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How fit were public services for coronavirus?

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For example, the central Public Health England stockpile of PPE did not contain gowns or visors, which are of less importance with an influenza pandemic but vital for preventing coronavirus transmission. The 2011 plan did provide details of how to organise testing during a pandemic, but insufficient thought had been given to how testing arrangements would work for frontline staff in the police and adult social care.

Lessons from the last major pandemic planning exercise were not published and key recommendations were not implemented

Government pandemic planning recognised the importance of conducting regular exercises to test how plans functioned in practice and how different organisations would work together.[2] The last major national one was Exercise Cygnus – which simulated a flu outbreak – in 2016. But as the government did not publish its findings, many stakeholders, including private care home providers, were unaware of it and so unable to learn of its lessons.

As a result, and despite Exercise Cygnus identifying it as a risk, inadequate consideration had been given to communication and co-ordination between different levels of government, and across different sectors. During the crisis, this has been a major problem in adult social care, which is both highly dependent on decisions taken in the NHS and much of which is delivered by thousands of – often tiny – private and voluntary sector organisations.

The findings of other, smaller exercises, conducted across public services have also not been published, meaning that other important recommendations will likely also have gone unheeded due to a lack of transparency.

Public services were far less resilient after a decade of budget pressures

High-performing services, with spare staff capacity, the latest ICT equipment and spacious, modern buildings will find it easier to respond to crises while maintaining core services, than services that do not have these advantages. But a decade of budget pressures meant that public services entered the crisis with ailing performance levels, severe staffing pressures and having underinvested in buildings and equipment.

Even before the crisis began, public services had seen reduced access, longer waiting times, missed targets, rising public dissatisfaction and other signs of declining standards. Most notably, GPs and hospitals were missing almost all routine targets, while prisons had experienced a dramatic increase in levels of self-harm, violence and poor prisoner behaviour. This context made it far harder for services to maintain acceptable standards while also managing a disruption as wide-ranging and long-lasting as that wrought by the coronavirus.

The response has also been hampered by historic underinvestment in buildings and equipment. Government has consistently underspent its capital budgets, often using money that had been earmarked for long-term investment to cover holes in day-to-day budgets. As a result, public services have had to operate out of crumbling prisons, courthouses and hospitals that are difficult to clean or repurpose in line with coronavirus health measures. The sale of courthouses and police stations, and the

failure to build new prison places, have similarly made it harder to maintain social distancing. And inadequate ICT has reduced the ability of police officers and local authority staff to work from home, made it far harder for prisoners confined in cells for more than 23 hours a day to access training or speak to their families, and meant that schools, hospitals, GPs and criminal courts have all struggled at times to provide services remotely – even when greatly reduced.

Finally, spare staffing capacity in public services has been lost over the past decade, as government cut staff numbers. The coalition government also held down public sector wages to reduce spending, contributing to worsening recruitment and retention problems. In the initial stage of the crisis, this most affected the NHS, which had nearly 90,000 vacancies at the start of the crisis, of which 40% were for nurses. It has fewer of almost all kinds of staff per capita than comparable countries. Hospitals were only able to cope by relaxing regulations, allowing students to start early, retraining existing staff, encouraging recently retired staff to return, and buying private sector capacity. Such staffing problems are harder than equipment or building shortages to resolve quickly due to the time required to train critical staff, and are likely to become more problematic as restrictions are eased and demand for schools, courts, prisons and other services increases.

Recommendations

There is no doubt public services could have been better prepared for coronavirus. But government cannot plan comprehensively for every possible scenario and must be wary of tailoring plans to the most recent crisis. Equally, while public services could have been more resilient, that comes at a price – either spending more money or diverting resources from current priorities to future possibilities. There is no objective answer to the appropriate balance between efficiency and resilience.

Nonetheless, there are relatively simple and affordable changes that could be made which would improve preparedness and resilience, and help public services to respond to a range of emergencies. To improve preparedness in public services, we offer the following recommendations:

- **Government departments, agencies, local authorities, police forces, NHS bodies and other providers of public services ought to publish their plans for dealing with emergencies – currently only released in summary form, if at all.** They should also publish the key findings from planning exercises and implement them. They should report annually on progress implementing the key findings from these. In some cases, it may be necessary to redact or withhold information if publication would compromise national security, but overall better transparency would be beneficial.

- **Government ought to conduct more regular emergency planning exercises to assess the interdependencies between services and the extent to which plans take these into account.** Key ministers such as the prime minister and health secretary should take part in such an exercise within six months of taking office. Government must make efforts to improve planning and co-ordination between different levels of government, and with private and voluntary sector providers of public services.