



Select Committee on Risk Assessment and Risk Planning

Corrected oral evidence: Risk Assessment and Risk Planning

Wednesday 28 April 2021

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Members present: Lord Arbuthnot of Edrom (The Chair); Lord Browne of Ladyton; Lord Clement-Jones; Lord Mair; Baroness McGregor-Smith; Lord O'Shaughnessy; Lord Rees of Ludlow; Lord Robertson of Port Ellen; Baroness Symons of Vernham Dean; Viscount Thurso; Lord Triesman; Lord Willetts.

Evidence Session No. 21

Virtual Proceeding

Questions 214 - 221

Witnesses

I: Charlotte Pickles, Director, Reform; Alex Thomas, Programme Director, Institute for Government; Professor Siân Griffiths OBE, Emeritus Professor of Public Health, Chinese University of Hong Kong.

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Examination of witnesses

Charlotte Pickles, Alex Thomas and Professor Siân Griffiths.

Q214 **The Chair:** Welcome back to the House of Lords Select Committee on Risk Assessment and Risk Planning. We now move on to our second panel in which we consider the lessons to be learned from the Covid-19 pandemic.

Our witnesses for this panel are Charlotte Pickles, director of the Reform think tank and co-author of *A State of Preparedness: How Government Can Build Resilience to Civil Emergencies*; Alex Thomas, programme director at the Institute for Government, former civil servant, and co-author of the report *Responding to Shocks: 10 Lessons for Government*; and Professor Siân Griffiths, expert on global public health and co-chair of the 2003 SARS inquiry for the Hong Kong Government.

The first question will be asked by Lord Mair.

Lord Mair: My questions are principally for Charlotte Pickles and Alex Thomas. What, in your view, are the main lessons to be learned from Covid-19, particularly with regards to the UK's preparedness before the pandemic hit? Both your organisations have produced reports on the lessons to be learned and you were co-authors, so we would like your views, please, perhaps starting with Charlotte Pickles.

Charlotte Pickles: Thank you very much for having me for the evidence session today.

There are clearly a huge number of lessons that we can learn about the process for identifying, assessing and then preparing for risk, but I thought what might be most useful would be to summarise some key principles or approaches that it seems we did not quite get right and which have led to some unintended consequences or poor decisions, poor preparedness, later down the line.

The first is that we do not have nearly enough transparency and we are not nearly open enough to independent challenge on some of the assumptions that we make within our risk identification and assessment process.

The second is that, while the lead government department model for responsibility for risk is probably the right one in that you need a practical approach, that has ended up exposing us to a severe level of underplanning in areas that are not the responsibility of the lead government department for a particular risk.

Finally, there was a woeful lack of scrutiny and accountability in looking at how prepared we were.

Very briefly, I will give an illustration in each of those areas. First, the national risk assessment and the risk register are seen as globally leading approaches, but the feedback that we received from independent experts working on risk and resilience was that the secrecy around the national

risk assessment for non-malicious risks is unnecessary. There are clearly very good reasons for a degree of secrecy around malicious risks, but when it comes to non-malicious risks, because we are not more public about how we are doing the assessment and what underpins our assessments around likelihood or impact, we are not able to solicit the same degree of independent challenge to those assumptions as we would be if we were more transparent. For example, we might have had in the risk assessment a novel infectious disease having the potential to be a pandemic, which we did not have. It is also the case that the process for consulting takes place very heavily within government and within established government networks. I do not need to go into any detail about the risks of different types of bias that that can create in terms of risking groupthink and a false consensus around some assumptions. There is a need to prioritise transparency and introduce much greater independent challenge to some government assumptions.

In cross-government terms—again, I will not dwell on this because it is very clear and lots of people have talked about it—while there were fundamental flaws in the planning of the lead government department for the pandemic—that is, the Department of Health and Social Care—there was almost no planning in some other government departments for risks that were well anticipated in the event of a pandemic. I am thinking particularly here that neither BEIS nor the Treasury had plans for what would be required if parts of the economy needed to be shut down or almost entirely put on hold. The Department for Education, in an FOI response to us, said explicitly that it had absolutely no plans for how to deal with a pandemic. We saw that with the fallout from the exam cancellation and indeed the school closures. That is remarkable, given that those risks were well identified. Part of the challenge is how we can have cross-government scrutiny to ensure that our plans for risks are shared collectively.

That links to the third and final point, which is around scrutiny and accountability. Part of the reason that we were not aware that we did not have plans for the economic or educational fallout of measures that might need to be taken in the event of a pandemic was that it is not clear who is asking those questions and what the mechanisms are for ensuring that we are testing whether we are ready to respond. That lies at several levels.

I am conscious of time, so I will be very brief. First, the role of the CCS as being the central entity to co-ordinate the risk assessment and planning process is a very light-touch approach. They themselves would say their responsibility is not to audit the plans of government departments or, indeed, if you go down to a local level, the role of the local resilience forums. That is a problem, because somebody does need to be auditing them, on whatever formal level you want. There is no mechanism in central government, the No. 10 Cabinet Office machinery, for politicians to be brought together, because we removed the sub-committee of the National Security Council, the Threats, Hazards,

Resilience and Contingencies Sub-Committee, which means that there is not that forum to bring people together on non-malicious threats.

Finally, and this was probably the thing that we found the most striking, Parliament played no role whatever in scrutinising whether we were ready for a lot of these risks. Scrutinising the Executive is one of the primary roles of Parliament, yet the last report on the risk of a pandemic was over a decade ago, produced by a Lords committee. I think that tells us something about how involved Parliament is in the scrutiny process.

The Chair: Can I break in there? You referred to the CCS and its role in auditing, which is the Civil Contingencies Secretariat. We are all steeped in this now, but not everybody will be.

Lord Mair: Thank you. That was very helpful. Alex Thomas, what are your views?

Alex Thomas: Thank you, Lord Mair, and thank you for having me here this morning. It is a pleasure to be here.

I agree with a lot, if not everything, that Charlotte just said, so I shall try to not repeat but amplify and cover other points.

On Charlotte's second point, the way that it came out in some of our work and reflections on this was that the analysis in the National Risk Register was a pretty good analysis. Okay, we would acknowledge now, in hindsight, that it potentially underplayed the risk of a novel coronavirus or other novel diseases, but pandemic influenza was there, perhaps near the top of the risk register, for a very long time. We were struck by just how the register did not reach into the line departments and get purchase on the line departments, to inform their planning, to inform policy decisions that were taken in peacetime, as it were. That manifests itself in a couple of ways. Charlotte mentioned the Department for Education. I think Defra did pretty well on securing food supplies, but that was a scramble in the early moments of the pandemic. I do not get the sense that it was built into the risk response.

Some of the problems around schools, food supply and elsewhere would have been problems in an influenza pandemic and yet were not built into the response of the departments. So there is that contingency response aspect to it. Another element is that the day-to-day policy decisions that Secretaries of State and Ministers are taking all the time are not well enough informed by the conclusions of the National Risk Register. That is not to say that the Secretary of State should always prioritise risk response in the decisions they take, but I think there is a lack of prominence in the risk and contingency response aspects of public policy in the taking of major decisions about, say, the structure of schools, or even the structure and approach of hospitals or public health. So I agree with Charlotte on those areas, but make a slightly different emphasis there.

The next area is about the ability for government to collectively take rapid, incredibly significant policy decisions in a co-ordinated way.

Secretariats exist in the Cabinet Office, not just the Civil Contingencies Secretariat but the Economic and Domestic Affairs Secretariat and other secretariats, that should be brokering and determining. The machine owes the Prime Minister consolidated advice so that he can take decisions. Some of the frustrations that came out in the first part of the pandemic were that the Cabinet Office was not strong enough. There was not a strong enough unit in the middle of the Cabinet Office that could draw all this stuff together and serve up decisions for senior Ministers and the Prime Minister to make. That is in place now, with a strong secretariat in the centre, but government should be more rapid in bringing that together in a crisis of this magnitude.

Another insight—I shall speed up—is that the structures and the delivery mechanisms that worked best were those that were rapidly reconditioned from existing structures. The ones that did not work well were those where the Government tried to create new structures from scratch. In the early days of the pandemic, universal credit held up, surprisingly to many of us, remarkably well. Reconditioning some of the HMRC structures and systems worked pretty well at getting money out, even though they were fundamentally changing the nature of what they were trying to do. You can recondition those systems relatively quickly—with hard work, but it is doable. It is much harder to create new systems from scratch. I think that should be more built into the contingency response.

I will make a few other very rapid points. Our take is that better decisions were made when people were rapidly brought into them. Decisions made in a bubble in a room with some Ministers and senior civil servants tend to be worse decisions than when, as the Treasury did, impressively, in the early days, you bring in people who will be at the sharp end of the decisions that you are making. The instinct of government in a crisis is sometimes to retrench and go back into the bowels of 70 Whitehall or Downing Street. That is understandable, but there needs to be more pressure to reach out.

Central and local government relationships: we make come back to this and I know you covered some of it in your last session. Central government's instinct to trust and to collaborate with local government was not there. That is something to learn from.

This last comes to one of Charlotte's points, and we may pick up on it later: clarity and accountability. There is a lot of discussion about funding, resourcing and political priorities, and so on. All that is right, but there is something about sharp and clear accountability for Ministers and for senior officials, holding their feet to the fire, in peacetime as well as during a crisis.

Q215 Lord Mair: Thank you. Professor Griffiths, there will be a later question in which you will be asked about your views on lessons learned from SARS, but do you have anything to add about the lessons learned from Covid-19, particularly with regard to the UK's preparedness before the pandemic?

Professor Siân Griffiths: The key issue here is about how the local to central axis works, and I think Alex Thomas picked that up: trusting and engaging with local government. You cannot be prepared without the community and local government and local public health being on board—but I think we might come to that later.

Q216 **Lord Triesman:** Good morning, everybody. I think there is inevitably quite a lot of overlap between the questions that have just been answered in such an effective way. On one or two of the points that I wanted to ask about, I think, unless you tell me that I am wrong, a number of previous inquiries have identified issues and you have just re-identified them, so I assume that they have not all been addressed successfully. If you think I am wrong, if things have been identified and not properly addressed, it would be good to know about that.

I wonder whether we could make it slightly more pointy-ended. When the inquiry into Covid-19 takes place, as I assume it will, what terms of reference would you want to inject into that inquiry to ensure that the lessons of this period are thoroughly learned in any future period?

If I may, Chair, I will add one other question, which comes from having been on COBRA during a couple of potential disasters in the past. How can we accumulate collective memory more effectively so that we do not have to learn it all time and again but have some reference points from the past? Could I start with Professor Griffiths?

Professor Siân Griffiths: My major experience of an inquiry is when we did the SARS inquiry in Hong Kong. We came up with a series of recommendations, which have been taken forward by the Hong Kong Government and put into practice. I can reflect on how they responded this time round compared to how they responded in 2003.

For example, they were very quick to act. They acted at border control before they had any cases diagnosed in the community. They said, “We know what we learned from SARS and we need to act quickly”. They also communicated very effectively with the public through daily briefings. Research work on the community response in Hong Kong shows that 99% of people now wear masks and were wearing masks at the beginning of the pandemic because they had learned from last time round that they needed to have personal protection. That is symbolic of the community engagement. I do not want to get into the debate about how effective wearing masks is; my point is that community response was very rapid, very early on.

There was no question about implementing border controls, and the quarantine arrangements in Hong Kong have been what I suppose we are trying to emulate now for the red-list countries. Nobody, including Hong Kong citizens, could go into Hong Kong without quarantining in a facility. If you tested positive at the airport, right from very early on, you had to go to hospital, and you still have to go to hospital if you test positive. So there is a sense in which the urgency of the situation was evident because of having had a previous experience, having had an inquiry, and

putting regulations into place. They were able to isolate and were able to test and contact trace. For example, they can tell on a daily basis how many cases there are. There were seven yesterday, six of whom were imported. If you have that granularity, you have a much greater sense of control. You can say Hong Kong is different, that Hong Kong has a smaller population, but some of the principles could well be applied here.

Lord Triesman: Thank you. Can I turn to Charlotte Pickles? Do you have some observations on this?

Charlotte Pickles: I think that there is a challenge about how we approach lesson learning, and this links to one of the questions you had in your last evidence session, which was fascinating.

Part of the challenge is that we tend to ask independent people, or independent groups of people, to do the lesson-learning process and you are, therefore, taking it out of government ownership. The timescale for completing a public inquiry on what has been an unbelievably complex and very long crisis affecting every layer of government, business, and public services are likely to be multiple years, by which time, God forbid, we may have gone through another crisis and not have implemented the changes we need. Certainly, we may well have another Government or have another set of people, and the public's mind will probably not be focused on the findings of that public inquiry.

So, while I am sure it is right to have a public inquiry, it is in no way sufficient for us to learn lessons. When we looked at this challenge, and we also reflected on the number of reviews you could go back to and identify the exact same criticisms of SAGE and of the way we approach crises, it was incredible. We decided that we felt that there needed to be lesson learning and then actioning of those lessons embedded within government itself. In the current model there is no focused way and there is no single person who is tasked with trying to look at what the lessons are, creating an action plan, right now, for how we will fix the flaws and the deficiencies in our risk identification and planning processes.

We have called for the appointment of a Minister for resilience and recovery, a Cabinet-level, very senior post, which must have the PM's very vocal backing, because we know that things do not tend to get done very effectively if they do not have that. The Minister would be tasked specifically, and again, right now, with working with the Civil Contingencies Secretariat to identify those lessons, and to then take the lessons and work out an action plan for what needs to happen. As I mentioned at the start, we think the sub-committee of the National Security Council should be reinstated, to bring together the relevant Secretaries of State, who do not, largely, sit on the National Security Council, to then drive the delivery of that action plan through the individual departments and then for that sub-committee to meet every month so that the Minister, who has been appointed with the PM's backing, can monitor and hold to account the implementation of the reforms that have been identified as being needed.

Finally, I think there is one other advantage to thinking about how government itself can embed this process. One of the risks, if I can put it that way, of relying on external bodies to do your reviews or your inquiries, is that with the best will in the world it tends to lead to some form of finger pointing and some form of blame placing. While I am sure some finger pointing is justified, and I am sure we could all identify places we would like to lay some blame, that does not tend to be the most conducive culture or environment to drive change, which is ultimately what we are talking about here. Trying to step away from the idea of saying, "You did this wrong; you did that wrong" and thinking of this as an opportunity to reflect and to be able to change the way we operate in the future is much more effectively done if it can be done within government, with the Government owning those changes rather than relying on an external body to try to force them to do things.

Lord Triesman: Thank you. Alex Thomas, I do not know if you have any other thoughts on this.

Alex Thomas: I agree with what has been said, particularly, Lord Triesman, on your point about the lack of collective memory and the reversion to instinctive or instinctual norms in government. I think the local/central relationship point is a good one.

While I do agree with that, I would briefly put in a word for the effectiveness of inquiries. Obviously, there are gaps. We have all talked about gaps, but I would not want to lose the point, which I think sometimes is lost, because inquiries do not always have the kind of "gotcha" or blame moments that the media and others are looking for. For example, I was working in the Secretary of State's private office in Defra in 2007-08 when we had the foot and mouth and other animal disease crises. There was a world of difference between that response and the 2001 response. Lessons really had been learned. I went on to be the director of animal and plant health in Defra and so was the policy official sitting on top of this actually pretty impressive machine for responding to animal health disease outbreaks.

Some of what Professor Griffiths was saying about the response to SARS lays that out. Inquiries do and can work. If sufficient political attention is given to them, if the crisis is big enough, and the fear that something might go wrong lingers for long enough, inquiries can have a real effect. In a different way, the Chilcot report—although you could say all sorts of things about the big-picture politics and the decision-making around that—has had quite a profound effect on the intelligence community and the defence community, and some of the lessons from that have taken effect. So, a word in support of inquiries. The IFG has an inquiry report coming out tomorrow, so do read that.

On your terms of reference point, and to Charlotte's point, any inquiry will have to look at a sprawling set of questions, even if it is quite narrowly defined, focusing on decisions that the UK Government made, focusing on decision-making, not trying to do a lot of hindsight, "gotcha-ing", but looking at the nature and process of decision-making. Charlotte

picked this up more eloquently than I can, but there should be a commitment from the Government at the start not to necessarily agree with everything in the inquiry but to build up an implementation team for the conclusions of the inquiry that could sit alongside that process and almost learn active lessons as you go with ministerial responsibility for that. So you keep the independence of the inquiry right, but you almost tee up the Government to be able to respond quickly and effectively as conclusions emerge.

The Chair: This is all very valuable.

Q217 **Viscount Thurso:** My questions very much follow on from the answers you have already given to Lord Mair and Lord Triesman, and I am really looking to the future rather than what has happened in the past. How do we make sure that we are properly asking the right questions so that we have a degree of assuredness about what structures, what parliamentary bodies in particular, we might need? Both the last session and your answers have painted this picture of secrecy and silos and lack of scrutiny, and ultimately we need to have this going on before the fact rather than after the fact. What suggestions do you have? Is it something like the Climate Change Committee? Charlotte, recommendation 1 in your report is something like that. How does Parliament get into this as well as government and officials?

Professor Siân Griffiths: As you know, Public Health England is no longer and there is the creation of the UK health security agency instead, which is coming into being as we speak. I think that new agency needs to be far more across government than Public Health England was able to be in the DHSC. At the same time, I think it will be important that the whole of public health is still seen as an integrated whole, which will mean ensuring that the UK health security agency, which will be a government agency, as was Public Health England, is able to look forward, having learned the lessons, and is in a position to respond better next time around, without losing all the breadth of public health experience in local communities and across other areas.

We need to look and see how that will work, and careful scrutiny will be very important because it is a vehicle for taking forward a response to assessing future risks. It has “security” in its title. It is not just about infectious diseases; it is about all the potential health and other risks that might emerge. I put that to your Lordships. I really hope that you will look carefully at the emergence of the UK health security agency.

Viscount Thurso: I will now come to Charlotte Pickles and ask about Parliament.

Charlotte Pickles: Yes, of course. You are right, this was one of the big areas that we looked at and we felt that the current model of committees was not sufficient to pay enough attention to civil contingencies. We have called directly for a new select committee, a civil contingencies select committee, that is dedicated to looking at all the stuff that we have been discussing this morning. There have been suggestions—and I am sure some of your witnesses in previous sessions may have talked about this—

that current select committees or existing parliamentary bodies could take on a greater role in scrutinising what is going on. I think that you could very legitimately say that the Health Select Committee probably should have done a slightly better job at understanding whether the Department of Health and Social Care was ready for a pandemic and what it would do. But I think there is a risk if you just ask current committees to take on the additional work of scrutinising risk identification and assessment that not enough attention is paid to it. We all know that there are a million and one different inquiries that on any given day select committees will want to be doing. Quite frankly, looking at things that may never happen is always difficult to get to the top of an in-tray.

Secondly, one of the lessons that I identified at the start that we need to be reflecting on is the too-siloed approach and the fact that just because a particular government department owns a risk does not mean that other government departments do not need to be considering the knock-on impacts that that risk may have for them. I think that creating a select committee that is focused on civil contingencies allows you to move away from the siloed approach that select committees can fall into in the same way as government does.

The additional value of creating that is that I think we have been pretty good at strengthening our parliamentary scrutiny of malicious or national security risks, but often that takes precedence over trying to look at the sorts of things that we are talking about today. I think that having a civil contingencies select committee, in terms of tackling the transparency question, allows very open conversations with people who are outside government, because you can call in experts and international experts. It enables an opportunity to do transparent, independent challenge via Parliament to hold government to account for implementing what they need to do.

Viscount Thurso: A very quick follow-up question on that: should it be in the Commons or should it be in the Lords?

Charlotte Pickles: We originally thought of it in the Commons. I think that there could definitely be value in doing a joint committee, for which there is plenty of precedent. The particular value of ensuring that the Commons is involved is that you will then have people who are perhaps closer to the Government to apply that pressure. I think that there is a value in having elected Members of Parliament involved in that scrutiny process.

Viscount Thurso: Thank you. Alex Thomas, would you like to add anything to that, with your experience?

Alex Thomas: On the anticipation of things going wrong and applying pressure to government to be as well prepared as possible, I will pick out three lenses to scrutinise. The first is funding. It is always easy a long period after a crisis for a steady degradation of funding to happen as people lose the concern about it happening again. The second is political

priority and the pressure that is applied to Ministers, because then the civil servants and the government machine respond to that, as you all know. The third, as I mentioned before, is accountability and personal accountability for Ministers and senior civil servants. Whatever the mechanism is, it needs to be able to reach into those three areas and ask questions and scrutinise those three areas in particular on any potential issue.

As to new institutions, parliamentary scrutiny committees, I am instinctively a little bit nervous of, "There is a problem, let's create a new thing to solve the problem", although in this case I agree with Charlotte and others that in parliamentary and institutional terms a gap has come out. I think the Civil Contingencies Secretariat model is okay in that it is a distributing model and the primary responsibility is on departments and then the secretariat co-ordinates. But I do not think that it has had the levers or the authority to make sure that departments, as I said earlier, are embedding risk into their decision-making.

Viscount Thurso: If I may, Lord Chairman, one very quick follow-up and a very quick answer please: what about the possibility of putting some responsibility to the Comptroller and Auditor General and giving the Public Accounts Committee a responsibility, which would bring it in line with the audit and risk committee approach that you have in plcs and in most public bodies?

Alex Thomas: I think that is a really interesting idea. It is not something I have particularly thought about. I think there is a question about the NAO's remit and whether it might bring it a bit too close into active decision-making and day-to-day accountability. But I think it is an interesting idea. The NAO has done some great work scrutinising and holding Governments to account. There is a forward-looking question about that, but I will take that one away. It is a very interesting idea.

Q218 **Lord Browne of Ladyton:** I have a question in mind that I was going to direct to Professor Griffiths only, because it was designed to draw on your experience, Professor, as a co-chair of the 2003 SARS inquiry for the Hong Kong Government. It is a question in three parts. You have partly, or maybe even wholly, answered two of these parts already in response to Lord Triesman, so I will expand on the third part of it.

The first part was to share with us the key lessons from that inquiry and then tell us to what extent Hong Kong learned from that experience in its response to Covid. You have done that to a helpful degree, I think, but you may wish to expand on that. But the question I am really interested in is: in your view, did we here learn anything from the lessons others had from SARS? I make the very general observation, but I think it has probably proved to be true, that it looked to me like the countries that were hit heavily by SARS and had inquiries benefited greatly from that experience in their response to Covid-19.

Professor Siân Griffiths: On the first two questions, on key lessons, the way the inquiry was done was very much in a no-blame mode. We said, "We don't want to look back, we don't want to point the finger of blame.

We want to see what we can learn”—and that was a really important context. It was an international group of outsiders, which is what you would expect in a place such as Hong Kong, because it is so small. You need to look outside, because most people will have been involved in responding.

We looked at things such as how the health system there was going to respond: did it communicate with public health? Public health was underinvested in, infectious diseases were not seen as important enough and there was not enough capacity in primary care and public health to respond appropriately. Since that time they have built up the system, which is why this time round they were able to respond appropriately and you could put into place a system whereby anybody who tested positive at the airport could go to a hospital, to an infectious disease facility. It is about flexibility to respond, surge capacity. Everybody in Hong Kong has been trained in infectious diseases now or in the ability to respond, through medical school and postgrad education, so there is an awareness.

I think that you can see that a lot of lessons were taken forward, not just by government but by the community and the professional community. I think that is important, because you cannot just do this at a government level. You need to have communities responding, people responding as well as local authorities. I think you saw that in Hong Kong and that is an important lesson.

I talked a bit about the extent. I think they learned hugely. You made the observation that the countries that went through SARS have been able to respond much more appropriately. We always look at South Korea, for example, and talk about their test and trace system, but do not forget it is a different culture. No one minds wearing an armband so that people know where you are, or people looking at your bank account to see where you spent your money to make sure you stuck to the quarantine rules. There is a sense that you have to put a cultural context in how you respond but, if you drill down, Taiwan, China, Korea, Hong Kong and Singapore were very quick to respond, and I think speed of response is fundamental.

Hong Kong responded before it had any cases. It did not wait for cases to look at the epidemiology. It responded straight away. The threat was there so it responded—and the population did not mind. The population does not mind the titration of social distancing rules and how many people can meet in restaurants. It is a much more flexible response and the population goes with it. I was talking to somebody from Singapore this morning and they said they were thinking that the current restrictions might become the state of normal, which I think none of us would want to see in this country, but it gives you a sense of different cultures and different responses. They have done well with the pandemic and are pretty much on top of the numbers.

Countries that did not go through the experience did not respond as well. It was the experience. I was in Hong Kong and the community response

during SARS left an abiding memory with people. This time round, and even with swine flu in 2009, people were prepared to react very quickly to the threat and to adapt their lives. They knew what the threat meant. It meant economic impact, social impact, not just health impact, and I think that was really important.

If you look to the future, will we respond differently? Have we learned this time? We probably have learned a huge amount this time, which will mean that we should respond differently should we face another set of threats—but you can also see the difficulty if you just look across to India today. How do you learn, what do you learn and how do you apply it? This will have to be a global lesson, and one of the big lessons from SARS in 2003 was that the data flow was very poor at the time, and this time round we have been very reliant on WHO.

There has been an increasing emphasis that we need to see this not just as a local UK or even four-country issue, because health is a devolved issue and I am very aware of that from work in Wales. We need to see it as a global issue and we need global learning as well as national learning as well as local learning for the future. I think we did not learn enough from SARS: that it could really impact on the whole of the economy. I think it was the GDP falling in the summer of 2003 that really got people to wake up and I think that is what hit other countries in Asia as well.

This time round we need to say, “What can we learn and how quickly can we learn it and can we put systems in place at global, national, regional and local level?” That is a basic public health approach and to do that you need to underpin all this, as well as at the top level in government, with good, strong public health systems, particularly at a local level. We have not learned that we needed to go to the local level immediately this time round, and the local public health teams, now shown to be absolutely fundamental, were not necessarily recognised as fundamental early enough in this pandemic.

Q219 Lord Browne of Ladyton: Thank you very much. Perhaps I may explore one very specific supplementary to that. You make the point about difference of culture very strongly and I hear that and I think it is of some relevance, but my understanding is that Canada, which had a relatively better experience than we did, publicly states that that was because of the benefit it got from the SARS experience and the lessons that were learned. Do you know anything about that? Could you talk about that for a few minutes?

Professor Siân Griffiths: Yes. On lessons learned, we wrote a paper in *JAMA*, with Robert Naylor from Canada, comparing the responses to SARS in Canada and Hong Kong and then making recommendations. In both cases we said that, apart from needing to build up capacity within the health systems, we also needed stronger public health systems. That was when the national agency for public health in Canada was introduced. When we looked at the lessons learned, Canada and Hong Kong were very similar.

I play on the culture a bit because I think there are things that you can do in somewhere such as Hong Kong that you cannot do as easily in the UK. It is just a different environment. At the moment, if they get a couple of cases in a tower block, they cordon off the area and go into the area and that is because there is such a high population density and that is the best way of doing surge testing. We have to do it by setting up a local surge testing system, which is far more disseminated. So there are differences from structure, geography and population. We did learn a lot by comparison and some of the messages were absolutely the same in Canada and Hong Kong, and that is because there are some basic things here.

It is about how your population is informed, how your population then responds; do you have a good, strong public health system; can your hospitals respond; do you think about social care and the transfer of patients between hospitals and social care; what about where you have vulnerable groups? This time round, we have seen the impact of the pandemic on vulnerable groups and the whole role of inequalities, which we have not talked about today because it is not the subject, but they are there. If you are going to say, "Where are your populations at risk? Can you identify them?" You can.

We found a lot of similarities between Canada and Hong Kong in the essence of the response, including the need to share research, the need for a global data system. All that has improved and I think fundamentally this time round the ability to share research has been absolutely key in the global response: the ability to develop vaccines, to share the genome in the very early days from China. The sharing of information was a key lesson last time, the need to invest in research. We have not perhaps invested enough in public health systems, but we did learn the same lessons. I probably overplay some of it because it is very different living in Hong Kong from living in rural Oxfordshire.

Lord Browne of Ladyton: Thank you very much. You have no idea how reassuring that is to me, given the proportion of the Canadian population descended from Scots.

The Chair: That is true of most countries, of course.

Q220 **Lord O'Shaughnessy:** Following on from what you have just been describing about public response, Professor Griffiths, the committee has been very interested in the response and the preparation of the public, local communities, in preparing for and responding to risk, and of course the risk we are talking about today is the pandemic, which we are still experiencing. You have already given us some very strong examples from south-east Asian countries in particular, and we have talked about Canada, about how the public have responded to Covid-19.

I am interested to know your reflections on other countries that were less well prepared and how the public responded in those jurisdictions and what we can learn from that. You have already talked about the importance of public health systems, but thinking about even a level below that, at community level, what kind of education, resilience and

other things might we want to see in place? Also, given the experiences and the deep reflections that you have already had about the experiences of the pandemic, are there specific things that we ought to be recommending to the Government to help the public prepare today either for an extension of the current pandemic or the next one?

Professor Siân Griffiths: I think that responding to community risk requires strong community structures. I am terribly aware that there are four Administrations in this debate and we go back to Scotland and there are different ways in which the communities have been approached and there are different public health systems. If you think about the early days when the community came together, the clapping on Thursdays for example, there was an enormous response locally, with people volunteering to help and now a huge response on the volunteer side to take people for their vaccine. That has come from a sense of collective threat and I think we need to learn from that. We need to look at why we responded in that way. I do not think any other country would have responded differently, in terms of people coming together when there is a shared and common threat. You pull together at that point.

There are some questions about how people cope with the experience afterwards and what support we need to give people afterwards. There was some interesting work recently on children going back to school and the impact of lockdown. There are lessons that we are learning as we go along that we have to address very quickly because, as children go back into school, you need to address the issues, particularly the inequalities gap that grows. Middle-class kids who had access to computers could keep up with home schooling. What do you do about the gap that has developed from those who were not as lucky and could not take the learning forward?

On the resilience of systems, it is thinking about how you look after the staff, how you learn as you go along and what you need to do very quickly in structures such as schools and workplaces. How do you help people recover from the pandemic and how do you get people to understand that you can recover but you may need to be ready to go into another situation in the future? The education here has to be at all levels and I think that will be really important. I am not sure how much emphasis there is on resilience in schools and learning environments. First-year university students have had their whole year disrupted. They have lost that experience. What do you do about the trauma of that? Those are really key issues that I think we need to take very seriously. As we take them seriously, we need to look at building resilience in systems.

Another key issue here is about communication and the growth of—well, I do not know whether it is growth, but the anti-vaccination movement. How does society deal with the vaccine hesitancy or mistruth? I think that vaccine hesitancy is slightly different and it goes back to some of the discussions you were having earlier this morning about trust and the whole thing of trustworthiness and how we get communities to trust that vaccination is the right thing, not just for themselves but for other people in their communities. It is not just about yourself; this whole thing about

community, keeping on the development, the enhancement of trust in communities themselves. I would say as a public health person that your local authorities and local public health have a key role to play here in reassurance, reaching out to those who are vulnerable and ensuring that they are included in any response for the future. Those are just some things that come to mind.

If you talk about other countries, in somewhere such as Hong Kong there is still vaccine resistance, there is vaccine hesitancy, because it is an affluent community. Although they respond as a community, the vaccine hesitancy is quite high and the, "I'm okay, it won't affect me, I'm a young person" attitude is something they are battling at the moment. Their vaccination rates are not as high, whereas their corporate response was higher. Our vaccination rates are very high and we have done really well on our vaccination rates, so it is quite hard to characterise it. In France vaccination hesitancy has increased significantly, particularly among young people, as the vaccine programme has rolled out. So it is quite hard to do global comparisons without thinking in a timeframe and at a time period and about sharing the learning between different places.

Lord O'Shaughnessy: Thank you. Reflecting particularly on the first part of your answer, a lot of the good things that you were describing were ad hoc and reactive responses to a problem rather than institutions or habits that were there in advance that could be mobilised much more quickly. I think that is probably the main lesson to take.

Q221 **Lord Robertson of Port Ellen:** Before I ask the final question, could I echo what Professor Griffiths has just said about the nature of the government of our country. In many cases the Administrations in Scotland, Wales and Northern Ireland are completely separate when it comes to a lot of the policy to do with risks and the execution of them. Therefore, centralised solutions based on the UK Government may not be relevant to large parts of this United Kingdom itself.

The final question—you may have been watching the earlier panel—is the one we ask every panel that comes before us. Will you suggest a single recommendation that we should make to the Government as part of our study? We will start off with Charlotte Pickles, please.

Charlotte Pickles: As I said at the start, there is a million things that we could do better, but I think that ultimately you need the scrutiny and the accountability in place to monitor whether what should be being done is done. Although we had all sorts of mechanisms in place, and a world-leading national risk assessment and risk register, we did not have the scrutiny to ensure that that was being translated into preparedness. For us, the gap in parliamentary scrutiny is huge. If I were to say only one thing—and clearly I would not normally, but if I go with one thing—I would say, implement the civil contingencies select committee and ensure that Parliament is holding government to account appropriately for the resilience of our country.

Lord Robertson of Port Ellen: Yes, as long as you remember that there is a Parliament in Edinburgh and a Parliament in Cardiff and a Parliament

in Stormont as well—so it is not just one select committee that we should be talking about.

Charlotte Pickles: At a minimum we should do it in Westminster, with the big decisions being made in Whitehall. There absolutely needs to be something in Westminster—but, yes, replicate it everywhere.

Alex Thomas: To your last point there and your point about devolution, in the context of this there is a challenge and an opportunity, to use the cliché, that any inquiry will focus on the UK Government and then presumably the devolved Administrations will launch their own inquiries, and there is a synthesis at some point that will bring that together and does a comparison of what works, because there is a good experiment there.

On your question, sorry—I shall keep to the point—I would distinguish between things that I think are very important that the Government will do anyway, like some of the structural and organisational points that we have talked about, and things where I think there is immense value in keeping up the external pressure. On that score, the local government, local administration focus and a repairing of relationships and a restoration of the instinct to bring local and regional tiers of government into decision-making would be top of my list.

Professor Siân Griffiths: I agree with Alex. My key point was going to be that you need the levers, powers and resources at local level to engage communities and bring communities on board. We would have reduced the harm of the Covid pandemic if we could have reached our vulnerable communities more easily and more quickly. We must have those networks in place, but that will require power and resources, particularly in public health systems, to make sure that we are protected in the future.

Lord Robertson of Port Ellen: Thank you very much.

The Chair: That brings us to the end of this panel and this evidence session. I must say to the witnesses that you managed to express yourselves in ways that are very accessible to the public and you brought it all to life most helpfully. Thank you very much indeed. I will now bring this evidence session to a close and formally end the meeting.