Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 22 July 2020

3 pm

Watch the meeting

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

Evidence Session No. 15 Virtual Proceeding Questions 96-103

Witnesses

I: Lieutenant-General Douglas Chalmers DSO OBE, Deputy Chief of the Defence Staff (Military Strategy and Operations), Ministry of Defence; Tracy Daszkiewicz, Deputy Director of Population Health and Well-being, Public Health England, former Director of Public Health for Wiltshire during the Salisbury Novichok poisonings; Lord O'Donnell GCB, Cabinet Secretary 2005-11.

Examination of witnesses

Lieutenant-General Douglas Chalmers, Tracy Daszkiewicz and Lord O'Donnell.

Q96 **The Chair:** Good afternoon, everyone. Welcome to this session of the Public Services Select Committee. We are very grateful to you for joining us and giving up your time. I know that it has been a very busy period for you all, so we really appreciate it.

We have a very lively Committee, and I know that several Members will want to come in with supplementary questions. We also have very different contributions today from witnesses. As ever, if any Member wants to come in with a supplementary, put your hand up and I will seek to call you.

We have three witnesses for our first session. I ask each of them to say who they are and where they are from, and we will simply get on with the questioning, because we have such a short period and somehow when it is on virtual technology it seems so much shorter. I miss seeing you all

live, as it were, but this is the world we are in at the moment.

In the first session, we have a couple of questions that we will ask of individual witnesses rather than of all three witnesses. I am sure you can live with that. Indeed, even on those individual questions others might like to say something.

I would like to open by asking Lieutenant-General Chalmers a question. We are looking at how other crises have been handled in public services and what we can learn from them. My first question comes because the Armed Forces constantly have to think about the major changes going on in the world and how they respond to them, and how they learn from their experience. With Covid-19, we have used the Armed Forces for operational activity, and we wanted to hear from you what lessons the Army has learned from previous crises that it has been able to bring to this crisis.

I know that the military aid to the civil authorities arm was very active during the foot and mouth disease outbreak, which I was right in the middle of up in Durham at the time. I am looking to find out what lessons you have learned.

Lieutenant-General Douglas Chalmers: Absolutely. I am in the Ministry of Defence and my day job is director of operations, both home and away. I have been able to see this journey through, as indeed I have with some of the more recent stuff such as MORLOP. We can talk to some of the elements of that a bit later.

You mentioned foot and mouth, and it is probably not a bad place for me to start. We call everything by op names, as you know, and for us it was Op Peninsula. That occurred back in 2001. That year matters, because you know what else was happening in 2001. Critically, the Civil Contingencies Act came into existence in 2004, after foot and mouth.

That was also the time when we started formally to put in place some of the lessons from foot and mouth. The key one was establishing the Standing Joint Command, which covers Army, Navy and Air Force elements and touches on all the regional elements across the United Kingdom—England, Scotland, Northern Ireland and Wales—in a formal standing structure. Routinely, about 26 people man it on any given day. That is the first port of call for routine MACA, whether it be support for explosive ordnance disposal or the floods and fires stuff that you see.

The first big lesson for us built on the back of the Civil Contingencies Act. We formed a standing headquarters with a network across the place. We have not stopped there—we have kept on going. Your question was about how we learn lessons. In older days, joint commands would go away, do their stuff and come back and write a post-operation report. We would review that post-operation report and take those lessons through.

Now—and this Zoom conference call proves it—we can be flatter and faster. We have a dynamic process, so we can adjust in stride to ensure that what we are delivering is what is required. We have a more formal

process whereby we have an interim report. The commander of the Standing Joint Command, David Eastman, wrote me one fairly early on.

We have a fairly new thing called our mission exploitation symposium. We stole the idea from the Special Forces, and it has been used across the forces in Afghanistan and Iraq. We get everyone engaged, from private soldiers up to the generals, in a cross-bid to ensure that we look across the piece at how we can get better to go through. Once here in the homeland, we have involved other government departments that we were supporting, to ensure that we are not marking our own homework and that we are connecting through on that.

What have we learned over that time? There is a whole raft of operations, as you will know. I will touch on some of them. The macro aspect, which has been a shift from foot and mouth forward, is that we are not just the source of last resort; we are in support and we can provide support from early on and throughout.

That connection between the Standing Joint Command and the regional points of contact—what we call the joint military command; those who live out in the regions and who connect into the local resilience fora and platforms—is now more established and routine. We are no longer called in at the very last bit. We are engaged earlier than before. That is a key element: early engagement to build empathy, so people know what we can bring, and we know what others can bring. As critical, however, is the rapport of the individuals concerned helps us spool up really quickly. I will come back to that in a moment.

What skills can we bring to add the support that we have just talked about? First, we can bring rapid planning processes, discipline and skills. We are used to being expeditionary, we are designed to be expeditionary, so we can bring some of that planning process—not so much with SMEs—and we can corral together, as we did on this occasion, clinicians and others, to work out how we might be able to get to an output fairly quickly.

We can also bring logistics and engineering skills. Again, we are designed to be expeditionary. You saw this with our logisticians and engineers in the Nightingale scenario and in the acquisition process for and the collection and distribution of PPE. We managed a rapid scaling up of that requirement.

We bring a degree of command and control. That is probably easiest seen if you look at the mobile testing units out on the ground at the moment. We get them spun up to support DHSC, ensuring they are in the right place at the right time.

The other thing we can bring is speed of response. We can be quick. In the recent Leicester outbreak, for example, we were able to get four planners in place to help to pull the threads together. The call came in and they were on the road by the next morning. We have the capacity to be fast in that way.

We are also adaptable. I can bring large amounts of manpower or helicopters or niche experts, as I have just described.

On the big macro lessons that we learned, we have talked about foot and mouth, but all the fires and floods that we have been through since, as well as the preparations for Brexit, have been really important for us in preparing for Covid. We had done a lot of work with some of the other departments on what Brexit would be. There was a rapport and the individuals concerned already had a light baseline about where we would connect and who we would be talking to on any given day.

We realised very quickly that we needed to get our network in place fast—this comes from the foot and mouth lessons all the way through—so that we gain empathy for the problem, and people gain empathy for what we can bring to that problem. We put teams up very fast into DHSC, MHCLG, NHS England, and the devolved health and social care elements. You have seen that on some of the timelines. That was to help us to bring our understanding together.

At the same time, we up-gunned here in defence. I have already talked about the Standing Joint Command. We took it from 26 to 250 in a couple of weeks to give it 24/7 coverage and the resilience to having Covid outbreaks itself, just to make sure that it could still function.

We also up-gunned the regional points of command. In the early days, we put four planners in every local resilience forum or platform, and into the NHS hubs, to create what we call the neural network, so that we could understand what the demand signal was and help to explain what we could bring and how problems might be tackled.

Those are all structural aspects. The rapport bit I have mentioned already. I am a member of the national leaders piece at the moment, for example. Interestingly enough, we had just done an exercise on a national outbreak. In that forum were chief executives of national health trusts and so on. That network of public service leaders proved really helpful, because I could reach directly outside and say, "I don't really understand this. Can you help me understand this language? What is the requirement?" I think that added real weight to it.

Speed of response has been covered. We put 20,000 people on notice, because in the early days we thought that the problem might be driving oxygen tankers and doing a lot of what I call workforce labour. We went large to make sure that we were not going to be late. As we knew what the tasks were, we adjusted that down, as you have seen, to focus more on logisticians, medics and experts, as I have already laid out to you.

For example, we put a log brigade into DHSC to help with the testing. It is still there and still delivering that. A log brigade went into NHS England to help with the PPE acquisition and distribution. We put military adviser and assistant teams into the Nightingale projects. We also used some of our acquisition people to help acquire some of the PPE globally.

I will pause there. Hopefully, that shows you that on the path from foot and mouth to now we have very much connected with that civil contingencies section. We have had a lot of practice, and we keep learning each time. It is not just us. It is learning as a team, as I say, from LRFs up to here in Whitehall. I will pause there, madam.

Lord Hogan-Howe: Lieutenant-General, thank you for that. One of the things I have been talking to the Cabinet Office about recently, where I ought to declare an interest, is a lack of a government ops room for the country. You have talked about some of the benefits of having the resources to deploy, being able to communicate, and using an ops room that is stood up quickly. Do you have any reflections on your work with the Government and their opportunity to do similar things?

Lieutenant-General Douglas Chalmers: We will talk about MORLOP in a moment, but this conversation is a live one. If anything came out of the Covid crisis, it would be about how we corral the data to enable our national decision-makers to understand that flow. We have learned a lot. Our engagement here with DHSC, NHS England and MHCLG, to give that feel, has been quite illustrative to us all of how we will work that through in the future. We are more of a data-driven world now. There is more work to be done.

What I am describing is the fact that the room is important, and we have rooms—COBRA, et cetera—but it is about streaming that and ensuring that the data that is provided to decision-makers is the right sort of data. That learning about the Covid crisis is still ongoing, because, as you have seen, the data has been either subjective or objective, and trying to get that line through to help decision-making is still a work in progress. We are keen to be part of that, because it matters to our day job as well.

The Chair: Interesting.

Lord Filkin: What do you think the Army did less well that it would need to rectify in the future?

Lieutenant-General Douglas Chalmers: I talked earlier about the dynamic and formal lessons. The dynamic one is that we went for a large workforce early—it was mass, effectively—but we realised pretty quickly that was not what we were required to do. We really needed to bring more planners and more expertise to that. Once we identified that, we adjusted to it. By closing down elements of staff college because of Covid, we were able to take students and put them into some of that neural network. We might have done that a little faster, but we needed to understand what the problem was.

There is another lesson, which we are working through at the moment. As you know, a lot of our clinicians and surgeons are routinely seconded to the NHS from the medical service. It is where they practise their skills on a daily basis. We do not have a military hospital per se any more. That has gone well. Clearly, we left them firmly in place, and augmented where we could.

We are still working through other elements. We could probably have brought in our combat medical technicians to help in super-porterage-type duties. We were probably a bit slow to work through some of that. Otherwise, we were not too bad. It was those particular areas that we will take through, particularly as we look towards winter preparedness, just to make sure that we have that extra capacity if required.

The Chair: Very interesting. We now move on to the next question.

Q97 **Baroness Tyler of Enfield:** Changing tack a bit, my question is addressed particularly to Ms Daszkiewicz.

What did you learn from the way various public services responded to the Novichok poisonings, and how different agencies adapt to crisis situations? I am particularly interested in whether you felt that there was a difference between locally based agencies and national agencies, and how you applied these lessons when you were co-ordinating Wiltshire's response to Covid-19.

Tracy Daszkiewicz: I am now deputy director for population health and well-being for Public Health England. That is a recent post, but I will answer this afternoon, if I may, as the director of public health for Wiltshire, which is obviously relevant to that question.

A huge amount was learned from the situation in 2018. The nerve agent poisonings were obviously an unprecedented incident and one that called on local, regional and national response. All layers of the system were utilised to full effect. This case became of huge national importance and interest very quickly. As in the answers to the previous question, we relied on a system-wide approach that also included the military, so there is a huge commonality there.

We responded and mobilised very quickly locally. We have always used the mantra that we respond to the unusual in the usual way. That means that we are very well rehearsed and well exercised across a range of scenarios. Sometimes the scenarios feel far-fetched. Certainly, the past two years has taught us that you can never prepare for what is to come.

That means that we have the relationships in place to work across LRF structures in line with the Civil Contingencies Act, and those strong relationships can be drawn on to great effect at great speed. We always know who to call for particular incidents and questions. That means that as we gather around an incident there is a sense of coherence, expertise and familiarity across that working group, which means that things move forward at pace and with a sense of reliance on the people you are working with.

That was needed with the Novichok incident, which was a massive incident and one that we thought would probably remain the biggest of our career. Little did we know what 2020 had in store. It set us up very well for our early response to Covid. As the horizon-scanning was going on and we could see what was happening from doing that global watch, we could start those conversations with colleagues very early and start to

put those systems in place, ensuring we had that dialogue across that local, regional and national interface.

That helped us to plan. Sharing that dialogue across the layers of the system means that you can plan effectively. Sometimes you think that it is worst-case scenario, but you need to plan for that, and that is what we were able to do very quickly as we were coming on board with Covid in the early part of this year.

Baroness Tyler of Enfield: May I ask a quick supplementary that I am afraid I cannot resist asking? I found the recent TV series "The Salisbury Poisonings" absolutely compelling viewing. How faithfully do you feel that represented the relationship between the different agencies, particularly the local authority and the national agencies? Was it broadly accurate?

Tracy Daszkiewicz: Conceptually, the drama did a great job of showing public service and the impact of profound events on ordinary people. I do not think that three hours of drama could demonstrate to you the commitment, expertise and professionalism of the people I proudly worked alongside; nor did it fully represent the vast array of experts and people who were there. I am very proud to say that my character was based partly on me—they used my name and my family—but it was very much a composite of the tremendous public health expertise that I was part of in response to that. Conceptually, the drama gave a good indication of how hard people worked and how coherent it was, because it absolutely was throughout that incident.

Baroness Tyler of Enfield: It certainly left a big impression on me, particularly regarding the role of the director of public health locally. I thought it was excellent. Thank you.

Lord Bichard: Tracy, you have occupied two very interesting posts, one locally and now one at the centre. Some comments have been made about the relationship, particularly in public health, between the centre and the local areas. I cannot not ask you if you have any comments to make about that. How effective has it been? Has the trust been there during the pandemic? Do you have any comments on that that you can make to us?

Tracy Daszkiewicz: I absolutely can. It is an excellent question. I can say to you that my experience of working in peacetime, if you like, with our centre was always strong, and 2018 gave me an insight in greater detail on PHE, as a centre and as a national organisation. The impact that had on me was so profound that that was where I chose to take the next step in my career. That might give you an indication of how much pride I have in working for PHE and how much I respect the organisation.

Lord Bichard: Do you think things could have been handled better in that relationship during the pandemic?

Tracy Daszkiewicz: From my experience, and I can only talk from my experience, as a director of public health in the south-west, we have a

very strong network of directors of public health, and that is supported strongly by our regional director of public health and centre director in PHE South West. We meet regularly in normal times, and since the pandemic started that has been accelerated to weekly meetings on a general public health perspective, and weekly meetings where we all come together from a health protection perspective to share information and best practice, and to plan and reflect.

From my experience, we have a fairly robust system in place. I cannot answer that question from the perspective of elsewhere, but for the south-west it is incredibly united. Talking from the perspective of my new role, and from talking to other deputy directors, those systems appear to be in place and replicated across the country.

Q98 **Baroness Pinnock:** Tracy, that was fascinating, especially your roles both locally and nationally. There has seemed to be a bit of a disconnect between the centre and the local. I should say that I am also a councillor in Yorkshire. Can you suggest any learning points? One of the things that we want to get out of this Select Committee investigation is the learnings. What could we suggest that would improve the service of public health locally and nationally, and the connection between the two?

Tracy Daszkiewicz: The key thing, as always in these situations, is open and transparent dialogue. A disconnect can appear when you are talking about different layers in any system, and the key is being able to understand the situation within a particular context. From a national perspective, that could be where the policy is being driven from, for example. Even an overview dataset needs to be able to be demonstrated and applied within the local context. To truly understand that, you need that local voice.

That was true in 2018 and it is certainly true in the Covid situation. You need to have that dialogue and a true understanding of how things are being received on the ground within the context of community and the services, which are very different in different areas, so that it can be driven in a way that fits best with that community. It cannot be one size fits all. There are all sorts of things that shape our local places. Therefore, we need those local ears and voices to make sure that it is landing in the right way in those local places, to make it relevant, and to get full engagement.

Baroness Wyld: You said, "Little did we know what 2020 had in store", and obviously the impact of Covid was unprecedented, but presumably PHE as an organisation had this front of mind. Are you saying that the organisation was caught on the hop?

Tracy Daszkiewicz: Not at all, no. We plan for pandemics systemically across whole systems. We practise our pandemic planning in exercises and scenarios, and update our pandemic plans every single year, locally and in conjunction with our regional and national interface. These things are very well rehearsed. I do not think a pandemic, which has been on the national risk register for a long time as flu, at this global scale

catches anybody on the hop as such, but it is globally devastating and we need to unite across a global system. Thankfully, we rehearse this quite regularly.

Q99 **Lord Young of Cookham:** I have a couple of questions for Lord O'Donnell, both based on press comment. The first is from the *New Statesman*, which suggested that the most successful response to the pandemic was economic, with the furlough scheme, the bounce-back loans and the rest. It suggested that veterans in the Treasury and the Bank of England remembered the 2008 financial crisis, so there was both a strong personal relationship and a good collective memory. To what extent do you think those factors were relevant in this crisis? Are there lessons to be learned from what happened on the economic front for other areas where perhaps we have not been quite so successful?

Lord O'Donnell: That is a very good question. I would say that the response of the Treasury and the Bank of England has been one of the more successful aspects of what has been going on. That reflects the very good relationship between the Chancellor, the Chief Secretary and the Permanent Secretary Tom Scholar, and the fact that a number of people there were around during the global financial crisis and saw that crisis.

I would say that that is good, but it is only part of it. I worry that with the kinds of questions you have been putting you will come away from this thinking that it is all about looking backwards. It really is not. For single crisis, the important thing is to look backwards and forwards. They are very different. In the global financial crisis, we had a lot of banks going bust around the world. If the banking system breaks down, business breaks down around the world.

This crisis is very different. It starts as a health crisis, but our response has massive economic implications. The problem is that SAGE is stuffed full of biomedical experts and no economists. When you think about questions such as whether we should keep schools open or close them, you end up with a lot of biomedics coming up with answers about the implications for transmission, reinfection, those sorts of things, but where are the social scientists telling you what the costs of that are? That is why it is important to have the right framework. We need a cost-benefit framework to analyse all these different things. That was the biggest thing missing at the start.

Your question was about the Treasury coming in at a stage where the damage, if you like, has been done and we are talking about how to manage these things when it has not been put within a framework showing the trade-offs that all these things necessarily involve. The health sector was not that good at that.

The other lesson I would emphasise, picking up on what the Lieutenant-General said, is that good data is massively important. We need good analysis of that data as well. The problem with the analysis is that we get people using models that are totally inappropriate. During the global financial crisis, there were models that said that the movements we were

having in stock markets should happen only once in the lifetime of the universe. That is because the models related back to other periods that did not have that kind of thing in them.

We had a similar experience with some of the models that have been used in Covid, I am afraid. They did not have enough allowance for the behavioural aspects. There were not enough behavioural people around the table. That was bad. I would be very sceptical about using models.

When you get to the stage of having analysed the data and having good decision-making, you need good operations. The MoD was brilliant at that. My experience of its co-operation was always fantastic. It cut through all sorts of things, which made a huge difference.

You are absolutely right: the Treasury and Bank response has been great, but it is about the consequences of some decisions that were made earlier. I have no idea whether they are right. I am really worried that when the decisions were made, nobody knew. They had only half the story. This crisis brings together health and the economy. I have dealt with various health crises and various economic crises, but never did I have anything that was as complicated as these two put together.

Lord Young of Cookham: Thank you very much, Lord O'Donnell. I am sure colleagues will want to come back on that.

May I throw another press quotation at you that is not quite so supportive? This was in the *Sunday Times*: "'Covid has shown that what was supposed to be this gold-plated first-class British Civil Service is not quite what it has been bigged up to be', one senior aide said ... 'What has been immensely frustrating for everyone involved is levers have been pulled and nothing happened'". Do you think that is a fair comment on how the Civil Service reacted?

Lord O'Donnell: It is very hard to say from outside. Certainly, I do not think anyone can hide from the fact that, against excess death measures, our health outcomes are terrible in comparison to the rest of the world. It looks like our economic outcomes will be quite bad compared to the rest of the world. Something has gone wrong somewhere.

I cannot apportion blame, because I would be guessing. I do not know what has gone on. Part of the problem has been that we do not have the right people around the table at the right times. I look at the Cabinet Office now and think that it is very large compared to my day. I am not sure whether that helps, but if people think that throwing people at this is the answer, that clearly has not worked.

Lord Young of Cookham: Madam Chairman, you have been very generous in letting me have my questions. I am sure other colleagues would like to come in.

The Chair: I would remind you that, when I was at the Cabinet Office with Lord O'Donnell, he was the Cabinet Secretary, and I think we had another five Permanent Secretaries. I was always in trouble with the then

Chancellor, who said that we had too many Permanent Secretaries, but he added another one when he became Prime Minister. Managing the Cabinet Office has always been a challenge, has it not, Gus?

Lord Bourne of Aberystwyth: May I follow up on some of the points made by Lord O'Donnell, which I found very interesting, particularly in the light of the Harry Lambert article in the *New Statesman*? It seems clear to me from reading that that we were, and still are, heavily reliant on strong personal relationships. That has played well for us on the economic front; not so well, clearly, on the health front.

Will Lord O'Donnell give us his view on whether we need further institutional underpinning, without increasing the number of people around the table, so that the balancing of interests he talked about is considered at an early stage? Clearly, something went very wrong, at least in the early stages. How do we prevent that from happening, or try to minimise the chances of that happening, in any future challenge that we might be confronted with?

Lord O'Donnell: I apologise that I did not introduce myself at the start. I am a former head of the Civil Service and Cabinet Secretary.

It is important, but I would say that you need to look at each crisis and decide the right framework for it: who are the right people to have around the table for that crisis? I would not have a one size fits all. COBRA is used most for things such as kidnapping crises. You have a certain set of people around the table for that.

This one is particularly difficult and particularly wide-ranging, and it needed that mix of disciplines. We got the science, but we did not get the social sciences. That is the bottom line of what I am saying here. That was a fundamental problem in this crisis.

Are there things we could learn? There are always things that we could learn. We need to carry on the process of getting a much more professional, pacey Civil Service. We also need to revel in the public sector ethos, the pride and the passion. My four Ps that I used to go on about were pride, passion, pace and professionalism. That is what the Civil Service needs.

It looks like the public are feeling passionate about how much they need front-line workers, and are proud of what the NHS has done, which is great. However, we need to combine that with having a really professional Civil Service. That requires good analysis and good data. The Lieutenant-General was spot on about this. Good data is absolutely vital.

That is the first thing I would put in place. When you think about all those press briefings on deaths in hospitals, we biased the whole thing towards hospitals, and not care homes. We biased it towards Covid. What about the non-Covid implications for the health service? That is massively important. All this could have been done. I have written a paper spelling it out. If you looked at it in terms of the well-being of the population, you

could bring all these things together with a common currency of well-being years and analyse them. Hopefully, people are now starting to think about how to do that, but I do not think we did at the start.

Q100 **Baroness Wyld:** That was hugely interesting. I have a question for Lord O'Donnell to take that on a bit.

I want to ask about expertise in the Civil Service. A huge number of people had to react with speed and pace, as you say, to an unprecedented situation. There is to be a new Cabinet Secretary, as we know. Do you have any tips for your successor on how you equip civil servants to deal with crises of this sort? You talked about response and about scenario planning, which I thought was hugely helpful, and looking back as well as forward. How do you teach people that?

Lord O'Donnell: There is nothing like going through it. That is where the backwards part comes in. You could do all these things really well a second time. The problem is that you are coming up against a bunch of first times. Yes, learn the lessons from the past, but be very flexible about what you do in the future.

We need very strong analytical skills. We were managing one of the biggest changes to behaviour that has ever been thought about. The full lockdown was a massive thing and was going to have massive repercussions on how easy it is to unravel again.

We are a bit short of behavioural experts. They had the brilliant David Halpern, who is head of the Behavioural Insights Team, but he was a bit outnumbered. We needed to understand the really important things. We needed some clear messages. If anyone knows what the message on masks is, please tell me. We needed some decision-making and we needed to get this expertise around the table.

It may not exist within the Civil Service. I went out to the best people in the world. There is no reason to think that you have to have these people there all the time, but you need people who have the contacts and who can bring in the right people, and who are skilled enough to be able to ask the right questions and get the right information.

Lord Davies of Gower: My question is for Lord O'Donnell. I am sure you will have seen that there has been some confusion with the devolved Governments. What would your advice to the Prime Minister have been?

Lord O'Donnell: Certain actions are given to the devolved authorities. I would have wanted the Prime Minister—I think this was attempted around the decision table in COBRA—to bring in the devolveds as much as possible. It is very tricky to manage a situation where you have slightly different rules when you cross the border. We see that in the border between Northern Ireland and the Republic, between Scotland and England, and between England and Wales.

That will emerge if you end up with different data and different analyses. The virus does not change suddenly when it goes over the border to

Scotland or Wales. You would think that the science and the economics would point you in the same direction, and that the people who are trying their hardest to minimise the damaging impact of the virus would come up with the right answers, or that there would be very clear cultural or other reasons why they had not. That process has clearly not worked as well as it should, because we have ended up with different rules in the different places.

I would have tried very hard to have a common view, but that would involve serious engagement with the devolved nations very early on. To be honest, it would probably need to go lower than devolved, because what we are seeing now, and what we will see for months if not for longer, is the need to handle this crisis at a micro level. We need to go local, regional, city, town. We need to understand the data and what is going on at those much more micro levels. It comes back to what Tracy was saying about the relationships between the different local regions and the centre being massively important for something like this. They need to be built on strong personal relationships. A climate of trust is the most important thing I would try to push.

Q101 **Lord Filkin:** Gus, it is clearly and obviously a watershed moment for our society in a health crisis that is ongoing—we do not know for how long. It is the biggest economic shock for decades, or centuries, and at the same time there are enormous fiscal consequences that will make life harder. And we should add to that Brexit finally coming at the end of the year.

That is the background. The question for us on the Committee is: what can we learn from this crisis—not how well or badly public services did, but the lessons from the experience of the crisis for public services in the future? We would like you to expatiate on anything from priorities or choices, mechanisms and methods, the key challenges, or reform or reformulation-type questions. May I ask you that set of impossible questions and follow up in more detail if there is time?

Lord O'Donnell: We live in a world where multiple disciplines are required, and they need to talk to each other. I started my life as an academic and I can tell you that the economists did not talk to the sociologists. I remember doing a course on economics for engineers. I was at the mathematical end. The engineers hated economists, because we sometimes said, "We don't know". We did not give them definite answers and they thought it was all a bit waffly.

It is about being able to manage those different disciplines, and having the expertise to ask, "What kind of data do we need? How do we get that?" Data science is massively important, but it needs to be connected. We collect magnificent amounts of data in all sorts of different ways, but we do not share it very well. I hope we are looking at the way HMRC and DWP share data, and how they make that available to research organisations. That is hugely important.

The modern civil servant will have to be completely happy with data analytics. Their No. 1 skill may not be in writing prose, as it was some

decades ago. They will have to understand evidence-based approaches, and, where there is no evidence, think about how we might generate it. They will have to know about the ins and outs of randomised control trials, and know what we can do. They will have to know that we are working hard on vaccines and the like, and how we will manufacture the billions of vaccine doses that we will need. Do we have enough facilities? What will happen? Are we going to buy it from somewhere?

The Civil Service needs to learn. Tracy mentioned exercises. I remember doing tabletop exercises for terrorist events where we learned an enormous amount, just around a table, about the constraints on some public services from doing things that are desperately needed in a crisis. We ironed those out, I am glad to say.

You can learn from the past, but when we look back—I am responsible for part of it—a lot of what we learned from the health crises was about stockpiling antivirals, PPE and stuff like that, which we did for a while. I do not know what happened after I left. It was incomplete, in the sense that there were other things that you might say were probably more important that we were not looking at, such as how you generate good data when there is none. In this crisis we got to a stage where we really did not know what the prevalence of this disease was. Clearly, we should have asked the ONS to do random testing much earlier. It would have told us a lot about what was going on.

There are lots of things we could have done. Tabletop exercises are great, but quite often they have this issue. A lot of what I did, and this is where I worry, was preparation for a flu-style pandemic. Some of the things we did are quite related to flu, and Covid is not flu; it is different. Some of the things that follow from that are areas where we could probably do better next time.

Q102 **Lord Filkin:** May I touch on a couple of other points that have been brought to our attention so far? Arguably, our health resilience as a society was pretty poor, if you look at who died. Arguably, as many have said, there was something significantly not right about how the centre and local government work as partners on an exercise like this. Some of that is about funding. Some of it is about resourcing more generally. Some of it is about understanding diversity of localities. Do you have anything to say about those two topics?

Lord O'Donnell: On resilience, again, I would urge people to think about the fact that we had all these slogans about saving lives and protecting the NHS. It was entirely focused on Covid. Right from day one we were having problems because we had moved resources. We were building Nightingale hospitals and doing all sorts of other things, and not dealing with non-Covid issues.

The resilience of the health service to deal with the health problems that it faced was rather distorted by the political problem, which was, "Please minimise visible Covid deaths in hospitals". There are issues about resilience and, yes, you would think that we should learn from this that

we need to have bigger stocks of PPE, bigger stocks of ventilators and the like, but I would say that that is the bigger point.

That is resilience. What was your other point?

Lord Filkin: I meant in particular having a population that was healthier and less obese with fewer smoking. Fewer people would have died if we had had a healthier population. Yet we have a classic public sector response, which is: let us improve the service remediation rather than try to address the fundamental problem.

Lord O'Donnell: I hope that this spending review will realise that prevention is a hell of a lot cheaper than cure and that we will start to spend money on prevention rather than cure, starting with the well-being of kids in school.

You are absolutely right, and I think the Prime Minister himself has commented on the obesity issue. I think he is spot on. This issue needs to be tackled. For healthy outcomes you are in a much better place if you start from a healthier position. We need to think about why we have such high obesity rates in this country relative to others, and what we should do about it.

Lieutenant-General Douglas Chalmers: I would kick off by building on something that Lord O'Donnell has said. I mentioned data in my opening remarks. I cannot support any more strongly the comments about data analytics. Data and how it is analysed, and who analyses it, and data filtering occupy a lot of my day job at the moment. We are trying to understand how all that can be brought through, as well has doing different levels of security.

I also bring into the discussion the fact that there is a whole raft of audience analysis. We started to bring some of the tools that we use overseas to try to help with some of that here. That can be gone through a bit more. I would also say that Lord O'Donnell's comment about the disciplines is key. I mentioned my time on the national leaders' cohort training session. It was really powerful for me, because it gave me greater empathy with the other disciplines. You also have a bit more confidence in your own discipline, which makes you able to challenge and understand others. We need to sustain that experience going forward.

There was a bit of talk about tabletop exercises. The comments implied what we have learned from the crisis. The crisis is still very firmly with us. As we look towards the winter now, we know that it is the normal flu season. You can tell from my language that I have already learned a lot about this from the NHS and MHCLG. We can see the normal flu season. We are also transitioning out of the EU and we will have the normal floods, and so on.

We are looking very closely at how we do winter preparedness. We run tabletop exercises routinely. It is the sort of thing that we do. We will be able to support some of the departmental tabletop exercising, and

crossing and assuring those tabletop exercises both here in Whitehall and down at some of the local resilience forums. No. 10 has been very clear that those TT exercises are to be done by the end of August so that we can learn from them and act on some of those elements that have been brought forward.

There are a couple of elements that come out for me straightaway. I will offer them now. I did not quite close it out in the earlier part. We have to sustain the neural network of people that I described earlier on. The key bit for me is that we can run through all these tabletop exercises in the summer, but we have to keep those people in place. They have gone through the learning. They have the relationships. They understand and have an instinctive feeling about what to do when the scenarios in the tabletop exercises come. They will not come exactly as the tabletop describes, but they will be close enough for them to be able to move fast, and the speed of response I mentioned earlier on will come to bear.

The Joint Biosecurity Centre, which has been talked about, is quite novel. It is where some of this data pulling and data analytics is being done. It is a big project and we are trying to move pretty fast. Getting that up to speed before the winter is key.

I did not touch on the other bit. Our Secretary of State was, frankly, magnificent in this regard. Very early on he adapted how we should approach MACA principles—flip them on their head fast and do not make everyone go through proving that nobody else can do it but the military so as to be quick to the demand. He was very clear in his guidance to us early on to do that, which helped us with speed of response.

The other thing he was very good at was delegation. Once he had authorised it, he pushed it down through to the SJC, and even lower down from there. The people on the LRFs held the delegation and it was not held in Whitehall. It moved around from this bit to that bit. I would not be surprised if sustaining those delegations, and even increasing them, is the big thing that comes out of some of the tabletop exercises that we do over the summer.

I will pause there. I was just building on what Lord O'Donnell highlighted.

Tracy Daszkiewicz: To build on that, Lord O'Donnell is absolutely right about looking forward. We will learn from any response that we have for any incident. The learning is important.

As we go through to recovery, it is important to recognise the length of time that recovery takes. It is not quick. The pace of recovery will happen only at the pace of trust. That is where the relationships really come in. When we use data, we need to look beyond the data sheet and see the people and the places beyond that so that we know how it really applies. That will inform recovery.

Recovery is a strange word to use, because it implies that we want to get everything back to how it was. I think that from any learning we would

always want to be more ambitious. For me, as we go into recovery, we need to think about how we build that better right across our system.

Q103 **Baroness Tyler of Enfield:** I have a quick follow-up question for Gus that is slightly philosophical. What has the whole Covid crisis taught us about what the state should look like in the 21st century? What does the fundamental relationship between citizen and state need to be to help us deal with these things in the future?

Lord O'Donnell: One thing that is inevitable—it is absolutely certain to happen—is that the state will be bigger. We will have this big deficit and big debt. The state will be involved in more. We will be thinking about building a more resilient health system.

To pick up on what Lord Filkin said, and as Lord Crisp wrote in a recent book, that should not start with hospitals and doctors. We should realise that the health service is mostly about other things. "Health is made at home: hospitals are for repairs", I think Nigel says. We need to have that emphasis pushed through.

The state should be a state that tries to prevent problems, as opposed to spending its time curing them, and give us the best possible start in life. That will start with getting the right systems for our children, all the way through from early years, and looking after their well-being and creating in them citizens who can operate well and effectively and productively, in a co-operative and collaborative way.

That is what the next spending review should be about. If we do that, we will build back better and level up. What more could you ask for?

The Chair: May I say thank you to you all? Each of you has brought such different and important perspectives to this session. I am only sorry that we have to move on to the next session, in which you may be interested because it is about data. You have highlighted just how important it is in every aspect of public services, and in tackling crises and generally ensuring that services are more resilient and that their response to citizens is more effective.

If there is anything at all that you wanted to say and did not get the chance to say, or we did not ask you about, please let us have your comments in writing. We always appreciate that. Thank you very much indeed.