

All-Party Group on Coronavirus - Oral Evidence Session 5

Transcript by Communique Communications Ltd.

26 August 2020

Layla Moran MP

Well, welcome everybody to this very important session of the All-Party Group on Coronavirus. Today we're going to be looking at local Government response and also Public Health England, the reorganisation and where we go from here. As ever, to remind people the purpose of these sessions is to help the Government to prepare for winter, to look back a bit at what's gone well, what's not gone well so far and also looking ahead to what changes do we make ideally before any kind of potential second wave. We've got two sets of panels and we start with local Government and I am delighted to be able to welcome first of all Councillor Ian Hudspeth from Oxfordshire County Council, my home Council, Ian was elected as Leader of Oxfordshire County Council in May 2012, his responsibilities cover strategy, corporate and community leadership, regional issues, major external partnerships among others and he'll be speaking on behalf of the Local Government Association so Ian welcome, lovely to see you, hope you are well.

Ian Hudspeth

Thank you very much for inviting me.

Layla Moran MP

Next we have Sir Peter Soulsby, Leicester City Mayor, Peter is the former Leicester City Council Leader and was the Labour MP for Leicester South from 2005 to 2011 when he resigned to take up the new role of elected Mayor of Leicester and he was Knighted in 1999 for services to local Government, so Sir Peter, it's a pleasure to have you with us, thank you very much for joining us.

Sir Peter Soulsby

And thank you very much indeed for inviting me along, it's obviously a subject that's taken quite a lot of my time of late.

Layla Moran MP

Absolutely and we're very keen to hear from you. And last but not least we've got Councillor Alex Crawford from Rushmore Borough Council, Alex represents Wellington ward, a ward with mainly elderly and vulnerable residents, he's a retired science editor and was Mayor of Rushmore from 2011 to 2012, he was first elected to Rushmore Borough Council in 1976-85 and then again from 2009 to the present. So, thank you very much Alex for joining us as well. And I think you're on mute.

Alex Crawford

I beg your pardon, thank you very much for the invite.

Layla Moran MP

Thank you so much, right so we have until 12:30 for this initial session, we have as you can see a lot of MPs with us and Parliamentarians from the House of Lords as well, dying to ask you very many questions. With three panellists I ask that everyone keeps it as brief and concise as they possibly can, if another panellist has said something that you agree with simply indicate your agreement and then perhaps move onto another aspect of it. And I'll start with a very open question, how has the pandemic been from your point of view so far and I'll start with Ian?

Ian Hudspeth

Well, first of all just to compliment all Council staff right across the country, everybody has stood up to the challenge and it's incredible to think that back in March we were desk-bound, now all Council staff are outside, you know working from home, working from different areas and that all took place in a matter of ten days and it's really incredible to see that resourcefulness that all staff have done, they've all stepped up to the plate, they've all been working together and District Councils, County Councils working together about delivering services for the residents and it's encouraging to see that. But it's not just within Councils, it's with the NHS as well. If you go to our local hospital, sorry I think we will probably get a bit local today between the two of us but the JR, it's very difficult to see the difference between social care and national health staff because everybody is simply getting on with the job and I think that's one of the key things that people have put away structural and organisational boundaries and how about delivering, yes there have been challenges, there's no doubt about it. Obviously the increased costs that it's meant on local Councils, there are substantial shortfalls, which either difficult decisions have got to be taken to make sure we balance the books because Councils do have to deliver a balanced budget or alternatively as we're calling for more money from central Government to assist us. We've already had substantial amount of money but more money is needed as well. And I think the key thing, the outcome for me has been that actually local is good, it's really where the understanding of local areas, what it means for the local care homes, local hospitals, local delivery and I think that's something that's really important to come out and as we move into the perhaps next phase of it, the urge is to say to Government trust local Councils to deliver, we're ready and able and we know our areas and I'm sure the other panellists will agree with me that it's about knowing your local area, one-size-all doesn't fit everybody so I think give us some space and give us responsibility and of course the funding.

Layla Moran MP

Thank you very much. Sir Peter.

Sir Peter Soulsby

Yes, very much to echo what Ian has said to you, certainly the past few months have been very challenging for us in local Government but I think really actually to expand what Ian said we haven't just been getting on with the job we've been doing a lot of new jobs and doing them in ways that have been, well, novel for us and obviously using media in doing that in ways that have been for many of us quite challenging. But I think it is astonishing how well local Government has risen to the challenges of it and I think it is as Ian has said very much down to the fact that we know our localities, we know our people, we know our neighbourhoods and our communities and we, I think, have been shown ourselves to be very well equipped to respond to those challenges and to respond to those local needs.

And again, to echo what Ian has said I think perhaps something we'll perhaps come to later, but I think one of my regrets is that the Government has been perhaps insufficiently trusting of us in our knowledge of our localities and in our ability to put people on the ground knowing what they're doing.

Layla Moran MP

As a quick follow-up to that, why do you think that is?

Sir Peter Soulsby

I think I'd probably have to suggest you perhaps need to ask a Government Minister or two as to why it is they don't trust us, but it certainly has been quite evident throughout that we have not been trusted with the data and we've not been trusted with the powers and the combination of those two absences I think has very significantly hindered our ability to respond as effectively as we would wish to and as we could.

Layla Moran MP

Very diplomatically put, thank you. Alex.

Alex Crawford

Yeah, thank you Chair. I would just mention three aspects, I'm I suppose more like the canary in the mineshaft, I'm right at the bottom of the Local Authority hierarchy and a District Councillor serving a small District Council in the North East of Hampshire and what we've seen is of the 11 District Councils in Hampshire, Rushmore has had the highest death rate from coronavirus per 100,000 population and has had the highest infection rate. I came across Covid-19 and the need for action locally quite early on. I am a Trustee of a local charity called The Vine Centre which is responsible for delivering services to the vulnerable and the isolated throughout the Borough and we realised in February that we were going to have to, if you like, re-envision the whole services that we were providing very much on a face to face or group basis and deliver those online or deliver care and meals and so on to people who were vulnerable and isolated in the community and we were able to do that, we reconfigured everything and from March onwards we were delivering these services and over the past 21-22 weeks we've delivered thousands and thousands of care items to the local community. Now, this wasn't done in isolation from local Government because we required the funding from our local Borough Council to do that and of course we were able to make sure that they knew what was required and they were able to back us up in that kind of way. The other thing that I would just mention that particularly highlighted the need for action in Rushmore to me was that on the 17th of February I was sitting next to my colleague, Councillor Frank Rust, he complained about shivering just as I was taking my sweater off and that was the first sign that he had contracted Covid. Three weeks later we had a Zoom meeting and he was clearly unwell, but he was saying I've been to the GP, the GP tells me to ring 101, 101 tells me to go to the GP and both of them say you have to stay at home. Two weeks later he was in hospital, he'd had to go to Accident and Emergency and the week after that he was dead, and this showed that the system simply wasn't working. If someone was ill, and he'd been ill for weeks, the system somehow didn't seem able to respond and of course that was a great loss to our Borough, he was due to be Mayor of this current year and it was a great tragedy for us, but has meant that it's kept me going, the need to keep finding out what's going on about Covid locally and trying to get the best services locally. Thank you.

Layla Moran MP

Thank you very much. Paul Strasburger.

Lord Strasburger

Thank you Layla. My question is about your Directors of Public Health and whether they feel that they and their teams could have contributed more to the dealing with the pandemic and if so what needs to change to allow them to do so? Who would like to take that one on?

Sir Peter Soulsby

Thank you. I think that our Director of Public Health, like other Directors of Public Health, are enormously well qualified and know their communities very well indeed and I think that the fundamental frustration that they have felt throughout, certainly ours has felt throughout and I think it's true of others as well, is that they haven't been seen by those in Public Health England and in Government as having those skills and that knowledge and having something from their local knowledge that wasn't possible for those remotely in Whitehall. And I think, and it's a theme that I will keep returning to, the Directors of Public Health and those of us who are politicians but particularly of course the Directors of Public Health day to day have felt that they have not had the data that they need from central Government, even now the data that they need from central Government, from the testing regime that enables them to use their people and their skills at a local level effectively. Our Director of Public Health for example in the middle of June identified that there appeared to be a spike in the data in Leicester and asked a number of questions about what that might or might not indicate and was unable to get direct access to the data that lay behind the City-wide figures in a way that would have enabled him to have predicted and perhaps pre-empted the local lockdown that was eventually applied to Leicester. And that inability to access the data directly and the lack of good reason for it not being made available to him has been a major frustration and handicap.

Ian Hudspeth

Layla if I come in, I think again this is going to sound a bit like Peter and I agreeing all the morning, but I agree with what has been said, I think that one of the important things is that locally DPH's know their area, they can understand what the data actually means and if they have that data and particular granular level data at an early, early stage it means they can work out exactly what can be done in a local area and I think that's one of the key frustrations having that ability to have access to good quality quick data, and also accurate data as well, to make sure that we know exactly where it is and the ability for locally to be able to make, devise own testing stations and testing results, I think that's another key thing.

Layla Moran MP

Thank you, before I come to Alex, Ian if you could just answer this very briefly, have they given reasons to you as to why they haven't been able to provide that granularity of data?

Ian Hudspeth

There's been no reasons as to the reason why, I think it's the sort of Public Health England ethos and perhaps with the NHS, but certainly data is now coming available to us but I think not sufficient and it's this real-time data that's so important and it's getting down to the micro-ward level almost so we can understand what it is. And one of the key things about it is having to work locally but nationally because of course the virus doesn't recognise boundaries and if people are working in different areas then spikes are occurring that might not necessarily be a local issue, so I think it's important to work locally and nationally at the same time, but no there's no reason being given to me anyway.

Layla Moran MP

Thank you very much. Alex.

Alex Crawford

Yes, sure, thank you. I would say that this is related to the issue of identifying local hotspots and I was very much concerned because I knew my ward and as it happens the town centre of Aldershot has the most deprived area in the whole country in terms of the percentage of people living on pension credit and therefore this alerted me to the fact that these people were likely to be vulnerable and therefore we needed to be able to identify hotspots. I put this to our Chief Executive in March that this is what was needed and the reason I was alerted to this was that at that time Rushmore in terms of the incidence of infection had a rate of infection that was very much higher than Reading. Reading is a much bigger Borough and Rushmore is quite small in comparison and so I was saying why is it that Rushmore has such a high infection rate compared with Reading and we need to identify local hotspots and I was told well this is a matter for the Hampshire Local Resilience Forum and it went to them and nothing came back. And then when I was eventually able to track down local data, which I was able to find online from Public Health England, but not until August, this indicated that indeed this town centre of Aldershot was the area where the most infections were occurring in the whole of Rushmore and so this data must be made available to Local Authorities, I mean the issue as I understand it is confidentiality, if you identify data on two granular a level this means that perhaps I may be able to go to a care home in my ward and say it must be there, and therefore you know it's an issue of confidentiality. But Councils are used to dealing with confidentiality all the time, that's what they're all about, I mean we've had extensive training on GDPR and so on, it's second nature to us to treat data confidentially.

Layla Moran MP

Thank you very much. Dr Philippa Whitford.

Philippa Whitford MP

Thanks very much Layla, I mean really to follow on with that if I could start with Peter and then Ian particularly. Obviously you've already talked about the difficulty in getting data which allows you to spot an outbreak early, but it's also the issue of getting test results so that local DPH's and their teams are involved in Test, Trace, Isolate. I mean the figures reported from parts of England show only half of contacts actually being found and contacted, in Scotland it's almost 99%, it's similar in Northern Ireland, both of which are places where it's local public health teams. So, if I could start with you

Peter, because obviously all of a sudden the Pillar 2 data revealed a huge surge in Leicester which your team hadn't been informed about, is that data coming through now and is your public health team actually getting results so that they're involved in the Test, Trace, Isolate process?

Sir Peter Soulsby

The short answer to that is in part, it is better than it was but it is still inconsistent, it's still erratic, it still comes through after a very significant time delay and it of course does mean that although we do the follow up tracing ourselves now, very effectively and complement the process, it is happening far too late because sometimes ...

Philippa Whitford MP

How big a delay, what kind of delay are you talking about?

Sir Peter Soulsby

Well, we were talking about something that was over a week in one case, but I will undertake to follow this up with some analysis of just how long the delays are, but they certainly do mean that people who have been identified as having the disease are out in the community without their contacts being traced in a way that is certainly not effectively and in a timely fashion addressing the disease. I would just want to take this opportunity just to say that we of course did seek, as many other Councils no doubt will have done, to develop our own data very early on in the lockdown and to look at the two sources of information that we do have available at a local level, one sadly is deaths and of course we can identify where those deaths, the place of residence of those who die, and also hospital admissions and where they came from in the community. And we have been plotting them by low super output areas from I think towards the middle of April actually and had a very good idea of those two measures which of course are something of a proxy for the prevalence of the disease. By the time we'd got to the end of June both of those had very, very significantly diminished and we had every reason to believe that the control of the virus in Leicester was very similar to anywhere else. What we did not have then was the testing results that were coming through and when they did come through Public Health England were telling us that they were perhaps just an artefact of additional testing and were seeking to reassure us that it perhaps was not as we suspected it might be, something more sinister that was happening out there.

Philippa Whitford MP

I mean obviously looking at the published data from Leicester from that time, when you looked at the NHS testing the number of cases had tailed off, it looked as if you were well beyond the peak and the issue appeared to be the Pillar 2 commercial laboratory testing which wasn't being shared with anybody initially and when that was added on what you realised was there was this kind of huge surge, I mean deaths and hospital admissions are outcomes but don't allow you to change the course of the pandemic.

Sir Peter Soulsby

Absolutely.

Philippa Whitford MP

So, I mean test results is the one you need quickest, it then becomes data. So, at the moment you are still waiting several days even to get test results to your Public Health Team.

Sir Peter Soulsby

Yes, we are indeed, and as I say there's not just the waiting but there is also with it an absence of the address it would be ideal, but even without the address what we could very much benefit from having, certainly in a City like Leicester but probably elsewhere as well, is details of ethnicity and where appropriate, workplace. Particularly given ...

Philippa Whitford MP

So, you've not been given any of that?

Sir Peter Soulsby

And I put this to Dido Harding very early on when they first started talking with us about the prospect of a lockdown in Leicester, never mind there being one, and said that look we need to know more about the positive tests that you're basing this on, can we not have ethnicity and workplace and was told that the Government had decided not to seek to require those being tested to give either of those. I understand that some of that data is collected but it's not something that is passed to us in a way that enables to us to do as we need to do, to be able to do, which is to identify which particular communities and which particular neighbourhoods in the City are seeing a prevalence of the transmission of the virus.

Philippa Whitford MP

I mean obviously that still relates to data, if you were getting the test result with a contact number that's something you can ask, I mean we've an outbreak in a food packing factory in Fife, but despite 152 cases, only 18 of them are contacts because it was identified quickly and it's being shut down, so workplace is quite critical. Can I come to Ian, obviously quite shortly but looking broader than just Leicester, is this what you're seeing through the Local Government Association, is this a pattern that's everywhere and it's this need, not just for data which is looking at the picture but for test results and the funding to shift from the commercial centralised test and trace to local public health teams? You're muted Ian. You're muted.

Ian Hudspeth

Always the case isn't it, someone's always doing it. Absolutely I think that's one of the key things because particularly this workplace environment it's where people are going to congregate so it's actually going back to different areas and I think it's really important that we do look at it, for instance in Oxford obviously with the student population coming back to Oxford we're looking at local testing with the Universities, working with them to understand what, where students are coming from and I think we do need ... it comes back to good granular data, very quickly and very, very accurate data so

that we can, as you say, if we've got someone's phone number or contact details Public Health locally, we've been doing it for many years, Track and Trace when there has been diseases, sexually transmitted diseases, all these sensitive things, with two-tier working, Environmental Health Officers in District Councils, they're used to doing that when there's an outbreak of food hygiene and in Oxfordshire we've actually got a system where we're all working together so we're mobilising all people who are in Track and Trace and that's the sort of thing we should be doing but it is this sort of making sure that we do get good data and I think as I said earlier we do have to recognise that there's got to be some national areas because obviously the virus doesn't just affect a locality and it doesn't respect boundaries and for instance if something occurs in Central London then the outbreak won't be in Central London but it will be spread around the area, so we do need to have that, I know that our Director of Public Health does talk to the, I think it's 14 South-East Director of Public Health to understand the data and trying to get it, but it does come back to yes, we can deliver, yes we can if we have the resources and I'm grateful that it sounds as if we are coming to be local by default with a national system as well, but it's key to us.

Philippa Whitford MP

But it is respecting that expertise and putting the funding. Thank you very much.

Layla Moran MP

Thank you. Can I just ask a quick supplementary of Ian, Ian how fast is the data getting to Oxfordshire at the moment?

Ian Hudspeth

Again, it's like Richard, it can be varied and I'll certainly get back to you to find out exactly what the latest situation is. It is an evolving situation, a few weeks ago, a month ago, it was very sporadic, it's getting better, we're getting more accurate, more data and cleaner data so I'll get back to you with the exact numbers but it is evolving all the time and to be fair the data is coming quicker and speedier so I wouldn't want to say anything that was taken away from the work that's being done.

Layla Moran MP

Yeah, thank you very much. Debbie Abrahams. Oh, Alex had a quick thing to add, sorry forgive me Alex.

Alex Crawford

That's OK, I just wanted to add quickly about the current rate of infection because this is the worrying thing at the moment, in Rushmore in the past week according to the data we're getting from the Office for National Statistics there have been ten infections, it doesn't sound much but it's twice as many as there were the week before and last month there were some weeks when there were zero infections. But nobody is saying anything about, you know, what should be done to clamp down on these rate of infections building up and this is the problem and I dare say it's the same everywhere else. It's all very well saying well the rate of infection is there and it's going up a bit and it's going up a bit more, but what can we do about it because we have to, you know we have to take action now.

Layla Moran MP

Thank you very much. Debbie Abrahams.

Debbie Abrahams MP

Thanks Layla and thank you everybody this is very helpful indeed. Can I quickly follow on in relation to the testing data because Oldham obviously where I represent we are facing our own particular challenges? We did have issues in the early days but we don't have particular issues around data and data gaps, it is more timely and the gaps on the whole are being addressed, but I wondered Ian in terms of your Local Government Association experience and so on, whether you have an overview in terms of the issues around data gaps, that was my first question if I may. And my second is in relation again Ian to what you were saying in your introduction around the issues around finance, so Oldham, not uniquely, but was predicting a £20 million in-year deficit before Covid, that's now doubled and the investment, or the money that the Government has provided back in July, the £500 million will cover barely 5% of that loss, so again how widely is this being experienced by Local Authorities, if we think that this investigation, inquiry is about preparing if there should be a second spike, what condition will our Local Authorities be in to be able to respond to a second spike, given the financial difficulties that are already being face?

Ian Hudspeth

Well first of all on the data gaps I think that it's good to hear that things are sort of getting better in Oldham and I think that you know that's one of the key things where there's a particular area obviously that has then, people have been able to get the data in more timely and quicker. It is varied as we've heard, you know from Peter as well, but it is far better than it was. I mean that's the key thing that it is getting better and all the time and everybody is pressing to make sure we do get that, but there is still some areas where people are sort of saying you know they're struggling with data to get it in a timely manner, so I think that better quality data all the time, I can't emphasize that enough. With regards finances well there we are, there's the tricky question, yes Local Government is facing a particular challenge, Local Government always faces a challenge. I think sometimes people can say that all they hear is Local Government saying that we're running short of money, but this and next year as well, I think this is the important thing because it's not just the impact it's having on the current year 20-21, it's forecasting what's going to be happening in 21-22 and we've got to remember that now is the time that we really should be starting to work on our budget for 21-22 but if we haven't sorted out our issue with 21, so there is a funding gap, I mean the financial challenge has meant we've been working around £11 billion for the sector as a whole, there's still a gap of £2 billion that needs to be addressed, some Councils are addressing that in year, Oxfordshire we're going to address that because we know that if we address it now we've got longer rather than sort of waiting until January and having to make some really record savings because of course Councils have to balance books, this is something that everybody seems to forget that Councils, we have to balance our books and therefore we have to make sure we have the funds. All I can say is from Oxfordshire's point of view the reason we're taking the decisions now is to make sure that we are in a sound financial place, should there be a spike, should there be a flu epidemic, I mean you know we forget the flu epidemic could come along as well, so we need to be as resilient as possible, having said that I'd call on Government to provide additional funding where it's shown that Councils have gone that extra mile and been delivering the extra services for their residents and ultimately this does show that we do need a sustainable solution for the financing of social care as we move into the future. The NHS ... sorry.

Debbie Abrahams MP

No, thank you very much I'm just conscious other may ...

Layla Moran MP

Before we move to Peter can I just ...

Debbie Abrahams MP

Can I ask Peter, Layla, if that's alright ...?

Layla Moran MP

Yes, no just one second, Dan wants to come back in on Ian and then I'll come back to you to go to Peter if that's alright, Dan.

Debbie Abrahams MP

That's lovely, thank you.

Daniel Poulter MP

Thank you, I think it's a general question for Ian and Sir Peter as well actually, just on, you've talked about the financial challenges that you're facing Ian going into this winter, but thinking more broadly about the interface between health and social care, we know the challenges there have already been in the last winter with discharges from hospital. Do you feel that there is the support or thinking coming from the Department of Health and Government to help equip you and the broader health and social care system to work effectively during what is going to be a very challenging winter with the potential of a second spike in coronavirus?

Layla Moran MP

OK, lots there, so if we go to Peter perhaps, sorry Ian and then Peter to answer. So, Ian on social care, Peter to do all of that and then we'll come to Alex very briefly.

Ian Hudspeth

I think the understanding is better from central Government than it has been in the past, because I think that previously it's all been about the National Health Service which is absolutely vital, we've got to protect that and if you remember in February/March that's what we were trying to protect, but I think there's more understanding that actually to have a successful National Health Service which is dealing with the acute care sector and all those acute issues then we do need to make sure we have a good financially sound sustainable social care sector because that's where an awful lot of people receive their care and it's care in the community as well, we shouldn't just be talking about care

homes, it's actually providing that care in the community and I know that through the NHS Assembly we are talking about that to make sure that the NHS is supported by social care and the two have got to be made to understand that they are linked and actually to have a successful NHS we need a successful and sustainable sound social care system.

Layla Moran MP

Peter.

Sir Peter Soulsby

Yes, I mean clearly I entirely agree with Ian, you know I think that the link between health and social care is evident to us, I'm not sure it was entirely evident throughout the pandemic to the Government and certainly the decisions to discharge into care homes in those early days I think was a dreadful mistake and clearly, don't want to over-state it but I think it put at jeopardy many elderly people and indeed it's perhaps worth remembering that it's not just elderly people who are in that system and there are many other types of provision out there that also need to be both remembered and safeguarded. I will be fair, I mean I do believe that the Government has understood better the relationship and has become more aware of the challenges to social care and I hope that those early mistakes are ones that they will learn from.

Layla Moran MP

And Alex.

Alex Crawford

Yeah, just briefly. In Hampshire for example there are 500 care homes and there are also hundreds of care workers going out into the community on a daily basis, this is totally unmanageable centrally from the Government and you know the NHS in Rushmore for example where we are, you have one group, one hospital and one clinical commissioning group, that's easily coordinated in a sense, but if you've got 25-30 care homes, each with different kinds of management, each responding to their residents and their relatives and their staff in different ways it's very, very difficult and this is where it's been very difficult for this to be managed and I think this is, this whole issue of having to bring these two systems together, the National Health Service and this very fragmented care system together, which is proving extremely difficult and I don't see a solution to it yet, we need some kind of forward thinking that brings the two systems together in a manageable way.

Layla Moran MP

Thank you very much. Liz Saville-Roberts.

Liz Saville-Roberts MP

Thanks very much Layla, I've just seen a situation with my local Council here, Gwynedd, where Highways have been involved with Track and Trace and we went into the busiest summer season that I've ever known here and then many Highways staff actually weren't available to deal with the

problems, so looking ahead now into the winter there are the usual responsibilities of Local Authorities alongside the responsibilities that you've taken on for Covid, how do you see being able to maintain those usual responsibilities or will there be a reduction in them and how you're going to balance it, and I'm particularly interested also in your role with schools, although I know that's different in England to what it is in Wales. Possibly Ian first of all.

Ian Hudspeth

OK certainly, well during the crisis where staff were, I mean Libraries is one of the easiest ones for me to say where obviously we closed the Libraries we redeployed those staff, similar I understand to Highways staff in your area. I think that was the key thing about it. Now we're actually reopening our Libraries so those staff aren't available and it will be a challenge because we do need more staff because of social distancing and restrictions to deal with people, so there is going to be a challenge in there but I think that it's something that we have got to be flexible about and I can't say enough how proud I am of all the flexibility that Council staff, you know Highways people working on Track and Trace, that's really good to hear, so I think that's something that we've got to be aware of and make sure that we do actually use staff in a coordinated way and that comes back to locally we can redeploy people quicker and speedier if needed and I think that's one of the key things for the winter, we've got to be looking for.

Layla Moran MP

Peter.

Sir Peter Soulsby

Yes, I'd echo all of that. Interesting, we have our Director of Property, he's currently I think redeployed, well not entirely redeployed but he's also working on ensuring that the testing regime is working well across the City and I think that's fairly typical of what's happening in local Government, people are perhaps often in addition to their day job, having to do lots of new tasks as are very special to these circumstances. I would say it is probably the case that the challenge for us is perhaps less than it is for some other Authorities since obviously we're a very large unitary authority and we have a wide range of functions, some of which are continuing pretty much as they always did, but others of which are inevitably having to adapt and we do have lots of opportunities for being flexible and we use our workforce that may not be quite as readily available to, you know with respect to Alex, you know to a District Council.

Liz Saville-Roberts MP

With hindsight would there be any way of making that flexibility more easy to operate and are there particular areas that are concerning you going into winter. I know what's concerning us here is child protection and the social services aspect of child protection.

Sir Peter Soulsby

I think that the challenges that are most evident at a local level are those that are likely to reflect back on the NHS locally and if we do get a further spike of the virus, if we do get a winter flu as well I think it's working with them, and there was a point, I think it was Ian making or at the very beginning, you

know it's not just what we have ourselves done in local Government but it's how well we have worked with our partners and how well our partners have worked with us throughout this and certainly I think you know the inter-dependence of local Government with those other departments, other functions, is one that cannot be over-stressed.

Ian Hudspeth

And just picking up on, you know you mentioned child social care, one of the things is that the new ways of working for us which I, you know, as I say within ten days we changed the way we worked and we were working from using computers actually children do use their phones, that's the way they communicate and some of our social workers have found that it's easier to be communicating with their clients because actually they're communicating in a way that their clients are used to working in, not a way we're used to working if you see what I mean, so I think some of these new ways of working have really stimulated and moved local Government on tremendously in ways that perhaps we wouldn't have thought would have been possible.

Alex Crawford

If I can just mention, the most urgent issue as far as we're concerned locally is the whole issue of what's going to happen to jobs and unemployment in the next few months. The beginning of this year in Rushmore there were 1,000 people unemployed, going forward by the end of this year it's predicted there will be between 6-8,000 unemployed in the best of circumstances and if the worst happened it will be up to 10,000 by Christmas. Local Government could have an essential role to play here in cooperating with the central Government in order to deal with this situation locally, I mean it's catastrophic if you've got 15-20% unemployment locally and this is going to be happening around the country. How is the Government going to cope with this, it can't all be down to the centralised DWP to cope with it, it must be with local Government working together.

Layla Moran MP

Thank you very much. I'll just go back to Debbie Abrahams for a question to Peter and then we'll move onto Caroline Lucas. Debbie.

Debbie Abrahams MP

Yes, very quickly Peter, I just wondered if the Chancellor had fulfilled his commitment to do whatever it takes with regard to support ... I see you're chuckling.

Sir Peter Soulsby

I am.

Debbie Abrahams MP

Really that's so important both in terms of local Government finances, as I say if we should have a second wave to make sure we're all in a position to be able to cope with that, but also do you think

it's important as well that we ensure that people who may be on zero hour contracts, on minimum wage and so on who depend on a wage that they are supported while they do self-isolate.

Sir Peter Soulsby

Yes, I mean certainly the difficulty of many in the community of actually taking time off and self-isolating when they're in irregular forms of employment is clearly a major challenge. But to come back to the first part of your question, it is certainly the case and we were touching on it earlier on that we like other parts of local Government have got a big hole in our budget, as a result of this. And that hole has only been very partially filled by central Government support, very grateful for what we got but it still falls a long way short. And it is going to give us probably in our case, I mean fortunately you know we're not going to need to do anything immediately in year, as other places are, but other Authorities having had different impacts and with different sorts of budgets are having to face that challenge and it's a major issue for them. What I would say and what actually caused me to laugh was that when they were first talking about having a local lockdown in Leicester the Secretary of State for Health gave us an absolute assurance that the businesses in the City would receive the support, he implied that it was commensurate with what was given to business at the beginning of the, well back at the end of March, beginning of April. It never materialised.

Debbie Abrahams MP

Well the same in Oldham I have to say.

Sir Peter Soulsby

Yes, I'm sure it is, and I don't know whether Oldham were ever given any promises but we were and they never materialised and we got I think £2.6 million in the end which is, it's a few hundred pounds per business and obviously it's ... I won't say it's neither use nor ornament but you know because obviously every little helps, but it is no way near what we suggested to them we should be allowed to do which was the change left over as it were from the very first round of business support and we like many other Authorities found that we had been generously provided for that, some £10-11 million I think was left which will have to be returned to the Treasury when it could have been used for what the Secretary of State originally promised would be available to the City.

Layla Moran MP

And Peter, can I just ask a quick follow up on that, what's the consequence then of those businesses not receiving the funding, are we at increased risk of some of them disappearing, what's happening on the ground or have they been able to weather it?

Sir Peter Soulsby

Well I mean the short answer to that is it varies, I mean obviously you know some have been able to hold out those few extra weeks and will no doubt bounce back very quickly, for others no doubt the business is fatal. It is a major issue for some and for others just you know a slight irritation and a slight delay. Fortunately, our city's economy is fairly broadly based and is generally quite robust but that doesn't mean to say there won't be some fatalities amongst those businesses.

Layla Moran MP

Thank you very much. Caroline Lucas.

Caroline Lucas MP

Thank you Layla, I wanted to ask a question about Government coordination and I know all of our witnesses have touched on different aspects of Government coordination so far but is there anything else that you would like to say about how effective it has been since the start of the pandemic, and in particular and maybe to Peter Soulsby first of all because you touched on this, are there extra powers that you needed that you've struggled to get hold of, I noticed very early on in the session that you weren't trusted with the powers that you needed, could you give us some examples of what that looked like.

Sir Peter Soulsby

Yes, what I would have wanted is to have was the data that I've talked about earlier on so that we knew precisely what was happening where in our communities, not just in the City as a whole but in the communities, the neighbourhoods, the streets and indeed the households in the City and what I think I would have wanted, well what I know I would have wanted us to have would be the power to actually take localised action to enforce forms of lockdowns in those areas that were appropriate when we knew which communities we were talking about, which streets we were talking about and to target what we were doing. We didn't have either the data or the power I'm afraid.

Caroline Lucas MP

Could you be more specific about what that would have looked like in terms of being able to respond to particular outbreaks?

Sir Peter Soulsby

Well I think it might well have depended what we knew about which communities were being affected and where that transmission was taking place. If as is now being suggested a significant proportion of the transmission was taking place between households and within households then clearly you know visiting one's neighbour and one's friends would have been one of the things we would have sought to prevent happening. If however, it was happening in a place of work then clearly taking action to ensure either the place of work was Covid compliant or indeed was closed for a period of a few weeks, or it may even have been a place of worship because you know as we know the extent to which there was compliance in particular areas has varied quite significantly. So, it was getting the data and having the flexibility to apply different and appropriate measures at a local level and we didn't have either.

Caroline Lucas MP

And what was the coordination like if I ask you, you couldn't do those things unilaterally, what were relations like with central Government when the discussions were presumably on-going about what kind of response to be made? Whether that's to work ...

Sir Peter Soulsby

We were invited to meetings and told very little of the Government's plans and had very little influence over them and certainly as the lockdown has varied and has been loosened somewhat in Leicester we've found out most of what's been going on from news releases.

Caroline Lucas MP

That's pretty shocking. Alex were you indicating, sorry. You're on mute I think.

Alex Crawford

Yeah, I just wanted to say that in terms of Government coordination, I haven't seen any. The problem is it's all been coming out from the centre, I've been getting daily announcements from the Government but there's no sense that the Government is listening and listening to actually feedback, in order to coordinate you need feedback and the Government doesn't seem to be responding to feedback and I think Peter has just mentioned that, you know you go to a meeting and they tell you what it is, there's no listening and responding backwards and I think this is the difficulty is that perhaps a facet of crisis management, the centre has only time to push out stuff, they don't have time to listen and respond, that's my take on it.

Caroline Lucas MP

One might have thought that experience to date might have changed the behaviour but Ian, can I come to you to see if you had anything to add?

Ian Hudspeth

Well one of the key areas is the Local Resilience Forum which is that sort of mechanism where at the local level we could actually feedback into there, talking to our partners, understanding what's going on and then feeding back up to central Government because my understanding is that that's where additional powers would come through. Now again picking up on what Peter was saying, perhaps that's a bit clunky if we're going to be quick and effective with any sort of measures, but there is the Local Resilience Forum to be looking at to make sure that that coordination is there at that level because I think that certainly they have the ability to operate far quicker and more effectively and I think it's this fleet of foot basically where I think we've got to be looking at, how can we make sure that decisions are taken quickly, effectively and let's be honest, if it's the wrong decision hold our hand up and say that didn't quite work well, let's try a different method and again informing everybody else what hasn't worked well because actually it's about working, sharing knowledge because there's no point in something happening in place A that doesn't work necessarily and then place B trying it if, you know, so I think we do need to have that coordination and perhaps it is through the Local Resilience Forum rather than ... because then they've got their network with the Local Resilience Forums rather than sort of going back to the centre all the time because I think that is one of the issues that people have struggled with, should I say.

Layla Moran MP

Just on that point about LRFs and sharing, an issue that was brought up quite early on in the calls MPs were having with Penny Mordaunt and others was a concern that LRFs weren't sharing best practice between each other and also a separate concern being raised by those on LRFs that they weren't well resourced themselves, that they were borrowing staff from Councils and that they were ... have those two issues been sorted to your knowledge?

Ian Hudspeth

I don't know about sharing knowledge, I mean I think that's very disappointing to hear I must admit because I think that's really important and as I say it's not just about success it's about what hasn't worked because that is really, really key so other people don't make the same mistakes and you know mistakes do happen. Resource wise LRFs are still basically the same situation we're relying on you know staff and seconding staff across and working, because I think under normal circumstances we step up LRFs in a case of when there's floods and when there's severe weather conditions and there's a time limit on those issues and I think that we can all understand and cope with. The big difference for all of Government is that this is an on-going situation and I think we do need to look at the funding for on-going solutions rather than the stepping up and it's key that everybody does have the ability and resilience in there and at the moment perhaps we do need to sort of question are they funded correctly, is there a different way of funding them.

Layla Moran MP

Thank you very much for that and Peter I don't know or Alex if you want to comment on LRFs in general because they are a key part of this discussion.

Sir Peter Soulsby

I would just entirely agree with Ian, I mean certainly I don't think the structure of LRFs was envisaged with something as protracted as this in mind and I think there is a case now to review how they're established and how they are funded, with the view that you know perhaps they might be funded in rather different ways if there are on-going and protracted situations such as this, while perhaps they are fit for purpose in normal circumstances they are perhaps not fit for this purpose.

Alex Crawford

Yes sure, I would just say that what I would like to see is the LRFs have a higher profile because they're a body in the background and so people don't really know what they're up to and so I would think they would need much more of a higher profile so that people in local communities will know that these issues are being taken care of at that kind of level.

Layla Moran MP

Well thank you very, very much everyone, we ...

Baroness Masham

What about my question on flu?

Layla Moran MP

Oh yes, please go ahead.

Baroness Masham

I'd be very grateful to hear what our Local Authorities are doing about the organisation of flu vaccine because a combination of coronavirus and flu could be really very complicated and local surgeries don't like a lot of people coming at the same time, so how is it going to be organised, the vaccine?

Ian Hudspeth

Well, I think the key there is to make sure that as you say local surgeries is not necessarily the place, can we do more out in the community, can we do more in any ... supermarkets and places like that, we're actually getting out, it's working with the CCGs, it's working with all your health partners to get the best availability to ensure that as you correctly say, avoiding people coming into surgeries and perhaps being spreaders, so I think we've got to look in imaginative ways and again that comes down to local issues and it might very well be that some local communities it's a different answer to other local communities and so giving that ability to the CCGs, working with the partners in Local Government to see how we can deliver them in a different way so as many people have flu vaccines as possible and I think we've got to bang that message home out there, get your vaccine, don't wait for it because you're absolutely right that is a key thing for this winter.

[Inaudible 1:05:59.0]

Layla Moran MP

We can pick up with Public Health England in the next session because I think they'll be very well informed to be able to give us a more detailed view of that and I'm also very aware that it is now 12:29 and we've only got a very quick moment left, it's flown by a huge amount here. I just want to ask Ian, then Peter, then Alex for any quick things, is there something we've missed that is burning that you want to say to us before we wrap up. Ian.

Ian Hudspeth

I'd just like to say there is the opportunity from the Comprehensive Spending Review, from the Devolution and Recovery Bill for Government to really work with local Government on a sustainable solution to social care and I can't emphasize that enough and it's about all working together cross party which is what the LGA want to do to find that solution which then means the National Health Service can be supported and thank you very much for this opportunity.

Layla Moran MP

No, thank you. Peter.

Sir Peter Soulsby

Yes, thank you very much indeed for this opportunity and I just really have two sort of fundamental messages which I've repeated several times during this, but I mean one is to say to Government to trust local Government, you know we know our local communities, we know our local people and we can be I think very, very helpful to the mission of central Government if we are trusted. And the other thing I would say is that part of that trust is trust us with the data, you know let us know what is happening in our communities in a timely, in an effective way and in a way that gives us the complete picture of what's happening at a local level because when you give us that with the trust we can actually do something very, very useful. But I'm afraid during quite a long ... certainly during most of the time of the pandemic we have been very much hampered in trying to do it effectively.

Layla Moran MP

Thank you very much.

Alex Crawford

I would just say on the finance side of things it's urgent that local Government should get the finance settled as soon as possible, we can't wait until a budget some time in October, we need it much earlier than that so that we can be getting on and making sure that we're on a sound basis for the next year and the years after that. Thank you very much.

Layla Moran MP

Thank you very much, well Councillor Ian Hudspeth, Sir Peter Soulsby, Councillor Alex Crawford, thank you so much for your time and the work that you've put into this and the extraordinary work that Councillors and Council officers and everyone who has been involved on this on the ground is extraordinary and I know I echo the thoughts of all the Parliamentarians here in expressing our heartfelt thanks to all of them and also to all of you for giving evidence today, there's certainly a lot to think about. So, we are now going to move onto those who are more expert in public health matters at a very topical time in public health issues at the moment, those on the previous panel are very welcome to stay, I see many of them have gone but I will just make sure that everyone is now here, yes I think they are. So, let's move on to panel number two, so we are very, very grateful to have with us Professor Martin McKee, have I pronounced that right, is it McKee or Mackie?

Professor Martin McKee

McKee, correct.

Layla Moran MP

McKee, thank you very much, he's a Professor of European Public Health at the London School of Hygiene and Tropical Medicine. Dr McKee is also a Research Director of the European Observatory on Health Systems and Policies, a unique partnership of Universities, national and regional Governments and international agencies, Professor McKee you are very welcome, thank you so much for coming.

Professor Martin McKee

Thank you.

Layla Moran MP

Thank you, Dr Isobel Braithwaite has joined the National Public Health Speciality Training Programme in 2018, since then she worked as a Public Health Specialty Registrar in Local Authority, Local Health Protection, National PHE and academic roles, the latter as an Academic Clinical Fellow at UCL and this year she's been involved in the public health frontline of Covid-19 response with PHE's London Coronavirus Response Cell in assessing concurrent risks from extreme weather events and Covid-19 and undertaking research on automated contact tracing and the impacts of Covid-19 among people experiencing homelessness, Dr Isobel Braithwaite thank you so much for coming, have I pronounced your name correctly? I'll take that as yes.

And finally, but not least Dr Alexander Allen, Dr Alexander Allen is medically trained, ST5 Registrar, in his final year of training he became a Public Health Consultant employed by the NHS with an honorary contract with PHE for health protection work. He worked for a year at Lewisham Local Authority working on cancer strategy and on reconfiguration of children's mental health services; for the last eight months he's been at a field services in PHE working on the Covid-19 pandemic, both from the frontline and also from a higher level perspective. He's also the Chair of the Specialty Registrar Committee and National Committee within the Faculty of Public Health that acts as a voice for the wider Registrar Body on a wide range of issues including policy and advocacy and I know that there's been great anticipation for this panel, there's a huge amount of knowledge contained here in front of us and lots and lots of questions to ask. So, to that end if you agree with something that another panellist has said please just say that and don't repeat it, we want to make sure we get the maximum information out of you as possible and as ever we will endeavour to ask short questions and if I could ask for concise answers, but I'll start with a very broad one, a very topical one, we've heard about this reorganisation of Public Health England very recently and I would love to get your take one by one on whether you think this is a good idea and perhaps we could start with Professor McKee.

Professor Martin McKee

Well, I'm not, thank you very much, I'm not at all clear what the problem is that it's meant to be solving that's the first issue and if we don't know what the problem that we're trying to solve is then it's very difficult to know whether we're going to get the right answer at the end. I have to say that I do wonder where the idea came from because from the Secretary of State he's been asked many questions about this, it's not immediately clear that it's been thought out. We had a number of other organisations that have just been set up and some like the Joint Biosecurity Centre have barely started operating and yet they are now going to be merged, this must be one of the shortest lives of any organisation in history and we are told, I mean a number of things don't add up and you've already picked it up, we've

been told that it's modelled on the Robert Koch Institute, well it clearly isn't, it clearly does not resemble what happens in other European countries and there is a wealth of information which we've brought together on our Covid Response Monitor website. So, then we have a list of essential public health operations set out by the World Health Organisation, there seems to be no recognition of that, so my fundamental issue is I just don't understand it.

Layla Moran MP

Thank you very much, Dr Braithwaite.

Dr Isobel Braithwaite

So, I would echo a lot of that, probably all of that and I think the point about problem diagnosis is the key, we I think have seen some problems but it's certainly unclear to me how this is going to remedy any of those, some of those are to do with silos between organisations but there were decisions taken to create new organisations where perhaps existing ones could have been strengthened and I think we have some real concerns because, and I speak here from an individual perspective not a PHE perspective but people have been working incredibly hard and we're facing a very difficult winter, it doesn't feel like a good time for a distraction like this and I think it's going to make recruitment more challenging and I think we risk losing a lot of very specialised and highly trained people.

Layla Moran MP

Thank you very much. Dr Allen.

Dr Alexander Allen

[Inaudible 1:14:20.4]

Layla Moran MP

You're sounding like a Dalek!

Dr Alexander Allen

Is that better?

Dr Isobel Braithwaite

Can you try with just the screen?

Dr Alexander Allen

[Inaudible 1:14:41.0]

Layla Moran MP

I'm so sorry, I think we've got a sound problem. Do you want to unmute again and see if that works, if not, perhaps leave and re-join?

Dr Alexander Allen

Can people hear me? Is that any better?

Layla Moran MP

Yes, we can, fantastic. Welcome.

Dr Alexander Allen

Great, thank you. Yeah, sorry about that. I agree very much with what my colleagues say but the other key thing is this is, any reformation of an institutional merger of an institute is disruptive at the best of times and we're not in the best of times. As mentioned we are approaching winter and the flu season and also we're in the middle of a pandemic. As has been seen in our European countries the second wave can occur at any time, there's a very large ... there's a risk that will happen here, this is not the time to be trying to reinvent the wheel, it's again as Martin said, it's not clear what we're trying to fix in the first place. The other key issue is that public health is not just about infectious disease, health protection isn't just about infectious disease, there's a huge amount of other public health work that's done by PHE around health inequalities, health improvements and as we've seen in Covid those impact on infectious disease, we know the elderly are more affected, we know the obese are more affected, we know those of black and Asian minority ethnicities are more affected, all of these need to be, work needs to be continued and joined up with the health protection side, so the risk is all the links between those could be lost.

Layla Moran MP

Thank you very much and we'll certainly come back to that line of questioning. Dr Dan Poulter.

Dan Poulter MP

Thank you, Layla. Just a quick follow up on that actually, I think it was Dr Braithwaite who raised, who got me thinking about this but notwithstanding the concern that appears to be expressed from all three witnesses about this perhaps not being the right time for a reorganisation and I hope I'm not unfairly paraphrasing, there's a broader point actually about how effective these structures that were put in place by the 2012 Health and Social Care Act with Health Education England, Public Health England, the Department of Health, NHS England and then we've had other structures subsequent to that, how much that if you like fragmentation of the health service has potentially impaired the delivery of the public health and broader Covid response and I'd just be interested for the thoughts of the witnesses on that particular point.

Layla Moran MP

Perhaps in reverse order, Dr Allen. You've muted again, oh here we go.

Dr Alexander Allen

Sorry I'm still having a bit of audio issues. Could you repeat the beginning of the question, I missed the start?

Dan Poulter MP

Notwithstanding the general point and I hope I'm not unfairly paraphrasing you but this is perhaps not the right time for reform, but the broader point I just wanted to tease out is how much has the fragmentation of structures created by the Health and Social Care Act in 2012 with PHE, Health Education, NHS England, you've now got NHSX, you've got other structures as well that we could name, how much of that do we think, has that helped or hindered the national response to Covid but specifically perhaps from a public health perspective.

Dr Alexander Allen

I would say that's a really complex question and there are, I haven't worked in all of those organisations or worked with all of those organisations so I can't comment directly on every single aspect of that but I know from working in the Field Service Team at PHE which is a regional team that does epidemiology, analysis and data collection and provides that support to both the national and local teams that the links, a lot of the work done had to be signed off by multiple different parties including the Department of Health and Social Care, including the Cabinet Office and while that level of scrutiny does mean that everyone gets their view and gets their input into this it does slow things down a lot and particularly when in a Covid pandemic response the evidence can be changing on a weekly or even daily basis. Often having that level of fragmentation or requirement for sign off can slow things down and indeed we saw this ... I also worked partly on the development of the app initially when it was first being developed and again lots of input from lots of different people, very expert people, very smart people but the fact that there was so many people trying to get in on it in some ways did mean things were delayed and so I think there was definitely a level of bureaucratic paralysis at some points. Again, this is a personal view from my personal experience, obviously other people in PHE will have different views.

Layla Moran MP

Thank you, Dr Braithwaite.

Dr Isobel Braithwaite

So, I think there's a lot of complexity behind that and I would say in relation to the kind of question of fragmentation clearly there were a lot of new structures created in the wake of the 2012-13 reforms. On the actual public health side PHE brought together a lot of organisations and I think that has taken time to bed in and for links to be formed between those, but that has been happening over recent

years and I would also say that at the more local level, local health protection teams have been forming relationships with local NHS bodies, Local Authorities, care homes and so on. And so, I'm worried a bit that you risk further fragmentation by potentially moving those into new structures and changing who's working which roles and so on and a loss of institutional memory. I can't speak very much to the NHS side of it because it's something I've got less experience of, but I have certainly heard views that the Strategic Health Authorities were a very helpful kind of coordinating force at the sort of regional level from the health side, you know that can work very closely with Local Resilience Fora and bring people together at that more regional level, which we did lose in those reforms. Now, how that would have fared in this pandemic I suppose we can't really know. The other point I'd like to make is around transparency and accountability, I think where the HPA was an arm's length body, PHE is an executive agency and by virtue of that Alex's point about the need for Government sign off on any public health guidance that comes out and then the lack of clarity on what the underlying rationale and drivers for some of those decisions are, for both members of the public and also for frontline health professionals and the inability perhaps to explain and justify those to try and build trust can be really challenging and I think it makes the case from my perspective that a greater degree of separation, so that you know what the public health advice is before that's necessarily been what you might call socialised within Government and approved. Clearly there is a need for that partnership working but I think at the moment the lines are very blurred as to who is making what decisions and why.

Layla Moran MP

Thank you very much. Professor McKee.

Professor Martin McKee

Well, I'm old enough to have to resist the temptation to keep saying I told you so, we wrote a paper in The Lancet in about 2011, during the passage of the 2012 Act in which we actually warned about all of these things and we were particularly concerned about the fragmentation of sexual health services which now find themselves in between local Government, PHE, the NHS and we had that rather bizarre situation over the pre-exposure of prophylaxis where PHE and the NHS were almost going to Court over who would pay for it. So I think we have had a legacy of problems there but I think as the others have said and it's certainly what I'm hearing from my colleagues who are in senior positions, it is at the minute the need for central control, the central control that is being imposed and not just at the Department of Health, I'm not entirely sure that many of the decisions that are being made are coming from the DHSE, I'm certainly hearing a lot of accounts of how they're coming from the Cabinet Office and people are being instructed as to what to do, not necessarily knowing what or why. So, we do have a legacy of a problem. My sense is, and you know I have to say if I go back into history because I knew Andrew Lansley reasonably well when he was Shadow Secretary that the Bill was a great surprise and there was a sense that public health was a bit of an after-thought, there was an argument that was being put back into local Government because it had historically been there, but as people who were around at the time worked for Holland others who are unfortunately now no longer with us, Liam Donaldson's father who was a very effective Director of Public Health, people were pointing out that actually local Government then and local Government now are quite different with the move of education and many other services into other areas. So, there was a sense of incoherence from the very beginning and unfortunately that has persisted, even to the extent that the legislation on infectious disease notification, the regulations were changed in 2010, not amended in 2012 and we now have a mismatch between the de facto and the de jure situation and you do tend to get into ... and I think it was Lord Woolf who talked about binge law making as characterised with no disrespect to the eminent members of the legislature here, where things are not always connected and there

were contradictions in the Act which unfortunately have led to some of the problems that we're facing.

Layla Moran MP

Thank you very much for that very interesting perspective. Caroline Lucas.

Caroline Lucas MP

Thanks so much, I love the idea of binge law-making, that's a phrase I shall borrow if that's alright. I wanted to go back to something that Dr Allen just said about health inequalities because I wanted to ask you if you could set out in a bit more detail what the risks are of the abolition of PHE in particular on health inequalities because obviously eventually now there is a greater understanding in society as a whole about the differential impacts of ill health and what do we risk by abolishing PHE essentially.

Dr Alexander Allen

So yes, thank you for that. So yeah, PHE, this sort of ... in the sort of development of the National Institute of Health Protection there's this false dichotomy that public health is health protection and it's health improvement and actually to try and split the two apart is over-simplifying things, they interact with each other in every way. As I said we've seen in Covid that obese, elderly, black and Asian ethnic minorities are all affected more than the baseline population. By trying to move all of Public Health England's health protection teams and services into National Institute of Health Protection and it's still not clear to me what's happening to all the health improvement, the health inequality work and all the other sides of PHE that have expertise such as the health economists, the behavioural scientists, all of those people with large, world-class expertise it's not clear where they're going. I heard that there might be a separate Institute, some might be put back into the NHS, some might be put into Local Authority, it's still not entirely clear exactly where they're going and if we lose that national level expertise on those health improvements, health inequality work we'll lose the link with health protection in the first place which is important and we might lose the work entirely at a national level and that would be a huge shame, there's a huge amount of work that PHE does along the lines particularly with the Government's new obesity strategy which will be needed to be fed in at a national level as well as a local level, if we lose the national pool of expertise and put it all on Local Authorities or local NHS Trusts there'll be a huge loss of being able to collaborate, a loss of being able to have world-class expertise available to everybody rather than a handful of local areas and as I said pretending that health protection doesn't have an important link with health inequalities and health improvement is again just going to mean we'll lose that link entirely.

Caroline Lucas MP

Thank you, is there anything that Professor McKee or Dr Braithwaite would want to add? So, I think you're on mute, sorry.

Professor Martin McKee

I totally agree with all of this because I think what we're seeing is with the fragmentation of public health which we already have and this risks fragmenting it even more. Gabriel Scally in the previous hearing made the point about taking a public health perspective to all of this and disease surveillance,

infectious disease control, of course has many technical aspects which are very important, but it's also I think important to have a sort of frame of mind in that you look at the various inequalities that creep in in all of this and how you might address them, because many of them are not obvious, they're sort of unintended consequences of things you do.

Caroline Lucas MP

Thank you.

Dr Isobel Braithwaite

I think I would just add certainly echo everything that's been said already, I would say that the people who have expertise in health inequalities and also in areas of health improvement, things around obesity, nutrition and far more within PHE have made a huge contribution to the coronavirus response, a really, really huge contribution and actually it wouldn't have been possible without them and their expertise, so the idea that you know PHE has been focusing too much on obesity, actually the bulk of its budget and the bulk of its staff are largely focused on health protection and infectious diseases and environmental hazards already. It is already a neglected area so it's not really that surprising if perhaps we are going backwards on health inequalities and I think instead of saying oh that's been too much the focus where actually the numbers show that it hasn't, we need to be both strengthening that capacity and also reducing silos rather than creating new ones ideally.

Caroline Lucas MP

Thank you.

Layla Moran MP

Great, thank you very much. I shall come to Dan Poulter first for a quick follow up on this area but then I'm sorry to say that Professor McKee has to go, sorry for us but it's because he has to go and do some very, very important things after this, so Dan and then I'll come and ask a broad question of Dr McKee before he has to go.

Dan Poulter MP

Thank you Layla, it's just very quickly picking up on the point actually that the Professor made in his comments about sexual health services in terms of fragmentation and on Caroline's question on vulnerable groups and health inequalities and I just wondered, I mean looking at how much do the panel, I'll come to the Professor first, feel that addiction services and some of the needs of those services and indeed sexual health services have been lost and the patients that those services serve have been lost during the pandemic and what could be done better?

Professor Martin McKee

Sure, I'll come in on that. Now, I think they have and I think the problem is that in the same way I've been working with colleagues from a range of clinical disciplines in terms of cardiology and respiratory medicine and so on, because we were concerned that we were not recognising that this is a complex

multi-system disease affecting all of the different body systems, we published a paper in the British Journal of Anaesthesia which pulled all this together bringing people out of silos, but in the same way the paper we published in the British Medical Journal a while back looked at the wider impact of the pandemic on mental health, on addiction and so on, and we have a lot of evidence from other crises about the way in which all of these things are affected and I think we need to draw much more on that and it really highlights the thing about public health is, we need the technical specialists who can do very complex sums, who can do the laboratory work and so on, but we also need people who can go across the beast and can take all of these issues into account. You know I think of it in terms of my own work because a lot of my work is focused historically on the health impact of major social economic political challenges, the collapse of the Soviet Union, the 2008 economic crisis, where you're going all the way from the biology, the physiology and the pathology up to the political science and I think it's that ability to integrate which is terribly important and which I think we're in danger of losing here.

Layla Moran MP

And Dr Braithwaite or Dr Allen, is there anything you want to come in on that specifically?

Dr Isobel Braithwaite

I think I would just say that when we think about the concept of a second wave we need to kind of think of that as actually multiple second waves, we need to think about the waiting lists, the impact on cancer diagnosis and treatment, the impact on mental health, the impact on sexual health services and the ways in which all of these wider impacts, whether that be mental health or whether that be drug and alcohol use, that all of that is also socially stratified so if we are serious about levelling up as a country then we need not only to think about a second wave of infections as a risk and how we manage that, but how we best manage and minimise the impact of all of those second waves and I think public health can play a really, really vital contribution in that work and that I suppose is why we're particularly concerned and we wrote to The Telegraph after the announcement as a group of Registrars to express that concern that increasing uncertainty, risking additional people leaving the system and changing everything so that potentially it's less effective will not just impact on the infection risks but all of those potential second waves.

Layla Moran MP

Thank you. Dr Allen.

Dr Alexander Allen

Yes, that's a really important point and I'd just like to reinforce that the public health approach should look at the physical health, the mental health, the social health and indeed economic health of the population and therefore we need to make sure all of those are linked and that's kind of what we've been talking about, the siloing, the fragmentation and the lack of joined-upness in the response, that needs to be ready for the second wave and as Isobel says it's not just a single second wave.

Layla Moran MP

Thank you. So Professor McKee I know you've got to head off soon and normally I'd ask this question at the end but we were particularly keen to hear from you and anything that you wanted to raise in terms of preparedness for these potential waves, second waves, what needs to change and if you had any comments particularly on Test, Trace, Isolate and what needs to happen to get that to work effectively, we'd be very keen to hear your thoughts before you have to leave us.

Professor Martin McKee

Well I think we really do need to get a system that can identify clusters, outbreaks, as they are occurring and move in real time. You've heard in the previous session about the problems that are still persisting in all of this. We at Independent SAGE which I'm also on, we talked about Find, Test, Trace, Isolate and Support, so we've got bits of a testing system, a bit fragmented, we've got bits of a tracing system with local Government taking on more of a role, but more by accident or by the local initiative, but we don't have a joined up system and right at the very beginning some of you may have seen a paper we published in the Journal of the Royal Society of Medicine where we portrayed this as a game of snakes and ladders where you try to get as many of the ladders working and avoid the snakes and we looked across Europe, maybe the one thing I would say that other people might not do we do have a very valuable resource in our website in the European Observatory, the Coronavirus Monitor, we are monitoring what's going on across all of the European Union countries and beyond, some countries like Canada and elsewhere. That has detailed information on the initiatives that are being taken and we've done a whole series of thematic reports, everything from who's responsible for PPE and procurement and regulation through to how mortality is compared and the role of the military and so on and so forth and it's been unfortunate that that's been very widely used by my colleagues across the rest of Europe but there's been very little apparent interest in the UK and I think this does come down to ... I mean it's a longstanding problem and I would say this as a Professor of European Public Health, you know I've been doing this for a very long time, but I think it's always interesting that our work is far better known elsewhere and you know I will be going on, as I mentioned, to another WHO commission immediately after this, where you know I just think the isolationism, the exceptionalism, the unwillingness or inability to look at what's going on elsewhere has been really, really problematic all the way through. I could talk at length about that because I've got many concrete examples of where we failed to learn lessons, but sadly we don't have time for that.

Layla Moran MP

Sadly not, but Professor McKee thank you so much for joining us today and if you felt able to write to us with some of the examples or anything else you might have wanted to say in the session we'd be very, very grateful. So, we're very grateful for your time, thank you for the important work you're doing and thank you for being here today. Thank you so much. So, I'll now pass to Dr Philippa Whitford.

Philippa Whitford MP

Thank you very much Layla, obviously it's a pity that Professor McKee had to leave because him and I have corresponded on this topic before, but if I could start with Dr Braithwaite then and then to Alex is very much the issue of the approach to Test, Trace and Isolate or Find, Test, Trace, Isolate and Support. Obviously England has gone down this commercial centralised call centre approach which is quite different from Scotland and Northern Ireland, ours is very much based on local public health

teams and we are reaching almost 100% of all cases and almost 99% of all contacts and Northern Ireland's performance is very similar and obviously this is contrasting with approximately 50% of contacts being found by the central system in England. So starting with yourself Dr Braithwaite what's your view on that and do you think that can be changed or is changing, I mean we raised in Parliament for months the issue of Pillar 2 data not being sent to public health teams, it was agreed the last week of Parliament but the former panel suggests there's still big time delays, it's very patchy and as if local public health teams are really not being used to the full strength of their expertise.

Dr Isobel Braithwaite

So, there's a lot in that question and I think just to kind of begin with, do I think things can be improved, well I certainly hope so and I hope I suppose that you know whilst there are kind of many down sides to changes courses midstream as it's been termed, greater integration I think between the Test and Trace system and the different parts of that definitely has the potential to be helpful. I think there are specific challenges that have come around by virtue of that, some of the sort of ways in which private sector and public sector labs operate differently and the lack of flexibility sometimes in terms of what's been put into contracts, so where the labs have been commissioned to provide a binary yes/no test result, if you then actually need more detailed test results, which is called a cycle threshold that can help you to interpret better where perhaps someone's been re-tested after a long period since their symptoms and then that comes back positive what you want to know is, is that still RNA from their original illness or is this actually representing a new infection and that cycle threshold can help you to actually interpret that and then determine whether or not this care home is going to need to take further measures and so on, which is a really big decision with lots of implications. That flexibility and that ability isn't built into those contracts, so you know that's one of the kind of quite specific challenges I think that people have been running into and I hope that there are ways that can be found to try and address some of those challenges. In terms of the sort of local public health team question I think the situation in terms of their data access to my understanding has been improving and I think the sort of way that testing has been set up into these different Pillars it does inherently make that a little bit more challenging because then you need to kind of integrate the data from all of those and there are delays with that and then also issues around data systems and data sharing agreements I understand have been one of the kind of blockers that's made it more difficult for data to be shared. But in terms of the ...

Philippa Whitford MP

And has that been solved, this data sharing agreement, has that been solved?

Dr Isobel Braithwaite

So, I think Alex is probably a bit better placed to maybe comment on some of that than I am in terms of his experience within the Field Epidemiology Service and the data that they've been producing. I know that wherever possible the PHE centres and regions do do their utmost to provide data as needed to Local Authority teams and are in quite close conversation with them. I would say that public health teams actually are often quite small and often quite lacking in analytical capacity, they've had funding cuts within the region of 22-23% over a number of years and they cover so many issues that haven't gone away during this, so I think if we are going to expect Local Authorities to be playing a really big role in this then they clearly need the funding to be able to do that effectively and they also I think benefit currently from the support and the analytics that can be provided at a higher level and

shared, which I hope won't be lost in this transition, you know I think that's really key. I don't know if that answers quite all of your question.

Philippa Whitford MP

Yeah, I wasn't so much talking about PHE, which obviously we've already covered quite a lot, the reorganisation, it's more the actual contact tracing, you know the use of call centres, the circle contract etc which I'm sure will also have the same, oh this is what was contracted for, but you know we hear that public health teams locally are trying to do this but they haven't been funded, they've not got the resources, as you say they're quite small, so I'm not saying anything against the analytical regional input of PHE but it's the contact tracing, someone who can recognise oh these villages all tend to commute to that workplace, I wonder if it's that workplace, you know that's what local public health teams could be bringing.

Dr Isobel Braithwaite

Well I think, I mean maybe it's helpful if I just try and briefly explain what the PHE Health Protection teams do because they work at a local level, not Local Authority but they'll cover a few Local Authorities in an area and they'll have relationships with each of those. They do the contact tracing for all complex cases and they do the epidemiological analysis to identify clusters and they will be liaising very closely with care homes, with schools, with hospital infection control teams, so across that kind of whole system of maybe workplace settings as well, and people like myself and Alex and Health Protection Practitioners that have lots of experience because PHE normally deals with about 10,000 non-Covid outbreaks each year, bring that experience to do those more complex sets of contact tracing where perhaps lots of people need to be traced at once and we also have, there's also a link between that and the sort of more call centre based part of the system. You know I think the numbers speak for themselves in terms of proportions of contacts traced and it's around now 58.7% in the last week for the non-complex cases which are traced through those call centres, and it's in the region of I think 90 something per cent with the complex cases. And some of that is because those are in settings like care homes where actually it's quite easy to identify all of those people and take action. But some of it is probably also reflective of the years of experience that people have and the sort of higher level of training. So, I think you know, that's probably all I'm going to say on that.

Philippa Whitford MP

Thanks very much, obviously that's very much around data Alex whereas we were hearing you know if you're actually going to even identify that you have a complex outbreak it still starts with one or two test results and then you realise those people work in the same meat factory or whatever, so maybe you could give us more information about the speed at which test results are available in that that's different from the analysed data and whether you think that is moving or should move to involve more PHE and local public health teams rather than the centralised system.

Dr Alexander Allen

Yes, so obviously this is again personal opinion, I can't speak for all of PHE by any stretch, but yeah so there's definitely been a view that from my opinion that it's been a relatively technocratic approach from England in terms of a centralised online app based initially attempted approach to contact trace, including a merger of public and private sectors and that does have advantages, it does allow very fast

scaling up, but as was highlighted there was lots of technical issues and as you're alluding to it does mean that local teams and Local Authorities are not included, or were not included initially at a very deep level. I think that is improving, I think there are lots of Local Authorities now starting up their initiatives to attempt to pick up where the central team are not able to contact trace. In terms of test results, I believe that's obviously been getting better over time as our test capacity has improved, I think now, I couldn't speak to exactly this but the turnaround times are now much shorter and that's obviously really important. Although the guidance is of course ... [inaudible 1:45:56.9].

Philippa Whitford MP

... getting that result.

Dr Alexander Allen

Yeah, exactly and so I think that's got better as well over time as labs now are feeding directly, or should be feeding directly into health protection teams and into the contact tracing service, so I think that has got better over time and the lab tech issues, whilst still an issue have improved, that has been my experience of working in Public Health England, that might be different in different regions, I worked covering South East and London, obviously there's lots of different labs, lots of different areas. In terms of the data sharing, to touch on that, again I know from personal experience that in the Field Epidemiology Service we were providing daily and weekly reports on number of cases in local areas, how that's changing over time and whether that's more or less than what we would expect based on the local area's population, from I think about week one, basically within the first week of the contact tracing service being set up and that data was supplied to local health protection teams and also to Local Authority's public health teams. So, the epidemiology has been shared quite widely and quite early, obviously there's lots of other data being generated and I can't speak to how that's been shared and the difficulty getting that and I suspect a lot of the lab level data, particularly the difference between private and public labs, that data is probably quite different to get hold of, and anything that has patient specific information also has a huge amount of legal requirements to make sure it is protected and safe and shared correctly and only with those who need it, so those are always going to be difficult things to share across multiple different areas. But I know the high level epidemiology data and case data has been shared very early on, I hope that answers the question.

Philippa Whitford MP

Yeah, thanks very much. Obviously in the end of the day if you're going to do contact tracing it is patient specific information that you require and maybe that speaks to the fragmentation discussion that we had earlier on. Thank you both very much.

Layla Moran MP

We're going to go slightly backwards to a question on reorganisation from Simon Russell first, so please go ahead.

Lord Russell

Yes thank you, so Professor McKee I think gave us a fairly pithy view of his own reaction to the proposed reorganisation so we can pass over that, but what I'd be interested to know is in particular

your own experience of working with PHE and the contacts you're having with the people working there, first of all have you or has anybody you know actually seen some of the work McKinsey did about the overall vision of the new organisation and its structure and if so do you have or do they have any opinion on it. Secondly, do you have any data you can give us on your view on morale within PHE and the effect that may be having on its activities. And thirdly, is there any clarity on how they are actually going to try and carry out this reorganisation in such a way that it does not impact negatively on our ability to cope with what may be a second wave. Could I put that to Dr Allen first?

Dr Alexander Allen

Yes, so on the first point I personally was not aware of the McKinsey work done for this national institute and from talking to colleagues I don't think many others were, obviously I can't speak for everyone or the people higher up in PHE. In terms of morale, I don't think there are any data specifically but obviously it's been variable and for the most part ... and I guess the key thing to remember is a lot of these people have been working six to eight months, 16-hour days, no weekends, along with weekends, no leave, so they're already exhausted, they're already really, really stretched to their limits as it were and to have this announcement leaked in the press on a weekend and then a very unclear direction of where things are going to go, how things are going to work in the future, obviously has not improved that. And particularly as we're thinking of gearing up for either a second wave or the flu season, I know from just personal contact with people there are a lot of people who are really miffed to put it lightly and so I don't have any specific data on that. Then your third point on the clarity of how this is going to be carried out, there have obviously been some speeches and briefings by people like Matt Hancock and Dido Harding, it's still from my perspective it's still very unclear particularly about the non-health protection elements of Public Health England, as I said a lot of it has been mentioned about a second institute, I've heard mention of NHS, I've heard mention of Local Authority, it's not clear where each bit will go, whether there will be multiple bits across multiple areas, it's not clear whether this institute will be funded in the same way that public health is funded. It's not clear at all where any of the funding is going, just to remind people that Public Health England has a budget of under £300 million per year, NHS Contact and Trace has a budget of £10 billion, it's not clear how much of that £10 billion is going to be allocated to the Public Health England side of things or where it would have been and whether that budget is, how long that budget is protected for. So basically, to sum up I have little clarity on how this is going to be carried out and how this will not disrupt on-going health protection or public health campaigns.

Lord Russell

Thank you. Isobel.

Dr Isobel Braithwaite

So, I would say very similar really, I don't know anything about the McKinsey report and I don't think I know anyone who does, at least to my knowledge. I would say that you know I certainly hope that people with public health expertise were involved in that, but I still think that the fact it cost more than the entire annual operating budget for PHE begs some questions. I think my impression is certainly that morale is pretty low and that's from a low baseline as Alex said, people are tired, they've been working really hard because they really care about this, but public health is a lot less visible than say NHS work and a lot of other key workers, a lot of it is kind of calling people on phones or doing analyses or trying to improve systems and guidance and so I think you're coming off the back of people feeling perhaps quite unseen and quite a small part of the system that gets a lot of attention in the

press shall we say without always being able to correct misinformation there, because of that close kind of being part of Government and not necessarily being able to correct things. And then in terms of that clarity around disruption and the risks my understanding is they've basically said all of the kind of infectious disease and environmental hazards elements of PHE are moving directly over into NIHP which will come into force from next April and that everyone across the organisation should just carry on doing what they were doing, but clearly because so much of the organisation doesn't know where it's going and because there is a lot of work that goes on across that boundary of health protection and health improvement and knowledge and intelligence and other parts it's not that easy I think for things to just carry on as if this isn't happening. So yeah, that's all I would add.

Lord Russell

Thank you.

Layla Moran MP

Thank you very, very much for that. Paul Strasburger.

Lord Strasburger

Thank you Layla. I want to talk to you about where we are and where we're going, during this pandemic we've been offered an ever-changing range of metrics for measuring the progress of the virus and our response to it. We've had the R-rate, we've had deaths in hospitals only, we've had deaths in all setting, new infections per day, we've had infections per 100,000 population, we've had excess deaths which is probably my preference. In your opinion, which metric best measures the severity of the pandemic in the UK at any particular time and our performance versus other countries? Would you like to go first?

Dr Isobel Braithwaite

I'll go first if that's alright Alex. So, you know I think maybe this is the public health person in me, a comprehensive view that looks at different metrics and tries to understand that whole picture I think is really important, so I think from a kind of public health perspective in terms of informing actions and next steps and priorities we do want to see the breadth of those things, we do need that high level surveillance that covers all of those things and you know looking at the R number is helpful because it can tell us potentially where we're going, not just where we are now and we need to think about those kind of questions of lags and distribution across the country as well to understand that actually we're potentially going to be seeing a patchwork, and are already seeing a patchwork of local outbreaks, things aren't uniform across the country. But I do agree with you, I think excess deaths is a really important thing to look at and partly I think that because it doesn't only reflect the direct deaths from Covid but also some of those wider harms and so you know I think in terms of maybe international comparisons it does help us to get over some of the challenges of the fact that there are different ways of assessing death, and there's no perfect way I would say, you know I've read about the changes that we've made and the original approach was designed to avoid under-counting, the ONS approach is quite robust but it's slower, so it's understandable that we have different approaches, they have different pros and cons and I think we want to look at them all, but I would agree with you, I think excess deaths is really key to look at.

Dr Alexander Allen

Yes, I echo points Isobel made and I think again to be the public health person hat on, excess deaths while a really useful measure obviously it's then difficult to necessarily compare internationally across all countries because different countries will have different death collection methods, but that's an aside. And the other thing that we need to consider in terms of how our country is compared to others is a lot of these, particularly when you're looking at excess deaths, a lot of the impact of excess deaths might only be felt a year from now, so I think it's to be careful about trying to interpret in the middle of a pandemic how we're doing versus other countries is a risk and the other thing is that each of the metrics you mentioned do have their use and why excess deaths is a very useful one for broad impacts of Covid, if you're looking at specifically infectious impact and things like the R number, cases in hospital, cases in ICU, all of those measures are useful, so one excess death is a really good broad one, but I would try not to ignore any of the other ones because they all do have, they all have uses, it's in the interpretation of course that's important.

Lord Strasburger

Yeah and I think I understand that they're all useful, I think the difficulty for the man in the street is that each one of those has sort of gone into fashion and out of fashion and there hasn't been a sort of consistency which lets us see how the trends are going, would you agree with that?

Dr Isobel Braithwaite

I think for me this links to the fact that risk communication and public engagement are really core pillars of outbreak response, we know that from the WHO, we know it from you know kind of countless scientific pieces that lay out how the basics of how we should be responding to these things and ultimately that doesn't just come down to testing or tracing or infection control, it relates to that really effective communication of risks, making sure that people really understand what's going on, what they can do to try and address it and why that matters for them and their family and their community and I would certainly say I've been really impressed by how Germany have approached that, I think we could learn a lot from them. I think, you know, having experts in positions of leadership and able to really speak quite independently I think is really valuable in that and I think from my personal perspective that has been a bit lacking and sometimes that communication perhaps sort of has pointed to the science as a solid concrete thing but perhaps not in the most consistent way.

Lord Strasburger

I think that's a very good point you've made there Dr Braithwaite and thank you.

Layla Moran MP

Thank you very much for that, unless anyone else wants to come in on those specific points and yes, now to Debbie Abrahams, go ahead.

Debbie Abrahams MP

Thank you so much, well it moves quite nicely on to my question, very nice to see you both Alex and Isobel and thank you, you've been absolutely fantastic. My question is as I say relates to national and

local threshold criteria for implementing lockdowns, so you've heard from Peter in terms of the whole range of different metrics and I understand from WHO in terms of different examples across internationally about different criteria that are being used, so since we're looking at you know the potential of a future lockdown it's so important as we've just been hearing about risk communication to be clear about the conditions under which, as I say, local areas but also a national lockdown could be implemented. Given that we failed miserably in June because we didn't have a fully operational Test, Track and Isolate system in place in time for lifting the national lockdown it's no surprise that many of us are in the position that we're in now, so could I hand over to you in terms of what your views are, what these should be.

Dr Isobel Braithwaite

Alex do you want to go first?

Dr Alexander Allen

Yeah, so I think that's a really, yeah a really important point is as we discussed public interpretation and understanding of data and how that's going to be then translated into national and local lockdowns. The other problem in terms of trying to communicate this is also public compliance with them as well, and that's an issue of trust, so if the public don't trust what the Government or public health teams or the data says they're less likely to follow through with whatever lockdown occurs. And so, it's a mixture of trying to make sure that what is released to the public is both clear but also consistent and again because things change over time, trying to come up with any specific definition of what a single threshold for a local lockdown is going to be tricky, obviously there's generally things like number of cases per 100,000 population, that's often used as a metric, but also it will be how those cases are distributed. If all those cases are in a hospital that's under relatively good control, that's different from if it's multiple different outbreaks in multiple different places, not being contact traced very effectively. So, there's obviously, and this is kind of where we're talking about the national versus the local, it's an understanding of what's happening locally to understand whether a local lockdown is needed or effective. In terms of national lockdown that's obviously something that I've not been privy to in terms of the discussions around criteria for that, but that would be I imagine looking at multiple, if multiple different places are in local lockdown and there's still constant spread and there's people travelling between lockdowns then it might need a national level lockdown. This is just obviously me talking about what my personal views are, not again what PHE policy would be. And then I guess the final thing I was talking about, the trust the public have, we know that generally over time as time in lockdown increases people are less likely to follow rules as precisely as they previously were, re-entering a lockdown is going to be very tricky as well, particularly if the public do not have a trust in the public health guidance and that's been one of the big problems in Public Health England is the undermining sometimes of the public health messaging, just from the press and often that's just misinformation and so I guess another key part of that would be from the Government and whatever institute replaces Public Health England is active attempts to disperse this misinformation to make it clear what the guidance is, what it isn't, what the public health role is, what it isn't, what the contact tracing role is, what it isn't.

Debbie Abrahams MP

OK, do you think we should have published, and this applies to you as well Isobel, should we have published criteria so you mentioned in terms of incidents whether that's daily incidents, seven-day average, positivity rates, hospital admissions, should there be a handful of criteria that are developed

that we then, individuals but businesses as well can have some confidence about these are the circumstances for both local and national lockdowns.

Dr Alexander Allen

So, I think there's an advantage to that in terms of the transparency and I think in some ways that is useful. I think there's got to be some very careful, as Isobel mentioned, very careful messaging around how these are to be interpreted and as I said also that there are not maybe completely set in stone criteria as I said it will depend also on specific local factors about how these cases are being contact traced, isolated and so on. But as you say, I agree there's definitely room for more independence and transparency in terms of public health messaging and guidance, with the caveat that it's got to be very carefully messaged to not be confusing or inconsistent or ... because obviously often many businesses won't have access to the specific data that the Local Authorities will have, so it's got to be carefully balanced with what they'll have access to and what they understand.

Dr Isobel Braithwaite

Yeah I would really agree in terms of the potential benefits of that from a transparency point of view and so that people don't ... I think one of the challenges we and many others have faced during this is that we often only find out about decisions that impact on our work and that impact on many other parts of the system, either at very short notice or when we see them in the press and you know that creates a lot of challenges and it undermines trust and so the most proactive I suppose we can be in terms of setting out right this is the plan and making sure it's really clear, really well explained, I think the better. But as Alex says I think there always is going to be an element of judgement needed to try and kind of balance sort of the benefits and the harms so that you're not ... you know I think we've seen certainly the benefits of acting early when it comes to outbreak control and that's clearly got to be one of the key lessons we take from recent months and the way that that can create benefits in terms of you know when you're talking about exponential spread, you don't want to wait too long but equally you know everyone's had an incredibly difficult year and you don't want to be taking actions that are stricter than necessary, or in the wrong places, in places where they're not really having a benefit.

Layla Moran MP

Thank you so much, Baroness Masham has a question I know on preparedness for winter flu, Baroness Masham.

Baroness Masham

Yes, I would like to ask you what preparation is being in place for flu vaccination because the combination of corona and flu could be really very serious and how are you going to get to the vulnerable people and also people in care homes mustn't be forgotten. So that seems to be organisation and working together as a very important thing. I'd be very grateful for your views.

Layla Moran MP

Perhaps Isobel first and then Alex.

Dr Isobel Braithwaite

I have to apologise because it's not something that I know that much about at an operational level. I do agree it should be an absolutely key priority and you know there's a team in PHE that works on immunisation, it works very, very closely with the NHS and I know that Local Authorities also have roles in promoting uptake of vaccination and certainly this year I think the logistical sides of that will be more challenging than usual and clearly do need funding and proper planning. In terms of the extent to which that's been going on already, I know that it's on the agenda but I don't know more specifics I'm afraid.

Layla Moran MP

Alex.

Dr Alexander Allen

Yes, so I can't speak to specific operational plans that I haven't worked in that area yet, but I will say yeah agreeing with Isobel that the key, there is lots of work going around flu vaccination uptake and has been going every year. In terms of care homes local health protection teams are always well, send out letters, preparedness packs and things like that to care homes to try and prepare them for the on-going flu season. Health protection teams deal with this every year so they are very well experienced with it, the issue is as we've kind of alluded to is, if this happens at the same time as Covid then that's going to add extra burdens both in terms of potential harms but also in terms of just workload and workforce and resources available, so I'm afraid I can't answer more specifically than that.

Baroness Masham

The problem is that corona overshadows so many things, important things and I congratulate you for all what you do, you do do a lot.

Layla Moran MP

Thank you very much. We can certainly pick up on some of those themes I think in future sessions and it is now 1:31, again gone over by one minute which I consider success and leaves me just to ask Alex and Isobel, do you have any final thoughts, any burning things that we haven't covered that anything you want to point us towards and then just to say a final massive thank you to you both for coming and giving evidence today, it's been incredibly helpful and incredibly insightful. Alex and then Isobel.

Dr Alexander Allen

I think the only sort of really important thing, and again this is speaking from an informal group of Registrars is the need or the want for an independent inquiry into what went right and what went wrong in the pandemic response, and that's not just looking to PHE, it's to look into the Department of Health and Social Care, the Cabinet Office, the various independent groups, the whole system because trying to put the blame on any individual department or organisation is massively over-

simplifying an incredibly complex system and incredibly complex response. So, if we're going to learn from this we need something independent and something that looks at the whole system. But yeah, thank you very much for your time.

Dr Isobel Braithwaite

I would just say thanks so much for inviting us and really I would welcome any opportunities to engage and work with any of you in relation to sort of ensuring that there's a meaningful consultation process, that that has due time and is able to happen in a careful and a well thought out way that really identifies the problems that are hopefully being solved and which places health improvement and its connections with infectious diseases and health inequalities at its heart.

Layla Moran MP

Thank you so much and I'm sure we'll take you up on your expertise, Parliament of course returns next week and that will give us opportunity to be able to question Ministers and Departments directly and so we'll certainly be coming to you for ideas on where to hunt for that information and also to press the case on the many issues you've raised today, so thank you both of you, thank you to Parliamentarians for your insightful questions and thank you as ever to the secretariat and finally thank you to everyone at home who is watching or watching this back on YouTube and iPlayer and wherever else it ends up in the magic of the web. So, thank you we will be having a session next week, perhaps with slightly changed times, do look out on the March for Change website and on the Twitter account for the panellists that we're expecting there and stay safe everyone, take care, bye-bye.