

Environmental Audit Committee

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Tuesday 6 December 2016

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Members present: Mary Creagh (Chair); Peter Aldous; Glyn Davies; Peter Heaton-Jones; Caroline Lucas; John McNally; Dr Matthew Offord.

Questions 117 - 145

Witnesses

Dr Carl Wright, Secretary-General Emeritus, Commonwealth Local Government Forum, Dr David Pencheon, Director, Sustainable Development Unit for NHS England and Public Health England, and Catherine Pearce, Director of Future Justice, World Future Council.

Examination of witnesses

Witnesses: Dr Carl Wright, Dr David Pencheon and Catherine Pearce.

Q117 Chair: I welcome our three witnesses this morning. We have Dr Carl Wright, Secretary-General Emeritus of the Commonwealth Local Government Forum, Dr David Pencheon, Director of the Sustainable Development Unit for NHS England and Public Health England, and Catherine Pearce, Director of Future Justice at the World Future Council. Welcome to you all. We are discussing the sustainable development goals and trying to understand how local government and national government can implement the global goals, particularly given some of the growing pressures on local and, particularly, the NHS.

We have had a lot of evidence in this inquiry about the benefits of adopting this sort of approach, potentially transformational benefits of it, but somebody on the frontline, say, a doctor, a nurse or a social worker, why should they care about those goals? Dr Wright, would you like to start?

Dr Wright: Thank you, and thank you for inviting us. In fact, I have just come back from South Africa where there is an interesting debate going on about what is termed localising the development goals and how local government in South Africa is going to be able to implement some of the targets and indicators.

I am here representing our colleagues the Local Government Association of England and Wales, which is the political-led cross-party organisation, and we are very interested in the subnational monitoring of the goals and the implementation. To come directly to your question, the key issue is that many of the things that we think of—the 17 SDGs, the 179 targets, the many indicators that are being developed—are things that are happening already.

Certainly, at the local government level, when you get away from the jargon—from SDGs, from indicators, from all of this kind of UNese, which all of us are probably very familiar with, which turns a lot of ordinary people off—a lot of things are going on. Take recycling: local councils are intimately involved with recycling. What is it? SDG 12 on consumption. Then there is climate change. Those are issues that certainly big cities and other local governments are intimately concerned with, so I think the key response to your question, Chair—and I am happy to go into a bit more detail on some of the other issues, which I would like to come back to if I may—is to say that, by and large, these are things that are going on. It is a way of localising the goals, making them relevant to things that are being done already and having very much a bottom-up approach.

I was a little bit involved in the global negotiations in New York and elsewhere over the last few years. One thing we were very pleased about is that there was a real recognition of the role of a multi-stakeholder



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approach of using local governments, community groups and civil society in SDG implementation, so it is a question of having a bottom-up approach rather than some of the remote targets being imposed from above.

Q118 Chair: Thank you. Do you think that is happening in local government at the moment? If I went to Wakefield Council and asked my leader, Peter Box, about the sustainable development goals, what level of recognition do you think he would have of that?

Dr Wright: Peter would probably know about it, being involved in the LGA structures and we feed back from the international level. The problem is more getting it down to the ordinary citizen and having a proper communication campaign. There are a lot of local government tools available, but of course, as you alluded to, Chair, local government faces a—what is it?—£5.8 billion funding gap by 2020, and taking on extra burdens of reporting, of providing detailed indicator evidence would place extra burdens in the absence of new funds.

From a local government perspective, to make that awareness there does have to be collaboration with central government and with other agencies to get the issues across to the community. The leadership of local government would know about it—certainly people like Peter Box—but perhaps not at a level below that.

Q119 Chair: There was a very big welcome for Agenda 21, wasn't there? That was quite a big movement after Rio—saving the planet, saving the Earth—and it really did cascade. Every council in the country had a Rio agenda. "SDGs" isn't quite as sexy as "Rio", is it? It does not have the same brand recognition. Do you think "global goals" is adequate, exciting enough? Do you think it needs a different name?

Dr Wright: That is something that ought to be looked at. Certainly Agenda 21 has had impacts. If you look at a lot of individual council experiences—I can give you some examples and our evidence provided some of that—such as some of the work that Liverpool is doing, some of the work that Leeds is doing on vulnerability mapping; some of the work that Oxfordshire County Council is doing on flood risk relation, which emanates in a sense from Agenda 21. I think people understand that but they don't understand SDGs, so global goals translating into the nitty-gritty of what it is all about, which is things, whether it is recycling, whether it is dealing with gender issues, whether it is dealing with local-led growth. Things like the local enterprise partnerships—the LEPs—could play a role here, because we have an existing structure here where we bring together local government and business and others, and use some of those existing mechanisms to drive the agenda forward.

Chair: Thank you. Dr Pencheon?

Dr Pencheon: It is probably better if I take the two organisations that I purport to represent here separately. The NHS is a very, very large organisation, employing about 10% of the adult workforce in this



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country. As such, regardless of the fact that its business is health care, it is an anchor organisation, so what staff see as their role in terms of aligning their professional jobs with their personal values is incredibly important.

If you were to refer to Simon Stevens' five-year forward view, there are a lot of good words in there about moving the health care system to exactly that, involving health, which traditionally the NHS is not particularly central on—it is mainly about disease—care, and a system. All of those three parts are threatened by what is going on in the NHS. However, the staff—the 1.3 million people, or the 1.6 to 1.9 million people if you involve social care—are a huge part of the civic structure of a social movement in terms of social justice. If you think about what runs through the SDGs, there are very prominent features. Equity and social justice—there is hardly one of the goals that does not allude to equity and social justice. The NHS is a very good example because those of us in this country fail sometimes to realise how it is viewed from overseas. It is not perfect but it is one of the most equitable health care systems in the world.

There is a lot to be learned from aligning the personal values of staff. Although most staff—99% of the staff—maybe in their professional roles would not have heard of the SDGs, they would all chime with most of the staff because that is why many people work in the National Health Service. It aligns with their values. That is the NHS and it is a very, very big anchor organisation.

The other issue about the NHS is it is very visible in every community in the country, so what the NHS does, how it behaves, what it looks like, how you are treated, the dignity you are shown, are very symbolic of what we do as a nation to each other and thus we do with other member countries, so that is very important.

Public Health England is a very different beast. It is an agency of Government. People who work in Public Health England are civil servants, but the SDGs are absolutely tailor made. I should also remind people who do not know, Public Health England is a relatively new organisation, bringing together many other parts of the statutory infrastructure that have a responsibility for protecting and improving the health of the population in England. As such, although it is two and a half years old now, it is still norming and storming as a big national organisation—nowhere near as big as the NHS—but the key issue for the sustainable development goals is it provides a perfect framework for how it should be viewing its role in this country, let alone overseas.

One of the tricks in terms of marketing the SDGs we are failing at because they are seen as carry-ons from the MDGs is that the idea of the universality and the domestic agenda is being missed. We have a role to our own citizens as helped by the SDGs. It is not about us in the so-called wealthy countries helping so-called poor countries with MDGs. It is a



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whole different ballgame, so there is a marketing issue about how we engage not just citizens but organisations, like Public Health England, in that.

The case I make within Public Health England when I sit with that hat on is that SDGs combined with the Sendai Framework, combined with COP 21 and 22, are a perfect suite of global frameworks, which give us in this country a mandate to align our actions with those happening in every other country in the world. It is much more of an institutional issue for Public Health England, but for the NHS it is a civic issue about being the fourth largest employer in the world. We have to remember that there is a big civic engagement opportunity in the NHS.

Chair: Brilliant. Thank you. Ms Pearce?

Catherine Pearce: The goals are more relevant to the UK now than ever before, if you consider rising poverty levels, rising inequality and what that means for increased isolated communities, marginalised households and the health risks that that also brings. You are talking about whether the goals mean anything, but if you ask somebody—a nurse or a social worker—whether they are concerned about increased health risks through air pollution, air quality in our cities, if there are concerns about how our land use practices are increasing the risk of flooding rather than reducing it, and if you are talking about the involvement of people, if people had the opportunity to participate in and inform the decisions that affect them, those are all very relevant issues that are all covered and important aspects of the goals.

If you consider the health benefits of a safe, stable and protected environment, the referendum, for example, poses significant risks in undermining and undercutting our environmental commitments just at a time when we need to be stepping up on those commitments and protecting our environment.

Just a final point on this, the goals include commitments that we have already signed up to. Again that speaks to the nature of a stable and safe environment, so the Paris Agreement, biodiversity targets, even the 10-year framework on sustainable consumption and production—we have signed up to them. Meeting the goals will help us meet those existing commitments that we have previously agreed to.

Q120 **Chair:** Thank you. One of the goals is to end violence. How do you think that is going to happen? You think, “Oh, well, that is the police’s job” but how does that happen?

Dr Wright: There are different levels, aren’t there? There is obviously domestic violence, and that addresses perhaps more the gender issue and the gender goal but also the growth of hate crime we have seen. I mentioned the referendum. I think there is a real role for the local authorities working with local police and addressing those issues, having positive campaigns for integration and the whole issue of inclusiveness.



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My colleague was saying that if there is one particular thing that runs through all the goals it is the issue of inclusiveness as well as sustainability. That is so fundamental to a lot of work that local government tries to do at the community level to bring different communities together, and counteracting extremism of course is part of it but only a small part. I think that is very much endemic.

Maybe I can give one broad indication of why we feel local authorities have a big role. I was recently in Berlin and I came across a very interesting study there done by the Technische Fachhochschule Berlin—excuse my pronunciation—which is one of the local universities. They estimated that over 60% of the 169 targets—they documented this—have a specific city or urban application. That does not even include the targets that have a rural application. You could effectively say—I come back to my earlier point—that the localising of the goals is absolutely fundamental and that applies to violence as well.

Chair: Yes, Dr Pencheon?

Dr Pencheon: Yes, except you would not have thought that there would be much connection between violence and the NHS, except in A&E on a Saturday night. However, there is a very important point about the collective nature of the NHS if you look at violence through the other end of the telescope and what prevents violence happening around what are stable, trusted, collective communities where people do know each other. Both the public health system and the NHS have a huge role in engendering that trust and collective behaviour. You probably know that a lot of the strategy of the NHS at the moment, because of available technology, is not only to take care closer to home, de-hospitalising health care where appropriate, but also to take prevention closer to home.

Part of prevention is about reducing loneliness. Duncan Selbie, the chief exec of Public Health England, is widely on record as saying that loneliness is causing as many deaths in this country as tobacco, and tobacco causes 110,000 deaths prematurely in this country. If you take loneliness—and that may seem a long way away from your question, Chair, about violence—the causes of violence are breakdown of trust, feelings of exclusion, and we have a lot of feelings of exclusion around in the globe currently, not just in so-called developed countries.

As an organisation, I would claim the NHS is one of those organisations that remind us that there are such things as collective ways of doing this, not just for the benefit of those people who might be excluded but for the benefit of everybody. That is a very important point about social justice that does not come through. Social justice is not about just caring for the people on the edges. It is of benefit for everybody. It is in everybody's interest to have less violence, less poverty, less exclusivity.

Chair: Thank you. Ms Pearce.



Catherine Pearce: Yes, it is an interesting point and following on from the social justice aspect that has just been raised—again, going back to the issue around rising inequality—that also leads to the breakdown of the social fabric of society and, again, that element of trust. Isolation is very prevalent in some pockets in this country, which increases that aspect of violence, but there is also the element of violence in the home. Violence against women and girls, for example—how can that be countered? There are issues in this country around that, so it is also about raising awareness and education for all across society.

It is also allowing the opportunity for women and girls to speak out, that they feel safe enough to be able to speak out, so ensuring that there are strong enough agencies that are approachable and will react and act on offences being made in the home, in schools or elsewhere. That element of speaking out and prevention is very key and very important in our society today.

Q121 **Caroline Lucas:** I want to follow up on the whole issue of communication and engagement with the wider public, because it has already become clear in the course of our inquiry that there is very little awareness and engagement outside the large international charities and businesses. A general question to all of you: do you have ideas about how to increase the level of awareness engagement among different actors, like local government and public health? I was going to kick off with Catherine to ask her about the process in Wales that gave rise to the Future Generations Act, and whether or not there are lessons we can learn from that process that could be helpful in terms of developing this one.

Catherine Pearce: Thank you. Yes, there are very strong experiences and examples in Wales that we can learn from. I agree, the level of awareness is shockingly low. I don't think most people know the goals exist, let alone what it actually means to them, and given this is an inclusive agenda, it is up to all of us to take part for it to work. This is an issue that we need to address here.

In Wales, the Well-being of Future Generations (Wales) Act was passed last year and came into effect this April. It builds on the Welsh Government's legal duty on sustainable development and introduces a framework of seven national wellbeing goals, all designed to improve the wellbeing of people living in Wales today. It introduces indicators of progress and operating principles by which public bodies in Wales are to meet the goals and implement them, so it is very much an inclusive process.

In the process of developing the legislation, the Welsh Government led a national conversation. This was an opportunity to hear the comments, remarks and the concerns of the Welsh people, what people in Wales wanted and what counted and mattered to them. This was a year-long process of conversation, open dialogue and interactions online to receive the comments and have open conversations. It was called "The Wales We



Want". It reflected what was happening at the international level at the time around the sustainable development goals around the world we want, through that process of receiving views and input.

Again, it demonstrated the diversity, shall we say, of Wales and that was quite important to this process. Not only did it raise awareness of what the legislation was trying to do and what it was trying to set out, but it built on the views of the people of Wales and the public. By doing so, it brought that element of ownership—which I think is critically important and something we certainly need to look to here—and how to build that sense of engagement, ownership and attachment by which everybody felt that they had a stake in that legislation. Therefore, it has meaning to them and it means that they want to do all that they can to ensure that the legislation is introduced and met through their own behaviour and activities, also through their own communities and households but also that it holds the Government and the public bodies to account. That is a critical aspect of what that national conversation did.

Q122 Caroline Lucas: Did they use any new tools or new ways of reaching out? If we set up—I don't know—a dozen public meetings around the country generally, I can't imagine the non-usual suspects coming out to a public meeting to talk about something that I think is still going to feel so abstract. Maybe with Wales, because it was a designated nation essentially and people have a sense of Welsh identity, then there was maybe something that you can appeal to with a strapline, like "The Wales We Want" that makes people aware of the stake that they have in that. The very nature of global goals is in danger of feeling so abstract that it is owned by no one.

Catherine Pearce: It is a very interesting point. The legislation in Wales was originally called The Sustainable Development Bill. Through this process of engagement and discussion it was quickly rephrased to The Well-being of Future Generations, because it spoke more directly to people's needs and what counted to them. Unfortunately, the terminology "sustainable development" has lost a lot of resonance and lost a lot of traction. Most people generally do not know what sustainable development is, but when you talk about wellbeing, that perhaps resonates and counts as something a lot stronger.

In terms of the tools, there was a large range of different tools that I think they used. It was led by the then Commissioner for Sustainable Futures, Peter Davies. He developed a very strong relationship with the public and had that opportunity to listen to people. But through different techniques and tools—be it online, be it new, modern tools to reach the young people but also the sort of traditional formula of just going out and holding workshops in people's communities and villages—there was a balance of being able to reach out to different people, recognising the diversity of the voices that they wanted to hear, and to ensure that it wasn't monopolised by particular vested interests. They also designed what they called "future champions" who could act as ambassadors.



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These were people who gave up their time, volunteered and again helped to break down and avoid any domination of particular voices.

Wales is a small country, but this exercise could be scaled up and adopted elsewhere.

Dr Wright: I obviously agree with my colleagues that more needs to be done there, but perhaps I can add three responses.

I was saying earlier to the Committee that it is about getting down to the detail. If I take, for example, Goal 11: "Make cities inclusive, safe, resilient and sustainable". If you look at some of the details of that, sub-target 11.7 is: "Provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities". That is exactly what a lot of local government and community groups are doing. It is translating what is in the rather abstract overall headlines to the real nitty-gritty of what it means on the ground, and people understand it better.

Having said that, I did want to bring to the attention of the Committee that the LGA and the Commonwealth Local Government Forum are already engaged with DfID to some extent, and we welcome more of an across-Whitehall approach that I am very glad this Committee is putting forward.

There is a lot of stuff that can be used. For example, one of our partners—the United Cities and Local Governments—has published a little quite easy goal-by-goal guideline on what local governments need to know about the SDGs. This is the kind of thing that could go to councillors, to people in community positions. There is a lot more detailed stuff being given out by the United Nations Development Programme; UNDP are doing a toolkit.

There are some existing things the Commonwealth Local Government Forum is doing in a number of countries, where we are piloting how local governments are deploying the SDGs from the bottom up. There are a lot of international things that could be shared through the LGA with Government and with communities. I do agree that, ultimately, it needs something more popularising and that maybe the schools need to use more various community forums to try to get the message out on a broader basis.

A lot of the mechanisms are there, but ultimately it will need some resources. It will need some money—being very frank about it—if it is going to be successful over and beyond just using existing structures.

Dr Pencheon: When we established the unit about nine years ago in the NHS—the predecessor to Public Health England—engagement was tops, partly because we have a lot of people who we work with. I would never go out and say, "Hello, I want to talk to you about the SDGs," no more than I would go, "Hello, I want to talk to you about climate change." It is



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just not the right starting point, but as you have heard from Catherine, we have now learned through bitter experience that if you ask people, "Describe the health service," or, "Describe the town or the community you would like to live in. What is it you don't like? What would you like?" just listen. Use the listen part of the engagement; do the receive rather than the broadcast.

When you do this in an organisation—and I will give you an example in Public Health England—if you say, "What is our global strategy for health in Public Health England?" you get the classic wall covered with yellow Post-its, and you say, "Let's group all of these." You will say, "Do you know what, I don't know if any of you heard of the SDGs, but that is exactly what the SDGs are? They provide the most wonderful framework and mandate for a consistent approach that we are not doing our own thing. This is a global village. We don't do our own thing in a global village." Wait until people have spoken what you are trying to elicit from them and then codify it, normalise it, formalise it under the framework of the SDGs but don't start with the SDGs. That is not the place to start.

We have learnt through bitter experience, through disaster reduction, through climate change, through SDGs: just listen. Have good processes of engagement—generic processes with dignity, respect and listening, and then codify it.

Q123 Caroline Lucas: Companies like PwC and Aviva have been experimenting with apps and different kinds of more whizzy tools to try to engage their staff. Is that something that you think is relevant to health or local government, or do you think it is more the kind of process you have outlined? In the sense that it might seem very convenient to have an app that might make you think you can shortcut all of this, but what is the balance between trying to find—

Dr Pencheon: Do you mean generally in the working of the NHS or as citizens?

Caroline Lucas: No.

Dr Pencheon: Okay. Let me give you one example. One of the ways in which it is very easy to engage people around so-called co-benefits, health co-benefits, that is not the long-term benefits but the needed benefits and they cluster around things. Air quality is a fantastic example, sustainable transport, food, insulation, bio-diversity, shared safe spaces—all those things are very, very important.

Air quality is a very interesting example. Young mothers—because it is usually mothers who take their kids to school in the morning—can have an app with a plug-in that now detects PM10s in the air—

Caroline Lucas: Does it? Does that exist?

Dr Pencheon: Yes, we can start to do this now. Then what you do is mobilise. Whether or not they know it is one of 17 SDGs—big deal—



people will get motivated and somewhat angry and indignant. They think "My street is three times more polluted than that street over there," and then, just like Fixmyhole with the camera and the bike, it is, "Fix my air quality," or, "Can I help you fix our air quality in our street for our children?" The mobilisation of public concern about a sustainable future through technology is going to be via apps or the equivalent in 10 years, or some part thereof.

Dr Wright: Could I add another example to that? One of the things I did last year before I stepped out of my previous position was to sign an MOU with Microsoft and Commonwealth Local Government. Microsoft are quite interested in getting involved particularly in the role of smart cities. Of course, the whole thing with smart technology is to enable a citizen to have access to local government services, and this touches on a lot of the key SDG elements that we can just relate.

Perhaps the more extreme example of an app that David was talking about was one we developed in developing countries some years ago, which was to do with disaster risk mitigation. Even in many developing countries, people have cell phones. This particular app allowed the local mayor or the local council to send out a warning to all the citizens if there was a tsunami or a hurricane or a major flooding. Of course, it could be applied equally to flood disasters in the UK or other emergency situations to alert citizens of certain disasters or pending emergencies. It is another good example that relates directly to some of the SDGs on disaster mitigation.

Q124 **Peter Heaton-Jones:** I agree with the mood of the panel, which is that rather than worrying about, per se, the SDGs and getting that into people's consciousness, it is what they say and how it affects their everyday lives that is more important, so I want to know what the panel thinks should be the role of Government in doing that, and which branch of Government? Is that a function of where we are sitting now? Will it be a function of local councils or local authorities, or of arm's length organisations like the NHS, or indeed private sector organisations? As Caroline said, PwC and Aviva are doing these sorts of things. Who needs to take the lead in making sure that the general public get the important bits of the SDG?

Dr Pencheon: You always have to have a lead agency, but one of the things I—and I am a prisoner of my experience, as we all are I guess—have seen, which I think is very dangerous talk in Government in this country, is people saying, "Oh, look, SDG 3. That's health and wellbeing. Oh, that must be the Department of Health," and you think, "No, no, no! That is completely the wrong way to go about it," so there is something we know does not work.

Alluding to your question about the duty to consult and partner with other agencies, sometimes you have to have a lead agency because otherwise things will fall between two stools, but the idea that, "I am doing this and you are doing that" is one thing we do terribly. Even within the health



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sector—I can just talk for the health sector—we have various arm's length bodies, as you probably know, like the Care Quality Commission, NICE, Health Education England, Public Health England and the NHS. This is in just one sector. My job with the SDGs in the health and care system is to get them to align and say, "Look, we are all on the same journey but we all have different roles to play"—and this is the crucial point—"Your role will not be played well unless you consult and understand where it is catalysed by your fellow agents."

I know it sounds like motherhood and apple pie, but to get people to collaborate is tremendously difficult. You can get them to take the lead, and there are statutory duties of consultation within the health and care sector so someone does not go off on their own, forgetting that there are unforeseen circumstances and unwanted side effects that they had not foreseen. So it is the consultation.

I have said to colleagues in the Department of Health that the Department of Health should not take the lead on health and wellbeing because that is the ultimate goal for all of us and to give it to one Department would frankly be a mistake. There are things way back in the causal pathways where you can do that—issues such as air quality, transport emissions, what have you—but for some of the big strategic things like social justice or health and wellbeing, you cannot give leadership to one organisation. The SDGs are not all equal. There are some that are quite operational and have consequences for some of the higher level ones, so I think we have to distinguish them.

Dr Wright: I totally agree with that. When we were negotiating the SDGs over the last few years, this concept kept on recurring of a multi-stakeholder approach, which sounds very jargon, but clearly means, first, that it cuts across Government. I think that is why the work of this Committee is so important in the work you are doing to help bring together the cross-Government approach. Also, it involves local government and regional authorities; partnership with business certainly has a role, and academia. Above all, however, it needs to be a bottom-up approach, this concept I keep coming back to about localising the SDGs, which was endemic. I was chairing a number of UN meetings on that over the previous years, this localising concept. Again, there is some literature on that that we can share with the Committee and websites that set that out in more detail, which we would be very happy to do, but I totally agree that it has to be involving all the stakeholders.

Chair: Ms Pearce, do you have anything to add?

Catherine Pearce: Regarding the points about multi-stakeholder agencies, there has to be some element of leadership because there is also a little bit at the moment of waiting for somebody else to go first, and who is that going to be? Where is the innovation coming out? That is also quite key here. How are we reaching out to these communities and getting that kind of feedback?



In addition to the multi-stakeholder nature of this agenda, it has already been mentioned about the multiple benefits so we don't isolate the goals and treat them in silos and different boxes. Being able to communicate and talk to different goals, different issues and not expecting the usual suspects to take the leadership on those issues is also quite key. That will speak very strongly to the broader public about their engagement and the relevance of these issues to them and their families.

Dr Pencheon: Finally on that, one role of government—it may be national Government—is to assure ourselves that we do have mechanisms for holding people to account. That does not mean “big stick” holding people to account. It could mean: this is a great framework, how can we help you make it of most use to your Department? Sometimes this happens much better locally.

I am sure you are very aware of the Public Services (Social Value) Act in which there are some very key clauses that remind people that we have a duty around sustainability—not just around financial sustainability, and this particularly applies to the health system, but around economic and social sustainability. The key clause that has been very helpful is, “You are required to consider this”, so there are some mechanisms whereby national Government can ensure there are mechanisms whereby people can be held to account. I don't mean holding people's feet to the fire; I mean you are reminded—“You are required to report on this.” There are gentle and enabling ways of ensuring that it happens without allocating particular blame.

I could not agree more with Catherine that there is always a danger of these benefits becoming isolated. If there is one thing we have learnt about, even handling a sector like the health and care system, is that you have to be good at systems—thinking about how you can see a system evolve, not granularise and see it all happening in silos.

Q125 **John Mc Nally:** Following on from Caroline's line of questions and I quite like the train of thought there, I love this bottom-up approach. It reminds me of the quote from Mother Teresa: if you want to change the world you get busy in your own little corner. Maybe these are just some examples of how apps start to help to change the world in your own little corner. It might help to achieve that ambition.

That moves me on to my questions on data collection. Following on from what you have been talking about, data collection will be critical for both identifying areas where the UK needs to work harder to meet the goals and monitoring progress against all of these goals over time. However, as you know, we have heard from ONS and others that there are significant data gaps. What role can local government and organisations like Public Health England play in providing data to support the implementation of these goals? How could local government and Public Health England support the ONS in developing a baseline for the goals?



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Dr Wright: If I can start, first of all there is the international linkage that I referred to earlier. I think it has been mentioned there is a rather complicated sounding United Nations intergovernment agency and expert group on the SDGs, which is refining all the detailed indicators. Certainly, on the local government side, we have the mechanisms to get the international data and information on that. I also mentioned the website on localising the SDGs, so there is a lot of stuff out there that can be filtered down to the local level in the UK.

Having said that there are some existing initiatives, and maybe I can give examples of two that my colleagues from the UK have told me about. The Local Government Inform is a response to having more detailed data. It is an online service that allows access to comparison analysis over 1,800 items of key performance data for authorities. I think some of that could be utilised to plug in some of the SDG work. Likewise, there is a new tool being developed—Climate Local, launched in 2012—which is covering carbon reduction and climate resilience. It is a question of using the international data using some of the existing mechanisms that exist, and certainly local government is very committed to driving this forward given the budget constraints we know about.

Dr Pencheon: Obviously, for the NHS most of our time is not about, "Let's invent some new indicators." It is about stopping routine data collection where there is quite a strong voice from above saying, "Do we really need to collect this data anymore?"

I will give you a good example. One of our ambitions—and all of the NHS and the wider public health and care sector signed up to this—is to decarbonise the health service in this country. It is the only country in the world that has measured the carbon footprint of its health and care system. To do that well we have had to team up with colleagues from Stockholm to do it, but the biggest challenge has not been the methodology; it has been to see data streams withering away when people say, "Do we really need to collect these data?" If we want to meet our international obligations then we do need to collect these data, and it is very, very important that we turn these data around very quickly and show people it is not just about decarbonising the world we live in, but saving a huge amount of money. We waste a huge amount of money and we will never know that unless we preserve the data streams we have.

We are historically quite blessed with data in the health and care system, but there is a risk that someone somewhere will say, "Do we really need it?" We fight a constant battle to say, "Yes, we need to preserve that data stream otherwise we will not be able to track our progress for these targets, to which we have signed up as a country internationally." If we cannot do it in this country, it sends out an appalling message to other countries that you can wing this because we will not be able to.

Catherine Pearce: It speaks to the aspect of the disaggregated data, so that we understand where the challenges are and we are getting beyond



the averages and we are seeing where the extremities are on this agenda. I don't want to trivialise this because this is an extremely significant challenge that we have here in terms of the massive data gaps, the massive information gaps. I don't want to trivialise it but there is a lot to be said for the non-official data sources. Going back to the key aspect of this agenda being inclusive and very much grassroots-driven, there is something to be said about having those conversations with communities and people out there in very non-formulated ways.

That is a conversation that involves asking the right questions that bring out the information you need. It can arrive at all sorts of different, sometimes messy, options, but sometimes it gets to the heart of the issue that a formulaic survey perhaps does not reach. Again, that would recognise a kind of diversity, so in terms of those non-official data sources, it is about how you are reaching those harder to reach, possibly marginalised communities.

There is also the question: what do we do with this kind of data? We can be knee deep in stats and information and data, but what do we do with that and what does that mean for us and how do we act on it? There is also an element in terms of: how do we interpret that data? How do we use that data to tell a story? Again, that goes to the nature of the inclusive agenda around this that this is a conversation that is important for all of us. The data that is compiled and taken on board is important for all of us to understand what that means for us, how we need to work better and improve many aspects of our progress, so it is telling that story. It is painting a picture with the data that we are receiving. I do not yet know that we know how to do that.

Dr Wright: I want to reinforce the point that of course there are always going to be statistical issues and statistical data gaps that have to be dealt with. Many countries around the world have even less data than we do in the UK, and one of the best approaches—reinforcing what my colleague has just said—is learning from best practice and good practice. In the Commonwealth, for example, we have something called the Commonwealth Sustainable Cities Network, which brings together big cities and smaller cities, learning from good practices which relate to many of the issues around the SDGs, and learning from very practical peer-to-peer experience. A local government councillor can learn from another local government councillor; a chief executive can learn from a chief executive; an NHS official can learn from another NHS official. Having that peer-to-peer learning is as important as having some of these more technical data information, which is important but, ultimately, it is getting across the message of: how do you follow good practices, many of which exist out there?

Q126 **Chair:** Can I just ask you about the Local Government Inform service? How many local councils have signed up to that, what percentage? Similarly, what are the figures for Climate Local in terms of penetration?



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Dr Wright: I don't have a detailed answer to that. I am happy to check that and get back to the Committee. My understanding is it would certainly cover all the councils that the LGA is responsible for in England and Wales, but how many are actually implementing I would have to check the data on that and get back to you.

Chair: Because it is one thing having a platform that people use. It is another thing whether it is actually—

Dr Wright: Sure.

Q127 **Chair:** Your point about data in the NHS, I remember the child accident database and the British burns injury database being abolished in about 2007. You cannot track progress on your policy interventions if you don't know what is happening in the A&Es with children presenting.

Dr Pencheon: It is a tragedy, but both Catherine and John make very important points that it is not just how data tells a story. It is how stories can be made data rich and it alludes to what Caroline was saying a bit. There is a Nobel prize for the person who learns how to industrialise best practice very quickly. In fact, we should ban the phrase "best practice" because it puts it on a pedestal. The responsibility is to normalise, if it is possible in one place. We see this in the NHS all the time. You see a wonderful thing happening and everybody applauds it, which is great and you should do, but the real spotlight should be turned on everybody else and scrutinising them as to, "Why is this not happening here?"

When we talk about sustainable procurement supply chains, the NHS has a procurement budget of about £20 billion, so why are we not using that to transform supply chains? Why? It is because everybody is left to do their own thing locally. That is why if something is done really well somewhere, we should hold the feet of other people to the fire and say, "We don't want excuses like, 'I did not think EU directives allowed me to do this.'" People have a responsibility to say, "How do we make this much more prominent?" There are too many stars in the night sky and not enough dawn.

Q128 **John Mc Nally:** You have addressed my next question quite well about the marginalised groups in society and so on, but I would like to get a wee bit parochial now. Catherine, you mentioned Wales. Are there any lessons to be learnt from Scotland, Wales or overseas on their approach to data collection? I did a bit of research again on Scotland and we were one of the first countries to commit to the SDGs in 2015. In fact, the Scottish Government commissioned a mapping exercise to see how well its existing objectives in the National Planning Framework and Scotland's National Action Plan for Human Rights aligned with the SDGs, and then updated the National Planning Framework. There are now indicators—as you spoke about—covering all of the SDGs. The intention of that is to allow the implementation to be tracked as openly and thoroughly as possible.

I would like to take this opportunity, Chair, to say the United Nations has



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praised this approach and Alex Mejia, the Director of the United Nations Institute for Training and Research, said that the United Nations is leading the global dialogue towards a renewed agenda for development “with the support of important partners, including the Scottish Government, and with Scottish expertise based at our international training centre in Edinburgh: CIFAL Scotland”. He also quoted—and this is me doing a wee bit of sucking up now, “I sincerely admire First Minister Nicola Sturgeon’s strategic vision and commend her commitment to the future of our planet”. I wonder if you could comment on his quote regarding that vision about our planet, and how this strategic vision might enable our marginalised groups to become more aware of these sustainable development goals. We have addressed that a wee bit earlier on but I wonder if I could press you just a wee bit more on your own thoughts and ideas, particularly on the Scottish Government’s initiative.

Dr Wright: If I can start on Scotland specifically. Of course, the LGA covers only England, hence the evidence has been primarily on England and Wales. Having said that, my own organisation—the Commonwealth Local Government Forum—has Scotland as a very active member. In fact, the Scottish Government is a member as is COSLA, the Convention of Scottish Local authorities who we work with very closely and, indeed, some individual cities, and I give the example of Glasgow.

Glasgow has been an active member of our Sustainable Cities Network, which I referred to earlier. We have been deploying some of our direct linkages with Scottish local government in taking forward the SDG agenda. Certainly, Glasgow has also been contributing some of its experiences on sustainability, sharing it in the wider Commonwealth context, so yes I think Scotland is a good example of how we can take things forward in a very focused way, and I think in a very positive way.

On the marginalised communities, I guess this comes back again to this point about inclusivity but it is trying to reach out to groups that have been marginalised and perhaps some of the lessons of the political developments we have seen—with Brexit and with Trump and other things—is that we ignore the marginalised at our cost. Certainly, I think the SDGs offer one mechanism to reach out in a whole range of areas, not only poverty and incomes but other areas, which relate to self-respect, accountability, Government transparency and so on.

SDG 16 has not been mentioned. That is a very important SDG because it refers to accountability and transparency, and having inclusive institutions. The phrasing that is important for us in local government is that SDG refers to inclusive institutions at all levels, which means local, central, national governments.

Dr Pencheon: Regarding the lesson on health, I think Amartya Sen put it very well when he talked about helping people live lives they had reason to value. When you really divest control you give people control, and that includes data as well. We know that with mothers, for instance, when you allow mothers to carry their own notes about their child’s



health and the mother's health, rather than have it institutionalised, the quality of the data and the confidentiality of the data is better, and it has a beneficial health effect on the person itself because you are conferring control.

That applies equally to poor communities around the world. I worked in China for many years and you could see that the more control you gave over people's health and what caused it—and this alludes right back to Caroline's comment on apps, about data—most data in the future will not be collected by people on clipboards. It will either be collected automatically and seamlessly or be crowd sourced. The whole idea of getting a quantitative understanding of the world we live in will be quite different from traditional survey or census methodologies, valuable and essential though they have been. We have to be realistic about the NHS has almost been reinventing its business model about what causes people to come into hospital? What causes health and wellbeing?

The NHS, for instance, has never been particularly interested in the causes of health and wellbeing. It has always been very interested in the causes of disease, which is quite different. When you start revisiting your whole model of why you are there as an organisation, or a sector or a Government Department, it is very illuminating and it highlights the better roles you can play in collaborative action for a sustainable future.

Chair: Anything to add?

Catherine Pearce: Yes, just brief points because some of the comments have been well made already. I certainly welcome the leadership that the First Minister has shown on this agenda, and certainly I am aware of the leadership and the initiative that is being taken in Scotland. I certainly think this is good practice that can be adopted elsewhere. What is happening is creating that enabling environment for involvement and ownership of many of these kinds of concerns, not only in the way that marginalised communities are reached out to and contacted and approached, but also in terms of the questions they are being asked and their opportunity to express their concerns and their needs, and where they feel improvements need to be made to ensure their wellbeing. It is also about the language that is used in terms of that kind of dialogue and discussion. Oftentimes that is overlooked. I mean certainly beyond—it has already been made about—we are not talking about the sustainable development goals because that is pretty meaningless—

Q129 **John Mc Nally:** When you say the dialogue that is being used, is that you are going back to what you were saying about the little words, how these phrases sit and what people associate with them?

Catherine Pearce: Absolutely. It is the minutiae of the language that is used. It is also the ability for that language then to be owned by the people that you are talking to. Again, it is creating that enabling environment that allows a sense of ownership and empowerment. This is an important aspect of the entirety of the SDG agenda.



Q130 **John Mc Nally:** Why aren't they doing that and why has that not been done before? Surely to goodness we should understand in this day and age that if you want to get people to engage, for local communities to engage, we should know the phraseology that is needed.

Dr Wright: Can I attempt to respond, if I have enough time in the time available? If I put on my Commonwealth hat rather than my LGA hat, I would say—and this is I hope a fairly objective comment—that the UK is one of the most centralised countries in the Commonwealth. I mentioned South Africa; the extent of decentralisation, fiscal or otherwise, in other Commonwealth countries and in poorer countries is way in excess of the UK. That of course has implications for empowerment and I know successive Governments have been trying to decentralise more powers, but one of the problems as I see it, looking at it from the outside, is that the UK is still over-centralised. More powers do have to go down, whether it is to city regions, to local communities, or to the nations of the UK. The lesson from overseas is that when you have a more decentralised structure with more empowerment, some of those problems are easier to deal with; whereas the current UK structure to my mind is still highly centralised, whether that is in local government or unrelated areas.

Dr Pencheon: You were talking about Scotland, where there are some very good examples. If you go to Fife, for instance, there are very good examples of what we are talking about, but it comes back to the previous issue about best practice. They tend to be quite isolated and very successful, but by their very nature, being local and owned by so-called dispossessed communities, where they take control of their addiction services or their mental health services, as soon as they try to expand they lose their local flavour. Offline I can put you in touch with some of the people.

Chair: Excellent. Thank you very much.

Q131 **Dr Matthew Offord:** I am bringing us back to the United Kingdom. It is interesting that both Dr Wright and also Dr Pencheon mentioned local government, because one of the criticisms that have been made about the UK Government is that it is not aware that we have a plan either for Brexit or, indeed, for SDGs, so how do we implement SDGs, particularly through some partner organisations? I am thinking particularly there about local government, and indeed about public health. I would be interested to hear some of your views about the challenges that both those sectors face to achieve the SDGs.

Dr Pencheon: Can I start with Public Health England?

Dr Matthew Offord: Please.

Dr Pencheon: I only work half of my time in Public Health England. What is very interesting about Public Health England is that, unlike the NHS, it does see itself as having a global role. It represents this country on public health issues overseas, unlike the NHS. The NHS doesn't really, but why is lost in the mists of history.



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Public Health England is, as I said, a relatively new organisation. It has brought all these functions together—everything from smoking control to sugar in food to radon in houses; a very, very disparate collection of what we might call public health hazards. It has a very hazard and risk approach. It also deals with the huge issues about communicable diseases, which is where it came from; it deals with modern communicable diseases, like SARs or HIV, as well as traditional ones.

The issue is that the SDGs have not yet sunk into the consciousness of how that organisation is norming and storming. I think it is on track for doing that but it is quite early days for it, the SDGs. But the senior leadership team in Public Health England is now aware of the great work it has done on the Sendai Framework for disaster reduction around the world, and the huge leadership shown by Public Health England in the COP 21 negotiations and subsequently COP 22. To be truthful, I don't think those particular issues have been brought together in a framework for SDGs but I think it will happen. I am very confident it will but I don't think it has happened yet. The news is good but it is not there yet.

Dr Wright: Maybe to just enforce that from a local and an international perspective, I live in Barnet and one of the things I can say about local government is that councillors and others work incredibly hard. We had two recent cases relating to local crime and some other issues, pavement politics, where councillors responded very quickly on things, but the problem is that they are very, very stretched. I think that is true across the country. Perhaps one of the reasons why local government has not been able to engage as much with all the knowledge there is about SDGs is because it has very, very key local priorities and, of course, getting some of the linkage—like I was trying to refer to earlier—with the international agenda sounds a bit abstract. It sounds a bit outside their remit, whereas what I have been arguing throughout the session is that, if you come at it from the point of view of localising the SDGs, these are local issues around crime, around violence, around recycling those are all issues that local councils, by and large, have an involvement with.

What I think is needed is some kind of a public information campaign—some of that can be done through existing means but some of it has to be taken a bit broader—to see how those goals can be made meaningful. Again, rather than having lots of detailed statistics, detailed data—people are a bit suspicious about experts these days—coming back to the idea about good practices and best practices relating to the different SDGs, how they relate to the local community, bringing in perhaps the schools, bringing in other civil society—that is why I think it is very much a multi-stakeholder approach. The Government can only do so much; local government can only do so much, but if we engage the churches, if we engage local businesses, if we engage the education system, the health service, voluntary groups, you can do a lot more.

What central Government needs to do is provide a little bit of resource to enable that to happen and to ensure that the message gets across.



Potentially, local government having that outreach to the local community can play a huge role.

Q132 Dr Matthew Offord: How you see the central Government could assist more some of the endogenous groups? I am thinking particularly that I had a group, Christians Against Poverty and Jesus House who are Christian organisations. They work closely with the Trussell Trust and they collect food for the food banks and obviously work towards implementation of one of the SDGs, which is to address the issue of hunger within Barnet. How can central Government support some of these local groups to form partnerships with the delivery agencies, say, the local authority particularly?

Dr Wright: There is no easy answer and this might sound a bit bland but, ultimately, it comes back to local government having the budgets to work with those local groups to give them support, to give them some community centres. There have been so many cuts, of course, in recent years and going back quite a long time. Also, not just money, it is also—like I was saying earlier, again it sounds a bit abstract—giving more empowerment, giving more powers, giving more ability for local government to take initiatives. Money is part of it but it is not only money. It is having the legislative frameworks and the ability to take things forward. I don't think there are any easy answers but certainly, if there is one single message that comes across from a lot of work that has been happening across the world, it is a question of having this multi-stakeholder approach, and some of those groups you mentioned in Barnet and elsewhere could be engaged in food security. I don't know if that relates very much to food banks.

Dr Pencheon: I want to respond more specifically to your question, which is ideas about what could central Government do. If you are talking about organisations like Public Health England or the NHS, I don't know quite what their status is. I think they are non-departmental Government bodies. There is a relationship between the Department of State, be it the Department of Health and those bodies that is done through things like mandates and remit letters. If you were keen to see the SDGs get into the infrastructure of the DNA of those organisations, you have to get the wording in in the right way into those mechanisms, where the remit letter or the mandate from this Department of State says, "You are reminded that these are global goals for health. As a national health organisation, we would expect you to be mindful of these" whatever the phrasing is. That is a mechanism by which you, we as citizens or parliamentarians, can bring to the attention of these agencies, which is one step removed from central Government, that we in central Government hold these things to everybody important. That is a mechanism.

Q133 Peter Aldous: Looking at the issue of accountability, to what extent do you think the local authorities and the NHS should themselves be held to account in their performance in pursuing the SDGs?



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Dr Wright: Again, if I kick off with local authorities. We are only doing it to some extent because of the international linkages the LGA has. We provide reports back to our international partner bodies, which report back to the UN and to the various fora. Of course, one thing I have not mentioned I think is that there is an obligation on the British Government, of course, to provide a report on the SDG implementation to the international UN level. That is something where local government can collaborate with central Government and work closely in putting things together.

We are very much conscious of accountability. Local government of course has very statutory requirements anyway in reporting, but I think one of the positive things that have been happening over the last few years is that we have moved away from this very rigid imposition of top-down targets. That used to be the case some years ago and what we would not want is some reimposition of that kind of very rigid top-down targetism, but rather working with central Government, working with individual Departments in moving things forward and doing joint monitoring, joint reporting. I think that is the way forward, rather than having a very rigid top-down accountability system.

Q134 **Peter Aldous:** It is a two-way approach?

Dr Wright: Yes.

Q135 **Peter Aldous:** Local government has a role in keeping central Government up to the task?

Dr Wright: Two-way, very much, in partnership.

Dr Pencheon: In the NHS we have a number of mechanisms to hold organisations to account. One is that all NHS-funded organisations are expected—not required—to have a sustainable development management plan, which tells them what they are doing. “What are you doing around sustainable development in general?” Everything from carbon reduction to good partnership around air quality: the whole remit. How do the SDGs get into that? There is one way I can think of.

There is another mechanism, which many NHS organisations use, which is called the Good Corporate Citizenship Assessment Model. It is a rather longwinded name. It is a model that we inherited from the Sustainable Development Commission, which some of you will remember, and it has survived remarkably well. There is an opportunity to reframe that model in the shape of the sustainable development goals and the domestic obligation of NHS organisations to be mindful of what those goals are. That is a possibility. If you wanted to effect that, if you wanted to push that, then in the follow-up to this Committee, if that were put in, that is something that I could help make happen. That is a very good example of a very practical way forward.

Q136 **Peter Aldous:** Are there any other models from around the world? I am thinking they very much have a particular approach in Bonn, and in



Finland as well.

Dr Pencheon: Yes. There are some very good approaches around the world. If I had 48 hours in the day, I would know a lot more about them. For instance, in the United States they are very keen on models that assess waste and harm from the healthcare service, because the healthcare service does waste a lot, and it harms sometimes with toxins or uncompassionate care. The model we have had in this country is to look at carbon reduction initially, but we have now moved on to a much wider stage of sustainable development. Your question prompts me to think there are mechanisms by which we could better embed the SDGs into those models in this country to fulfil our domestic obligation in its largest public sector.

Q137 **Peter Aldous:** Catherine, specifically regarding the Welsh situation with the Future Generations Commissioner: do you think that is a model that could be rolled out across the UK?

Catherine Pearce: I think it is a very interesting model, and that model is also based on other good practice around the world of similar commissioners for future generations or stand-alone commissioners for sustainability and environment.

It is a very exciting office. It is very innovative. The Commissioner has statutory legal duties and powers to help public bodies implement the Act and to help bring that long-term agenda to the narrative and ultimately ensure there is success with the Act.

The important factor also with this independent office is it brings visibility and leadership to this quite complex, tricky agenda. People can identify with that commissioner and the communication that she puts out. The role involves providing advice and recommendations to public bodies and to the Government. It also includes providing a report every five years that ties into and informs the electoral cycle as well. It is certainly very integrated and engaged in what is happening in the agenda in Wales. Yes, it is a very exciting model that I think should be adopted here.

Similarly, the Canadian Parliament has recommended for an advocate for future generations in Canada, again to help roll out the SDGs and bring that accountability message to all the agencies that are involved in the work.

If I may, another idea that has been raised recently by colleagues overseas, again talking to the sense of accountability and bringing that important element in, is a Parliament day: one day for the Parliament to debate the sustainable development goals, to allow an opportunity for the Government to report on progress, and for the Parliament to hold the Government accountable on what they are doing and where work needs to be improved, shall we say. The idea is that this is co-ordinated with other parliaments around the world. One day is perhaps not enough but it is a good start, and if we are looking at bringing that global co-ordination,



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it might be more realistic to achieve. By having that visibility, not only does it bring the Parliament role into the accountability, but it also encourages media, civil society and involved agencies to get behind this to bring this together, but not as a tokenistic gesture. This is also about really ensuring that there are accountability elements in the Parliament.

Q138 **Peter Aldous:** If you were rolling it out in England, would you have a Future Generations Commissioner for England, or would you devolve that role to the elected mayors who are popping up around the place?

Catherine Pearce: It is interesting. I think either would work, to be honest. With the cities in the UK and the emerging, shall we say, ambition in UK cities, particularly on addressing climate change and improving the well-being of people living in cities, that would be an interesting place to put a Future Generations Commissioner. Nevertheless, I do feel that having a central body, much as in the case of Wales, brings that identity and brings that visual nature to this debate, and it allows one figurehead to provide that narrative and broaden out the dialogue.

Q139 **Peter Aldous:** Thank you. Dr Wright, do you have anything else to add?

Dr Wright: Maybe just on that last point. I am probably quite attracted to the idea of elected mayors. I see it functioning very well across the world. I was at the COP 21 Paris Summit. We had a very, very successful local government summit alongside the main summit, hosted by the Mayor of Paris, with many mayors across the world giving commitments, something called the Covenant of Mayors on Climate Change, where there is a real commitment to reduce carbon emissions and tackle climate change at the local government level. Having an elected mayor—we have seen this a little bit in London already with Sadiq Khan and others previously—does give an ability to focus the agenda and to raise public awareness. When the mayor speaks on these things, the media does take it up.

Q140 **Chair:** Can I just ask you, Dr Wright, just going back to one of your earlier questions about local government taking cuts of £5.8 billion, when is that from?

Dr Wright: We estimate that is going to be between now and 2020, and that is going to be a huge burden, of course, on local government.

Q141 **Chair:** 2015 or 2016?

Dr Wright: Yes. That is my understanding, yes.

Q142 **Chair:** Thank you. On the UK Government reporting back to the UN—obviously that has not happened yet because we do not have the baseline measurements, which is a different story—when is that supposed to happen?

Dr Wright: It is supposed to be an annual process, so the first substantive report I think will probably be as early as the middle of next



year, in June. We appreciate that, as things develop year by year and more data becomes available, those reports will get more comprehensive, hopefully.

Again, if I can just put in one little plug, what local government have been asking for is to also have a seat at the table internationally to be able to bring in some of the sub-national data in partnership with central Government into the UN, but technically the reporting obligation at the UN level is starting as of now. I think the key date is around June next year.

Chair: Did you want to come in, Catherine?

Catherine Pearce: Yes. On the reporting to the UN high-level political forum, I do not think the UK Government have as yet committed to any date. The earliest we would hope for is 2018. For 2017, for next year, I think the governments have already pledged in terms of who will be making those voluntary reviews, because those voluntary reviews and those countries are already under way in order to present next July. I think the earliest the UK Government could volunteer would be 2018, and certainly that is something that we would be encouraging them to do.

Q143 **Chair:** What do you make of the Office for National Statistics putting off its data collection? Certainly, when they came here a couple of weeks ago, we thought it was all going to come out on 29 November and this inquiry would be running in parallel with the ONS. I do not want to overplay our Committee's hand; I am not sure that they have postponed it because of our Committee's inquiry. What do you think is happening and what do you think the problems are going to be around data collection? Are there problems? We heard about 70% of the indicators we have already, and then there are 30% where we are going to need to come in on some of the community mapping and some of the data partners. What do you think is happening with this baseline monitoring? Any ideas?

Dr Pencheon: I do not know. I wrote a book many years ago called "The Good Indicators Guide" about what do you need and what do you not need to get movement and get traction? I am hesitant to say this, but I would suspect that this is a classic area where the perfect becomes the enemy of the good. Having worked a lot of my life with statisticians, they are understandably obsessed about getting everything absolutely right, and it is not an area where you need everything absolutely right. You need things good enough to understand how well we are progressing. To Peter's question about, "Would you have a national commission or would you devolve it to the mayor?" the simple answer is you would do both. It is not a choice. You have to have that very clear signal going out to facilitate everybody doing it locally. In the NHS, when we ask people to report, if they do not report, we leave a very big blank. You make it very clear that they have chosen not to report. I think this is the fluid way in which this dynamic will increasingly work, so the public will then say to their local trust, "I see you have not reported. Why is that? Our air



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quality is suffering because of the number of ambulances you have idling outside A&E.” You need to get this cycle going.

Q144 **Chair:** Any other thoughts on data?

Catherine Pearce: I am not close enough to know exactly the reasons why, but Dave has raised an important point. Perhaps there is fear of releasing something that is not necessarily perfect, whereas perhaps we just need to get started. Yes. It sends an unfortunate signal, when we need to build that momentum, we need to get started, even if it is not perfect. We need to have something to work with. I think that kind of release sends a very strong signal, a very positive signal, that we are in business and we need to get started on this, because this is quite an urgent agenda. We cannot afford that element of delay.

Q145 **Chair:** You have all made the point that we have more data than most countries in the world.

Dr Wright: But we are not reporting as quickly as other countries.

Chair: All right. Thank you all very much indeed. That has been a fascinating session. We look forward to sharing our findings with you. Thank you.