HOUSE OF COMMONS

Housing, Communities and Local Government Committee

Oral evidence: Work of the Department, HC 302

Monday 15 June 2020

Ordered by the House of Commons to be published on 15 June 2020.

Watch the meeting

Members present: Mr Clive Betts (Chair); Bob Blackman; Ian Byrne; Brendan Clarke-Smith; Ben Everitt; Paul Holmes; Rachel Hopkins; Daniel Kawczynski; Abena Oppong-Asare; Mary Robinson; Mohammad Yasin.

Questions 119 - 199

Witnesses

I: Councillor Ian Hudspeth, Chairman of the LGA Community Wellbeing Board, Local Government Association; Greg Fell, Member of the Board, and Director of Public Health for Sheffield, Association of Directors of Public Health.

II: Dr Clare Gardiner, Director General, Joint Biosecurity Centre; Tom Riordan, Chief Executive, Leeds City Council.

Examination of witnesses

Witnesses: Councillor Ian Hudspeth and Greg Fell.

Q119 **Chair:** Welcome to this evidence session of the Housing, Communities and Local Government Committee. We are looking at the work of the Department, particularly around the test and trace regime, which is extremely important in dealing with and containing the Covid virus. We have two panels this afternoon. I am pleased, on the first panel, to have Councillor Ian Hudspeth, the chairman of the Local Government Association's community wellbeing board, and also Greg Fell, a member of the Association of Directors of Public Health board, and also director of public health for Sheffield. Needless to say, coming from Sheffield, Greg and I speak quite often about these matters in other forums.

I will ask this to Greg Fell, although I also ask Councillor Hudspeth to respond subsequently. Last month, the Associated Directors of Public Health said that the Government were "misjudging this balancing act and lifting too many restrictions, too quickly". Is that still your view, or do you think the balance has now been somewhat rectified and things are moving in the right direction at the right pace?

Greg Fell: I have just a few brief thoughts. There is a very difficult balancing act—we all know it is a very difficult balancing act. Lockdown forever causes harm to the economy and to our society. We know that. Equally, opening everything up really quickly will cause another surge. We know that. Getting that balance right is incredibly difficult. It requires acting on what we know and probably what we do not know. We cannot predict the future as precisely as we might like to. No decision in this space is without consequence.

I was on record in a number of spaces as saying that, a fortnight or three weeks ago, the test and trace scheme was not ready and was not robust enough. It is fair to say that the test and trace scheme, narrowly defined, has moved on leaps and bounds in the last few weeks; it is probably still not as perfect as we want it to be, but it has moved on inordinately in the last few weeks.

Certainly every local authority in the country is also moving at some considerable pace now to pull together our wider arrangements around outbreak management, because we know that this has moved from an epidemic that is globally and nationally spread to localised outbreaks. It becomes our responsibility to make sure that for those outbreaks we have the right arrangements to get on top of them quickly and manage them quickly. Yes, the balance has shifted, but equally I hear the chief medical officer say very regularly, "We are not out of the woods yet and this has some way to go."

Q120 **Chair:** Councillor Hudspeth, you heard mention there of local authorities and what they are doing. What is your view of the situation at present?

Cllr Hudspeth: The view of the situation at present is that it is welcome that local government has actually been invited back in and been part of the solution. We have so much to offer, particularly in terms of the localised clampdown and understanding what is going on in local areas. We welcome the fact that we are now having additional funding. That money is going to be used to make sure that, if there is a local outbreak, we can really understand what it is and make quick decisions about what we are going to do and how we are going to clamp down, working across with all of our partners in the national health service and other local authorities as well. The decision has been taken by central Government.

It is now our job to make sure that we can deliver and that, as Greg said, all the councils are getting their plans in place. We already have structures anyway. You have to remember that testing is something we do on a regular basis for environmental control, sexual health tracing and trading standards. It is something that is not new to us. It is about scaling up, because we all recognise that this is on a much greater scale than other things. However, we do have that experience. More importantly, we are fleet of foot and we can deliver those local solutions.

Q121 **Chair:** We will come back to the local outbreak plans and the details of the testing and tracing systems with further questions later on. You are

saying, "So far, just about so good," in this regard. Do you see evidence now that, although we are not out of the woods, as Greg Fell has said, some of the public are not quite understanding that and maybe their observation of the various restrictions is not as good as it was? Are you worried that if there is a further group of relaxations, particularly around, say, restaurants and pubs, that might lead to a breakdown of the guidance being followed on a more general scale?

Cllr Hudspeth: What we have to make sure of is reinforcing the message and constantly putting it out that, as you say, we are not out of the woods yet. We need to make sure that we observe social distancing and that, if restaurants are to open—it is important for the hospitality industry to make sure that they open—they are opened with social distancing in mind; we need to make sure that all the barriers are in place, with sanitation and availability. That will then make people realise that it is part of the day-to-day process. The residents of the country have done a fantastic job over the last three months in observing the lockdown. It is important we continue on it and just reinforce that message all the time, to make sure that people are aware that it is their duty to do that.

Q122 **Chair:** Do you have sleepless nights, Greg Fell, over pubs and restaurants opening, and how you are going to deal with that sort of situation?

Greg Fell: Yes, I do. There is some important context on this. In terms of what makes a difference, by far the thing that makes the most difference to reducing transmission is staying at home when we have symptoms. That reduces transmission by half. Second to that is the distance between people and then washing our hands regularly. Those kinds of things have not gone away. Even as and when we do open pubs and restaurants, I agree with Councillor Hudspeth that we need to be careful about that and make sure that those environments are as Covid-secure as possible. Still washing our hands regularly is probably just as important as the distance between us.

Yes, it causes me sleepless nights, to cut to the chase. We are all trying to avoid an unmitigated second wave, because that will be equally harmful for all of us—certainly those who are affected but also the economy and society. Being careful about how we do this remains the most important thing in my mind.

Q123 **Chair:** We have got this far without mentioning the app. Normally, people start with the app. Certainly, Government will have started talking about the app as a first part of getting the tracking and tracing system in place. Can we manage without it? Is it essential?

Cllr Hudspeth: We have to remember the app would be part of the toolbox to fight the clampdown and to make sure that we can lock down on local issues. The most important part is the epidemiology work that is carried out by the teams anyway. The tracking and tracing is really vital

and important. That is what local government does already. As I have mentioned before, it is something we do on a regular basis. The app will be an additional tool in the toolbox, but with tracking and tracing in place with what we are doing already, I am sure that we can make sure, if there is a local outbreak, we can clamp down swiftly, if we have the right powers.

Greg Fell: The app is not available to us at the moment. If the app arrives and it delivers its promise, it significantly speeds up the process and takes some of the effort out of that. It is not here at the moment, so we are building our plans around the scenario where the app is not available to us. If it becomes available and it delivers on the promise, then that is fantastic; that adds a lot of value.

It is worth my saying that, as Councillor Hudspeth has said on a number of occasions, for time immemorial contact tracing has been done by skilled humans, whether that is in a TB outbreak, a food poisoning outbreak or a sexual health-related outbreak. It has always been done by skilled humans. To date, we have never made really much use of apps. If it arrives and delivers for us, that is fantastic, but we are building our plans without it, for the time being.

Q124 **Chair:** Have you had a play with the app yet? As a director of public health, you have not.

Greg Fell: I have not seen it. I have not sought it out either, to be clear. I have not seen it and I am not banking on it being available. If it becomes available and it works as planned, I will be fantastically happy, but I am not banking on it at the moment.

Q125 **Ian Byrne:** I will direct this one to Greg first. How far do you think the Government's five tests for easing the lockdown are being met?

Greg Fell: Broadly, the things that cause me worry on the five tests are maintaining our operational focus on testing capacity and capability, and, within that, making sure that we are offering the right tests for the right people at the right time. We clearly should not be testing indiscriminately. We should be testing within a context. Whilst the supplies of PPE are much better than they were, to be fair, it has not yet gone away. It is still a logistics problem, making sure that we have good supplies. Most will tell me, and my view is, that it is not quite the huge problem it was, say, a month ago.

There are two other things that worry me about the five tests. They are broadly met, to be honest, but it is never quite a secure as I want it to be. Our ability to really get on top of cases before they become clusters, and clusters before they become outbreaks, will make or break our ability to continue with the five tests being met. Whilst I do not need to see every single piece of test data, I need to know that somebody somewhere is doing that for Sheffield and really is on top of that, and that people are self-isolating when they have been recommended to self-isolate. We cannot enforce it; it is not enforced quarantine. If people

should be isolating and they are not, that becomes worrisome for me. I cannot guarantee that.

Those are the kinds of things that worry me, but broadly they are significantly more met than they were a few weeks ago.

Q126 **Ian Byrne:** Just to follow up on that, Greg, why can you not guarantee that? Is it a breakdown in terms of the data being shared?

Greg Fell: As the DPH in Sheffield, I do not get to know about all of the people who have tested positive—i.e. that they have become cases, and their contacts. It would become unfeasible for me to do that. The NHS test and trace service keeps a record of that one. They do not feed me all of that data, nor do I need it, but I need to know they are on top of that.

To be fair, the data that was released at the end of last week led me to the impression that 85% of the contacts had been followed up and given advice. Do they follow that advice? I do not know. We cannot know that. That is too difficult. There is a link to be made about how we tie up the recommendation to self-isolate for cases and contacts with how we support people locally. There is a bit of data tying up to be done there.

Cllr Hudspeth: Thank you very much. Again, making sure that testing is there is absolutely vital to this. It is the Government's decision and we have to make sure we work with that decision.

If you look at the PPE situation, what everybody is concerned about is if they need more PPE in a hurry. There was no doubt at all there was a worldwide shortage of PPE. It was about getting the PPE into the right place. I know many councils assisted care homes and care providers, particularly the small ones, by bulk-buying their own PPE and then making sure that care providers had it. It is that sort of nervousness that people have, where they say, "Crikey. We are going through X number of boxes a week. We need that in". That is a really crucial situation. On the supplies, my understanding is that they are there, but the question is if there was a second peak.

Going on to the data, it is absolutely crucial that we have good sharing of data and we are able to work really quickly to clamp down on a super output at ward level, so that we really know what it is, then make that decision on what we do with people, and assist them in self-isolating. Again, with local government, local government knows its area. There are councillors on the ground that know their patch, will be able to assist and work with the teams to make sure that people understand. One of the worst things will be if people get a phone call from the scams that are going around at the moment. We have to make sure people understand that the real thing is not a scam call, but a genuine call.

Again, I cannot stress enough that councils are already dealing with people. We are assisting in shielding. If we are asking people to self-isolate, how do we support them? We cannot simply turn around and say, "You have to self-isolate. See you in X number of days". We have to

provide the back-up to make sure that they are able to do it and do it efficiently and effectively. Again, councils have proved over the recent months that they are able to do that at that local level. It is about making sure we clamp down as quickly as possible before it spreads. That is really important.

My key request is about good sharing of data so that we know. It is a two-way process so that we know exactly, in really quick time, and can make those quick decisions.

Q127 **Ian Byrne:** That is a really good answer. I am delighted that you feel as though the LGA is really getting listened to, because I know that was a concern when we started talking about the Covid issues. It felt as though we were getting blocked out. It is good that you are actually casting a positive light on that. It has certainly played a huge part in tackling Covid. I can see this in Liverpool as well.

I just want one more question. I would like to highlight test 5. The Government guidelines say these changes are underpinned by NHS test and trace. For anyone who does not know what test 5 is, it is to be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS. The ADPH argued that the NHS test and trace programme is currently far from being the robust operation that is now urgently required as a safeguard to easing restrictions. I know you have touched on this before, Greg. Would you both agree with the ADPH statement now, today, as it stands? That is for you, Greg.

Greg Fell: I thought it might be. Thank you. Yes, I still broadly agree with it. As I said earlier, the robustness of test and trace has moved on significantly. We have seen a first set of data. Whilst we would like both of the figures to be 100% and 100%, I think it was 65% and 80%. The other thing that the figures do not tell us about is the quality assurance that goes underneath that. Most of the ADPH are fairly satisfied that test and trace is more robust than it was a fortnight ago. As I said right at the start, the balance is tipping positively.

Again, I will underscore this: it is important that test and trace is not seen in isolation. It is one bit of a much bigger system of surveillance, early warning and getting on top of clusters before they become outbreak—and outbreaks really quickly. It still needs us all to think about how we behave, both in terms of how policy works, in terms of the speed of the easing of lockdown and the timing of some of that, as well as the fact that we also still need to wash our hands regularly and things like that. All of that makes a difference to whether or not a second peak can or cannot be ruled out; it is not just the test and trace.

Q128 **Ian Byrne:** Councillor, would you like to say a few words on that?

Cllr Hudspeth: Again, I would agree with Greg there that the test and trace has moved on. It is robust. I have confidence that the local government end is absolutely in there, working and making sure that we

are going to do our bit, so that, if we do have an issue, then it can clamp down as quickly as possible. Again, as Greg said, it is about us all respecting social distancing and respecting everything. It is about reducing the risk. That is the key element about it.

Today, it will be interesting to see what the ease of restrictions has meant to areas. I am in Oxford at the moment and I was out at lunchtime. People seem to be complying, are actually out and about, enjoying themselves and doing some shopping, which is important. It is about making sure that complacency does not set in and that people carry on washing hands, sanitising and respecting distances. We will then make sure that we do not have a second spike.

Q129 **Chair:** One or two of the questions I was going to come on to have partly been answered. The Association of Directors of Public Health, Greg, set out a statement of principles for implementation of the contact tracing programme. By and large, do you think they have been met? To Councillor Hudspeth, do you think local government now has genuinely been involved in the creation of this system to the point that you feel satisfied with where we have got to? I will just take a quick answer from both of you.

Greg Fell: Yes, broadly they have been met. The principles are about the whole system working. It is not just about a public health thing, with a big "P" and "H", narrowly defined. It is a whole system, with local, regional and national elements, all of which are important. Broadly, the ADPH principles are in place and being developed now.

Cllr Hudspeth: From my point of view, the following witness, Tim Riordan, the chief executive of Leeds Council, has been part of it and is working. That is really important to show that local government is in there and people are listening to make sure that we actually can deliver. I know that the Local Government Association has, over the last few weeks, had much more input. It is welcome input and we do welcome the dialogue. We have said all along that we are willing to assist in any way we can to clamp down on the virus.

Q130 **Chair:** One thing we have not mentioned particularly is the local outbreak plans. My understanding is that local government was given a day or two's notice that they were supposed to set these committees up and develop the plans. It did not sound like a great deal of co-operation in the formulation. How are they going?

Greg Fell: The great thing about local government is that it always steps up. We are given very challenging tasks and targets. I know that the 11 beacon authorities are moving ahead and actually getting everything in place. My authority, which is not one of the beacon authorities, though we did apply for it, is actually moving ahead. It is getting everything in place to make sure that we are ready, as best as possible, when getting all the data through. It is in place and we have been very fleet of foot in responding to the situation.

Q131 **Chair:** What are the roles of directors of public health in this?

Cllr Hudspeth: I will add to that. In most places, the role of the DPH is pivotal and central to that; it certainly is in my town. We have a workable outbreak management plan in place. We have done significant work with Public Health England, which has been really pivotal to this, to put in place the detail of the plan. We have developed some very clear standard operating protocols.

In terms of the governance mechanism, the expectation around a leader of the council-led outbreak control board is broadly in place in most places up and down the country. It is probably not there in all of them—it is not there in mine yet—but they will be ready. The original ask was for them to be ready in June and they will be ready, probably significantly before the end of June.

Q132 **Chair:** Are there good working relationships at local level between councils, health authorities, hospital trusts and CCGs?

Greg Fell: Yes, I would hazard a guess that there are good working relationships between NHS and local authorities up and down the country. There certainly are in my place. Again, they are pivotal to making some of this work.

Cllr Hudspeth: That is another of the positive things that have come out of this crisis. It has actually shown where local authorities and NHS have got together and delivered a solution, rather than having organisational barriers. They have really worked hard to make sure they are delivering.

Q133 **Ben Everitt:** I have a question now about the joint biosecurity centres that are being set up to advise on local outbreaks and managing local spikes. Really, it is following on from the themes so far about co-operation and the role of local authorities. It is probably a question for Ian first. Are you confident that the joint biodiversity security centre will actually complement your existing systems and work collaboratively with local authorities?

Cllr Hudspeth: It is going to be absolutely vital that we have that co-operation. Certainly, we cannot afford to have duplication of services. We need to make sure that we are using the data and working together. We have a place and we are going to have to make sure we do work together. I was just talking about the hospitals and local government. Over the years, people might say it has been a bit of a fractious relationship. Certainly, what has happened during the crisis is that people have stripped down the barriers. If you go into a hospital, it is difficult to see who is from the council and who is from the NHS, because everybody is just getting on and delivering.

I would hope that with the biosecurity centres we will make sure that we do continue those good relationships and we do not see organisational barriers, because speed is the most important thing. We cannot get blocked because people are saying, "It is a different organisation. This is

our data. This is your data", or whatever. We need to say, "What is the quickest way to deliver at the lowest level to make sure that we can clamp down, if it is just an outbreak in a very small area, and stop it becoming a larger cluster and an even large cluster?" That is what we are going to have to do to make sure we do not have a second spike.

Q134 **Ben Everitt:** That is reassuring. Greg, do you share the confidence?

Greg Fell: We need a single mechanism, not dual mechanisms. There is a slight danger: a biosecurity centre developed in one space has to be tied up with the array of public health surveillance there is. Public Health England already feeds every DPH in the country on nearly a daily basis. Those two things absolutely have to be aligned. They are not quite aligned at the moment. I would hazard a guess that is a work in progress nationally.

The other observation, which Councillor Hudspeth picked up on a little bit, is that most DPHs will say that they would want person-level data, or street level or lower layer super output area as a minimum. They would probably want person-level data.

It is worth us remembering that this is a notifiable disease. It is a notifiable disease in the context of a public health emergency. That usually obviates some of the information governance challenges. We need to have a really clear line on that. This is not nice-to-know data; this is necessary for the public health response in an emergency. Ideally, I would like person-level data to enable me, or PHE/the biosecurity centres, to have person-level data and monitor that at person level for everyone in my city.

Q135 **Ben Everitt:** Do you think that you will end up getting that, Greg? Do you have confidence that you will get what you need?

Greg Fell: The honest answer is I am not terribly hopeful. I am living in hope and we are pushing for it pretty hard in lots of places.

Q136 **Ben Everitt:** What are the barriers to that?

Greg Fell: I suspect that there is a huge amount of analytic work that needs to go on in the background underneath that. I will say that we will soon have middle layer super output area data on all the testing that is done. That is a giant amount of work that has been done. Let us not deny that, because many people worked really hard to make that happen. To get it down to ever more granular levels, there will be some analytic capacity and capability that is needed to do that.

I also suspect there are probably still some perceptions about this being against the information and governance regulations. That is probably about risk thresholds and risk appetites, rather than what the law actually says. A very clear and careful interpretation of the law is needed on that one.

Q137 **Ben Everitt:** Are you already having these conversations with the JBC?

Greg Fell: To some extent, yes. Those have started nationally and there are regional versions of the same thing. The quicker that we can speed that up, the better, because we do need to get on top of that really quickly.

Ben Everitt: That is great to hear.

Q138 **Paul Holmes:** I just want to start with a more general question to both of you. How much clarity do you have in terms of the number of Covid-19 cases in your area at any one time?

Greg Fell: It is not as much as I would like. We get a daily feed from Public Health England, which is the number of people who have tested positive and registered with the track and trace service, and the number of contacts who have been identified. That lands for every upper tier local authority in the country on a daily basis now. It is very helpful, but that only tells us about the number of people who have developed symptoms and had a test, with that test being positive. It does not tell us about all of the people who may have symptoms but do not actually get a test because they think their symptoms are something else.

We do not have as much data as we might like, in terms of the totality, but actually that might be impossible, because the only sure-fire way of knowing whether you have this illness or not is a test. We get upper tier local authority data about the number of tested positive people every day. As I said earlier, I would like it to be more and more granular so that we can get underneath the local authority as a whole, but that is a decent starting point.

Cllr Hudspeth: I agree with Greg there. The really crucial thing is to make sure that we get that granular detail. In a large area, for instance Oxfordshire, it might give a bit of a false reading if we do not know where the clusters are. That is the important thing, because obviously they spread across that on a percentage of the 680,000 residents. It might say, "There is not a problem". We need to make sure that we get that granular data, but the information comes on a daily basis.

The other question is whether we all have the capacity to understand what the data is and what the data means, because there is so much data involved. There are two issues there. At the moment, yes, we have that data, but it is not perhaps as granular as it could be.

Greg Fell: I will very briefly come back on that. Ian mentioned clusters. The other thing I did not mention is that, yes, on a daily basis I get a feed from the Public Health England Yorkshire and Humber regional centre—every DPH should be the same—of the number of outbreaks and clusters that have been identified in specific contexts of schools and care homes, for instance. When there are outbreaks identified, PHE will usually give someone like me a call to make sure, first, that we know about it and, secondly, that we have the right arrangements for managing it.

Q139 **Paul Holmes:** You brought up data. I just want to discuss or ask a few questions about the data that you are going to require to meet your new responsibilities under the NHS test and trace service. What discussions have you had with the Government about this new data? Have they committed to providing the data that you will need under those responsibilities by a specific date? That is probably for you first, Greg.

Greg Fell: Directly, ADPH has not had discussions with Government. We have been involved in various conversations directly and indirectly with the biosecurity centre, which is an agency of Government as opposed to Government itself. In terms of what I need, it is a near real-time feed on the number of people who are asking for a test and a positivity rate, ideally at person level. I can then monitor the rate of change of that, hopefully downwards but possibly upwards, to get a sense of how the virus transmission can be controlled.

Cllr Hudspeth: I know that through the Local Government Association we are all lobbying hard that we need this data for anybody that we come into contact with. The meetings are taking place where senior members of the Local Government Association are working to understand exactly what the data is. It just cannot be stressed enough how much this data is important to us, so we can actually use it and make sure we use it in the correct manner.

Q140 **Mohammad Yasin:** The Government data suggests that Bedford borough is a hotspot with the second highest rate of Covid-19 in eastern England. A significant number of businesses are opening again today for the public, yet Bedford borough are asking the people to stay at home, with fears that the R rate may have gone above 1. Would you agree that the local councils urgently need this data so that they can make better and safer decisions? What is your advice to the councils who are in the same position as Bedford borough? Greg, you can start from the public health point of view.

Greg Fell: I would be reluctant to give advice to Bedford Borough Council without knowing all of the facts—it is worth my saying that. I am of the view that regional R0 is less and less useful as the disease incidence goes down, because relatively small changes in some of the things that go into the calculation of R0 can lead to big shifts in the eventual number that gets splurged out of the other side.

What does matter is the rate of people with a positive test. I would want to see that data and I would want to review it. Is that clustering in certain contexts? Is it in certain sets of workplaces? Is it in certain schools and care homes, or is it more widespread across the community? Without knowing some of that stuff, I would be reluctant to offer any advice, because it does matter whether or not this is a series of relatively localised outbreaks in closed settings, or whether it is a general and wider community spread. The interventions available are different according to whether it is one or the other.

Q141 **Mohammad Yasin:** Councillor, what is your view on this? I believe that you agree with me that local councils cannot make safer and right decisions unless this data is available locally.

Cllr Hudspeth: It is absolutely vital that we can get the data so that we can understand it. As Greg has said, is it a cluster? Is it in one particular building, one particular unit or wherever it is? Councils need that data to understand exactly where it is, what can be done, and then also what can be done to actually clamp down and make sure that we contain the virus in the area.

Like Greg, I do not really want to be going around saying what Bedford should or should not be doing, because it is important that they make the decision locally. They need the data; that is so vital. We have to make sure that we have the data at a granular level to understand exactly why the clusters are forming and where they are forming, more importantly.

Greg Fell: Very briefly, I would be surprised if Public Health England centres in that part of the world are not monitoring that really closely. Certainly in Yorkshire, I get daily reports that tell each upper tier local authority whether the numbers of cases being diagnosed, whether they are in a cluster or not, are exceeding what was expected. I would hope that PHE are monitoring that fairly closely and working with Bedford to provide the right advice. I would be surprised if they are not.

Q142 **Paul Holmes:** I want to just delve a bit further into the testing capacity. The first question is to Councillor Hudspeth about the Government asking local authorities to take control of the prioritisation and deployment of testing capacity. From a political point of view, because I know you run a large authority, has the Government provided you with everything you need in order to do this?

Cllr Hudspeth: At the moment, they have not provided the absolute detail. They have the funding and they are giving us that detail as we move along. They have provided the funding, which is a major assistance to us, because obviously we are strapped on other areas as well. It is about working together to make sure that we are putting that system in place. On the testing, how do we test? Where are we going to be testing in the community? We need to look and see where testing is best so we can actually get the best results. More importantly, we need to be able to have the mobile testing ability so that we are not asking people to travel any significant distances. That is the detail that we are working the Government to get.

Q143 **Paul Holmes:** Greg, please come in on that in a second. I am aware that you both work within a certain geographical location, so there might be a limited amount that you can talk to this, although you are representatives on a wider body. Just for the laymen who may be watching this, is there a regional variation in testing capability at the moment?

Greg Fell: I honestly do not know, Paul. I will clarify that one outside, if that is alright, and get a response to you. I genuinely do not know. Ian may know.

Cllr Hudspeth: No, I am not aware of that detail either. Again, it is making sure we have the ability locally to look and see to make it as easy as possible for testing. That is the important thing that I would stress. We will get that data.

Q144 **Paul Holmes:** It is perfectly fine. As I said, I recognise that you both have an area to look after yourselves, so that is absolutely fine. Greg, do you want to come back briefly on the question about where you are and whether the Government have given you everything that you need to have in terms of the deployment of capacity.

Greg Fell: Yes, they nearly have. It has moved pretty quickly over the past few weeks. Certainly, there was a conversation two or three weeks ago about our local authority and local NHS responsibility around prioritising where we would point the capacity to test in care homes first. We were all asked to prioritise where we should put the most effort. Most of us focused on, first, where we perceived there was the ability to keep a care home Covid-free and, secondly, where there were high-risk homes. The director of adult social services knew that market far better than any of the rest of us. He or she knew where they would focus their testing. That was a joint decision made by local NHS, the DASS and myself. Pretty much the same will be in play up and down the country.

The other thing that has happened over the last week or so, towards the back end of last week, is a much bigger emphasis on local DPH direction of mobile testing units, which are increasingly under local control. I can think of one local authority in West Yorkshire that has had to use that system in anger just before the weekend. My understanding is that worked really well. I would guess that there will be operational teething issues to work through, but certainly in terms of the policy shift that DPHs are increasingly in charge of mobile testing units, that is moving in very much the right direction now. For a long time it was not, but it is moving now.

Q145 **Paul Holmes:** The next question is a "How long is a piece of string?" question, but feel free to rant or give me your absolutely honest view. Generally, how effective have communications been from central Government at the moment in things connected to testing and tracing?

Greg Fell: It has been a perennial frustration that often policy announcements are made at the 5 pm press conference, or some other time and we get to hear about them at the press conference. That has been addressed in some elements but not completely. Testing is just one of the examples; there are plenty of others. That is an area of improvement, I should say.

Q146 **Paul Holmes:** Councillor, does that ring true with you? I know that you

are in slightly different audiences, running an authority politically, but how have you found them?

Cllr Hudspeth: I would have to agree with Greg there that it is one of those situations that announcements are made and everybody then comes to me and says, "Right, what does this actually mean, Ian?" There is an assumption that I have very close contact with everybody and they consult me beforehand. Sometimes people are asking me the questions that I genuinely do not know the answers to. I say, "I am afraid I do not know the answers." I can understand. We are in such a very difficult situation. It is unprecedented times. People are thinking, "What do we do? We need this." Perhaps it is working through the detail. We are working through the detail now with the testing and tracing. That is really important and vital.

Perhaps if we had spent down, worked all the detail out and then announced it, it might have taken too long and people might not have been fleet of foot. This gives the ability for everybody to stand up and be counted. I have to admit that sometimes people are asking me questions about the policy announcements and I do not know the details because I have as much information as everybody else.

Q147 **Paul Holmes:** I will just say, "Join the club." All members on the Committee will have a wry smile when sometimes we do not know the answers in our inboxes at the moment, so I understand. The Government seem to have made it essential that the Prime Minister's undertaking, to get all tests turned around within 24 hours or under 24 hours by the end of June, is achieved for the service to be a success. On the ground, what needs to be done in your localities for this achievement to happen?

Greg Fell: There are two things for me. One is I am hearing a consistent story, from lots of people involved in the testing regime at a national level, that the speed of turnaround is improving massively. The last data I heard was it was in the order of 95% of results are coming back within two days. It needs to be one day, but that is a significant improvement on what it was a few weeks ago, so the trajectory is the right trajectory.

The caveat is that the test turnaround time starts from the point at which the swab is received in the lab. Making sure that we minimise the transport time to get the swab to the lab is also important. Again, I do not know how well we do in that regard, where "we" is a big collective of people. Getting the speedy turnaround of the result is fundamental.

Q148 **Paul Holmes:** Councillor, do you have anything to add?

Cllr Hudspeth: I do not, apart from suggesting more localised testing so that time difference is shortened. Obviously, in Oxford, there are quite a few labs around. Would it be useful for us to be using local facilities and delivering them on the same day, rather than having them go to another location? As Greg says, the testing time start is actually arrival, so we can reduce that as much as possible. That would be something where having localised facilities helps. If we know in Oxfordshire that we are

using local facilities and we can get the tests there as quickly as possible, that turnaround is much better.

Q149 **Paul Holmes:** Finally from me, you will be pleased to hear, I have a question that is probably for Greg more than Ian. As you may know, a former director of the WHO has called for general practitioners to be drafted in to help to lead the test and trace system, with testing hubs at local surgeries. First, do you agree? Secondly, do you envisage that leading to infrastructure problems with coverage and also potential problems in making sure that that could be achieved, due to other people wanting to access those services?

Greg Fell: Though I am loth to disagree with a director of the WHO, I might. I am not convinced it is the best idea, for a number of reasons. One is that I do not think we would want to be encouraging people with a significantly infectious illness to actively come to a GP surgery. Certainly, we have not done that to date.

Secondly, GPs are pretty busy. I would be loth to invent lots of new work for GPs. Clearly, they have a reach and impact in their local communities. I am not sure that we want to be giving GPs a lot more work to do.

Thirdly, it might add a whole bunch of further complexity and organisational set-up arrangements that mean it just becomes non-viable. I will read carefully what the WHO director has said but, off the cuff, I am not wholly convinced.

Paul Holmes: Thank you for your frankness.

Q150 **Bob Blackman:** It interesting to hear some of the comments you have about data, but clearly one of the issues here, as we ease the lockdown and hopefully people get back to a more normalised way of life, is that the Government are advising that any future lockdown is likely to be made at a local level when a spike occurs. Are we clear that local authorities have the powers they need to implement a local lockdown? Are there any powers that would need to be enhanced to make that possible? Greg, you might want to answer first.

Greg Fell: I get all the hard questions first. A lot is made of the term "local lockdown". ADPH is not quite sure what the term means. We need to be really careful. The Government need to clarify what "local lockdown" actually means. In my personal view, it is a rather unhelpful phrase. We are moving from a widespread pandemic to a scenario where we will have outbreaks and clusters of cases.

With regard to outbreaks in a school, a workplace or a care home, we have the powers that we need already. We can use a whole range of powers. As I frequently say to people, we have outbreaks of norovirus in hospitals every winter. We have outbreaks of flu in care homes every winter. We do not close down the hospital. We act at the lowest possible level. We will be in the same space here.

If we get to a scenario whereby we need to close down Fulwood in Sheffield, or close down Sheffield, we do not have the powers to do that at local authority level. There may be powers within the Coronavirus Act—powers that are currently with the Secretary of State for Health and the PHE regional director. They would need to be conferred to either the leader of the council or me as the director of public health very quickly. I am not sure that is the right answer. By the time we get to needing to close down Sheffield, we will be in widespread community transmission again. We may well be in national lockdown territory by that time.

The Government need to answer about what local lockdown means. What powers are and are not inherent in local authorities? We can all form a view, but it needs a national view.

Cllr Hudspeth: I find myself agreeing again with Greg, because it is a question of what "local lockdown" means. There was a hospital in Weston-super-Mare that had an outbreak and that was effectively locked down; it was contained there. As Greg said, we have the powers for schools, care homes and those facilities, but we are not actually talking about lockdown. Is this something that the media want to find out in decisions being taken? We can go back, through the LRF, up to COBRA for that sort of lockdown. Unfortunately, again that passage of time has probably not been assisting.

The question is whether the powers should be confirmed lower down so that immediately it is just an institution of some sort, or in fact if it is a worker area that can be locked down. If that is what we are doing, it is about the speed of actually containing it. I tend to agree with Greg that by the time it gets to a larger area, it is probably in a different territory. It then comes to how you actually contain that lockdown in that area. Do trains not stop? It just begs so many questions.

It would be interesting for Government to confirm exactly what is meant by the local lockdown. Obviously, we would want to do as much as possible to contain it as quickly as possible, so it should not get to that larger stage. However, if the powers were needed and if the Government want us to react, we need to be given clear guidance as to those powers and what is expected of us. That is the most important thing: to say, "Actually, here are the powers. You deal with it."

Q151 **Bob Blackman:** Greg, do you want to come back?

Greg Fell: I have two very brief thoughts. There is something about power—hard-edged power—and there is also something about leadership and softer influence. Quite often we have felt that it is the latter that really makes the difference, rather than the hard-edged power.

The other thing is that having power is one thing, but the ability to exercise it is another. I have only once been to court to forcibly detain someone under section 2A of the Public Health Act. It was a massively time-consuming affair. It took days and days and days. We will not have

that time in this context. Some clarity on some of those things would really help us.

Q152 **Bob Blackman:** Obviously a lot of this localised decision making is going to be driven by the test and trace process. The statistics I have seen about people who have been contacted under the test and trace process are mixed. What evidence do you have at the moment of people who have been contacted under the test and trace process co-operating and therefore going into self-isolation or undertaking any form of testing themselves?

Greg Fell: The honest answer is none. That is one of my concerns. It is built on the assumption that people will follow the guidelines. You only have to look outside and you see that people do not. There would not be an easy national solution to that one either. It is not an easy thing to build some data around, so the honest answer is that I have no absolute and categorical assurance on that one.

Cllr Hudspeth: Again, I mentioned earlier that, if we are asking people to go into self-isolation, we need to provide a support package around them so that they are more likely to continue in it.

Q153 **Bob Blackman:** What concerns, if there are any other than the ones we have just discussed, do you have about the test and trace system?

Greg Fell: There are two. One is the ability to stitch it all together, nationally, regionally and locally. Clearly, the DPH is responsible for local and ADPH is responsible for national. The test and trace is one bit of a much broader system, which includes outbreak management, both narrowly defined and also the much broader set of stuff that we need to do to keep the level of circulating virus low. We started right at the very start by saying, "We are lifting the lockdown. That will lead to more of the virus circulating." Our ability to stitch all that together coherently at various levels of geography is the first concern.

The second concern is compliance and that we will forget the basics. We will forget that distance matters. We will forget that washing our hands matters. People will sometimes wilfully not comply with some of that. All that will make a difference to the outcome.

Cllr Hudspeth: One of the key things is the funding. We have £300 million for across the country. Is that sufficient? We just do not know at the moment. What do we actually do in particular areas? If there is a particular breakout in one area, will additional funding be given to that area? It is important to have that open, honest and frank conversation.

Local government is making monthly returns to MHCLG, so it understands exactly where our finances are. It is important that we spend that money efficiently and effectively, but if there is somebody that has come under an awful lot of pressure for funding, for whatever reason, they need to be able to have that additional funding. That would be my concern to add to what Greg said.

Q154 **Bob Blackman:** Finally from me, you have mentioned the position on localised lockdown and also on testing and tracing. What powers do you need to do what you think needs to be done? At the moment we have the position of quite draconian measures, quite frankly, in the law about what the Government can do. There is very little they cannot do under the current pandemic. If we are going to make those localised, are there any particular powers that you would like to see?

Cllr Hudspeth: The main thing there is just clarity on what is expected of local government and what is needed. What does a local lockdown mean? What is it that we would actually have to deal with? My understanding is that for a larger area we would not have the powers. We can close schools. We can work with care homes and even factories. I am sure that, if there was an outbreak in a factory, it would be a case of them wanting to do their best for their employees, not anything else.

If Government are expecting that a local lockdown means something else, we need to understand what it is and then what powers we would need for that. As I say, there are powers, going back through the local resilience forum, back up to COBRA, but that seems to me to be taking too long. If we are really going to clamp down, we have to know exactly what the Government are expecting from us.

Greg Fell: Very briefly, I agree with Councillor Hudspeth. If I was making overly draconian recommendations, which I am not—I will be clear on that one—there is something around the power to compel people to give up contact. There is probably something about the power to compel people to isolate. That takes us way over the line of what is acceptable in a liberal economy. If we were really going to do that, we might be there, but that is forcible quarantine and that is probably over the line of acceptability.

I agree with Ian. The clarity on how we define the words "local lockdown" and what powers are within the Coronavirus Act to enable that, once we have worked out what it means, would be helpful. We have plenty of other powers and we understand those already.

Q155 **Mohammad Yasin:** The councillor has touched on and given his concerns about the £300 million the Government have given to local authorities. My question is to Greg. Do you think this funding is sufficient to implement and administer the test and trace programme?

Greg Fell: The test and trace programme is not part of the £300 million, I understand. Tom Riordan may clarify that in a minute, if I have got that one wrong. This is for local authorities to be responsible for an outbreak control plan and all of the activities within it. It is impossible to say whether or not that £300 million is sufficient for the job. We do not know.

Some clarity on how long that funding will last for would be very helpful. At the moment, we are assuming it is this financial year and we do not know afterwards. The last thing I will say is it is probably important to put the £300 million, and for Sheffield that is £3.1 million, into the

context of the significant spend that all local authorities have put into the response to coronavirus. Currently, we are all in significant debt and we are not quite sure how we are going to get out of that debt. The context of the £300 million is really important as well, regardless of whether or not it is enough in itself.

Q156 **Mohammad Yasin:** What consideration should be made about how this funding should be distributed within the different councils?

Greg Fell: It has been distributed according to the public health grant formula. We all know our allocations now. That is very helpful. It is really good to see it. It is relatively unspecified what it should be spent on.

Clearly, there is a ringfence around it; it must be spent on activities related to the outbreak control plan. That goes without saying. Within that, it is relatively unspecified. Each of us will be considering what we need in order to make good on our activities within the outbreak control plan. For instance, it might be that we need to purchase additional capacity within environmental health, or infection prevention and control nurses, or more analytic capability and capacity. Each of us will be in a different place there, because the look and feel of what we have got will vary from place to place. For me, it is really helpful that it what we can and must spend that money on is not over-specified.

Cllr Hudspeth: Again, one of the concerns is the capacity in a system to provide that. It is all those other things working together. For instance, in Oxfordshire we are actually working with our district councils in environmental health and having a one-team approach, which is really good, because we are getting best bang for the money. There are questions: we do not know how long it is going to go on for or whether we will need some additional funds at the end. The dialogue with central Government and MHCLG is an open one. As long as we are being very open and honest about it, I am sure they will understand where the funding needs to come.

Q157 **Chair:** Can I just throw back at Greg Fell? With regard to trying to get the contacts of people who are infected, if a third of people refuse to give their contacts, a lot more people are going to become infected ultimately than would otherwise be the case. In order to save the lives of those people, is it not worthwhile having some penalties on people who do not agree to provide their contacts voluntarily? It is a nice easy one to finish with.

Greg Fell: I do not know. We have the power to impose penalties on people who break social distancing in various ways. That will change as we change the social distancing rules. The precedent is there to impose fines on people that do not obey the rules. Whether or not we would be able to, I do not know. I genuinely do not know. I do not know who would enforce that fine. It is an interesting thought and I will sit on the fence for a bit longer, Clive. I suspect you will ask me again next time we speak.

Q158 **Chair:** Councillor Hudspeth, do you have anything to add to that?

Cllr Hudspeth: I was grateful you went to Greg, actually. He gave a very thoughtful answer there.

Chair: That is a politician's answer. Thank you both very much for coming to give evidence to the Committee this afternoon. That is appreciated. Thank you.

Examination of witnesses

Witnesses: Dr Clare Gardiner and Tom Riordan.

Q159 **Chair:** We welcome our second panel this afternoon: Dr Clare Gardiner, who is the newly appointed director general for the joint biosecurity centre; along with Tom Riordan, the chief executive of Leeds City Council, who I think is widely reported as being local government's link and voice in the system at national level. You are both very welcome this afternoon to the Committee to give evidence to us. First, to Clare Gardiner, obviously recognising you have just been newly appointed, when do you think the joint biosecurity centre will be fully operational?

Dr Gardiner: The joint biosecurity centre is a new organisation, but we are building very much on the existing infrastructure that already exists. Our aim is to complement, not duplicate, what is already there. We aim to provide expert insight and analysis at a national and local level. The previous witnesses both commented on how important is was to have data, information and insight shared in a really timely fashion. That is exactly what the joint biosecurity centre aims to do.

We were established five weeks ago and we reached our initial operating capability on 1 June. The expectation is that we will reach full operating capability towards the end of the summer. The capability we are trying to build is quite complex and it will take time. As I said, the expectation is that we will be at FOC by the end of the summer. Over the coming days and weeks, we will be working really closely with colleagues at a national and local level in order to understand exactly what insight and information they need, and then seek to build the capability in order to provide that.

Q160 **Chair:** For lay people looking at this from the outside, seeing this very grand title "joint biosecurity centre", and wondering quite what it does, could you say what the difference is between what it will be able to do now, at an early stage, and what it will be able to do when fully operational by the end of the summer?

Dr Gardiner: We are an integral part of the Government's test and trace facility. At the moment, following our initial operating capability, we are providing insight and information at a national level and to test and trace colleagues. We are also setting the Covid alert level. Over the coming

days, weeks and months, we aim to ensure we are able to provide the advice and guidance that is needed locally.

Our previous panel were absolutely clear that, as we move into this next phase of coronavirus, it is going to be increasingly important for us to understand the clusters and outbreaks at a local level and get the information really quickly to support local decision makers as they seek to tackle those outbreaks. We understand that local public health directors are in receipt of more than 10 different sources of information on a daily basis that come in in different ways and forms. There is an opportunity for the joint biosecurity centre to pull that information together and provide a really timely summary, which enables effective action at the local level. As I said, we are looking to complement, not duplicate, what is already there. We have a significant role to play in support.

Chair: We will come back to some of those issues in greater detail in due course.

Q161 **Mary Robinson:** I would like to direct my questions to Tom Riordan. Would you be able to tell us about your role as the senior responsible owner for Contain?

Tom Riordan: I am leading on the part of the test and trace programme that is seeking to contain outbreaks as they happen at a local level, and particularly trying to clarify the role of local government and local partners in the national NHS test and trace system. We have made really significant progress, over the last month particularly, to clarify that and strengthen the data that is flowing between the local and national levels. There are the resources that are available with the £300 million and the idea of outbreak plans locally, making sure that all parts of England are covered, in terms of dealing with the flare-ups as they happen and making sure the directors of public health are supported by the wider system, through the chief exec and the local resilience forum. There is the political leadership of the community that can be provided as well with leaders, to make sure we have everything in place to contain this virus.

Q162 **Mary Robinson:** How do you feel that has progressed?

Tom Riordan: I am really pleased. I have a bit of a foot in both camps, because I am still chief exec of Leeds at the same time as working with the teams at the centre. They are two brilliant teams. One thing I think generally is that a lot of people do not appreciate the full range of services and impact that local government makes. We have brilliant skills. We can respond really quickly. The local government response to the pandemic has been exemplary, right across the country. Over the last few weeks, we have managed to get more people to understand the role that local government can play.

We have had huge support from directors of public health, the LGA and Solace; these are bodies that can help us put together a really strong partnership between the national and local level. That partnership is building very strongly. There is more work to do, of course; we learn as we go with this virus, but I am really pleased with the progress we have made and the fact that it is not just one part of Whitehall that is interested in trying to make this work. It is lots of different Departments coming together in a way that is potentially very exciting.

Q163 **Mary Robinson:** Looking at that important role of local government, you were first appointed to lead the Government's work on contact tracing, which was seen as a boost for local authorities. How do you feel you were able to influence the rollout of the NHS test and trace scheme in a way that reflected the expertise of local authorities, acknowledging the financial and resource constraints within that?

Tom Riordan: The national system was put together at great scale to make sure we had the capacity, if we need it, to deal with high levels of infection rates. I was pleased to be part of that at the start, to get it launched and to make sure the testing and tracing elements were strong. Sarah-Jane Marsh, a very talented chief exec from the NHS in Birmingham, has been improving the testing regime as we have gone as well. We have been working together.

I have moved on to Contain because there was a recognition that is where local government comes into play most significantly, working with Public Health England regional health protection teams, working on the ground with the skills we have, in terms of tracing sexually transmitted diseases or salmonella outbreaks. There is the public health and environmental health expertise that is there, together with that ability to move quickly at a local level to understand local places and where things are likely to happen and to spread, so where the risks are, to know our care homes, schools and hospital systems, and to work with those partners really well to contain the outbreaks.

I would also mention the community leadership role of leaders but also ward members. That is incredibly powerful in building trust in the system we are operating in local communities. All of those things have been injected into the national dialogue by me being there and having this great support structure from ADPH, the LGA and others.

Q164 **Mary Robinson:** You have led the way but also been that important link. You are responsible for leading the engagement with local authorities. What have they told you about the rollout of the test and trace scheme?

Tom Riordan: The great thing about local government is that it tells you as it is. We have had some really good, clear feedback, as we get from our MPs as well, about how this needs to work. It is a new system. It is a huge scale-up of what is needed. It is the way, in the absence of a vaccine or a treatment, that we can stay out of national lockdown, if we get it right. They told us straightaway that they wanted better data and

to know what was happening in their local patch better. We have responded to that extremely well. Last week, we managed to get these local dashboards through to directors of public health and others. It needs to get even better, down to a very granular level in local communities.

They also said that we needed some resources. I am very aware of the challenges that local government has had through this pandemic and the crisis in our own funding. Having new funds available to produce these plans was very important and we managed to achieve that as well. We also needed more control over testing. The big issue is how you can respond very quickly to get people tested, to get them to self-isolate, so you can close down one of the outbreaks. On all those things, we have moved quickly and responded significantly. As always, there is more to do.

Q165 **Rachel Hopkins:** You have touched on this already, but maybe elaborate on the role of local authorities and directors of public, and their role in supporting NHS test and trace services. Do you think these roles and responsibilities are clear?

Tom Riordan: There are three roles for local authorities in the NHS test and trace service, which we have identified and backed very strongly with the idea of outbreak plans. The first and I would say central role is the director of public health, who has the statutory responsibility to make sure they have the leadership role in a public health crisis like this. They work with Public Health England regional teams to deal with particularly complex cases that might be in our care homes, schools, workplaces or places of worship. That role is clear and we have given them the lead role in producing the plans. It is the professional practice role.

The second role is around deployment of resources to back up that professional practice and work on individual settings in particular. That role sits with the chief executives, like myself, and links into the emergency planning regime, which runs up through local resilience forums, at sub-regional level, and through to, ultimately, COBRA in Whitehall. The chief executive is there to support what the DPH and the Public Health England team need to make sure they have the capability to deal with the outbreaks. They are the key link into Whitehall as well. That is what I have found is really important in my conversations with Ministers and others. Who do they go to? Who do they link into when decisions are being made for deployment of resources? The chief exec is the second one.

The third one is the leader of the council, giving the political, outward-facing leadership that is needed with local communities. That is where we have proposed either setting up a new board that engages, communicates and provides oversight, or using an existing board. That can be at the local level, or, if people want and they work at that wider regional level, like in Greater Manchester, the West Midlands and others, they can operate at that level. It is the DPH role, the professional role,

the chief executive deploying resources and the leader leading that community engagement.

Q166 **Rachel Hopkins:** You mentioned local resilience forums. What is their role in relation to the NHS test and trace service?

Tom Riordan: Their role is principally in supporting local areas in the deployment of resources they need to deal with outbreaks. They operate in an extremely tried and tested way. They have been standing from the start of this crisis to make sure that all the different stakeholders in a local area—the emergency service, the NHS, the voluntary community sector and others—can work together in a singular way to respond to the pandemic as it has happened.

I chair the gold board in Leeds. We meet with our stakeholders in that way and I report in and work with the local resilience forum for West Yorkshire, where it is extremely ably led by Robin Tuddenham and the other emergency services heads, such as Dave Walton in the fire service. That relationship is working right across the country to make sure we have the resources we need to support the director of public health and Public Health England to deal with the outbreaks as they happen.

Q167 **Rachel Hopkins:** When we wrote to the Prime Minister after his appearance before the Liaison Committee, we asked the Government to set out and publish online the respective roles of all the different organisations involved in contact testing and tracing. Do you think this would be helpful?

Tom Riordan: Definitely, yes. We will be responding to that. That is a very helpful suggestion. I did not create the complexity of the geography of the country and the different bodies and everything. We need a way of making sure that, through this, we have a singular way of working and that, if the director of public health, working with Public Health England, needs the support they require, it can happen quickly and clearly. We are setting this out online. We have set it out in the initial guidance we have issued about the outbreak plans. We will definitely respond to the Committee's request there and set that out so that everybody can understand it as well.

Q168 **Chair:** There was a lot of discussion earlier about data. I will ask a question about the alert level, which Clare Gardiner mentioned before. That is one of the things the centre is very much involved with, in giving Government advice about the alert level. Can you expand a bit more about the multiple data feeds that are available and how they come together to develop the advice you give about the alert level?

Dr Gardiner: The alert level, as you recognise, is based on a range of different information, including the daily modelling of R. We take information on trends and the number of positive Covid cases. We look at contact tracing data and try to bring all that information together, make a consolidated assessment and provide advice to the chief medical officer,

who in turn provides advice to the Government on the overall Covid-19 alert level.

Q169 **Chair:** In terms of changing the alert level, there has been a bit of discussion at national level about Government easing lockdowns but the alert level staying as it is. How is the decision made to change the alert level? Who makes the decision and what information do you base that on?

Dr Gardiner: The joint biosecurity centre team, which is made up of a range of experts from across a number of different disciplines, particularly epidemiologists and data scientists, as well as Government officials, will be looking at a range of indicators. As I said, we are looking specifically at incident rates across the country. We are considering some of the modelling that has been done. We are taking data from the NHS test and trace service. We are taking data from Public Health England, one of our primary partners. On the basis of that information, the team will make a judgment call and provide an assessment and recommendations to the chief medical officer, who in turn will advise the Government.

In terms of the choices that the Government then make, in terms of action, they will take the alert level into consideration. They will also be taking into consideration a range of other issues. It is very much then a case for the Government, in terms of how they look to move forward on the lockdown relaxations. We are keeping the alert level under consideration on a regular basis.

Q170 **Chair:** What about feedback on the impact of easing the lockdown? Obviously, we had some schools reopen in the last two weeks, probably more this week. Do you simply look at that impact nationally? Are you able to disaggregate the impact of, say, schools opening compared with other things? How far can you get it down to a granular look at particular areas that may be more effective than others?

Dr Gardiner: That is exactly one of the things we would like to do as we move towards full operating capability. We would like to be in a position to provide really timely, local-level data to decision makers to help them make the right decisions to contain outbreaks. We would like to be in a position to provide really early warning indicators on identification of clusters at a local level. We would like to be able to provide, as you said, Chair, feedback to the local level to give an assessment on how effective individual interventions have or have not been. That is exactly the sort of thing the joint biosecurity centre is aiming to do, as we move towards full operating capability.

Q171 **Chair:** That is a target and an aspiration at this stage. You have not got there yet. The R level is something that I had no idea about a few months ago and I suppose most people in the country would not have known what an R level was either. Most people have some idea now that it reflects the likely spread of infection. Greg Fell was saying earlier that, as

you get to more localised potential outbreaks, rather than a national, wider outbreak, the R level becomes less important. Is that something you are thinking about? What is your view about the R level and the information you have to give to local authorities and others, for example, on this?

Dr Gardiner: We certainly have no plans to provide R levels at a regional or local level. The important data that Greg Fell and Councillor Hudspeth were looking for was information on specific clusters. If we can provide information to identify outbreaks and clusters in an as timely as possible way, I think that will be enormously helpful, in terms of helping to contain the outbreak at a local level.

Q172 **Chair:** How far is your job providing information and how far giving advice? There is talk now about pubs and bars reopening or maybe, as a result of the need to get that done effectively, for the 2 metre social distancing requirement to be reduced to 1 metre. Will you be doing any modelling around that, or any provision of data? Is it part of your role to give information in advance, or is it simply to monitor what happens when it is done?

Dr Gardiner: Our primary role is to provide a really comprehensive view of the state of the epidemic across the UK at a national, regional and local level. The value that we bring is to provide that consolidated picture of what is happening on the ground and try to draw out unique insight from the various streams of data and information we have available, so that local decision makers can take action. In terms of advice, we are working very closely with Tom Riordan and his team to be able to provide a series of action cards to local responders that give a range of options that could be taken if they have an outbreak or cluster in their area. I do not know whether Tom would want to come in at this point and provide more.

Tom Riordan: Briefly, we are working very closely together with Clare and her team. The key thing we are trying to get to is a very good fit between the national and local data and the information that is available to decision makers who are making those decisions about different settings at a very local level and the ability to deploy resources quickly. As we move into this next stage of the pandemic, it is about information about infection rates and where they are, rather than the R rate. As you get lower numbers, it becomes less a measure of what is happening now. It tends to be slightly backward-looking as well; it is two weeks back, whereas infection is here and now.

Q173 **Chair:** I will come back to Clare for a minute. To make it clear, is all this data you are collecting for the purpose of looking at the effect of decisions in everyday life, or does it help you advise Government about the decisions they should be taking? As an example, there is the 2 metre rule. Will you be asked for your view about whether that should be relaxed, or are you simply monitoring the effects of it if it is?

Dr Gardiner: We are aiming to do three things, broadly. We are aiming to synthesise a broad range of data and provide, at a national and local level, a really clear picture of what is happening and try to draw out some inferences there, from a sectoral perspective but also a geographical perspective. We are looking for trends. Importantly, we are looking to identify clusters and outbreaks at a local level as quickly as we can, in order to augment the information that the local responders are seeing on the ground.

Q174 **Chair:** I do not think that quite answered the question. That is looking at what is happening and feeding it in. Does that feed into Government decision-making? I come back to the 2 metre rule. Will you be asked to feed in information to decisions on that? Will you be asked for advice about that?

Dr Gardiner: We will certainly be looking to learn. As interventions are taken, we will be looking to provide analysis on the effectiveness of those interventions.

Q175 **Chair:** That did not quite answer the question again. In terms of the 2 metre rule, will you be giving advice to the Government on the basis of the information you have, or is that something that is outside your remit?

Dr Gardiner: I think the Committee will appreciate that I am in day six of the job. I spent my first week trying to focus on where I think the JBC can add material value to colleagues at a local level.

Chair: I appreciate that. That is a fair answer to a difficult question. Perhaps you might like to think about it and drop the Committee a note afterwards if that is possible.

Dr Gardiner: I would be delighted.

Q176 **Ian Byrne:** These questions will be directed at Tom, so you can have a break now, Clare. Tom, you were responsible for leading engagement with local authorities. What have they told you on proposals to ease the lockdown in coming weeks?

Tom Riordan: Local authorities, because of the role they play, fully appreciate the fact that public health and the safety of the general public is the primary consideration. Also, there are the almost unintended consequences of the lockdown and the impact that has on the economy, the mental health of people in communities and children not being able to go to school. All those wider economic and social considerations are there as well. There is a recognition of the unprecedented scale of what we are going into and the need to move cautiously as we come out of lockdown, so that we do not go into a second spike. That is something that is heard generally.

There is equally a recognition that we cannot stay in lockdown forever. We have to somehow move out and move out cautiously, very much listening to and heeding the advice of the CMO and others about how we

do that in a managed way and in a way that is safe. One of the challenges we have had is that the virus is at slightly different stages in different parts of the country. In some parts of the country, it is almost down to no cases now. In others, it is on its way down but it is not quite down as far as places that had it first, such as London. You will always get different views in a sector as diverse as local government.

Generally, the recognition is that we are now in a stage where we are coming out of lockdown. There is also a recognition that we need to do that carefully and in a way that gets across to the public that they are the first line of defence, so washing your hands, keeping your distance, self-isolating when you have symptoms, getting a test and giving your contacts if you test positive so that they can self-isolate. If we all do that, we can come out of lockdown and be safe in doing so. That is the biggest factor.

Q177 **Ian Byrne:** On engagement, Tom, do local authorities feel they are getting listened to by central Government? At the start of it, there seemed to be a disconnect. Do you feel as though that bridge has been repaired and they feel their value on the ground and their expertise is actually getting listened to and potentially shaping the Government's decisions?

Tom Riordan: There has been significant improvement. I would say that, because I am doing the job that I am doing, but I genuinely am somebody who listens. I learnt in local government that it is not good enough to just listen; you have to do something about it. That is what we are trying to do. We will not always be able to do what the sector wants in every case, but, where we can, we will respond. We have done that on data. We have done that on the resources. We have done that in the local plans. We have done it in the improvements that Clare has been leading and the JBC are making to the way we bring together the information that is available to help decision makers.

There is always more to do and we are learning as we go. We have also brought in some of the good practice that is happening on the ground already. We have been able to tell stories about the fantastic work that London councils have done on looking at BAME disproportionality; the work that councils like Cheshire, Surrey and Devon have done on communication with local communities; and the work Greater Manchester is doing on ramping up its capacity on contact tracing. Liverpool is doing some great work on data. Merseyside more generally is doing some great work on data. There is a real opportunity here to forge the strongest partnership we have had for a while between local and national government on dealing with an issue where we have to do it for the people we serve.

Q178 **Ian Byrne:** I am delighted to hear that. I am going to rattle off a couple of questions now to get an overview of you and the team. To what extent do you feel people are continuing to observe the Government's lockdown guidance?

Tom Riordan: I think the vast majority of people are. If you look at the fact that 85% of people who have been contacted by test and trace have said they will self-isolate because they have been a close contact, that is a really encouraging sign. If you look at most communities in the country, the reason infection rates are coming down is because people have made massive sacrifices and responded really well. Of course you always get exceptions to that. We know that. Certainly in my part of the world, the police have worked extremely closely with us as a council, the voluntary community and the faith sector to try to get across to people how important it is to keep this going. I think that partnership is going to be even more important through this next phase. The leadership role that local elected members play, at ward and district levels, through leaders and other stakeholders, is going to be vital in keeping that going.

Q179 **Ian Byrne:** Do you anticipate an increase in Covid-19 cases in tourist or protest hotspots?

Tom Riordan: This is a really significant issue for many parts of the country. After VE day and some of the good weather, as we have eased restrictions, we saw that some parts of the country have been really concerned, rightly, about what an impact that is going to have. There are some really good ideas and work going on, thinking about how we can move into the next phase and still keep almost socially distanced tourism going. That is particularly important for those parts of the country, such as the south-west, that have had lower levels of infection rates and so feel slightly more vulnerable to an influx of people into the area.

If we can make sure that happens when we have infection rates further down, we have test and trace working well and we have these local plans in place, so we can jump on outbreaks as they happen, hopefully we can get through this next phase and get the tourist and hospitality industries going again. I know myself, living in Yorkshire, how important that tourist industry is for all of us. Lots of people will not be travelling as much abroad because of what has happened. If there is a way we can work locally and nationally to come up with a way of the tourist industry getting through this next phase, not at maybe the numbers we would have had in the past but in a way that is socially distanced, we have to try to find that. We have to be very cautious and careful, particularly in those parts of the country that are rightly concerned.

Q180 **Ian Byrne:** Regarding any future lockdown, God forbid, what other powers do you think may be needed at local level to restrict business or enforce the lockdown, in light of what you have just said?

Tom Riordan: I heard Greg Fell and Councillor Hudspeth talking earlier. Greg was right to say that the powers are in place at the moment, under the Public Health (Control of Disease) Act 1984 and the environmental health regulations, to allow individual directors of public health and Public Health England teams to intervene and deal with settings and outbreaks as they occur. I think there is national legislation in place for Ministers to deal with things like school closures. At the moment, we have a system in

place that is working. As I am looking at what is happening around the country at the moment, it is working pretty well, in terms of people working on the ground to try to deal with outbreaks as they happen.

I would make the point, as Greg did, that the default is always to try to deal with things without having to force people. A business will usually come to its own conclusion that they want to stop the spread within their workforce. They will do a deep clean, maybe temporarily close, get people tested and make sure they can keep going very shortly after that. There will be exceptions.

As we move into the phase maybe later in the summer and particularly looking to winter, we need to think about whether that balance of powers is right and whether people have the basket of measures they need to deal with more of a community spread of the virus. That is something that is being actively looked at with Ministers at the moment. I would expect we will see more guidance about that in the next few weeks. There are active conversations happening. I am having those conversations with local government colleagues about what might be needed.

I would go back to what I said before: that I do not think dealing with this pandemic will ever be either, "Completely over to you at a local level," or "Completely over to you, Ministers." We have to find a way of really strengthening this local-national partnership, making sure we get the best out of both and have a very swift way to make decisions when they are needed. We can do that at the moment, but we probably need to look at how we might do it particularly in the winter, if we have a spike in the virus again when flu season is upon us as well. We need to be ready for that.

Q181 **Ian Byrne:** To touch on the powers regarding the test and trace system, do we need extra powers to ensure people give information relating to their contacts, or do you believe that is already in place?

Tom Riordan: I think it is working pretty well, from the information we have so far. Everybody, throughout this pandemic and the unprecedented nature of the challenge, has been keen to work, if you like, in the way the police work, which is with the consent of the general public. With all of us in positions of authority, whether elected like you or appointed like me, keeping that confidence and trust with the general public is vital. The preference is that we go with what we have at the moment. If we have 85% of people saying they are self-isolating as a result of being contacted, that is good. That is working and hopefully we can stick with that without the need for further powers.

Q182 **Ian Byrne:** Lastly, you have spoken about the partnership between national Government and local government being key moving forward. Do you believe that successful partnership between local government and national Government is one of the biggest single issues to eradicate this disease?

Tom Riordan: Yes, and the local stakeholders as well, including the NHS colleagues. There is some brilliant work going on through integrated care systems. We have been engaging with them. There is the work the faith sector and the community sector can bring to the table in terms of giving people reassurance locally that this is in their interest and we need everybody to almost have that peer pressure at a very micro level. The way we get through this is that we do the things we are being advised to do by the scientists. That partnership, where I would define local as not just local government but actually the whole range of local stakeholders, is absolutely crucial.

Ian Byrne: That is an excellent answer, Tom.

Q183 **Mary Robinson:** The partnership between national and local government is hugely important. The success of this, in very many ways, of this will depend on that. We are looking at the containment at the local level of this at the moment, but I can see a potential for the national dynamic to be important too, for instance around airports. You have mentioned Manchester and Liverpool, both with airports that will be looking to increase their passenger numbers. Do you see or anticipate a conversation between yourselves and national Government that will be directed towards policy?

Tom Riordan: Yes, absolutely. I know, having been working with them, that Ministers, Cabinet Ministers and senior officials are absolutely trying to take all these things into account. Whatever we get to with local lockdown or movement restrictions, there will still need to be that national responsibility and approach. As you say, there are airports and ports. Transport particularly crosses lots of local and regional boundaries. That absolutely has to be the case. I think the ability to influence policy is happening. With changes to the data provision, the money that has been forthcoming, the £300 million and the plans, we have seen that they are following through. They cannot do everything. They cannot respond immediately on everything.

The final comment I would make is that there is such an intensity of interest because it affects every household in the country. Until I got involved in the national work, I had not fully appreciated just how much everybody is interested in what is happening, from the media, to you, to all of us. That is something that is a challenge at a time when you would like to communicate, consult and spend more time. We have to work at pace at that national level to get things done. It is not easy, but policy is definitely changing and being listened to as a direct result of the impact that local government and other partners are feeding in.

Q184 **Abena Oppong-Asare:** Hi, Tom, and congratulations, Clare, on your new position. My question is mainly directed at Clare. The Government have launched the NHS test and trace service but the app has not been rolled out. How effective can contact tracing be without an app?

Dr Gardiner: The contact tracing service that has been rolled out already is a comprehensive service. I know Tom may want to come in on this as well, because this potentially sits more clearly with his portfolio than mine. We have already seen from the data that Baroness Harding presented on Friday that, although there is still room to improve, the contact tracing service is already delivering real value. It is already reaching a high proportion of the contacts of known cases.

Q185 **Abena Oppong-Asare:** Do you know what the figures are, in terms of how many people it is reaching?

Dr Gardiner: I do not want to get the figures wrong, so I am just making sure I am on track. I know of the contacts that were reached, 85% were agreeing to self-isolate. 31,000 close contacts of known cases have been identified to date. Day on day, we are seeing that the numbers are increasing and the service and coverage is improving further.

Q186 **Abena Oppong-Asare:** Tom, did you want to add to that?

Tom Riordan: As Clare says, the service has launched. I know people will always look at the figures and take their own interpretation. The fact that we have significant numbers who are responding to the system who have been tested positive and then 85% are saying that they will self-isolate once they have been traced is a good start. Of course we want to get better.

One of the ways we will get better is when the app is launched. The main thing for me that the app will do is, particularly as we move to a point where infection rates hopefully reduce further and we get more people travelling around, it will cover those people who you did not know you were near as you were travelling around, whether at work, on public transport or in your locality. That is where the app can add most value. It is not the be all and end all, but it is something that will make a difference once it arrives.

Q187 **Abena Oppong-Asare:** There has been a lot of discussion about what happened with the app trial on the Isle of Wight. Do you have any thoughts on what lessons have been learnt from that trial of that app? Can you shed any light on that?

Tom Riordan: Yes. We have an excellent chief exec from the Isle of Wight, John Metcalfe, who has been helping us in the team. We have lots of excellent local government people involved in the wider network. John has given us real insight into the advantage that they had from joining up the national and local communication. Having trusted local partners like the council and the local MP involved in selling the use of the app and the importance of it to deal with the virus was something that was really important.

Secondly, there have been people wanting to know how the data is going to be used and how that is going to work. That has been very helpful in being able to learn what the concerns are from people and how they can

be responded to. The testing that we are doing of the app in the Isle of Wight is absolutely right. It is absolutely right that we do not rush as well, and that we wait until we have it right and then roll it out. There have been really important lessons learned. It has been a very valuable piece of work. I am really delighted and thank the people of the Isle of Wight, so many of whom have signed up to the app itself.

Q188 **Abena Oppong-Asare:** I read that, in May, about 60,000 people had downloaded the app and the island population was about 140,000. There are obviously issues where not everyone has a smartphone to be able to download that. These are issues that have come up. Do you feel those have been rectified?

Tom Riordan: Having had apps like this on my own phone in the past, they have drained the battery too fast. That was a big concern that has been put right. The way Bluetooth works now is much better. It is working with the app and that is really good. As you say, there are issues around how many people are able to use the app who have a smart phone. The way that we deal with that is that we have the NHS test and trace service that is in place now and that can reach those people. The more we can get using the app once it launches, as, if you like, a complement to the current system we have in place, the better. Giving people confidence that it is going to work on their phones, it is not going to drain their battery and it is going to use their data in absolutely the right way, which are all the things that have been tested and given a tick from the Isle of Wight experience, I think will stand us in good stead when we want to roll this out more generally across the population.

Q189 **Abena Oppong-Asare:** Clare, did you want to add anything to that?

Dr Gardiner: Tom has covered it really well. We have a contact tracing system that is up and running and, as each day goes by, the coverage and the quality of the outputs improve. When we have an app to complement that, that will strengthen the collective system even further.

Q190 **Abena Oppong-Asare:** There is one other thing I wanted to ask you. I read somewhere that about 60% of the population needs to install it for it to be effective. How confident do you feel that we will get a large amount of people installing the app?

Tom Riordan: If people have confidence that it can really help us stay out of national lockdown, keep the economy going and enable young people to go to school again, and understand the impact it can have on letting us live our lives again, albeit in a socially distanced way, I think people will take it up. We need to always listen to the concerns that people have expressed about things like this, test them and then make sure what we have is fit for purpose. That is why the Isle of Wight experiment has been really important. My understanding is that has passed those tests. If we can get everybody in the country behind it, it can be a really valuable complement to what we have already. I would be hopeful that we could get those sorts of numbers, but it is all about public

confidence and working with people, rather than doing things to them, which is what we are trying to do with this programme.

Q191 **Abena Oppong-Asare:** Finally, when would the app be rolled out?

Tom Riordan: I do not think there is a specific date at the moment, but it is in the next few weeks.

Q192 **Abena Oppong-Asare:** Clare, do you know roughly when it is going to be rolled out?

Dr Gardiner: As Tom said, I do not think there is a specific date at the moment.

Q193 **Abena Oppong-Asare:** There is no specific date that has been agreed internally yet.

Tom Riordan: No, not that I am aware of.

Q194 **Ben Everitt:** I think both witnesses sat in our first evidence hearing. We discussed data and data sharing in that. Both witnesses will have picked up that there was a high degree of confidence that data sharing can work, not least because Covid-19 is a notifiable virus and that comes with large shears to some red tape that we would ordinarily see, particularly sharing of health data. We know that local authorities have called for more data to be shared in real time. I would like to find out whether that is something that is achievable now.

Dr Gardiner: Our ambition is to get to a position where the right data is getting at the right time to the right people, in order for them to make decisions. We heard from the previous two witnesses, as Tom has referenced, the complexity of the current systems. One of the key roles, certainly for me and my team over the next few weeks, is to understand where the information is being held, how we bring that information together in a way that can add unique and valuable insight, and, working with Tom and colleagues, how we get that information down to the local level as quickly as we possibly can. Importantly, we need to get the feedback loops back up so we can understand whether that information has been useful, timely and effective.

One of my key success measures will be sitting down in a little while with Greg Fell and asking if he is getting what he needs from the joint biosecurity centre, as part of the test and trace programme. I would hope that the answer would be yes.

Q195 **Ben Everitt:** In an earlier answer, you suggested that you would not necessarily be sharing or making public local or regional R values. What sort of data will you be sharing with local authorities and how will they receive it?

Dr Gardiner: As I mentioned earlier, the JBC does not have a responsibility for setting R values. That comes from various modelling and the SAGE committee ultimately sets that. In terms of information we

are keen to ensure we are sharing at a local level, there are three buckets of information. We have a responsibility to paint as clear as possible a picture as we can of what is happening both nationally and locally. We have a responsibility to provide as clear as possible a picture of what is happening sectorally and where we are seeing trends in particular sectors across the economy. We have a responsibility, and this is what we are particularly keen to do, to use the information we have access to in order to identify quickly potential clusters and local outbreaks, so that we can get that information down to a local level to enable local responders, and particularly directors of public health, to take action.

Q196 **Ben Everitt:** We certainly get your confidence and your enthusiasm, being new in the role, about what can be achieved. Tom, is this sense of confidence and optimism about data and data-sharing something you share?

Tom Riordan: Yes, definitely. The team that Clare has come in to work with has been doing some really good work and has made a lot of progress, particularly working with Public Health England, to improve the transfer of data to the people who really need it, which is the directors of public health. That is principally on testing at the moment, which is on a daily basis. As Clare says, we need to improve not just that data but the other data that we could use, like triage data from 111, for example, to get ahead of the virus a little bit and try to give insight in a way that can help decision-makers on the ground.

I am really confident that, in the conversations Clare and I have had at the start of Clare coming in, we have been completely on the same page. That is in terms of the two parts—the local element and the national element—needing to work as part of the same thing, so that we have that real-time data at the press of a button, both nationally and locally.

Potentially, this could be a really big step forward for Whitehall and local working more generally. It is something that we know is not the easiest thing to do, to link up across different parts of an organisation. I have it in my own council. If we can do this with a whole range of different insights into what is happening in regional places, obviously in an anonymised way, which gives people confidence their data is being used in the right way at the right level, this could be really important to us, not just for Covid but generally for policy-making.

Q197 **Ben Everitt:** That sounds incredibly positive. The bit that you keep saying is "it could be" and "it will be" and so on. Real-time data sharing is not happening right now, but it can do and probably will do. Is that what you are saying?

Tom Riordan: It is happening right now. It is happening on what we call local dashboards, which are just at the upper tier local authority level at the moment. People really want that granular data down to what the techies call super output area. That is 1,500 people or something like

that. That is the level we need to get to and we are not far off that. We are already seeing triage data from 111 being used in those dashboards as well. It is happening. We have made the step. With Clare and her team moving to the next stage, it can become even better.

Q198 **Ben Everitt:** Clare mentioned in her answer that there was a huge range of data that you could be sending to local authorities and specifically to directors of public health. Quite reassuringly, there was a need to be balanced about what data gets shared and what is absolutely needed. It begs the question of whether we have the right amount of support for local authorities in actually analysing this data. It would be absolutely no good just to do a data dump down from the JBC into local authorities and not have the expertise, capability or even the bandwidth to do anything with it.

Dr Gardiner: That is absolutely right. One of the early wins for us is to take the existing data that is already available at a local level and help to analyse that, look for trends and provide insight, and pull out the "so what?" if you like. We in the JBC can take some of that pressure away from directors of public health and local responders, try to do that analysis and enable them to bring inference out of that data much more easily. You are absolutely right: that is one of the things we should be doing to support.

Tom Riordan: We see a role for a local structure to try to do that. We are thinking of nine teams, one per region, which are going to work with local outreach from Clare's side, and some ex-chief execs from local authorities coming in to provide that support role for local areas. Some local authorities have capability in this area and some do not. That is where the JBC can really add value and help.

Q199 **Ben Everitt:** Certainly in business the saying has been, "In the future we will need at least a third of our staff to be data scientists". It seems that local authority is the future now.

Tom Riordan: That sounds good.

Chair: Thank you very much to Tom and Clare for coming to give evidence to the Committee today. That was a really interesting and informative session. Both the panels today have given the clear impression that there is a real willingness at national and local level for the various parties to work together constructively and a demonstration that, even if not there to the total degree at this stage, we have certainly moved an awfully long way forward from what we were talking about only a few weeks ago. That is reassuring to us as well. Thank you both very much indeed for coming to give evidence to us today.