



Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 17 June 2020

2.55 pm

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Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 5

Virtual Proceeding

Questions 35 - 42

Witnesses

I: Councillor David Williams, Chair of County Council Network and Leader of Hertfordshire County Council; Eamonn Boylan, Chief Executive, Greater Manchester Combined Authority; Dr Jeanelle de Gruchy, President of the Association of Directors of Public Health (ADPH) and Director of Population Health for Tameside and Glossop Strategic Commission.

Examination of witnesses

Councillor David Williams, Eamonn Boylan, and Dr Jeanelle de Gruchy.

Q35 **The Chair:** I welcome you all to our third public hearing session. We are already getting quite a lot of correspondence from people about submitting written evidence and are receiving written evidence, and I thank them for that.

Today we are going to look in particular at national and local experience. We have very strong panels for both of our sessions, but our first session is largely people who work at a local level but with strong connections to the centre.

I am pleased to welcome to our first session Councillor David Williams, chair of the County Councils Network, which I used to know very well, and leader of Hertfordshire County Council. Eamonn Boylan is chief executive of Greater Manchester Combined Authority, and Dr Jeanelle de Gruchy is president of the Association of Directors of Public Health.

I shall ask each of you to say who you are and where you are from as you answer questions. Given we are in such tight times, and given the unusual system of having to do this virtually, I shall not give you the chance to say much other than to deal with questions. That is how we shall hear the best from you.

What failures has the outbreak exposed in central and local government co-operation on public service delivery? You will get the chance to address the successes, too, but what have you learned from the problems you have found between national and local, and what do you think that means for what we need to look at in the future?

Councillor David Williams: Thank you. I am leader of Hertfordshire County Council. I am also chair of the County Councils Network, a special interest group of the Local Government Association that looks after and supports 36 county authorities; 25 of them are two tier and 11 of them are unitary councils. Those councils stretch from Northumbria and Cumbria down to Devon and Cornwall, so we have a real cross-section across the country.

My principal observation is that I find it quite difficult to talk about failures. I can point to some failings and to some frustrations, but it is difficult to point to failure as such. Probably the most controversial issue, of course, is the testing of residents coming out of hospital and going into care homes and the testing of people working in care homes. That clearly is a very controversial and challenging issue at the moment and a lot of thought has been given to it. The Association of Directors of Adult Social Services has made its views known very strongly to the Government. More could have been done to test people leaving hospital and going into care homes.

When I look across local authorities, I see bodies that have done some of the heaviest lifting as we have gone through this pandemic. Councils delivered over a million food parcels to the most vulnerable people,

secured PPE, protected the NHS by securing care in the community, worked with schools to keep them open and, latterly, to bring more pupils back into schools, and, significantly, provided accommodation for the homeless. Indeed, one consequence of the pandemic has been the requirement to build mortuaries at some pace.

When I look across the piece, I can see some areas that have been really challenging for government—PPE in particular—and, as a consequence, the Prime Minister has made appointments to address certain issues that have arisen. Lord Deighton was recruited to support the PPE efforts, Baroness Harding has come in to support the work on track and trace and testing, and, latterly, David Pearson has been brought in to deal with the social care action plan.

Some issues have required attention, and, inevitably, the Government have provided some horsepower to get them addressed. One issue in social care has been quite a lot of concern on the part of Care England about how councils have worked with the care sector. From my own perspective and from those authorities that I know very well, I have seen some really good relationships between the care sector and local authorities.

I see local authorities being very positive and directive in wanting to get arrangements in place very quickly and make funding available very quickly to the care sector to support it, but, inevitably, given the nature of local government at the moment—151 local authorities are upper-tier authorities and are making those contractual arrangements with different bodies—I come out of this with a very strong view that there is the need for reform in the way local government is organised. We have far too many councils in England and we need to get to a position where we have a smaller number of councils and where some of the devolution arrangements that particularly Eamonn will be familiar with in Manchester are made more widely available across the country. Many people in local government are now waiting to see the devolution White Paper that the Government propose to bring forward.

I talked about some frustrations. I think there has been unprecedented communication with the Government. I have had access to Ministers, we are having conference calls, I have had access to civil servants. There has been unprecedented communication and a will to get things done, which I truly welcome.

A major concern is the funding that local government needs, and I have to say that the Secretary of State at MHCLG and the Local Government Minister are taking the issues very seriously. They have made available two tranches of funding, we are now awaiting a further announcement that will be made shortly, and my hope and expectation is that some of the funding requirements that we need to see us through the rest of the year will be confirmed shortly.

A final thing to mention, which may be of interest certainly to Lord Hogan-Howe, is my sense that the civil contingencies arrangements were

not particularly designed for a UK-wide, long-running crisis. The arrangements for local resilience forums were put in place to support particular incidents—you would step up a team and then step down.

Having an emergency over such an extended period does raise the question of the level of support by government liaison officers, and some of the other individuals who support the civil contingencies arrangements perhaps have to be looked at to reflect such a broad and long-running crisis.

Dr Jeanelle de Gruchy: Thank you. I am a director of public health in Tameside, Greater Manchester—coincidentally, GM as well—and I am president of the Association of Directors of Public Health, a UK-wide membership organisation representing all directors of public health.

I will not repeat what Councillor Williams has said because I think we would agree with those comments.

Certainly in the beginning, there was a really poor understanding and recognition of the role of the director of public health, the local public health system and indeed local government as a key partner in managing this pandemic. I think there were consequences of not understanding the role of the director of public health. However, there has been much more recognition of our role in the last few weeks, I would say. I can give you some examples.

I think there needs to be much greater understanding of how we work through local government to improve the health of our populations in influencing the social and commercial determinants of health, and so on. I know you are going to come on to that, but we have learned from Covid that it has impacted differentially and has really affected those populations that were vulnerable in having long-term conditions and poorer health.

The role of government in creating healthier, more physically resilient populations is really important. We can see that in the impact on people's long-term conditions, which links into the BAME population and, of course, older people living in care homes and how vulnerable they were.

The second thing it has illustrated is fragmentation between local and national, and I think Councillor Williams talked about that and what he called the unprecedented communication that we now have with government. That is to be welcomed, but it was not there in the early days. The system is not set up to recognise that.

Although I think we are now much more part of informing and giving our perspective to shape some of the Government's policy, whether it is on care homes and managing what are now outbreaks in care homes, or on the NHS test and trace, the lens is very much national.

The understanding of how things land locally could still be developed, so directors of public health, along with a lot of our other colleagues in local government and the local NHS, have spent an inordinate amount of time

knitting together what comes down in reasonably siloed ways. We need to make it work for our populations locally.

The third thing linked to those is communication. If you do not know that directors of public health exist or what our role is, you are not going to communicate with us. Certainly in the first weeks we got nothing directly communicated to us, which put us—we have a statutory responsibility for our local populations on health—on the back foot in how announcements were made, how we were left to interpret and translate them into local areas. Bearing in mind that we were supporting and advising those sectors that Councillor Williams mentioned—care homes, schools and mortuaries—we were a bit in the dark in being communicated with.

The last point to make goes back to what I said earlier about government understanding of how you create a healthier population and tackle health inequalities. There is something there about not really valuing the public health system, not sufficiently valuing how you create health. In the earlier days, a lot of the response was an NHS response, not a public health response to the pandemic. We have had to play catch-up because of the cuts over time to the public health system and to the local government system, which is essentially about creating a healthier and more resilient population.

Eamonn Boylan: I am chief executive of Greater Manchester Combined Authority. The combined authority is made up of the 10 leaders of the sovereign councils of Greater Manchester and is chaired by the elected mayor, Andy Burnham. It was set up in 2011 largely in response to us having a conversation with government that continually says, “We cannot devolve anything to you because you do not exist as a legal entity”, so we thought we would create a legal entity, and the devolution conversation started from there. It has been a continuing journey ever since.

There are two things I would say at the start. Failure is an absolute, and, similarly to Councillor Williams, I would not want to go there, but the outbreak has highlighted some of the weaknesses and barriers that exist in local and national government in respect of delivery.

There are three things I would say. First, picking up on some of the points that Dr de Gruchy made, our entire public service reform journey has been built around the principles of community and locality. We see that as being how you join things up in a way that makes sense for local people.

National government, despite its best efforts, still works in departmental silos, and within departments in individual silos. It is very difficult often to join things up or to see from a national level how things can be joined up at a local level. That has been a bit of a frustration for us. It has not started with the pandemic, but it has been accentuated and highlighted by it.

The second point—and I think I understand the need for the Government to be seen to be responding—is that the pandemic has shown that it makes little sense to try to deliver local services from a national level because local agencies are much better equipped to co-ordinate, to activate and to bring together public, voluntary and private sector players in communities in order to deliver.

The services to the shielded cohort would have been much better managed if they had been dealt with in that way from the start rather than at the point at which it was clear that the national programme could reach no further into that cohort than it already had. That is a singular issue for us.

The third point—this is probably echoing a point that has already been made—is that we felt that we did not manage to land a clear message about the extent and depth of expertise that exists at local levels. Dr de Gruchy has talked about the role of directors of public health; I could say exactly the same about directors of adult social care, who were not consulted at all about the guidance on going into care homes and could have helped to shape that much more effectively and much earlier.

Those are the issues that I would highlight as being ones that can be resolved by a proactive, place-based approach to public services.

The Chair: Thank you. Of course I noticed that Andy Burnham yesterday asked whether you could be a pilot area for proper integration between health and social care. That is clearly one way in which you in Manchester in the combined authority see changing things in the future.

Eamonn Boylan: Absolutely. It is not a takeover attempt in respect of the NHS, I assure you, but it is, we believe, the way in which we can effectively bring together in a meaningful and powerful way the health and care services that we can offer to people in our communities.

Q36 **Baroness Wyld:** I thought you gave a very clear diagnosis of where you saw systemic and structural problems. Going on from that, could we pick out any particular examples of new work that the crisis drove, in effect? Were there any ways in which the crisis was a catalyst for innovative working between national and local government?

Importantly—if there were and you can point to them—what steps can we take to make sure they are ingrained and become an established way of working rather than simply a reaction to a crisis?

Dr Jeanelle de Gruchy: What has been different in the more recent weeks has been much more interaction between local and national, a much greater understanding of the way in which we need to work as a system.

If I take the NHS test and trace service as an example, in the early days we as directors of public health were in the business of saying, “We have the skills and we have the experience locally, so talk to us. We can help”, because it was all being led nationally.

That has moved on and we are now much more engaged. The appointment of Tom Riordan, the Leeds chief executive who has stepped into that role, has been really important, and I know Sarah-Jane Marsh is leading testing. People with real local experience are being seconded into national to help to provide a greater understanding of how things land locally and how they actually work on the ground, and to try to connect things nationally much more.

I think the point has been made already that a lot of it can be quite siloed in the different departments, yet when you come down to local government and the local NHS—the police and so on—it all has to work as one system.

What has shifted is that local voice up into national and much more of an appreciation of joint problem solving. Some of the stuff has to be done nationally and to be done at scale, yet some of it needs to be done very locally and you need to understand your local business or your local school and have that relationship with the headteacher or a local particular community that perhaps does not speak English.

The way we are going to get on top of Covid or the outbreaks is to have both the big-scale approaches—the national—on test and trace and real sensitivity to local. We have been engaged in the last few weeks in that constant conversation between local and national on problem solving. I am in those conversations every day. We cannot afford to lose the importance of understanding both how things are happening nationally and locally and creating that team of teams to meet the scale of this challenge. I have others, but that would be one example.

Councillor David Williams: Test and trace is going to be a really important one and I endorse everything that Jeanelle has been saying about that, but the jury is out to a degree and we need to see how that plays out. I am really pleased that Tom Riordan has been brought into that. David Pearson's appointment—he is an ex-director of adult social services from Nottinghamshire—by the Prime Minister to take forward the social care action plan is also really positive.

I would highlight the work that has been done with voluntary organisations and volunteers. There has been a step change in engagement with voluntary organisations and the recruitment of volunteers. In fact, candidly, we have had more people volunteering through this process than we have been able to deploy, which is a challenge for us—to keep those people engaged—but that represents a step change in how we are going to work together going forward.

Looking over the horizon, we are undoubtedly going to face a massive economic challenge in the way in which local works with national in addressing, inevitably, a large number of young people who will not be in employment, education or training, and the way in which we are going to work together—local and national—be it on skills or taking a sector view. We are sort of rolling up our sleeves already in needing to address that together.

Eamonn Boylan: One innovation, and it might surprise you to hear me say this, relates to financial support for local government. Do not get me on to the quantum, because there is an entirely different argument there, but the fact that government was able to provide an amount of money on a totally flexible basis was a good illustration of how we need to remodel our financial arrangements and look to much more local flexibility in how our resources get deployed.

The second innovative approach that I think, after some teething problems, worked quite well was the systems for support to businesses and the business grants and loan schemes that local authorities have implemented on behalf of government and funded through government. We were very encouraged by the Government's eventual willingness to listen to our arguments to broaden that to include those small, particularly young businesses that were not direct business rate bill payers.

That has been a good example of national flexibility being informed by and then supporting local intervention. That was very positive.

I must admit that the examples of real innovation that we have seen during lockdown have perhaps for me been more at local than at local and national level. The one illustration I would point to is the fact that we have been talking for years about how significant a step forward it would be for us to have a single digital patient record that all clinicians across GM could access. We talked about it for years and we did it within six weeks of the pandemic lockdown because it just had to happen; it was so necessary. All of a sudden, we found new and innovative ways to deal with information governance that had not seemed so self-evident before. That was a fine example of local innovation. In fairness, national partners are now helping to promote that further, but that is the highlight in innovation for me.

Q37 **Baroness Pitkeathley:** My question follows immediately from what Eamonn has just said, because it is about data sharing.

Several of you have mentioned communication, but, on the issue of data itself, how effectively have we been able to communicate across local and national barriers to share data such as the example we were just given, and what obstacles to data sharing now exist that we ought to be looking at?

Eamonn Boylan: I think the story around data sharing has been less happy and there have been some significant issues particularly around our ability to share relevant information in respect of testing to inform local interventions and to help us inform how we might deal with the management of more local outbreaks as we move out of the national lockdown. I still think we are not yet there in our ability to access and manage and interpret pillar 1 and pillar 2 data.

There are moves in the right direction, but it has taken a long time for us to get to where we are. We think some of our interventions could have been more finely tuned and more accurately and precisely targeted had

that data been available more readily and more quickly. That still has been an issue of some concern for us.

I would welcome the comments of others, but that is the one observation I would make around data sharing.

Dr Jeanelle de Gruchy: It has exposed the good and bad of previous data. First, for instance, on our death certification we do not record ethnicity. I have been in public health for a long time and when I was a trainee we were saying, "You have to record ethnicity on death certification". It is still not the case, so on all the questions we might have we could not answer that. That is a data issue of a long-standing, historical system that is not responsive.

The plus is where we did have public health systems, where data was flowing, the systems still worked—and worked better than the new stuff coming in. Then, as new systems got set up and were done at scale—and very quickly, but by new providers or people who perhaps were not in the public sector—they were set up in a way that could not be quickly integrated, and there were issues with testing.

That is one thing that has happened with the testing, so there are problems with the systems. That has caused immense problems, because while in testing you have what is called pillar 1—the NHS and Public Health England system—we get that data and a lot of it gets reported, but that is really a small glimpse because it tends to be people who are diagnosed in hospital or the first case in a care home, for instance.

When we then do the mass testing on pillar 2, we still do not have that data; we still do not have that information. That is because it is done in a different way in a different system by different providers and it was not set up integrated. As a director of health in a local area, I broadly need data for two reasons, one of which is for surveillance—to know generally what is going on in the population. I do not really have that, because I do not have postcode-level data or I do not have the data from pillar 2 in a timely way, and so on. So you cannot understand what is going on in your population, which is a problem.

Secondly, you need the data for outbreak management. One good thing is that, along with the director of adult social services as we have mentioned, local NHS colleagues have been doing a huge amount of work locally on care homes. The first symptomatic person was tested on pillar 1. You could get that information, but the whole care home testing, when it happened later, was done under pillar 2.

As directors of public health managing those outbreaks, we can get the data only by phoning the care home to ask for the results; it does not come to us. That is a real problem in managing outbreaks. Currently, with the NHS Test and Trace, we remain in that position: that we do not have access to that information.

Those are the things: the population surveillance, to know what is going on, and the outbreak management, to get stuck in and support around outbreaks, is difficult.

The issues with data relate to the gaps and what is not shared with us, and often it is perhaps information governance but stuff that really should just be sorted. It is the consistency of what is provided and when. There are big issues with data quality and accuracy and having to spend a lot of time cleaning data. So Public Health England might get data, but it cannot share it with us because the quality is not there.

Then there is the timeliness and usability. Again, going back to testing, the turnaround time for the test results and our actually getting those is way too long currently.

Finally, there is a lot of data around, but what does it mean? How is it presented? That is also difficult, and because we do not have full access to it we struggle to present it in a transparent way to our populations so that they can really understand what is going on.

That was a bit of a long answer, but there is quite a lot to unpack on data issues. I think it is improving with time and with challenge. As directors of public health, we like to be challenging about what is not right and what we need but very constructive in trying to come up with solutions.

As I said before, we are now working with national partners to try to provide solutions and workarounds, but it flagged up the original problem where a lot of the stuff was designed nationally in silos and landed locally. We had to knit it together, and we are having to go back to sort some of the problems that, if it had been done differently in the beginning, we might not have had at this point. That is what we need to avoid in the future.

Councillor David Williams: I endorse everything that has been said, particularly in relation to test and trace, but all these issues were manifest in relation to the shielding arrangements. The workarounds that had to be employed were crazy. That was all about the data coming from the NHS and informing local authorities about which residents needed to be shielding.

I will extend it slightly as well. There has also been an issue of management information. There is an element of command and control between the centre and local government regarding information which the DfE has required on who has been attending school, data that social services have been required to provide in relation to infection control, and funding that has been made available to care homes. There are a lot of people and a lot of my officers saying that it has all been too onerous.

Q38 Baroness Pinnock: I draw the attention of the Committee and the witnesses to the fact that I have a registered interest as an elected councillor in Kirklees Council, West Yorkshire.

My question is particularly directed to Dr de Gruchy. I think you have

answered a lot of the question already, but you may want to draw out some more detail and respond to the latter part of the question.

Has the coronavirus exposed weaknesses in the relationship between NHS England and councils and Public Health England and local directors of public health? If so, how can these weaknesses be addressed?

Dr Jeanelle de Gruchy: There are some strengths, some really strong relationships and some things that can be improved. My experience is slightly skewed because I am in Greater Manchester, and Eamonn can talk a little bit about the benefits of working in a more integrated system.

My local experience perhaps does not necessarily always reflect what is happening with colleagues across the country. When my association moved from the NHS into local government under the Act in 2013, it was certainly concerned about losing the close relationship with the NHS—we really did not want that to happen—both in health improvement generally and health protection. We also perhaps flagged up some concerns about the new health protection system that was being set in place with the Act.

The connections locally are probably still good, and certainly in my authority connection with the local NHS is great. Perhaps it is more at a national level with NHS England, and, again, it goes back to how national organisations understand local and the importance of local.

The concern, I suppose, is that the NHS recognises the expertise of the directors of public health and works in partnership with us and with local government. I think there is some room for improvement there.

We are all developing our local outbreak management plans, which are integrated with Public Health England and the test-and-trace system but clearly need to be integrated across with the NHS as well, but we have heard today of a particular region where they are developing their own outbreak plans outwith the directors of public health place-based outbreak plans, which is the system that should be in place.

That is just one example. It goes back to NHS England's understanding of the importance of a local place, which should be a key principle that underpins the way we work, so it picks up again the general points we have made about understanding this as not an NHS crisis but a public health crisis in a community, in a place. Perhaps that understanding is not necessarily as strong as we would hope.

On Public Health England and our relationship, at a regional and local level, directors of public health have always had, on the whole, really good relationships. The Public Health England regions and centres have largely undertaken that health protection function and outbreak management, so directors of public health have always valued our relationship with Public Health England, and, as I said, we do have those strong connections. However, as a public health system, we have experienced those cuts, and the scale of the challenge that we have had

recently with Covid has shown how difficult it is to have that surge capacity and to deal with the scale that we are faced with.

I think we have had a good relationship with Public Health England nationally. I would say that has strengthened more recently, and those in Public Health England have been key partners of a public health system approach in ensuring that the voice of the local director of public health is heard in other settings across government.

Covid has shown the importance of working as a system and that we all have to understand our role and responsibility within that. Being clearer on health protection roles and responsibilities would help, particularly when it came to NHS England and how it worked in partnership and across a proper system approach in a place.

The Chair: Thank you very much. I apologise to the other two Members, but I am going to move straight to Lord Hunt, who had his hand up anyway but also is down to ask the next question.

Lord Hunt of Kings Heath: Dr de Gruchy, given that there is a strong relationship between Public Health England and the directors of public health, and given that PHE is part of the Department of Health and Social Care, why did that not translate into a recognition by government of what directors of public health could do with them, particularly at the early stage of the crisis?

Dr Jeanelle de Gruchy: That is a very good question. I am not sure I have the answer necessarily. I mentioned communications early on. One reason we think that we did not get communications is a sense that Public Health England is public health, so it can communicate with directors of public health. Whereas local government's chief executives or directors of adult social services were communicated with directly by NHSE or DHSE, we just were not, even if we were leading on areas.

Typically mild directors of public health were getting very heated about this, where others in the system were getting letters about stuff that we were leading on. That gives an illustration and an example of national not understanding that directors of public health are in local government, not in Public Health England. We are part of a public health system, but we are definitely not the same. We bring different skills, expertise and knowledge of local government and local communities. That is what we bring, which are critical parts of that.

I think it probably relates a bit to not quite understanding local and how local works.

Q39 **Lord Hunt of Kings Heath:** Thank you. May I turn to Mr Boylan and Councillor Williams? Building on current experience and thinking about the future relationship between central and local government and local services, how would you recast that relationship? What do you need from central government to help you improve your delivery of services in the future? You have already mentioned finance and financial flexibility, the

issue of silo working at government level compared with place-based working at local level, and recognition of local government and local health service capability. Would you care to add to that? If you had almost a blank sheet of paper and were recasting the relationship, what would you ask for?

Councillor David Williams: Funding is so important. I am not going to spend too much time on it, but everybody needs to realise that when a council draws up a budget it has to work within that budget, and if it cannot it effectively needs to make itself insolvent and follow certain procedures. Unlike other parts of the public sector—the National Health Service, for instance—it does not have the same constraints of having annual budgets and having to deliver to those annual budgets. That is enough about funding.

For me, the key issue is devolution and local government reform. Added to that, Eamonn has highlighted the growing integration between health and local government in Manchester. There is also a very good example in Surrey where the health service itself is on a journey as it has reformed and created integrated care systems. A key element of the integrated care systems is the focus on population health. That is where local government will undoubtedly work even more closely with the health service and public health in order to focus on public health.

The key thing there is devolution. We need a common tapestry, for want of a better description, of the way in which powers can be adopted locally. My sense is that this Government see this as being absolutely fundamental. It is fundamental to economic growth and levelling up around the country— a really important agenda.

We await a White Paper in the autumn. I hope that will be really significant in driving devolution and making available the powers that exist in Greater Manchester in order that decisions in relation to strategies and infrastructure can be taken at a more local level.

Eamonn Boylan: I have three things. In the immediate term there is a need for a well-informed and frank discussion between national and local government about what the financial platform needs to look like and how we deal with the impact which the local authorities have suffered, which is not just about additional expenditure that has been incurred. It is also about potentially catastrophic loss of income across a whole range of different areas that we need to recognise and understand as we move forward.

Secondly—this is the last thing I would say about money—we would be looking for a relationship with government that did not consistently have cliff edges in it. I have a cliff edge on public transport funding on 4 August. I have no idea what will happen to public transport funding in Greater Manchester after that point. We are continually working on relatively short-term budgets for relatively short-term competitive processes in order to move forwards to make strategic priorities. That needs to change.

The National Infrastructure Commission came up with a very sensible suggestion about a long-term financial settlement: remove the cliff edge and give us greater certainty about how we might plan. We can always argue about the quantum of resource that sits within any budget settlement, but I think that level of budget's greater certainty is really important.

The flip-side of that would be the ability for local places, such as Greater Manchester, to sign up, commit to and be accountable for the delivery of outcomes frameworks that could be agreed with Secretaries of State in respect of the key outcomes we are seeking to achieve, whether in public health skills and employment or educational attainment.

We could move to a very different position if we could have that degree of not certainty in perpetuity, because that is not available to anybody, but longer-term confidence in our ability to plan financially and our ability then to work with central government departments, either on a devolved settlement on individual services such as skills and employment support and suchlike or to commit to work on a co-design basis so that we are equipping ourselves and our citizens with services that support the advice and skills that they need to move forward.

Going back to Councillor Williams's point, there is an appetite in this Government to try to move in that direction. I think it would be a shame if we did not capitalise on that.

The Chair: Thank you. I am conscious that we are slipping behind time so I am pushing this forward. Lord Hogan-Howe is next.

Q40 Lord Hogan-Howe: Did funding issues limit the ability of local services to respond to the crisis and, if so, which services proved the least resilient? I was going to suggest Councillor David Williams, which perhaps gives Eamonn a chance to think or rest.

Councillor David Williams: If I am being candid, I do not really recognise any services that have been subject to financial constraints. By and large we have just got on and done it, particularly in the relationships which the directors of adult social services have had with the care sector. They have been very brave and purposeful in making arrangements such as guaranteeing the funding that could be given to a zero-hours contract employee of a care home if they needed to self-isolate. A whole series of measures have been taken at pace and very positively.

One area that has not had so much attention and going forward does concern me is children's services. Some of the funding that has been made available has been there to support children's social care, but we recognise that many vulnerable children have not been attending school. As we consider the employment challenges that the country as a whole is going to be facing, I can see some real tensions coming at us on the sort of funding that would be needed to provide support in getting children either into training or into employment. If there is an area that has

suffered in recent years, it has been, for instance, the youth services that councils have traditionally provided.

Those would be my areas of concern, but, as a council leader, I have not said to one of my directors, "No, you cannot do this". The encouragement has been there to respond positively and get things done, and part of that, candidly, has been the assurances we have had from the Secretary of State that at the end of the day there would be a reckoning and we have been asked to trust him that he will see us straight.

Eamonn Boylan: It is fair to say that funding issues have impacted visibly less than one might have thought, but that is primarily, I would suggest, because I am spending reserves like they are going out of fashion. We have had to take financial risk in order to maintain services, but even then some services—regulatory services and suchlike—have virtually ceased to function in areas because they are just not affordable or we have had to take decisions to redeploy staff into more urgently required areas, so they are just not doing their day job any more.

That is okay, but unless we have the informed debate very soon about money that I referred to in my last answer, would I be confident that we could cope with a second wave or a winter that still had Coronavirus and an influenza epidemic? I would not, because we would not have those reserves to spend again. Our ability to maintain those services moving forward would be critically impaired unless there was recognition of the fact that we are fundamentally financially weakened as a result of what has happened. I accept that that applies to the country as a whole.

We are emerging from this a poorer nation than when we went into it, and that is a reality that we have to recognise, but my bigger worry about sustainability and resilience of services is in the near-to-middle future rather than now.

Q41 **Lord Davies of Gower:** Councillor Williams spoke warmly earlier of the role of the voluntary sector, and there is no doubt that the voluntary sector has risen to the challenge in this pandemic.

What lessons on the role of the voluntary sector should local government take from this crisis, and how would you put these lessons into practice in the future?

Councillor David Williams: It would be wrong if I gave the impression that the voluntary sector was not an existing part of the mix in the way we have delivered services in recent years. We have worked very closely with and commissioned services from Mind and other charitable organisations, and we have used volunteers for debt advice in our libraries—there are lots of examples where we have used them before—but undoubtedly the crisis has unleashed a huge amount of good will in people wanting to contribute to what is going on in their communities. We need to find a mechanism by which we can entertain that going forward and find the right balance between paid-for service delivery and delivery by voluntary organisations.

Charities in particular have suffered their own financial crisis during this period for all manner of different reasons, although the Chancellor of the Exchequer has made some money available to support them. I do not have any specific prescriptions other than that I do see this as a step change, and the challenge now for people like me, as council leaders, is to find ways in which we can use volunteers in order to enhance our service delivery and enhance the engagement that people feel and recognise that they are having in their own communities.

Eamonn Boylan: One thing I would add is that we just did not know enough about the capability and commitment of the voluntary sector in Greater Manchester. We have 16,000 voluntary organisations across the city region—a phenomenal resource—but what we have tended to do in the past is design responses and then invite the voluntary sector to help deliver them.

What we are now doing even more through the work on reform, through the work on responding to the pandemic, is trying to engage those voluntary organisations in what we do in the co-design of the responses that we are delivering. That is built on the voluntary services leading on the delivery of food parcels to the non-shielded and increasingly to the shielded cohort that we would not otherwise have been able to deliver.

The one point I would make, and it might be slightly contentious, is that if the voluntary sector in Manchester was to raise one criticism it would be the fact that it felt that its capacity to recruit, engage and activate volunteers was limited as a result of the Government's intervention in trying to recruit volunteers at a national level, where very significant numbers of people came forward to support the NHS but, frankly, an awful lot of them have not been deployed and not been used. That is one thing we need to bear in mind—the need for a recognition of the very local focus of a number of those voluntary organisations and the requirement to work with them at that level.

I am sorry I sound like a broken record when it comes to local leadership.

The Chair: No, that is fine. That is very good. Dr de Gruchy, do you have anything to add?

Dr Jeanelle de Gruchy: The only point that has not been made is about voluntary sector funding. As you know, local government and public health had considerable cuts over the last decade and part of the consequence of that is the voluntary sector had a lot less funding, so again they were not in as strong a position as they might once have been. Funding that infrastructure for the voluntary sector is really important. We are relying a lot on the voluntary sector, but are they getting sufficient recognition, support and funding to provide that huge role that they play in our communities?

Q42 **Lord Filkin:** May I ask about examples of local areas that were better able to prevent or reduce harm during coronavirus as they had effective prevention-focused public health strategies? What does that tell us about

the future role or importance of prevention strategies?

Dr Jeanelle de Gruchy: You are asking about areas that had prevention-focused public health strategies in place. I think Covid has held a mirror up to us on those health inequalities; I mentioned that at the start of our conversation. We know from the death data that people in more deprived areas, the BAME community and older communities in care homes and so on are more likely to have died from Covid.

Why is that? It is that because of health inequalities they had poorer health. We know already that there was a gap in life expectancy and healthy life expectancy, so in public health our focus has been on health inequalities and all the socioeconomic contributors to those inequalities. If nothing else, we have now further information on which to base what we need to do to redress those.

It would be important to go back and look at the Government's Green Paper on prevention—that consultation—to see where that is, the Marmot 10-year review and its recommendations, and then, of course, the new reports that have just come out from Public Health England on BAME inequalities. All these provide us with information on what we need to do not just in the longer term but in the short term to address some of these inequalities particularly and immediately should there be another wave. What you are asking about—smoking, obesity and so on—are linked to those inequalities, and we need that whole-system, place-based approach to how we tackle them and to what I was talking about earlier: getting healthier communities, healthier populations.

Interestingly, a new report is just out, if I can briefly mention it. The Health Foundation did a survey recently that showed the general population's view of how much the Government need to have responsibility to help people be healthy or a healthy population. Polled in 2018, 61% said that the Government had a fair or greater amount of responsibility. When they polled in May, 86% of people felt the Government need to create the conditions for a healthier population.

What are the Government doing on well-being? What is their focus on well-being? I know that Wales is doing much more with the Well-being of Future Generations (Wales) Act. So what are the Government's policies on well-being and tackling inequalities, and is the resource allocation behind the will to make those changes?

The Chair: Thank you. We are really interested in hearing from any of you about any local examples, but I am afraid we have come to the end of our time with you. We are a few minutes over, and because we have to finish at 5 pm and we may have a vote, it is not fair to the others not to let them in, so may I say thank you very much to you three? If there is anything that you think either we have missed or you have not had the opportunity to say, we would be grateful if you sent us something in writing.