

-
THE LOCAL GOVERNMENT ASSOCIATION

--

**MODULE 7 OF
THE COVID – 19 INQUIRY**

--

TEST, TRACE AND ISOLATE

--

OPENING STATEMENT

--

Introduction

I represent the interests of the Local Government Association and the Welsh Local Government Association in this Inquiry.

The two Associations – the LGA and the WLGA - work very closely together and welcome the opportunity to contribute as Core Participants in this Module. Together they represent the collected voice of local government, with 100% of the Welsh, and over 99% of the English, principal local authorities as members of their respective associations.

They applied to become Core Participants in this Module because across both England and Wales officers of local authorities played a major role in the process of defeating the pandemic by testing all, and then tracing and isolating those who were, or were thought to be likely to be, vectors of the virus. This work was of the very first importance in stopping the spread of the disease and protecting the population, including those who were clinically or socially vulnerable.

There were many significant features of the two nation's approach to testing tracing and isolation during the pandemic. However, they did not follow the same path as the statements of the two Chief Executives Joanna Killian and Chris Llewelyn will show.

In this opening I shall start with the position in England. There is a reason for taking that country first because in England neither the LGA nor local government were engaged in the process of making sensible national plans for contact tracing until well into the pandemic.

By contrast, the story in Wales is overall very positive. In that country national and local government collaborated and co-designed the contact tracing system from the start.

England - the overall picture

The extraordinary thing about Test, Trace and Isolate during the pandemic is that local government officers had been working on the frontline of health protection for a great many years carrying out statutory public health functions that can be traced back to the 19th century. These officers had great skills and local experience but this seems to have passed by the government.

Joanna Killian Chief Executive of the LGA explains in her statement –

“41. Contact tracing is a recognised public health activity used to identify and break chains of transmission to help reduce the spread of infectious diseases. It has been used for many decades in the response to infectious disease outbreaks and epidemics, usually alongside other public health activities and control measures. Its purpose, to identify people with an infection or potentially infected and isolate them before they infect others, is widely accepted and works in many, but not all, infectious diseases to a greater or lesser degree.

42. Local UKHSA health protection teams and local authorities have long-standing relationships with their community and a history of handling infectious disease outbreaks via contact tracing (amongst other responses). Public health officers in local authorities have extensive experience with contact tracing and a strong understanding of the need and

best methods for contact tracing. For example, contact tracing is routinely carried out during local outbreaks of communicable disease such as norovirus, salmonella or legionnaires' disease. Contact tracing (via "partner notification") is also a key method for controlling the spread of sexually transmitted diseases..."

So a starting question for this Inquiry is

Why was the swiftest and best possible use of the knowledge and skills of these local government officers not used from the outset?

The LGA's overarching recommendation is that

Where isolation is called for in a pandemic, local authorities and their public health teams must be fully engaged in the national planning and used to their utmost in the local operational delivery of those plans.

Seven issues of importance

Drilling down into the events during the pandemic there are seven areas which the LGA's evidence specifically addresses, and each concerns learning from what happened to ensure that the best use is made in the future of local authority resources.

1. The need for central government to understanding fully what councils do and how they are responsible for local public health

The statement of Joann Killian is truly shocking in exposing the ignorance of central government about the longstanding responsibilities and critical role of local public health officials. Even allowing for the fact that in this pandemic there was much work that had to be done at pace and without the same kind of due deliberation that would be expected in more normal times this was an amazing and quite unacceptable failure. The response to the pandemic has too often been 'national be default' with systems and process designed from Whitehall and limited engagement, and understanding, of the value and role of local councils and Directors of Public Health.

The government did not document the basis for the delivery model it chose for the national test and trace programme.

Closer working between local and central government on public health is vital.

2. Data sharing

The need to control and prevent the spread of a virus in a pandemic is a paradigm of those situations where efficient data sharing between central and local government is for the public good.

That should have been obvious, yet Ms Killian's statement evidences central government's reluctance to share detailed data with local Directors of Public Health (DsPH),-and that the data collected often was not fit for the purposes of Test, Trace and Isolate that local authorities were expected to use it for.

This hampered local steps to support those affected and to control outbreaks.

It must not recur.

3. The economic, financial and social consequences of self-isolation

It should also have been obvious that the initial legal obligation to self-isolate and the later strong recommendation to do so, would have very significant economic, financial and social consequences, not just for those isolating but for local authorities tasked with ensuring isolation occurred and supporting those who were doing so.

As we have heard in previous modules, COVID-19 had a disproportionate effect on people from deprived populations. Not only were case and fatality rates for higher than among people living in less deprived areas, but policies also that were aimed at preventing spread, such as social restrictions and lockdown, had a greater effect on vulnerable populations.

These are also places where people are less likely to be able to work from home, and

where people are more likely to live in more crowded, multiple occupancy households.

The witness statement of Joanna Killian highlights the difficulties local authorities faced in working effectively and at speed to carry out their functions in respect of isolation, not least in respect of those on low incomes.

Again it is obvious that that the close involvement of local authority leaders in the planning of isolation as a measure of disease control was, and would be again, essential.

4. The issue of compliance and enforcement

Policies for compliance and enforcement of isolation would never be optimal without an understanding of the problems and issues that would arise when operationalised.

Again Ms Killian's statement explains the difficulties local authorities faced in ensuring compliance, because central government did not engage with the LGA and local authorities in the development of legislation and controls, and made frequent changes in those regulations.

The detail of these difficulties will be important to the Inquiry in terms of understanding what happened; for the future, the key point again is the importance of close working between policy makers and those with operational experience and responsibility.

5. Capacity and resources

Over and over again during the different Modules of this Inquiry the LGA has pointed out that local government lacked resources, and that were they are lacking councils can only act within the constraints arising from a lack of finance and personnel.

Ms Killian points out that councils' Directors of public health were seriously affected by this constraints and their environmental health teams were stretched very thinly.

It is well understood that there are limits to the extent that a local authority can carry capacity and resources for an emergency over and above that needed for ordinary times.

Nonetheless preparedness and resilience depend on resources being allocated properly and provision made for emergencies. The story of the pandemic response to the need for testing tracing and isolation shows that the cuts to local authority funding over the preceding years had gone too far to allow for adequate emergency cover.

The Inquiry should point this out and do what it can to ensure that this is not repeated.

6. Coordination and communication

Another obvious fact about the task of controlling a pandemic is the need for excellent coordination and communication between governmental bodies.

Ms Killian's evidence shows that much improvement in respect of this is essential. The lack of coordination and communication between central and local government affected the design and implementation of key schemes such as contact tracing.

Likewise the Inquiry should point this out and do what it can to ensure that this is not repeated.

7. Testing challenges

A last point is that her witness statement shows that central government did not effectively engage with local government in shaping the national testing strategy, leading to frustrations such as inadequate testing of patients before discharging from hospitals to care homes and slow test result turnaround.

Testing was the first step in the process of controlling the pandemic by TTI. Getting this right was therefore crucial.

Seven Recommendations

These points together with the detail set out in the statement lead to the recommendations that the LGA urge on the Inquiry. They are in summary

1. *Local government, being most closely connected to local communities, must be fully engaged by central government from the outset, as a committed and critically important partner.*
2. *Any future approach to testing must be co-designed with local authorities and local health protection teams, ensuring they are able to meet local needs and address inequalities. Policies for testing, contact tracing and self-isolation must proceed from a genuine 'local by default' approach where local leaders have the resources and flexibility they need to deliver local solutions.*
3. *Contract tracing systems must be fully integrated with local public health teams, local communities, NHS and primary care systems. A strong place-based approach is essential for the long-term control and suppression of infectious diseases.*
4. *There must be a transparent and clear systems map available in the public domain that shows how different agencies and organisations work together and how information flows between them.*
5. *Quality standards for contract tracing systems must be explicit and reported on. This must include as a minimum, the proportion of cases contacted, the average time taken to contact cases, the average number of contacts identified, and the proportion of contacts successfully traced. Information should be provided on the number and proportion of cases linked to institutions such as healthcare providers, care homes, schools, places of worship or other workplaces. Regular monitoring of the quality of advice given should be undertaken.*
6. *An analysis must be carried out to understand why adherence to self-isolation rules was low.*
7. *The relevant departments should consult on how to improve working around data between central and local government in England. This should include the creation of a data brokering function to facilitate two-way data sharing between national and local government. The government should complement this by reviewing the role of the UK Statistics Authority to support timely data and data sharing across all tiers of government in the UK. There is much that is happening on the gathering and using of data, but the key is good data sharing from the outset in the context of a pandemic.*

Robin Allen KC
Cloisters

Thelma Stober DL,
Designated Solicitor