# Biosecurity and national security Inquiry: National Security Strategy (Joint Committee)

## September 2020

Written Evidence submitted by Nottingham Trent University and the C19 National Foresight Group

## 1. Executive Summary

1.1. This submission builds on research and partnerships developed by Associate Professor Rowena Hill from Nottingham Trent University supported by the Department of Psychology and Nottingham Civic Exchange.

1.2. It also shares insights from work undertaken through the C19 National Foresight Group (C19 NFG), a cross-governmental foresight group Chaired by Shaun West which has been active since March 2020 providing a range of insights, reports and rapid reviews to central government, key stakeholders and the resilience management community across England and Wales. During this engagement we have produced over 40 outputs which include weekly intelligence briefings, strategic roundtable reports, interim operational reviews and ad hoc reports (all marked as Official Sensitive). These are part of a wider selection of 70 reports developed for our work with the C19 National Foresight Group. The 40 outputs have been shared with, by way of example, UK Government Departments (C-19 Taskforce, Cabinet Office, Home Office, MHCLG, PHE, DHSC, MoD), NHSE, the SOLACE network (Local Authority Chief Executives network), LRF Chairs network, and Standing Joint Command, Joint Biosecurity Centre and devolved administrations.

1.3. Our work has demonstrated through the extended nature of the pandemic, that our resilience structures have been designed to manage short, rather than long term and widespread incidents. Their short-term nature (by design) is understandable, but arguably now outdated, although they have done an incredible job. There has been a recent welcome one-off contribution from central government to each LRF across England of £200,000. However, the capacity of the LRFs to populate and

stand up a Multi-Agency Information Cell (MAIC) from the partner organisations which has also been a challenge.

1.4.   The research we have been commissioned to carry out by the C19 NFG across the UK has highlighted a consistent challenge in achieving a bi-directional, vertical process between central government and the Local Resilience Forums (LRF), for the sharing of information, strategy, planning assumptions, data and real-time and foresight intelligence. In order to increase the effectiveness of the resilience community, this should be resolved as soon as possible.

1.5.   New purpose-built systems and structures to tackle local Covid-19 outbreaks were not fully tested for their integration with existing mechanisms and groups causing undue complexity and confusion about information flow and decision-making processes.

1.6.   The current way in which data and intelligence has been managed between groups and systems has, at times, hampered efforts to tackle the pandemic. Further work is needed to create a robust data ecosystem which trusts partners to make use of data to make informed decisions at a local and regional level.

1.7.   Stronger bi-directional information and intelligence flows are required to reduce system overload and duplication of work between local and central structures. We also see the need for strengthen systems to support cross-local working such as the LRF Similarity App (https://bit.ly/LRFsimilarity) which helps the resilience community to share learning and challenges.

1.8.   A long-term settlement is needed to support the local resilience communities to tackle upcoming challenges. Whilst amazing work has been done by colleagues, a new framework is required in the medium to long term.

1.9.   Due to the extended nature and lifecycle of the Covid-19 pandemic and its management, we highlight the need to consider new ways to theorise disaster and emergency responses. We suggest the inquiry explores our paper on four stages of response (https://bit.ly/ForesightFramework).

1.10.  This submission calls for extensive support to be available and clearly signposted to all frontline workers (in a broader definition than blue light responders and health) to manage the psychological impact Covid-19 has placed on them. This support is

required to extend into the future as the impact will be long-lived and support may not be sought immediately.

## 2. Submission

2.1. This submission responds to the categories of question laid out in the terms of reference for the inquiry published in July 2020. Through our research and engagement with stakeholders we have found that the pre-existing structures in the resilience community were predominantly designed for short-acting, discrete emergencies. Covid-19 challenges this, as some of these structures will be active for months and years, whereas typically they are active for days (Strategic Co-ordinating Group, Tactical Co-ordinating Group etc).

2.2. Our research has captured feedback from all LRFs across England, Northern Ireland, Scotland and Wales. All of which have slightly different designs of emergency management.

2.3. The new structures that have been introduced to aid the local management of Covid-19 such as the Local Outbreak Engagement Boards, Health Protection Boards and the Joint Biosecurity Centre have been designed without detailed consideration of how they align to the local decision-making structures such as the Strategic Co-ordinating Group (SCG), Recovery Coordinating Group (RCG) and Tactical Co-ordinating Group (TCGs).

2.4. Intelligence and information about the impact of the virus across the communities of the UK continues to be essential to provide proactive and effective management of the consequences as well as the management of transmission.

2.5. Virtually no work existed pre-Covid-19 to develop the concept of the MAICs across England. These have been, and continue to be, a point of underdevelopment regarding doctrine, exercising and funding. A report on the way ahead for MAICs is being authored by the C19 NFG as part of the recommendations for the first Interim Operational Review we conducted.

2.6. The lack of support of these locally focussed information teams is potentially threatening to the ability and effectiveness of supporting the bespoke needs of communities to enable them to flourish as much as possible or for local strategic decision-makers to remain knowledgeable about the impact of Covid-19. This is especially true of the social and health inequalities associated with the impact of the Covid-19 virus.

2.7. Much of the existing structures and resilience mechanisms have been stretched and required to take on tasks beyond their initial scope. This has required an agile, flexible and solution-focussed response from local and national resilience structures. At the local level, this means there is wide ranging practice and implemented designs of local strategic decision-making structures. Our research evidence suggests that this is a positive reflection of a community-focussed solution and should not be restricted.

2.8. At the national level, our research has found that the central coordinating functions need time to refine their resourcing to the demands of Covid-19, and Resilience and Emergencies Division (RED) have responded to this, as have MHCLG and other departments. This should continue to be supported.

2.9. Our research has consistently found that throughout the pandemic there has been a need for national structures to send out information as well as receive information. A bi-directional structure needs to be further developed with LRFs. Whilst changes have been made to move this significantly throughout the pandemic, those departments responsible, should be supported to develop and implement methods of engaging in a more discursive, collaborative approach with the local strategic decision-makers. This needs to happen quickly as the response moves from an urgent health emergency to a longer-term focus of diplomacy with communities and coordination in different locations.

2.10. Our research found that the resilience community across the UK have responded to this pandemic relying on their professional expertise, as the previous planning and testing at national level was aligned to a pandemic that behaves more like influenza than the Covid-19 virus.

2.11. The evidence collected through our activities has found that the resilience structures at local level need a long- term plan of support in terms of capacity, funding and legal status. This also relates to the management of concurrent events such as EU Transition, D20 (the term now used within Government and the Resilience Community to describe the combination issues that Covid-19, winter pressures and the EU Transition will bring in December 2020), winter pressures, extreme weather and other risks on the National Risk and Security Assessment. Our research outlines in some detail what specifically is needed to achieve the above over the coming months and years.

2.12. Due to the concurrent challenges the resilience community has faced throughout the last 18 months, and what is likely to face them over the coming 18 months, our work has highlighted the need to support the frontline workers, using the definition of frontline workers to include those at the frontline of managing the pandemic (including LRF secretariats, Directors of Public Health, emergency planners and others within the emergency management community). This goes beyond a more common understanding of frontline workers, to be those who are public facing. We have evidence that after EU Transition planning throughout 2019, winter or spring flooding in 2019/2020 and then Covid-19 response, a community of exhausted staff, at risk of burn out, require a priority referral system through the NHS support structures, grief counselling structures and other specialist support mechanisms. As well as re-aligning local existing provision within their organisations to ensure they are supported.

2.13. Through our extensive consultation throughout the Covid-19 pandemic to date, we have established that the UK emergency response capability and capacity to the pandemic has benefitted from the previous work that the resilience community has completed throughout the UK on EU Transition. Through the longevity of preparing for a no-deal transition, LRFs across England have built solutions to facilitate longer term mechanisms, as by design their mechanisms are made for short acting major incidents such as fires, floods or terrorist attacks. The pandemic has demanded that their mechanisms are active for months, if not years. This moves away from the way

the structures typically operate as an emergency response mechanism, due to the timeframe being elongated.

2.14. Our work shows that this has had to be re-augmented to align to this longer-term time frame, particularly the MAICs, SCGs and TCGs. Our research has found that although this is applicable to RCGs, they have a longer timeframe to ensure the effected community recovers. This is also a challenge for RCGs across the country as our research throughout pandemic lifecycle to date has consistently suggested that communities are unlikely to recover from Covid-19, but instead are likely to change and adapt to new ways of operating due to the impacts of managing the virus (such as working from home, economic impacts on families and occupation sectors, local impacts on the region etc). Therefore, the RCGs can only realistically support communities to flourish as much as possible through the lifecycle of the pandemic, rather than return to their pre-Covid state.

2.15. The extended nature of the Covid-19 pandemic has highlighted to us that a new way of conceptualising response and recovery is required. Through our work we have developed a new four stage model (https://bit.ly/ForesightFramework) which we recommend to the inquiry for consideration. Due to the extended nature of the Covid-19 pandemic we highlight the need to consider new ways to theorise disaster and emergency responses.

## 3. Recommendations

3.1. Future planning, training and exercising should focus on the impact of multi-event demands on local structures. Given Covid-19 is likely to be present for a considerable time, the national resilience community and structures are likely to be put under consistent pressure for an extended period of time. The resourcing of that, and care of those within those roles, should be considered and appropriate resource put in place.

3.2. The information flow from the English Government to local decision-makers needs to improve regarding strategy, information, intelligence, thought leadership and planning assumptions. To date this has not occurred reliably or consistently within the pandemic.

3.3.  The MAICs across England should be resourced and given more guidance to enable an effective and efficient working relationship with both the health information mechanisms (JBC, LOEBs etc), the LRF structures (SCG, TCG etc) and the recovery groups set up to support community flourishing throughout and after the pandemic. This review should also consider the difference between shorter-term (local major incident) and longer term (Covid-19) resourcing.

3.4.  As our research demonstrates, the LRF structures have grown to incorporate many demands of managing both Covid-19 and EU Transition, this should be reviewed and supported long term by central government.

3.5.  As the management of the pandemic has developed from national to local-based management and action, our work has highlighted the need for central government communications to be more specific in their content and more advanced in their timing to the public. From our research we have established that between regions (including devolved nations) clarity of action and guidance is essential to ensure compliance and understanding from the public. Consequently, publicity campaigns need to highlight the local management of Covid-19, both in its transmission and the psycho-social-economic community impacts of managing the virus. We have established that the government needs to create a unified holistic health risk communication system as a matter of priority that connects the public, local government and central government. The content of which should address the erosion of trust in civic structures and the strategy of the government in their approach to managing the pandemic, as well as the important content delivery of health, risk and societal messages.

3.6.  A priority referral system through the NHS support structures, grief counselling structures and other specialist support mechanisms must be developed for all frontline workers to manage the psychological impacts of Covid-19 including staff exhaustion and burnout. Traditional support systems focus on very narrow definitions of frontline workers which misses large numbers of at risk workers.

3.7. We suggest that the inquiry reviews the outputs of the C19 NFG which includes two rapid reviews from strategic first responders and critical stakeholders. A final review (October) and summary report (December) will be conducted.

3.8. Associate Professor Rowena Hill is happy to speak to committee members confidentially about aspects of our research that cannot be made open to the public; she is also happy to present oral evidence to the committee or individual committee members. This is with the prior approval of DCC Paul Netherton.

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# 4. About the authors

4.1. **Dr Rowena Hill** is an Associate Professor of Psychology from Nottingham Trent University. She is currently on secondment to the C19 National Foresight Group, a cross-governmental group to consider the longer-term impacts of Covid-19 and to provide academic insights and an evidence base to the considerations of the group. Dr Hill has led research projects funded by the ESRC.

4.2. Dr Hill has been researching emergency management and resilience for the past five years. She has been researching alongside emergency responders specifically for over 15 years and has a strong publication record. Dr Hill has also been the lead author of reports which led on roundtable discussions with practitioners involved in the Covid-19 response and produced reports on these that have been disseminated to the resilience community across England. She is the lead author on the Interim Operational Reviews commissioned by the C19 National Foresight Group, a series of UK wide rapid reviews focussing on the management of Covid-19, held in April 2020, June 2020 and September 2020 with representation from across the resilience and emergency management community. These have been written up as reports and currently carry an Official-Sensitive mark. Dr Hill will be happy, with

approval of DCC Paul Netherton, to discuss the details of any of these projects at any future meeting of the committee.

4.3. **The C19 National Foresight Group** is a cross-government, multi-agency group established in March 2020 to focus on foresight and issues relating to Covid-19 and its impacts within the UK. Chaired by Chief Superintendent Shaun West, this group creates a space where all agencies can review the current and future impacts of Covid-19 and work with local strategic decision-makers across the country to reduce harm, alleviate suffering and save lives within the context of those impacts and the virus itself. The Group itself is overseen by The C19 National Foresight Strategic Group, chaired by Deputy Chief Constable Paul Netherton, NPCC lead for civil contingency planning and resilience.

**Research collaborators relating to this inquiry**

Rich Pickford, Knowledge Exchange Officer, Nottingham Trent University (supported the creation of this submission.)

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Additional colleagues provided research and insights to the material our group has produced. These can be shared with the inquiry if required.