

Public Administration and Constitutional Affairs Committee

Oral evidence: Data Transparency and Accountability: Covid 19, HC 803

Thursday 5 November 2020

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Watch the meeting

Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Mr David Jones; Navendu Mishra; Tom Randall; Lloyd Russell-Moyle; Karin Smyth.

Questions 53 – 12w

Witnesses

I: Councillor Georgia Gould, Leader of Camden Council and Chair of London Councils; Jeanelle de Gruchy, President, Association of Directors of Public Health; Joanne Roney OBE, Chief Executive, Manchester City Council; and Councillor Ian Hudspeth, Leader of Oxfordshire County Council and Chairman of the Local Government Association Community Wellbeing Board.

II: Steve Grimmond, Chief Executive, Fife Council; Councillor Alison Evison, Aberdeenshire Council and President of the Convention of Scottish Local Authorities; Phil Roberts, Chief Executive, Swansea Council; and Councillor Hugh Evans, Leader of Denbighshire County Council.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]



Examination of Witnesses

Witnesses: Councillor Georgia Gould, Jeanelle de Gruchy, Joanne Roney and Councillor Ian Hudspeth.

Q53 **Chair:** Good afternoon and welcome to a hybrid meeting of the Public Administration and Constitutional Affairs Committee. I am here at a Committee room in the Palace of Westminster with a small number of staff required to facilitate the meeting, suitably socially distanced from one another of course. Our witnesses and colleagues are at their homes and offices across the United Kingdom. The Committee is extremely grateful indeed to everybody for giving up their time in such a busy period.

I am going to go to our first panel. Could I ask them to introduce themselves for the record, please?

Councillor Gould: Good afternoon. I am Georgia Gould, the leader of Camden Council and chair of London Councils.

Jeanelle de Gruchy: Hi, I am Jeanelle de Gruchy. I am director of public health in Tameside in Greater Manchester and I am president of the Association of Directors of Public Health.

Councillor Hudspeth: I am Councillor Ian Hudspeth. I am leader of Oxfordshire County Council and I am also chairman of the Local Government Association community wellbeing board.

Joanne Roney: Good afternoon, I am Joanne Roney. I am the chief executive of Manchester City Council and president of Solace.

Q54 **Karin Smyth:** Ms de Gruchy and Mr Hudspeth, could you share with us what data are routinely shared between the Westminster Government and local authorities on the spread of Covid to help with planning?

Jeanelle de Gruchy: There are a lot of data and datasets that are shared between Westminster and local authorities. You have all the test and trace data, shielding data, adult social care data, desk management forecasting data, so there are quite a lot of datasets. That being said, they have not all been shared from national to local since the beginning of the pandemic. The type of data that was shared and when it was shared varied over the last few months.

Councillor Hudspeth: I have nothing to add to that. There is a tremendous amount of data that comes down. One of the key things of course is that we need data in almost real time to assist in cases, because the earlier that we get data, the earlier we can act upon it and make sure that it is true and valid. That is something we have been struggling with, getting the data in real time.

Q55 **Karin Smyth:** That is very helpful. Ideally, all of that data on a more local level in real time. Is that fair?



Councillor Hudspeth: Yes, that is fair. Originally, it was quite large areas and it was more on a county basis rather than a postcode basis. We fully understand the need for data protection, because that is what councils do. We hold people's data, but there seemed to be a lack of giving us the real data, the granular data. If you had the granular data on a postcode and ward area, you can dig down and assist those people who need the assistance, particularly vulnerable residents.

Jeanelle de Gruchy: If we take, for instance, the test and trace data, I think directors of public health would say that if we had had all the data we have now in July or earlier, we would have had a stronger response to the epidemic. They would not, in some ways, share the nationally held data with us, even though there was lots of agitation about wanting to get the data. That was very slow. When it did start to come through, again it was only certain types of data that were coming through. This was on test and trace. We started to get more of that kind of data in June and early July, but it was only from early August that we had patient-identifiable data. In other words, names or ways in which we could understand who was getting infected and where and whether there were links between people.

It was into later August that we were getting the datasets we had been asking for, the negative testing data. We were just getting positive cases rather than how many people were being tested and coming up negative so that we could understand how many negative tests there were.

In all of that time, a lot of energy and effort was having to be put in to ask for the data, to make a case for the data and to try to improve the data flows. That took a lot of energy, and it could have been much more quickly done for us to get the data that we need. We use all of that data now. We have to have it. It is fundamental to what we do.

Q56 **Karin Smyth:** Do you think that is because they did not have it or because they did not think it was important to pass it on to you?

Jeanelle de Gruchy: I think it was a combination of both. In this country we have a public health system and there is data. There is always data and data flow between the national, regional and local public health systems, but in the early days what happened is that a number of systems were set up outwith either the emergency planning system or the public health systems. What you had is, for instance, a testing system set up outside that and there was no way in which those test results could easily flow into the public health system. Because different systems were being set up in silos outwith the public health or emergency response systems that we had, there were technical issues of different data systems that were not speaking to each other. That was certainly a problem.

Secondly, there was definitely a sense of, "You do not really need that data at a local level," and use of information governance where you had to justify. You had to make a case for why you needed the data. There



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was a lot of energy going into why we needed that data and having to make a case for it, when in the middle of an epidemic that should have been clear. The case should have been that local directors of public health needed that data and local systems needed that data to be effective in our response. I think it is a combination of both.

Q57 Karin Smyth: That is quite shocking, but very helpful, thank you. Is that data now getting close to real time? What is the time lag between that test and trace data and you receiving it?

Jeanelle de Gruchy: Because the response has been set up with separate organisations and not being seen as a system, what you have is quite a lot of delays in processing data all the way through and lots of handoffs. Because of the way in which the testing is done in myriad different ways, you have to get somebody who is symptomatic or ill tested quite quickly. They have to have that test. That result has to get through to the right people. Then the test results have to get to the trace system, then the trace system has to have good-quality data to follow the person up. Then the support to that person in terms of whether they can isolate, whether they need help or support, all of those handoffs. Because it is not designed as a system that enables us to find people and isolate them and their contacts, you have a lot of data points with lots of handoffs where there is delay built into that system. Speed is of the essence. We have to get people who are positive and their contacts home to self-isolate very quickly. That is still not happening.

Q58 Karin Smyth: Is it roughly a two-week lag, three weeks, four weeks?

Jeanelle de Gruchy: No, it is quicker than that. I was just talking to my team today. Because we are doing locally supported, we are having cases passed to us from the national system that are already seven days old and we are not following them up because we are having to prioritise our effort in other ways. That gives you a sense of a seven-day lag of people still needing to be contacted, for instance. There will be delays built in all the way through.

Councillor Hudspeth: Also, those are the ones they were not able to trace and were not able to follow up, so there is already that lag in the system. That means there is a delay, when we have to be looking into contacting the residents as quickly as possible to make sure we can identify other people they may have come in contact with as quickly as possible, because it is stopping the spread at the earliest possible stage that is so vital. As soon as we get into days, if we think about how many people we come into contact with—

Q59 Karin Smyth: Indeed. Sorry to cut you short. I think that is right and we understand that. From your understanding, though, is there a plan, particularly in the next four weeks, to make that delay shorter?

Councillor Hudspeth: The Local Government Association is working with the Department of Health to make sure that local government comes more to the forefront, with more local information coming down quicker



and reducing that delay. I can say, yes, we are working with the Department of Health to make sure we get the information as quickly as possible.

Q60 Karin Smyth: I am not feeling terribly optimistic, but I appreciate we persevere. Ms de Gruchy, you talked about a number of datasets, but we did not talk about the NHS. I confess, as a previous employee of the NHS at a local level at the time of the NHS reforms in 2013, the movement of public health from the NHS into local authorities is something I was very much part of. Local directors of public health at that time obviously had oversight to all NHS data, subject to the normal information governance rules, both in primary care and in the acute and community sectors.

They do not have that direct oversight now that public health is within local authorities, do they? This may be variable across the country, but could you say something about the ability of local directors of public health to understand cases presenting in NHS institutions and how that helps to inform you about what is happening locally? Do you feel that you have that information locally, or has it been difficult?

Jeanette de Gruchy: Our members have not been raising issues with NHS data or access to NHS data particularly. Certainly in Greater Manchester, because of the partnerships we have with the NHS, we have good access to those NHS data and dashboards. Joanne Roney might be able to comment on this, but we have had some difficulty in how the NHS looks at hospital data, those datasets and the timing of that, and then the data that is published or made public. There have been some discrepancies between that. It is quite difficult to work out, for instance, bed occupancy percentages and so on because the data changes so rapidly. There have been issues in terms of understanding where things are at.

It also points a little bit to how people understand the data dashboards. The immediate data point might be different from understanding where we know it is likely to go. I do not know if I can explain it. It is not modelling the data, but knowing whether the data is then used for intelligence purposes to be able to understand whether a hospital is going to struggle. Because the cases are going up and up, we know that hospitalisations will go up and, therefore, deaths. There are certainly those kinds of issues about how you use data and, therefore, intelligence to try to inform your response to a situation. There have been a few issues to do with that.

Councillor Hudspeth: It comes back to the question of making sure we are all informed as much as possible. Where it works well is in local areas. In my area there has been good working with the NHS on trying to understand the issues around there. That is key where, locally, organisations have been working well together through stripping down the barriers and saying we are working as a system. That is absolutely key for a good local system rather than the top-down NHS situation that comes in.



Q61 **Karin Smyth:** Have you had to put different arrangements in place, information governance-wise, to allow those barriers to come down?

Councillor Hudspeth: Not as far as I am aware, no. It is that good close working together and not looking at it with different organisations. It is making sure that it is thinking about the residents and not about the process.

Q62 **Karin Smyth:** You have the information, for example, on where people in hospital—who are obviously at the severe end of the disease—have come from and who they are, and you are perhaps then able to trace back locally where there may have been hotspots, which is a backward trace. What Ms de Gruchy was saying is that it is helpful in terms of having a forward trace as to where there are surges in the community and where they may then inform hospital capacity. That is a two-way information-share process. Is it your view that that is happening?

Councillor Hudspeth: Yes, it is two way, but the thing is that by the time somebody is in hospital and in intensive care, that is a long way down the system. Backward contact tracing is good because we can understand who else might have come in contact, but of course that is shared. It is absolutely vital that we have the forward looking to where the data is going to be used best to try to eradicate the spread in future, rather than backward looking. Using backward looking obviously gives us a forward-looking ability.

Q63 **Karin Smyth:** The source of my question is how we communicate that to local people, because we would all agree that these large national figures and graphs do not mean very much for you and I sitting in our homes. In terms of the communication of what is happening locally, do you feel you have a grasp of what is happening across the piece at a local level to be able to inform your local populations? Has the communication between Westminster and yourselves changed over the course of the pandemic?

Councillor Hudspeth: Yes, it has changed. I think the communication is better, and it is getting better all the time, but we can always improve on it. One of the difficulties about informing local communities is at what level you inform a local community, because a too granular database could identify people, which is of course against all the protocols. The information is out there, and we are able to inform our communities. Certainly the information that is spread through councils and councillors is very good at providing that information for the communities and, backwards, for the director of public health as well.

Q64 **Karin Smyth:** Do you feel that is sufficient at the moment?

Councillor Hudspeth: We could always do more, but it is trying to strike that balance between identifying potential individuals, which could create more problems. It is a fine balance between that. We are doing well not to be identifying people, because obviously we do not want to create an issue in a particular community. That is good, but we have to be very careful not to be identifying individuals as such.



Jeanelle de Gruchy: Directors of public health should certainly be sharing local data—essentially our data—consistently with us, and it needs to be good quality. What do you share with the public? What is useful data to share with the public? For me, and I have been in the public health system for quite some time, through quite a long time of budget cuts and underfunding, our capacity and capability to analyse data, to interpret it, to use it well and to convey it in intelligence, but also in a way that the public can see, understand and use, our ability to do that is definitely a lot less than it used to be. The local public health resource to do all of that technical work, but turning it into intelligence for the public that we used to do—and we certainly did. You remember when we were in the NHS, when we had much more capacity to do that. I would say that is a lot more limited than it would have been.

Councillor Gould: On the issue of data sharing, one of the gaps we have definitely seen in the boroughs that have stepped forward in London to do test and tracing is not just the timeliness of the data but also the quality. We were getting data with lots of gaps. Often key information is not filled in, and it is difficult to integrate it with our existing systems. That is a real challenge when we are trying to do our own tracing.

The other issue that relates to the last question is about data on ethnicity. That is something we fought very hard for in terms of tracing, and it has got better but, as has been acknowledged, nationally there are real issues on how we track ethnicity on death certificates and so on. It is an ongoing concern if we have the level of data around that, but also, as we are communicating with diverse communities, the work and the investment needed to translate information and to make sure it is accessible to very diverse communities.

A final point on data where I still think there is a gap is around testing. While we get the data from testing, we still do not have enough information about the distribution of testing, appointments in walk-in centres and how much testing is going on in our city. When there was a real lack of testing in September, we had a kind of blind spot around what was going on with the pandemic because we knew there was not enough testing to meet capacity. More information to help us understand the testing picture would have made it easier to deal with that situation.

Q65 **Navendu Mishra:** What have local authorities learned from the first wave, particularly when it comes to data sharing, that could be applied going forward?

Jeanelle de Gruchy: We have learned a lot, and we have just been talking about some of those lessons. The first point I would make is that this country has a really good public health system. I think it was a bit undervalued and not very well understood. The basics of how you approach a disease or an epidemic, we have that expertise and experience. You test someone, you get the results and, as a consequence, you contact trace and put measures in place to stop the spread of the disease. This is bread and butter stuff. Public Health



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England and ourselves, working in partnership, that is what we do and did do.

In local government, the director of public health and public health teams did less of it. When we moved into local government and Public Health England did more, the regional teams were absolutely critical. We had a statutory duty to assure ourselves that plans were in place for infectious diseases. All that expertise and knowledge was there, and the data flows, the systems and the relationships. What happened with the epidemic, because it was so big and needed to have the scale, is that things were set up nationally that were outwith those systems and did not think about how what was decided or done nationally would arrive at a local level or impact locally.

It was national by default, rather than local by default, so the thinking was very national-policy dominated. That meant, as I have said before, that various systems were set up and set in train, but they were not designed for the public health purpose necessarily. They might be designed just to test, but not to test, trace, isolate, find outbreaks and stop transmission.

What then happens is that those things flow down separately and, locally, we have to try and knit it all together, but we were not getting the data to do that locally. That is what we are having to do now. For instance, I have a number of outbreaks in my patch. We only know that because we have gone through the line lists of the data to find them. Nobody has told us. We have then had to put plans in place with those businesses, and so on.

I think what local government has learned is that the directors of public health and the rest of local government have had to advocate and make a case for how important it is to think about both the public health objective and the importance of local in delivery, and how that needs to be thought through from the very start to have a better impact on the disease. We continue to say it is a team of teams. You need the national, the regional and the local, but the co-design of how all that works together needs to be carefully thought through and needs to be done with us. I am not sure we are there yet. Things have improved somewhat, but we could improve it a lot more.

Q66 Navendu Mishra: The point you make about national policy dominating the outlook at the beginning is very important. I am also interested in the point Councillor Gould made earlier about capturing data on ethnicity, distribution and walk-in centres.

Councillor Hudspeth, how can we take the lessons from the first wave into the future?

Councillor Hudspeth: It is trying to strike that balance with local and what we can do innovatively in local areas. In two-tier areas, you can use environmental health officers as part of the whole-team approach



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because they are doing similar things when there are outbreaks of food poisoning and things like that. There is a lot of good stuff going on locally, but it is to make sure that all this amount of data is not swamped. If we are doing over 500,000 tests a day, there is an awful lot of data there. We have to make sure that the data is good for the particular area.

Having good local data is absolutely vital because it means the local directors of public health can look and see what businesses are in the area. We have heard of outbreaks related to particular factories, which are not related necessarily to where people live. That local knowledge can put in place preventions that are much better and much quicker implemented locally. We have to work together to try to find this balance between the national, where we have so much testing going on, and how we do not swamp local government with too much data.

The other thing that would be very important locally is the ability to determine where and when testing takes place. At the beginning it was very much a case of a test centre suddenly arriving and that was it. We need the ability to have that local determination, with local directors of public health going into particular areas, communities, and doing the boots on the ground and providing that granular detail that can then prevent the spread. That is absolutely vital as we move forward.

Q67 **Chair:** Ms de Gruchy, is poor data sharing or the speed at which that is being done responsible for delayed interventions, particularly local interventions? Do you have any examples?

Jeanelle de Gruchy: Do you mean, for instance, managing outbreaks or things like that?

Chair: Yes. For example, before the tier system, if you look at it in the context of Greater Manchester in the summer.

Jeanelle de Gruchy: That is a difficult question to answer. It is an easy question to ask, but a difficult one to answer. Data is vital for us to get to grips with this disease. As we have discussed, we could have been slicker and we could have done this better as it pertains to the previous question. It is only part of it. The test and trace system, which in some ways is what we are talking about with the data flows, is only part of that response. It is critical, but it is the other measures that we need as well, the measures to get people to socially distance. Those are the things you need as well. It is not one thing or another, you need to be able to do lots of things and do them well to get a grip on this disease.

Joanne Roney: I support the comments that have been made by colleagues, particularly around the need for national data to move from regional datasets into local datasets so we can add that to our local intelligence. There are a couple of examples, particularly from a Greater Manchester point of view, that I know are shared with colleagues up and down the country. One is around the impact of students and the ability for us to model and plan locally and organise ourselves for local testing



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with universities. We knew that was going to happen. We know what the pattern of movements of students is in our cities and our regions. I think we planned for that well. What did not work so well is that the predicted increase in infection rates that we knew were likely to follow triggered a tier-3 conversation that did not take into account what we knew was an underlying cause. There is more to do on that, how we use the data and how we use the modelling.

Another point Jeanelle touched on is that using local intelligence about your communities helps to understand what may be the drivers for people who are not complying. That is around low pay, poverty and fear of self-isolating, which is what led to Greater Manchester wanting to put in place its own fund to support people to self-isolate.

It also goes to the earlier comments around how you communicate, how you target your messages to effect behaviour change. Local government can do that, and there is a limit to how it can be done by national Government. We are the people at the frontline who can reach into all our communities and can engage with them in the way we usually do to get them to alter behaviour, to understand and to take this seriously. We need to work harder at getting that current design fully understood, with a shared dataset that is meaningful and responsive to what we know is going on in our areas.

Q68 Chair: Ms de Gruchy, the data used by the media and in briefings are cases established by testing. Is the testing data complete enough for you and your members to gain a proper picture?

Jeanelle de Gruchy: Certainly the increase in capacity has helped a lot for us to understand much more what is going on in the community. The increase in number of tests has been very important. We have talked a bit about how the results come back into the system and lead to trace and isolate because all of that is very important.

We also look at the positivity, so we can tell we are still not testing enough people. Our positivity is going up, which basically tells you, although you are testing quite a lot, you still need to be testing more people. In other words, there are people who are likely to be infected who are not getting a test, which could be for a number of reasons. We are currently in a situation where we probably have capacity, but people are starting to see the cost to themselves of getting a test and of it being positive as outweighing knowing whether they do or do not have Covid. We have a real issue now in terms of people starting to avoid getting tested, or if they themselves get tested, starting to be more reticent with saying who they have been in contact with because they do not want to do in other people related to themselves. It is onerous to self-isolate for 14 days and, therefore, it needs to be handled carefully, with good behaviour change and financial support for those who struggle.

On your question, I think there is more infection out there than the case rates would necessarily reflect. However, we have always said it is a



bundle of indicators that you need to be aware of. When the case rates go so high we also know that your hospitalisation rates will go up and subsequently, unfortunately, the death rate. You then start to look at other data sources. It is never one data source that you look at, you have to look at quite a number of data sources and you have to understand the epidemiology of the disease. How you convey the complexity of how you make those kinds of decisions to the public is quite difficult, and I know we have struggled with that.

Q69 Chair: Thank you for that, it is very useful. You mentioned other sources of data. Could you describe those to us?

Jeanette de Gruchy: The other sources are the ones I mentioned around hospitalisation and death data. We were hoping that the Joint Biosecurity Centre would have other sources of data to contribute as well. We have not seen a lot of that forthcoming, but there might well be other data sources for us to use.

What we are looking at increasingly is that we know Covid causes harm and an impact on society, and we know that the measures cause harm. There are quite a lot of data sources that we also need to look at to help us manage and support our communities through this difficult situation. In terms of the core indicators around the case rate, the R value, the increasing hospitalisation and the death rates are the main indicators that are telling you currently that we are not getting control of this disease.

Councillor Gould: I want to expand on the example of the testing situation in London in September. We anecdotally had residents saying they were not able to get tests. Our testing data was basically showing us that the pandemic was at a very low stage, and we knew that testing capacity had been taken out of London, I think it was about 20%. We started to look at other indicators, 111 calls, the randomised antibody testing in London and GP consultations as well as hospitalisations, and they were showing the opposite trend. We also looked at some of the ONS modelling data.

As a result of those other indicators, we started to change our messaging and have conversations about moving up restrictions well before the official testing data was telling us what was happening. It took a good few weeks for that to catch up, and that did cause some confusion both for businesses and for residents. It is definitely better now, although I recognise what has just been said about people struggling to come forward. The idea of a fine and the economic cost are the biggest barriers.

There are places that are still struggling with testing, and my borough is one of those. We have struggled to get permanent testing sites sometimes in urban areas. Westminster also struggled, and Islington still does not have enough capacity. In Camden we still do not have a permanent testing facility. Therefore I do not think the data coming out of Camden describes what is happening with the infection. We have the



lowest testing rate in London, and that is because of the way we are testing. While I agree the picture is better nationally, I think there are pockets, particularly in urban areas, where there is still under testing.

Q70 Karin Smyth: Thank you, that is very helpful. In fact, last week I had discussions in my constituency, which was promised two sites, and I understand now that only recently the Department has said that cannot happen. Why is that? What is so difficult about working with local leaders to find a suitable site that people who want to get to it would find helpful? Can you share some of that with us?

Councillor Gould: To be honest, I am at a loss as to what the issue is. We put forward 15 sites, and there was always an issue with them from the provider of those testing sites. It is stuff like the nature of the access, the parking and the way you get into those sites. It seems to me the criteria are somehow too tight for these permanent testing sites. We have now managed to negotiate one that should be a permanent site, but again we are running into issues about getting that open, while the need is enormous.

It is a lesson we probably need to learn that, as we start to think forward about vaccination, it is better to do things through GPs, community pharmacies and places where people already go where there are built-in relationships rather than trying to create these formulaic sites that do not necessarily work for different places. It seems to be the nature of the access and that they seem to have very strict criteria for taking on a building. We are not 100% sure why all of them are rejected.

Q71 Karin Smyth: It is shocking that we are having to learn that lesson. Who has drawn up the criteria?

Councillor Gould: I cannot answer that. It is a private contractor we are talking to about those sites, so I do not know exactly who has drawn up the criteria.

Q72 Jackie Doyle-Price: That is an astonishing bit of evidence we have just heard. It illustrates the command and control aspect of this, that we are completely missing the local intelligence. That brings me on to my set of questions.

My first question is to Ian Hudspeth. Obviously today we have gone into national lockdown, but the intention at this stage is that we revert back to the local tiered approach after the national lockdown is completed on 2 December. Are there any clear rules or parameters that underpin the decision to move local authorities into particular tiers? Is it clear and transparent that there are set criteria? Is it more fluid than that, from where I am sitting, and more about how agreement comes together between the various parties involved? Perhaps you could share your perspective.

Councillor Hudspeth: Before I answer that question, can I quickly pick up on something Councillor Gould said about it being difficult in urban



areas? I put the plea for rural areas as well. Oxfordshire is a very large county. While we have some facility in the centre, it is not necessarily easy for people to get there and we have heard issues about people going to various parts of the country. It would be good in large rural locations to be able to have flexibility for us to determine locally where we could put sites. It is not just about Oxfordshire because, for instance, on the edges of Oxfordshire it would facilitate other counties as well. I do not want to contradict what Councillor Gould said, because I understand that urban locations—

Jackie Doyle-Price: It is the same point.

Councillor Hudspeth: The same point. Moving on to the criteria for moving into tiers, there do not seem to be any fixed criteria that say, “If you hit this particular level, you need to go into a different tier.” Likewise, my understanding is that there do not seem to be any criteria around which tier we go back into when we move out on 2 December. All I would say is that we should look at the data locally. It is important—yes, we always have to look at historical data—to look at the trend and see what the trend is, because that is giving you what is likely to happen. Directors of public health are very good at knowing what has happened in the past and what is likely to happen. That will give you an idea of where that trend is going, particularly in the different age groups.

We have heard about Manchester. Obviously, Oxford has a high student population. When it was based around, in particular, 18 to 25-year-olds it was contained in that area, but one of the key things is that if it spreads to other age groups and other areas we can then take some preventive action. Therefore it is absolutely vital that we look at that data, interrogate it and not wait until we have hospital cases. Of course what we cannot do is wait until we have fatalities because, of course, by that stage it is far too late in the game.

Q73 **Jackie Doyle-Price:** Yes, context is everything, is it not? It is not just about looking at a set of figures.

Councillor Hudspeth: No.

Jackie Doyle-Price: You are better at judging the local context in Oxfordshire than Joe Bloggs, civil servant sitting in Whitehall, to be brutally frank about it.

Councillor Hudspeth: I could not possibly comment.

Q74 **Jackie Doyle-Price:** Equally, you know exactly what the picture of infection is. You obviously wanted to move Oxfordshire into tier 2 sooner than the Government did. Why did the Government not see things the same way as you did?

Councillor Hudspeth: That is a question I cannot answer because we were very clear locally. We are a two-tier area, so it was working with the other five districts as well. It was working with the national health



organisations and the hospitals, because they could see a climb in their admissions; it was working with the local enterprise partnership. It was a system-based decision, it was not something random. It was based on the information that was provided by the director of public health who, as I say, was looking at the trend and he was very clear about that. Then we put in the recommendation, but obviously Government and the Department of Health were looking at other data as well. You would have to ask them for the reasons why we did not move into tier 2 at an earlier stage.

Q75 Jackie Doyle-Price: My experience is entirely opposite. I have had the Government trying to put my local authority into tier 2, and I was being very resistant about tier 1, the issue being that the context of my local data showed that all the infections were hospital and care setting-based rather than the community, which of course leads to a different conclusion. That contextualisation has not been presented to justify the national lockdown either, I might add.

Councillor Gould, obviously the Government treated the whole of Greater London as one, yet there are vastly differing rates of infection from borough to borough. Certainly the southern outer boroughs have had a much different experience to the boroughs that perhaps drove the allocation to tier 2. Do you have any observations on whether the whole of London should have been treated as one?

Councillor Gould: We have been working very much as one in London. We have a cross-party group—myself as the chair of London Councils and the leaders of the Labour, Conservative, Lib Dem and independent groups—that meets twice a week with the Mayor. We look at all the evidence together and assess it. We agreed with moving as one for a number of reasons. First, London is a very connected city so people move around regularly. There is the confusion of trying to bring in different restrictions for different places when people do not always know what borough they live in, and there is also the speed at which the virus has moved.

While at the beginning it looked like there were vast differences, now all London boroughs are over 100 cases per 100,000. If you look in depth at that data, you can see some interesting patterns. For example, Bexley is a borough where the rate of people over 60 who have the disease is higher than in Camden, which is a particular risk. Places might not look, as a whole, as high as other places, but there will be pockets of outbreaks that are very serious. Therefore we have taken the view, based on the evidence so far, that it is better to move as one. It is not something that was imposed on us; it was something that happened in dialogue with the Government. Obviously, we will continue to assess that evidence as we move forward.

The final thing I would say is that every borough has a local outbreak plan so, where there are specific concerns, they can go further. Hackney had a very serious outbreak in Stamford Hill, particularly impacting



members of the Jewish community. It put specific messaging and support in place as part of the targeted outbreak control. Therefore, if people need to go further than the London-wide measures, they have been able to do that.

- Q76 Jackie Doyle-Price:** London boroughs have a very long history of collaboration and working together, a collaboration that goes back further than the introduction of the Mayor of London, so it is very well established. To what extent did the GLA and the Mayor of London have a say in this, or was this very much a discussion with local authorities as the organisations responsible for public health?

Councillor Gould: We have been meeting with the Mayor of London and Kevin Fenton, who is our lead public health professional in London, twice weekly, as I said. In the first wave we were meeting daily with City Hall as group leaders. It has been a genuine dialogue between all those different partners. We have looked at the evidence. We do not always agree on every element, but we have been trying to work together to give clear messages collectively to London. All leaders of London boroughs meet once a week to look at the data together and air any concerns. Then the group leaders and the Mayor of London have agreed a formal escalation process with the Secretary of State.

When London went into tier 2 we met Matt Hancock and discussed that, so it has been with the Mayor of London and boroughs working together through the pandemic. Given the complexity already in the system, we thought it was important to be able to give one message to Londoners.

- Q77 Jackie Doyle-Price:** Joanne Roney, having just heard a good example of how collaboration happens very well on multi-levels, I think we all witnessed what was happening in Manchester, which showed that perhaps there were different opinions. From your perspective, did the data you see justify moving Greater Manchester to tier 3?

Joanne Roney: The approach in Greater Manchester is very similar to the one Georgia has just outlined. The leaders work collaboratively and agreed to have a GM-wide joint approach to originally moving into tier 2, with local flexibility to go beyond that if local leaders felt it was necessary. Bolton, for example, moved into a higher level of restrictions. Exactly as Georgia has outlined, local outbreaks allowed flexibility, as jointly agreed with leaders and with the Mayor.

There were two issues with Greater Manchester leaving the negotiations with Government. First, there was some concern from leaders about whether the further lockdown restrictions imposed in tier 3 were the right measures to be taken in Greater Manchester. There was no argument around the impact on hospitals, and there was no argument around the rate of infections going up. The issue was, as we mentioned earlier, the need to take a broader look than just focusing on Covid-positive cases, infection rates and hospital capacity, by digging deeper into age profiles



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and local outbreak-linked intelligence. We were in the midst of those discussions and negotiations.

I think the agreement came apart because of the economic impact. No Government economic impact assessment has been done relating to the tiers you go into. In Greater Manchester we have done our own economic impact assessment. From our model data and intelligence, we estimated that we would need around £90 million to support businesses and individuals who are self-employed, those we would be encouraging to self-isolate and people in those sectors that were already devastated, having been in lockdown since March. As I have said, some parts of Greater Manchester were seriously suffering.

Unfortunately, we could not get an agreement. What people will have seen was, significantly, around paying two thirds of the furlough for the job support, which all leaders and the Mayor felt was not sustainable for the economy in Greater Manchester and, more importantly, probably would not have had support and buy-in from the public, who we are trying to engage in helping to behave in a way that takes responsibility for managing this pandemic. Taking a third of wages off people who are already some of the most deprived in the country was felt to be something the leaders could not support. Unfortunately, we could not reach an agreement on that package, which has subsequently become a national package. I will leave it there.

Q78 Jackie Doyle-Price: That is a very important point. It is all very well for PHE and so on to blithely say, "We have to do this to stop our hospitals being overwhelmed," but you are absolutely right that there has not been a proper economic impact assessment on any of these measures. Looking at things through a public health prism, without taking into context the wider economic and mental wellbeing impacts, is too siloed a decision-making process. On that note, we have not had an economic impact assessment on the national lockdown either. Those of us in tier 1 are very upset that we are having to close down our shops in anticipation of Christmas. I put that out there.

Ian Hudspeth, England entered national lockdown today. Were local officials given enough information to prepare for it? Given we only heard it leaked on Saturday, a parliamentary announcement on Monday and now we are in lockdown, did you have enough time to prepare?

Councillor Hudspeth: First, I would like to thank all the staff, because they did a tremendous job with the information that was given to get everything in place. The information has been coming out over the last few days—for instance, I think we are still waiting for the decision about care home visits and things like that—so it puts us in a very difficult situation. We have to understand that there is an awful lot of information that needs to be out there. It is important that information is the right and correct information so that we do not start rumourmongering, which obviously goes around and scares an awful lot of people. If that information had been done before, everybody would say it was a



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preordained decision and, therefore, was not really a decision. It is always difficult.

In short, we could always have more information quicker. Yes, we could have done with more, but I think we have a good balance. The questions that we have been putting to MHCLG have been answered in real time, which is good, so we can then provide that information to our residents. If we do not know the answer, the important thing for us, as local officials, is to be open and honest about it and say, "We do not know the answer. As soon as we do know the answer, we will inform you," rather than giving out incorrect information.

Q79 Jackie Doyle-Price: If I am honest, I think local government has proved itself to be very fleet of foot in response to this. We should give all local authorities a message of congratulations, to be frank. By the same token, do you anticipate getting a clear roadmap out of this as we approach 2 December?

Councillor Hudspeth: As I mentioned earlier, at the moment we are not sure how we go back into the tier system, how that is approached and whether it is going to be based on local evidence. Therefore at the moment we do not know how we are going to come out of it and at what level. Does everybody come out on level 3, 2 or 1? I think it is important that it is a local determination, with that local knowledge, so you can see exactly what is happening in areas.

Again, I come back to Oxfordshire being a very rural county with parts that have been virtually untouched by Covid. When we made the recommendation a few weeks ago, people were coming to me and saying, "Why are we involved?" We have to look at the whole system. Unfortunately, as you are driving down Botley Road the virus does not suddenly stop at a border. It does not respect boundaries, and we have to work within that. Therefore I think it is important that, locally, we have the ability to determine what level we go back into to provide the best or as near normal, whatever that will be, for Christmas this year.

It is important for people to understand why they are being asked to make these tough decisions and why they are having to self-isolate. There will be more acceptance if people can see the logic behind it. That is keeping people informed, simple.

Q80 Jackie Doyle-Price: The same question to Councillor Gould. Do you think the Government shared enough information with you before this national lockdown?

Councillor Gould: Definitely not. One of the frustrations we have had throughout this is that, quite often, key information about decisions is leaked, often on a Friday night or a Saturday, which promotes huge fear in the community and means we have to try to respond at pace while officers are not at work. I cannot overestimate the level of trauma from the first lockdown in places and communities that have been



disproportionately impacted, the mental health concerns and the fear among older people. It would have been much better if there was a conversation with us earlier so we could prepare our communications, prepare our reassurance and work with communities. That is not this instance. In every single instance of national changes, unfortunately, it has happened in the same way. There has been some kind of leak and we find out from the papers at the same point as our communities do. That is not a good way to prepare.

More broadly, we are getting more information through, shielding lists and so on. For example, as the local authority, we get a list and the CCG has a list, and we are told not to share those two lists. It is not always clear when we look at the people who are on it, and at the people who are not on it who had been on it previously, and we do not know what has happened there. There are still issues with how we are receiving information and how far we are seen as trusted partners to develop programmes rather than being told what we are going to do.

To your last question about de-escalation, we do not know if it is going to come out as a national programme, whether we are going to go back to local tiers or what evidence we should supply. There have been no communication as yet that makes that clear. As London, we were working with Government before all of this on an escalation and de-escalation framework. Could we agree some measures that would de-escalate us from tier 2 or, in London's case, if we had to escalate up to tier 3? That was good collaborative work. It is a shame that we had that little period of good collaboration and now we have gone back to what feels a little more distant and not really working with local authorities.

Q81 Jackie Doyle-Price: Interesting, because ultimately we are only going to defeat this as a collective endeavour. Frankly, collaboration has got to be better than command and control. Sometimes it feels a bit contemptuous when you have these things done to you rather than with you. Joanne Roney, what is your perspective in terms of having enough information?

Joanne Roney: I think we all understood that the purpose of bringing in the tiers was to have simplified messages for the public and to make it easier to understand. What went slightly wrong was every individual tier ended up negotiating additional flexibilities anyway, so there was still a degree of confusion, not only which tier you were in but how tier 3 in Greater Manchester was different to tier 3 in Liverpool, for example, which is less than 40 minutes away—many families commute and move around.

It is incredibly important that we can quickly get in the room and redesign what those tiers are going to be. You asked the question earlier about the data lag. We work on the basis of there being a fortnight data lag between what we have locally by way of local intelligence and what may come out from national programmes, which means we have two weeks in this lockdown period to be clear where we are going to end up



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when we come out of it. We have to work out what those regulations will be in whichever tier you are in.

Again, as my colleagues have said, I would like very clear escalation and de-escalation pathways to be built up other than just the health indicators we have used previously. They need to have more social indicators, more impact on livelihood indicators. There are a broader set of health outcomes for our population that need to feature in whichever tier people go into, and we need to be doing that work quickly.

Jackie Doyle-Price: I agree. Thank you very much.

Chair: Thank you, Jackie. If I could just ask for the remaining questions to be fairly brief, if possible.

Q82 **Tom Randall:** To pick up on that point about broader indicators, I wanted to ask about balancing the economic concerns with the public health concerns. If I could come to you first, Joanne Roney. What information, if any, have you received from Westminster on the impact of lockdown on jobs and livelihoods and how those concerns might be alleviated?

Joanne Roney: We have not received any information from Westminster beyond the conversations we were having as we went into tier 3. That was very much as I said earlier, there is a set standard that is not defined anywhere for what the package of £20 a head would be if you went into tier 3 or £8 per head of population for a local flexible fund to do local track and trace systems and to support shielded families. That is not written down anywhere. That is just the information that was given to us verbally. In answer to your question, we have done and will continue to do our own economic impact assessment for Greater Manchester, but there is not an agreed setup with national Government.

Q83 **Tom Randall:** Does the information that you get from national Government reflect what you are seeing locally?

Joanne Roney: There are a couple of areas where we still have to resolve some issues. For example, business support is currently distributed per capita, whereas we would argue for it to be distributed on the basis of business densities. We would make the case quite clearly that there are very real issues in city centres and urban centres as opposed to other areas. There is also perhaps a lack of agreed measures nationally. We are measuring universal claimants, numbers of people on furlough and what sectors they are in. We are measuring the impact of the aviation industry on local supply chains and sector impacts. We are measuring culture and leisure; we are measuring self-employed; we are measuring GVA; we are measuring footfall. We have a whole host of local data, and I do not think that is an agreed dataset with Westminster.

Q84 **Tom Randall:** I would like to pose the same question to Councillor Gould, if I may, about the information you have received from Westminster, if any, on the effects on jobs and livelihoods.



Councillor Gould: As boroughs, we are not getting any direct information. I know statistics are now published on the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme but, similarly to Manchester, we are working very closely with City Hall, who are doing a huge amount of analysis on the impact on boroughs. London has something called the transition board, which is co-chaired by the Secretary of State, Robert Jenrick, and Sadiq Khan, the Mayor, which I sit on. That has looked at some of the economic impacts. Not so much data coming through from Government, but we have looked at that together.

I would agree with the analysis made. I do not think we are currently in a position to have good-quality conversations about the economic impact. I could not agree more around distribution of businesses. We were just talking about this because of the dire impact of all this on the central activity zone. It has hit all of London, but central London particularly. Westminster and Camden are the two biggest employers and the two biggest contributors in terms of SMEs, and we will not even begin to support our businesses with what has come forward. We have written to Government with our thoughts about what would be an effective economic package, but we have not yet had any detailed dialogue. We have requested a meeting to discuss that.

Q85 **Mr David Jones:** Ms de Gruchy, were there already any protocols or procedures in place between the national Government and local government for addressing a national public health emergency before the outbreak of coronavirus?

Jeanelle de Gruchy: Certainly Public Health England has a statutory responsibility. The system is that they would have that national and regional responsibility, then we have the local statutory responsibility for the health protection of our residents and a statutory duty to assure ourselves that there would be plans in place. Certainly there were plans. The speed and scale of what has happened in terms of the pandemic has meant that we have not been prepared for it. I am not sure if I am answering your question specifically.

Q86 **Mr David Jones:** Yes, you are. An influenza pandemic strategy was agreed in 2011, I think. To what extent was that adopted in the face of the coronavirus outbreak?

Jeanelle de Gruchy: Certainly we had those plans in place. Many of us had emergency plans in place, and it goes back to whether those plans were used or followed. I think the view from local would be that they were not really, and that quite a lot of planning was circumvented or circumnavigated in a way that did not make sense. I can see Joanne is nodding. It goes back to my earlier point, there are systems in place, and that would have included how we would escalate for something like a flu epidemic, but it was difficult for us locally to put them into play because, nationally, different systems were set up and used that did not make sense as they came down locally.



Q87 **Mr David Jones:** Presumably the influenza strategy had procedures covering data sharing and collection. Would it be fair to assume that?

Jeanelle de Gruchy: I do not know that specifically. We would need to look at the detail. We can certainly, from our perspective as directors of public health, get you a written answer to that. The case we kept on making is that, during a pandemic, we should have access to that data, but we constantly had to remake that case, which was frustrating.

Q88 **Mr David Jones:** I find it odd that the strategy that was already in place was not followed, and it would appear that the Government decided to approach this from square one. In your professional opinion, was that a sensible approach?

Jeanelle de Gruchy: We found it surprising and, as I say, quite frustrating that the public health systems were not strengthened and used more in that sense, and that separate systems were set up in quite a siloed approach. I think our members found that frustrating.

Q89 **Mr David Jones:** Do you think it would have been more helpful to follow at least the skeleton of the influenza strategy? Surely at least there would have been a strategy in place that could have been adopted or, if necessary, adapted.

Jeanelle de Gruchy: Yes. The principles should still hold. Obviously coronavirus is a novel virus, it is completely new. The scale of it, the way it operates, is something completely new and different for us. Going back to the principles of emergency planning and of the public health system and how we manage epidemics and infectious diseases, those principles could well have been followed more closely.

Q90 **Lloyd Russell-Moyle:** Do you feel that the reasoning for decisions has been well communicated to the public? Do the public understand this process in terms of local government, national Government and their decisions?

Councillor Gould: Anecdotally, I would definitely say we are finding in our communities that there is less trust. There is exhaustion towards coronavirus more generally, but there is less trust in decision-making. Part of it is what I described earlier, where you find that decisions are leaked and there is not a proper joint communication strategy in place, so as local authorities we are playing catch-up. Where things have worked well is where we co-design processes together. Unfortunately, that has not always been the case.

A very good example of losing trust was what I said earlier about testing. We had just done a big Keep London Safe campaign that was launched to say to all of our community, "Get a test." That was our big message. We discussed that with Government and we put a huge amount of resource into it just at the point there was a huge run on testing capacity, and testing capacity was taken out of London. Our community were trying to get a test and queuing for days. You can feel that people are frustrated



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with the process, and now we have this problem of people not coming forward to get a test. I think people lost some faith in the system with some of these failures we have seen.

Unfortunately, test and trace is another very good example where it would have been better—and we were arguing for it at the time—if it was co-designed with local authorities and used the capacity and the investment, infrastructures and relationships that have already happened. We are starting to do some local tracing, but that is very late in the day. The system is already set up and it does not synch that well with other systems. A lot of money has been spent, and I am not sure we will get the same level of investment as we might have received at the beginning.

We are doing our very best to continue to communicate the rules, to communicate the Government's messages, to not highlight where there are failures and to focus on the positive to try to hold communities together but, if I am honest, I think it is getting harder.

Q91 **Lloyd Russell-Moyle:** I think you are quite right. On testing and tracing, it is interesting. My sexual health clinic, who are experts on that in many respects, said no one had come to ask them how their systems worked.

You have touched on it. Do you think the media outlets and us as politicians, local and national, could do better at conveying these messages, or is it just that the system is broken? Is it that we have not conveyed the messages in the media and as politicians, or is it that the system is broken?

Councillor Gould: The structural issue is that we have led a too centralised approach to this pandemic and have not invested enough in local leadership. It would be easier for MPs and local figures to better communicate with residents if, from the start, we had had all of the data and powers we needed to respond to this pandemic. PPE, food distribution, there were too many central systems that were set up rather than going through existing mechanisms, whether it is local authorities or other public services. I think that is the essential issue.

We have seen things break in the media before we have had proper thought through announcements, but I do not know if that is the media's fault. There does seem to be a lot of leaking going on. You can ask me why that is happening, but I think that is frustrating.

In terms of MPs, certainly in London we have been meeting regularly with MPs, not myself, but the SCG, which is our emergency management, I think every two weeks. Generally MPs have been supportive and we have done our best through local outbreak strategies to keep them connected. I would not see that as a fundamental issue.

Councillor Hudspeth: I agree on that local ability to get that local message out on what it means to the area. Local politicians—whether it be MPs, leaders of councils or even just councillors in their ward or



borough—know their area and can really get that message out. Trying to strike that balance between not being over-alarmed and panicking a community and making sure that they are taking the right preventive steps is very important.

Are the media responsible? A bright sunny morning, everything is okay, does not sell a newspaper, does it? That is the difficulty. They are always looking for that negative and picking up on the negative side of things. It is unfortunate that things have been leaked in advance, but certainly I think the media could do a lot better job, because there has been some tremendous work right across the system. Council staff are working so hard and it is important we get that message out. Everybody is doing their best to reduce the spread of this virus, and we can only try to reinforce that all the time as local leaders.

Q92 **Lloyd Russell-Moyle:** Do you feel that constituents understand the need for lockdown where you are?

Councillor Hudspeth: There is an acceptance. I would say that they understand via an acceptance rather than understanding what it is. They can see the data. During the summer it is quite clear it was flattened and everybody understands that. We have been on a rising curve, and I think people understand that we have to do something. There is this issue about should everybody be included. As I said earlier, it is very difficult. The virus does not stop at a boundary, it does not stop halfway down a road and that is always going to cause those local issues.

I think they do understand. Of course this time there have been some more exceptions and there has been more understanding, so that it is not quite as draconian as previously. I think it is a shame that we did not introduce the tier system at an earlier stage and have that local ability to make the local cases and talk them through with people.

We have talked about Oxfordshire and presenting for tier 2. When I talked to businesses about it and showed them why we are recommending it, they got it, they understood, and that was very clear. I do not know how many thousands of businesses there are across Oxfordshire individually, but it is about getting that message out so that people can understand the reasons behind it. If people understand the reason, they are more likely to understand they have to self-isolate and that self-isolation must be for the required length of time, and it does not mean popping out or whatever.

Q93 **Lloyd Russell-Moyle:** Ms de Gruchy, in 2011 the pandemic strategy put an emphasis on openness, transparency and clear and simple communication with the public. Do you think we have seen that in 2020?

Jeanette de Gruchy: I think there have been some elements of that at different times. Certainly early on in the first lockdown I think there was. We need to be very clear now about what is needed. There needs to be a much clearer narrative. We need a route map out of lockdown that we



can have that narrative with the public in our different places, but for the country as a whole. You need something like that, the route map out for the country as a whole and then we can have those conversations more locally. There will need to be a difference in the different parts of the country.

We also need a clear commitment. People need to understand the combination of things that need to happen, whether it is some of the measures to stop people socialising in certain ways, whether it is test and trace or whether it is to isolate. We need proper resourcing for all of that to help people isolate, for a better test and trace system. You need those resources so that also, to finish your point, we can communicate better with our local public.

Q94 Karin Smyth: On that, you spoke earlier about the principles of emergency planning and the public health system. In this Committee, we have also looked at the Coronavirus Act and the use of the Civil Contingencies Act, which would have given much greater prominence to local resilience forums. Do you think there is still an opportunity, given what you have said about those principles of emergency planning and public health, to go from this point forward with better control and leadership from those local resilience forums? I accept that some of the geography is not right in some of them, but those basic principles, is it too late to reinvoke some of those as leaders for the future?

Jeanelle de Gruchy: I think those entities are working and are working well and working very hard. The problem is that they are not necessarily being recognised from the national level. Yes, absolutely. National need to understand much more how effective we are locally and how to make sure that we have national, regional and local join-up that works much more effectively. Locally we are very keen, and always have been, to co-design, to make it work better, and I think there is absolutely an opportunity to do that.

My greatest experience is around test, trace and isolate. There is a way to go on that, though. For me, there needs to be much more public health thinking about what is the objective, what is it that we are trying to do here, to be effective with everything that we are doing. Absolutely, we need to make sure that we use those principles much more to develop what we do in terms of that roadmap going forward.

Chair: Can I thank all of the witnesses from our first panel this afternoon? We are incredibly grateful for your time, and thank you for everything that you are doing.

Examination of Witnesses

Witnesses: Steve Grimmond, Councillor Alison Evison, Phil Roberts and Councillor Hugh Evans.

Q95 Chair: Seamlessly we move now to our second panel. This panel consists



of representatives from local government in Scotland and Wales. As local authorities in Northern Ireland have a narrower range of responsibilities and the Covid response has been centrally led by the Assembly, we are not hearing from the Northern Ireland Local Government Association today. Could I ask the members of our second panel to introduce themselves for the record, please?

Councillor Evans: Hugh Evans, leader of Denbighshire and independent group leader of the WLGA.

Councillor Evison: I am Councillor Alison Evison. I am a councillor in Aberdeenshire, but I am here this afternoon as president of COSLA, the Convention of Scottish Local Authorities, representing the membership of all 32 Scottish local authorities.

Steve Grimmond: Good afternoon. I am chief executive of Fife Council and vice-chair of SOLACE Scotland.

Phil Roberts: Good afternoon. I am Phil Roberts. I am the chief executive of Swansea Council.

Q96 **Chair:** I will begin, Mr Grimmond and then Mr Roberts, by asking you to give a very brief overview of the local government responsibilities for Covid-19 in your respective jurisdictions.

Steve Grimmond: From day one, our responsibilities have been to focus on how we best protect our communities and businesses from the most severe impacts of Covid, with a strong focus on people and place. Local government in Scotland has a range of statutory duties for essential services, from education through to waste management, housing and child and adult protection work. The continuation of those services through the challenges of Covid was a main focus as well.

As Covid unfolded, we had a significant responsibility for programmes to support our local communities, through working very closely with the community or individuals who were shielding from Covid, supporting the test and protect exercise, including call handling, significant support for those isolating and being the delivery agent for a significant tranche of business support funding.

The other thing to say is that the local authorities in Scotland have used Scottish Government funding to continue to support communities through the crisis. The consequential that have come to local government through the Scottish Government have been absolutely fundamental to enabling us to undertake that role.

Phil Roberts: Swansea is a unitary authority, so we also have responsibilities around education, social care and economic wellbeing. During the pandemic this has meant the refocusing of services to deal with what citizens and businesses now need and have needed during the crisis. As a consequence, quite a lot of the traditional services that we offer to the general public—libraries, playgrounds and cultural venues—



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closed as we repurposed our staff to deal with it. The immediate challenge for us was to support the NHS. We have worked consistently with our colleagues on our local health board.

We share a health board with our neighbouring council, Neath and Port Talbot, to ensure a consistent approach across the region. That involved a number of traditional but unusual things. It required us to build a 1,000 bed field hospital within six weeks. It required us to change the social care offer and add additional residential care settings, and that helped us facilitate hospital discharge programmes in the early days. We have needed to ensure mortuary provision, body storage and transportation. We have taken responsibility recently for the procurement and distribution of PPE on behalf of the region, and we have operated—certainly in the first phase—a number of childcare settings for key workers.

On top of this, in the first phase we had to ensure: the continued delivery of free school meals; the operation of our shielding system, like my colleague in Scotland has just said, for the vulnerable; the introduction and operation of what we call test, trace, protect; and the administration of a range of business support programmes to grant rate relief initiatives, and those have been introduced by the Welsh Government. The only things we have added during our second phase is clearly the establishment of local testing capabilities, the introduction of revised business support programmes, some of which were announced by the Minister here today, and an upping of enforcement activity, particularly in relation to the hospitality sector. That is a very brief summary of what we have been up to over the last few months.

Q97 Chair: Thank you, that is useful context. Councillor Evison, will all local councils in Scotland now have a local outbreak plan or outbreak control plan in place?

Councillor Evison: All local authorities build on the resilience they had in practice anyway. They have established local resilience partnerships with the council and local partners. This was already in place and, in many cases, has been used to do things like weather outbreaks and things. But yes, they have the resilience partnerships in place. They are working closely with their local partners. They are also working very strongly now with Public Health Scotland. That is a very important partner locally, and we have found that those good relationships with Public Health Scotland locally make a huge difference to what is going on now. We also have regular meetings with Scottish Government colleagues as well, with a good partnership approach to the current situation.

Q98 Chair: Councillor Evans, does Denbighshire have such a plan in place? Do you understand plans to be in place across Wales as well?

Councillor Evans: Yes, we have similar plans. We work very much on a regional basis in north Wales. We meet regularly with the health service in particular, and with Public Health Wales, on the incident management



team. That was not working too well initially, as it was heavily weighted towards the health initiative that was advising Ministers down in Cardiff. We have localised that now, and we have a bigger input into what the plan should be in Denbighshire. We also—and every other authority would be the same—meet with the senior management team on a weekly basis so that we are up-to-date on what we need to do in the short term as a consequence of Covid, and we meet Welsh Government Ministers on a regular basis.

Q99 **Ronnie Cowan:** Steve and Phil, do you feel that your councils have the data they need to understand the current level of Covid-19 and the effect it is having in your areas?

Steve Grimmond: It is obviously critical that decisions are informed by data, and it is important that is available to local authorities on a regular basis. Certainly we are in a position in Scotland where we have access to local data on a daily basis, as well as weekly, that looks at the range of prevalence of Covid and the rate of positivity. We also have access to wider data on the potential wider harms that relate to the pandemic. I am certainly of the view that we now have access to regular information that can inform the decisions in Scotland on the levels that every local authority area is currently placed within.

There is a weekly review process in relation to that information that informs the advice to Ministers in Scotland about any changes to those levels. From a local authority perspective, it now feels like we have a range of granular data that enables us to assess, analyse and use our own local intelligence to inform an assessment of the position and the level that we sit within, and there is a regular review of that.

Phil Roberts: Yes, I would agree with my colleague. We all had a slow start. Until the contact tracing system was up and running effectively, the level of data was not as frequent or as accurate. We now get daily updates, via Public Health Wales, on rates of transmission, the number of cases per 100,000 population and testing positivity rates. There are two elements to the data for me. You can have the figures, but you also need to understand what the figures mean.

Equally important for us is that the Welsh Government have ensured that all 22 council leaders and chief executives have dialogue with and access to senior national advisers so that we understand the data and its implications because, as you form policy on the basis of it, it is not always clear from the bald figures. You need that expert independent advice to help inform and understand the nature of decisions, because a lot of them are quite unusual for us.

Q100 **Ronnie Cowan:** If you identify a problem at local level, do you feel that you can take action to resolve that problem, or do you have to feed it back up the chain and wait for the decision to be made by Government?

Phil Roberts: No. For example, if we have an outbreak, our immediate plans are already in place to deal with that outbreak and we do not need



to go back. Obviously there is an information loop that needs to be closed, but part of our prevention and response plans is a basis so that everyone knows what is going to happen if there is an outbreak and the relevant agencies are engaged. I was listening earlier, and one of the advantages we have—and it may be the way things are organised here—is bespoke teams that include clinical leads from the NHS, with our environmental health team, and then working with the support of, if you like, the back office of contact tracing, data storage and manipulation. You have quite a strong team focus.

Those plans were jointly signed up to by all the parties, and they had to be submitted to Welsh Government, who obviously monitor and make sure that there is commonality and strength within each area. I think we know exactly what to do, but our challenge is always resources. There are two bits to that. The resources you need depend on the rate at which the data comes through. We have found that log jams in the data cause a backlog that we then have to deal with. As the rate of transmission approaches 360 cases per 100,000 in Swansea, that can cause quite a sudden impact.

The other issue we have that may be peculiar, but I suspect it is not, is a shortage of environmental health officers. It is not an area that local authorities have been able to continue and maintain investment in, and they are at a bit of a premium at the moment. We are training, recruiting, and bringing in apprentice environmental health officers as we speak.

Q101 **Ronnie Cowan:** Are you comfortable with that arrangement, Steve?

Steve Grimmond: Yes, absolutely. What is working well in Scotland is that very local responsiveness to local outbreaks, to local problems, using intelligence from local public health, direct from our staff alongside environmental health and local intelligence. It feels like we have quite an agile response where we can take a local authority and cross-agency approach to ensure that we do the work we need to do to address outbreaks in that sort of scenario, an industrial setting or a care setting or an educational setting, and respond to that. That then assists the national consideration of movement between levels.

Councillor Evison: Yes, the agility that local government has been able to show in Scotland has come to the fore and been very valuable recently. I would agree with the comments about the environmental health officers and the pressures on them. There are an awful lot of demands on the time and availability of environmental health. That is an issue that we need to look at across the UK.

On the actual data, I agree that we had a slow start. Public Health Scotland was only set up on 1 April this year, so we have that backdrop as well, but over recent months things have moved forward. We have the data dashboards, which are accessible not only to the councils for their own planning but also to the wider public as well. That data is widely



available, which is very important for people who want to access it. Recently a postcode tracker has been set up, so people can type in their own postcode. That is a very good initiative from the Scottish Government and Public Health Scotland to help people understand the data. This all shows how important it is to have all this information to help us with compliance, which is going to be crucial as we move forward.

Q102 Ronnie Cowan: Back to Steve and Phil. We have come a long, long way since February and March, when we started gathering this information together. At this stage, is there still data that you think you should have or could have from the Scottish, Welsh or UK Governments that would be beneficial to you?

Phil Roberts: From the Welsh perspective we are happy with the level and regularity of data we are getting now. We were not, and I will be frank about that, but we are now. We feel that we are acting in real time, if that makes sense to you, and reacting to a problem that we know about. What we have to accept is that lots of people have been learning on this particular journey. I cannot think of additional data that would necessarily help us. Where we probably need to up our game is in enforcement, control and monitoring of how things are working on the ground. We obviously do that in partnership with businesses and universities, et cetera, but there is a degree to which you need to get upstream and on top of the outbreak as soon as you know it happens. That is why it is important to have the data.

Q103 Ronnie Cowan: You say you are working in real time, but are you really? Is there not a time lag between people getting tested and the results coming back? Is there a time lag before you know there could be a potential outbreak in your area?

Phil Roberts: Yes. That explains the Welsh Government's policy in relation to the firebreak. Irrespective of what happens, there is a 14-day period as a consequence of the closedown where we have effectively been in a full second lockdown. What we understand is that we will be coming out of that lockdown on 9 November—maybe with some additional measures, I do not know yet—and it recognises the fact that you always have a lag when you are tracing this. My answer is probably better tempered by saying it is about as real time as we could get. That is probably the sensible answer.

Councillor Evans: It is important that the data we receive is relevant. At the beginning, it is fair to say that some of the data was not relevant, some of it could not be actioned and we were trying to work out the relevance of that particular information and data. Now things have changed. It is a bit more relevant and accurate. In local government we always try to action the information we receive, so we do not want so much information that we go back to where we were and not know what to do with it. It is important that we get information we can act upon.



In Denbighshire, believe it or not, we had one of the highest outbreaks per 100,000 during the summer, but we could not get any information as to where it was within the authority. We could not get a handle on the heat maps. Had we had that at the time, we could have focused our resource into that particular community. That has happened now. We get the heat maps now and that is helpful, so we are able to focus the resource we have to where it will make the biggest difference. It is important that we get the right information at the right time.

Steve Grimmond: We have been on quite a remarkable journey over the course of the year. Definitely early on in the pandemic there was a clamour for data and information, and it was not always the right data and information that we were able to either provide or receive. I think we are in a far stronger position now. There is a very granular level of data that is now available in as close to real time as is reasonable to expect. Even in terms of that slight time lag, there is quite a lot of predictive data on assessment levels in Scotland that helps us look two or three weeks out and anticipate what might be happening.

From a local perspective, that is pretty powerful information and it is of increasing value to us, certainly in Scotland. Looking at the four harms approach—recognising that the focus has been on direct Covid harm, and we have granular data on that—we increasingly have a basket of data that recognises both the societal harm and the economic harm so that we can better manage and better respond to some of those wider harms, while still having a timely focus on lower-level occurrence of Covid. It does not seem to me that there are any significant gaps in data.

Q104 **Mr David Jones:** I have questions for the two councillors. Councillor Evans, would you say that since the beginning of this pandemic communication with the Westminster Government has changed over time in terms of information you are receiving to make your own decisions?

Councillor Evans: What does not help is that, in the messages from Welsh Government and from Westminster, we have to work out which has the biggest impact on the residents we represent. We work very closely with Welsh Government, and that is the way it should be. The information and data coming out of the Welsh Government now is clearer than it was. There is a bit of a gap with Westminster, if I am honest, in understanding the implications of their statements for the region. We struggle to work that out, and the residents end up pretty confused. A plea from me at this time, as an independent councillor, is that it would help if both Governments worked closer together, because we end up in the middle trying to work out the impacts of different statements from both establishments, and we end up trying to explain to residents different scenarios from different political establishments, which does not help.

Q105 **Mr David Jones:** Would you say that this problem of a lack of communication, of a lack of a joined-up approach between Westminster and Cardiff, got worse during the pandemic, or is it a normal state of



affairs?

Councillor Evans: There is room to improve on this significantly because of the consequences of different messages, particularly on the cross-border element. In Denbighshire, for instance, as you know, we are very close to the border and lots of people from Denbighshire work across the border. Families live the other side, and businesses in north Wales depend on businesses in the north-west and Cheshire.

Q106 **Mr David Jones:** There will be some more questions later on the cross-border element. More generally, would you say this lack of a joined-up approach has become worse during the pandemic, or is it something that usually prevails?

Councillor Evans: It seems to me that the political establishments are digging in a little bit more, and the gap is probably widening as a consequence, and that does not help. The residents do not want to see that.

Q107 **Mr David Jones:** Is that territorialism? In other words, one Administration not wanting the other to have tanks on their lawn.

Councillor Evans: There could well be an element of that. I am an independent leader, so I stick out of politics, but I can see the consequence and the challenges this is creating at a very local level.

Q108 **Mr David Jones:** What is your experience in Scotland, Councillor Evison?

Councillor Evison: We have regular communication with the Scottish Government, and we work very closely with Ministers. We are looking at the tiers, we are looking at the data and we are working very closely with them. I would say that we do not have the communication, as local government, with the Westminster Government that we would probably like, in many ways. There have been particular instances recently where the lack of communication has been an issue, particularly if we are thinking about the four harms that Steve Grimmond pointed to, the economic harm and jobs. Trying to have clarity about furlough payments has been a particular issue recently, and there is a wider issue for local government on finance. Fiscal flexibility is needed to help support our communities and deliver essential services to our communities at this difficult time.

There have been a couple of instances where greater engagement would happen. I obviously cannot answer for the engagement that the Scottish Government have had with Westminster, as that is a different level of discussion. In local government, we have very strong relationships with the Scottish Government and we are working closely with them to support our communities at this time. As Steve Grimmond has pointed out, we have had Government support to help certain vulnerable groups within our communities.

Q109 **Mr David Jones:** Have you observed the tensions between the



Westminster Government and the Scottish Government that Councillor Evans referred to a few moments ago?

Councillor Evison: We have all seen some tensions coming up in press work, and a lack of clarity of information maybe. The financial issues are crucial, with the money coming to Scotland in consequential and being able to track the money and how we can use it to support our communities. That has certainly been an area of contention for us, as local government, but also I think for the Scottish Government. A bit more certainty on that communication would obviously help planning as well, but I cannot speak for the Scottish Government and how they are relating to Westminster Government.

Q110 **Mr David Jones:** Mr Roberts, Wales has been in one form of lockdown or another for quite a long time. We are in a lockdown at present that is variously called a circuit breaker or a firebreak, and it is coming to an end at the beginning of December. There has, of course, been quite a variation in the number of Covid cases reported across Wales. Do you believe these Wales-wide lockdowns were justified, given the variation in data?

Phil Roberts: The firebreak, as it is sometimes called, is due to end on 9 November. On the basis of the evidence shared with us in quite precise detail, I believe it was the right decision, given the rate of transmission, the geography of the country and the distribution of the population. At that point in time, only three of the 22 counties had levels below 100 per 100,000 and the trend in all areas had been consistently upwards. In that context, all 22 councils had the opportunity for direct dialogue with senior Welsh Government advisers, including the senior medical adviser, so they could understand the logic of why we would be heading into that position.

The level of engagement in those decisions has been extensive. It has been extensive and it has been improving. I will not say it was brilliant at the initial level, but the weekly meetings that the political leaders have, as well as the 22 leaders and chief executives, has enabled a dialogue that I think helped ensure the national policy is delivered at ground level.

Sometimes there is a tendency for policy to be formed without testing its full implications, which is probably nearer to where we are than to some of the politicians in the centre. We have had regular and unprecedented access to Welsh Government Ministers that has allowed us to understand, shape and, to a degree, influence the approach. I did not hear dissent at that point in time. There is always a difference of opinion and the whole notion of lockdown is a polarising one, as you can see globally. It is not just an issue for the UK and for Wales. It is a very tough decision but, on the basis of the evidence that was shown to us and discussed and explained to us, we had an appropriate dialogue and it was the right thing to do.

Q111 **Mr David Jones:** Councillor Evans, I have mentioned the wide variation in figures on Covid cases. If you take the seven days to 21 October, for



example, Cardiff had an average of 163 cases daily, whereas Pembrokeshire had seven. Do you feel a Wales-wide lockdown was justified?

Councillor Evans: It is difficult to justify until we have seen the figures on what the impact of this will be two weeks afterwards, and a month after that. It was a difficult conversation to have, and the evidence was again heavily biased from the health perspective and the scientific perspective. There is a balance to be had from the economic perspective as well as the personal liberties perspective, which is becoming an increasing concern.

I can fully understand how the public in those authorities where there was low incidence are getting very frustrated, because they do not feel they have contributed to the growth in the figures. That said, as an authority, we went into a regional lockdown based on the authority perspective when the figures were on 39.2. We have come out of that because of the firebreak and we are now on 129.1. I felt and still feel that the local lockdown has a bigger negative impact than the national lockdown.

Q112 **Mr David Jones:** Have you seen any figures as yet that indicate whether the Wales-wide firebreak has been successful, or is it too early to say?

Councillor Evans: I would say it is too early to say. On balance, I would prefer a national lockdown as opposed to a sub-region lockdown, which we went through the process of doing.

Mr David Jones: That was the first lockdown?

Councillor Evans: Yes.

Phil Roberts: I totally agree with the councillor. One of the issues that was raised a few minutes ago is the dissonance between policy in different parts of the UK causing confusion to the public. That is amplified if it happens in Wales, because we are not a huge country. We are responsible for some streets in Swansea where the neighbours on the opposite side of the road are in Neath Port Talbot. We had the bizarre situation where, potentially, the five counties that surrounded another county were locked down, but that other county was not locked down. You just wonder.

There is a real balance here between the need to make a decision that is sensitive—and I take your point, David, about the issue around particularly Ceredigion and Pembrokeshire in terms of the numbers—and the ability to explain to the general public a consistent set of measures and rules that they have to follow. It is a tricky balance in terms of comms. The lesson for me is that the more commonality there is in the message, be that at Welsh level or at UK level, the easier it is to explain to the public. Where it becomes difficult is where you have different sets of rules for people living cheek by jowl.



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Q113 **Mr David Jones:** Councillor Evans made the point about personal liberty. It is clearly quite a draconian step to remove that liberty completely or to a certain extent. I guess people in Pembrokeshire are wondering why they have to be confined to their homes when the level of Covid is so low and why it is right to interfere with their personal liberty.

Phil Roberts: The statistics, as I tried to explain a minute ago, are that the problem is becoming more and more significant and is rising in all parts of Wales. There is a real issue. I agree with the councillor that it will be a couple of weeks perhaps before we see the impact of the firebreak, but there is a real issue. As has been explained to us, it is inevitably something that will not respect boundaries in the longer term and is likely to impact every area. Maybe in urban areas and denser areas it is more intense because of the nature of how people live, but the reality of it is that each area in Wales, each interconnected settlement, has been impacted to a fairly a significant degree now.

On your point about liberties, absolutely. This is another difficult balance, the need to protect the community, to protect the NHS and to make sure we have the capacity in the system. That is not just the health system, it is supporting community and social care systems. That has to be a tricky balance when you are restricting what people can do in terms of making a living and living their lives as free individuals.

Q114 **Mr David Jones:** How was communication driven during the period leading up to the lockdown? What sort of communication was there with local people?

Phil Roberts: In terms of our communication with Government or our communication with—

Mr David Jones: No, with ordinary people who are going to be subject to these restrictions.

Phil Roberts: Clearly, the fact that we had discussions with Welsh Government and their advisers in advance of any decision meant that we were properly prepared with a comms strategy in advance of the announcement being made. That meant we were able to think through the messaging carefully and make sure that the messaging was consistent not just in what we did as an organisation, but in what health did, what Neath Port Talbot did, what we were saying to the business sector and what we were saying to individual communities. We tried to make those messages, using all the channels at our disposal, as simple, clear and consistent as possible.

We put a significant amount of effort into communications. We try to target our audiences carefully. In the main, if you look at the way people have responded and behaved, which has not been universally fantastic, the vast majority of people have understood the message, got the message and responded and reacted appropriately as a consequence. It is about using the right channels to make sure you get through to the right people, be they individual citizens or businesses.



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Q115 **Mr David Jones:** Councillor Evans, were you involved in any discussions about the lockdown in Denbighshire, or were those decisions made by the Welsh Government and communicated to you?

Councillor Evans: No, we have been in consistent communication with the Minister for Local Government on a weekly, sometimes twice weekly, basis. The evidence shared at that level has been quite significant. We also met with the First Minister prior to this, and we discussed and engaged on what it could be and for how long. I am comfortable that Welsh Government have engaged with local government on this particular issue. Whether you agree with it is a different issue, but they did engage very well with us and communicated as much as they could in order that we were then able to communicate to our residents what was happening.

Q116 **Mr David Jones:** Did the Welsh Government take on board any suggestions or objections that the local authorities raised?

Councillor Evans: Yes. I have a bee in my bonnet that Ministers make statements and then, for days, we try to work out the guidelines within those statements, which causes real problems for us locally. We end up trying to answer questions on behalf of Governments, be it Cardiff or sometimes Westminster. That point has been made. There is a tightening of when statements are made and the issuing of guidelines. It is not quite there yet, but it is better than it was. The Minister for Local Government has taken that on board in terms of not making a national statement without being clear about the guidelines. That is sometimes a real problem for businesses and the economy in terms of what level of support is going to be provided.

Mr David Jones: Mr Roberts, do you agree?

Phil Roberts: Yes. In fact, when it came to the mechanisms for distributing business support, the Welsh Government was clear in involving us, and not just as a council. There are significant treasurers across Wales who have helped to design the most sensible system to get money out to businesses as fast as possible, and in the most responsible way possible. That is something local government is better at than central Government and Welsh Government. We know how to get the support to people who need it as quickly as possible. The fact they engaged in the design of those mechanisms was very helpful, rather than an imposed decision.

Q117 **Ronnie Cowan:** Two or three specific questions on Scotland, for Alison and Steve. What data have you seen that underpinned the decision to lock down the central belt of Scotland?

Councillor Evison: Personally, I did not see the data. I would not see the data because I am not involved as a councillor in that area. There were discussions at a national level, obviously, with the national management team, which involved COSLA, SOLACE and the Scottish Government. Obviously, at a local level, the discussions were with local



government because they have a good relationship, a good system and a protocol set up for relations and discussions between local authorities and the Scottish Government. It was set up way back in June, near the beginning of the pandemic, how we would work with and talk with each other. It is at that level where that discussion would happen. It would be the local authority leaders, SOLACE and the chief execs in that area, and the local partners as well, making that kind of decision and discussion.

It is very important that we have that protocol, that way of talking and liaising, so that the right people are involved in decision-making. We have also moved so that lockdowns are done on local authority area rather than health board area. There was some discussion at first that they should be done at a health board area, but in the interests of members of the public understanding, in the interests of compliance, it made more sense that it was done on a local authority level. Steve will probably be able to come in with a bit more specific detail.

Steve Grimmond: Happy to do so. In terms of the data we received, both across Scotland and in the local authority, it was mentioned in one of the earlier responses that we have access to a basket of data that captures cases per 100,000, test positivity rates, hospitalisation forecasts for the local area, ICU forecasts and a projection on cases per 100,000 looking two weeks out. That basket of indicators was available, and an assessment was made across that basket of indicators to position the individual level across the five levels that are part of the strategic framework in Scotland for each local authority area. There was engagement during that period and a process of consideration—I think this was last week—which enabled local mediation in relation to that basket of information and a checking process in relation to the assessment of which level it would lend itself to in each local authority.

That mediation process involved direct engagement with chief executives of each local authority, alongside public health colleagues, and then engagement between leaders of the local authorities and Scottish Government Ministers. That process was the first time it had been rolled out since the introduction of the strategic framework, and it is the process that will be in place going forward as we review the levels on a cyclical basis, with the first review beginning almost as we speak over the weekend into Monday or Tuesday of next week.

Q118 **Ronnie Cowan:** Are there any specific rules on which local authority will go into which local lockdown level under the new five-level system? Obviously, they are not all exactly the same. Do they all have the same criteria put upon them?

Steve Grimmond: There is good guidance from the Scottish Government around the application of each indicator. Clearly, at its heart, the number of cases per 100,000 is an essential indicator as to the measures that might be required to suppress that level of Covid. There are parameters set within each of the indicator sets, but there is also a recognition—and I think this is happening in real time in terms of



engagement with local authorities—that you consider that basket of indicators in the round and take a view on what it would lend itself to in relation to either continuing at a level or moving up or down a level.

Although it is done on a local authority area basis, you mentioned the central belt of Scotland, and largely the level 3 measures that are currently in place. Again, that will be reviewed next week. There is a relationship between areas, which is also a factor, and the movement between areas, the porosity of our local authority boundaries. We are not islands. While the basket of indicators relate to the individual local authority, the relationship with bordering local authorities is a factor in reaching a view on some of the levels and the movement of people between two areas, which is obviously a particular issue in the central belt.

Q119 Ronnie Cowan: The top of the five levels does not involve closing schools. What data have you seen that indicates whether this is the right way to balance the need to control the virus with the need to maintain education?

Councillor Evison: That relates again to the balance of the four harms, needing to have an overall picture of everything that is going on and understanding what the data says about how the virus is spreading, where the pandemic is and assessing that in terms of the overall harms. There are a lot of discussions going on all the time through the Education Recovery Group on Government schools and how schools could be operated safely. In fact, more information came out last week on how to manage schools safely, taking into account the data and working out how we can open our schools safely in terms of that data.

Within that there is a lot of discussion with the trade unions, because obviously they have an active interest in health and safety within our schools. That is considered separately in the context of the overall four harms. We need to support all our communities and make sure that we can lead a recovery in terms of what the data says, but in a sensible way as well. Again, Steve will know more about the specific data.

Steve Grimmond: I do not know if I can add to Alison's eloquent articulation of the framework.

Q120 Ronnie Cowan: I am fine with it. We can press on. That is very well covered.

We talked briefly about when one area borders another area but, when one area borders another country, how easy or difficult is it to make decisions that are co-ordinated across borders with neighbouring areas of England?

Councillor Evison: This is an area that needs succinct messaging. People need to understand the situation, and we need to make sure we are having that communication across borders and between different authorities. There are certainly indications of people travelling to work or



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whatever, moving into Scotland or vice versa. That communication is important, and we need to keep encouraging close working relationships within the border areas and understanding the different lockdown arrangements across England and Scotland.

It is a challenge for all of us at the moment. It is not easy, but it is important to reflect on the needs of a particular area. Local councils need to be thoroughly involved in this discussion, because they understand the demographics and the cross-border traffic more than anyone else. It comes down to emphasising the important role of local government and local councils involved in these actual discussions.

Councillor Evans: This is where I have to say there is a lot of uncertainty. There is very little evidence as to why people cannot come from England into north Wales. In the summer, when the sun was shining or the rain was raining in north Wales during the tourism season, there was a very easy flow. North Wales benefited enormously from people moving into the region for their holiday. Once that season was over, there seems to have been a stop without the evidence. There is a lot of frustration in terms of why there is a boundary. Covid does not work within boundaries, nor does the economy. It is very difficult for us in local government to explain to businesses who are losing out on business from over the border. I have an issue with this, because I know of a lot of businesses in my neck of the woods in Denbighshire, particularly in south Denbighshire, who will possibly have to close because they rely mostly on the English market to support their particular industry.

This possibly needs revisiting, because I have not seen the evidence. A lot of the decisions we have taken have been evidence-based, but this is not. I am not sure why it is justified. This goes back to my original comments about the disparity between what the Welsh Government are saying and what Westminster are saying. We are in the middle trying to work it out. I know that a lot of my colleagues in authorities on the border are struggling to defend and justify this decision due to the lack of clear evidence.

Q121 **Mr David Jones:** The border area between Cheshire and Flintshire is quite densely populated, and a number of businesses are located more or less on the border, with workers from both England and Wales coming there every day. Many thousands of people cross the border every day. Do you feel this element has been fully taken into account in the development of policy on coronavirus?

Councillor Evans: If any decision is made, it has to be evidence-based. It is quite clear that there was evidence to justify the firebreak, even though some authorities could have been losing out because the figures did not justify it, but we shared the figures and it was clear. On this particular issue, I have not seen the evidence to justify it. At this point in time, because of the impact it has on the economy, it is not the right decision to make.



Councillor Evison: When thinking about the borders, we need to think about the harm to the economy as a particular aspect of this. We need to think about things like the supply chain for businesses and where the supply chain might operate in a border area and how a lockdown in one area will have a huge impact on the supply chain across the border in another area. That comes back to the question of things like the furlough scheme and how that operates, making sure it is produced in such a way that it is able to support people wherever they need that support, if we are going to tackle all four harms coming across us at the moment with this pandemic.

Q122 **Ronnie Cowan:** Thank you very much. We will press on. It has been a long afternoon for you, too. Do you feel that with this process, which has lasted almost nine, 10 or 11 months now, people understand why lockdowns are necessary and what they need to do to comply? I am not saying they like it, but do they understand it?

Councillor Evans: Because the evidence has been shared with us in the last couple of months from the Welsh Government, we have been able to relay and plant the information for our residents in Denbighshire on quite a regular basis. Residents do understand the need to manage this virus deliberately and carefully, but they are sometimes at pains to understand when there is a direct impact on their businesses, for instance, or their personal liberty. They do not feel they have been the reason for creating it.

There is room nationally to find or deliver more evidence to justify some of these decisions. It is not there. The cross-border stuff is a natural one. Why are law-abiding people in Wales not able to go to Chester, for instance, from Denbighshire? There is no evidence there. If it is evidence-based, it is easier for residents to understand. That is where we sometimes get problems. When statements are made that are not evidence-based, it is very difficult.

In answer to your question, most residents do appreciate the importance of this and are trying to abide with it as much as they can. That said, going back to what the chief executive from Swansea was saying, we probably need to invest more in the enforcement element to justify the statements we would be making as local government leaders.

Phil Roberts: This is an important and interesting question. Generally, people do understand the principle of lockdown, but even across the globe opinion is polarised about it. It is a severe measure with significant impacts on the social and economic wellbeing of all our communities and the restriction of liberties. The most powerful message for me is that we must all protect the NHS so that it is not overwhelmed by the pandemic. Every citizen has that personal responsibility.

The driving force behind the Welsh Government's approach is that exercise of personal responsibility. In fairness, the First Minister and his colleagues have been explicit and consistent in their communication of



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this. We talked about communication before. We cannot do too much at a local level to support how that is communicated in respect of lockdown.

Generally—and I say generally because we are dealing with a number of isolated incidents—people have complied very well with lockdown restrictions. We have needed to deal with only a minority of cases where there have been breaches. Most of those are in the hospitality sector. We have a very close working relationship with police colleagues. We have a joined-up approach at ground level, as well as at a strategic level. We have been required to use our enforcement powers in a number of cases in relation to both individuals and businesses, but thankfully that represents the exception to the rule. I would agree with Councillor Evans in respect of people's understanding and their compliance with it.

The longer this goes on, the more challenging the issue of enforcement will be and the more need there will be for an informed dialogue about how that is best achieved between the agencies. It will be very important, particularly for any prolonged or extended period of lockdown.

Councillor Evison: It has been said already that communication is key, and that is right. In Scotland we have the First Minister making her regular statements. People talk about those; people are listening to those; people hear what she is saying and understand from that. At the local level as well, we have the postcode checker so that people can see the data locally. The more people see the data and understand, the more likely they are to comply with what is going on. Local government has a key role in this. We have 1,500 councillors across Scotland who work very closely with communities. They are each fed data so that information can cascade out to our communities. There is a very important role for us at ward level to help with their understanding. Having 1,500 councillors is a very important aspect of our governance system that we need to be aware of.

It also relates to compliance. We can communicate and get people understanding why, but we also need them to comply. Support for people who are self-isolating is crucial within that. Local government has a crucial role to support. We have various financial supports available for people who are self-isolating. We have various ways that local government can find out about people and support them with supplies or whatever else they need. All of that is part of the picture. The more that people understand these processes and understand that social support, food support, employment support and financial support is there, the more likely they are to be willing to comply because they know that they are not going to be left on their own and isolated. Communication of not just the data but the methods of support available locally is also crucial to get people on board and complying with it all.

Steve Grimmond: I agree with a lot of the points that have been made. For me, there has been a bit of a shift in the communications that is helpful in supporting compliance, which is to recognise that one of the



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reasons for trying to suppress the spread of the virus is so that we can minimise the impact on society and on the economy. Making that direct link for local people is one of the reasons for complying, despite the fatigue on an individual level, because of the wider impact it is likely to have on society and on the economy.

The other thing is the constant reinforcing of some of the simple messages in Scotland, the factual approach and understanding it at a simple level. How far is a two-metre distance when you are engaging with somebody? It is the length of your bed or whatever else. There is some practical social media campaigning going on in Scotland at the moment to reinforce some of those simple messages, which are some of the most effective at keeping the virus at bay.

Chair: I thank all members and, particularly, our guests on the panels this afternoon for their contributions. We are very grateful for your time in an incredibly intense and busy period.