contribution.

Several points should be analysed about the future of the UK economy. The key question remains if the current degree of state intervention was justified. As mentioned above, the UK government reached a highly exceptional decision to shut down a large part of the market economy to save the lives of the UK's residents. This action provided a rationale for such an exceptional policy response that aims to protect jobs and businesses. The additional support offered to businesses amounted to cheap loans and job subsidies. This is a good example of the government trying to prevent a temporary economic shock from becoming a prolonged economic depression.

However, the support measures, such as additional fiscal spending during the pandemic, were not an omnipotent approach. There were transaction costs of several good businesses going bankrupt due to the government's order to close the economy. Booth (2020) suggested that it could be inefficient if good businesses go bust and then re-enter the market or have their place at the market taken by other businesses when the crisis ends. Essentially, the moral hazard argument could be inapplicable here, as the COVID crisis is not an event that most businesses have been expected to insure against. The COVID-oriented intervention should be a call for the state to play a greater part in normal times as well.

Yet, the new economic measures are designed to only be temporary. At some point, the restrictions to protect public health would be lifted and the normal functioning of the market will be resumed. Essentially, even the classical liberal sympathisers believed that governmental intervention has always been expected to play part in the healthy functioning of the market. The public health issues should not be entirely left to markets. UK spent heavily in health aimed to release the pressure for NHS during the pandemic. However, lack of supply in medical workers, hospital beds, and COVID-related equipment cannot catch up with the rising demand. There is clearly a diminishing return effect in health

spending here. The UK government spending in non-health gives people more incentive to stay at home instead of taking on excessive risks, which includes the funding for the COVID-19 vaccine. Townley (2009) argued that non-efficiency economic goals must be considered within the competition legal framework, as "jurisdiction may not have the legal capacity to achieve the ends by other means". (p. 39). Societal deliberations are labelled as "non-economic interests", and often, there are no powers to pursue these objectives. The risk of several deaths from coronavirus is a textbook example that serious negative externalities could be only dealt with by collective actions. However, the COVID-related deaths were not the only issue. It is disputed whether (for example) competition law could assist any public interest agreements, which include sustainability, as competition law assessment does not generally focus on consumer welfare. This might originate to the EU legal foundation; certain matters are solely within the Member States' exclusive competence. This is approved by the Chicken of Tomorrow case (2014), where the competitive spectre of sustainability depends heavily on how the national competition authorises and the EU Commission value the sustainability and balance this against competition law. Above all, free-market capitalism and COVID-oriented issues furthered the deepening conflicts in the intervention of economic and its interlinked social deliberations.

Furthermore, many questioned if the COVID-19 crisis brought a sudden end to globalisation. This argument is highly unlikely. There is a broad understanding that freer trade has brought high social and economic benefits in the UK. Certainly, there are critics of globalisation. Yet, it is far from obvious that the coronavirus crisis introduced any new concern for globalisation. It has been suggested that the delocalisation of products corresponded with the UK's shortages of basic medical equipment. However, the COVID crisis overwhelmed the UK supply chain even if any goods or services were supplied locally. It could be inadvisable to undermine the international trade benefits as this might reduce any future pandemic costs.

Lastly, how would our "new normal" eventually look like? Perhaps, this question is widely echoed across the UK. It is assumed that the "new normal" would remarkably mirror the pre-COVID crisis normality. The social distancing practicalities could remain to introduce long-lasting impacts in some sectors, including hospitality and leisure. The UK residents could be reluctant to go out, eat out or travel abroad. Nevertheless,

consumer tastes are unlikely to change significantly, since most UK's residents would prefer to return to enjoy services they enjoyed before the crisis (Kohli et al., 2020). At the time of the writing, the UK still faced the COVID measures, requiring people to practise social distancing. Essentially, the UK Chancellor would prefer to respond to this crisis with a greater emergency budget. This might be a great stimulus package to tackle the problems of frictional unemployment. However, the gradual easing of the lockdown and a recovery in business and consumer confidence could be a significant factor to kick-start the economy, without the need for any further state intervention.

5 UK Economy and Health

5.1 Pre-COVID-19 Health Care

In the UK, the national health service (NHS) is the government-funded medical and health care service that everyone in the UK can use without incurring any cost. NHS is a tax-funded service, preforming well in the UK economy.

NHS is committed to meeting governmental transparency on how the funds are spend. In 2020/2021, the Department for Health and Social Care (governing the NHS in England) (The King's Fund, 2022) spent £192 billions for the NHS. This budget is used to fund a wide range of health and care services in England. Approximately, £2.5 billions were spent on the administration costs, such as the NHS payroll. The remains money is disturbed to meet the costs associated with the medical supply and health spending, including one's ability to visit a GP out-of-charge.

Health is a devolved power in the UK. In this respect, the politics and policy debates of the UK four systems are distinct, with their leaders having the autonomy to pursue different values with different success (Greer, 2008). The autonomy and diversity originate from the 1998 legislations, giving Scotland, Northern Ireland, and Wales greater power over public health and health services. Thus, autonomy is not subject to any law of the shared values. The UK states receive block grants, not related to need but could be spending as the UK states choose. Essentially, the UK political system encourages policy divergence (Greer, 2008). Divergence of labour markets, equity, and consequences for standards have always existed in the UK. The UK nations have always had distinctive histories and influences.

Scotland's trajectory has been established in its history. The underlying politics of Scottish health care has long had a high status: medical leaders are closely connected with the policy. This area is still home to a dense concentration of academics and professional leaders, who advise the Scottish government. Consequently, the medical-political landscape values professionalism and professionals. On the other hand, the Welsh health policy appears to be the most radical and innovative. Unlike the English and Scottish approaches, the Welsh health policy focus on improving the health sector, rather than the NHS. The overall strategy of localism changed in 2003, during the reorganisation of the NHS Wales. The change quickly focused on the politicisation of the health policy. Essentially, this made the Welsh public health agenda erode back to campaigns about a healthy lifestyle. The current Welsh approach is similar to the Scottish model. Northern Ireland's devolution model has not functioned the same as elsewhere, due to politics. Yet, the approach to public health policy has remained stable. In the end, health systems are difficult to be changed, with the NHS system never being a single legal unity. The directions of the public health systems are, unquestionably, heading in a different direction, with the COVID-19 pandemic putting pressure on the system.

5.2 The Future of the UK's Health Care

The COVID-19 pandemic unquestionably is the biggest challenge the health system has ever faced. Essentially, it is necessary to learn the lessons from this experience, whether from the rapid progress achieved through digitalisation or inequalities brought into focus. The future of health care should not be built to prepare for possible future waves. Foremost, the health care system should ensure a positive change and renewal benefiting in health and wellbeing for everyone.

The outbreak of the virus has demonstrated the UK health and care systems at their greatest. Health and care workers responded with dedication and skills, rapidly developing new manners of delivering services safely. Furthermore, hospitals offered each other mutual support and aid, while other local services worked together to support communities. This crisis underlined public support for the NHS. However, the events during the outbreak of the virus also exposed issues, somehow exacerbating existing shortcomings. Firstly, the COVID-19 pandemic demonstrated the weaknesses in a social care system, which has been underfunded for

a long time. Essentially, this section was neglected by the government at the start of the pandemic. This resulted in tragic consequences for the staff, families, and service users, and in an unacceptable number of deaths of both healthcare workers and patients. This evidence demonstrated that social care is in desperate need of reform and investment. The potential reform would unquestionably aim to further the spending costs or reshape the known administrative structure of the healthcare system. Furthermore, several years of fragmented policies and poor workforce planning resulted in the crisis across both health and social care systems. The system has been touched by the disproportionate death toll on staff from an ethnic minority background. Research demonstrated that such excess death could have been explained by the gene, provably preventing to respond to the virus properly (UKRI, 2021). Furthermore, the funding squeeze, which was the result of the 2008 crisis, already made the functioning of the NHS service worse. The NHS entered the crisis already stretched to the limits. The lockdown has only deepened the social and economic consequences of the crisis.

The health and care system is exposed to significant challenges of restoring their services, not only in the hospital but also in social care, primary care, community-based services, and mental health. One of the greatest challenges remains to maintain the vaccination success, as well as the need to prepare for the potential new waves of COVID-19. Additionally, it remains difficult to deliver routine care while COVID-19 remains a risk. Despite the less visible in national data, demand pressure will extend to primary, and elderly care, mental care and community services. Such services still need to deal with the effects of the pandemic, including needs steaming from the virus and prolonged stay at the intensive care unit. The King's Fund's research (2021a) into the experience of recovery from other disasters found that support for mental health is essentially the most successful way for recovery. Aspects relating to the elderly care are also significant here. The pandemic has disproportionately affected elderly people living in the care home, which accounted for an estimable 30% of all deaths (Collateral Global, 2021). The main reason why care homes were seriously affected by the virus relates to the vulnerability of their residents, affected by their age, and underlying conditions.

Consequently, there are two greatest priorities for renewal. Neoliberal policies have again come under scrutiny since the UK Government have been adopting austerity measures to decrease its budget expenditure. According to Karamessini (2012), the neoliberal offensive has been

a distributive effect on social cohesion. Mladenov (2015) argues that the important element of neoliberalism is to ensure the welfare dimension of the state, ensuring the optimal functioning of the markets. At large, this understanding could be translated into more expensive, less controlled, and lower quality healthcare services. This is a classic debate between lassies faire and government intervention, in the context of public good provision. Yet, the question in the post-COVID world remains how to identify the correct pathways through which neoliberal reforms could affect access to healthcare. As mentioned above, the pandemic introduced several perils impacting the population. Essentially, I propose that two pathways affect access to healthcare. The first angle concerns the policies directly or indirectly affect healthcare. The second angle concerns the policies affecting socioeconomic determinants. In order to avoid reconceptualizing healthcare as a private good, rather than a public good, these two angles consider a hybrid approach to address any reform needs. Overall, increased healthcare needs due to the COVID-19 with the presence of negative effects of neoliberal policies could further lead to increased varies to healthcare access for the population.

Since any health inequalities are typically aggrieved by neoliberal policies, which furthers societal inequalities and makes accessing the same level of health care by various social groups difficult, future UK political commitment together with public understanding of the COVID-19 effects are necessary to address the need to reform healthcare, potentially introducing more spending in the healthcare finding, as well as introducing plans to minimise the healthcare's hardship. Reforming the healthcare is a difficult incentive, as it remains difficult for the government provide high-quality healthcare services to all people, when there is a limited budget. The post-COVID-19 healthcare sector in the UK could embed three spheres for needs for reform and renewal. Firstly, the UK health service is facing inequalities in population health. Secondly, it is necessary to consider and embed the digital changes. The digital incentives might allow to introduce further innovation in the healthcare sector, involving plans of creating a closely integrated system. This plan could have potentially included various options on how to access the essential healthcare systems either via home, or community centre rather than the hospital. Lastly, the reform of social care is of utmost importance. Looking beyond the immediate issues of restoring the NHS services, the experience brought pandemic offered a unique opportunity to reconsider

the focus of the UK health system. The approach for renewal should be delivered through coordinated actions across the NHS.

Firstly, COVID-19 exposed the deepening health inequalities that existed in the UK. Before the pandemic, there was a certain improvement in life expectancy amongst the social groups. However, the health inequalities between the richest and the poorest were still widening. The data suggests that men living in the least deprived areas could expect to live 9.4 years longer than those in the most deprived areas; for women, this difference was 7.4 years (ONS, 2019). This gap keeps increasing. The aftermath of the COVID-19 pandemic only furthered this growing gap. The virus has taken a disproportionate toll on the poorest health facing groups. In particular, the structural disadvantage was experienced by ethnic minority groups who were at the greatest risk of contracting and dying from the virus (UKRI, 2021). Consequently, the economic and social impacts of the virus are still worsening these inequalities. This is a call to renew the public policy to improve the population's health and combat the entrenching inequalities. To address any inequalities, the government should respond by addressing socio-economic drivers of healthcare system. At first, the step could include ambitious steps to improve health and reduce any inequalities. The government could achieve this by developing a strategy on addressing health inequalities, by being bolder in using all available resources, including tax and regulation. It is thought the funds distribution that often countries reduce the social inequality gap. The strategies in combat inequality often ignore the generation need: we need to have the collective investment in areas of health, education, and employment to improve the society outcome. Again, spending is not cost free, there is always an opportunity cost. Excessive spending could also result in an increase in national debt, which might lead to potential default or must be repaid by future households. The reduction of inequalities should remain the central focus of such regulations.

Secondly, as we live in the age of digitalisation, the COVID-19 pandemic furthered the need for accelerating digital changes. Within the weeks of the pandemic, almost three-quarters of general practitioner (GP) appointments were conducted via video (The King's Fund, 2021b), and nearly half of all consultations were conducted via telephone (NHS, 2020). The NHS has never witnessed a similar increased and rapid widespread channel shift. Such a shift was only possible by clinical and support staff rapidly changing the way they worked and sharing learning

and good practice along the way. This technical and technological focus enabled the delivery of care. Such achievements stand in contrast to the poor record of the digital shift noticed in England, including the over-centralised decision-making process and insufficient investment in such infrastructure. Essentially, such factors only hampered the process for too long. This process has been also mirrored in the digitalisation of social care, which has been contained in the past by lack of funding.

By looking at the present issues and development, the task of the national bodies is substantially to learn lessons from the COVID-19 pandemic experience. The digital legacy of the pandemic needs to be durable: it needs to be built on public consent and support of health and care staff in their roles. Such rapid development could be a cornerstone of future digital change. Unquestionably, this includes the need to understand the impact of this innovative environment, as well as the development of necessary tools with transparency and involvement from pubic and health staff. Such tools should prevent the widening of health inequalities. Importantly, this chapter argues that most medical services must be done in hospitals. In terms of technology, the latest technology allows personal devices to monitor some simple health indicators of individuals. The data is then analysed using various methods or could be handed to doctors. For the post-pandemic reality, innovation should be seen as the most important aspect, taking for in developing new medicines, studying diseases, etc. For COVID, the most important innovation must be vaccination development or finding cures to COVID. All things mentioned above require spending or market incentives.

Thirdly, there is a huge importance for improving the social care system. The scale of deaths recorded at care homes from COVID-19 is a national tragedy. Between March and mid-June 2020, approximately more than 19,000 care home residents died from COVID-19 (ONS, 2020). A further 16,000 care home residents lost their lives to COVID-19 between November 2020 and early February 2021 (ONS, 2021). Despite any effort of staff, it remained difficult to keep staff and care home residents relatively safe, particularly at the early stages of the COVID-19 pandemic. Essentially, several factors contributed to this, inclining challenges in obtaining PPE (PPE refers to personal protective equipment) and financial support. This only furthered the already existing crisis caused by the austerity measures. The social system care has been not adequately supported for many years before the pandemic outbreak. A possible positive vision of social care could be foremost achieved by the

government urgently addressing the funding pressures (ADASS, 2021). This could further prevent the deterioration of experience and outcomes for people in need of social care support. Such wider reform should introduce proposals for longer-term investment, creating fairer systems. Any proposal needs to recognise that the problem of social care is not the funding, but also lack of adequate quality and fragmentation of the NHS.

To achieve the aforementioned factors, the renewal of the health and social care system should not rely on past mistakes. The 2019 Conservative Party manifesto made the NHS a key priority, promising to resolve any pitfalls of the sector. Essentially, this message is achievable through the tailored approach of public services working together with local communities by putting the welfare of the workforce at the key point of the agenda. Such action requires the involvement of local, regional, and national authorities. Making progress requires political involvement, not only to push the contentious long-term social care reform but to renew the existing framework learning from the furthering perils of the pandemic.

6 Education

6.1 Pre-COVID-19 Education Era

In the UK policy perception, education, skills, and learning are considered as a universal solution to a vast array of socio-economic problems. This has been officially endorsed in 1997 by the Labour government, which aimed to establish a "knowledge-driven economy" (DTI, 1998). Essentially, the UK educational system is a devolved matter. It means that each of the UK countries has a separate system. The UK Government is responsible for England, the Welsh Government is responsible for Wales, while the Scottish Government and the Northern Ireland, Executive are responsible for Scotland and Northern Ireland, respectively. According to the OECD, the overall knowledge and skills of British pupils rank in 13th place in reading, mathematics, and science.

In each UK country, there are five stages of education: early years, primary, secondary, further education, and higher education. Full-time education is compulsory for all children between the age of 5 and 16. In England, compulsory education has been extended to 18 for those born on or before 1 September 1997. The National Circular provides a framework of education in England and Wales for children between the

ages of 5 and 18. The Scottish equivalent is the Curriculum for Excellence programme, while in Northern Ireland the governing body is known as the Common Curriculum.

UK education is also exposed to the crisis of reform. In 2018, the Guardian commended that successful schools tend to choose pupils from wealthy backgrounds. Students from a deprived background and challenging students are often concentrated in schools that do less in the inspection. Furthermore, children from prosperous backgrounds tend to study at outstanding schools, compared to disadvantaged children that are likely to be in an inadequate educational institution (*The Guardian*, 2018). However, this inequality gap is closing with more students from all social backgrounds studying in good or outstanding schools (GOV.UK, 2015). Yet, the problem remains ongoing. In 2016, the report conducted by the Equality and Human Rights Commission concluded that racial inequality remains to exist in the UK educational system. In 2021, the further report indicated that students from poor backgrounds, eligible for free school meals, tend to do less well at the overall figure of pupils (*The Guardian*, 2021).

To this date, the UK policy continues to picture the edition as an emerging part of the knowledge economy. However, little evidence suggests that the existing UK economy disregarded neo-Fordism and hierarchal low-trust management from its educational system.

6.2 The Future of Education in the UK

Low-skill jobs are vulnerable during the pandemic as many of them cannot be carried out at home. People with low level of education are most likely working in these occupations. Therefore, to better prepare for the next pandemic, automation of low-skill jobs might be a solution. Also, government should help push more people into high-skill jobs, this is achieved through education. The UK faced significant challenges to improve the education system. Even if a large proportion of young people go to university, there are still many people with low basic skills (Musset and Field, 2013). Several weaknesses hinder efforts to reduce inequality (Bagaria et al., 2013). The UK investment in education has always been vital to improve economic performance.

The COVID-19 pandemic is certainly characterised by a swift move into digital educational resources. During the COVID-19 pandemic, network usage has increased around the world. Most of the operators

experienced a growth in the traffic volume of around 100%, as the networks, of enterprise and education networks moved to the consumer broadband networks. The biggest challenge for the existing broadband consumer network is the pandemic It was characterised by a rapid increase of the traffic distribution: traffic, which was previously distributed among education, public WiFi networks, or enterprises, has been combined into single network access with a fixed consumer broadband network. As a result, the changes were initiated in the traffic composition, which bought challenges for networks internationally (Sandvine, p. 5). The report of Sandvine demonstrated that the traffic has grown almost by 40% between 1 February and 19 April 2020 (Sandvine, p. 5). This is a staggering increase in the volume. The increase in the volume occurred during the date when the broadband was utilised by students and adults at work. The use of the internet is said to be increased by a larger demand from the end-users' side, which was witnessed on an increased volume of downstream video streaming, conferencing, or game downloading, mixed with upstream video conferencing, use of social media and messaging platforms. To ensure non-discriminatory internet access, in March 2018, the UK Government introduced a broadband Universal Service Order, which ensures that individuals have a right to request a broadband connection with a download speed of at least 10 Mbit/s, and upload speed of—1 Mbit/s. Due to the COVID-19 pandemic, the USO has been temporarily paused, while the BT is now starting to raise awareness to eligible consumers. Furthermore, the Department for Education announced their intent to introduce a package to support learning for vulnerable children (Get help with technology during coronavirus [COVID-19], 2020). The initiative offered the access to Microsoft 365, Oak Academy, Google Education and BBC Bitesize without any financial costs.

However, the post-COVID-19 education approach introduces several perils of socio-economic inequalities. There is a substantial gap in education achievement between people from various socio-economic groups. Such a gap is evident from the beginning of education and continues to its end (Feinstein, 2003; Hansen and Hawkes, 2009). Even if we have evidence to suggest that early years education is important, it needs to be reinforced with capital investment as learning is cumulative. COVID-19 pandemic implications have been widely documented (Andrew et al., 2020).

The study of Elliot Major et al. (2020) demonstrated that during the lockdown almost 74% of private school students benefited from full school days. It was almost twice the proportion of state school students. By the common deliberation, full school days are improving the quality of learning. Full day school is not only improving the educational abilities of the students, but also allows students to develop their interpersonal skills. Around a quarter of students had no formal tutoring during the lockdown. Also, Andrew et al. (2020) suggested that during the first lockdown children from higher-income households were more likely to benefit from online schooling and spend more time studying. So far, the evidence suggests that the inequality gap only furthered during the lockdown. The data also suggest that policy intervention as delivering laptops to disadvantaged students could have been more effective during the closure of schools when carried out as promptly as possible. Essentially, the disadvantaged students came from poor backgrounds and/or various ethnic groups. However, even if such help was provided, Montacute and Cullinane (2021) noted that students, returning to school upon the lockdown measures lift, reported a lower standard of work.

A variety of socio-economic inequalities could arise or deepen as a direct result of the COVID-19 crisis. Students are facing difficulties in the admission process when accessing higher education. Because prediction grades are no longer accurate in evaluating the abilities of students, many higher educational institutions increased their admission requirements. Meanwhile, many students delayed their application due to COVID, resulted in excessive competition. These are short-run issues, nevertheless very important. Furthermore, higher rates of unemployment could increase income inequality, making it even more difficult for students to face education during the pandemic. Based on this, students are less likely to access education due to their parents being unemployed, and the high unemployment rate will make students more difficult to find jobs after graduation. In the longer run, the implications of the pandemic mean less teaching staff, as the staff was directly affected by COVID infection, and lower educational achievement. These factors would hit the students from poorer backgrounds harder. Younger generations could see fewer labour market opportunities and disturbing education. Such prospects will be mirrored for gender, ethnic and regional inequalities. Essentially, inequalities are the driving trend of the COVID-19 pandemic. There might be changes in consumer preferences, the number of people

working from home and other major shocks. Having that difficult financial pattern would only make it harder for the young generation to successfully progress into the labour markets.

7 Conclusion

This chapter assessed the outcome of the COVID-19 pandemic on the UK's economy. It highlighted the changes before and after the pandemic, considering the aspects relating to the economy, health, surveillance, and education. It will be some time before the real extent of the COVID-19 impact is clear. The present evidence is disturbing.

Essentially, the UK's approach to the pandemic could be pictured as "humanitarian" and "political". The former focused on the human strategy during the pandemic, including the lost lives and grieving. However, the approach to making sure that the virus does not discriminate reminded us that the pandemic was difficult to be fully controlled. The latter approach took us in a different direction, which highlighted the problems of this chapter. The political approach questioned why certain groups tended to suffer more from the pandemic, as well as drew attention to the UK's success in tacking the virus. In short, the political approach considered how the pre-existing political factors were linked and furthered by the COVID-19 pandemic.

On that account, the failure of British neoliberalism seemed worse than in the over. In particular, the Conservative, party ruling the UK, needed to make a greater ideological leap to meet most of the challenges introduced by the COVID-19 pandemic. This drastic overhaul of economic policy should remind us of two elements. Firstly, the political and media enforcers regarded as a common-sense approach could be regarded as an extreme movement, as the political decisions were often taken without its strong reasoning on the scientific approaches. Secondly, the acknowledgement that the system would fail would not replace the present problems. We need to ignite the change necessary to boost up the post-COVID-19 UK's economy.

Notes

1. UK constitution allows for devolution which refers to the transfer of certain powers for the central UK government to nations and regions within

the UK. Policies relating to COVID-19 were both passed by the UK government and each government or assembly of the UK nations.
2. The term NHS refers to the National Health Service. The NHSX refers to the digitalised national health service.
3. Manual contact trading at large referred to asking a COVID infected person to remember who they have been in contract with; the person could have identified only the people they know.

References

ADASS. (2021) ADASS Budget Survey. https://www.adass.org.uk/adass-budget-survey-2020, accessed 16 December 2021.

Alistair R., Niemeijer Brenda J. M., Frederiks Ingrid I., Riphagen Johan, Legemaate Jan A., Eefsting Cees M. P. M., Hertogh. (2010) Ethical and practical concerns of surveillance technologies in residential care for people with dementia or intellectual disabilities: An overview of the literature. International Psychogeriatrics 22(7): 1129–1142. https://doi.org/10.1017/S1041610210000037

Andrew, A., Cattan, S., Costa Dias, M., et al. (2020) Family Time Use and Home Learning during the COVID-19 Lockdown. Institute for Fiscal Studies (IFS), Report R178, https://www.ifs.org.uk/publications/15038, accessed 16 December 2021.

Bagaria, N., Bottini, N., and Coelho, M. (2013) Human Capital and Growth: A Focus on Primary and Secondary Education in the UK. In: T. Besley and J. Van Reenen (eds.), Investing for Prosperity: A Manifesto for Growth. London: LSE Academic Publishing.

Blackaby, D. (2018) The UK Economy and Brexit. In: Y. K. Dwivedi (ed.), Emerging Markets from a Multidisciplinary Perspective. Springer International Publishing.

Booth, P. (2020) How Should We Pay for All this Extra Government Spending. IEA blog, 2 April. https://iea.org.uk/how-should-we-pay-for-all-this-extra-government-spending/, accessed 20 December 2021.

Collateral Global. (2021) Report 6: Effects of COVID-19 in Care Homes—A Mixed Methods Review, https://collateralglobal.org/article/effects-of-covid-19-in-care-homes, accessed 10 December 2021.

Conservative Party Manifesto. (2019) https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf

Daly, A., Milan, S., Treré, E., dand Masiero, S. (eds.), (2021) COVID-19 data on the fringes : The Scottish story. In: COVID-19 From the Margins. Amsterdam University of Applied Sciences Institute of Network Cultures, Amsterdam, pp. 135–140.

Davies, S. (2020) Pandemics and the consequences of COVID-19. Economic Affairs 40(2): 131–137. https://doi.org/10.1111/ecaf.12415

Desai, K. (2009) The New Stars of CCTV: What is the Purpose of Monitoring Patients in Communal Areas of Psychiatric Wards, Bedrooms and Seclusion Rooms? Diversity in Health and Care 6: 45–53.

DTI. (1998) Our Competitive Future: Building the Knowledge-driven Economy. London: HMSO Cm 4176.

Feinstein, F. (2003) Inequality in the Early Cognitive Development of British Children in the 1970 Cohort. Economica, 70: 73–97.

GOV.UK. (2015) Record Number of Pupils in "Good" or "Outstanding" Schools. https://www.gov.uk/government/news/record-number-of-pupils-in-good-or-outstanding-schools, accessed 17 December 2021.

GOV.UK. (2018) EU Exit: Long-Term Economic Analysis Technical Reference Paper. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759763/28_November_EU_Exit_Long-Term_Economic_Analysis_Technical_Reference_Paper.PDF, accessed 17 December 2021.

Greer, S. L. (2008) Devolution and Divergence in UK Health Policies. British Medical Bulletin 337: 2616.

Grimshaw, J. M., Eccles, M. P., Lavis, J. N. et al. (2012) Knowledge translation of research findings. Implementation Science 7: 50. https://doi.org/10.1186/1748-5908-7-50

Hansen, K., and Hawkes, D. (2009) Early Childcare and Child Development. Journal of Social Policy 38: 211–239.

Haria, J. (2020) COVID-19 and ethnicity in Scotland: Where's the data? [Online] Available at: https://www.crer.scot/post/2020/06/22/covid-19-and-ethnicity-in-scotland-wheres-the-data, accessed 16 July 2021.

Home Office. (2014) Draft Code of Practice. London: Home Office.

Hope, M. (2019) The Economic Impact of Brexit on London. GLA Economics. https://www.london.gov.uk/sites/default/files/brexit-analysis-final.pdf, accessed 17 December 2021.

Imperial Business Insights. (2021) Does COVID-19 Mean the End for Globalization? https://www.forbes.com/sites/imperialinsights/2021/01/08/does-covid-19-mean-the-end-for-globalization/?sh=20128c60671e, accessed 15 December 2021.

Karamessini, M. (2012) Sovereign Debt Crisis: An Opportunity to Complete the Neoliberal Project and Dismantle the Greek Employment Model. In: S. Lehndorff (ed.), A Triumph of Failed Ideas: European Models of Capitalism in the Crisis. Brussels: ETUI.

Knight, F. H. (1921) Risk, Uncertainty and Profit. University of Illinois at Urbana-Champaign's Academy for Entrepreneurial Leadership Historical

Research Reference in Entrepreneurship, Available at SSRN: https://ssrn.com/abstract=1496192

Kohli S., Timelin B., et al. (2020) How COVID-19 is Changing Consumer Behavior—Now and Forever. https://www.mckinsey.com/~/media/mckinsey/industries/retail/our%20insights/how%20covid%2019%20is%20changing%20consumer%20behavior%20now%20and%20forever/how-covid-19-is-changing-consumer-behaviornow-and-forever.pdf, accessed 14 December 2021.

Major Elliot, L., Eyles, A., and Machin, S. (2020) Generation COVID: Emerging Work and Education Inequalities. Centre for Economic Performance (CEP), COVID-19 Analysis, Paper No. 011, https://cep.lse.ac.uk/pubs/download/cepcovid-19-011.pdf, accessed 19 December 2021.

Mladenov, T. (2015) Neoliberalism, postsocialism', disability. Disability & Society 30(3): 445–459.

Montacute, R., and Cullinane, C. (2021) Learning in Lockdown. Sutton Trust Research Brief, January 2021. https://www.suttontrust.com/wp-content/uploads/2021/01/Learning-in-Lockdown.pdf, accessed 17 December 2021.

Mortenson, W. B., Sixsmith, A., and Woolrych, R. (2013) The Powers of Observation: Theoretical Perspectives on Surveillance Technologies and Older People. Ageing & Society 1–19.

Murkens, J. E. K. (2017) Democracy as the Legitimating Condition in the UK Constitution. LSE Law, Society and Economy Working Papers 8/2017. http://eprints.lse.ac.uk/87551/1/Murkens_Legitimating%20Condition_Author.pdf, accessed 12 December 2021.

Musset, P., and Field, S. (2013), A Skills beyond School Review of England. Paris: OECD Publishing.

NHS Digital. (2020) Appointments in General Practice May 2020. https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/may-2020, accessed 17 December 2021.

OECD. (2020) United Kingdom: Economic Outlook 2020b. https://www.oecd-ilibrary.org/sites/38369400-en/index.html?itemId=/content/component/38369400-en, accessed 16 December 2021.

ONS. (2019) UK health indicators: 2019 to 2020. https://www.ons.gov.uk/releases/healthindicatorsfortheunitedkingdom2019to2020

ONS. (2020) Child Poverty and Education Outcomes by Ethnicity. https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/february2020/childpovertyandeducationoutcomesbyethnicity, accessed 17 December 2021.

ONS. (2021) Deaths Involving COVID-19 in the Care Sector. England and Wales: Office for National Statistics. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional#deaths-of-recipients-of-domiciliary-care-in-england, accessed 17 December 2021.

ONS. (2022) ONS website, statistical bulletin.

PWC. (2018) UK Economic Outlook. https://www.pwc.co.uk/economic-services/ukeo/ukeo-july18-full-report.pdf, accessed 17 December 2021.

The Guardian. (2018) Coalition Education Reforms "Fuelled Inequality in Schools". https://www.theguardian.com/education/2018/jun/30/coalition-education-reform-academies-fuelling-inequality, accessed 17 December 2021.

The Guardian. (2021) Tory MPs Accused of Adding Fuel to "Culture War" in Education Report. https://www.theguardian.com/education/2021/jun/21/tory-mps-accused-of-adding-fuel-to-culture-war-in-education-report, accessed 17 December 2021.

The King's Fund. (2021a) COVID-19 Recovery and Resilience: What Can Health and Care Learn from Other Disasters? https://features.kingsfund.org.uk/2021a/02/covid-19-recovery-resilience-health-care/?_ga=2.105860675.1788489819.1639931566-1434252453.1639931566#group-Mental-health-and-wellbeing-D7xtjmALyH, accessed 17 December 2021.

The King's Fund. (2021b) The Road to Renewal: Five Priorities for Health and Care. The King's Fund. http://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care#pitfalls, accessed 17 December 2021b.

The King's Fund. (2022) Key Facts and Figures about the NHS. https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs, accessed 10 December 2021.

Townley, C. (2009) Article 81 EC and Public Policy. Oxford: Hart Publishing.

UKRI. (2021) Ethnicity and COVID-19. https://www.ukri.org/news-and-events/tackling-the-impact-of-covid-19/understanding-coronavirus-covid-19-and-epidemics/covid-19-and-ethnicity/, accessed 12 December 2021.